



Aetna Medicare (HMO D-SNP)

2024 Formulary (List of covered drugs)

B2

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

Formulary ID Number: 24024 Version 9

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna® Medicare Member Services at **1-866-409-1221** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

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 Aetna. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2023. 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, 2024, and from time to time during the year. You will receive notice when necessary.

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What is the Aetna Medicare Formulary?

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

Can the formulary (drug list) change?

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 9. The drugs on 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. If you know what your drug is used for, look for the category name in the list that begins on page 9. 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 96. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

QL Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.

ST Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LA Limited Access. These prescriptions may be available only at certain pharmacies.*

MO Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List.*

B/D Part B versus Part 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 D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ACS Available from CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services and may be available at other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.

HRM High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-409-1221 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

**This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

You can find out if your drug has requirements or limits by looking on the formulary that begins on page 9. 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Aetna Medicare formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included on this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Aetna Medicare Formulary?

You can ask us 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. 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 experience a change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

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

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

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

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-866-409-1221 (TTY: 711)** 8 a.m. to 8 p.m., E.S.T., 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

Drug tier copay levels

This 2024 formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2024 formulary covers most drugs identified by Medicare as Part D drugs.

Copay tier	Type of drug
Tier 1	Generic
Tier 1	Brand

Aetna® Medicare Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 96.

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

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

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access*
MO	Mail-order Delivery*
B/D	Part B vs. D Prior Authorization
ACS	Available from CVS Specialty Pharmacy
HRM	High Risk Medication

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-409-1221 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.

**This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1 = Copay tier level	QL = Quantity Limits PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D ACS = Available from CVS Specialty Pharmacy HRM = High Risk Medication
<i>Lowercase italics</i> = Generic medications		

Drug name	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol tablet</i>	MO
<i>colchicine tablet</i>	QL (120 EA per 30 days) MO
<i>febuxostat</i>	ST MO
MITIGARE	QL (60 EA per 30 days) MO
<i>probenecid</i>	MO
<i>probenecid/colchicine</i>	MO

NSAIDS

<i>celecoxib capsule 400mg</i>	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	MO
<i>diclofenac sodium er</i>	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	QL (90 EA per 30 days) MO
<i>diflunisal</i>	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	QL (90 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>etodolac tablet 500mg</i>	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	QL (90 EA per 30 days) MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	MO
<i>ibuprofen oral suspension</i>	MO
<i>ketoprofen extended release capsule 200mg</i>	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>	MO
<i>nabumetone</i>	MO
<i>naproxen sodium tablet 275mg, 550mg</i>	MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	MO
<i>naproxen oral suspension</i>	MO
<i>naproxen tablet delayed release 375mg</i>	QL (120 EA per 30 days) MO
<i>naproxen tablet delayed release 500mg</i>	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	QL (60 EA per 30 days) MO
<i>sulindac</i>	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING	
<i>buprenorphine transdermal patch</i>	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet</i>	QL (30 EA per 30 days) PA MO
HYSINGLA ER	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	QL (90 ML per 30 days) PA MO
METHADONE HCL INJECTION	PA
<i>methadone hcl oral solution</i>	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	QL (90 EA per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	QL (30 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>morphine sulfate er tablet extended release 30mg, 60mg</i>	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 100mg, 200mg</i>	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release 15mg</i>	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	B/D
<i>tramadol hcl extended release tablet</i>	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING	
<i>acetaminophen/codeine tablet</i>	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	
<i>butorphanol tartrate injection 2mg/ml</i>	MO
CODEINE SULFATE TABLET	QL (180 EA per 30 days) MO
<i>endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	B/D MO
<i>hydromorphone hcl injection 10mg/ml</i>	B/D
HYDROMORPHONE HYDROCHLORIDE INJECTION 1MG/ML, 2MG/ML	B/D
HYDROMORPHONE HYDROCHLORIDE INJECTION 4MG/ML	B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	B/D
<i>hydromorphone hydrochloride injection 2mg/ml</i>	B/D MO
<i>morphine sulfate tablet 15mg, 30mg</i>	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML PF VIAL IV OR IM, 2MG/ML, 4MG/ML IV OR IM VIAL AND PREFILLED SYRINGE, 5MG/ML, 8MG/ML PF VIAL IV OR IM	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ ml iv only vial and carpject, 4mg/ml iv vial and prefilled syringe, 50mg/ml, 8mg/ml vial and pf carpject</i>	B/D
<i>morphine sulfate injection 1mg/ml</i>	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 20mg/ml</i>	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	QL (180 EA per 30 days) MO
<i>tramadol hcl tablet 50mg</i>	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/acetaminophen</i>	QL (240 EA per 30 days) MO; HRM

