

# Fallon Senior Plan Group 1

## 2019 Formulary (List of Covered Drugs)

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

Formulary ID: 00019396 Version: 18

This formulary was updated on 09/25/2019. For more recent information or other questions, please contact Fallon Senior Plan at 1-800-325-5669, or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit [fallonhealth.org/seniorplan](http://fallonhealth.org/seniorplan).

**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 Fallon Health. When it refers to “plan” or “our plan,” it means Fallon Senior Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of September 25, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## What is the Fallon Senior Plan Group 1 Formulary?

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

## Can the Formulary (drug list) change?

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Fallon Senior Plan Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

The enclosed formulary is current as of September 25, 2019. To get updated information about the drugs covered by Fallon Senior Plan, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at [fallonhealth.org/seniorplan](http://fallonhealth.org/seniorplan).

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 3. 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 95. 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?

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

## 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:** Fallon Senior Plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Senior Plan before you fill your prescriptions. If you don't get approval, Fallon Senior Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Fallon Senior Plan limits the amount of the drug that Fallon Senior Plan will cover. For example, Fallon Senior Plan provides 2 each per 1 day per prescription for JANUMET. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Fallon Senior Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Senior Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Senior Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Fallon Senior Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Fallon Senior Plan formulary?" on page iv 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 Fallon Senior Plan does not cover your drug, you have two options:

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

## How do I request an exception to the Fallon Senior Plan Group 1 Formulary?

You can ask Fallon Senior Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

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

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

If you are a current member being admitted to or discharged from a long-term care facility, you will be able to get an early refill on your medications if needed.

## **For more information**

For more detailed information about your Fallon Senior Plan prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

## Fallon Senior Plan Group 1 Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Senior Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

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

Abbreviation	Explanation
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part 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 <i>Pharmacy Directory</i> or call Customer Service at 1-800-325-5669 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–March 31, seven days a week).
MO	Mail-Order Drug. This prescription drug is available through our mail-order service.
NEDS	Non Extended Day Supply. This drug is limited to a 30-day supply per prescription fill.
PA	Prior Authorization. Fallon Senior Plan requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Senior Plan before you fill your prescriptions. If you don't get approval, Fallon Senior Plan may not cover the drug.
QL	Quantity limit. For certain drugs, Fallon Senior Plan limits the amount of the drug that Fallon Senior Plan will cover. For example, Fallon Senior Plan provides 2 each per 1 day per prescription for JANUMET. This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, Fallon Senior Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Senior Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Senior Plan will then cover Drug B.

## Table of Contents

Alpha-Galactosidase.....	3
Analgesics.....	3
Anesthetics.....	7
Anti-Addiction/Substance Abuse Treatment Agents.....	7
Antibacterials.....	8
Anticonvulsants.....	14
Antidementia Agents.....	17
Antidepressants.....	18
Antiemetics.....	20
Antifungals.....	20
Antigout Agents.....	22
Anti-Inflammatory Agents.....	22
Antimigraine Agents.....	23
Antimyasthenic Agents.....	24
Antimycobacterials.....	24
Antineoplastics.....	25
Antiparasitics.....	29
Antiparkinson Agents.....	30
Antipsychotics.....	31
Antispasticity Agents.....	33
Antivirals.....	33
Anxiolytics.....	38
Bipolar Agents.....	39
Blood Glucose Regulators.....	39
Blood Products/Modifiers/Volume Expanders.....	43
Cardiovascular Agents.....	45
Central Nervous System Agents.....	52
Dental And Oral Agents.....	55
Dermatological Agents.....	55
Electrolytes/Minerals/ Metals/ Vitamins.....	58
Enzyme Replacement/Modifiers.....	59
Gastrointestinal Agents.....	60
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment.....	62
Genitourinary Agents.....	63
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	64
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	67
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	68
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	68
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	74
Hormonal Agents, Suppressant (Adrenal).....	75
Hormonal Agents, Suppressant (Pituitary).....	75
Hormonal Agents, Suppressant (Thyroid).....	76
Immunological Agents.....	76
Inflammatory Bowel Disease Agents.....	81
Metabolic Bone Disease Agents.....	81
Miscellaneous Therapeutic Agents.....	82
Ophthalmic Agents.....	83
Otic Agents.....	86
Respiratory Tract/Pulmonary Agents.....	86
Skeletal Muscle Relaxants.....	91

Sleep Disorder Agents.....	92
Therapeutic Nutrients/Minerals/Electrolytes.....	92



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Alpha-Galactosidase</b>		
<b>Alpha-Galactosidase</b>		
<b>GALAFOLD ORAL CAPSULE</b>	4	PA; MO; LA
<b>Analgesics</b>		
<b>Analgesics</b>		
<b>BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE</b>	4	MO
<i>butalbital-acetaminophen oral tablet</i>	1	MO
<i>butalbital-apap-caff-cod oral capsule</i>	1	MO
<i>butalbital-apap-caffeine oral capsule</i>	1	MO
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	MO
<i>butalbital-aspirin-caffeine oral capsule</i>	1	MO
<b>GRALISE ORAL TABLET</b>	4	PA; MO
<b>GRALISE STARTER ORAL</b>	4	PA; MO
<i>tencon oral tablet 50-325 mg</i>	1	MO
<i>zebutal oral capsule 50-325-40 mg</i>	1	MO
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<b>CAMBIA ORAL PACKET</b>	4	PA; MO
<i>celecoxib oral capsule</i>	1	MO
<i>diclofenac potassium oral tablet</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	MO
<i>diclofenac sodium oral tablet delayed release</i>	1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	MO
<i>diflunisal oral tablet</i>	1	MO
<i>etodolac er oral tablet extended release 24 hour</i>	1	MO
<i>fenoprofen calcium oral capsule 400 mg</i>	2	MO
<i>fenoprofen calcium oral tablet</i>	2	MO
<b>FLECTOR TRANSDERMAL PATCH</b>	4	PA; MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<b>INDOCIN ORAL SUSPENSION</b>	4	MO
<i>indomethacin er oral capsule extended release</i>	1	MO
<i>indomethacin oral capsule</i>	1	MO
<i>ketoprofen er oral capsule extended release 24 hour</i>	2	MO
<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>ketorolac tromethamine oral tablet</i>	1	PA; MO
<i>meclofenamate sodium oral capsule</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>mefenamic acid oral capsule</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO
<b>MOBIC ORAL TABLET 7.5 MG</b>	4	MO
<i>nabumetone oral tablet</i>	1	MO
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG</b>	4	PA; MO
<i>naproxen dr oral tablet delayed release</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>piroxicam oral capsule</i>	1	MO
<i>sulindac oral tablet</i>	1	MO
<b>TIVORBEX ORAL CAPSULE</b>	4	PA; MO
<i>tolmetin sodium oral capsule</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
<b>VIVLODEX ORAL CAPSULE 10 MG, 5 MG</b>	4	MO
<b>VIVLODEX ORAL CAPSULE 10 MG, 5 MG</b>	4	ST; MO
<b>ZIPSOR ORAL CAPSULE</b>	4	MO
<b>ZORVOLEX ORAL CAPSULE</b>	4	ST; MO
<b>Opioid Analgesics, Long-Acting</b>		
<b>BELBUCA BUCCAL FILM</b>	4	PA; MO
<b>DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR</b>	4	MO
<b>EMBEDA ORAL CAPSULE EXTENDED RELEASE</b>	4	PA; MO
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MO
<b>FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</b>	4	MO
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	2	PA; MO
<b>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT</b>	4	PA; MO
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG</b>	4	PA; MO
<i>levorphanol tartrate oral tablet</i>	2	MO
<i>methadone hcl oral solution</i>	2	MO
<i>methadone hcl oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	1	MO
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; MO
<i>morphine sulfate er oral capsule extended release 24 hour 40 mg</i>	2	PA; MO
<i>morphine sulfate er oral tablet extended release</i>	1	MO
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	PA; MO
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	1	PA; MO; QL (2 EA per 1 day)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	4	PA; MO; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	1	PA; MO; QL (2 EA per 1 day)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	1	PA; MO
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	PA; MO
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1	MO
<b>ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT</b>	4	PA; MO
<b>Opioid Analgesics, Short-Acting</b>		
<b>ABSTRAL SUBLINGUAL TABLET SUBLINGUAL</b>	4	PA; MO
<i>acetaminophen-codeine #3 oral tablet</i>	1	MO
<i>acetaminophen-codeine oral solution</i>	1	MO
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	MO
<i>ascomp-codeine oral capsule</i>	1	MO
<i>butalbital-asa-caff-codeine oral capsule</i>	1	MO
<i>butorphanol tartrate nasal solution</i>	2	MO
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	MO
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	MO
<i>duramorph injection solution</i>	1	B/D; MO
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (4 EA per 1 day); NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (4 EA per 1 day)
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	PA; MO
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	4	PA; MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	MO
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	1	MO
<i>hydromorphone hcl oral liquid</i>	2	MO
<i>hydromorphone hcl oral tablet</i>	2	MO
<b>LAZANDA NASAL SOLUTION</b>	4	PA; MO
<i>lorcet hd oral tablet</i>	1	MO
<i>lorcet oral tablet</i>	1	MO
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	2	B/D; MO
<i>meperidine hcl oral solution</i>	2	MO
<i>meperidine hcl oral tablet</i>	2	MO
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	MO
<i>morphine sulfate oral solution</i>	1	MO
<i>morphine sulfate oral tablet</i>	1	MO
<b>NUCYNTA ORAL TABLET</b>	4	PA; MO
<i>oxycodone hcl oral capsule</i>	2	MO
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	MO
<i>oxycodone hcl oral solution</i>	2	MO
<i>oxycodone hcl oral tablet</i>	2	MO
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	MO
<i>oxycodone-ibuprofen oral tablet</i>	2	MO
<i>oxymorphone hcl oral tablet</i>	1	PA; MO
<i>pentazocine-naloxone hcl oral tablet</i>	1	MO
<b>PRIMLEV ORAL TABLET</b>	4	MO
<b>SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>tramadol hcl oral tablet</i>	1	MO
<i>tramadol-acetaminophen oral tablet</i>	1	MO
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine external ointment</i>	1	MO; QL (200 GM per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA; MO; QL (3 EA per 1 day)
<i>lidocaine hcl external solution</i>	1	MO
<i>lidocaine hcl urethral/mucosal external gel</i>	1	MO; QL (200 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution</i>	1	MO
<i>lidocaine-prilocaine external cream</i>	1	MO
<b>PLIAGLIS EXTERNAL CREAM</b>	4	MO
<b>ZTLIDO EXTERNAL PATCH</b>	4	PA; MO
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-Craving</b>		
<i>acamprosate calcium oral tablet delayed release</i>	2	MO
<i>disulfiram oral tablet</i>	2	MO
<b>Opioid Dependence Treatments</b>		
<b>BUNAVAIL BUCCAL FILM</b>	4	MO
<i>buprenorphine hcl sublingual tablet sublingual</i>	1	MO
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	1	MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	MO
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	PA; MO
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr</i>	2	MO
<b>BUTRANS TRANSDERMAL PATCH WEEKLY 15 MCG/HR, 20 MCG/HR</b>	4	PA; MO
<b>LUCEMYRA ORAL TABLET</b>	4	MO
<i>naltrexone hcl oral tablet</i>	1	MO
<b>SUBOXONE SUBLINGUAL FILM</b>	3	MO
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	B/D; MO
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG</b>	4	MO
<b>Opioid Reversal Agents</b>		
<b>EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML</b>	4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	MO
<i>naloxone hcl injection solution cartridge</i>	1	MO
<i>naloxone hcl injection solution prefilled syringe</i>	1	MO
<b>NARCAN NASAL LIQUID</b>	3	MO
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	MO
<b>CHANTIX CONTINUING MONTH PAK ORAL TABLET</b>	4	MO
<b>CHANTIX ORAL TABLET</b>	4	MO
<b>CHANTIX STARTING MONTH PAK ORAL TABLET</b>	4	MO
<b>NICOTROL INHALATION INHALER</b>	4	MO
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	B/D; MO
<b>ARIKAYCE INHALATION SUSPENSION</b>	4	PA; MO; QL (8.4 ML per 1 day)
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin sulfate external cream</i>	1	MO
<i>gentamicin sulfate external ointment</i>	1	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	B/D; MO
<i>gentamicin sulfate ophthalmic solution</i>	1	MO
<i>neomycin sulfate oral tablet</i>	2	MO
<i>paromomycin sulfate oral capsule</i>	2	MO
<b>STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	4	B/D; MO
<i>tobramycin ophthalmic solution</i>	1	MO
<i>tobramycin sulfate injection solution 10 mg/ml</i>	1	B/D; MO
<b>TOBREX OPHTHALMIC OINTMENT</b>	3	MO
<b>Antibacterials, Other</b>		
<i>bacitracin ophthalmic ointment</i>	2	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	MO
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	4	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	MO
<i>clindamycin phosphate external foam</i>	2	PA; MO
<i>clindamycin phosphate external gel</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate external lotion</i>	2	MO
<i>clindamycin phosphate external solution</i>	1	MO
<i>clindamycin phosphate external swab</i>	1	MO
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	2	B/D; MO
<i>clindamycin phosphate vaginal cream</i>	2	MO
<b>CLINDESSE VAGINAL CREAM</b>	4	MO
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	B/D; MO
<b>CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<i>daptomycin intravenous solution reconstituted 350 mg</i>	2	B/D; MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	B/D; MO
<i>firvanq oral solution reconstituted</i>	1	MO
<b>GLOBAL ALCOHOL PREP EASE PAD</b>	4	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	5	PA; MO; NEDS
<i>linezolid oral suspension reconstituted</i>	5	PA; MO; NEDS
<i>linezolid oral tablet</i>	5	MO; QL (112 EA per 60 days); NEDS
<i>mafenide acetate external packet</i>	1	MO
<i>methenamine hippurate oral tablet</i>	2	MO
<i>metronidazole external cream</i>	2	MO
<i>metronidazole external gel</i>	2	MO
<i>metronidazole external lotion</i>	2	MO
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	B/D; MO
<i>metronidazole oral capsule</i>	1	MO
<i>metronidazole oral tablet</i>	1	MO
<i>metronidazole vaginal gel</i>	2	MO
<b>MONUROL ORAL PACKET</b>	4	MO
<i>mupirocin calcium external cream</i>	2	MO
<i>mupirocin external ointment</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule</i>	2	MO
<i>nitrofurantoin monohyd macro oral capsule</i>	2	MO
<i>nitrofurantoin oral suspension</i>	2	MO
<b>NORITATE EXTERNAL CREAM</b>	4	ST; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>polymyxin b sulfate injection solution reconstituted</i>	2	MO
<b>SILVADENE EXTERNAL CREAM</b>	4	MO
<i>silver sulfadiazine external cream</i>	1	MO
<b>SIVEXTRO ORAL TABLET</b>	4	PA; MO
<i>ssd external cream</i>	1	MO
<b>SULFAMYLON EXTERNAL CREAM</b>	4	MO
<i>tigecycline intravenous solution reconstituted</i>	1	PA; MO
<i>trimethoprim oral tablet</i>	1	MO
<b>TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<i>vancomycin hcl intravenous solution reconstituted 10 gm</i>	1	B/D; MO
<i>vancomycin hcl intravenous solution reconstituted 250 mg, 750 mg</i>	2	B/D; MO
<i>vancomycin hcl oral capsule</i>	1	PA; MO
<i>vandazole vaginal gel</i>	1	MO
<b>XEPI EXTERNAL CREAM</b>	4	PA; MO; QL (30 GM per 30 days)
<b>XIFAXAN ORAL TABLET 200 MG</b>	4	MO; QL (3 EA per 1 day)
<b>XIFAXAN ORAL TABLET 550 MG</b>	4	PA; MO
<b>Beta-Lactam, Cephalosporins</b>		
<b>CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	MO
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension reconstituted</i>	1	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension reconstituted</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin sodium injection solution reconstituted 10 gm</i>	2	B/D; MO
<i>cefдинир oral capsule</i>	2	MO
<i>cefдинир oral suspension reconstituted</i>	2	MO
<i>cefepime hcl injection solution reconstituted</i>	2	B/D; MO
<i>cefixime oral capsule</i>	2	MO
<i>cefixime oral suspension reconstituted</i>	2	MO
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	2	B/D; MO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm</i>	2	B/D; MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>cefepodoxime proxetil oral suspension reconstituted</i>	2	MO
<i>cefepodoxime proxetil oral tablet</i>	2	MO
<i>cefprozil oral suspension reconstituted</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
<i>ceftazidime injection solution reconstituted 1 gm</i>	2	B/D; MO
<i>ceftriaxone sodium injection solution reconstituted 500 mg</i>	2	B/D; MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection solution reconstituted 7.5 gm</i>	2	B/D; MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral capsule 750 mg</i>	2	MO
<i>cephalexin oral suspension reconstituted</i>	2	MO
<i>cephalexin oral tablet</i>	1	MO
<b>SUPRAX ORAL CAPSULE</b>	4	MO
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</b>	4	MO
<b>SUPRAX ORAL TABLET CHEWABLE</b>	4	MO
<b>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>Beta-Lactam, Other</b>		
<b>AZACTAM INJECTION SOLUTION RECONSTITUTED</b>	4	B/D; MO
<i>aztreonam injection solution reconstituted 1 gm</i>	1	MO
<i>ertapenem sodium injection solution reconstituted</i>	2	B/D; MO
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	B/D; MO
<b>INVANZ INJECTION SOLUTION RECONSTITUTED</b>	4	B/D; MO
<i>meropenem intravenous solution reconstituted</i>	2	B/D; MO
<b>Beta-Lactam, Penicillins</b>		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension reconstituted</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet chewable 125 mg</i>	2	MO
<i>amoxicillin oral tablet chewable 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	2	B/D; MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm, 3 (2-1) gm</i>	2	B/D; MO
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	4	MO
<b>BICILLIN C-R INTRAMUSCULAR SUSPENSION</b>	4	MO
<i>dicloxacillin sodium oral capsule</i>	2	MO
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	B/D; MO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	B/D; MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	B/D; MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	B/D; MO
<i>penicillin v potassium oral solution reconstituted</i>	1	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm</i>	2	B/D; MO
<b>Macrolides</b>		
<b>AZASITE OPHTHALMIC SOLUTION</b>	4	MO
<i>azithromycin intravenous solution reconstituted</i>	2	B/D; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension reconstituted</i>	2	MO
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	MO
<i>clarithromycin oral suspension reconstituted</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<b>DIFICID ORAL TABLET</b>	4	ST; MO
<i>e.e.s. 400 oral tablet</i>	2	MO
<b>E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ERY-TAB ORAL TABLET DELAYED RELEASE</b>	3	MO
<b>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	4	B/D; MO
<i>erythrocin stearate oral tablet 250 mg</i>	2	MO
<i>erythromycin base oral capsule delayed release particles</i>	2	MO
<i>erythromycin base oral tablet</i>	2	MO
<i>erythromycin base oral tablet delayed release</i>	1	MO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2	MO
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin external gel</i>	2	MO
<i>erythromycin external solution</i>	1	MO
<i>erythromycin ophthalmic ointment</i>	1	MO
<b>Quinolones</b>		
<b>BAXDELA ORAL TABLET</b>	4	PA; MO
<b>BESIVANCE OPHTHALMIC SUSPENSION</b>	4	MO
<b>CILOXAN OPHTHALMIC OINTMENT</b>	3	MO
<b>CIPRO ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<i>ciprofloxacin hcl ophthalmic solution</i>	2	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl otic solution</i>	2	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	B/D; MO
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	2	MO
<i>gatifloxacin ophthalmic solution</i>	2	MO
<i>levofloxacin intravenous solution</i>	2	B/D; MO
<i>levofloxacin ophthalmic solution</i>	2	MO
<i>levofloxacin oral solution</i>	2	MO
<i>levofloxacin oral tablet</i>	1	MO
<b>MOXEZA OPHTHALMIC SOLUTION</b>	4	MO
<i>moxifloxacin hcl ophthalmic solution</i>	2	MO
<i>moxifloxacin hcl oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ofloxacin ophthalmic solution</i>	2	MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	MO
<i>ofloxacin otic solution</i>	2	MO
<b>VIGAMOX OPHTHALMIC SOLUTION</b>	4	MO
<b>Sulfonamides</b>		
<b>AVC VAGINAL VAGINAL CREAM</b>	4	MO
<i>sulfacetamide sodium (acne) external lotion</i>	1	MO
<b>SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT</b>	4	MO
<i>sulfacetamide sodium ophthalmic solution</i>	1	MO
<b>SULFADIAZINE ORAL TABLET</b>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>Tetracyclines</b>		
<i>demeclocycline hcl oral tablet</i>	1	MO
<b>DORYX MPC ORAL TABLET DELAYED RELEASE</b>	4	MO
<i>doxy 100 intravenous solution reconstituted</i>	2	B/D; MO
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 55 mg, 80 mg</i>	2	ST; MO
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	1	ST; MO
<i>minocycline hcl oral capsule</i>	2	MO
<i>minocycline hcl oral tablet</i>	2	MO
<b>NUZYRA ORAL TABLET 150 MG</b>	4	PA; MO
<i>tetracycline hcl oral capsule</i>	2	MO
<b>VIBRAMYCIN ORAL SYRUP</b>	4	MO
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
<b>BRIVIACT ORAL SOLUTION</b>	4	PA; MO
<b>BRIVIACT ORAL TABLET</b>	5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	MO
<i>levetiracetam oral solution</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO
<i>roweepra xr oral tablet extended release 24 hour</i>	1	MO
<b>Calcium Channel Modifying Agents</b>		
<b>CELONTIN ORAL CAPSULE</b>	4	MO
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<b>ZARONTIN ORAL CAPSULE</b>	4	MO
<b>ZARONTIN ORAL SOLUTION</b>	4	MO
<i>zonisamide oral capsule</i>	1	MO
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clobazam oral suspension</i>	2	PA; MO
<i>clobazam oral tablet</i>	2	PA; MO
<i>clonazepam oral tablet</i>	1	MO
<i>clonazepam oral tablet dispersible</i>	2	MO
<b>DIASTAT ACUDIAL RECTAL GEL</b>	4	MO
<b>DIASTAT PEDIATRIC RECTAL GEL</b>	4	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	MO
<b>EPIDIOLEX ORAL SOLUTION</b>	4	MO
<i>gabapentin oral capsule</i>	2	MO
<i>gabapentin oral solution 250 mg/5ml</i>	2	MO
<i>gabapentin oral tablet</i>	2	MO
<b>GABITRIL ORAL TABLET 12 MG, 16 MG</b>	4	MO
<b>HORIZANT ORAL TABLET EXTENDED RELEASE</b>	4	ST; MO
<i>phenobarbital oral elixir</i>	2	MO
<i>phenobarbital oral tablet</i>	2	MO
<i>primidone oral tablet</i>	1	MO
<b>SABRIL ORAL PACKET</b>	5	PA; MO; NEDS
<b>SYMPAZAN ORAL FILM</b>	4	PA; MO
<i>tiagabine hcl oral tablet</i>	1	MO
<i>valproic acid oral capsule</i>	1	MO
<i>valproic acid oral solution</i>	1	MO
<i>vigabatrin oral packet</i>	5	PA; MO; NEDS
<b>VIGABATRIN ORAL TABLET</b>	5	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>vigadrone oral packet</i>	5	PA; MO; NEDS
<b>Glutamate Reducing Agents</b>		
<i>felbamate oral suspension</i>	2	MO
<i>felbamate oral tablet</i>	2	MO
<b>FYCOMPA ORAL SUSPENSION</b>	4	PA; MO
<b>FYCOMPA ORAL TABLET</b>	4	PA; MO
<b>LAMICTAL XR ORAL KIT</b>	4	MO
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 250 mg, 300 mg, 50 mg</i>	2	MO
<i>lamotrigine er oral tablet extended release 24 hour 25 mg</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	2	MO
<i>lamotrigine starter kit-blue oral kit</i>	2	MO
<i>lamotrigine starter kit-green oral kit</i>	2	MO
<i>lamotrigine starter kit-orange oral kit</i>	2	MO
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE</b>	4	MO
<i>topiramate er oral capsule er 24 hour sprinkle</i>	1	MO
<i>topiramate oral capsule sprinkle</i>	1	MO
<i>topiramate oral tablet</i>	1	MO
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<b>Sodium Channel Agents</b>		
<b>APTIOM ORAL TABLET</b>	4	PA; MO
<b>BANZEL ORAL SUSPENSION</b>	5	PA; MO; NEDS
<b>BANZEL ORAL TABLET 200 MG</b>	4	PA; MO
<b>BANZEL ORAL TABLET 400 MG</b>	5	PA; MO; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	MO
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	MO
<i>carbamazepine oral suspension</i>	2	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet chewable</i>	2	MO
<b>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	4	MO
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE</b>	3	MO
<b>DILANTIN ORAL CAPSULE</b>	3	MO
<b>DILANTIN ORAL SUSPENSION</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>epitol oral tablet</i>	2	MO
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	4	MO
<i>oxcarbazepine oral suspension</i>	2	MO
<i>oxcarbazepine oral tablet</i>	2	MO
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	ST; MO
<b>PEGANONE ORAL TABLET</b>	4	MO
<b>PHENYTEK ORAL CAPSULE</b>	4	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	2	MO
<i>phenytoin oral tablet chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule</i>	2	MO
<b>TEGRETOL ORAL SUSPENSION</b>	4	MO
<b>TEGRETOL ORAL TABLET</b>	4	MO
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	MO
<b>VIMPAT ORAL SOLUTION</b>	4	PA; MO
<b>VIMPAT ORAL TABLET</b>	4	PA; MO
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral tablet</i>	2	MO
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl oral tablet</i>	2	MO
<i>donepezil hcl oral tablet dispersible</i>	2	MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	2	MO
<i>galantamine hydrobromide oral solution</i>	2	MO
<i>galantamine hydrobromide oral tablet</i>	2	MO
<i>rivastigmine tartrate oral capsule</i>	1	MO
<i>rivastigmine transdermal patch 24 hour</i>	1	MO; QL (1 EA per 1 day)
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
<i>memantine hcl er oral capsule extended release 24 hour</i>	2	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	MO
<i>memantine hcl oral tablet</i>	2	MO
<b>NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<b>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)

Drug	Status	Requirements/Limits
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	2	MO; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet</i>	2	MO
<b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg</i>	2	MO
<i>mirtazapine oral tablet dispersible 45 mg</i>	1	MO
<b>TRINTELLIX ORAL TABLET</b>	4	PA; MO
<b>Monoamine Oxidase Inhibitors</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR</b>	4	PA; MO
<b>MARPLAN ORAL TABLET</b>	3	MO
<i>phenelzine sulfate oral tablet</i>	2	MO
<i>tranylcypromine sulfate oral tablet</i>	1	MO
<b>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)</b>		
<i>citalopram hydrobromide oral solution</i>	2	MO
<i>citalopram hydrobromide oral tablet</i>	1	MO
<b>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	2	MO; QL (1 EA per 1 day)
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK</b>	4	PA; MO
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	1	MO
<i>fluoxetine hcl oral capsule 40 mg</i>	2	MO
<i>fluoxetine hcl oral capsule delayed release</i>	2	MO; QL (12 EA per 84 days)
<i>fluoxetine hcl oral solution</i>	2	MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	2	MO
<b>FLUOXETINE HCL ORAL TABLET 60 MG</b>	4	MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	MO
<i>fluvoxamine maleate oral tablet</i>	2	MO
<b>KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO; QL (1 EA per 1 day)
<i>maprotiline hcl oral tablet</i>	2	MO
<i>nefazodone hcl oral tablet</i>	2	MO
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	MO
<i>paroxetine mesylate oral capsule</i>	2	MO
<b>PAXIL ORAL SUSPENSION</b>	4	MO
<b>PEXEVA ORAL TABLET</b>	4	MO
<i>sertraline hcl oral concentrate</i>	1	MO
<i>sertraline hcl oral tablet</i>	1	MO
<i>trazodone hcl oral tablet</i>	1	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO
<b>VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 225 MG</b>	4	MO
<b>VIIBRYD ORAL TABLET</b>	4	PA; MO
<b>VIIBRYD STARTER PACK ORAL KIT</b>	4	PA; MO
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet</i>	1	PA; MO
<b>AMOXAPINE ORAL TABLET</b>	4	MO
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	MO
<i>clomipramine hcl oral capsule</i>	2	MO
<i>desipramine hcl oral tablet</i>	2	MO
<i>doxepin hcl oral capsule</i>	2	PA; MO
<i>doxepin hcl oral concentrate</i>	2	PA; MO
<i>imipramine hcl oral tablet</i>	2	MO
<i>imipramine pamoate oral capsule</i>	2	MO
<i>nortriptyline hcl oral capsule</i>	1	MO
<i>nortriptyline hcl oral solution</i>	1	MO
<i>perphenazine-amitriptyline oral tablet</i>	2	MO
<i>protriptyline hcl oral tablet</i>	1	MO
<b>TOFRANIL ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>trimipramine maleate oral capsule</i>	1	MO
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>meclizine hcl oral tablet</i>	1	MO
<i>phenadoz rectal suppository 12.5 mg</i>	2	MO
<i>promethazine hcl oral syrup</i>	1	MO
<i>promethazine hcl oral tablet</i>	1	MO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	MO
<i>scopolamine transdermal patch 72 hour</i>	2	MO; QL (4 EA per 30 days)
<b>TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR</b>	4	MO
<i>trimethobenzamide hcl oral capsule</i>	1	MO
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant oral capsule 125 mg</i>	2	MO; QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	2	MO; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	2	MO; QL (2 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	2	MO; QL (8 EA per 30 days)
<b>CESAMET ORAL CAPSULE</b>	4	PA; MO; QL (18 EA per 30 days)
<i>dronabinol oral capsule</i>	2	B/D; MO
<b>EMEND ORAL SUSPENSION RECONSTITUTED</b>	4	MO; QL (6 EA per 30 days)
<i>granisetron hcl oral tablet</i>	2	B/D; MO
<i>ondansetron hcl oral solution</i>	2	PA; MO
<i>ondansetron hcl oral tablet</i>	2	PA; MO
<i>ondansetron oral tablet dispersible</i>	2	PA; MO
<b>SANCUSO TRANSDERMAL PATCH</b>	4	ST; MO; QL (4 EA per 30 days)
<b>SYNDROS ORAL SOLUTION</b>	4	B/D; MO
<b>VARUBI ORAL TABLET</b>	4	MO
<b>ZUPLENZ ORAL FILM</b>	4	ST; MO; QL (1 EA per 1 day)
<b>Antifungals</b>		
<b>Antifungals</b>		
<b>ABELCET INTRAVENOUS SUSPENSION</b>	4	B/D; MO
<b>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED</b>	4	B/D; MO
<b>AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED</b>	5	B/D; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	5	B/D; MO; NEDS
<i>ciclopirox external gel</i>	2	MO
<i>ciclopirox external shampoo</i>	2	MO
<i>ciclopirox external solution</i>	2	MO
<i>ciclopirox olamine external cream</i>	2	MO
<i>ciclopirox olamine external suspension</i>	2	MO
<i>clotrimazole external cream</i>	2	MO
<i>clotrimazole external solution</i>	1	MO
<i>clotrimazole mouth/throat lozenge</i>	2	MO
<b>CRESEMBA ORAL CAPSULE</b>	4	ST; MO
<i>econazole nitrate external cream</i>	2	MO
<b>ERTACZO EXTERNAL CREAM</b>	4	MO
<b>EXELDERM EXTERNAL CREAM</b>	3	MO
<b>EXELDERM EXTERNAL SOLUTION</b>	3	MO
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	2	B/D; MO
<i>fluconazole oral suspension reconstituted</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine oral capsule</i>	5	MO; NEDS
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin microsize oral tablet</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet</i>	2	MO
<b>GYNAZOLE-1 VAGINAL CREAM</b>	4	MO
<i>itraconazole oral capsule</i>	2	MO
<i>itraconazole oral solution</i>	2	MO
<b>KERYDIN EXTERNAL SOLUTION</b>	4	PA; MO
<i>ketoconazole external cream</i>	2	MO; QL (120 GM per 30 days)
<i>ketoconazole external foam</i>	2	PA; MO
<i>ketoconazole external shampoo 2 %</i>	2	MO
<i>ketoconazole oral tablet</i>	2	MO
<b>MENTAX EXTERNAL CREAM</b>	3	MO
<i>miconazole 3 vaginal suppository</i>	2	MO
<i>naftifine hcl external cream 1 %</i>	2	MO
<i>naftifine hcl external cream 2 %</i>	1	MO
<b>NAFTIN EXTERNAL GEL</b>	4	MO
<b>NATACYN OPHTHALMIC SUSPENSION</b>	4	MO
<b>NOXAFIL ORAL SUSPENSION</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>NOXAFIL ORAL TABLET DELAYED RELEASE</b>	4	MO
<i>nyamyc external powder</i>	1	MO
<i>nystatin external cream</i>	2	MO
<i>nystatin external ointment</i>	2	MO
<i>nystatin external powder</i>	2	MO
<i>nystatin mouth/throat suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>nystatin-triamcinolone external cream</i>	2	MO
<i>nystatin-triamcinolone external ointment</i>	2	MO
<i>nystop external powder</i>	2	MO
<b>ORAVIG BUCCAL TABLET</b>	4	ST; MO
<i>oxiconazole nitrate external cream</i>	2	MO
<b>OXISTAT EXTERNAL LOTION</b>	3	MO
<b>SPORANOX ORAL SOLUTION</b>	4	PA; MO
<i>terbinafine hcl oral tablet</i>	1	MO
<i>terconazole vaginal cream</i>	1	MO
<i>terconazole vaginal suppository</i>	1	MO
<i>voriconazole intravenous solution reconstituted</i>	1	PA; MO
<i>voriconazole oral suspension reconstituted</i>	1	MO
<i>voriconazole oral tablet</i>	5	MO; NEDS
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet</i>	1	MO
<i>colchicine oral capsule</i>	2	MO
<i>colchicine oral tablet</i>	2	MO
<i>colchicine-probenecid oral tablet</i>	2	MO
<b>COLCRYS ORAL TABLET</b>	4	MO
<i>febuxostat oral tablet</i>	1	MO
<i>probenecid oral tablet</i>	1	MO
<b>ULORIC ORAL TABLET</b>	3	MO
<b>Anti-Inflammatory Agents</b>		
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>diclofenac sodium transdermal gel 3 %</i>	2	MO; QL (200 GM per 30 days)
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>flurbiprofen oral tablet</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO

Drug	Status	Requirements/Limits
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</b>	4	PA; MO; QL (1 ML per 30 days)
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML</b>	4	PA; MO; QL (2 ML per 30 days)
<b>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO; QL (4.5 ML per 90 days)
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; MO; QL (1 ML per 30 days)
<b>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO; QL (1 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	1	PA; MO; QL (9 EA per 30 days)
<b>TREXIMET ORAL TABLET 85-500 MG</b>	4	PA; MO; QL (9 EA per 30 days)
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate nasal solution</i>	2	MO
<i>ergotamine-caffeine oral tablet</i>	2	MO
<b>MIGRANAL NASAL SOLUTION</b>	4	MO
<b>Prophylactic</b>		
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	MO
<i>timolol maleate oral tablet</i>	1	MO
<b>Serotonin (5-Ht) 1B/1D Receptor Agonists</b>		
<i>almotriptan malate oral tablet</i>	1	ST; MO; QL (6 EA per 30 days)
<b>AMERGE ORAL TABLET</b>	4	ST; MO; QL (9 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	2	ST; MO
<b>FROVA ORAL TABLET</b>	4	ST; MO; QL (9 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	1	ST; MO; QL (9 EA per 30 days)
<b>IMITREX NASAL SOLUTION</b>	4	ST; MO; QL (6 EA per 30 days)
<b>IMITREX ORAL TABLET</b>	4	ST; MO; QL (9 EA per 30 days)
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML</b>	4	ST; MO; QL (2 ML per 30 days)
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML</b>	4	ST; MO; QL (2 ML per 30 days)
<b>IMITREX SUBCUTANEOUS SOLUTION</b>	4	MO; QL (2 ML per 30 days)
<b>MAXALT ORAL TABLET 10 MG</b>	4	ST; MO; QL (9 EA per 30 days)
<b>MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG</b>	4	ST; MO; QL (9 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>MAXALT-MLT ORAL TABLET DISPERSIBLE 5 MG</b>	4	MO; QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet</i>	2	MO; QL (27 EA per 90 days)
<b>ONZETRA XSAIL NASAL EXHALER POWDER</b>	4	ST; MO
<b>RELPAK ORAL TABLET 20 MG</b>	3	ST; MO; QL (6 EA per 30 days)
<b>RELPAK ORAL TABLET 40 MG</b>	4	ST; MO; QL (6 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1	MO; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1	MO; QL (9 EA per 30 days)
<i>sumatriptan nasal solution</i>	1	ST; MO; QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (27 EA per 90 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	ST; MO; QL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	MO; QL (24 ML per 90 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	ST; MO; QL (2 ML per 30 days)
<b>ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	ST; MO; QL (2 ML per 30 days)
<i>zolmitriptan oral tablet</i>	1	MO; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1	MO; QL (6 EA per 30 days)
<b>ZOMIG NASAL SOLUTION</b>	4	ST; MO; QL (6 EA per 30 days)
<b>ZOMIG ORAL TABLET</b>	4	ST; MO; QL (6 EA per 30 days)
<b>ZOMIG ZMT ORAL TABLET DISPERSIBLE</b>	4	MO; QL (6 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<b>GUANIDINE HCL ORAL TABLET</b>	4	MO
<b>MESTINON ORAL SYRUP</b>	3	MO
<b>MESTINON ORAL TABLET</b>	4	MO
<b>MESTINON ORAL TABLET EXTENDED RELEASE</b>	4	MO
<i>pyridostigmine bromide er oral tablet extended release</i>	1	MO
<i>pyridostigmine bromide oral solution</i>	1	MO
<i>pyridostigmine bromide oral tablet 30 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<b>DAPSONE ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>rifabutin oral capsule</i>	1	MO
<b>Antituberculars</b>		
<i>ethambutol hcl oral tablet</i>	2	MO
<b>ISONIAZID ORAL SYRUP</b>	4	MO
<i>isoniazid oral tablet</i>	1	MO
<b>PASER ORAL PACKET</b>	4	MO
<b>PRIFTIN ORAL TABLET</b>	4	MO
<i>pyrazinamide oral tablet</i>	1	MO
<b>RIFAMATE ORAL CAPSULE</b>	4	MO
<i>rifampin intravenous solution reconstituted</i>	1	B/D; MO
<i>rifampin oral capsule</i>	1	MO
<b>RIFATER ORAL TABLET</b>	4	MO
<b>SIRTURO ORAL TABLET</b>	5	PA; MO; NEDS
<b>TRECTOR ORAL TABLET</b>	4	MO
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule</i>	2	B/D; MO
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	4	MO
<b>LEUKERAN ORAL TABLET</b>	3	MO
<b>MATULANE ORAL CAPSULE</b>	5	MO; NEDS
<b>VALCHLOR EXTERNAL GEL 0.016 %</b>	5	PA; MO; NEDS
<b>VALCHLOR EXTERNAL GEL 0.016 %</b>	5	PA; MO; LA; NEDS
<b>Antiandrogens</b>		
<i>abiraterone acetate oral tablet</i>	5	PA; MO; NEDS
<i>bicalutamide oral tablet</i>	2	MO
<b>ERLEADA ORAL TABLET</b>	5	PA; MO; NEDS
<i>flutamide oral capsule</i>	2	MO
<i>nilutamide oral tablet</i>	2	MO
<b>NUBEQA ORAL TABLET</b>	5	PA; MO; NEDS
<b>XTANDI ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>YONSA ORAL TABLET</b>	5	PA; MO; NEDS
<b>ZYTIGA ORAL TABLET</b>	5	PA; MO; NEDS
<b>Antiangiogenic Agents</b>		
<b>POMALYST ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>REVLIMID ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>THALOMID ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>Antiestrogens/Modifiers</b>		
<b>EMCYT ORAL CAPSULE</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SOLTAMOX ORAL SOLUTION</b>	4	MO
<i>tamoxifen citrate oral tablet</i>	1	MO
<i>toremifene citrate oral tablet</i>	2	MO
<b>Antimetabolites</b>		
<b>DROXIA ORAL CAPSULE</b>	4	MO
<i>hydroxyurea oral capsule</i>	2	MO
<b>LONSURF ORAL TABLET</b>	5	PA; MO; NEDS
<i>mercaptopurine oral tablet</i>	2	MO
<b>PURIXAN ORAL SUSPENSION</b>	4	MO
<b>TABLOID ORAL TABLET</b>	4	MO
<b>Antineoplastics</b>		
<b>FARYDAK ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>LYNPARZA ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>RUBRACA ORAL TABLET</b>	5	PA; MO; NEDS
<b>TALZENNA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ZEJULA ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>Antineoplastics, Other</b>		
<b>COTELLIC ORAL TABLET</b>	5	PA; MO; NEDS
<b>GILOTRIF ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>IBRANCE ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG</b>	4	MO
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	2	MO
<b>NINLARO ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ODOMZO ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG</b>	5	PA; MO; NEDS
<b>SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>TAGRISSE ORAL TABLET</b>	5	PA; MO; NEDS
<b>VENCLEXTA ORAL TABLET 10 MG, 50 MG</b>	4	PA; MO; LA
<b>VENCLEXTA ORAL TABLET 100 MG</b>	5	PA; MO; LA; NEDS
<b>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>ZOLINZA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ZYKADIA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ZYKADIA ORAL TABLET</b>	5	PA; MO; NEDS
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet</i>	1	MO
<i>exemestane oral tablet</i>	2	MO
<i>letrozole oral tablet</i>	2	MO
<b>Enzyme Inhibitors</b>		
<b>COPIKTRA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>IDHIFA ORAL TABLET</b>	5	PA; MO; NEDS
<b>KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>TIBSOVO ORAL TABLET</b>	5	PA; MO; NEDS
<b>VERZENIO ORAL TABLET</b>	5	PA; MO; NEDS
<b>VITRAKVI ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>VITRAKVI ORAL SOLUTION</b>	5	PA; MO; NEDS
<b>XOSPATA ORAL TABLET</b>	5	PA; MO; NEDS
<b>ZYDELIG ORAL TABLET</b>	5	PA; MO; NEDS
<b>Molecular Target Inhibitors</b>		
<b>AFINITOR DISPERZ ORAL TABLET SOLUBLE</b>	5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>AFINITOR ORAL TABLET</b>	5	PA; MO; NEDS
<b>ALECENSA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ALUNBRIG ORAL TABLET</b>	5	PA; MO; NEDS
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>BALVERSA ORAL TABLET</b>	5	PA; MO; NEDS
<b>BOSULIF ORAL TABLET</b>	5	PA; MO; NEDS
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	5	PA; MO; NEDS
<b>CABOMETYX ORAL TABLET 20 MG, 60 MG</b>	5	PA; MO; NEDS
<b>CABOMETYX ORAL TABLET 40 MG</b>	5	MO; NEDS
<b>CALQUENCE ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>CAPRELSA ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT</b>	5	PA; MO; LA; NEDS
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT</b>	5	PA; MO; LA; NEDS
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</b>	5	PA; MO; LA; NEDS
<b>DAURISMO ORAL TABLET</b>	5	PA; MO; NEDS
<b>ERIVEDGE ORAL CAPSULE</b>	5	PA; MO; NEDS
<i>erlotinib hcl oral tablet</i>	5	PA; MO; NEDS
<b>ICLUSIG ORAL TABLET</b>	5	PA; MO; LA; NEDS
<i>imatinib mesylate oral tablet</i>	5	MO; NEDS
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	5	PA; MO; NEDS
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	5	PA; MO; LA; NEDS
<b>IMBRUVICA ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>INLYTA ORAL TABLET</b>	5	PA; MO; NEDS
<b>IRESSA ORAL TABLET</b>	5	PA; MO; NEDS
<b>JAKAFI ORAL TABLET</b>	5	PA; MO; NEDS
<b>LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LORBRENA ORAL TABLET</b>	5	PA; MO; NEDS
<b>MEKINIST ORAL TABLET</b>	5	PA; MO; NEDS
<b>MEKTOVI ORAL TABLET</b>	5	PA; MO; NEDS
<b>NERLYNX ORAL TABLET</b>	5	PA; MO; NEDS
<b>NEXAVAR ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>RYDAPT ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>SPRYCEL ORAL TABLET</b>	5	PA; MO; NEDS
<b>STIVARGA ORAL TABLET</b>	5	PA; MO; NEDS
<b>SUTENT ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>TAFINLAR ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>TARCEVA ORAL TABLET</b>	5	PA; MO; NEDS
<b>TASIGNA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>TURALIO ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>TYKERB ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>VIZIMPRO ORAL TABLET</b>	5	PA; MO; NEDS
<b>VOTRIENT ORAL TABLET</b>	5	PA; MO; NEDS
<b>XALKORI ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ZELBORAF ORAL TABLET</b>	5	PA; MO; NEDS
<b>Retinoids</b>		
<i>bexarotene oral capsule</i>	5	MO; NEDS
<b>PANRETIN EXTERNAL GEL</b>	4	MO
<b>TARGRETIN EXTERNAL GEL</b>	3	MO
<i>tretinoin oral capsule</i>	5	MO; NEDS
<b>Treatment Adjuncts</b>		
<b>MESNEX ORAL TABLET</b>	4	MO
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	2	MO
<i>praziquantel oral tablet</i>	2	MO
<b>Antiprotozoals</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ALINIA ORAL TABLET</b>	4	MO
<i>atovaquone oral suspension</i>	2	MO
<i>atovaquone-proguanil hcl oral tablet</i>	2	MO
<i>chloroquine phosphate oral tablet</i>	2	MO
<b>COARTEM ORAL TABLET</b>	4	MO
<b>DARAPRIM ORAL TABLET</b>	4	MO
<i>hydroxychloroquine sulfate oral tablet</i>	2	MO
<b>KRINTAFEL ORAL TABLET</b>	4	MO
<i>mefloquine hcl oral tablet</i>	2	MO
<b>NEBUPENT INHALATION SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>PENTAM INJECTION SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>PRIMAQUINE PHOSPHATE ORAL TABLET</b>	4	MO
<i>quinine sulfate oral capsule</i>	1	MO
<i>tinidazole oral tablet</i>	1	MO
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet 1 mg</i>	1	MO
<b>Pediculicides/Scabicides</b>		
<b>EURAX EXTERNAL CREAM</b>	4	MO
<b>EURAX EXTERNAL LOTION</b>	4	MO
<i>lindane external shampoo</i>	2	MO
<i>malathion external lotion</i>	2	PA; MO
<i>permethrin external cream</i>	2	MO
<b>SKLICE EXTERNAL LOTION</b>	4	MO
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet</i>	1	PA; MO
<i>trihexyphenidyl hcl oral solution</i>	1	MO
<i>trihexyphenidyl hcl oral tablet</i>	1	MO
<b>Antiparkinson Agents, Other</b>		
<i>entacapone oral tablet</i>	2	MO
<i>osmolex er oral tablet extended release 24 hour</i>	4	PA; MO; QL (30 EA per 30 days)
<i>tolcapone oral tablet</i>	5	MO; NEDS
<b>Dopamine Agonists</b>		
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	5	PA; MO; LA; NEDS
<i>bromocriptine mesylate oral capsule</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>bromocriptine mesylate oral tablet</i>	2	MO
<b>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO; QL (30 EA per 30 days)
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>	4	PA; MO
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1	MO
<i>pramipexole dihydrochloride oral tablet</i>	1	MO
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1	MO
<i>ropinirole hcl oral tablet</i>	1	MO
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet</i>	2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	2	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	MO
<b>INBRIJA INHALATION CAPSULE</b>	4	PA; MO; QL (6 EA per 1 day)
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE</b>	4	PA; MO
<b>STALEVO 100 ORAL TABLET</b>	4	MO
<b>STALEVO 125 ORAL TABLET</b>	4	MO
<b>STALEVO 150 ORAL TABLET</b>	4	MO
<b>STALEVO 200 ORAL TABLET</b>	4	MO
<b>STALEVO 50 ORAL TABLET</b>	4	MO
<b>STALEVO 75 ORAL TABLET</b>	4	MO
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	1	MO
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO
<b>ZELAPAR ORAL TABLET DISPERSIBLE</b>	4	MO
<b>Antipsychotics</b>		
<b>1St Generation/Typical</b>		
<i>chlorpromazine hcl oral tablet</i>	2	MO
<i>compro rectal suppository</i>	2	MO
<i>fluphenazine decanoate injection solution</i>	2	B/D; MO
<b>FLUPHENAZINE HCL INJECTION SOLUTION</b>	4	B/D; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>FLUPHENAZINE HCL ORAL CONCENTRATE</b>	4	MO
<b>FLUPHENAZINE HCL ORAL ELIXIR</b>	4	MO
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	B/D; MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	B/D; MO
<i>haloperidol lactate oral concentrate</i>	2	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	MO
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	MO
<i>loxapine succinate oral capsule</i>	2	MO
<i>molindone hcl oral tablet</i>	2	MO
<i>perphenazine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	2	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	1	MO
<i>thioridazine hcl oral tablet</i>	1	MO
<i>thiothixene oral capsule</i>	1	MO
<i>trifluoperazine hcl oral tablet</i>	1	MO
<b>2Nd Generation/Atypical</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG</b>	5	B/D; MO; NEDS
<i>aripiprazole oral solution</i>	2	B/D; MO
<i>aripiprazole oral tablet</i>	2	MO
<i>aripiprazole oral tablet dispersible</i>	2	MO
<b>FANAPT ORAL TABLET</b>	4	PA; MO
<b>FANAPT TITRATION PACK ORAL TABLET</b>	4	PA; MO
<b>GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	PA; MO
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	PA; MO
<b>LATUDA ORAL TABLET</b>	4	PA; MO
<b>NUPLAZID ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>NUPLAZID ORAL TABLET 10 MG</b>	5	PA; MO; NEDS
<i>olanzapine intramuscular solution reconstituted</i>	2	B/D; MO
<i>olanzapine oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>olanzapine oral tablet dispersible</i>	2	MO
<i>paliperidone er oral tablet extended release 24 hour</i>	2	PA; MO
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	MO
<i>quetiapine fumarate oral tablet</i>	1	MO
<b>REXULTI ORAL TABLET</b>	5	PA; MO; NEDS
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG</b>	4	B/D; MO
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MG</b>	5	B/D; MO; NEDS
<i>risperidone oral solution</i>	1	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	1	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	1	MO; QL (2 EA per 1 day)
<b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL</b>	4	PA; MO
<b>VRAYLAR ORAL CAPSULE</b>	5	PA; MO; QL (1 EA per 1 day); NEDS
<b>VRAYLAR ORAL CAPSULE THERAPY PACK</b>	4	PA; MO
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG</b>	4	B/D; MO
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet dispersible</i>	2	MO
<b>VERSACLOZ ORAL SUSPENSION</b>	4	MO
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet</i>	2	MO
<i>dantrolene sodium oral capsule</i>	2	MO
<i>tizanidine hcl oral capsule</i>	1	MO
<i>tizanidine hcl oral tablet</i>	1	MO
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
<b>PREVYMIS ORAL TABLET</b>	5	MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	1	MO
<i>valganciclovir hcl oral tablet</i>	1	MO
<b>ZIRGAN OPHTHALMIC GEL</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Anti-Hepatitis B (Hbv) Agents</b>		
<i>adefovir dipivoxil oral tablet</i>	5	PA; MO; NEDS
<b>BARACLUDE ORAL SOLUTION</b>	4	PA; MO
<i>entecavir oral tablet 0.5 mg</i>	5	PA; MO; NEDS
<i>entecavir oral tablet 1 mg</i>	5	B/D; MO; NEDS
<b>EPIVIR HBV ORAL SOLUTION</b>	3	MO
<b>INTRON A INJECTION SOLUTION 6000000 UNIT/ML</b>	3	PA; MO
<b>INTRON A INJECTION SOLUTION RECONSTITUTED</b>	3	PA; MO
<i>lamivudine oral tablet 100 mg</i>	2	MO
<b>VEMLIDY ORAL TABLET</b>	4	MO
<b>Anti-Hepatitis C (Hcv) Agents</b>		
<b>EPCLUSA ORAL TABLET</b>	5	PA; MO; NEDS
<b>HARVONI ORAL TABLET</b>	5	PA; MO; NEDS
<b>LEDIPASVIR-SOFOSBUVIR ORAL TABLET</b>	5	PA; MO; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; MO; NEDS
<b>SOVALDI ORAL TABLET</b>	5	PA; MO; NEDS
<b>VIEKIRA PAK ORAL TABLET THERAPY PACK</b>	4	PA; MO
<b>ZEPATIER ORAL TABLET</b>	5	PA; MO; NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting</b>		
<b>MAVYRET ORAL TABLET</b>	5	PA; MO; NEDS
<b>VOSEVI ORAL TABLET</b>	5	PA; MO; NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Other</b>		
<b>PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML</b>	5	MO; NEDS
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	5	MO; NEDS
<b>REBETOL ORAL SOLUTION</b>	4	MO
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO; NEDS
<b>RIBASPHERE RIBAPAK ORAL TABLET 600 MG</b>	4	MO
<b>RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 400 &amp; 600 MG</b>	4	PA; MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<b>Antiherpetic Agents</b>		
<i>acyclovir external cream</i>	2	PA; MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>acyclovir external ointment</i>	1	PA; MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension</i>	2	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	2	B/D; MO
<b>DENAVIR EXTERNAL CREAM</b>	4	ST; MO
<i>famciclovir oral tablet</i>	2	MO
<i>trifluridine ophthalmic solution</i>	1	MO
<i>valacyclovir hcl oral tablet</i>	1	MO
<b>ZOVIRAX EXTERNAL CREAM</b>	4	PA; MO
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
<b>BIKTARVY ORAL TABLET</b>	5	MO; NEDS
<b>GENVOYA ORAL TABLET</b>	5	MO; NEDS
<b>ISENTRESS HD ORAL TABLET</b>	5	MO; NEDS
<b>ISENTRESS ORAL PACKET</b>	3	MO
<b>ISENTRESS ORAL TABLET</b>	5	MO; NEDS
<b>ISENTRESS ORAL TABLET CHEWABLE</b>	3	MO
<b>STRIBILD ORAL TABLET</b>	5	MO; NEDS
<b>SYMTUZA ORAL TABLET</b>	5	MO; NEDS
<b>TIVICAY ORAL TABLET 10 MG, 25 MG</b>	4	MO
<b>TIVICAY ORAL TABLET 50 MG</b>	5	MO; NEDS
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
<b>ATRIPLA ORAL TABLET</b>	5	MO; NEDS
<b>COMPLERA ORAL TABLET</b>	5	MO; NEDS
<b>EDURANT ORAL TABLET</b>	5	MO; NEDS
<i>efavirenz oral tablet</i>	1	MO
<b>INTELENCE ORAL TABLET 100 MG, 200 MG</b>	5	MO; NEDS
<b>INTELENCE ORAL TABLET 25 MG</b>	4	MO
<i>nevirapine er oral tablet extended release 24 hour</i>	2	MO
<i>nevirapine oral suspension</i>	1	MO
<i>nevirapine oral tablet</i>	2	MO
<b>ODEFSEY ORAL TABLET</b>	5	MO; NEDS
<b>PIFELTRO ORAL TABLET</b>	4	MO
<b>RESCRIPTOR ORAL TABLET 200 MG</b>	3	MO
<b>SUSTIVA ORAL CAPSULE</b>	3	MO
<b>SUSTIVA ORAL TABLET</b>	3	MO
<b>VIRAMUNE ORAL SUSPENSION</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<b>SYMFI ORAL TABLET</b>	5	MO; NEDS
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir sulfate oral solution</i>	1	MO
<i>abacavir sulfate oral tablet</i>	2	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	5	MO; NEDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	MO; NEDS
<b>CIMDUO ORAL TABLET</b>	3	MO
<b>DELSTRIGO ORAL TABLET</b>	4	MO
<b>DESCOVY ORAL TABLET</b>	5	MO; NEDS
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	2	MO
<b>DOVATO ORAL TABLET</b>	5	MO; NEDS
<i>efavirenz oral capsule</i>	1	MO
<b>EMTRIVA ORAL CAPSULE</b>	4	MO
<b>EMTRIVA ORAL SOLUTION</b>	4	MO
<b>JULUCA ORAL TABLET</b>	5	MO; NEDS
<i>lamivudine oral solution</i>	2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	MO
<i>lamivudine-zidovudine oral tablet</i>	2	MO
<i>stavudine oral capsule</i>	1	MO
<b>SYMFI LO ORAL TABLET</b>	4	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	5	MO; NEDS
<b>TRIUMEQ ORAL TABLET</b>	5	MO; NEDS
<b>TRUVADA ORAL TABLET</b>	5	MO; NEDS
<b>VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG</b>	4	MO
<b>VIREAD ORAL POWDER</b>	3	MO
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	3	MO
<b>VIREAD ORAL TABLET 300 MG</b>	5	MO; NEDS
<b>ZIAGEN ORAL SOLUTION</b>	3	MO
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
<b>Anti-Hiv Agents, Other</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SELZENTRY ORAL SOLUTION</b>	5	MO; NEDS
<b>SELZENTRY ORAL TABLET 150 MG, 300 MG</b>	5	MO; NEDS
<b>SELZENTRY ORAL TABLET 25 MG, 75 MG</b>	4	MO
<b>TYBOST ORAL TABLET</b>	4	MO
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
<b>APTIVUS ORAL CAPSULE</b>	5	MO; NEDS
<b>APTIVUS ORAL SOLUTION</b>	5	MO; NEDS
<i>atazanavir sulfate oral capsule</i>	5	MO; NEDS
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	3	MO
<b>EVOTAZ ORAL TABLET</b>	5	MO; NEDS
<b>FOSAMPRENAVIR CALCIUM ORAL TABLET</b>	5	MO; NEDS
<b>INVIRASE ORAL TABLET</b>	5	MO; NEDS
<b>KALETRA ORAL TABLET 100-25 MG</b>	3	MO
<b>KALETRA ORAL TABLET 200-50 MG</b>	5	MO; NEDS
<b>LEXIVA ORAL SUSPENSION</b>	4	MO
<b>LEXIVA ORAL TABLET</b>	5	MO; NEDS
<i>lopinavir-ritonavir oral solution</i>	2	MO
<b>NORVIR ORAL PACKET</b>	3	MO
<b>NORVIR ORAL SOLUTION</b>	3	MO
<b>NORVIR ORAL TABLET</b>	3	MO
<b>PREZCOBIX ORAL TABLET</b>	5	MO; NEDS
<b>PREZISTA ORAL SUSPENSION</b>	4	MO
<b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>	4	MO
<b>PREZISTA ORAL TABLET 600 MG, 800 MG</b>	5	MO; NEDS
<b>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>	5	MO; NEDS
<b>REYATAZ ORAL PACKET</b>	4	MO
<i>ritonavir oral tablet</i>	1	MO
<b>VIRACEPT ORAL TABLET 250 MG</b>	3	MO
<b>VIRACEPT ORAL TABLET 625 MG</b>	5	MO; NEDS
<b>Anti-Influenza Agents</b>		
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral syrup</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
<i>oseltamivir phosphate oral capsule</i>	2	MO; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	MO; QL (25 ML per 1 day)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	MO
<i>rimantadine hcl oral tablet</i>	1	MO
<b>TAMIFLU ORAL CAPSULE</b>	4	MO; QL (2 EA per 1 day)
<b>TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML</b>	4	MO
<b>XOFLUZA ORAL TABLET THERAPY PACK</b>	4	MO
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl oral tablet</i>	2	MO
<i>hydroxyzine hcl oral syrup</i>	2	PA; MO
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>meprobamate oral tablet</i>	2	MO
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	2	MO
<i>alprazolam er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>	1	MO; QL (1 EA per 1 day)
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE</b>	4	MO
<i>alprazolam oral tablet</i>	1	MO
<i>alprazolam oral tablet dispersible</i>	1	MO
<i>chlordiazepoxide hcl oral capsule</i>	1	MO
<i>clorazepate dipotassium oral tablet</i>	2	MO
<i>diazepam oral solution 5 mg/5ml</i>	2	MO
<i>diazepam oral tablet</i>	1	MO
<i>estazolam oral tablet</i>	2	MO; QL (1 EA per 1 day)
<i>lorazepam oral concentrate</i>	2	MO
<i>lorazepam oral tablet</i>	1	MO
<i>oxazepam oral capsule</i>	2	MO
<i>triazolam oral tablet</i>	1	MO
<b>Ssris/Snrts (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)</b>		
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	MO
<i>paroxetine hcl oral tablet</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl oral tablet</i>	1	MO
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG</b>	5	B/D; MO; NEDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	2	MO
<i>ziprasidone hcl oral capsule</i>	1	MO
<b>Mood Stabilizers</b>		
<i>divalproex sodium oral tablet delayed release</i>	2	MO
<b>LAMICTAL STARTER ORAL KIT</b>	4	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	2	MO
<i>lithium carbonate er oral tablet extended release</i>	2	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<b>LITHIUM ORAL SOLUTION</b>	4	MO
<b>LITHOBID ORAL TABLET EXTENDED RELEASE</b>	4	MO
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet</i>	2	MO; QL (3 EA per 1 day)
<b>ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT</b>	4	PA; MO
<b>ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<i>alogliptin benzoate oral tablet</i>	1	PA; MO
<i>alogliptin-metformin hcl oral tablet</i>	1	PA; MO
<i>alogliptin-pioglitazone oral tablet</i>	1	PA; MO
<b>AVANDIA ORAL TABLET 2 MG, 4 MG</b>	4	MO
<b>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR</b>	3	MO
<b>BYDUREON SUBCUTANEOUS PEN-INJECTOR</b>	3	MO
<b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>CYCLOSET ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>FARXIGA ORAL TABLET</b>	3	MO
<i>glimepiride oral tablet</i>	1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	2	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide-metformin hcl oral tablet</i>	2	MO
<i>glyburide micronized oral tablet</i>	2	PA; MO
<i>glyburide oral tablet</i>	2	PA; MO
<i>glyburide-metformin oral tablet</i>	2	PA; MO; QL (4 EA per 1 day)
<b>GLYXAMBI ORAL TABLET</b>	4	PA; MO
<b>INVOKAMET ORAL TABLET</b>	4	PA; ST; MO
<b>INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<b>INVOKANA ORAL TABLET</b>	4	PA; ST; MO
<b>JANUMET ORAL TABLET</b>	3	MO; QL (2 EA per 1 day)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	MO; QL (2 EA per 1 day)
<b>JANUVIA ORAL TABLET</b>	3	MO; QL (1 EA per 1 day)
<b>JARDIANCE ORAL TABLET</b>	3	MO
<b>JENTADUETO ORAL TABLET</b>	3	MO; QL (2 EA per 1 day)
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	MO; QL (2 EA per 1 day)
<b>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO; QL (1 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	MO
<i>metformin hcl oral tablet</i>	1	MO
<i>miglitol oral tablet</i>	1	MO
<i>nateglinide oral tablet</i>	2	MO
<b>ONGLYZA ORAL TABLET</b>	4	PA; MO
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<i>pioglitazone hcl oral tablet</i>	2	MO
<i>pioglitazone hcl-glimepiride oral tablet</i>	2	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	MO
<b>QTERN ORAL TABLET</b>	4	ST; MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (8 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>repaglinide-metformin hcl oral tablet</i>	1	MO; QL (3 EA per 1 day)
<b>RIOMET ORAL SOLUTION</b>	4	MO
<b>SEGLUROMET ORAL TABLET</b>	4	PA; MO
<b>STEGLATRO ORAL TABLET</b>	4	PA; MO
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>SYNJARDY ORAL TABLET</b>	3	MO
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	MO
<b>TOLBUTAMIDE ORAL TABLET</b>	4	MO
<b>TRADJENTA ORAL TABLET</b>	3	MO; QL (1 EA per 1 day)
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	MO
<b>Glycemic Agents</b>		
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>	3	MO
<b>GLUCAGON EMERGENCY INJECTION KIT</b>	3	MO
<b>PROGLYCEM ORAL SUSPENSION</b>	4	MO
<b>Insulins</b>		
<b>ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>ADMELOG SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>AFREZZA INHALATION POWDER 12 UNIT, 4 &amp; 8 &amp; 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT &amp; 90X8 UNIT</b>	4	PA; MO
<b>APIDRA INJECTION SOLUTION</b>	4	PA; MO
<b>APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	MO
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION</b>	3	MO
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	MO
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</b>	3	MO
<b>HUMALOG SUBCUTANEOUS SOLUTION</b>	3	MO
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	MO
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	MO
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>	3	MO
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	MO
<b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>	3	MO
<b>HUMULIN R INJECTION SOLUTION</b>	3	MO
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</b>	3	MO
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<i>insulin lispro subcutaneous solution</i>	3	MO
<i>insulin lispro subcutaneous solution pen-injector</i>	3	MO
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>LANTUS SUBCUTANEOUS SOLUTION</b>	3	MO
<b>LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>LEVEMIR SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	4	PA; MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION</b>	4	PA; MO
<b>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</b>	4	PA; MO
<b>NOVOLOG SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	ST; MO
<b>TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>TRESIBA SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
<b>BEVYXXA ORAL CAPSULE</b>	4	MO; QL (1 EA per 42 days)
<b>COUMADIN ORAL TABLET</b>	4	MO
<b>ELIQUIS ORAL TABLET</b>	3	MO
<b>ELIQUIS STARTER PACK ORAL TABLET</b>	3	MO
<i>enoxaparin sodium subcutaneous solution</i>	2	MO
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	MO; NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	MO
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML</b>	5	MO; NEDS
<b>FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML</b>	3	MO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	B/D; MO
<i>jantoven oral tablet</i>	1	MO
<b>PRADAXA ORAL CAPSULE</b>	4	MO
<b>SAVAYSA ORAL TABLET</b>	4	PA; MO
<i>warfarin sodium oral tablet</i>	1	MO
<b>XARELTO ORAL TABLET</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</b>	3	MO
<b>Blood Formation Modifiers</b>		
<i>anagrelide hcl oral capsule</i>	2	MO
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	4	PA; MO
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML</b>	5	PA; MO; NEDS
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML</b>	4	PA; MO
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML</b>	5	PA; MO; NEDS
<b>DOPTELET ORAL TABLET 20 MG (10 PACK)</b>	4	PA; MO; QL (15 EA per 5 days)
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	4	PA; MO
<b>FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	MO
<b>GRANIX SUBCUTANEOUS SOLUTION</b>	3	
<b>GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	MO
<b>LEUKINE INJECTION SOLUTION RECONSTITUTED</b>	5	B/D; MO; NEDS
<b>MULPLETA ORAL TABLET</b>	4	PA; MO; QL (7 EA per 30 days)
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	B/D; MO; NEDS
<b>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</b>	5	B/D; MO; NEDS
<b>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE</b>	5	B/D; MO; NEDS
<b>NIVESTYM INJECTION SOLUTION</b>	4	MO
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE</b>	4	MO
<b>PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	3	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML</b>	5	PA; MO; NEDS
<b>PROMACTA ORAL PACKET</b>	5	PA; MO; NEDS
<b>PROMACTA ORAL TABLET</b>	5	PA; MO; NEDS
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	3	PA; MO
<b>RETACRIT INJECTION SOLUTION 40000 UNIT/ML</b>	5	PA; MO; NEDS
<b>TAVALISSE ORAL TABLET</b>	4	PA; MO; LA; QL (60 EA per 30 days)
<b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE</b>	5	B/D; MO; NEDS
<b>Hemostasis Agents</b>		
<b>LYSTEDA ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<i>tranexamic acid oral tablet</i>	1	MO
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	2	MO
<b>BRILINTA ORAL TABLET</b>	4	MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO
<i>dipyridamole oral tablet</i>	2	MO
<i>prasugrel hcl oral tablet</i>	2	MO
<b>ZONTIVITY ORAL TABLET</b>	4	MO
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	PA; MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	2	MO
<i>guanfacine hcl oral tablet</i>	2	MO
<i>methyldopa oral tablet</i>	2	MO
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	MO
<i>midodrine hcl oral tablet</i>	2	MO
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hcl oral capsule</i>	2	MO
<i>prazosin hcl oral capsule</i>	1	MO
<b>Angiotensin Ii Receptor Antagonists</b>		
<b>ATACAND HCT ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>candesartan cilexetil oral tablet</i>	1	MO
<i>candesartan cilexetil-hctz oral tablet</i>	1	MO
<b>EDARBI ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>EDARBYCLOR ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>ENTRESTO ORAL TABLET</b>	4	MO
<i>eprosartan mesylate oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	2	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>losartan potassium oral tablet</i>	1	MO
<i>losartan potassium-hctz oral tablet</i>	1	MO; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet</i>	2	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	2	MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	1	MO
<i>telmisartan-hctz oral tablet</i>	1	MO
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<i>benazepril hcl oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	2	MO
<i>captopril oral tablet</i>	2	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	2	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>fosinopril sodium oral tablet</i>	2	MO
<i>fosinopril sodium-hctz oral tablet</i>	2	MO
<i>lisinopril oral tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>moexipril hcl oral tablet</i>	2	MO
<i>perindopril erbumine oral tablet</i>	2	MO
<b>QBRELIS ORAL SOLUTION</b>	4	PA; MO
<i>quinapril hcl oral tablet</i>	1	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO; QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	1	MO
<i>trandolapril oral tablet</i>	1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ZESTRIL ORAL TABLET 10 MG, 20 MG, 5 MG</b>	4	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet</i>	2	MO
<i>disopyramide phosphate oral capsule</i>	2	MO
<i>dofetilide oral capsule</i>	2	MO
<i>flecainide acetate oral tablet</i>	2	MO
<i>mexiletine hcl oral capsule</i>	2	MO
<b>MULTAQ ORAL TABLET</b>	4	PA; MO
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	3	MO
<b>NORPACE ORAL CAPSULE</b>	4	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1	MO
<i>propafenone hcl oral tablet</i>	1	MO
<i>quinidine gluconate er oral tablet extended release</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<b>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	4	PA; MO
<i>sorine oral tablet</i>	1	MO
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg</i>	2	MO
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
<b>TIKOSYN ORAL CAPSULE</b>	4	MO
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule</i>	2	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>betaxolol hcl oral tablet</i>	1	MO
<i>bisoprolol fumarate oral tablet</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<b>BYSTOLIC ORAL TABLET</b>	4	ST; MO; QL (1 EA per 1 day)
<i>carvedilol oral tablet</i>	1	MO
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	1	MO
<b>COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>labetalol hcl oral tablet</i>	2	MO
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO
<i>pindolol oral tablet</i>	2	MO
<i>propranolol hcl er oral capsule extended release 24 hour</i>	1	MO
<i>propranolol hcl oral solution</i>	1	MO
<i>propranolol hcl oral tablet</i>	1	MO
<i>propranolol-hctz oral tablet</i>	1	MO
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	MO
<i>amlodipine besylate oral tablet</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet</i>	1	MO; QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet</i>	1	MO; QL (1 EA per 1 day)
<i>amlodipine-valsartan-hctz oral tablet</i>	1	MO; QL (1 EA per 1 day)
<b>CADUET ORAL TABLET 10-80 MG, 5-20 MG, 5-40 MG, 5-80 MG</b>	4	MO; QL (1 EA per 1 day)
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG</b>	4	MO
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	4	MO
<i>cartia xt oral capsule extended release 24 hour</i>	2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour</i>	2	MO
<i>felodipine er oral tablet extended release 24 hour</i>	2	MO
<i>isradipine oral capsule</i>	2	MO
<i>matzim la oral tablet extended release 24 hour</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>nicardipine hcl oral capsule</i>	2	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	MO
<i>nifedipine oral capsule</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO
<i>nisoldipine er oral tablet extended release 24 hour</i>	1	MO
<i>olmesartan-amlodipine-hctz oral tablet</i>	2	MO
<b>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG</b>	4	MO
<i>taztia xt oral capsule extended release 24 hour</i>	1	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	MO
<i>verapamil hcl er oral tablet extended release</i>	1	MO
<i>verapamil hcl oral tablet</i>	1	MO
<b>Cardiovascular Agents</b>		
<i>amlodipine-olmesartan oral tablet</i>	1	MO
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren fumarate oral tablet</i>	2	MO
<b>CORLANOR ORAL TABLET</b>	4	PA; MO
<b>DEMSER ORAL CAPSULE</b>	4	MO
<i>digitek oral tablet</i>	1	MO
<i>digox oral tablet</i>	2	MO
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO
<i>digoxin oral tablet 250 mcg</i>	2	PA; MO
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG</b>	4	MO
<b>NORTHERA ORAL CAPSULE</b>	4	PA; MO
<i>pentoxifylline er oral tablet extended release</i>	2	MO
<b>PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	5	PA; MO; NEDS
<b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	MO
<i>ranolazine er oral tablet extended release 12 hour</i>	1	PA; MO
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE</b>	5	PA; MO; NEDS
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	PA; MO; NEDS
<b>TEKTURNA HCT ORAL TABLET</b>	4	MO
<b>TEKTURNA ORAL TABLET</b>	4	MO
<b>VECAMYL ORAL TABLET</b>	4	MO
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral tablet</i>	2	MO
<i>methazolamide oral tablet</i>	2	MO
<b>Diuretics, Loop</b>		
<i>bumetanide oral tablet</i>	1	MO
<i>ethacrynic acid oral tablet</i>	2	MO
<i>furosemide injection solution 10 mg/ml</i>	2	B/D; MO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>toremide oral tablet</i>	1	MO
<b>Diuretics, Potassium-Sparing</b>		
<b>ALDACTAZIDE ORAL TABLET 50-50 MG</b>	4	MO
<i>amiloride hcl oral tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	MO
<b>DYRENIUM ORAL CAPSULE</b>	4	MO
<i>eplerenone oral tablet</i>	2	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hctz oral tablet</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet</i>	1	MO
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide oral tablet</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<b>DIURIL ORAL SUSPENSION</b>	4	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>metolazone oral tablet</i>	2	MO
<b>Dyslipidemics</b>		
<i>colesevelam hcl oral packet</i>	2	MO
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<b>ANTARA ORAL CAPSULE 30 MG, 90 MG</b>	4	MO
<i>fenofibrate micronized oral capsule</i>	2	MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG</b>	4	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid oral capsule delayed release</i>	2	MO
<i>gemfibrozil oral tablet</i>	2	MO
<b>TRIGLIDE ORAL TABLET 160 MG</b>	4	MO
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>		
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>atorvastatin calcium oral tablet</i>	1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	2	MO
<i>fluvastatin sodium oral capsule</i>	2	MO
<b>LIVALO ORAL TABLET</b>	4	ST; MO; QL (1 EA per 1 day)
<i>lovastatin oral tablet</i>	2	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	1	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	1	MO; QL (1 EA per 1 day)
<i>simvastatin oral tablet</i>	1	MO; QL (1.5 EA per 1 day)
<b>ZYPITAMAG ORAL TABLET</b>	4	ST; MO
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral powder</i>	2	MO
<i>cholestyramine oral packet</i>	2	MO
<i>colesevelam hcl oral tablet</i>	2	MO
<i>colestipol hcl oral packet</i>	2	MO
<i>colestipol hcl oral tablet</i>	2	MO
<i>ezetimibe oral tablet</i>	2	MO
<i>ezetimibe-simvastatin oral tablet</i>	2	MO
<b>JUXTAPID ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	MO
<i>niacor oral tablet</i>	2	MO
<i>omega-3-acid ethyl esters oral capsule</i>	2	MO
<i>prevalite oral packet</i>	1	MO
<b>QUESTRAN LIGHT ORAL POWDER</b>	4	MO
<b>VYTORIN ORAL TABLET</b>	4	MO
<b>WELCHOL ORAL PACKET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>WELCHOL ORAL TABLET</b>	4	MO
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine hcl oral tablet</i>	2	MO
<i>minoxidil oral tablet</i>	2	MO
<b>Vasodilators, Direct-Acting Arterial/Venous</b>		
<b>BIDIL ORAL TABLET</b>	4	MO
<b>GONITRO SUBLINGUAL PACKET</b>	4	MO
<b>ISORDIL TITRADOSE ORAL TABLET 40 MG</b>	4	MO
<i>isosorbide dinitrate er oral tablet extended release</i>	2	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	2	MO
<i>minitran transdermal patch 24 hour</i>	2	MO
<b>NITRO-BID TRANSDERMAL OINTMENT</b>	4	MO
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR</b>	4	MO
<i>nitroglycerin sublingual tablet sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual solution</i>	2	MO
<b>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL</b>	3	MO
<b>RECTIV RECTAL OINTMENT</b>	4	MO
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<b>ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE</b>	4	MO
<b>ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE</b>	4	MO
<i>amphetamine sulfate oral tablet</i>	2	MO
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	2	MO
<i>amphetamine-dextroamphetamine oral tablet</i>	2	MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	MO
<i>dextroamphetamine sulfate oral tablet</i>	2	MO
<i>methamphetamine hcl oral tablet</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	2	MO
<b>VYVANSE ORAL CAPSULE</b>	4	PA; MO
<i>zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	1	MO
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<b>APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>atomoxetine hcl oral capsule</i>	2	PA; MO
<b>COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE</b>	4	PA; MO
<b>DAYTRANA TRANSDERMAL PATCH</b>	4	PA; MO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	2	MO
<i>dexmethylphenidate hcl oral tablet</i>	2	MO
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	PA; MO
<i>metadate er oral tablet extended release 20 mg</i>	2	MO
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	2	MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg, 72 mg</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg, 54 mg</i>	2	MO
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet chewable</i>	2	MO
<b>MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	ST; MO
<b>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE</b>	4	MO
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED</b>	4	PA; MO
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG</b>	4	MO
<b>STRATTERA ORAL CAPSULE</b>	4	PA; MO
<b>Central Nervous System Agents</b>		
<b>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE</b>	4	PA; MO