ANESTHETICS

LOCAL ANESTHETICS

*lidocaine hcl injection 0.5%, 1%, 1.5% pf, 2% pf,
4% pf*

lidocaine hydrochloride pf inj 1%, 2%

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

albendazole MO

amikacin sulfate injection 1gm/4ml, 500mg/2ml MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>atovaquone oral suspension</i>	PA MO
<i>aztreonam</i>	MO
CAYSTON	PA LA; ACS
<i>chloramphenicol sodium succinate</i>	
<i>clindamycin hcl capsule 300mg</i>	MO
<i>clindamycin hcl capsule 150mg, 75mg</i>	MO
<i>clindamycin palmitate hcl</i>	MO
<i>clindamycin phosphate/dextrose</i>	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/60ml, 900mg/6ml</i>	
<i>clindamycin phosphate injection 600mg/4ml</i>	MO
CLINDAMYCIN/SODIUM CHLORIDE	
<i>colistimethate sodium</i>	PA MO
<i>dapsone tablet 100mg, 25mg</i>	MO
DAPTOMYCIN INJECTION 350MG	
<i>daptomycin injection 500mg</i>	
EMVERM	QL (12 EA per 365 days) MO
<i>ertapenem</i>	MO
<i>gentamicin sulfate pediatric</i>	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	MO
<i>gentamicin sulfate injection 40mg/ml</i>	MO
<i>imipenem/cilastatin</i>	MO
<i>gentamicin isotonic/0.9% sodium chloride injection 0.8mg/ml</i>	
<i>ivermectin tablet 3mg</i>	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	QL (56 EA per 28 days) PA MO
<i>linezolid oral suspension reconstituted 100mg/5ml</i>	QL (1800 ML per 30 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	PA
<i>linezolid injection 600mg/300ml</i>	PA
<i>meropenem</i>	MO
<i>methenamine hippurate</i>	MO
<i>methenamine mandelate tablet</i>	MO
<i>metronidazole capsule 375mg</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>metronidazole injection 500mg/100ml</i>	
<i>metronidazole tablet 250mg, 500mg</i>	MO
<i>neomycin sulfate</i>	MO
<i>nitazoxanide</i>	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	MO
<i>paromomycin sulfate</i>	
<i>pentamidine isethionate inhalation solution reconstituted</i>	B/D MO
<i>pentamidine isethionate injection</i>	MO
<i>praziquantel</i>	MO
SIVEXTRO INJECTION	
SIVEXTRO TABLET	MO
<i>streptomycin sulfate</i>	MO
<i>sulfadiazine</i>	MO
<i>sulfamethoxazole/trimethoprim ds</i>	MO
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	MO
<i>sulfamethoxazole/trimethoprim injection IV 400mg/5ml; 80mg/5ml</i>	MO
<i>tinidazole</i>	MO
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	MO
<i>tobramycin sulfate injection 1.2gm</i>	
<i>tobramycin nebulization solution 300mg/5ml</i>	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim tablet 100mg</i>	MO
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	
<i>vancomycin hcl injection 100gm, 10gm</i>	
<i>vancomycin hydrochloride capsule 125mg</i>	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	QL (240 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML <i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1gm, 5gm, 750mg vancomycin hydrochloride injection 500mg</i>	MO
ANTIFUNGALS	
ABELCET SUSPENSION INJECTION 5MG/ML <i>amphotericin b amphotericin b liposome caspofungin acetate fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml fluconazole tablet, oral suspension fluconazole/sodium chloride injection 100mg/50ml flucytosine capsule 250mg flucytosine capsule 500mg griseofulvin microsize griseofulvin ultramicrosize itraconazole capsule 200mg ketoconazole tablet 200mg micafungin mycamine nystatin tablet 500000unit posaconazole dr tablet delayed release 100mg posaconazole oral suspension 40mg/ml terbinafine hcl tablet 250mg voriconazole injection voriconazole oral suspension reconstituted voriconazole tablet 200mg voriconazole tablet 50mg</i>	B/D B/D MO B/D MO MO PA MO PA MO MO MO PA MO PA MO MO MO QL (93 EA per 30 days) PA MO QL (630 ML per 30 days) MO QL (90 EA per 365 days) MO PA PA MO QL (120 EA per 30 days) MO QL (480 EA per 30 days) MO
ANTIMALARIALS	
<i>atovaquone/proguanil hcl chloroquine phosphate COARTEM mefloquine hcl</i>	MO MO MO MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>primaquine phosphate</i>	
<i>quinine sulfate capsule 324mg</i>	PA MO
ANTIRETROVIRAL AGENTS	
<i>abacavir</i>	MO
APTIVUS	MO
<i>atazanavir sulfate</i>	MO
<i>darunavir tablet 800mg</i>	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	QL (60 EA per 30 days) MO
EDURANT	MO
<i>efavirenz</i>	MO
<i>emtricitabine</i>	MO
EMTRIVA ORAL SOLUTION	MO
<i>etravirine</i>	MO
<i>fosamprenavir calcium</i>	MO
FUZEON	LA MO
INTELENCE TABLET 25MG	
ISENTRESS HD	MO
ISENTRESS PACKET, TABLET	MO
ISENTRESS TABLET CHEWABLE 25MG	MO
ISENTRESS TABLET CHEWABLE 100MG	MO
<i>lamivudine solution 10mg/ml</i>	MO
<i>lamivudine tablet 150mg, 300mg</i>	MO
LEXIVA ORAL SUSPENSION	MO
<i>maraviroc</i>	MO
<i>nevirapine er tablet extended release 24 hour 100mg</i>	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	MO
<i>nevirapine immediate release tablet 200mg</i>	MO
<i>nevirapine oral suspension 50mg/5ml</i>	MO
NORVIR ORAL POWDER PACKET, ORAL SOLUTION	MO
PIFELTRO	MO
PREZISTA ORAL SUSPENSION	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	QL (240 EA per 30 days) MO
REYATAZ ORAL POWDER PACKET	MO
<i>ritonavir</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
RUKOBIA	MO
SELZENTRY ORAL SOLUTION	MO
SELZENTRY TABLET 25MG	
SELZENTRY TABLET 75MG	
<i>stavudine capsule</i>	MO
SUNLENCA INJECTION	QL (3 ML per 180 days) LA MO
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	QL (10 EA per 365 days) LA MO
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	QL (8 EA per 365 days) LA MO
<i>tenofovir disoproxil fumarate</i>	MO
TIVICAY PD	MO
TIVICAY TABLET 10MG	MO
TIVICAY TABLET 25MG, 50MG	MO
TROGARZO	LA MO
TYBOST	MO
VIRACEPT	MO
VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG	MO
<i>zidovudine capsule, syrup</i>	MO
<i>zidovudine tablet</i>	MO
ANTIRETROVIRAL COMBINATION AGENTS	
<i>abacavir sulfate/lamivudine</i>	MO
BIKTARVY	MO
CIMDUO	MO
COMPLERA	MO
DELSTRIGO	MO
DESCOVY	MO
DOVATO	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
EVOTAZ	MO
GENVOYA	MO
JULUCA	MO
<i>lamivudine/zidovudine</i>	MO
<i>lopinavir/ritonavir</i>	MO
ODEFSEY	MO
PREZCOBIX	MO
STRIBILD	MO
SYMTUZA	MO
TRIUMEQ	MO
TRIUMEQ PD	MO
TRIZIVIR	MO
ANTITUBERCULAR AGENTS	
<i>cycloserine</i>	MO
<i>ethambutol hydrochloride</i>	MO
<i>isoniazid tablet</i>	MO
<i>isoniazid injection</i>	
<i>isoniazid syrup</i>	MO
PRETOMANID	QL (30 EA per 30 days) PA
PRIFTIN	MO
<i>pyrazinamide</i>	MO
<i>rifabutin</i>	MO
<i>rifampin capsule</i>	MO
<i>rifampin injection</i>	
SIRTURO	PA LA; ACS
TRECTOR	MO
ANTIVIRALS	
<i>acyclovir</i>	MO
<i>acyclovir sodium injection</i>	B/D
<i>adefovir dipivoxil</i>	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	QL (630 ML per 30 days) MO
<i>entecavir</i>	QL (30 EA per 30 days) MO
EPCLUSA	PA; ACS
EPIVIR HBV ORAL SOLUTION	MO
<i>famciclovir tablet 500mg</i>	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	B/D
HARVONI	PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>lamivudine tablet 100mg</i>	MO
MAVYRET	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral suspension reconstituted</i>	QL (1080 ML per 365 days) MO
PEGASYS	PA; ACS
PREVYMIS TABLET	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>	ACS
<i>ribavirin tablet</i>	ACS
<i>rimantadine hydrochloride</i>	MO
<i>valacyclovir hcl tablet 1gm</i>	MO
<i>valacyclovir hydrochloride tablet 500mg</i>	MO
<i>valganciclovir hydrochloride oral solution</i>	MO
<i>valganciclovir tablet 450mg</i>	MO
VOSEVI	PA; ACS
CEPHALOSPORINS	
CEFACLOR ER	MO
<i>cefaclor capsule</i>	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	
<i>cefaclor suspension reconstituted 125mg/5ml, 375mg/5ml</i>	MO
<i>cefadroxil</i>	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	
<i>cefazolin sodium injection 1gm iv</i>	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%	
CEFAZOLIN INJECTION 2GM, 3GM	
<i>cefazolin injection 2gm</i>	
<i>cefdinir</i>	MO
<i>cefepime injection 1gm, 2gm</i>	MO
<i>cefixime capsule</i>	MO
<i>cefixime oral suspension reconstituted</i>	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	
<i>cefpodoxime proxetil</i>	MO
<i>cefprozil</i>	MO
CEFTAZIDIME/DEXTROSE	
<i>ceftazidime injection 6gm</i>	
<i>ceftazidime injection 1gm, 2gm</i>	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	
CEFTRIAZONE SODIUM INJECTION 100GM	
<i>ceftriaxone iv injection 1gm</i>	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	MO
<i>cefuroxime axetil tablet</i>	MO
<i>cefuroxime sodium injection 1.5gm</i>	
<i>cefuroxime sodium injection 750mg</i>	MO
<i>cephalexin capsule 250mg, 500mg</i>	MO
<i>cephalexin capsule 750mg</i>	MO
<i>cephalexin oral suspension reconstituted, tablet</i>	MO
SUPRAX ORAL SUSPENSION 500MG/ML	
<i>tazicef</i>	
TEFLARO	
ERYTHROMYCINS/MACROLIDES	
AZITHROMYCIN PACKET	MO
<i>azithromycin tablet</i>	MO
<i>azithromycin oral suspension reconstituted</i>	MO
<i>azithromycin injection</i>	MO
<i>clarithromycin er tablet</i>	MO
<i>clarithromycin immediate release tablet</i>	MO
<i>clarithromycin oral suspension reconstituted</i>	MO
DIFICID ORAL SUSPENSION RECONSTITUTED	
DIFICID TABLET	MO
<i>erythrocin stearate tablet 250mg</i>	MO
<i>erythromycin base</i>	MO
<i>erythromycin dr tablet</i>	MO
<i>erythromycin ethylsuccinate tablet</i>	MO
<i>erythromycin lactobionate injection</i>	
<i>erythromycin capsule delayed release particles 250mg</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
FLUOROQUINOLONES	
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	MO
<i>levofloxacin in d5w</i>	
<i>levofloxacin injection 25mg/ml</i>	
<i>levofloxacin oral solution 25mg/ml</i>	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	
<i>moxifloxacin hydrochloride tablet 400mg</i>	MO
PENICILLINS	
<i>amoxicillin/clavulanate potassium extended release tablet 1000mg; 62.5mg</i>	MO
<i>amoxicillin/clavulanate potassium oral suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	MO
<i>amoxicillin/clavulanate potassium oral suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	MO
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	MO
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	MO
<i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	MO
<i>amoxicillin oral suspension reconstituted 400mg/5ml</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>ampicillin capsule 500mg</i>	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	MO
<i>ampicillin-sulbactam</i>	