Drug	Status	Requirements/Limits
<b>Central Nervous System Agents, Other</b>		
<b>AUSTEDO ORAL TABLET</b>	4	PA; MO
<b>Central Nervous System, Other</b>		
<b>HETLIOZ ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>INGREZZA ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG</b>	4	MO
<b>NUEDEXTA ORAL CAPSULE</b>	4	PA; MO
<i>riluzole oral tablet</i>	1	MO
<i>tetrabenazine oral tablet</i>	5	PA; MO; NEDS
<b>TIGLUTIK ORAL SUSPENSION</b>	4	PA; MO; QL (20 ML per 1 day)
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	MO
<b>LYRICA ORAL CAPSULE</b>	4	PA; MO
<b>LYRICA ORAL SOLUTION</b>	4	PA; MO
<i>pregabalin oral capsule</i>	2	PA; MO
<i>pregabalin oral solution</i>	2	PA; MO
<b>SAVELLA ORAL TABLET</b>	3	MO
<b>SAVELLA TITRATION PACK ORAL</b>	3	MO
<b>Multiple Sclerosis Agents</b>		
<b>AUBAGIO ORAL TABLET</b>	5	MO; NEDS
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	5	MO; NEDS
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	5	MO; NEDS
<b>BETASERON SUBCUTANEOUS KIT</b>	5	MO; NEDS
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	4	MO
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	3	MO
<b>DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	5	PA; MO; NEDS
<b>EXTAVIA SUBCUTANEOUS KIT</b>	4	PA; MO
<b>FIRDAPSE ORAL TABLET</b>	4	PA; MO; QL (8 EA per 1 day)
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	5	MO; NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	5	MO; NEDS
<i>glatopa subcutaneous solution prefilled syringe</i>	5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN- INJECTOR</b>	4	MO
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	MO
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	MO
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	MO; NEDS
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR</b>	5	MO; NEDS
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	MO; NEDS
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	MO; NEDS
<b>TECFIDERA ORAL</b>	5	MO; NEDS
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE</b>	5	MO; NEDS
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl oral capsule</i>	2	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	1	MO
<i>pilocarpine hcl oral tablet</i>	2	MO
<i>triamcinolone acetonide mouth/throat paste</i>	1	MO
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i>	1	MO
<i>acitretin oral capsule 17.5 mg</i>	5	MO; NEDS
<i>adapalene external cream</i>	1	MO
<i>adapalene external gel</i>	2	MO
<i>adapalene external solution</i>	2	MO
<i>adapalene-benzoyl peroxide external gel</i>	2	MO
<b>ALTRENO EXTERNAL LOTION</b>	4	PA; MO
<i>ammonium lactate external cream</i>	2	MO
<i>ammonium lactate external lotion</i>	2	MO
<i>amnestem oral capsule 40 mg</i>	1	MO
<i>avita external cream</i>	1	PA; MO
<i>avita external gel</i>	1	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>AZELEX EXTERNAL CREAM</b>	4	PA; MO
<i>benzoyl peroxide-erythromycin external gel</i>	1	MO
<i>calcipotriene external cream</i>	2	MO; QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	2	MO; QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	2	MO; QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	1	PA; MO
<b>CALCITRIOL EXTERNAL OINTMENT</b>	4	PA; MO
<b>CARAC EXTERNAL CREAM</b>	4	MO
<i>claravis oral capsule</i>	2	MO
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	2	PA; MO
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	ST; MO
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	PA; MO
<i>clindamycin-tretinoin external gel</i>	1	PA; MO
<i>clotrimazole-betamethasone external cream</i>	2	MO
<i>clotrimazole-betamethasone external lotion</i>	2	MO
<b>CONDYLOX EXTERNAL GEL</b>	4	MO
<b>CORTISPORIN EXTERNAL CREAM</b>	4	MO
<b>CORTISPORIN EXTERNAL OINTMENT</b>	4	MO
<b>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; MO
<i>dapsone external gel</i>	1	PA; MO
<i>diclofenac epolamine transdermal patch</i>	2	PA; MO
<i>diclofenac sodium transdermal gel 1 %</i>	2	MO; QL (960 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	1	MO
<i>doxepin hcl external cream</i>	1	MO
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>ELIDEL EXTERNAL CREAM</b>	4	MO
<b>EPIDUO FORTE EXTERNAL GEL</b>	4	ST; MO
<b>EUCRISA EXTERNAL OINTMENT</b>	4	PA; MO
<b>FABIOR EXTERNAL FOAM</b>	4	PA; MO
<b>FINACEA EXTERNAL FOAM</b>	4	MO
<b>FINACEA EXTERNAL GEL</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>fluorouracil external cream</i>	2	MO
<i>fluorouracil external solution</i>	2	MO
<b>ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO; QL (1 ML per 84 days)
<i>imiquimod external cream</i>	2	MO
<i>imiquimod pump external cream</i>	2	MO
<i>methoxsalen rapid oral capsule</i>	2	MO
<b>MIRVASO EXTERNAL GEL</b>	4	ST; MO
<i>myorisan oral capsule</i>	1	MO
<b>PENNSAID TRANSDERMAL SOLUTION 2 %</b>	4	MO
<b>PICATO EXTERNAL GEL</b>	4	ST; MO
<i>pimecrolimus external cream</i>	2	MO
<i>podofilox external solution</i>	2	MO
<b>REGRANEX EXTERNAL GEL</b>	4	PA; MO
<b>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %</b>	4	PA; MO
<b>RHOFADE EXTERNAL CREAM</b>	4	ST; MO
<b>SANTYL EXTERNAL OINTMENT</b>	3	MO; QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	1	MO
<b>SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>SOOLANTRA EXTERNAL CREAM</b>	4	MO
<b>SORILUX EXTERNAL FOAM</b>	4	PA; MO
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	4	PA; MO
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>TACLONEX EXTERNAL SUSPENSION</b>	4	PA; MO
<i>tacrolimus external ointment</i>	1	MO
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; MO
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<i>tazarotene external cream</i>	1	MO
<b>TAZORAC EXTERNAL CREAM</b>	4	MO
<b>TAZORAC EXTERNAL GEL</b>	4	MO
<b>TOLAK EXTERNAL CREAM</b>	4	MO
<b>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<i>tretinoin external cream 0.025 %, 0.05 %</i>	1	PA; MO
<i>tretinoin external cream 0.1 %</i>	1	MO
<i>tretinoin external gel</i>	1	PA; MO
<i>tretinoin microsphere external gel</i>	1	PA; MO
<b>VEREGEN EXTERNAL OINTMENT</b>	4	ST; MO
<b>VOLTAREN TRANSDERMAL GEL</b>	4	MO
<i>zenatane oral capsule</i>	1	MO
<b>ZYCLARA PUMP EXTERNAL CREAM 2.5 %</b>	4	MO
<b>Electrolytes/Minerals/ Metals/ Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
<i>dextrose intravenous solution 10 %, 5 %</i>	2	B/D; MO
<b>DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %</b>	4	B/D; MO
<i>dextrose-nacl intravenous solution 2.5-0.45 %, 5- 0.2 %, 5-0.45 %, 5-0.9 %</i>	2	B/D; MO
<i>kcl in dextrose-nacl intravenous solution 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%</i>	2	B/D; MO
<i>klor-con 10 oral tablet extended release</i>	2	MO
<i>klor-con m10 oral tablet extended release</i>	2	MO
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE</b>	4	MO
<i>klor-con m20 oral tablet extended release</i>	2	MO
<i>klor-con oral packet 20 meq</i>	2	MO
<i>klor-con oral tablet extended release</i>	2	MO
<i>klor-con sprinkle oral capsule extended release 8 meq</i>	2	MO
<i>magnesium sulfate injection solution 50 %</i>	2	B/D; MO
<i>potassium chloride crys er oral tablet extended release</i>	2	MO
<i>potassium chloride er oral capsule extended release</i>	2	MO
<i>potassium chloride er oral tablet extended release</i>	2	MO
<i>potassium chloride intravenous solution 20 meq/100ml, 40 meq/100ml</i>	1	B/D; MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release</i>	1	MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 5 %</i>	1	B/D; MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO
<i>tpn electrolytes intravenous solution</i>	1	B/D; MO
<b>TRAVASOL INTRAVENOUS SOLUTION</b>	4	B/D; MO
<b>Electrolyte/Mineral/Metal Modifiers</b>		
<b>CARBAGLU ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	4	MO
<b>DEPEN TITRATABS ORAL TABLET</b>	5	MO; NEDS
<b>EXJADE ORAL TABLET SOLUBLE 125 MG</b>	4	MO
<b>EXJADE ORAL TABLET SOLUBLE 250 MG, 500 MG</b>	5	MO; NEDS
<i>kionex oral suspension</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<b>SYPRINE ORAL CAPSULE</b>	5	MO; NEDS
<i>trientine hcl oral capsule</i>	5	MO; NEDS
<b>Phosphate Binders</b>		
<i>calcium acetate (phos binder) oral capsule</i>	2	MO
<i>calcium acetate (phos binder) oral tablet</i>	1	MO
<b>RENVELA ORAL PACKET</b>	3	MO
<b>RENVELA ORAL TABLET</b>	3	MO
<i>sevelamer carbonate oral packet</i>	1	MO
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
<b>BUPHENYL ORAL TABLET</b>	5	MO; NEDS
<b>CERDELGA ORAL CAPSULE</b>	4	PA; MO
<i>miglustat oral capsule</i>	5	MO; LA; NEDS
<i>nityr oral tablet</i>	4	PA; MO; LA
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT</b>	4	MO
<b>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 8000 UNIT</b>	4	MO
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	MO
<b>SUCRAID ORAL SOLUTION</b>	4	MO
<b>VIOKACE ORAL TABLET</b>	4	MO

Drug	Status	Requirements/Limits
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT</b>	4	MO
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<b>CUVPOSA ORAL SOLUTION</b>	4	PA; MO
<i>dicyclomine hcl oral capsule</i>	1	MO
<i>dicyclomine hcl oral solution</i>	2	MO
<i>dicyclomine hcl oral tablet</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>methscopolamine bromide oral tablet</i>	2	MO
<b>PROPANTHELINE BROMIDE ORAL TABLET</b>	4	MO
<b>Gastrointestinal Agents</b>		
<b>XERMELO ORAL TABLET</b>	4	PA; MO
<b>Gastrointestinal Agents, Other</b>		
<b>CHENODAL ORAL TABLET</b>	4	MO
<b>CHOLBAM ORAL CAPSULE</b>	4	PA; MO; LA
<i>cromolyn sodium oral concentrate</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	2	MO
<i>diphenoxylate-atropine oral tablet</i>	2	MO
<b>ENDARI ORAL PACKET</b>	4	PA; MO; QL (6 EA per 1 day)
<b>GATTEX SUBCUTANEOUS KIT</b>	5	PA; MO; NEDS
<i>loperamide hcl oral capsule</i>	2	MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	1	ST; MO
<b>MOTTEGRITY ORAL TABLET</b>	4	PA; MO; QL (30 EA per 30 days)
<b>MOVANTIK ORAL TABLET</b>	4	PA; MO
<b>MYTESI ORAL TABLET DELAYED RELEASE</b>	4	PA; MO
<b>OCALIVA ORAL TABLET</b>	4	PA; MO
<b>OSMOPREP ORAL TABLET</b>	4	MO
<b>PYLERA ORAL CAPSULE</b>	4	PA; MO; QL (120 EA per 10 days)
<b>RELISTOR ORAL TABLET</b>	4	PA; MO
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	5	PA; MO; NEDS
<b>SYMPROIC ORAL TABLET</b>	4	PA; MO
<i>ursodiol oral capsule</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ursodiol oral tablet</i>	1	MO
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl oral solution</i>	2	MO
<i>cimetidine oral tablet</i>	2	MO
<i>famotidine oral suspension reconstituted</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO
<i>nizatidine oral capsule</i>	1	MO
<i>nizatidine oral solution</i>	1	MO
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hcl oral tablet</i>	2	PA; MO; QL (2 EA per 1 day)
<b>AMITIZA ORAL CAPSULE</b>	3	MO
<b>LINZESS ORAL CAPSULE</b>	4	PA; MO
<b>VIBERZI ORAL TABLET</b>	4	PA; MO
<b>Laxatives</b>		
<i>constulose oral solution</i>	1	MO
<i>enulose oral solution</i>	2	MO
<i>gavilyte-c oral solution reconstituted</i>	2	MO
<i>gavilyte-g oral solution reconstituted</i>	2	MO
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	MO
<i>generlac oral solution</i>	1	MO
<b>GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM</b>	4	MO
<b>KRISTALOSE ORAL PACKET 20 GM</b>	3	MO
<i>lactulose oral packet</i>	2	MO
<i>lactulose oral solution 10 gm/15ml</i>	2	MO
<b>MOVIPREP ORAL SOLUTION RECONSTITUTED</b>	4	MO
<b>NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED</b>	4	MO
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	MO
<b>PREPOPIK ORAL PACKET</b>	4	MO
<b>SUPREP BOWEL PREP KIT ORAL SOLUTION</b>	4	MO
<i>trilyte oral solution reconstituted</i>	1	MO
<b>Protectants</b>		
<b>CARAFATE ORAL SUSPENSION</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>misoprostol oral tablet</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO
<b>Proton Pump Inhibitors</b>		
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE</b>	3	MO
<i>esomeprazole magnesium oral capsule delayed release</i>	1	MO; QL (1 EA per 1 day)
<i>lansoprazole oral capsule delayed release</i>	1	MO
<i>lansoprazole oral tablet dispersible</i>	1	PA; MO
<i>omeprazole oral capsule delayed release 10 mg</i>	2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg</i>	2	MO; QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 40 mg</i>	2	MO
<i>pantoprazole sodium oral tablet delayed release</i>	2	MO; QL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	1	PA; MO; QL (1 EA per 1 day)
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG</b>	5	PA; MO; LA; NEDS
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	3	MO
<b>CYSTADANE ORAL POWDER</b>	4	MO; LA
<b>CYSTAGON ORAL CAPSULE</b>	4	MO
<b>KUVAN ORAL PACKET</b>	5	PA; MO; NEDS
<b>KUVAN ORAL TABLET SOLUBLE</b>	5	PA; MO; NEDS
<b>ORFADIN ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>ORFADIN ORAL SUSPENSION</b>	5	PA; MO; NEDS
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO; LA; QL (2 ML per 30 days)
<b>RAVICTI ORAL LIQUID</b>	5	MO; NEDS
<i>sodium phenylbutyrate oral tablet</i>	5	MO; NEDS
<b>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>ZAVESCA ORAL CAPSULE</b>	5	MO; LA; NEDS
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 3000-14000 UNIT</b>	4	MO

Drug	Status	Requirements/Limits
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	ST; MO; QL (1 EA per 1 day)
<i>flavoxate hcl oral tablet</i>	2	MO
<b>GELNIQUE PUMP TRANSDERMAL GEL</b>	4	ST; MO
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>solifenacin succinate oral tablet</i>	2	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	MO
<i>tolterodine tartrate oral tablet</i>	1	MO
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	ST; MO
<i>trospium chloride er oral capsule extended release 24 hour</i>	1	MO
<i>trospium chloride oral tablet</i>	1	MO
<b>VESICARE ORAL TABLET</b>	4	MO
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	MO; QL (1 EA per 1 day)
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	2	MO
<i>dutasteride oral capsule</i>	2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; QL (1 EA per 1 day)
<b>RAPAFLO ORAL CAPSULE 8 MG</b>	4	ST; MO
<i>silodosin oral capsule</i>	2	ST; MO
<i>tamsulosin hcl oral capsule</i>	1	MO
<i>terazosin hcl oral capsule</i>	1	MO
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet</i>	1	MO
<b>CIALIS ORAL TABLET 2.5 MG, 5 MG</b>	4	PA; MO; QL (4 EA per 30 days)
<b>ELMIRON ORAL CAPSULE</b>	3	MO
<b>JYNARQUE ORAL TABLET</b>	5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>JYNARQUE ORAL TABLET THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LITHOSTAT ORAL TABLET</b>	4	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	MO; QL (4 EA per 30 days)
<b>THIOLA ORAL TABLET</b>	4	MO
<b>Irritable Bowel Syndrome Agents</b>		
<b>TRULANCE ORAL TABLET</b>	4	PA; MO
<b>Phosphate Binders</b>		
<b>AURYXIA ORAL TABLET</b>	4	PA; MO
<b>FOSRENOL ORAL PACKET</b>	4	ST; MO
<i>lanthanum carbonate oral tablet chewable</i>	2	ST; MO
<b>PHOSLYRA ORAL SOLUTION</b>	4	MO
<b>RENAGEL ORAL TABLET 800 MG</b>	3	MO
<i>sevelamer carbonate oral tablet</i>	1	MO
<i>sevelamer hcl oral tablet 800 mg</i>	1	MO
<b>VELPHORO ORAL TABLET CHEWABLE</b>	4	PA; MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Glucocorticoids/Mineralocorticoids</b>		
<b>ENSTILAR EXTERNAL FOAM</b>	4	PA; MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>ala-cort external cream 1 %</i>	2	MO
<i>alclometasone dipropionate external cream</i>	2	MO
<i>alclometasone dipropionate external ointment</i>	2	MO
<i>amcinonide external cream</i>	1	MO
<i>amcinonide external lotion</i>	2	MO
<b>AMCINONIDE EXTERNAL OINTMENT</b>	4	MO
<i>betamethasone dipropionate aug external cream</i>	2	MO
<i>betamethasone dipropionate aug external gel</i>	2	MO
<i>betamethasone dipropionate aug external lotion</i>	2	MO
<i>betamethasone dipropionate aug external ointment</i>	2	MO
<i>betamethasone dipropionate external cream</i>	2	MO
<i>betamethasone dipropionate external lotion</i>	2	MO
<i>betamethasone dipropionate external ointment</i>	2	MO
<i>betamethasone valerate external cream</i>	2	MO
<i>betamethasone valerate external foam</i>	2	ST; MO
<i>betamethasone valerate external lotion</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>betamethasone valerate external ointment</i>	2	MO
<b>CAPEX EXTERNAL SHAMPOO</b>	4	MO
<i>clobetasol prop emollient base external cream</i>	2	MO
<i>clobetasol propionate emulsion external foam</i>	2	MO
<i>clobetasol propionate external cream</i>	2	MO
<i>clobetasol propionate external foam</i>	2	MO
<i>clobetasol propionate external gel</i>	2	MO; QL (60 GM per 30 days)
<i>clobetasol propionate external liquid</i>	2	MO; QL (180 ML per 30 days)
<i>clobetasol propionate external lotion</i>	2	MO; QL (180 ML per 30 days)
<i>clobetasol propionate external ointment</i>	2	MO; QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	2	MO; QL (180 ML per 30 days)
<i>clobetasol propionate external solution</i>	2	MO; QL (59 ML per 30 days)
<i>cortisone acetate oral tablet</i>	2	MO
<i>desonide external cream</i>	2	MO
<i>desonide external lotion</i>	2	MO
<i>desonide external ointment</i>	2	MO
<i>desoximetasone external cream</i>	2	MO
<i>desoximetasone external gel</i>	2	MO
<i>desoximetasone external liquid</i>	2	PA; MO; QL (180 ML per 30 days)
<i>desoximetasone external ointment</i>	2	MO
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</b>	4	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<b>DEXAMETHASONE ORAL TABLET 1 MG</b>	4	MO
<i>dexamethasone oral tablet therapy pack</i>	2	MO
<i>diflorasone diacetate external cream</i>	2	MO
<i>diflorasone diacetate external ointment</i>	2	MO
<i>fludrocortisone acetate oral tablet</i>	2	MO
<i>fluocinolone acetonide external cream</i>	2	MO
<i>fluocinolone acetonide external ointment</i>	2	MO
<i>fluocinolone acetonide external solution</i>	2	MO
<i>fluocinolone acetonide scalp external oil</i>	2	MO
<i>fluocinonide external cream 0.1 %</i>	2	MO; QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	2	MO; QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	2	MO
<i>fluocinonide external solution</i>	2	MO; QL (60 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>flurandrenolide external cream</i>	1	MO; QL (240 GM per 30 days)
<i>flurandrenolide external lotion</i>	1	MO; QL (240 ML per 30 days)
<i>flurandrenolide external ointment</i>	1	MO; QL (180 GM per 30 days)
<i>fluticasone propionate external cream</i>	2	MO
<i>fluticasone propionate external lotion</i>	2	MO
<i>fluticasone propionate external ointment</i>	2	MO
<i>halobetasol propionate external cream</i>	2	MO
<i>halobetasol propionate external ointment</i>	2	MO
<b>HALOG EXTERNAL CREAM</b>	3	MO
<b>HALOG EXTERNAL OINTMENT</b>	3	MO
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	1	MO
<i>hydrocortisone butyrate external cream</i>	2	MO
<i>hydrocortisone butyrate external lotion</i>	2	MO; QL (180 ML per 30 days)
<i>hydrocortisone butyrate external ointment</i>	2	MO
<i>hydrocortisone butyrate external solution</i>	2	MO
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone external lotion 2.5 %</i>	2	MO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate external cream</i>	2	MO
<i>hydrocortisone valerate external ointment</i>	2	MO
<b>MEDROL ORAL TABLET 2 MG</b>	4	MO
<i>methylprednisolone oral tablet</i>	2	MO
<i>methylprednisolone oral tablet therapy pack</i>	2	MO
<b>MILLIPRED ORAL TABLET</b>	4	MO
<i>mometasone furoate external cream</i>	2	MO
<i>mometasone furoate external ointment</i>	2	MO
<i>mometasone furoate external solution</i>	2	MO
<i>prednicarbate external cream</i>	1	MO
<i>prednicarbate external ointment</i>	1	MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	MO
<b>PREDNISONE INTENSOL ORAL CONCENTRATE</b>	4	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>prednisone oral tablet therapy pack</i>	1	MO
<i>procto-med hc rectal cream</i>	1	MO
<i>proctosol hc rectal cream</i>	1	MO
<i>proctozone-hc rectal cream</i>	1	MO
<b>RAYOS ORAL TABLET DELAYED RELEASE</b>	4	MO
<b>TEXACORT EXTERNAL SOLUTION</b>	4	MO
<i>triamcinolone acetonide external aerosol solution</i>	1	MO
<i>triamcinolone acetonide external cream</i>	1	MO
<i>triamcinolone acetonide external lotion</i>	1	MO
<i>triamcinolone acetonide external ointment</i>	1	MO
<i>triderm external cream 0.1 %</i>	1	MO
<b>UCERIS RECTAL FOAM</b>	4	PA; MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>ACTHAR INJECTION GEL</b>	4	PA; MO
<b>DDAVP RHINAL TUBE NASAL SOLUTION</b>	4	MO
<i>desmopressin ace spray refrig nasal solution</i>	2	MO
<i>desmopressin acetate oral tablet</i>	2	MO
<b>EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG</b>	4	PA; MO; QL (2 EA per 1 day)
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<b>GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG</b>	5	PA; MO; NEDS
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG</b>	3	PA; MO
<b>INCRELEX SUBCUTANEOUS SOLUTION</b>	5	PA; MO; LA; NEDS
<b>NOCDURNA SUBLINGUAL TABLET SUBLINGUAL</b>	4	PA; MO; QL (30 EA per 30 days)
<b>NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML</b>	4	PA; MO
<b>NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION</b>	4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>OMNITROPE SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<b>ORILISSA ORAL TABLET 150 MG</b>	4	PA; MO; QL (30 EA per 30 days)
<b>ORILISSA ORAL TABLET 200 MG</b>	4	PA; MO; QL (60 EA per 30 days)
<b>SAIZEN INJECTION SOLUTION RECONSTITUTED</b>	5	PA; MO; LA; NEDS
<b>SAIZENPREP INJECTION SOLUTION RECONSTITUTED</b>	5	PA; MO; LA; NEDS
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>	4	PA; MO
<b>STIMATE NASAL SOLUTION</b>	4	MO
<b>TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO; QL (6 ML per 28 days)
<b>ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<b>ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>KORLYM ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
<b>ANADROL-50 ORAL TABLET</b>	5	PA; MO; NEDS
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO; NEDS
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
<b>Androgens</b>		
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR</b>	4	ST; MO; QL (1 EA per 1 day)
<b>ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)</b>	4	ST; MO
<i>danazol oral capsule</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>METHITEST ORAL TABLET</b>	4	MO
<i>methyltestosterone oral capsule</i>	2	MO
<b>STRIANT BUCCAL</b>	4	ST; MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	B/D; MO
<i>testosterone enanthate intramuscular solution</i>	1	B/D; MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	MO
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	MO
<b>Estrogens</b>		
<b>ACTIVELLA ORAL TABLET 1-0.5 MG</b>	4	MO
<b>ALORA TRANSDERMAL PATCH TWICE WEEKLY</b>	4	MO; QL (8 EA per 28 days)
<i>altavera oral tablet</i>	2	MO
<i>alyacen 1/35 oral tablet</i>	1	MO
<i>amethia lo oral tablet</i>	1	MO
<i>amethia oral tablet</i>	2	MO
<b>ANGELIQ ORAL TABLET</b>	4	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle oral tablet</i>	2	MO
<i>ashlyna oral tablet</i>	1	MO
<i>aubra oral tablet</i>	1	MO
<i>aviane oral tablet</i>	2	MO
<i>balziva oral tablet</i>	2	MO
<b>BEYAZ ORAL TABLET</b>	4	PA; MO
<i>blisovi 24 fe oral tablet</i>	1	MO
<i>blisovi fe 1.5/30 oral tablet</i>	1	MO
<i>briellyn oral tablet</i>	2	MO
<i>camrese lo oral tablet</i>	1	MO
<i>caziant oral tablet</i>	1	MO
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>	4	MO
<b>CLIMARA TRANSDERMAL PATCH WEEKLY</b>	4	MO; QL (4 EA per 28 days)
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</b>	4	MO
<i>cryselle-28 oral tablet</i>	2	MO
<i>cyclafem 1/35 oral tablet</i>	2	MO
<i>cyclafem 7/7/7 oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>delyla oral tablet</i>	1	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	MO
<b>DIVIGEL TRANSDERMAL GEL 1 MG/GM</b>	4	MO
<i>dotti transdermal patch twice weekly</i>	2	MO; QL (8 EA per 28 days)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	PA; MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	MO
<b>DUAVEE ORAL TABLET</b>	4	MO
<b>ELESTRIN TRANSDERMAL GEL</b>	4	MO
<i>emoquette oral tablet</i>	2	MO
<i>enpresse-28 oral tablet</i>	2	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	MO
<i>estarylla oral tablet</i>	2	MO
<b>ESTRACE ORAL TABLET 1 MG, 2 MG</b>	4	MO
<b>ESTRACE VAGINAL CREAM</b>	3	MO
<i>estradiol oral tablet</i>	1	MO
<i>estradiol transdermal patch twice weekly</i>	2	MO; QL (24 EA per 84 days)
<i>estradiol transdermal patch weekly</i>	2	MO
<i>estradiol vaginal cream</i>	1	MO
<i>estradiol-norethindrone acet oral tablet</i>	2	MO
<b>ESTRING VAGINAL RING</b>	4	MO
<b>EVAMIST TRANSDERMAL SOLUTION</b>	4	MO
<i>falmina oral tablet</i>	1	MO
<i>fayosim oral tablet</i>	1	MO
<b>FEMHRT LOW DOSE ORAL TABLET</b>	4	MO
<b>FEMRING VAGINAL RING</b>	4	MO
<i>fyavolv oral tablet</i>	1	MO
<b>GENERESS FE ORAL TABLET CHEWABLE</b>	4	MO
<i>gianvi oral tablet</i>	2	MO
<b>INTRAROSA VAGINAL INSERT</b>	4	ST; MO
<i>introvale oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	2	MO
<i>juleber oral tablet</i>	1	MO
<i>junel 1.5/30 oral tablet</i>	2	MO
<i>junel 1/20 oral tablet</i>	2	MO
<i>junel fe 1.5/30 oral tablet</i>	2	MO
<i>junel fe 1/20 oral tablet</i>	2	MO
<i>junel fe 24 oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>kaitlib fe oral tablet chewable</i>	1	MO
<i>kariva oral tablet</i>	2	MO
<i>kelnor 1/35 oral tablet</i>	2	MO
<i>kurvelo oral tablet</i>	2	MO
<i>larin 1.5/30 oral tablet</i>	1	MO
<i>larin 1/20 oral tablet</i>	1	MO
<i>larin fe 1.5/30 oral tablet</i>	1	MO
<i>larin fe 1/20 oral tablet</i>	1	MO
<i>layolis fe oral tablet chewable</i>	1	MO
<i>leena oral tablet</i>	2	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest oral tablet</i>	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg</i>	2	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	MO; QL (1 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	MO
<i>levora 0.15/30 (28) oral tablet</i>	2	MO
<b>LO LOESTRIN FE ORAL TABLET</b>	4	ST; MO
<b>LOESTRIN 1.5/30 (21) ORAL TABLET</b>	4	MO
<b>LOESTRIN 1/20 (21) ORAL TABLET</b>	4	MO
<b>LOESTRIN FE 1.5/30 ORAL TABLET</b>	4	MO
<b>LOESTRIN FE 1/20 ORAL TABLET</b>	4	MO
<i>lopreeza oral tablet 1-0.5 mg</i>	2	MO
<i>loryna oral tablet</i>	1	MO
<b>LOSEASONIQUE ORAL TABLET</b>	4	MO
<i>low-ogestrel oral tablet</i>	2	MO
<i>lutera oral tablet</i>	1	MO
<i>marlissa oral tablet</i>	1	MO
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>	3	MO
<b>MENOSTAR TRANSDERMAL PATCH WEEKLY</b>	4	MO
<i>mibelas 24 fe oral tablet chewable</i>	1	MO
<i>microgestin 1.5/30 oral tablet</i>	2	MO
<i>microgestin 1/20 oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 oral tablet</i>	1	MO
<i>microgestin fe 1/20 oral tablet</i>	1	MO
<i>mimvey lo oral tablet</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>mimvey oral tablet</i>	1	MO
<b>MINASTRIN 24 FE ORAL TABLET CHEWABLE</b>	4	MO
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY</b>	4	MO; QL (8 EA per 28 days)
<b>NATAZIA ORAL TABLET</b>	4	PA; MO
<i>necon 0.5/35 (28) oral tablet</i>	2	MO
<i>nikki oral tablet</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO
<i>norethindrone-eth estradiol oral tablet</i>	2	MO
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 oral tablet</i>	2	MO
<b>NUVARING VAGINAL RING</b>	4	MO
<i>ocella oral tablet</i>	2	MO
<b>OGESTREL ORAL TABLET</b>	4	ST; MO
<i>orsythia oral tablet</i>	2	MO
<b>ORTHO TRI-CYCLEN LO ORAL TABLET</b>	4	MO
<b>ORTHO-NOVUM 1/35 (28) ORAL TABLET</b>	4	MO
<b>ORTHO-NOVUM 7/7/7 (28) ORAL TABLET</b>	4	MO
<i>pimtrea oral tablet</i>	1	MO
<i>pirmella 1/35 oral tablet</i>	1	MO
<i>portia-28 oral tablet</i>	2	MO
<b>PREFEST ORAL TABLET</b>	4	MO
<b>PREMARIN ORAL TABLET</b>	4	MO
<b>PREMARIN VAGINAL CREAM</b>	3	MO
<b>PREMPHASE ORAL TABLET</b>	4	MO
<b>PREMPRO ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>previfem oral tablet</i>	1	MO
<b>QUARTETTE ORAL TABLET</b>	4	MO
<i>reclipsen oral tablet</i>	1	MO
<i>rivelsa oral tablet</i>	1	MO
<b>SAFYRAL ORAL TABLET</b>	4	PA; MO
<b>SEASONIQUE ORAL TABLET</b>	4	MO; QL (1 EA per 91 days)
<i>sprintec 28 oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	MO
<i>syeda oral tablet</i>	1	MO
<i>tarina fe 1/20 oral tablet</i>	1	MO
<i>tri-estarylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	1	MO
<i>tri-lo-estarylla oral tablet</i>	1	MO
<i>tri-lo-sprintec oral tablet</i>	1	MO
<i>tri-previfem oral tablet</i>	1	MO
<i>tri-sprintec oral tablet</i>	1	MO
<i>trivora (28) oral tablet</i>	1	MO
<b>TYDEMY ORAL TABLET</b>	2	PA; MO
<i>velivet oral tablet</i>	1	MO
<i>vienva oral tablet</i>	1	MO
<b>VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY</b>	4	MO; QL (8 EA per 28 days)
<i>vyfemla oral tablet</i>	1	MO
<i>wymzya fe oral tablet chewable</i>	1	MO
<i>xulane transdermal patch weekly</i>	1	ST; MO
<b>YASMIN 28 ORAL TABLET</b>	4	MO
<b>YAZ ORAL TABLET</b>	4	MO
<i>yuvafem vaginal tablet</i>	1	MO
<i>zarah oral tablet</i>	1	MO
<i>zovia 1/35e (28) oral tablet</i>	1	MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>BIJUVA ORAL CAPSULE</b>	4	MO
<i>cyred eq oral tablet</i>	2	MO
<i>hailey 24 fe oral tablet</i>	2	MO
<i>incassia oral tablet</i>	2	MO
<i>kelnor 1/50 oral tablet</i>	2	MO
<i>mili oral tablet</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>tarina 24 fe oral tablet</i>	2	MO
<i>tri-mili oral tablet</i>	1	MO
<i>tri-vylibra oral tablet</i>	1	MO
<i>vylibra oral tablet</i>	1	MO
<b>Progestins</b>		
<i>camila oral tablet</i>	2	MO
<b>CRINONE VAGINAL GEL</b>	4	PA; MO
<i>deblitane oral tablet</i>	1	MO
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML</b>	4	MO; QL (1 ML per 90 days)
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	3	PA; MO; QL (1 ML per 90 days)
<i>errin oral tablet</i>	2	MO
<i>lyza oral tablet</i>	1	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	MO; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	MO; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	2	MO
<i>megestrol acetate oral tablet</i>	2	MO
<i>nora-be oral tablet</i>	2	MO
<i>norethindrone acetate oral tablet</i>	2	MO
<i>norethindrone oral tablet</i>	2	MO
<i>norlyroc oral tablet</i>	1	MO
<b>ORTHO MICRONOR ORAL TABLET</b>	4	MO
<i>progesterone micronized oral capsule</i>	1	MO
<i>sharobel oral tablet</i>	1	MO
<b>Selective Estrogen Receptor Modifying Agents</b>		
<b>OSPHENA ORAL TABLET</b>	4	MO
<i>raloxifene hcl oral tablet</i>	1	MO; QL (1 EA per 1 day)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levo-t oral tablet</i>	1	MO
<i>levothyroxine sodium oral tablet</i>	1	MO
<i>levoxyl oral tablet</i>	1	MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>liothyronine sodium oral tablet</i>	2	MO
<b>SYNTHROID ORAL TABLET</b>	4	MO
<b>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</b>	3	MO
<b>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</b>	3	MO
<b>THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)</b>	3	MO
<b>THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)</b>	3	MO
<b>THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)</b>	3	MO
<b>TIROSINT-SOL ORAL SOLUTION</b>	4	MO; QL (30 ML per 30 days)
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>LYSODREN ORAL TABLET</b>	3	MO
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline oral tablet</i>	2	MO; QL (96 EA per 90 days)
<b>ELIGARD SUBCUTANEOUS KIT</b>	4	B/D; MO
<i>leuprolide acetate injection kit</i>	2	MO
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT</b>	5	B/D; MO; NEDS
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT</b>	5	B/D; MO; NEDS
<b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT</b>	5	B/D; MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	B/D; MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	B/D; MO; NEDS
<b>SIGNIFOR SUBCUTANEOUS SOLUTION</b>	5	PA; MO; LA; NEDS
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION</b>	5	PA; MO; NEDS
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	B/D; MO; LA; NEDS
<b>SYNAREL NASAL SOLUTION</b>	4	MO

Drug	Status	Requirements/Limits
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet</i>	2	MO
<i>propylthiouracil oral tablet</i>	1	MO
<b>Immunological Agents</b>		
<b>Angioedema (Hae) Agents</b>		
<b>TAKHZYRO SUBCUTANEOUS SOLUTION</b>	4	PA; MO; QL (4 ML per 28 days)
<b>Angioedema Agents</b>		
<b>CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>FIRAZYR SUBCUTANEOUS SOLUTION</b>	5	PA; MO; NEDS
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<i>icatibant acetate subcutaneous solution</i>	5	PA; MO; NEDS
<b>Immune Suppressants</b>		
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>AZASAN ORAL TABLET</b>	4	B/D; MO
<i>azathioprine oral tablet</i>	2	B/D; MO
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	PA; MO; NEDS
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>CIMZIA PREFILLED SUBCUTANEOUS KIT</b>	4	PA; MO
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	4	PA; MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	2	B/D; MO
<b>CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG</b>	4	B/D; MO
<i>cyclosporine modified oral solution</i>	2	B/D; MO
<i>cyclosporine oral capsule</i>	2	B/D; MO
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; QL (24 ML per 84 days); NEDS
<b>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; MO; QL (8 EA per 30 days)
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	PA; MO; QL (24 ML per 84 days); NEDS
<b>ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>gengraf oral solution</i>	2	B/D; MO
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML</b>	5	PA; MO; QL (3 EA per 28 days); NEDS
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML &amp; 40MG/0.4ML</b>	5	PA; MO; QL (2 EA per 28 days); NEDS
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML</b>	5	PA; MO; QL (2 EA per 28 days); NEDS
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	5	PA; MO; QL (6 EA per 28 days); NEDS
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	5	PA; MO; QL (6 EA per 28 days); NEDS
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML</b>	5	PA; MO; QL (3 EA per 28 days); NEDS
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	5	PA; MO; QL (4 EA per 28 days); NEDS
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML &amp; 40MG/0.4ML</b>	5	PA; MO; QL (3 EA per 28 days); NEDS
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML</b>	5	PA; MO; QL (2 EA per 28 days); NEDS
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML</b>	5	PA; MO; QL (4 EA per 28 days); NEDS
<b>IMURAN ORAL TABLET</b>	4	MO
<b>INGREZZA ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; LA; NEDS
<i>methotrexate oral tablet</i>	2	MO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	B/D; MO
<i>methotrexate sodium injection solution 250 mg/10ml</i>	2	B/D; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	B/D; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>mycophenolate sodium oral tablet delayed release</i>	2	B/D; MO
<b>NEORAL ORAL CAPSULE 100 MG</b>	4	B/D; MO
<b>NEORAL ORAL CAPSULE 25 MG</b>	4	MO
<b>NEORAL ORAL SOLUTION</b>	4	MO
<b>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	PA; MO; NEDS
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML</b>	4	PA; MO
<b>PROGRAF ORAL CAPSULE</b>	4	MO
<b>PROGRAF ORAL PACKET</b>	4	B/D; MO
<b>RAPAMUNE ORAL SOLUTION</b>	3	B/D; MO
<b>RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML</b>	4	PA; MO
<b>SANDIMMUNE ORAL CAPSULE</b>	4	MO
<b>SANDIMMUNE ORAL SOLUTION</b>	4	B/D; MO
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; MO
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<i>sirolimus oral solution</i>	1	B/D; MO
<i>sirolimus oral tablet</i>	1	B/D; MO
<i>tacrolimus oral capsule</i>	1	B/D; MO
<b>TREXALL ORAL TABLET</b>	4	B/D; MO
<b>XATMEP ORAL SOLUTION</b>	4	B/D; MO
<b>XELJANZ ORAL TABLET 10 MG</b>	5	PA; MO; NEDS
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	5	PA; MO; NEDS
<b>ZORTRESS ORAL TABLET 0.25 MG</b>	4	B/D; MO
<b>ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG</b>	5	B/D; MO; NEDS
<b>Immunizing Agents, Passive</b>		
<b>GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML</b>	5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Immunomodulators</b>		
<b>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; MO
<b>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>	5	PA; MO; LA; NEDS
<b>ARAVA ORAL TABLET</b>	4	MO
<b>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<i>leflunomide oral tablet</i>	2	MO
<b>OLUMIANT ORAL TABLET</b>	4	PA; MO; QL (30 EA per 30 days)
<b>OTEZLA ORAL TABLET</b>	5	PA; MO; NEDS
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>RIDAURA ORAL CAPSULE</b>	3	MO
<b>XELJANZ ORAL TABLET 5 MG</b>	5	PA; MO; NEDS
<b>Vaccines</b>		
<b>ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	MO
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	4	MO
<b>BCG VACCINE INJECTION INJECTABLE</b>	4	MO
<b>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	MO
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	3	MO
<b>DIPHtheria-TETANUS TOXoids DT INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>ENGERIX-B INJECTION SUSPENSION</b>	4	B/D; MO
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	MO
<b>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</b>	4	MO
<b>HIBERIX INJECTION SOLUTION RECONSTITUTED</b>	4	MO
<b>IMOVAX RABIES INTRAMUSCULAR INJECTABLE</b>	4	MO
<b>INFANRIX INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>IPOL INJECTION INJECTABLE</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>IXIARO INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>KINRIX INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>MENACTRA INTRAMUSCULAR INJECTABLE</b>	4	MO
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	4	MO
<b>M-M-R II SUBCUTANEOUS INJECTABLE</b>	3	MO
<b>PEDIARIX INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	4	MO
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	4	MO
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	3	B/D; MO
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<b>ROTATEQ ORAL SOLUTION</b>	4	MO
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	4	MO; QL (2 EA per 365 days)
<b>TDVAX INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>TENIVAC INTRAMUSCULAR INJECTABLE</b>	4	MO
<b>TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	MO
<b>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	MO
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	4	MO
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</b>	3	MO
<b>VARIVAX SUBCUTANEOUS INJECTABLE</b>	3	MO
<b>VARIZIG INTRAMUSCULAR SOLUTION</b>	5	MO; NEDS
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	4	MO
<b>ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	4	MO; QL (1 EA per 365 days)