BICILLIN L-A	MO
<i>dicloxacillin sodium</i>	MO
<i>nafcillin sodium injection 1gm</i>	
<i>nafcillin sodium injection 2gm</i>	MO
<i>nafcillin sodium injection 10gm, 2gm</i>	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	
<i>penicillin g potassium</i>	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	
PENICILLIN G PROCAINE	MO
<i>penicillin g sodium</i>	
<i>penicillin v potassium tablet</i>	MO
<i>penicillin v potassium solution reconstituted</i>	MO
<i>piperacillin sodium/tazobactam sodium</i>	
TETRACYCLINES	
<i>doxy 100 injection</i>	MO
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>	MO
<i>doxycycline hyclate injection i.v. solution reconstituted 100mg</i>	MO
<i>doxycycline monohydrate capsule 50mg</i>	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	MO
<i>doxycycline monohydrate tablet 150mg</i>	MO
<i>doxycycline oral suspension reconstituted 25mg/5ml</i>	MO
<i>minocycline hcl capsule 75mg</i>	MO
<i>minocycline hcl tablet 50mg, 75mg</i>	ST MO
<i>minocycline hcl capsule 100mg, 50mg</i>	MO
<i>mondoxylene nl</i>	
NUZYRA	LA MO; ACS
<i>tetracycline hydrochloride</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>tigecycline</i>	
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
CYCLOPHOSPHAMIDE TABLET	PA
<i>cyclophosphamide capsule</i>	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	ACS
GLEOSTINE CAPSULE 100MG	ACS
LEUKERAN	MO
ANTIMETABOLITES	
INQOVI	QL (5 EA per 28 days) PA LA; ACS
LONSURF	PA LA; ACS
<i>mercaptopurine</i>	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	MO
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	MO
<i>methotrexate sodium injection 1gm</i>	
ONUREG	QL (14 EA per 28 days) PA LA; ACS
PURIXAN	LA; ACS
TABLOID	MO
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate</i>	PA; ACS
<i>anastrozole</i>	MO
<i>bicalutamide</i>	MO
ELIGARD	PA; ACS
EMCYT	MO
ERLEADA	PA LA; ACS
<i>exemestane</i>	MO
FIRMAGON INJECTION 80MG	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	PA; ACS
<i>letrozole</i>	MO
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	PA; ACS
LUPRON DEPOT (1-MONTH) 3.75MG	PA; ACS
LUPRON DEPOT (3-MONTH) 11.25MG	PA; ACS
LYSODREN	LA MO
<i>megestrol acetate tablet 20mg, 40mg</i>	MO
<i>nilutamide</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
NUBEQA	PA LA; ACS
ORGOVYX	PA LA MO
ORSERDU TABLET 345MG	QL (30 EA per 30 days) PA LA MO
ORSERDU TABLET 86MG	QL (90 EA per 30 days) PA LA MO
SOLTAMOX ORAL SOLUTION 10MG/5ML	MO
<i>tamoxifen citrate</i>	MO
<i>toremifene citrate</i>	PA MO
XTANDI	PA LA; ACS
ZYTIGA TABLET 500MG	PA LA; ACS
IMMUNOMODULATORS	
<i>lenalidomide capsule 20mg, 25mg</i>	QL (21 EA per 28 days) PA LA; ACS
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	QL (28 EA per 28 days) PA LA; ACS
POMALYST	QL (21 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 100MG, 50MG	QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 150MG, 200MG	QL (56 EA per 28 days) PA LA; ACS
MISCELLANEOUS	
ASPARLAS	PA LA; ACS
BESREMI	QL (2 ML per 28 days) PA LA
<i>bexarotene capsule 75mg</i>	PA; ACS
<i>hydroxyurea capsule 500mg</i>	MO
KISQALI FEMARA 200 DOSE	PA; ACS
KISQALI FEMARA 400 DOSE	PA; ACS
KISQALI FEMARA 600 DOSE	PA; ACS
MATULANE	LA MO
ONCASPAR	PA LA
SYNRIBO	PA; ACS
<i>tretinoin capsule 10mg</i>	MO
WELIREG	QL (90 EA per 30 days) PA LA MO
MOLECULAR TARGET AGENTS	
ALECENSA	QL (240 EA per 30 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ALUNBRIG TABLET THERAPY PACK ALUNBRIG TABLET 30MG	PA LA MO QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABLET 180MG, 90MG	QL (30 EA per 30 days) PA LA MO
AYVAKIT	QL (30 EA per 30 days) PA LA MO
BALVERSA TABLET 5MG	QL (28 EA per 28 days) PA LA; ACS
BALVERSA TABLET 4MG	QL (56 EA per 28 days) PA LA; ACS
BALVERSA TABLET 3MG	QL (84 EA per 28 days) PA LA; ACS
BOSULIF TABLET 100MG	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	QL (180 EA per 30 days) PA LA; ACS
BRUKINSA	QL (120 EA per 30 days) PA LA MO
CABOMETYX	QL (30 EA per 30 days) PA LA; ACS
CALQUENCE	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABLET 300MG	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABLET 100MG	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	QL (112 EA per 28 days) PA LA; ACS
COMETRIQ KIT 100MG/DAY	QL (56 EA per 28 days) PA LA; ACS
COMETRIQ KIT 60MG/DAY	QL (84 EA per 28 days) PA LA; ACS
COPIKTRA	QL (56 EA per 28 days) PA LA; ACS
COTELLIC	QL (63 EA per 28 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
DAURISMO TABLET 100MG	QL (30 EA per 30 days) PA LA; ACS
DAURISMO TABLET 25MG	QL (60 EA per 30 days) PA LA; ACS
ERIVEDGE	PA LA; ACS
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL (30 EA per 30 days) PA; ACS
EXKIVITY	QL (120 EA per 30 days) PA LA MO
FOTIVDA	QL (21 EA per 28 days) PA LA MO
GAVRETO	QL (120 EA per 30 days) PA LA; ACS
<i>gefitinib</i>	QL (30 EA per 30 days) PA; ACS
GILOTRIF	QL (30 EA per 30 days) PA LA MO
IBRANCE	QL (21 EA per 28 days) PA LA; ACS
ICLUSIG TABLET 10MG, 30MG	PA LA MO
ICLUSIG TABLET 15MG, 45MG	QL (30 EA per 30 days) PA LA MO
IDHIFA	QL (30 EA per 30 days) PA LA; ACS
<i>imatinib mesylate tablet 400mg</i>	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	QL (90 EA per 30 days) PA; ACS