Drug	Status	Requirements/Limits
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	MO
<b>ASACOL HD ORAL TABLET DELAYED RELEASE</b>	4	MO
<i>balsalazide disodium oral capsule</i>	2	MO
<b>CANASA RECTAL SUPPOSITORY</b>	4	MO
<b>DELZICOL ORAL CAPSULE DELAYED RELEASE</b>	3	MO
<b>DIPENTUM ORAL CAPSULE</b>	4	MO
<i>mesalamine oral capsule delayed release</i>	1	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	PA; MO
<i>mesalamine oral tablet delayed release 800 mg</i>	2	MO
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine rectal suppository</i>	2	MO
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE</b>	4	MO
<b>ROWASA RECTAL KIT</b>	4	MO
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	2	ST; MO
<i>budesonide oral capsule delayed release particles</i>	5	MO; NEDS
<i>colocort rectal enema</i>	2	MO
<i>hydrocortisone oral tablet</i>	2	MO
<i>hydrocortisone rectal enema</i>	2	MO
<b>Sulfonamides</b>		
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet delayed release</i>	1	MO
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral solution</i>	1	MO
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (12 EA per 84 days)
<i>alendronate sodium oral tablet 40 mg</i>	2	MO; QL (1 EA per 1 day)
<b>BINOSTO ORAL TABLET EFFERVESCENT</b>	4	ST; MO
<i>calcitonin (salmon) nasal solution</i>	2	MO
<i>calcitriol oral capsule</i>	2	B/D; MO
<i>calcitriol oral solution</i>	2	B/D; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>cinacalcet hcl oral tablet 30 mg</i>	1	B/D; MO
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	5	B/D; MO; NEDS
<i>doxercalciferol oral capsule</i>	2	B/D; MO
<i>etidronate disodium oral tablet</i>	2	MO
<b>FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML</b>	5	PA; MO; NEDS
<b>FOSAMAX PLUS D ORAL TABLET</b>	3	MO; QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet</i>	2	MO; QL (1 EA per 28 days)
<i>paricalcitol oral capsule</i>	2	PA; MO
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>RAYALDEE ORAL CAPSULE EXTENDED RELEASE</b>	4	MO
<i>risedronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	MO; QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1	MO; QL (12 EA per 84 days)
<i>risedronate sodium oral tablet delayed release</i>	1	MO; QL (4 EA per 28 days)
<b>SENSIPAR ORAL TABLET 30 MG</b>	3	B/D; MO
<b>SENSIPAR ORAL TABLET 60 MG, 90 MG</b>	5	B/D; MO; NEDS
<b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>XGEVA SUBCUTANEOUS SOLUTION</b>	5	PA; MO; NEDS
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
<b>ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>	4	MO
<b>COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML</b>	4	MO
<b>EXEL COMFORT POINT PEN NEEDLE 29G X 12MM</b>	4	MO
<b>FERRIPROX ORAL SOLUTION</b>	4	PA; MO; LA
<b>FERRIPROX ORAL TABLET 500 MG</b>	5	PA; MO; LA; NEDS
<b>INTRALIPID INTRAVENOUS EMULSION 30 %</b>	4	B/D; MO
<b>INTRON A INJECTION SOLUTION 10000000 UNIT/ML</b>	3	PA; MO
<b>KEVEYIS ORAL TABLET</b>	5	PA; MO; LA; NEDS
<i>levocarnitine oral solution</i>	2	B/D; MO
<i>levocarnitine oral tablet</i>	2	B/D; MO
<b>MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; MO; LA



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>NATPARA SUBCUTANEOUS CARTRIDGE</b>	5	PA; MO; NEDS
<b>ORALAIR SUBLINGUAL TABLET SUBLINGUAL</b>	4	PA; MO
<b>PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML</b>	4	MO
<b>RELI-ON INSULIN SYRINGE 29G 0.3 ML</b>	4	MO
<b>XURIDEN ORAL PACKET</b>	4	PA; MO; LA
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Prostaglandin And Prostanoid Analogs</b>		
<i>bimatoprost ophthalmic solution</i>	3	ST; MO
<b>COMBIGAN OPHTHALMIC SOLUTION</b>	3	MO
<i>latanoprost ophthalmic solution</i>	2	MO
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	3	MO
<b>TRAVATAN Z OPHTHALMIC SOLUTION</b>	3	MO
<b>XELPROS OPHTHALMIC EMULSION</b>	4	ST; MO
<b>ZIOPTAN OPHTHALMIC SOLUTION</b>	3	ST; MO
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate ophthalmic solution</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	MO
<b>CYSTARAN OPHTHALMIC SOLUTION</b>	5	PA; MO; LA; NEDS
<b>LACRISERT OPHTHALMIC INSERT</b>	4	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	MO
<b>OXERVATE OPHTHALMIC SOLUTION</b>	4	PA; MO
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	MO
<i>proparacaine hcl ophthalmic solution</i>	1	MO
<b>RESTASIS OPHTHALMIC EMULSION</b>	3	MO
<b>Ophthalmic Anti-Allergy Agents</b>		
<b>ALOCRIAL OPHTHALMIC SOLUTION</b>	4	MO
<i>azelastine hcl ophthalmic solution</i>	2	MO
<b>BEPREVE OPHTHALMIC SOLUTION</b>	4	MO
<i>cromolyn sodium ophthalmic solution</i>	1	MO
<i>epinastine hcl ophthalmic solution</i>	2	MO
<b>LASTACAPT OPHTHALMIC SOLUTION</b>	4	MO
<i>olopatadine hcl ophthalmic solution</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PAZEO OPHTHALMIC SOLUTION</b>	4	MO; QL (2.5 ML per 30 days)
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	MO
<b>ALPHAGAN P OPHTHALMIC SOLUTION</b>	3	MO
<i>apraclonidine hcl ophthalmic solution</i>	2	MO
<b>AZOPT OPHTHALMIC SUSPENSION</b>	3	MO
<i>betaxolol hcl ophthalmic solution</i>	1	MO
<b>BETIMOL OPHTHALMIC SOLUTION</b>	3	MO
<b>BETOPTIC-S OPHTHALMIC SUSPENSION</b>	3	MO
<i>brimonidine tartrate ophthalmic solution</i>	2	MO
<i>carteolol hcl ophthalmic solution</i>	2	MO
<i>dorzolamide hcl ophthalmic solution</i>	2	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	2	MO
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>	3	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	MO
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED</b>	4	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
<b>SIMBRINZA OPHTHALMIC SUSPENSION</b>	3	MO
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
<i>timolol maleate ophthalmic solution</i>	1	MO
<b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION</b>	4	MO
<b>TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.5 %</b>	4	MO
<b>Ophthalmic Anti-Inflammatories</b>		
<b>ACUVAIL OPHTHALMIC SOLUTION</b>	4	MO
<b>ALOMIDE OPHTHALMIC SOLUTION</b>	4	MO
<b>ALREX OPHTHALMIC SUSPENSION</b>	3	MO
<b>BLEPHAMIDE OPHTHALMIC SUSPENSION</b>	3	MO
<b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT</b>	3	MO
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	MO
<b>BROMSITE OPHTHALMIC SOLUTION</b>	4	MO; QL (5 ML per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	MO
<i>diclofenac sodium ophthalmic solution</i>	2	MO
<b>DUREZOL OPHTHALMIC EMULSION</b>	4	MO
<b>FLAREX OPHTHALMIC SUSPENSION</b>	4	MO
<i>fluorometholone ophthalmic suspension</i>	2	MO
<i>flurbiprofen sodium ophthalmic solution</i>	2	MO
<b>FML FORTE OPHTHALMIC SUSPENSION</b>	3	MO
<b>FML OPHTHALMIC OINTMENT</b>	3	MO
<b>ILEVRO OPHTHALMIC SUSPENSION</b>	4	MO
<b>INVELTYS OPHTHALMIC SUSPENSION</b>	4	MO
<i>ketorolac tromethamine ophthalmic solution</i>	2	MO
<b>LOTEMAX OPHTHALMIC GEL</b>	4	MO
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	4	MO
<b>LOTEMAX OPHTHALMIC SUSPENSION</b>	4	MO
<b>LOTEMAX SM OPHTHALMIC GEL</b>	4	MO
<i>loteprednol etabonate ophthalmic suspension</i>	2	MO
<b>MAXIDEX OPHTHALMIC SUSPENSION</b>	3	MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	MO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	MO
<b>NEVANAC OPHTHALMIC SUSPENSION</b>	4	MO
<b>PRED MILD OPHTHALMIC SUSPENSION</b>	4	MO
<b>PRED-G OPHTHALMIC SUSPENSION</b>	3	MO
<b>PRED-G S.O.P. OPHTHALMIC OINTMENT</b>	3	MO
<i>prednisolone acetate ophthalmic suspension</i>	1	MO
<b>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</b>	4	MO
<b>PROLENSA OPHTHALMIC SOLUTION</b>	4	MO
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	MO
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	3	MO
<b>TOBRADEX ST OPHTHALMIC SUSPENSION</b>	4	MO
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	MO
<b>XIIDRA OPHTHALMIC SOLUTION</b>	4	PA; MO; QL (2 EA per 1 day)
<b>ZYLET OPHTHALMIC SUSPENSION</b>	4	MO

Drug	Status	Requirements/Limits
<b>Ophthalmic Prostaglandin And Prostamide Analogs</b>		
<b>RHOPRESSA OPHTHALMIC SOLUTION</b>	4	PA; MO
<b>VYZULTA OPHTHALMIC SOLUTION</b>	4	ST; MO; QL (5 ML per 30 days)
<b>Otic Agents</b>		
<b>Antibacterials, Other</b>		
<b>OTOVEL OTIC SOLUTION</b>	4	MO; QL (14 EA per 1 day)
<b>Otic Agents</b>		
<i>acetic acid otic solution</i>	2	MO
<b>CIPRO HC OTIC SUSPENSION</b>	3	MO
<b>CIPRODEX OTIC SUSPENSION</b>	4	MO
<b>COLY-MYCIN S OTIC SUSPENSION</b>	4	MO
<i>fluocinolone acetonide otic oil</i>	2	MO
<i>hydrocortisone-acetic acid otic solution</i>	2	MO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	MO
<i>neomycin-polymyxin-hc otic suspension</i>	2	MO
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anticholinergics</b>		
<b>BEVESPI AEROSPHERE INHALATION AEROSOL</b>	4	MO
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.1 %</i>	2	MO
<i>azelastine hcl nasal solution 0.15 %</i>	1	MO
<i>carbinoxamine maleate oral solution</i>	1	MO
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	MO
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	MO
<i>cyproheptadine hcl oral syrup</i>	1	MO
<i>cyproheptadine hcl oral tablet</i>	2	MO
<b>DYMISTA NASAL SUSPENSION</b>	4	ST; MO
<i>hydroxyzine pamoate oral capsule</i>	2	PA; MO
<i>levocetirizine dihydrochloride oral tablet</i>	2	MO; QL (1 EA per 1 day)
<i>olopatadine hcl nasal solution</i>	2	MO
<b>SEMPREX-D ORAL CAPSULE</b>	3	MO
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>ADVAIR HFA INHALATION AEROSOL</b>	3	MO
<b>AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO; QL (1 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO; QL (1 EA per 30 days)
<b>AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO; QL (1 EA per 30 days)
<b>ALVESCO INHALATION AEROSOL SOLUTION</b>	4	PA; MO
<b>ARNUTTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO
<b>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO
<b>ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO
<b>ASMANEX HFA INHALATION AEROSOL</b>	4	PA; MO
<b>BECONASE AQ NASAL SUSPENSION</b>	4	ST; MO
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	2	B/D; MO; QL (4 ML per 1 day)
<i>budesonide inhalation suspension 0.5 mg/2ml, 1 mg/2ml</i>	2	B/D; MO
<b>DULERA INHALATION AEROSOL</b>	4	PA; MO
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>FLOVENT HFA INHALATION AEROSOL</b>	3	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	MO
<i>fluticasone propionate nasal suspension</i>	2	MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	MO
<i>mometasone furoate nasal suspension</i>	1	MO
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>OMNARIS NASAL SUSPENSION</b>	4	ST; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>QNASL CHILDRENS NASAL AEROSOL SOLUTION</b>	4	MO
<b>QNASL NASAL AEROSOL SOLUTION</b>	4	MO
<b>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED</b>	3	MO
<b>ZETONNA NASAL AEROSOL SOLUTION</b>	4	MO
<b>Antileukotrienes</b>		
<i>montelukast sodium oral packet</i>	2	MO
<i>montelukast sodium oral tablet</i>	2	MO
<i>montelukast sodium oral tablet chewable</i>	2	MO
<i>zafirlukast oral tablet</i>	1	MO; QL (2 EA per 1 day)
<i>zileuton er oral tablet extended release 12 hour</i>	1	MO; QL (4 EA per 1 day)
<b>ZYFLO ORAL TABLET</b>	4	ST; MO
<b>Bronchodilators, Anticholinergic</b>		
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	4	MO
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</b>	3	MO
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<i>ipratropium bromide inhalation solution</i>	2	B/D; MO
<i>ipratropium bromide nasal solution</i>	2	MO
<i>ipratropium-albuterol inhalation solution</i>	2	B/D; MO
<b>SEEBRI NEOHALER INHALATION CAPSULE</b>	4	PA; MO
<b>SPIRIVA HANDIHALER INHALATION CAPSULE</b>	3	MO
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION</b>	3	MO
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT</b>	4	PA; MO
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	2	MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	MO
<i>albuterol sulfate inhalation nebulization solution</i>	2	B/D; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>ARCAPTA NEOHALER INHALATION CAPSULE</b>	4	MO
<b>BROVANA INHALATION NEBULIZATION SOLUTION</b>	4	ST; MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	MO
<b>EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	3	MO
<b>EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	3	MO
<i>levalbuterol hcl inhalation nebulization solution</i>	2	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	2	MO
<i>metaproterenol sulfate oral syrup</i>	2	MO
<b>PERFOROMIST INHALATION NEBULIZATION SOLUTION</b>	4	ST; MO
<b>PROAIR HFA INHALATION AEROSOL SOLUTION</b>	3	MO
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>PROVENTIL HFA INHALATION AEROSOL SOLUTION</b>	4	MO
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</b>	4	MO
<i>terbutaline sulfate oral tablet</i>	1	MO
<b>UTIBRON NEOHALER INHALATION CAPSULE</b>	4	MO
<b>VENTOLIN HFA INHALATION AEROSOL SOLUTION</b>	4	MO
<b>XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION</b>	4	PA; ST; MO
<b>XOPENEX HFA INHALATION AEROSOL</b>	4	MO
<b>XOPENEX INHALATION NEBULIZATION SOLUTION</b>	4	PA; ST; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Cystic Fibrosis Agents</b>		
<b>BETHKIS INHALATION NEBULIZATION SOLUTION</b>	4	MO
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>	5	PA; MO; NEDS
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>	5	PA; MO; LA; NEDS
<b>KALYDECO ORAL PACKET 25 MG</b>	5	PA; MO; NEDS
<b>KALYDECO ORAL PACKET 50 MG, 75 MG</b>	5	PA; MO; LA; NEDS
<b>KALYDECO ORAL TABLET</b>	5	PA; MO; NEDS
<b>ORKAMBI ORAL PACKET</b>	5	PA; MO; LA; NEDS
<b>ORKAMBI ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>PULMOZYME INHALATION SOLUTION</b>	5	B/D; MO; NEDS
<b>SYMDEKO ORAL TABLET THERAPY PACK 100-150 &amp; 150 MG</b>	4	PA; MO
<b>SYMDEKO ORAL TABLET THERAPY PACK 50-75 &amp; 75 MG</b>	4	PA; MO; LA
<b>TOBI PODHALER INHALATION CAPSULE</b>	5	MO; NEDS
<i>tobramycin inhalation nebulization solution</i>	5	B/D; MO; NEDS
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	2	B/D; MO
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<b>DALIRESP ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	MO
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	MO
<i>theophylline er oral tablet extended release 24 hour</i>	1	MO
<i>theophylline oral solution</i>	1	MO
<b>Pulmonary Antihypertensives</b>		
<b>ADEMPAS ORAL TABLET</b>	5	PA; MO; NEDS
<i>ambrisentan oral tablet</i>	5	PA; MO; NEDS
<b>BOSENTAN ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>LETAIRIS ORAL TABLET</b>	5	PA; MO; NEDS
<b>OPSUMIT ORAL TABLET</b>	5	PA; MO; NEDS
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE</b>	4	PA; MO
<b>REVATIO ORAL SUSPENSION RECONSTITUTED</b>	5	PA; MO; NEDS
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA; MO; NEDS



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; MO
<b>TADALAFIL (PAH) ORAL TABLET</b>	5	PA; MO; NEDS
<b>TRACLEER ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>TRACLEER ORAL TABLET SOLUBLE</b>	5	PA; MO; LA; NEDS
<b>UPTRAVI ORAL TABLET</b>	5	PA; MO; NEDS
<b>UPTRAVI ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>VENTAVIS INHALATION SOLUTION</b>	5	PA; MO; NEDS
<b>Pulmonary Fibrosis Agents</b>		
<b>ESBRIET ORAL CAPSULE</b>	4	PA; MO
<b>ESBRIET ORAL TABLET</b>	5	PA; MO; NEDS
<b>OFEV ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution</i>	2	B/D; MO
<b>LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION</b>	4	PA; MO
<i>promethazine-phenylephrine oral syrup</i>	1	MO
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION</b>	4	MO
<b>SYMBICORT INHALATION AEROSOL</b>	3	MO
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; LA; NEDS
<b>YUPELRI INHALATION SOLUTION</b>	4	PA; MO
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	PA; MO; NEDS
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<b>AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<i>carisoprodol oral tablet</i>	1	PA; MO
<i>carisoprodol-aspirin oral tablet</i>	1	MO
<i>chlorzoxazone oral tablet 500 mg</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	2	PA; MO
<i>cyclobenzaprine hcl oral tablet 10 mg, 7.5 mg</i>	1	PA; MO
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	2	PA; MO
<b>LORZONE ORAL TABLET</b>	4	MO
<i>metaxalone oral tablet 800 mg</i>	1	MO
<i>methocarbamol oral tablet</i>	1	PA; MO
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	2	MO
<b>Sleep Disorder Agents</b>		
<b>Gaba Receptor Modulators</b>		
<b>EDLUAR SUBLINGUAL TABLET SUBLINGUAL</b>	4	PA; MO; QL (9 EA per 30 days)
<i>eszopiclone oral tablet</i>	2	PA; MO
<i>flurazepam hcl oral capsule</i>	1	MO
<i>temazepam oral capsule</i>	1	MO
<i>zaleplon oral capsule</i>	1	PA; MO; QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	1	PA; MO; QL (9 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	PA; MO; QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	1	PA; MO
<b>Sleep Disorders, Other</b>		
<i>armodafinil oral tablet</i>	1	PA; MO; QL (30 EA per 30 days)
<b>BELSOMRA ORAL TABLET</b>	4	ST; MO; QL (30 EA per 30 days)
<b>BUTISOL SODIUM ORAL TABLET 30 MG</b>	3	MO
<i>modafinil oral tablet</i>	2	PA; MO; QL (1 EA per 1 day)
<i>ramelteon oral tablet</i>	2	PA; MO
<b>ROZEREM ORAL TABLET</b>	4	PA; MO
<b>SILENOR ORAL TABLET</b>	4	MO
<b>XYREM ORAL SOLUTION</b>	5	PA; MO; LA; NEDS
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<b>Electrolyte/Mineral Modifiers</b>		
<b>CHEMET ORAL CAPSULE</b>	3	MO
<i>deferasirox oral tablet soluble 125 mg</i>	2	MO
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	MO
<b>JADENU ORAL TABLET</b>	4	MO
<b>LOKELMA ORAL PACKET</b>	4	ST; MO
<b>SAMSCA ORAL TABLET</b>	4	PA; MO
<b>VELTASSA ORAL PACKET</b>	3	MO

Drug	Status	Requirements/Limits
<b>Electrolyte/Mineral Replacement</b>		
<b>K-TAB ORAL TABLET EXTENDED RELEASE</b>	4	MO
<b>Vitamins</b>		
<i>prenatal oral tablet 27-1 mg</i>	1	MO



## Index

<i>abacavir sulfate</i> .....	36	<i>albendazole</i> .....	29	<i>ammonium lactate</i> .....	55
<i>abacavir sulfate-lamivudine</i> .....	36	<i>albuterol sulfate</i> .....	88, 89	<i>amnesteem</i> .....	55
<i>abacavir-lamivudine-zidovudine</i>	36	<i>albuterol sulfate er</i> .....	88	<b>AMOXAPINE</b> .....	19
<b>ABELCET</b> .....	20	<i>albuterol sulfate hfa</i> .....	88	<i>amoxicillin</i> .....	11
<b>ABILIFY MAINTENA</b> .....	32, 39	<i>alclometasone dipropionate</i> .....	64	<i>amoxicillin-pot clavulanate</i> ..	11, 12
<i>abiraterone acetate</i> .....	25	<b>ALDACTAZIDE</b> .....	50	<i>amoxicillin-pot clavulanate er</i> ...	11
<b>ABSTRAL</b> .....	5	<b>ALECENSA</b> .....	28	<i>amphetamine sulfate</i> .....	52
<i>acamprosate calcium</i> .....	7	<i>alendronate sodium</i> .....	81	<i>amphetamine-dextroamphet er</i> ...	52
<i>acarbose</i> .....	39	<i>alfuzosin hcl er</i> .....	63	<i>amphetamine-</i>	
<i>acebutolol hcl</i> .....	47	<b>ALINIA</b> .....	29, 30	<i>dextroamphetamine</i> .....	52
<i>acetaminophen-codeine</i> .....	5	<i>aliskiren fumarate</i> .....	49	<b>AMPHOTERICIN B</b> .....	20
<i>acetaminophen-codeine #3</i> .....	5	<i>allopurinol</i> .....	22	<i>ampicillin</i> .....	12
<i>acetazolamide</i> .....	50	<i>almotriptan malate</i> .....	23	<i>ampicillin sodium</i> .....	12
<i>acetazolamide er</i> .....	84	<b>ALOCRIL</b> .....	83	<i>ampicillin-sulbactam sodium</i> .....	12
<i>acetic acid</i> .....	86	<i>alogliptin benzoate</i> .....	39	<b>AMRIX</b> .....	91
<i>acetylcysteine</i> .....	91	<i>alogliptin-metformin hcl</i> .....	39	<b>ANADROL-50</b> .....	68
<i>acitretin</i> .....	55	<i>alogliptin-pioglitazone</i> .....	39	<i>anagrelide hcl</i> .....	44
<b>ACTEMRA</b> .....	79	<b>ALOMIDE</b> .....	84	<i>anastrozole</i> .....	27
<b>ACTEMRA ACTPEN</b> .....	79	<b>ALORA</b> .....	69	<b>ANDRODERM</b> .....	68
<b>ACTHAR</b> .....	67	<i>alosetron hcl</i> .....	61	<b>ANDROGEL PUMP</b> .....	68
<b>ACTHIB</b> .....	79	<b>ALPHAGAN P</b> .....	84	<b>ANGELIQ</b> .....	69
<b>ACTIMMUNE</b> .....	79	<i>alprazolam</i> .....	38	<b>ANORO ELLIPTA</b> .....	89
<b>ACTIVELLA</b> .....	69	<i>alprazolam er</i> .....	38	<b>ANTARA</b> .....	50
<b>ACUVAIL</b> .....	84	<b>ALPRAZOLAM INTENSOL</b> ..	38	<b>APIDRA</b> .....	41
<i>acyclovir</i> .....	34, 35	<b>ALREX</b> .....	84	<b>APIDRA SOLOSTAR</b> .....	41
<i>acyclovir sodium</i> .....	35	<i>altavera</i> .....	69	<b>APLENZIN</b> .....	18
<b>ADACEL</b> .....	79	<b>ALTOPREV</b> .....	51	<b>APOKYN</b> .....	30
<i>adapalene</i> .....	55	<b>ALTRENO</b> .....	55	<i>apraclonidine hcl</i> .....	84
<i>adapalene-benzoyl peroxide</i> .....	55	<b>ALUNBRIG</b> .....	28	<i>aprepitant</i> .....	20
<i>adefovir dipivoxil</i> .....	34	<b>ALVESCO</b> .....	87	<i>apri</i> .....	69
<b>ADEMPAS</b> .....	90	<i>alyacen 1/35</i> .....	69	<b>APRISO</b> .....	81
<b>ADLYXIN</b> .....	39	<i>amantadine hcl</i> .....	37	<b>APTENSIO XR</b> .....	53
<b>ADLYXIN STARTER PACK</b> ..	39	<b>AMBISOME</b> .....	20	<b>APTIOM</b> .....	16
<b>ADMELOG</b> .....	41	<i>ambrisentan</i> .....	90	<b>APTIVUS</b> .....	37
<b>ADMELOG SOLOSTAR</b> .....	41	<i>amcinonide</i> .....	64	<b>ARALAST NP</b> .....	62
<b>ADVAIR DISKUS</b> .....	86	<b>AMCINONIDE</b> .....	64	<i>aranelle</i> .....	69
<b>ADVAIR HFA</b> .....	86	<b>AMERGE</b> .....	23	<b>ARANESP (ALBUMIN</b>	
<b>ADZENYS ER</b> .....	52	<i>amethia</i> .....	69	<b>FREE)</b> .....	44
<b>ADZENYS XR-ODT</b> .....	52	<i>amethia lo</i> .....	69	<b>ARAVA</b> .....	79
<b>AFINITOR</b> .....	28	<i>amikacin sulfate</i> .....	8	<b>ARCALYST</b> .....	79
<b>AFINITOR DISPERZ</b> .....	27	<i>amiloride hcl</i> .....	50	<b>ARCAPTA NEOHALER</b> .....	89
<b>AFREZZA</b> .....	41	<i>amiloride-hydrochlorothiazide</i> ...	50	<b>ARIKAYCE</b> .....	8
<b>AIMOVIG</b> .....	23	<i>amiodarone hcl</i> .....	47	<i>aripiprazole</i> .....	32
<b>AIRDUO RESPICLICK</b>		<b>AMITIZA</b> .....	61	<i>armodafinil</i> .....	92
<b>113/14</b> .....	86	<i>amitriptyline hcl</i> .....	19	<b>ARNUITY ELLIPTA</b> .....	87
<b>AIRDUO RESPICLICK</b>		<i>amlodipine besy-benazepril hcl</i> ..	48	<b>ASACOL HD</b> .....	81
<b>232/14</b> .....	87	<i>amlodipine besylate</i> .....	48	<i>ascomp-codeine</i> .....	5
<b>AIRDUO RESPICLICK</b>		<i>amlodipine besylate-valsartan</i> ....	48	<i>ashlyna</i> .....	69
<b>55/14</b> .....	87	<i>amlodipine-atorvastatin</i> .....	48	<b>ASMANEX (120 METERED</b>	
<b>AJOVY</b> .....	23	<i>amlodipine-olmesartan</i> .....	49	<b>DOSES)</b> .....	87
<i>ala-cort</i> .....	64	<i>amlodipine-valsartan-hctz</i> .....	48		

<b>ASMANEX (30 METERED DOSES)</b> .....	87	<b>BECONASE AQ</b> .....	87	<i>bumetanide</i> .....	50
<b>ASMANEX (60 METERED DOSES)</b> .....	87	<b>BELBUCA</b> .....	4	<b>BUNAVAIL</b> .....	7
<b>ASMANEX HFA</b> .....	87	<b>BELSOMRA</b> .....	92	<b>BUPHENYL</b> .....	59
<i>aspirin-dipyridamole er</i> .....	45	<i>benazepril hcl</i> .....	46	<i>buprenorphine</i> .....	7
<b>ASSURE ID INSULIN SAFETY SYR</b> .....	82	<i>benazepril-hydrochlorothiazide</i> ..	46	<i>buprenorphine hcl</i> .....	7
<b>ASTAGRAF XL</b> .....	76	<b>BENLYSTA</b> .....	76	<i>buprenorphine hcl-naloxone hcl</i> ...7	
<b>ATACAND HCT</b> .....	45	<i>benzoyl peroxide-erythromycin</i> ...56		<i>bupropion hcl</i> .....	18
<i>atazanavir sulfate</i> .....	37	<i>benztropine mesylate</i> .....	30	<i>bupropion hcl er (smoking det)</i> ....8	
<i>atenolol</i> .....	47	<b>BEPREVE</b> .....	83	<i>bupropion hcl er (sr)</i> .....	18
<i>atenolol-chlorthalidone</i> .....	47	<b>BESIVANCE</b> .....	13	<i>bupropion hcl er (xl)</i> .....	18
<i>atomoxetine hcl</i> .....	53	<i>betamethasone dipropionate</i> .....	64	<i>bupropion hcl er (xl)</i> .....	18
<i>atorvastatin calcium</i> .....	51	<i>betamethasone dipropionate</i>		<i>buspirone hcl</i> .....	38
<i>atovaquone</i> .....	30	<i>aug</i> .....	64	<b>BUTALBITAL-</b>	
<i>atovaquone-proguanil hcl</i> .....	30	<i>betamethasone valerate</i> .....	64, 65	<b>ACETAMINOPHEN</b> .....	3
<b>ATRIPLA</b> .....	35	<b>BETASERON</b> .....	54	<i>butalbital-acetaminophen</i> .....	3
<i>atropine sulfate</i> .....	83	<i>betaxolol hcl</i> .....	47, 84	<i>butalbital-apap-caff-cod</i> .....	3
<b>ATROVENT HFA</b> .....	88	<i>bethanechol chloride</i> .....	63	<i>butalbital-apap-caffeine</i> .....	3
<b>AUBAGIO</b> .....	54	<b>BETHKIS</b> .....	90	<i>butalbital-asa-caff-codeine</i> .....	5
<i>aubra</i> .....	69	<b>BETIMOL</b> .....	84	<i>butalbital-aspirin-caffeine</i> .....	3
<b>AUGMENTIN</b> .....	12	<b>BETOPTIC-S</b> .....	84	<b>BUTISOL SODIUM</b> .....	92
<b>AURYXIA</b> .....	64	<b>BEVESPI AEROSPHERE</b> .....	86	<i>butorphanol tartrate</i> .....	5
<b>AUSTEDO</b> .....	54	<b>BEVYXXA</b> .....	43	<b>BUTRANS</b> .....	7
<b>AVANDIA</b> .....	39	<i>bexarotene</i> .....	29	<b>BYDUREON</b> .....	39
<b>AVC VAGINAL</b> .....	14	<b>BEXSERO</b> .....	79	<b>BYDUREON BCISE</b> .....	39
<i>aviane</i> .....	69	<b>BEYAZ</b> .....	69	<b>BYETTA 10 MCG PEN</b> .....	39
<i>avita</i> .....	55	<i>bicalutamide</i> .....	25	<b>BYETTA 5 MCG PEN</b> .....	39
<b>AVONEX PEN</b> .....	54	<b>BICILLIN C-R</b> .....	12	<b>BYSTOLIC</b> .....	47
<b>AVONEX PREFILLED</b> .....	54	<b>BIDIL</b> .....	52	<i>cabergoline</i> .....	75
<b>AZACTAM</b> .....	11	<b>BIJUVA</b> .....	73	<b>CABOMETYX</b> .....	28
<b>AZASAN</b> .....	76	<b>BIKTARVY</b> .....	35	<b>CADUET</b> .....	48
<b>AZASITE</b> .....	12	<i>bimatoprost</i> .....	83	<i>calcipotriene</i> .....	56
<i>azathioprine</i> .....	76	<b>BINOSTO</b> .....	81	<i>calcipotriene-betameth diprop</i> ...56	
<i>azelastine hcl</i> .....	83, 86	<i>bisoprolol fumarate</i> .....	47	<i>calcitonin (salmon)</i> .....	81
<b>AZELEX</b> .....	56	<i>bisoprolol-hydrochlorothiazide</i> ..	47	<b>CALCITRIOL</b> .....	56
<i>azithromycin</i> .....	12	<b>BLEPHAMIDE</b> .....	84	<i>calcitriol</i> .....	81
<b>AZOPT</b> .....	84	<b>BLEPHAMIDE S.O.P.</b> .....	84	<i>calcium acetate (phos binder)</i> ....59	
<i>aztreonam</i> .....	11	<i>blisovi 24 fe</i> .....	69	<b>CALQUENCE</b> .....	28
<i>bacitracin</i> .....	8	<i>blisovi fe 1.5/30</i> .....	69	<b>CAMBIA</b> .....	3
<i>bacitracin-polymyxin b</i> .....	83	<b>BOSENTAN</b> .....	90	<i>camila</i> .....	74
<i>bacitra-neomycin-polymyxin-hc</i> ... 8		<b>BOSULIF</b> .....	28	<i>camrese lo</i> .....	69
<i>baclofen</i> .....	33	<b>BRAFTOVI</b> .....	28	<b>CANASA</b> .....	81
<i>balsalazide disodium</i> .....	81	<b>BREO ELLIPTA</b> .....	87	<b>CANCIDAS</b> .....	20
<b>BALVERSA</b> .....	28	<i>briellyn</i> .....	69	<i>candesartan cilexetil</i> .....	46
<i>balziva</i> .....	69	<b>BRILINTA</b> .....	45	<i>candesartan cilexetil-hctz</i> .....	46
<b>BANZEL</b> .....	16	<i>brimonidine tartrate</i> .....	84	<b>CAPEX</b> .....	65
<b>BARACLUDGE</b> .....	34	<b>BRIVIACT</b> .....	14	<b>CAPRELSA</b> .....	28
<b>BASAGLAR KWIKPEN</b> .....	41	<i>bromfenac sodium (once-daily)</i> ..	84	<i>captopril</i> .....	46
<b>BAXDELA</b> .....	13	<i>bromocriptine mesylate</i> .....	30, 31	<i>captopril-hydrochlorothiazide</i> ...46	
<b>BCG VACCINE</b> .....	79	<b>BROMSITE</b> .....	84	<b>CARAC</b> .....	56
		<b>BROVANA</b> .....	89	<b>CARAFATE</b> .....	61
		<i>budesonide</i> .....	81, 87	<b>CARBAGLU</b> .....	59
		<i>budesonide er</i> .....	81	<i>carbamazepine</i> .....	16
				<i>carbamazepine er</i> .....	16

<b>CARBATROL</b> .....	16	<i>chlorpromazine hcl</i> .....	31	<b>COARTEM</b> .....	30
<i>carbidopa</i> .....	31	<i>chlorthalidone</i> .....	50	<i>codeine sulfate</i> .....	5
<i>carbidopa-levodopa</i> .....	31	<i>chlorzoxazone</i> .....	91	<i>colchicine</i> .....	22
<i>carbidopa-levodopa er</i> .....	31	<b>CHOLBAM</b> .....	60	<i>colchicine-probenecid</i> .....	22
<i>carbidopa-levodopa-entacapone</i>	31	<i>cholestyramine</i> .....	51	<b>COLCRYS</b> .....	22
<i>carbinoxamine maleate</i> .....	86	<i>cholestyramine light</i> .....	51	<i>colesevelam hcl</i> .....	50, 51
<b>CARDIZEM CD</b> .....	48	<b>CIALIS</b> .....	63	<i>colestipol hcl</i> .....	51
<b>CARDIZEM LA</b> .....	48	<i>ciclopirox</i> .....	21	<i>colistimethate sodium (cba)</i> .....	9
<b>CARDURA XL</b> .....	63	<i>ciclopirox olamine</i> .....	21	<i>colocort</i> .....	81
<i>carisoprodol</i> .....	91	<i>cilostazol</i> .....	45	<b>COLY-MYCIN S</b> .....	86
<i>carisoprodol-aspirin</i> .....	91	<b>CILOXAN</b> .....	13	<b>COMBIGAN</b> .....	83
<i>carisoprodol-aspirin-codeine</i> .....	5	<b>CIMDUO</b> .....	36	<b>COMBIPATCH</b> .....	69
<i>carteolol hcl</i> .....	84	<i>cimetidine</i> .....	61	<b>COMBIVENT RESPIMAT</b> .....	88
<i>cartia xt</i> .....	48	<i>cimetidine hcl</i> .....	61	<b>COMETRIQ (100 MG</b>	
<i>carvedilol</i> .....	47	<b>CIMZIA</b> .....	76	<b>DAILY DOSE)</b> .....	28
<i>carvedilol phosphate er</i> .....	47	<b>CIMZIA PREFILLED</b> .....	76	<b>COMETRIQ (140 MG</b>	
<b>CASPOFUNGIN ACETATE</b> .....	21	<i>cinacalcet hcl</i> .....	82	<b>DAILY DOSE)</b> .....	28
<b>CAYSTON</b> .....	90	<b>CINRYZE</b> .....	76	<b>COMETRIQ (60 MG DAILY</b>	
<i>caziant</i> .....	69	<b>CIPRO</b> .....	13	<b>DOSE)</b> .....	28
<i>cefaclor</i> .....	10	<b>CIPRO HC</b> .....	86	<b>COMFORT ASSIST</b>	
<b>CEFACTOR ER</b> .....	10	<b>CIPRODEX</b> .....	86	<b>INSULIN SYRINGE</b> .....	82
<i>cefadroxil</i> .....	10	<i>ciprofloxacin</i> .....	13	<b>COMPLERA</b> .....	35
<i>cefazolin sodium</i> .....	10	<i>ciprofloxacin hcl</i> .....	13	<i>compro</i> .....	31
<i>cefdinir</i> .....	10	<i>ciprofloxacin in d5w</i> .....	13	<b>CONDYLOX</b> .....	56
<i>cefepime hcl</i> .....	10	<i>citalopram hydrobromide</i> .....	18	<i>constulose</i> .....	61
<i>cefixime</i> .....	10	<i>claravis</i> .....	56	<b>COPAXONE</b> .....	54
<i>cefotaxime sodium</i> .....	10	<i>clarithromycin</i> .....	12	<b>COPIKTRA</b> .....	27
<i>cefoxitin sodium</i> .....	10	<i>clarithromycin er</i> .....	12	<b>COREG CR</b> .....	47
<i>cefpodoxime proxetil</i> .....	11	<i>clemastine fumarate</i> .....	86	<b>CORLANOR</b> .....	49
<i>cefprozil</i> .....	11	<b>CLEOCIN</b> .....	8	<i>cortisone acetate</i> .....	65
<i>ceftazidime</i> .....	11	<b>CLIMARA</b> .....	69	<b>CORTISPORIN</b> .....	56
<i>ceftriaxone sodium</i> .....	11	<b>CLIMARA PRO</b> .....	69	<b>COSENTYX (300 MG DOSE)</b> .....	56
<i>cefuroxime axetil</i> .....	11	<i>clindamycin hcl</i> .....	8	<b>COSENTYX SENSOREADY</b>	
<i>cefuroxime sodium</i> .....	11	<i>clindamycin palmitate hcl</i> .....	8	<b>(300 MG)</b> .....	56
<i>celecoxib</i> .....	3	<i>clindamycin phos-benzoyl perox</i> .....	56	<b>COTELLIC</b> .....	26
<b>CELONTIN</b> .....	15	<i>clindamycin phosphate</i> .....	8, 9	<b>COTEMPLA XR-ODT</b> .....	53
<i>cephalexin</i> .....	11	<i>clindamycin-tretinoin</i> .....	56	<b>COUMADIN</b> .....	43
<b>CERDELGA</b> .....	59	<b>CLINDESSE</b> .....	9	<b>CREON</b> .....	62
<b>CESAMET</b> .....	20	<i>clobazam</i> .....	15	<b>CRESEMBA</b> .....	21
<i>cevimeline hcl</i> .....	55	<i>clobetasol prop emollient base</i> .....	65	<b>CRINONE</b> .....	74
<b>CHANTIX</b> .....	8	<i>clobetasol propionate</i> .....	65	<b>CRIXIVAN</b> .....	37
<b>CHANTIX CONTINUING</b>		<i>clobetasol propionate emulsion</i> .....	65	<i>cromolyn sodium</i> .....	60, 83, 90
<b>MONTH PAK</b> .....	8	<i>clomipramine hcl</i> .....	19	<i>cryselle-28</i> .....	69
<b>CHANTIX STARTING</b>		<i>clonazepam</i> .....	15	<b>CUBICIN</b> .....	9
<b>MONTH PAK</b> .....	8	<i>clonidine</i> .....	45	<b>CUPRIMINE</b> .....	59
<b>CHEMET</b> .....	92	<i>clonidine hcl</i> .....	45	<b>CUVPOSA</b> .....	60
<b>CHENODAL</b> .....	60	<i>clonidine hcl er</i> .....	45	<i>cyclafem 1/35</i> .....	69
<i>chlordiazepoxide hcl</i> .....	38	<i>clopidogrel bisulfate</i> .....	45	<i>cyclafem 7/7/7</i> .....	69
<i>chlordiazepoxide-amitriptyline</i> .....	19	<i>clorazepate dipotassium</i> .....	38	<i>cyclobenzaprine hcl</i> .....	92
<i>chlorhexidine gluconate</i> .....	55	<i>clotrimazole</i> .....	21	<i>cyclobenzaprine hcl er</i> .....	92
<i>chloroquine phosphate</i> .....	30	<i>clotrimazole-betamethasone</i> .....	56	<i>cyclophosphamide</i> .....	25
<i>chlorothiazide</i> .....	50	<i>clozapine</i> .....	33	<b>CYCLOSET</b> .....	39

<i>cyclosporine</i> .....	76	<i>dextroamphetamine sulfate er</i> .....	52	<i>doxy 100</i> .....	14
<i>cyclosporine modified</i> .....	76	<i>dextrose</i> .....	58	<i>doxycycline hyclate</i> .....	14
<b>CYCLOSPORINE</b>		<b>DEXTROSE-NACL</b> .....	58	<i>doxycycline monohydrate</i> .....	14
<b>MODIFIED</b> .....	76	<i>dextrose-nacl</i> .....	58	<i>dronabinol</i> .....	20
<i>cyproheptadine hcl</i> .....	86	<b>DIASTAT ACUDIAL</b> .....	15	<i>drospiren-eth estrad-levomefol</i> ...70	
<i>cyred eq</i> .....	73	<b>DIASTAT PEDIATRIC</b> .....	15	<i>drospirenone-ethinyl estradiol</i> ...70	
<b>CYSTADANE</b> .....	62	<i>diazepam</i> .....	38	<b>DROXIA</b> .....	26
<b>CYSTAGON</b> .....	62	<i>diclofenac epolamine</i> .....	56	<b>DUAVEE</b> .....	70
<b>CYSTARAN</b> .....	83	<i>diclofenac potassium</i> .....	3	<b>DULERA</b> .....	87
<b>DALFAMPRIDINE ER</b> .....	54	<i>diclofenac sodium</i> .....	3, 22, 56, 85	<i>duloxetine hcl</i> .....	38, 54
<b>DALIRESP</b> .....	90	<i>diclofenac sodium er</i> .....	3	<b>DUPIXENT</b> .....	56
<i>danazol</i> .....	68	<i>diclofenac-misoprostol</i> .....	3	<b>DURAGESIC-12</b> .....	4
<i>dantrolene sodium</i> .....	33	<i>dicloxacillin sodium</i> .....	12	<i>duramorph</i> .....	5
<b>DAPSONE</b> .....	24	<i>dicyclomine hcl</i> .....	60	<b>DUREZOL</b> .....	85
<i>dapsone</i> .....	56	<i>didanosine</i> .....	36	<i>dutasteride</i> .....	63
<b>DAPTACEL</b> .....	79	<b>DIFICID</b> .....	12	<i>dutasteride-tamsulosin hcl</i> .....	63
<i>daptomycin</i> .....	9	<i>diflorasone diacetate</i> .....	65	<b>DYANAVEL XR</b> .....	53
<b>DARAPRIM</b> .....	30	<i>diflunisal</i> .....	3	<b>DYMISTA</b> .....	86
<i>darifenacin hydrobromide er</i> .....	63	<i>digitek</i> .....	49	<b>DYRENIUM</b> .....	50
<b>DAURISMO</b> .....	28	<i>digox</i> .....	49	<i>e.e.s. 400</i> .....	12
<b>DAYTRANA</b> .....	53	<i>digoxin</i> .....	49	<b>E.E.S. GRANULES</b> .....	12
<b>DDAVP RHINAL TUBE</b> .....	67	<i>dihydroergotamine mesylate</i> .....	23	<i>econazole nitrate</i> .....	21
<i>deblitane</i> .....	74	<b>DILANTIN</b> .....	16	<b>EDARBI</b> .....	46
<i>deferasirox</i> .....	92	<b>DILANTIN INFATABS</b> .....	16	<b>EDARBYCLOR</b> .....	46
<b>DELSTRIGO</b> .....	36	<i>diltiazem hcl</i> .....	48	<b>EDLUAR</b> .....	92
<i>delyla</i> .....	70	<i>diltiazem hcl er</i> .....	48	<b>EDURANT</b> .....	35
<b>DELZICOL</b> .....	81	<i>diltiazem hcl er beads</i> .....	48	<i>efavirenz</i> .....	35, 36
<i>demeclocycline hcl</i> .....	14	<i>diltiazem hcl er coated beads</i> .....	48	<b>EGRIFTA</b> .....	67
<b>DEMSEER</b> .....	49	<i>dilt-xr</i> .....	48	<b>ELESTRIN</b> .....	70
<b>DENAVIR</b> .....	35	<b>DIPENTUM</b> .....	81	<i>eletriptan hydrobromide</i> .....	23
<b>DEPEN TITRATABS</b> .....	59	<i>diphenoxylate-atropine</i> .....	60	<b>ELIDEL</b> .....	56
<b>DEPO-PROVERA</b> .....	74	<b>DIPHThERIA-TETANUS</b>		<b>ELIGARD</b> .....	75
<b>DEPO-SUBQ PROVERA 104</b> .....	74	<b>TOXOIDS DT</b> .....	79	<b>ELIQUIS</b> .....	43
<b>DESCOVY</b> .....	36	<i>dipyridamole</i> .....	45	<b>ELIQUIS STARTER PACK</b> ...43	
<i>desipramine hcl</i> .....	19	<i>disopyramide phosphate</i> .....	47	<b>ELMIRON</b> .....	63
<i>desmopressin ace spray refrig</i> ...67		<i>disulfiram</i> .....	7	<b>EMBEDA</b> .....	4
<i>desmopressin acetate</i> .....	67	<b>DIURIL</b> .....	50	<b>EMCYT</b> .....	25
<i>desogestrel-ethinyl estradiol</i> .....	70	<i>divalproex sodium</i> .....	15, 39	<b>EMEND</b> .....	20
<i>desonide</i> .....	65	<i>divalproex sodium er</i> .....	23	<b>EMGALITY</b> .....	23
<i>desoximetasone</i> .....	65	<b>DIVIGEL</b> .....	70	<i>emoquette</i> .....	70
<b>DESVENLAFAXINE ER</b> .....	18	<i>dofetilide</i> .....	47	<b>EMSAM</b> .....	18
<i>desvenlafaxine succinate er</i> .....	18	<i>donepezil hcl</i> .....	17	<b>EMTRIVA</b> .....	36
<i>dexamethasone</i> .....	65	<b>DOPTELET</b> .....	44	<i>enalapril maleate</i> .....	46
<b>DEXAMETHASONE</b> .....	65	<b>DORYX MPC</b> .....	14	<i>enalapril-hydrochlorothiazide</i> ...46	
<b>DEXAMETHASONE</b>		<i>dorzolamide hcl</i> .....	84	<b>ENBREL</b> .....	76
<b>INTENSOL</b> .....	65	<i>dorzolamide hcl-timolol mal</i> .....	84	<b>ENBREL SURECLICK</b> .....	76
<i>dexamethasone sodium</i>		<i>dorzolamide hcl-timolol mal pf</i> ..84		<b>ENDARI</b> .....	60
<i>phosphate</i> .....	85	<i>dotti</i> .....	70	<i>endocet</i> .....	5
<b>DEXILANT</b> .....	62	<b>DOVATO</b> .....	36	<b>ENGERIX-B</b> .....	79
<i>dexmethylphenidate hcl</i> .....	53	<i>doxazosin mesylate</i> .....	63	<i>enoxaparin sodium</i> .....	43
<i>dexmethylphenidate hcl er</i> .....	53	<i>doxepin hcl</i> .....	19, 56	<i>enpresse-28</i> .....	70
<i>dextroamphetamine sulfate</i> .....	52	<i>doxercalciferol</i> .....	82	<i>enskyce</i> .....	70



<b>ENSTILAR</b> .....	64	<b>EURAX</b> .....	30	<i>fluconazole in sodium chloride</i> ...	21
<i>entacapone</i> .....	30	<b>EVAMIST</b> .....	70	<i>flucytosine</i> .....	21
<i>entecavir</i> .....	34	<b>EVOTAZ</b> .....	37	<i>fludrocortisone acetate</i> .....	65
<b>ENTRESTO</b> .....	46	<b>EVZIO</b> .....	7	<i>flunisolide</i> .....	87
<i>enulose</i> .....	61	<b>EXEL COMFORT POINT</b>		<i>fluocinolone acetonide</i> .....	65, 86
<b>ENVARUS XR</b> .....	76	<b>PEN NEEDLE</b> .....	82	<i>fluocinolone acetonide scalp</i> .....	65
<b>EPCLUSA</b> .....	34	<b>EXELDERM</b> .....	21	<i>fluocinonide</i> .....	65
<b>EPIDIOLEX</b> .....	15	<i>exemestane</i> .....	27	<i>fluorometholone</i> .....	85
<b>EPIDUO FORTE</b> .....	56	<b>EXJADE</b> .....	59	<i>fluorouracil</i> .....	57
<i>epinastine hcl</i> .....	83	<b>EXTAVIA</b> .....	54	<i>fluoxetine hcl</i> .....	18, 19
<i>epinephrine</i> .....	89	<i>ezetimibe</i> .....	51	<b>FLUOXETINE HCL</b> .....	19
<b>EPIPEN 2-PAK</b> .....	89	<i>ezetimibe-simvastatin</i> .....	51	<i>fluphenazine decanoate</i> .....	31
<b>EPIPEN JR 2-PAK</b> .....	89	<b>FABIOR</b> .....	56	<b>FLUPHENAZINE HCL</b> .....	31, 32
<i>epitol</i> .....	17	<i>falmina</i> .....	70	<i>fluphenazine hcl</i> .....	32
<b>EPIVIR HBV</b> .....	34	<i>famciclovir</i> .....	35	<i>flurandrenolide</i> .....	66
<i>eplerenone</i> .....	50	<i>famotidine</i> .....	61	<i>flurazepam hcl</i> .....	92
<b>EPOGEN</b> .....	44	<b>FANAPT</b> .....	32	<i>flurbiprofen</i> .....	22
<i>eprosartan mesylate</i> .....	46	<b>FANAPT TITRATION</b>		<i>flurbiprofen sodium</i> .....	85
<b>EQUETRO</b> .....	17	<b>PACK</b> .....	32	<i>flutamide</i> .....	25
<i>ergoloid mesylates</i> .....	17	<b>FARXIGA</b> .....	40	<i>fluticasone propionate</i> .....	66, 87
<i>ergotamine-caffeine</i> .....	23	<b>FARYDAK</b> .....	26	<i>fluticasone-salmeterol</i> .....	87
<b>ERIVEDGE</b> .....	28	<i>fayosim</i> .....	70	<i>fluvastatin sodium</i> .....	51
<b>ERLEADA</b> .....	25	<i>febuxostat</i> .....	22	<i>fluvastatin sodium er</i> .....	51
<i>erlotinib hcl</i> .....	28	<i>felbamate</i> .....	16	<i>fluvoxamine maleate</i> .....	19
<i>errin</i> .....	74	<i>felodipine er</i> .....	48	<i>fluvoxamine maleate er</i> .....	19
<b>ERTACZO</b> .....	21	<b>FEMHRT LOW DOSE</b> .....	70	<b>FML</b> .....	85
<i>ertapenem sodium</i> .....	11	<b>FEMRING</b> .....	70	<b>FML FORTE</b> .....	85
<b>ERYPED 400</b> .....	12	<b>FENOFIBRATE</b> .....	51	<i>fondaparinux sodium</i> .....	43
<b>ERY-TAB</b> .....	13	<i>fenofibrate</i> .....	51	<b>FORFIVO XL</b> .....	18
<b>ERYTHROCIN</b>		<i>fenofibrate micronized</i> .....	50	<b>FORTEO</b> .....	82
<b>LACTOBIONATE</b> .....	13	<i>fenofibric acid</i> .....	51	<b>FOSAMAX PLUS D</b> .....	82
<i>erythrocin stearate</i> .....	13	<i>fenopropfen calcium</i> .....	3	<b>FOSAMPRENAVIR</b>	
<i>erythromycin</i> .....	13	<i>fentanyl</i> .....	4	<b>CALCIUM</b> .....	37
<i>erythromycin base</i> .....	13	<b>FENTANYL</b> .....	4	<i>fosinopril sodium</i> .....	46
<i>erythromycin ethylsuccinate</i> .....	13	<i>fentanyl citrate</i> .....	5, 6	<i>fosinopril sodium-hctz</i> .....	46
<b>ESBRIET</b> .....	91	<b>FENTORA</b> .....	6	<b>FOSRENOL</b> .....	64
<i>escitalopram oxalate</i> .....	18	<b>FERRIPROX</b> .....	82	<b>FRAGMIN</b> .....	43
<i>esomeprazole magnesium</i> .....	62	<b>FETZIMA</b> .....	18	<b>FROVA</b> .....	23
<i>estarylla</i> .....	70	<b>FETZIMA TITRATION</b> .....	18	<i>frovatriptan succinate</i> .....	23
<i>estazolam</i> .....	38	<b>FIASP FLEXTOUCH</b> .....	41	<b>FULPHILA</b> .....	44
<b>ESTRACE</b> .....	70	<b>FINACEA</b> .....	56	<i>furosemide</i> .....	50
<i>estradiol</i> .....	70	<i>finasteride</i> .....	63	<b>FUZEON</b> .....	36
<i>estradiol-norethindrone acet</i> .....	70	<b>FIRAZYR</b> .....	76	<i>fyavolv</i> .....	70
<b>ESTRING</b> .....	70	<b>FIRDAPSE</b> .....	54	<b>FYCOMPA</b> .....	16
<i>eszopiclone</i> .....	92	<i>firvanq</i> .....	9	<i>gabapentin</i> .....	15
<i>ethacrynic acid</i> .....	50	<b>FLAREX</b> .....	85	<b>GABITRIL</b> .....	15
<i>ethambutol hcl</i> .....	25	<i>flavoxate hcl</i> .....	63	<b>GALAFOLD</b> .....	3
<i>ethosuximide</i> .....	15	<i>flecainide acetate</i> .....	47	<i>galantamine hydrobromide</i> .....	17
<i>etidronate disodium</i> .....	82	<b>FLECTOR</b> .....	3	<i>galantamine hydrobromide er</i> ....	17
<i>etodolac</i> .....	22	<b>FLOVENT DISKUS</b> .....	87	<b>GAMMAGARD</b> .....	78
<i>etodolac er</i> .....	3	<b>FLOVENT HFA</b> .....	87	<b>GARDASIL 9</b> .....	79
<b>EUCRISA</b> .....	56	<i>fluconazole</i> .....	21	<i>gatifloxacin</i> .....	13