IMBRUVICA ORAL SUSPENSION RECONSTITUTED	QL (216 ML per 27 days) PA LA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
IMBRUVICA TABLET	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPSULE 70MG	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPSULE 140MG	QL (90 EA per 30 days) PA LA MO
INLYTA TABLET 5MG	QL (120 EA per 30 days) PA LA; ACS
INLYTA TABLET 1MG	QL (180 EA per 30 days) PA LA; ACS
INREBIC	QL (120 EA per 30 days) PA LA; ACS
JAKAFI	QL (60 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 50MG	QL (30 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 100MG	QL (60 EA per 30 days) PA LA; ACS
KISQALI	PA; ACS
KOSELUGO	PA LA MO
KRAZATI	QL (180 EA per 30 days) PA LA MO
<i>lapatinib ditosylate</i>	QL (180 EA per 30 days) PA LA; ACS
LENVIMA 10 MG DAILY DOSE	PA LA; ACS
LENVIMA 12MG DAILY DOSE	PA LA; ACS
LENVIMA 14 MG DAILY DOSE	PA LA; ACS
LENVIMA 18 MG DAILY DOSE	PA LA; ACS
LENVIMA 20 MG DAILY DOSE	PA LA; ACS
LENVIMA 24 MG DAILY DOSE	PA LA; ACS
LENVIMA 4 MG DAILY DOSE	PA LA; ACS
LENVIMA 8 MG DAILY DOSE	PA LA; ACS
LORBRENA TABLET 100MG	QL (30 EA per 30 days) PA LA; ACS
LORBRENA TABLET 25MG	QL (90 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 120MG	QL (240 EA per 30 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
LUMAKRAS TABLET 320MG	QL (90 EA per 30 days) PA LA; ACS
LYNPARZA TABLET 100MG, 150MG	QL (120 EA per 30 days) PA LA; ACS
LYTGOBI TABLET THERAPY PACK 16MG	QL (112 EA per 28 days) PA LA MO
LYTGOBI TABLET THERAPY PACK 20MG	QL (140 EA per 28 days) PA LA MO
LYTGOBI TABLET THERAPY PACK 12MG	QL (84 EA per 28 days) PA LA MO
MEKINIST ORAL SOLUTION RECONSTITUTED	QL (1260 ML per 30 days) PA LA; ACS
MEKINIST TABLET 2MG	QL (30 EA per 30 days) PA LA; ACS
MEKINIST TABLET 0.5MG	QL (90 EA per 30 days) PA LA; ACS
MEKTOVI	QL (180 EA per 30 days) PA LA; ACS
NERLYNX	QL (180 EA per 30 days) PA LA; ACS
NEXAVAR	QL (120 EA per 30 days) PA LA; ACS
NINLARO	PA; ACS
ODOMZO	PA LA; ACS
PEMAZYRE	QL (14 EA per 21 days) PA LA MO
PIQRAY 200MG DAILY DOSE	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	QL (56 EA per 28 days) PA; ACS
QINLOCK	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPSULE 80MG	QL (120 EA per 30 days) PA LA; ACS
RETEVMO CAPSULE 40MG	QL (180 EA per 30 days) PA LA; ACS
REZLIDHIA	QL (60 EA per 30 days) PA LA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>romidepsin injection 10mg</i>	ACS
ROZLYTREK CAPSULE 100MG	QL (150 EA per 30 days) PA LA; ACS
ROZLYTREK CAPSULE 200MG	QL (90 EA per 30 days) PA LA; ACS
RUBRACA	PA LA; ACS
RYDAPT	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 40MG	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	QL (90 EA per 30 days) PA; ACS
STIVARGA	QL (84 EA per 28 days) PA LA; ACS
<i>sunitinib malate</i>	QL (30 EA per 30 days) PA; ACS
TABRECTA	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	QL (120 EA per 30 days) PA LA; ACS
TAFINLAR TABLET SOLUBLE	QL (900 EA per 30 days) PA LA; ACS
TAGRISO	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.25MG	QL (90 EA per 30 days) PA LA; ACS
TASIGNA CAPSULE 150MG, 200MG	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	QL (120 EA per 30 days) PA; ACS
TAZVERIK	QL (240 EA per 30 days) PA LA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
TECVAYLI	PA LA
TEPMETKO	QL (60 EA per 30 days) PA LA MO
TIBSOVO	PA LA MO
TRUSELTIQ CAPSULE THERAPY PACK 100MG	QL (21 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	QL (42 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 25MG	QL (63 EA per 28 days) PA LA; ACS
TRUXIMA	PA; ACS
TUKYSA TABLET 150MG	QL (120 EA per 30 days) PA LA MO
TUKYSA TABLET 50MG	QL (240 EA per 30 days) PA LA MO
TURALIO	QL (120 EA per 30 days) PA LA MO
VANFLYTA	QL (56 EA per 28 days) PA LA
VENCLEXTA STARTING PACK	QL (42 EA per 28 days) PA LA MO
VENCLEXTA TABLET 10MG	QL (120 EA per 30 days) PA LA MO
VENCLEXTA TABLET 50MG	QL (120 EA per 30 days) PA LA MO
VENCLEXTA TABLET 100MG	QL (180 EA per 30 days) PA LA MO
VERZENIO	PA LA; ACS
VITRAKVI SOLUTION	QL (300 ML per 30 days) PA LA; ACS
VITRAKVI CAPSULE 25MG	QL (180 EA per 30 days) PA LA; ACS
VITRAKVI CAPSULE 100MG	QL (60 EA per 30 days) PA LA; ACS
VIZIMPRO	QL (30 EA per 30 days) PA LA; ACS
VONJO	QL (120 EA per 30 days) PA LA MO
VOTRIENT	QL (120 EA per 30 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
XALKORI	QL (120 EA per 30 days) PA LA; ACS
XOSPATA	PA LA; ACS
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	QL (24 EA per 28 days) PA LA MO
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	QL (32 EA per 28 days) PA LA MO
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY, 60MG ONCE WEEKLY	QL (4 EA per 28 days) PA LA MO
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 40MG TWICE WEEKLY, 80MG ONCE WEEKLY	QL (8 EA per 28 days) PA LA MO
ZEJULA CAPSULE 100MG	PA LA; ACS
ZEJULA TABLET	QL (30 EA per 30 days) PA LA; ACS
ZELBORAF	QL (240 EA per 30 days) PA LA; ACS
ZIRABEV	PA LA; ACS
ZOLINZA	PA; ACS
ZYDELIG	QL (60 EA per 30 days) PA LA; ACS
ZYKADIA TABLET 150MG	QL (84 EA per 28 days) PA LA; ACS
PROTECTIVE AGENTS	
<i>leucovorin calcium tablet</i>	MO
MESNEX TABLET 400MG	MO