<b>GATTEX</b> .....	60	<i>haloperidol decanoate</i> .....	32	<i>ibandronate sodium</i> .....	82
<i>gavilyte-c</i> .....	61	<i>haloperidol lactate</i> .....	32	<b>IBRANCE</b> .....	26
<i>gavilyte-g</i> .....	61	<b>HARVONI</b> .....	34	<i>ibu</i> .....	22
<i>gavilyte-n with flavor pack</i> .....	61	<b>HAVRIX</b> .....	79	<i>ibuprofen</i> .....	3
<b>GELNIQUE PUMP</b> .....	63	<i>heparin sodium (porcine)</i> .....	43	<i>icatibant acetate</i> .....	76
<i>gemfibrozil</i> .....	51	<b>HETLIOZ</b> .....	54	<b>ICLUSIG</b> .....	28
<b>GENERESS FE</b> .....	70	<b>HIBERIX</b> .....	79	<b>IDHIFA</b> .....	27
<i>generlac</i> .....	61	<b>HORIZANT</b> .....	15	<b>ILEVRO</b> .....	85
<i>gengraf</i> .....	76, 77	<b>HUMALOG</b> .....	42	<b>ILUMYA</b> .....	57
<b>GENOTROPIN</b> .....	67	<b>HUMALOG JUNIOR</b>		<i>imatinib mesylate</i> .....	28
<b>GENOTROPIN MINIQUICK</b> .....	67	<b>KWIKPEN</b> .....	41	<b>IMBRUVICA</b> .....	28
<i>gentak</i> .....	8	<b>HUMALOG KWIKPEN</b> .....	42	<i>imipenem-cilastatin</i> .....	11
<i>gentamicin sulfate</i> .....	8	<b>HUMALOG MIX 50/50</b> .....	42	<i>imipramine hcl</i> .....	19
<b>GENVOYA</b> .....	35	<b>HUMALOG MIX 50/50</b>		<i>imipramine pamoate</i> .....	19
<b>GEODON</b> .....	32	<b>KWIKPEN</b> .....	42	<i>imiquimod</i> .....	57
<i>gianvi</i> .....	70	<b>HUMALOG MIX 75/25</b> .....	42	<i>imiquimod pump</i> .....	57
<b>GILENYA</b> .....	54	<b>HUMALOG MIX 75/25</b>		<b>IMITREX</b> .....	23
<b>GILOTRIF</b> .....	26	<b>KWIKPEN</b> .....	42	<b>IMITREX STATDOSE</b>	
<i>glatiramer acetate</i> .....	54	<b>HUMATROPE</b> .....	67	<b>REFILL</b> .....	23
<i>glatopa</i> .....	54	<b>HUMIRA</b> .....	77	<b>IMITREX STATDOSE</b>	
<b>GLEOSTINE</b> .....	25	<b>HUMIRA PEDIATRIC</b>		<b>SYSTEM</b> .....	23
<i>glimepiride</i> .....	40	<b>CROHNS START</b> .....	77	<b>IMOVAX RABIES</b> .....	79
<i>glipizide</i> .....	40	<b>HUMIRA PEN</b> .....	77	<b>IMURAN</b> .....	77
<i>glipizide er</i> .....	40	<b>HUMIRA PEN-CD/UC/HS</b>		<b>INBRIJA</b> .....	31
<i>glipizide-metformin hcl</i> .....	40	<b>STARTER</b> .....	77	<i>incassia</i> .....	73
<b>GLOBAL ALCOHOL PREP</b>		<b>HUMIRA PEN-PS/UV/ADOL</b>		<b>INCRELEX</b> .....	67
<b>EASE</b> .....	9	<b>HS START</b> .....	77	<b>INCRUSE ELLIPTA</b> .....	88
<b>GLUCAGEN HYPOKIT</b> .....	41	<b>HUMULIN 70/30</b> .....	42	<i>indapamide</i> .....	50
<b>GLUCAGON EMERGENCY</b> .....	41	<b>HUMULIN 70/30 KWIKPEN</b> .....	42	<b>INDOCIN</b> .....	3
<i>glyburide</i> .....	40	<b>HUMULIN N</b> .....	42	<i>indomethacin</i> .....	3
<i>glyburide micronized</i> .....	40	<b>HUMULIN N KWIKPEN</b> .....	42	<i>indomethacin er</i> .....	3
<i>glyburide-metformin</i> .....	40	<b>HUMULIN R</b> .....	42	<b>INFANRIX</b> .....	79
<i>glycopyrrolate</i> .....	60	<b>HUMULIN R U-500</b>		<b>INGREZZA</b> .....	54, 77
<b>GLYXAMBI</b> .....	40	<b>(CONCENTRATED)</b> .....	42	<b>INLYTA</b> .....	28
<b>GOCOVRI</b> .....	31	<b>HUMULIN R U-500</b>		<b>INNOPRAN XL</b> .....	48
<b>GOLYTELY</b> .....	61	<b>KWIKPEN</b> .....	42	<i>insulin lispro</i> .....	42
<b>GONITRO</b> .....	52	<i>hydralazine hcl</i> .....	52	<b>INTELENCE</b> .....	35
<b>GRALISE</b> .....	3	<i>hydrochlorothiazide</i> .....	50	<b>INTRALIPID</b> .....	82
<b>GRALISE STARTER</b> .....	3	<i>hydrocodone-acetaminophen</i> .....	6	<b>INTRAROSA</b> .....	70
<i>granisetron hcl</i> .....	20	<i>hydrocodone-ibuprofen</i> .....	6	<b>INTRON A</b> .....	34, 82
<b>GRANIX</b> .....	44	<i>hydrocortisone</i> .....	66, 81	<i>introvale</i> .....	70
<i>griseofulvin microsize</i> .....	21	<i>hydrocortisone ace-pramoxine</i> ...	66	<b>INVANZ</b> .....	11
<i>griseofulvin ultramicrosize</i> .....	21	<i>hydrocortisone butyrate</i> .....	66	<b>INVEGA SUSTENNA</b> .....	32
<i>guanfacine hcl</i> .....	45	<i>hydrocortisone valerate</i> .....	66	<b>INVEGA TRINZA</b> .....	32
<i>guanfacine hcl er</i> .....	53	<i>hydrocortisone-acetic acid</i> .....	86	<b>INVELTYS</b> .....	85
<b>GUANIDINE HCL</b> .....	24	<i>hydromorphone hcl</i> .....	6	<b>INVIRASE</b> .....	37
<b>GYNAZOLE-1</b> .....	21	<i>hydromorphone hcl er</i> .....	4	<b>INVOKAMET</b> .....	40
<b>HAEGARDA</b> .....	76	<i>hydroxychloroquine sulfate</i> .....	30	<b>INVOKAMET XR</b> .....	40
<i>hailey 24 fe</i> .....	73	<i>hydroxyurea</i> .....	26	<b>INVOKANA</b> .....	40
<i>halobetasol propionate</i> .....	66	<i>hydroxyzine hcl</i> .....	38	<b>IOPIDINE</b> .....	84
<b>HALOG</b> .....	66	<i>hydroxyzine pamoate</i> .....	86	<b>IPOL</b> .....	79
<i>haloperidol</i> .....	32	<b>HYSINGLA ER</b> .....	4	<i>ipratropium bromide</i> .....	88

<i>ipratropium-albuterol</i> .....	88	<b>KINERET</b> .....	77	<b>LEDIPASVIR-SOFOSBUVIR</b>	34
<i>irbesartan</i> .....	46	<b>KINRIX</b> .....	80	<i>leena</i> .....	71
<i>irbesartan-hydrochlorothiazide</i> ..	46	<i>kionex</i> .....	59	<i>leflunomide</i> .....	79
<b>IRESSA</b> .....	28	<b>KISQALI (200 MG DOSE)</b> .....	27	<b>LENVIMA (10 MG DAILY</b>	
<b>ISENTRESS</b> .....	35	<b>KISQALI (400 MG DOSE)</b> .....	27	<b>DOSE)</b> .....	28
<b>ISENTRESS HD</b> .....	35	<b>KISQALI (600 MG DOSE)</b> .....	27	<b>LENVIMA (12 MG DAILY</b>	
<b>ISONIAZID</b> .....	25	<b>KISQALI FEMARA (400 MG</b>		<b>DOSE)</b> .....	28
<i>isoniazid</i> .....	25	<b>DOSE)</b> .....	27	<b>LENVIMA (14 MG DAILY</b>	
<b>ISORDIL TITRADOSE</b> .....	52	<b>KISQALI FEMARA (600 MG</b>		<b>DOSE)</b> .....	28
<i>isosorbide dinitrate</i> .....	52	<b>DOSE)</b> .....	27	<b>LENVIMA (18 MG DAILY</b>	
<i>isosorbide dinitrate er</i> .....	52	<b>KISQALI FEMARA(200 MG</b>		<b>DOSE)</b> .....	28
<i>isosorbide mononitrate</i> .....	52	<b>DOSE)</b> .....	27	<b>LENVIMA (20 MG DAILY</b>	
<i>isosorbide mononitrate er</i> .....	52	<i>klor-con</i> .....	58	<b>DOSE)</b> .....	28
<i>isradipine</i> .....	48	<i>klor-con 10</i> .....	58	<b>LENVIMA (24 MG DAILY</b>	
<i>itraconazole</i> .....	21	<i>klor-con m10</i> .....	58	<b>DOSE)</b> .....	29
<i>ivermectin</i> .....	29	<b>KLOR-CON M15</b> .....	58	<b>LENVIMA (4 MG DAILY</b>	
<b>IXIARO</b> .....	80	<i>klor-con m20</i> .....	58	<b>DOSE)</b> .....	29
<b>JADENU</b> .....	92	<i>klor-con sprinkle</i> .....	58	<b>LENVIMA (8 MG DAILY</b>	
<b>JAKAFI</b> .....	28	<b>KOMBIGLYZE XR</b> .....	40	<b>DOSE)</b> .....	29
<i>jantoven</i> .....	43	<b>KORLYM</b> .....	68	<i>lessina</i> .....	71
<b>JANUMET</b> .....	40	<b>KRINTAFEL</b> .....	30	<b>LETAIRIS</b> .....	90
<b>JANUMET XR</b> .....	40	<b>KRISTALOSE</b> .....	61	<i>letrozole</i> .....	27
<b>JANUVIA</b> .....	40	<b>K-TAB</b> .....	93	<b>LEUCOVORIN CALCIUM</b> ...	26
<b>JARDIANCE</b> .....	40	<i>kurvelo</i> .....	71	<i>leucovorin calcium</i> .....	26
<b>JENTADUETO</b> .....	40	<b>KUVAN</b> .....	62	<b>LEUKERAN</b> .....	25
<b>JENTADUETO XR</b> .....	40	<b>KYNAMRO</b> .....	51	<b>LEUKINE</b> .....	44
<i>jinteli</i> .....	70	<i>labetalol hcl</i> .....	48	<i>leuprolide acetate</i> .....	75
<i>juleber</i> .....	70	<b>LACRISERT</b> .....	83	<i>levalbuterol hcl</i> .....	89
<b>JULUCA</b> .....	36	<i>lactulose</i> .....	61	<i>levalbuterol tartrate</i> .....	89
<i>junel 1.5/30</i> .....	70	<b>LAMICTAL STARTER</b> .....	39	<b>LEVEMIR</b> .....	42
<i>junel 1/20</i> .....	70	<b>LAMICTAL XR</b> .....	16	<b>LEVEMIR FLEXTOUCH</b> .....	42
<i>junel fe 1.5/30</i> .....	70	<i>lamivudine</i> .....	34, 36	<i>levetiracetam</i> .....	15
<i>junel fe 1/20</i> .....	70	<i>lamivudine-zidovudine</i> .....	36	<i>levetiracetam er</i> .....	15
<i>junel fe 24</i> .....	70	<i>lamotrigine</i> .....	16, 39	<i>levobunolol hcl</i> .....	84
<b>JUXTAPID</b> .....	51	<i>lamotrigine er</i> .....	16	<i>levocarnitine</i> .....	82
<b>JYNARQUE</b> .....	63, 64	<i>lamotrigine starter kit-blue</i> .....	16	<i>levocetirizine dihydrochloride</i> ....	86
<b>KADIAN</b> .....	4	<i>lamotrigine starter kit-green</i> .....	16	<i>levofloxacin</i> .....	13
<i>kaitlib fe</i> .....	71	<i>lamotrigine starter kit-orange</i> ....	16	<i>levonest</i> .....	71
<b>KALETRA</b> .....	37	<b>LANOXIN</b> .....	49	<i>levonorgest-eth estrad 91-day</i> ....	71
<b>KALYDECO</b> .....	90	<i>lansoprazole</i> .....	62	<i>levonorgestrel-ethinyl estrad</i> .....	71
<i>kariva</i> .....	71	<i>lanthanum carbonate</i> .....	64	<i>levora 0.15/30 (28)</i> .....	71
<i>kcl in dextrose-nacl</i> .....	58	<b>LANTUS</b> .....	42	<i>levorphanol tartrate</i> .....	4
<i>kelnor 1/35</i> .....	71	<b>LANTUS SOLOSTAR</b> .....	42	<i>levo-t</i> .....	74
<i>kelnor 1/50</i> .....	73	<i>larin 1.5/30</i> .....	71	<i>levothyroxine sodium</i> .....	74
<b>KERYDIN</b> .....	21	<i>larin 1/20</i> .....	71	<i>levoxyl</i> .....	74
<i>ketoconazole</i> .....	21	<i>larin fe 1.5/30</i> .....	71	<b>LEXIVA</b> .....	37
<i>ketoprofen</i> .....	3	<i>larin fe 1/20</i> .....	71	<i>lidocaine</i> .....	7
<i>ketoprofen er</i> .....	3	<b>LASTACFT</b> .....	83	<i>lidocaine hcl</i> .....	7
<i>ketorolac tromethamine</i> .....	3, 85	<i>latanoprost</i> .....	83	<i>lidocaine hcl urethral/mucosal</i> ....	7
<b>KEVEYIS</b> .....	82	<b>LATUDA</b> .....	32	<i>lidocaine viscous hcl</i> .....	7
<b>KEVZARA</b> .....	77	<i>layolis fe</i> .....	71	<i>lidocaine-prilocaine</i> .....	7
<b>KHEDEZLA</b> .....	19	<b>LAZANDA</b> .....	6	<i>lindane</i> .....	30

<i>linezolid</i> .....	9	<i>lyza</i> .....	74	<i>methoxsalen rapid</i> .....	57
<b>LINZESS</b> .....	61	<i>mafenide acetate</i> .....	9	<i>methscopolamine bromide</i> .....	60
<i>liothyronine sodium</i> .....	75	<i>magnesium sulfate</i> .....	58	<i>methyl dopa</i> .....	45
<i>lisinopril</i> .....	46	<i>malathion</i> .....	30	<i>methyl dopa-</i>	
<i>lisinopril-hydrochlorothiazide</i> ....	46	<i>maprotiline hcl</i> .....	19	<i>hydrochlorothiazide</i> .....	45
<b>LITHIUM</b> .....	39	<i>marlissa</i> .....	71	<i>methylphenidate hcl</i> .....	53
<i>lithium carbonate</i> .....	39	<b>MARPLAN</b> .....	18	<i>methylphenidate hcl er</i> .....	53
<i>lithium carbonate er</i> .....	39	<b>MATULANE</b> .....	25	<i>methylphenidate hcl er (cd)</i> .....	53
<b>LITHOBID</b> .....	39	<i>matzim la</i> .....	48	<i>methylphenidate hcl er (la)</i> .....	53
<b>LITHOSTAT</b> .....	64	<b>MAVYRET</b> .....	34	<i>methylprednisolone</i> .....	66
<b>LIVALO</b> .....	51	<b>MAXALT</b> .....	23	<i>methyltestosterone</i> .....	69
<b>LO LOESTRIN FE</b> .....	71	<b>MAXALT-MLT</b> .....	23, 24	<i>metoclopramide hcl</i> .....	60
<b>LOESTRIN 1.5/30 (21)</b> .....	71	<b>MAXIDEX</b> .....	85	<i>metolazone</i> .....	50
<b>LOESTRIN 1/20 (21)</b> .....	71	<i>meclizine hcl</i> .....	20	<i>metoprolol succinate er</i> .....	48
<b>LOESTRIN FE 1.5/30</b> .....	71	<i>meclofenamate sodium</i> .....	3	<i>metoprolol tartrate</i> .....	48
<b>LOESTRIN FE 1/20</b> .....	71	<b>MEDROL</b> .....	66	<i>metoprolol-hydrochlorothiazide</i> .....	48
<b>LOKELMA</b> .....	92	<i>medroxyprogesterone acetate</i> ....	74	<i>metronidazole</i> .....	9
<b>LONHALA MAGNAIR</b>		<i>mefenamic acid</i> .....	4	<i>metronidazole in nacl</i> .....	9
<b>STARTER KIT</b> .....	91	<i>mefloquine hcl</i> .....	30	<i>mexiletine hcl</i> .....	47
<b>LONSURF</b> .....	26	<i>megestrol acetate</i> .....	74	<i>mibelas 24 fe</i> .....	71
<i>loperamide hcl</i> .....	60	<b>MEKINIST</b> .....	29	<i>miconazole 3</i> .....	21
<i>lopinavir-ritonavir</i> .....	37	<b>MEKTOVI</b> .....	29	<i>microgestin 1.5/30</i> .....	71
<i>lopreeza</i> .....	71	<i>meloxicam</i> .....	4	<i>microgestin 1/20</i> .....	71
<i>lorazepam</i> .....	38	<i>memantine hcl</i> .....	17	<i>microgestin fe 1.5/30</i> .....	71
<b>LORBRENA</b> .....	29	<i>memantine hcl er</i> .....	17	<i>microgestin fe 1/20</i> .....	71
<i>lorcet</i> .....	6	<b>MENACTRA</b> .....	80	<i>midodrine hcl</i> .....	45
<i>lorcet hd</i> .....	6	<b>MENEST</b> .....	71	<i>miglitol</i> .....	40
<i>lorcet plus</i> .....	6	<b>MENOSTAR</b> .....	71	<i>miglustat</i> .....	59
<i>loryna</i> .....	71	<b>MENTAX</b> .....	21	<b>MIGRANAL</b> .....	23
<b>LORZONE</b> .....	92	<b>MENVEO</b> .....	80	<i>mili</i> .....	73
<i>losartan potassium</i> .....	46	<i>meperidine hcl</i> .....	6	<b>MILLIPRED</b> .....	66
<i>losartan potassium-hctz</i> .....	46	<i>meprobamate</i> .....	38	<i>mimvey</i> .....	72
<b>LOSEASONIQUE</b> .....	71	<i>mercaptopurine</i> .....	26	<i>mimvey lo</i> .....	71
<b>LOTEMAX</b> .....	85	<i>meropenem</i> .....	11	<b>MINASTRIN 24 FE</b> .....	72
<b>LOTEMAX SM</b> .....	85	<i>mesalamine</i> .....	81	<i>minitran</i> .....	52
<i>loteprednol etabonate</i> .....	85	<b>MESNEX</b> .....	29	<b>MINIVELLE</b> .....	72
<i>lovastatin</i> .....	51	<b>MESTINON</b> .....	24	<i>minocycline hcl</i> .....	14
<i>low-ogestrel</i> .....	71	<i>metadate er</i> .....	53	<i>minocycline hcl er</i> .....	14
<i>loxapine succinate</i> .....	32	<i>metaproterenol sulfate</i> .....	89	<i>minoxidil</i> .....	52
<b>LUCEMYRA</b> .....	7	<i>metaxalone</i> .....	92	<i>mirtazapine</i> .....	18
<b>LUMIGAN</b> .....	83	<i>metformin hcl</i> .....	40	<b>MIRVASO</b> .....	57
<b>LUPRON DEPOT (1-</b>		<i>metformin hcl er</i> .....	40	<i>misoprostol</i> .....	62
<b>MONTH)</b> .....	75	<i>methadone hcl</i> .....	4	<b>M-M-R II</b> .....	80
<b>LUPRON DEPOT (3-</b>		<i>methamphetamine hcl</i> .....	52	<b>MOBIC</b> .....	4
<b>MONTH)</b> .....	75	<i>methazolamide</i> .....	50	<i>modafinil</i> .....	92
<b>LUPRON DEPOT (4-</b>		<i>methenamine hippurate</i> .....	9	<i>moexipril hcl</i> .....	46
<b>MONTH)</b> .....	75	<i>methimazole</i> .....	76	<i>molindone hcl</i> .....	32
<i>lutera</i> .....	71	<b>METHITEST</b> .....	69	<i>mometasone furoate</i> .....	66, 87
<b>LYNPARZA</b> .....	26	<i>methocarbamol</i> .....	92	<i>montelukast sodium</i> .....	88
<b>LYRICA</b> .....	54	<i>methotrexate</i> .....	77	<b>MONUROL</b> .....	9
<b>LYSODREN</b> .....	75	<i>methotrexate sodium</i> .....	77	<i>morphine sulfate</i> .....	6
<b>LYSTEDA</b> .....	45	<i>methotrexate sodium (pf)</i> .....	77	<i>morphine sulfate (concentrate)</i> ....	6

<i>morphine sulfate er</i> .....	5	<b>NEUPRO</b> .....	31	<b>NOVOLOG MIX 70/30</b> .....	43
<i>morphine sulfate er beads</i> .....	5	<b>NEVANAC</b> .....	85	<b>NOVOLOG MIX 70/30</b>	
<b>MOTEGRITY</b> .....	60	<i>nevirapine</i> .....	35	<b>FLEXPEN</b> .....	42
<b>MOVANTIK</b> .....	60	<i>nevirapine er</i> .....	35	<b>NOVOLOG PENFILL</b> .....	43
<b>MOVIPREP</b> .....	61	<b>NEXAVAR</b> .....	29	<b>NOXAFIL</b> .....	21, 22
<b>MOXEZA</b> .....	13	<i>niacin er (antihyperlipidemic)</i> ....	51	<b>NUBEQA</b> .....	25
<i>moxifloxacin hcl</i> .....	13	<i>niacor</i> .....	51	<b>NUCALA</b> .....	87, 91
<b>MULPLETA</b> .....	44	<i>nicardipine hcl</i> .....	49	<b>NUCYNTA</b> .....	6
<b>MULTAQ</b> .....	47	<b>NICOTROL</b> .....	8	<b>NUCYNTA ER</b> .....	5
<i>mupirocin</i> .....	9	<i>nifedipine</i> .....	49	<b>NUDEXTA</b> .....	54
<i>mupirocin calcium</i> .....	9	<i>nifedipine er</i> .....	49	<b>NULYTELY WITH</b>	
<b>MYALEPT</b> .....	82	<i>nifedipine er osmotic release</i> .....	49	<b>FLAVOR PACKS</b> .....	61
<i>mycophenolate mofetil</i> .....	77	<i>nikki</i> .....	72	<b>NUPLAZID</b> .....	32
<i>mycophenolate sodium</i> .....	78	<i>nilutamide</i> .....	25	<b>NUTROPIN AQ NUSPIN 10</b> ..	67
<b>MYDAYIS</b> .....	53	<i>nimodipine</i> .....	49	<b>NUTROPIN AQ NUSPIN 20</b> ..	68
<i>myorisan</i> .....	57	<b>NINLARO</b> .....	26	<b>NUTROPIN AQ NUSPIN 5</b> ....	68
<b>MYRBETRIQ</b> .....	63	<i>nisoldipine er</i> .....	49	<b>NUVARING</b> .....	72
<b>MYTESI</b> .....	60	<b>NITRO-BID</b> .....	52	<b>NUZYRA</b> .....	14
<i>nabumetone</i> .....	4	<b>NITRO-DUR</b> .....	52	<i>nyamyc</i> .....	22
<i>nadolol</i> .....	48	<i>nitrofurantoin</i> .....	9	<i>nystatin</i> .....	22
<i>nafcillin sodium</i> .....	12	<i>nitrofurantoin macrocrystal</i> .....	9	<i>nystatin-triamcinolone</i> .....	22
<i>naftifine hcl</i> .....	21	<i>nitrofurantoin monohyd macro</i> .....	9	<i>nystop</i> .....	22
<b>NAFTIN</b> .....	21	<i>nitroglycerin</i> .....	52	<b>OCALIVA</b> .....	60
<i>naloxone hcl</i> .....	8	<b>NITROSTAT</b> .....	52	<i>ocella</i> .....	72
<i>naltrexone hcl</i> .....	7	<i>nityr</i> .....	59	<i>octreotide acetate</i> .....	75
<b>NAMENDA XR</b> .....	17	<b>NIVESTYM</b> .....	44	<b>ODEFSEY</b> .....	35
<b>NAMENDA XR TITRATION</b>		<i>nizatidine</i> .....	61	<b>ODOMZO</b> .....	26
<b>PACK</b> .....	17	<b>NOCDURNA</b> .....	67	<b>OFEV</b> .....	91
<b>NAMZARIC</b> .....	54	<b>NOCTIVA</b> .....	67	<i>ofloxacin</i> .....	14
<b>NAPRELAN</b> .....	4	<i>nora-be</i> .....	74	<b>OGESTREL</b> .....	72
<i>naproxen</i> .....	4	<b>NORDITROPIN FLEXPRO</b> ..	67	<i>olanzapine</i> .....	32, 33
<i>naproxen dr</i> .....	4	<i>norethin ace-eth estrad-fe</i> .....	72	<i>olanzapine-fluoxetine hcl</i> .....	39
<i>naproxen sodium</i> .....	4	<i>norethindrone</i> .....	74	<i>olmesartan medoxomil</i> .....	46
<i>naratriptan hcl</i> .....	24	<i>norethindrone acetate</i> .....	74	<i>olmesartan medoxomil-hctz</i> .....	46
<b>NARCAN</b> .....	8	<i>norethindrone acet-ethinyl est</i> ...	72	<i>olmesartan-amlodipine-hctz</i> .....	49
<b>NATACYN</b> .....	21	<i>norethindrone-eth estradiol</i> .....	72	<i>olopatadine hcl</i> .....	83, 86
<b>NATAZIA</b> .....	72	<i>norethin-eth estradiol-fe</i> .....	72	<b>OLUMIANT</b> .....	79
<i>nateglinide</i> .....	40	<i>norgestimate-eth estradiol</i> .....	72	<i>omega-3-acid ethyl esters</i> .....	51
<b>NATPARA</b> .....	83	<i>norgestim-eth estrad triphasic</i> ...	72	<i>omeprazole</i> .....	62
<b>NEBUPENT</b> .....	30	<b>NORITATE</b> .....	9	<b>OMNARIS</b> .....	87
<i>necon 0.5/35 (28)</i> .....	72	<i>norlyroc</i> .....	74	<b>OMNITROPE</b> .....	68
<i>nefazodone hcl</i> .....	19	<b>NORPACE</b> .....	47	<i>ondansetron</i> .....	20
<i>neomycin sulfate</i> .....	8	<b>NORPACE CR</b> .....	47	<i>ondansetron hcl</i> .....	20
<i>neomycin-bacitracin zn-</i>		<b>NORTHERA</b> .....	49	<b>ONGLYZA</b> .....	40
<i>polymyx</i> .....	83	<i>nortrel 0.5/35 (28)</i> .....	72	<b>ONZETRA XSAIL</b> .....	24
<i>neomycin-polymyxin-dexameth</i> ...	85	<i>nortrel 1/35 (21)</i> .....	72	<b>OPSUMIT</b> .....	90
<i>neomycin-polymyxin-gramicidin</i>	83	<i>nortrel 1/35 (28)</i> .....	72	<b>ORALAIR</b> .....	83
<i>neomycin-polymyxin-hc</i> .....	9, 86	<i>nortrel 7/7/7</i> .....	72	<b>ORAVIG</b> .....	22
<b>NEORAL</b> .....	78	<i>nortriptyline hcl</i> .....	19	<b>ORENCIA</b> .....	78
<b>NERLYNX</b> .....	29	<b>NORVIR</b> .....	37	<b>ORENCIA CLICKJECT</b> .....	78
<b>NEULASTA</b> .....	44	<b>NOVOLOG</b> .....	43	<b>ORENITRAM</b> .....	90
<b>NEUPOGEN</b> .....	44	<b>NOVOLOG FLEXPEN</b> .....	42	<b>ORFADIN</b> .....	62

<b>ORILISSA</b> .....	68	<b>PEDVAX HIB</b> .....	80	<i>polymyxin b sulfate</i> .....	10
<b>ORKAMBI</b> .....	90	<i>peg-3350/electrolytes</i> .....	61	<i>polymyxin b-trimethoprim</i> .....	83
<i>orphenadrine citrate er</i> .....	92	<b>PEGANONE</b> .....	17	<b>POMALYST</b> .....	25
<i>orsythia</i> .....	72	<b>PEGASYS</b> .....	34	<i>portia-28</i> .....	72
<b>ORTHO MICRONOR</b> .....	74	<b>PEGASYS PROCLICK</b> .....	34	<i>potassium chloride</i> .....	58
<b>ORTHO TRI-CYCLEN LO</b> ....	72	<i>penicillin g potassium</i> .....	12	<i>potassium chloride crys er</i> .....	58
<b>ORTHO-NOVUM 1/35 (28)</b> ....	72	<i>penicillin v potassium</i> .....	12	<i>potassium chloride er</i> .....	58
<b>ORTHO-NOVUM 7/7/7 (28)</b> ....	72	<b>PENNSAID</b> .....	57	<i>potassium citrate er</i> .....	58
<i>oseltamivir phosphate</i> .....	37, 38	<b>PENTAM</b> .....	30	<b>PRADAXA</b> .....	43
<i>osmolex er</i> .....	30	<b>PENTASA</b> .....	81	<b>PRALUENT</b> .....	49
<b>OSMOPREP</b> .....	60	<i>pentazocine-naloxone hcl</i> .....	6	<i>pramipexole dihydrochloride</i> .....	31
<b>OSPHENA</b> .....	74	<i>pentoxifylline er</i> .....	49	<i>pramipexole dihydrochloride er</i> ..	31
<b>OTEZLA</b> .....	79	<b>PERFOROMIST</b> .....	89	<i>prasugrel hcl</i> .....	45
<b>OTOVEL</b> .....	86	<i>perindopril erbumine</i> .....	46	<i>pravastatin sodium</i> .....	51
<b>OTREXUP</b> .....	78	<i>permethrin</i> .....	30	<i>praziquantel</i> .....	29
<i>oxacillin sodium</i> .....	12	<i>perphenazine</i> .....	32	<i>prazosin hcl</i> .....	45
<i>oxandrolone</i> .....	68	<i>perphenazine-amitriptyline</i> .....	19	<b>PRED MILD</b> .....	85
<i>oxaprozin</i> .....	4	<b>PERTZYE</b> .....	59	<b>PRED-G</b> .....	85
<i>oxazepam</i> .....	38	<b>PEXEVA</b> .....	19	<b>PRED-G S.O.P.</b> .....	85
<i>oxcarbazepine</i> .....	17	<i>phenadoz</i> .....	20	<i>prednicarbate</i> .....	66
<b>OXERVATE</b> .....	83	<i>phenelzine sulfate</i> .....	18	<i>prednisolone</i> .....	66
<i>oxiconazole nitrate</i> .....	22	<i>phenobarbital</i> .....	15	<i>prednisolone acetate</i> .....	85
<b>OXISTAT</b> .....	22	<i>phenoxybenzamine hcl</i> .....	45	<i>prednisolone sodium phosphate</i> ..	66
<b>OXTELLAR XR</b> .....	17	<b>PHENYTEK</b> .....	17	<b>PREDNISOLONE SODIUM</b>	
<i>oxybutynin chloride</i> .....	63	<i>phenytoin</i> .....	17	<b>PHOSPHATE</b> .....	85
<i>oxybutynin chloride er</i> .....	63	<i>phenytoin sodium extended</i> .....	17	<i>prednisone</i> .....	66, 67
<i>oxycodone hcl</i> .....	6	<b>PHOSLYRA</b> .....	64	<b>PREDNISON</b> .....	66
<i>oxycodone hcl er</i> .....	5	<b>PHOSPHOLINE IODIDE</b> .....	84	<b>PREFERRED PLUS</b>	
<i>oxycodone-acetaminophen</i> .....	6	<b>PICATO</b> .....	57	<b>INSULIN SYRINGE</b> .....	83
<i>oxycodone-aspirin</i> .....	6	<b>PIFELTRO</b> .....	35	<b>PREFEST</b> .....	72
<i>oxycodone-ibuprofen</i> .....	6	<i>pilocarpine hcl</i> .....	55, 84	<i>pregabalin</i> .....	54
<b>OXYCONTIN</b> .....	5	<i>pimecrolimus</i> .....	57	<b>PREMARIN</b> .....	72
<i>oxymorphone hcl</i> .....	6	<i>pimozide</i> .....	32	<b>PREMPHASE</b> .....	72
<i>oxymorphone hcl er</i> .....	5	<i>pimtrea</i> .....	72	<b>PREMPRO</b> .....	72
<b>OZEMPIC (0.25 OR 0.5</b>		<i>pindolol</i> .....	48	<i>prenatal</i> .....	93
<b>MG/DOSE)</b> .....	40	<i>pioglitazone hcl</i> .....	40	<b>PREPOPIK</b> .....	61
<b>OZEMPIC (1 MG/DOSE)</b> .....	40	<i>pioglitazone hcl-glimepiride</i> .....	40	<i>prevalite</i> .....	51
<i>pacerone</i> .....	47	<i>pioglitazone hcl-metformin hcl</i> ...	40	<i>previfem</i> .....	73
<i>paliperidone er</i> .....	33	<i>piperacillin sod-tazobactam so</i> ...	12	<b>PREVYMIS</b> .....	33
<b>PALYNZIQ</b> .....	62	<b>PIQRAY (200 MG DAILY</b>		<b>PREZCOBIX</b> .....	37
<b>PANCREAZE</b> .....	59	<b>DOSE)</b> .....	27	<b>PREZISTA</b> .....	37
<b>PANRETIN</b> .....	29	<b>PIQRAY (250 MG DAILY</b>		<b>PRIFTIN</b> .....	25
<i>pantoprazole sodium</i> .....	62	<b>DOSE)</b> .....	27	<b>PRIMAQUINE</b>	
<i>paricalcitol</i> .....	82	<b>PIQRAY (300 MG DAILY</b>		<b>PHOSPHATE</b> .....	30
<i>paromomycin sulfate</i> .....	8	<b>DOSE)</b> .....	27	<i>primidone</i> .....	15
<i>paroxetine hcl</i> .....	38	<i>pirmella 1/35</i> .....	72	<b>PRIMLEV</b> .....	6
<i>paroxetine hcl er</i> .....	19	<i>piroxicam</i> .....	4	<b>PROAIR HFA</b> .....	89
<i>paroxetine mesylate</i> .....	19	<b>PLEGRIDY</b> .....	55	<b>PROAIR RESPICLICK</b> .....	89
<b>PASER</b> .....	25	<b>PLEGRIDY STARTER</b>		<i>probenecid</i> .....	22
<b>PAXIL</b> .....	19	<b>PACK</b> .....	55	<b>PROCARDIA XL</b> .....	49
<b>PAZEO</b> .....	84	<b>PLIAGLIS</b> .....	7	<i>prochlorperazine</i> .....	32
<b>PEDIARIX</b> .....	80	<i>podofilox</i> .....	57	<i>prochlorperazine maleate</i> .....	32

<b>PROCRIT</b> .....	44, 45	<i>raloxifene hcl</i> .....	74	<i>rifampin</i> .....	25
<i>procto-med hc</i> .....	67	<i>ramelteon</i> .....	92	<b>RIFATER</b> .....	25
<i>proctosol hc</i> .....	67	<i>ramipril</i> .....	46	<i>riluzole</i> .....	54
<i>proctozone-hc</i> .....	67	<b>RANEXA</b> .....	49	<i>rimantadine hcl</i> .....	38
<i>progesterone micronized</i> .....	74	<i>ranitidine hcl</i> .....	61	<b>RIOMET</b> .....	41
<b>PROGLYCEM</b> .....	41	<i>ranolazine er</i> .....	49	<i>risedronate sodium</i> .....	82
<b>PROGRAF</b> .....	78	<b>RAPAFLO</b> .....	63	<b>RISPERDAL CONSTA</b> .....	33
<b>PROLENSA</b> .....	85	<b>RAPAMUNE</b> .....	78	<i>risperidone</i> .....	33
<b>PROLIA</b> .....	82	<i>rasagiline mesylate</i> .....	30, 31	<b>RITALIN LA</b> .....	53
<b>PROMACTA</b> .....	45	<b>RASUVO</b> .....	78	<i>ritonavir</i> .....	37
<i>promethazine hcl</i> .....	20	<b>RAVICTI</b> .....	62	<i>rivastigmine</i> .....	17
<i>promethazine-phenylephrine</i> .....	91	<b>RAYALDEE</b> .....	82	<i>rivastigmine tartrate</i> .....	17
<i>promethegan</i> .....	20	<b>RAYOS</b> .....	67	<i>rivelsa</i> .....	73
<i>propafenone hcl</i> .....	47	<b>REBETOL</b> .....	34	<i>rizatriptan benzoate</i> .....	24
<i>propafenone hcl er</i> .....	47	<b>REBIF</b> .....	55	<i>ropinirole hcl</i> .....	31
<b>PROPANTHELINE</b>		<b>REBIF REBIDOSE</b> .....	55	<i>ropinirole hcl er</i> .....	31
<b>BROMIDE</b> .....	60	<b>REBIF REBIDOSE</b>		<i>rosuvastatin calcium</i> .....	51
<i>proparacaine hcl</i> .....	83	<b>TITRATION PACK</b> .....	55	<b>ROTARIX</b> .....	80
<i>propranolol hcl</i> .....	48	<b>REBIF TITRATION PACK</b> .....	55	<b>ROTATEQ</b> .....	80
<i>propranolol hcl er</i> .....	48	<i>reclipsen</i> .....	73	<b>ROWASA</b> .....	81
<i>propranolol-hctz</i> .....	48	<b>RECOMBIVAX HB</b> .....	80	<i>roweepra xr</i> .....	15
<i>propylthiouracil</i> .....	76	<b>RECTIV</b> .....	52	<b>ROZEREM</b> .....	92
<b>PROQUAD</b> .....	80	<b>REGRANEX</b> .....	57	<b>RUBRACA</b> .....	26
<i>protriptyline hcl</i> .....	19	<b>RELENZA DISKHALER</b> .....	38	<b>RYDAPT</b> .....	29
<b>PROVENTIL HFA</b> .....	89	<b>RELI-ON INSULIN</b>		<b>RYTARY</b> .....	31
<b>PULMICORT FLEXHALER</b> .....	88	<b>SYRINGE</b> .....	83	<b>RYTHMOL SR</b> .....	47
<b>PULMOZYME</b> .....	90	<b>RELISTOR</b> .....	60	<b>SABRIL</b> .....	15
<b>PURIXAN</b> .....	26	<b>RELPAX</b> .....	24	<b>SAFYRAL</b> .....	73
<b>PYLERA</b> .....	60	<b>RENAGEL</b> .....	64	<b>SAIZEN</b> .....	68
<i>pyrazinamide</i> .....	25	<b>REVELA</b> .....	59	<b>SAIZENPREP</b> .....	68
<i>pyridostigmine bromide</i> .....	24	<i>repaglinide</i> .....	40	<b>SAMSCA</b> .....	92
<i>pyridostigmine bromide er</i> .....	24	<i>repaglinide-metformin hcl</i> .....	41	<b>SANCUSO</b> .....	20
<b>QBRELIS</b> .....	46	<b>REPATHA</b> .....	49	<b>SANDIMMUNE</b> .....	78
<b>QNASL</b> .....	88	<b>REPATHA PUSHTRONEX</b>		<b>SANTYL</b> .....	57
<b>QNASL CHILDRENS</b> .....	88	<b>SYSTEM</b> .....	49	<b>SAPHRIS</b> .....	33
<b>QTERN</b> .....	40	<b>REPATHA SURECLICK</b> .....	50	<b>SAVAYSA</b> .....	43
<b>QUADRACEL</b> .....	80	<b>RESCRIPTOR</b> .....	35	<b>SAVELLA</b> .....	54
<b>QUARTETTE</b> .....	73	<b>RESTASIS</b> .....	83	<b>SAVELLA TITRATION</b>	
<b>QUDEXY XR</b> .....	16	<b>RETACRIT</b> .....	45	<b>PACK</b> .....	54
<b>QUESTRAN LIGHT</b> .....	51	<b>RETIN-A MICRO PUMP</b> .....	57	<i>scopolamine</i> .....	20
<i>quetiapine fumarate</i> .....	33	<b>REVATIO</b> .....	90	<b>SEASONIQUE</b> .....	73
<i>quetiapine fumarate er</i> .....	33	<b>REVLIMID</b> .....	25	<b>SEEBRI NEOHALER</b> .....	88
<b>QUILLICHEW ER</b> .....	53	<b>REXULTI</b> .....	33	<b>SEGLUROMET</b> .....	41
<b>QUILLIVANT XR</b> .....	53	<b>REYATAZ</b> .....	37	<i>selegiline hcl</i> .....	31
<i>quinapril hcl</i> .....	46	<b>RHOFADE</b> .....	57	<i>selenium sulfide</i> .....	57
<i>quinapril-hydrochlorothiazide</i> .....	46	<b>RHOPRESSA</b> .....	86	<b>SELZENTRY</b> .....	37
<i>quinidine gluconate er</i> .....	47	<i>ribasphere</i> .....	34	<b>SEMPREX-D</b> .....	86
<i>quinidine sulfate</i> .....	47	<b>RIBASPHERE RIBAPAK</b> .....	34	<b>SENSIPAR</b> .....	82
<i>quinine sulfate</i> .....	30	<i>ribavirin</i> .....	34	<b>SEREVENT DISKUS</b> .....	89
<b>QVAR REDHALER</b> .....	88	<b>RIDAURA</b> .....	79	<b>SEROSTIM</b> .....	68
<b>RABAVERT</b> .....	80	<i>rifabutin</i> .....	25	<i>sertraline hcl</i> .....	19
<i>rabeprazole sodium</i> .....	62	<b>RIFAMATE</b> .....	25	<i>sevelamer carbonate</i> .....	59, 64

<i>sevelamer hcl</i> .....	64	<b>STIOLTO RESPIMAT</b> .....	91	<b>TAFINLAR</b> .....	29
<i>sharobel</i> .....	74	<b>STIVARGA</b> .....	29	<b>TAGRISSE</b> .....	26
<b>SHINGRIX</b> .....	80	<b>STRATTERA</b> .....	53	<b>TAKHZYRO</b> .....	76
<b>SIGNIFOR</b> .....	75	<b>STREPTOMYCIN SULFATE</b> ..	8	<b>TALTZ</b> .....	57
<i>sildenafil citrate</i> .....	90, 91	<b>STRIANT</b> .....	69	<b>TALZENNA</b> .....	26
<b>SILENOR</b> .....	92	<b>STRIBILD</b> .....	35	<b>TAMIFLU</b> .....	38
<b>SILIQ</b> .....	57	<b>STRIVERDI RESPIMAT</b> .....	89	<i>tamoxifen citrate</i> .....	26
<i>silodosin</i> .....	63	<b>SUBOXONE</b> .....	7	<i>tamsulosin hcl</i> .....	63
<b>SILVADENE</b> .....	10	<b>SUBSYS</b> .....	6	<b>TARCEVA</b> .....	29
<i>silver sulfadiazine</i> .....	10	<b>SUCRAID</b> .....	59	<b>TARGRETIN</b> .....	29
<b>SIMBRINZA</b> .....	84	<i>sucralfate</i> .....	62	<i>tarina 24 fe</i> .....	74
<b>SIMPONI</b> .....	78	<b>SULFACETAMIDE</b>		<i>tarina fe 1/20</i> .....	73
<i>simvastatin</i> .....	51	<b>SODIUM</b> .....	14	<b>TASIGNA</b> .....	29
<i>sirrolimus</i> .....	78	<i>sulfacetamide sodium</i> .....	14	<b>TAVALISSE</b> .....	45
<b>SIRTURO</b> .....	25	<i>sulfacetamide sodium (acne)</i> .....	14	<i>tazarotene</i> .....	57
<b>SIVEXTRO</b> .....	10	<i>sulfacetamide-prednisolone</i> .....	85	<b>TAZORAC</b> .....	57
<b>SKLICE</b> .....	30	<b>SULFADIAZINE</b> .....	14	<i>taztia xt</i> .....	49
<i>sodium chloride</i> .....	59	<i>sulfamethoxazole-trimethoprim</i> ..	14	<b>TDVAX</b> .....	80
<i>sodium fluoride</i> .....	59	<b>SULFAMYLON</b> .....	10	<b>TECFIDERA</b> .....	55
<i>sodium phenylbutyrate</i> .....	59, 62	<i>sulfasalazine</i> .....	81	<b>TEFLARO</b> .....	11
<i>sodium polystyrene sulfonate</i> .....	59	<i>sulindac</i> .....	4	<b>TEGRETOL</b> .....	17
<i>sofosbuvir-velpatasvir</i> .....	34	<i>sumatriptan</i> .....	24	<b>TEGRETOL-XR</b> .....	17
<i>solifenacin succinate</i> .....	63	<i>sumatriptan succinate</i> .....	24	<b>TEGSEDI</b> .....	68
<b>SOLQUA</b> .....	43	<i>sumatriptan succinate refill</i> .....	24	<b>TEKTURNA</b> .....	50
<b>SOLTAMOX</b> .....	26	<i>sumatriptan-naproxen sodium</i> ....	23	<b>TEKTURNA HCT</b> .....	50
<b>SOMATULINE DEPOT</b> .....	75	<b>SUPRAX</b> .....	11	<i>telmisartan</i> .....	46
<b>SOMAVERT</b> .....	75	<b>SUPREP BOWEL PREP KIT</b> ..	61	<i>telmisartan-amlodipine</i> .....	46
<b>SOOLANTRA</b> .....	57	<b>SUSTIVA</b> .....	35	<i>telmisartan-hctz</i> .....	46
<b>SORILUX</b> .....	57	<b>SUTENT</b> .....	29	<i>temazepam</i> .....	92
<i>sorine</i> .....	47	<i>syeda</i> .....	73	<i>tencon</i> .....	3
<i>sotalol hcl</i> .....	47	<b>SYLATRON</b> .....	26	<b>TENIVAC</b> .....	80
<i>sotalol hcl (af)</i> .....	47	<b>SYMBICORT</b> .....	91	<i>tenofovir disoproxil fumarate</i> .....	36
<b>SOVALDI</b> .....	34	<b>SYMDEKO</b> .....	90	<i>terazosin hcl</i> .....	63
<b>SPIRIVA HANDIHALER</b> .....	88	<b>SYMFI</b> .....	36	<i>terbinafine hcl</i> .....	22
<b>SPIRIVA RESPIMAT</b> .....	88	<b>SYMFI LO</b> .....	36	<i>terbutaline sulfate</i> .....	89
<i>spironolactone</i> .....	50	<b>SYMLINPEN 120</b> .....	41	<i>terconazole</i> .....	22
<i>spironolactone-hctz</i> .....	50	<b>SYMLINPEN 60</b> .....	41	<i>testosterone</i> .....	69
<b>SPORANOX</b> .....	22	<b>SYMPAZAN</b> .....	15	<i>testosterone cypionate</i> .....	69
<i>sprintec 28</i> .....	73	<b>SYMPROIC</b> .....	60	<i>testosterone enanthate</i> .....	69
<b>SPRYCEL</b> .....	29	<b>SYMTUZA</b> .....	35	<i>tetrabenazine</i> .....	54
<i>sronyx</i> .....	73	<b>SYNAREL</b> .....	75	<i>tetracycline hcl</i> .....	14
<i>ssd</i> .....	10	<b>SYNDROS</b> .....	20	<b>TEXACORT</b> .....	67
<b>STALEVO 100</b> .....	31	<b>SYNJARDY</b> .....	41	<b>THALOMID</b> .....	25
<b>STALEVO 125</b> .....	31	<b>SYNJARDY XR</b> .....	41	<b>THEO-24</b> .....	90
<b>STALEVO 150</b> .....	31	<b>SYNRIBO</b> .....	26	<i>theophylline</i> .....	90
<b>STALEVO 200</b> .....	31	<b>SYNTHROID</b> .....	75	<i>theophylline er</i> .....	90
<b>STALEVO 50</b> .....	31	<b>SYPRINE</b> .....	59	<b>THIOLA</b> .....	64
<b>STALEVO 75</b> .....	31	<b>TABLOID</b> .....	26	<i>thioridazine hcl</i> .....	32
<i>stavudine</i> .....	36	<b>TACLONEX</b> .....	57	<i>thiothixene</i> .....	32
<b>STEGLATRO</b> .....	41	<i>tacrolimus</i> .....	57, 78	<b>THYROLAR-1</b> .....	75
<b>STELARA</b> .....	57	<i>tadalafil</i> .....	64	<b>THYROLAR-1/2</b> .....	75
<b>STIMATE</b> .....	68	<b>TADALAFIL (PAH)</b> .....	91	<b>THYROLAR-1/4</b> .....	75



<b>THYROLAR-2</b> .....	75	<b>TRECTOR</b> .....	25	<i>unithroid</i> .....	75
<b>THYROLAR-3</b> .....	75	<b>TRELEGY ELLIPTA</b> .....	91	<b>UPTRAVI</b> .....	91
<i>tiagabine hcl</i> .....	15	<b>TREMFYA</b> .....	57, 58	<i>ursodiol</i> .....	60, 61
<b>TIBSOVO</b> .....	27	<b>TRESIBA</b> .....	43	<b>UTIBRON NEOHALER</b> .....	89
<i>tigecycline</i> .....	10	<b>TRESIBA FLEXTOUCH</b> .....	43	<i>valacyclovir hcl</i> .....	35
<b>TIGLUTIK</b> .....	54	<i>tretinoin</i> .....	29, 58	<b>VALCHLOR</b> .....	25
<b>TIKOSYN</b> .....	47	<i>tretinoin microsphere</i> .....	58	<i>valganciclovir hcl</i> .....	33
<i>timolol maleate</i> .....	23, 84	<b>TREXALL</b> .....	78	<i>valproic acid</i> .....	15
<b>TIMOPTIC OCUDOSE</b> .....	84	<b>TREXIMET</b> .....	23	<i>valsartan</i> .....	46
<b>TIMOPTIC-XE</b> .....	84	<i>triamcinolone acetonide</i> .....	55, 67	<i>valsartan-hydrochlorothiazide</i> ...	46
<i>tinidazole</i> .....	30	<i>triamterene-hctz</i> .....	50	<i>vancomycin hcl</i> .....	10
<b>TIROSINT-SOL</b> .....	75	<i>triazolam</i> .....	38	<i>vandazole</i> .....	10
<b>TIVICAY</b> .....	35	<i>triderm</i> .....	67	<b>VAQTA</b> .....	80
<b>TIVORBEX</b> .....	4	<i>trientine hcl</i> .....	59	<b>VARIVAX</b> .....	80
<i>tizanidine hcl</i> .....	33	<i>tri-estarylla</i> .....	73	<b>VARIZIG</b> .....	80
<b>TOBI PODHALER</b> .....	90	<i>trifluoperazine hcl</i> .....	32	<b>VARUBI</b> .....	20
<b>TOBRADEX</b> .....	85	<i>trifluridine</i> .....	35	<b>VECAMYL</b> .....	50
<b>TOBRADEX ST</b> .....	85	<b>TRIGLIDE</b> .....	51	<i>velivet</i> .....	73
<i>tobramycin</i> .....	8, 90	<i>trihexyphenidyl hcl</i> .....	30	<b>VELPHORO</b> .....	64
<i>tobramycin sulfate</i> .....	8	<i>tri-legend fe</i> .....	73	<b>VELTASSA</b> .....	92
<i>tobramycin-dexamethasone</i> .....	85	<i>tri-lo-estarylla</i> .....	73	<b>VEMLIDY</b> .....	34
<b>TOBREX</b> .....	8	<i>tri-lo-sprintec</i> .....	73	<b>VENCLEXTA</b> .....	26
<b>TOFRANIL</b> .....	19	<i>trilyte</i> .....	61	<b>VENCLEXTA STARTING</b>	
<b>TOLAK</b> .....	57	<i>trimethobenzamide hcl</i> .....	20	<b>PACK</b> .....	26
<b>TOLBUTAMIDE</b> .....	41	<i>trimethoprim</i> .....	10	<i>venlafaxine hcl</i> .....	39
<i>tolcapone</i> .....	30	<i>tri-mili</i> .....	74	<i>venlafaxine hcl er</i> .....	19
<i>tolmetin sodium</i> .....	4	<i>trimipramine maleate</i> .....	20	<b>VENLAFAXINE HCL ER</b> .....	19
<i>tolterodine tartrate</i> .....	63	<b>TRINTELLIX</b> .....	18	<b>VENTAVIS</b> .....	91
<i>tolterodine tartrate er</i> .....	63	<i>tri-previfem</i> .....	73	<b>VENTOLIN HFA</b> .....	89
<i>topiramate</i> .....	16	<i>tri-sprintec</i> .....	73	<i>verapamil hcl</i> .....	49
<i>topiramate er</i> .....	16	<b>TRIUMEQ</b> .....	36	<i>verapamil hcl er</i> .....	49
<i>toremifene citrate</i> .....	26	<i>trivora (28)</i> .....	73	<b>VEREGEN</b> .....	58
<i>torseamide</i> .....	50	<i>tri-vylibra</i> .....	74	<b>VERSACLOZ</b> .....	33
<b>TOUJEO MAX SOLOSTAR</b> ...43		<b>TROKENDI XR</b> .....	16	<b>VERZENIO</b> .....	27
<b>TOUJEO SOLOSTAR</b> .....	43	<i>trospium chloride</i> .....	63	<b>VESICARE</b> .....	63
<b>TOVIAZ</b> .....	63	<i>trospium chloride er</i> .....	63	<b>VIBERZI</b> .....	61
<i>tpn electrolytes</i> .....	59	<b>TRULANCE</b> .....	64	<b>VIBRAMYCIN</b> .....	14
<b>TRACLEER</b> .....	91	<b>TRULICITY</b> .....	41	<b>VICTOZA</b> .....	41
<b>TRADJENTA</b> .....	41	<b>TRUMENBA</b> .....	80	<b>VIDEX EC</b> .....	36
<i>tramadol hcl</i> .....	7	<b>TRUVADA</b> .....	36	<b>VIEKIRA PAK</b> .....	34
<i>tramadol hcl er</i> .....	5	<b>TUDORZA PRESSAIR</b> .....	88	<i>vienna</i> .....	73
<i>tramadol hcl er (biphasic)</i> .....	5	<b>TURALIO</b> .....	29	<i>vigabatrin</i> .....	15
<i>tramadol-acetaminophen</i> .....	7	<b>TWINRIX</b> .....	80	<b>VIGABATRIN</b> .....	15
<i>trandolapril</i> .....	46	<b>TYBOST</b> .....	37	<i>vigadrone</i> .....	16
<i>trandolapril-verapamil hcl er</i> ....	46	<b>TYDEMY</b> .....	73	<b>VIGAMOX</b> .....	14
<i>tranexamic acid</i> .....	45	<b>TYGACIL</b> .....	10	<b>VIIBRYD</b> .....	19
<b>TRANSDERM-SCOP (1.5</b>		<b>TYKERB</b> .....	29	<b>VIIBRYD STARTER PACK</b> ...19	
<b>MG)</b> .....	20	<b>TYMLOS</b> .....	82	<b>VIMPAT</b> .....	17
<i>tranylcypromine sulfate</i> .....	18	<b>TYPHIM VI</b> .....	80	<b>VIOKACE</b> .....	59
<b>TRAVASOL</b> .....	59	<b>UCERIS</b> .....	67	<b>VIRACEPT</b> .....	37
<b>TRAVATAN Z</b> .....	83	<b>UDENYCA</b> .....	62	<b>VIRAMUNE</b> .....	35
<i>trazodone hcl</i> .....	19	<b>ULORIC</b> .....	22	<b>VIREAD</b> .....	36

<b>VITRAKVI</b> .....	27	<b>YF-VAX</b> .....	80	<b>ZYPITAMAG</b> .....	51
<b>VIVELLE-DOT</b> .....	73	<b>YONSA</b> .....	25	<b>ZYPREXA RELPREVV</b> .....	33
<b>VIVITROL</b> .....	7	<b>YUPELRI</b> .....	91	<b>ZYTIGA</b> .....	25
<b>VIVLODEX</b> .....	4	<i>yuvafem</i> .....	73		
<b>VIZIMPRO</b> .....	29	<i>zafirlukast</i> .....	88		
<b>VOLTAREN</b> .....	58	<i>zaleplon</i> .....	92		
<i>voriconazole</i> .....	22	<i>zarah</i> .....	73		
<b>VOSEVI</b> .....	34	<b>ZARONTIN</b> .....	15		
<b>VOTRIENT</b> .....	29	<b>ZARXIO</b> .....	45		
<b>VRAYLAR</b> .....	33	<b>ZAVESCA</b> .....	62		
<i>vyfemla</i> .....	73	<i>zebutal</i> .....	3		
<i>vylibra</i> .....	74	<b>ZEJULA</b> .....	26		
<b>VYTORIN</b> .....	51	<b>ZELAPAR</b> .....	31		
<b>VYVANSE</b> .....	53	<b>ZELBORAF</b> .....	29		
<b>VYZULTA</b> .....	86	<b>ZEMBRACE SYMTOUCH</b> .....	24		
<i>warfarin sodium</i> .....	43	<i>zenatane</i> .....	58		
<b>WELCHOL</b> .....	51, 52	<b>ZENPEP</b> .....	60, 62		
<i>wymzya fe</i> .....	73	<i>zenzedi</i> .....	53		
<b>XALKORI</b> .....	29	<b>ZEPATIER</b> .....	34		
<b>XARELTO</b> .....	43	<b>ZESTRIL</b> .....	47		
<b>XARELTO STARTER PACK</b>	44	<b>ZETONNA</b> .....	88		
<b>XATMEP</b> .....	78	<b>ZIAGEN</b> .....	36		
<b>XELJANZ</b> .....	78, 79	<i>zidovudine</i> .....	36		
<b>XELJANZ XR</b> .....	78	<i>zileuton er</i> .....	88		
<b>XELPROS</b> .....	83	<b>ZIOPTAN</b> .....	83		
<b>XEPI</b> .....	10	<i>ziprasidone hcl</i> .....	39		
<b>XERMELO</b> .....	60	<b>ZIPSOR</b> .....	4		
<b>XGEVA</b> .....	82	<b>ZIRGAN</b> .....	33		
<b>XIFAXAN</b> .....	10	<b>ZOHYDRO ER</b> .....	5		
<b>XIGDUO XR</b> .....	41	<b>ZOLINZA</b> .....	27		
<b>XIIDRA</b> .....	85	<i>zolmitriptan</i> .....	24		
<b>XOFLUZA</b> .....	38	<i>zolpidem tartrate</i> .....	92		
<b>XOLAIR</b> .....	91	<i>zolpidem tartrate er</i> .....	92		
<b>XOPENEX</b> .....	89	<b>ZOMACTON</b> .....	68		
<b>XOPENEX CONCENTRATE</b>	89	<b>ZOMIG</b> .....	24		
<b>XOPENEX HFA</b> .....	89	<b>ZOMIG ZMT</b> .....	24		
<b>XOSPATA</b> .....	27	<i>zonisamide</i> .....	15		
<b>XPOVIO (100 MG ONCE</b>		<b>ZONTIVITY</b> .....	45		
<b>WEEKLY)</b> .....	26	<b>ZORBTIVE</b> .....	68		
<b>XPOVIO (60 MG ONCE</b>		<b>ZORTRESS</b> .....	78		
<b>WEEKLY)</b> .....	26	<b>ZORVOLEX</b> .....	4		
<b>XPOVIO (80 MG ONCE</b>		<b>ZOSTAVAX</b> .....	80		
<b>WEEKLY)</b> .....	27	<i>zovia 1/35e (28)</i> .....	73		
<b>XPOVIO (80 MG TWICE</b>		<b>ZOVIRAX</b> .....	35		
<b>WEEKLY)</b> .....	27	<b>ZTLIDO</b> .....	7		
<b>XTANDI</b> .....	25	<b>ZUBSOLV</b> .....	7		
<i>xulane</i> .....	73	<b>ZUPLENZ</b> .....	20		
<b>XULTOPHY</b> .....	43	<b>ZYCLARA PUMP</b> .....	58		
<b>XURIDEN</b> .....	83	<b>ZYDELIG</b> .....	27		
<b>XYREM</b> .....	92	<b>ZYFLO</b> .....	88		
<b>YASMIN 28</b> .....	73	<b>ZYKADIA</b> .....	27		
<b>YAZ</b> .....	73	<b>ZYLET</b> .....	85		

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Worcester, MA 01608

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Email: [compliance@fallonhealth.org](mailto:compliance@fallonhealth.org)

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U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, D.C., 20201

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

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