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride</i>	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	MO
<i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	MO
<i>captopril/hydrochlorothiazide</i>	MO
<i>enalapril maleate/hydrochlorothiazide</i>	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	MO
<i>lisinopril/hydrochlorothiazide</i>	MO
<i>quinapril/hydrochlorothiazide</i>	MO
<i>trandolapril/verapamil hcl er</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ACE INHIBITORS	
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	MO
<i>benazepril hydrochloride tablet 20mg</i>	MO
<i>captopril</i>	MO
<i>enalapril maleate tablet</i>	MO
<i>fosinopril sodium</i>	MO
<i>lisinopril</i>	MO
<i>moexipril hcl</i>	MO
<i>perindopril erbumine</i>	MO
<i>quinapril hcl tablet 20mg, 40mg</i>	MO
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	MO
<i>ramipril</i>	MO
<i>trandolapril</i>	MO
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone</i>	MO
KERENDIA	QL (30 EA per 30 days) MO
<i>spironolactone</i>	MO
ALPHA BLOCKERS	
<i>doxazosin mesylate</i>	MO
<i>prazosin hydrochloride</i>	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	MO
<i>terazosin hydrochloride capsule 2mg</i>	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate/valsartan</i>	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	QL (60 EA per 30 days) MO
EDARBYCLOR	QL (30 EA per 30 days) MO
ENTRESTO	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil tablet 32mg</i>	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	QL (60 EA per 30 days) MO
EDARBI	QL (30 EA per 30 days) MO
<i>irbesartan</i>	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	QL (60 EA per 30 days) MO
<i>telmisartan</i>	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS	
<i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>	
<i>amiodarone hydrochloride tablet</i>	MO
<i>amiodarone hydrochloride injection</i>	
<i>disopyramide phosphate</i>	PA MO
<i>dofetilide</i>	ACS
<i>flecainide acetate</i>	MO
LIDOCAINE HCL IN D5W	
LIDOCAINE HCL INJECTION 100MG/5ML	
<i>lidocaine hcl injection 100mg/5ml prefilled syringe, 50mg/5ml prefilled syringe with needle</i>	
MULTAQ	MO
NORPACE CR	MO
<i>pacerone</i>	
<i>propafenone hcl</i>	MO
<i>propafenone hydrochloride er capsule</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>quinidine sulfate</i>	MO
<i>sorine tablet 160mg, 240mg, 80mg</i>	
<i>sorine tablet 120mg</i>	MO
<i>sotalol hcl tablet</i>	MO
<i>sotalol hydrochloride (af)</i>	MO
ANTILIPEMICS, FIBRATES	
<i>fenofibrate micronized capsule 134mg, 130mg, 200mg, 43mg, 67mg</i>	MO
<i>fenofibrate non-micronized capsule 50mg, 150mg</i>	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	MO
<i>fenofibrate tablet 120mg</i>	MO
<i>fenofibric acid dr</i>	MO
<i>gemfibrozil</i>	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium</i>	QL (30 EA per 30 days) MO
<i>fluvastatin capsule</i>	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tablet</i>	QL (30 EA per 30 days) MO
<i>lovastatin</i>	MO
<i>pravastatin sodium</i>	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	QL (30 EA per 30 days) MO
<i>simvastatin</i>	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS	
<i>cholestyramine</i>	MO
<i>cholestyramine light</i>	MO
<i>colesevelam hydrochloride oral packet, tablet</i>	MO
<i>colestipol hcl</i>	MO
<i>ezetimibe</i>	MO
<i>ezetimibe/simvastatin</i>	QL (30 EA per 30 days) MO
<i>niacin immediate release tablet 500mg</i>	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	MO
<i>niacin er tablet extended release 500mg</i>	QL (60 EA per 30 days) MO
<i>niacor</i>	MO
<i>omega-3-acid ethyl esters</i>	QL (120 EA per 30 days) PA MO
<i>prevalite powder</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
REPATHA	PA
REPATHA PUSHTRONEX SYSTEM	PA
REPATHA SURECLICK	PA
VASCEPA	MO
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol/chlorthalidone</i>	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	MO
<i>metoprolol/hydrochlorothiazide</i>	MO
BETA-BLOCKERS	
<i>acebutolol hydrochloride</i>	MO
<i>atenolol</i>	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	MO
<i>bisoprolol fumarate</i>	MO
<i>carvedilol tablet</i>	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	QL (30 EA per 30 days) MO
<i>labetalol hydrochloride tablet</i>	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	MO
<i>metoprolol succinate er</i>	MO
<i>metoprolol tartrate tablet</i>	MO
<i>metoprolol tartrate injection</i>	
<i>nadolol</i>	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	QL (60 EA per 30 days) MO
<i>pindolol</i>	MO
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	MO
<i>propranolol hcl oral solution</i>	MO
<i>propranolol hcl injection</i>	
<i>propranolol hydrochloride tablet</i>	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	MO
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i>	MO
<i>cartia xt</i>	
<i>dilt-xr</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>diltiazem hcl cd capsule 360mg</i>	MO
<i>diltiazem hcl er</i>	MO
<i>diltiazem hcl immediate release tablet</i>	MO
DILTIAZEM HCL INJECTION 100MG	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	
<i>diltiazem hydrochloride er</i>	MO
<i>diltiazem hydrochloride tablet</i>	MO
<i>diltiazem hydrochloride injection solution 25mg/5ml</i>	
<i>felodipine er</i>	MO
<i>isradipine</i>	MO
<i>matzim la</i>	
<i>nicardipine hcl capsule 20mg, 30mg</i>	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>	MO
<i>nisoldipine er</i>	MO
<i>taztia xt</i>	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	MO
<i>verapamil hcl immediate release tablet 40mg, 80mg</i>	MO
<i>verapamil hcl er tablet extended release</i>	MO
<i>verapamil hcl er capsule extended release 24 hour</i>	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	MO
<i>verapamil hcl sr tablet extended release 240mg</i>	MO
<i>verapamil hydrochloride er tablet extended release</i>	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	MO
<i>verapamil hcl immediate release tablet 120mg</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>verapamil hydrochloride injection</i>	MO
DIURETICS	
<i>acetazolamide er capsule</i>	MO
<i>acetazolamide tablet</i>	MO
<i>amiloride hcl</i>	MO
<i>amiloride/hydrochlorothiazide</i>	MO
<i>bumetanide tablet</i>	MO
<i>bumetanide injection</i>	MO
<i>chlorthalidone</i>	MO
<i>furosemide oral solution, tablet</i>	MO
<i>furosemide injection</i>	MO
<i>hydrochlorothiazide</i>	MO
<i>indapamide</i>	MO
<i>methazolamide</i>	MO
<i>metolazone</i>	MO
<i>spironolactone/hydrochlorothiazide</i>	MO
<i>toremide</i>	MO
<i>triamterene/hydrochlorothiazide</i>	MO
MISCELLANEOUS	
<i>aliskiren</i>	MO
<i>amlodipine besylate/atorvastatin calcium</i>	MO
<i>clonidine hcl patch weekly 0.1mg/24hr</i>	QL (8 EA per 28 days) MO
<i>clonidine hcl patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride immediate release tablet</i>	MO
CORLANOR SOLUTION	
CORLANOR TABLET	MO
<i>digox tablet 250mcg, 125mcg</i>	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	MO
<i>digoxin injection</i>	MO
<i>digoxin tablet 125mcg, 250mcg</i>	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	QL (90 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	QL (180 EA per 30 days) PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>guanfacine hcl immediate release tablet 1mg, 2mg</i>	PA MO
<i>hydralazine hcl tablet 10mg</i>	MO
<i>hydralazine hcl injection</i>	MO
<i>hydralazine hydrochloride tablet 25mg, 50mg, 100mg</i>	MO
<i>isosorbide dinitrate/hydralazine hydrochloride metyrosine</i>	MO PA MO
<i>midodrine hcl tablet 2.5mg, 5mg</i>	MO
<i>midodrine hcl tablet 10mg</i>	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	MO
<i>ranolazine er</i>	MO
VERQUVO	PA MO
NITRATES	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	MO
<i>isosorbide dinitrate tablet 40mg</i>	MO
<i>isosorbide mononitrate</i>	MO
<i>isosorbide mononitrate er</i>	MO
NITRO-BID	MO
<i>nitroglycerin lingual spray</i>	MO
<i>nitroglycerin transdermal patch</i>	MO
NITROGLYCERIN INJECTION	
<i>nitroglycerin tablet sublingual</i>	MO
PULMONARY ARTERIAL HYPERTENSION	
ADEMPAS	QL (90 EA per 30 days) PA LA; ACS
<i>alyq</i>	PA; ACS
<i>ambrisentan</i>	QL (30 EA per 30 days) PA LA; ACS
<i>bosentan tablet 62.5mg</i>	QL (120 EA per 30 days) PA LA; ACS
<i>bosentan tablet 125mg</i>	QL (60 EA per 30 days) PA LA; ACS
<i>epoprostenol sodium</i>	B/D LA; ACS
OPSUMIT	QL (30 EA per 30 days) PA LA; ACS
<i>sildenafil injection</i>	QL (1125 ML per 30 days) PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	QL (360 EA per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	PA; ACS
TRACLEER TABLET FOR ORAL SUSPENSION 32MG	QL (120 EA per 30 days) PA LA; ACS
VENTAVIS	PA LA; ACS
CENTRAL NERVOUS SYSTEM	
ANTI-ANXIETY	
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	QL (600 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	QL (300 ML per 30 days) MO; HRM
<i>alprazolam immediate release tablet 0.25mg, 0.5mg</i>	QL (120 EA per 30 days) MO; HRM
<i>alprazolam immediate release tablet 1mg, 2mg</i>	QL (150 EA per 30 days) MO; HRM
<i>buspirone hcl tablet 15mg, 30mg</i>	MO
<i>buspirone hydrochloride tablet 5mg, 7.5mg, 10mg</i>	MO
<i>chlordiazepoxide hcl capsule 5mg, 10mg</i>	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate tablet</i>	MO; HRM
<i>fluvoxamine maleate er capsule</i>	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	QL (150 EA per 30 days) MO; HRM
<i>oxazepam</i>	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA	
<i>donepezil hcl tablet disintegrating</i>	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>donepezil hcl tablet 23mg</i>	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule</i>	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er capsule</i>	PA MO
<i>memantine hydrochloride solution</i>	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i> NAMZARIC	QL (60 EA per 30 days) PA MO MO
<i>rivastigmine tartrate capsule</i>	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS	
<i>amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg</i>	PA MO; HRM
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	PA MO; HRM
<i>amoxapine</i>	MO; HRM
<i>bupropion hcl</i>	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule</i>	PA MO; HRM
<i>desipramine hydrochloride tablet 10mg, 150mg, 25mg, 50mg, 75mg</i>	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg</i>	PA MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG	QL (30 EA per 30 days); HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i> <i>doxepin hcl capsule 75mg, oral concentrate 10mg/ml</i>	QL (30 EA per 30 days) PA MO; HRM PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	QL (60 EA per 30 days) PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	QL (90 EA per 30 days) PA MO; HRM
<i>duloxetine hcl capsule 40mg</i>	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride capsule 20mg, 30mg, 60mg</i>	QL (60 EA per 30 days) MO; HRM
EMSAM	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hcl capsule 20mg</i>	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride oral solution, tablet (generic Prozac) 10mg, 20mg, 60mg</i>	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	PA MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>imipramine hydrochloride tablet 10mg</i>	PA MO; HRM
MARPLAN	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	MO
<i>nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml</i>	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 10mg, 20mg</i>	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	PA MO; HRM
<i>phenelzine sulfate</i>	MO
<i>protriptyline hcl</i>	PA MO; HRM
<i>sertraline hcl concentrate</i>	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 25mg</i>	QL (30 EA per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	MO
<i>trazodone hydrochloride tablet 300mg</i>	MO
<i>trimipramine maleate capsule 50mg</i>	QL (120 EA per 30 days) PA MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>trimipramine maleate capsule 25mg</i>	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	QL (30 EA per 30 days) MO; HRM
VIIBRYD STARTER PACK	MO
<i>vilazodone hydrochloride</i>	QL (30 EA per 30 days) MO
ANTIPARKINSONIAN AGENTS	
<i>amantadine hcl solution, tablet</i>	MO
<i>amantadine hcl capsule</i>	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	MO
<i>benztropine mesylate tablet</i>	PA MO; HRM
<i>bromocriptine mesylate capsule, tablet</i>	MO
<i>carbidopa tablet</i>	MO
<i>carbidopa/levodopa</i>	MO
<i>carbidopa/levodopa er</i>	MO
<i>carbidopa/levodopa odt</i>	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	MO
<i>entacapone</i>	MO
INBRIJA	QL (300 EA per 30 days) PA LA MO
NEUPRO	MO
<i>pramipexole dihydrochloride immediate release tablet</i>	MO
<i>rasagiline mesylate</i>	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	QL (150 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>ropinirole er tablet extended release 24 hour 2mg</i>	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tablet 0.25mg, 3mg</i>	MO
<i>ropinirole hcl immediate release tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	MO
<i>selegiline hcl capsule, tablet</i>	MO
<i>trihexyphenidyl hcl oral solution</i>	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	PA MO; HRM
ANTIPSYCHOTICS	
ABILIFY MAINTENA	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt</i>	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	HRM
ARISTADA INJECTION 441MG/1.6ML	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	QL (60 EA per 30 days) MO; HRM
CAPLYTA	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	MO; HRM
<i>chlorpromazine hydrochloride oral concentrate</i>	HRM
<i>chlorpromazine hydrochloride tablet</i>	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	QL (120 EA per 30 days) PA; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	HRM
<i>clozapine tablet 200mg</i>	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	QL (270 EA per 30 days); HRM
FANAPT	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	PA MO; HRM
<i>fluphenazine decanoate injection</i>	MO; HRM
<i>fluphenazine hcl concentrate, tablet</i>	MO; HRM
<i>fluphenazine hcl injection</i>	MO; HRM
<i>fluphenazine hydrochloride oral elixir</i>	MO; HRM
<i>haloperidol decanoate</i>	MO; HRM
<i>haloperidol lactate injection</i>	MO; HRM
<i>haloperidol tablet</i>	MO; HRM
<i>haloperidol concentrate</i>	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	QL (1.75 ML per 90 days); HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
INVEGA TRINZA INJECTION 819MG/2.63ML	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	HRM
<i>molindone hydrochloride tablet 25mg</i>	HRM
NUPLAZID	QL (30 EA per 30 days) PA LA; ACS HRM
<i>olanzapine odt</i>	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	MO; HRM
PERSERIS	QL (1 EA per 30 days); HRM
<i>pimozide</i>	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	QL (30 EA per 30 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	QL (2 EA per 28 days) MO; HRM
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	QL (2 EA per 28 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.5mg</i>	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	QL (90 EA per 30 days) MO; HRM
SECUADO	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl tablet</i>	PA MO; HRM
<i>thiothixene</i>	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	MO; HRM
VERSACLOZ	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	QL (6 EA per 3 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ZYPREXA RELPREVV INJECTION 210MG	QL (2 EA per 28 days) PA MO; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	QL (1 EA per 28 days) PA MO; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	QL (2 EA per 28 days) PA MO; ACS HRM
ANTISEIZURE AGENTS	
APTIOM TABLET 200MG, 400MG	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	QL (60 EA per 30 days) MO
BRIVIACT TABLET	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	QL (600 ML per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour</i>	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	MO; HRM
<i>carbamazepine tablet chewable, tablet</i>	MO; HRM
<i>carbamazepine suspension</i>	MO; HRM
<i>clobazam suspension</i>	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	QL (180 EA per 30 days) PA LA MO
DIACOMIT CAPSULE 250MG	QL (360 EA per 30 days) PA LA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
DIACOMIT PACKET 500MG	QL (180 EA per 30 days) PA LA MO
DIACOMIT PACKET 250MG	QL (360 EA per 30 days) PA LA MO
<i>diazepam intensol</i>	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	MO; HRM
<i>diazepam concentrate</i>	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam tablet</i>	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	MO
DILANTIN INFATABS	MO
DILANTIN-125	MO
<i>divalproex sodium sprinkle capsule</i>	MO
<i>divalproex sodium dr tablet delayed release</i>	MO
<i>divalproex sodium er tablet extended release 24 hour</i>	MO
EPIDIOLEX	QL (600 ML per 30 days) PA LA; ACS
<i>epitol</i>	HRM
EPRONTIA	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	MO
<i>ethosuximide solution</i>	MO
<i>felbamate</i>	MO
FINTEPLA	QL (360 ML per 30 days) PA LA MO
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	MO
FYCOMPA SUSPENSION	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	QL (30 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>gabapentin capsule 100mg</i>	QL (180 EA per 30 days) MO
<i>gabapentin capsule 400mg</i>	QL (270 EA per 30 days) MO
<i>gabapentin capsule 300mg</i>	QL (360 EA per 30 days) MO
<i>gabapentin solution</i>	QL (2160 ML per 30 days) MO
<i>gabapentin tablet 600mg</i>	QL (180 EA per 30 days) MO
<i>gabapentin tablet 800mg</i>	QL (90 EA per 30 days) MO
<i>lacosamide injection</i>	
<i>lacosamide oral solution</i>	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	MO
<i>lamotrigine immediate release tablet, chewable tablet</i>	MO
<i>lamotrigine odt tablet 25mg, 50mg, 100mg, 200mg</i>	MO
<i>lamotrigine starter kit/blue</i>	MO
<i>lamotrigine starter kit/green</i>	MO
<i>lamotrigine starter kit/orange</i>	MO
<i>levetiracetam er</i>	MO
<i>levetiracetam/sodium chloride injection</i>	
<i>levetiracetam oral solution, tablet</i>	MO
<i>methsuximide</i>	MO
NAYZILAM	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	MO; HRM
<i>oxcarbazepine suspension</i>	MO; HRM
<i>phenobarbital sodium injection</i>	PA; HRM
<i>phenobarbital tablet</i>	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	QL (1500 ML per 30 days) PA MO; HRM
PHENYTEK	MO
<i>phenytoin oral suspension, tablet chewable</i>	MO
<i>phenytoin sodium injection</i>	
<i>phenytoin sodium extended release capsule</i>	MO
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	QL (90 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>pregabalin solution</i>	QL (900 ML per 30 days) PA MO
<i>primidone</i>	MO
<i>roweepra</i>	
<i>rufinamide suspension</i>	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	QL (240 EA per 30 days) PA MO
SPRITAM	PA MO
<i>subvenite tablet</i>	
<i>subvenite starter kit/blue</i>	
<i>subvenite starter kit/green</i>	
<i>subvenite starter kit/orange</i>	
SYMPAZAN	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	MO
<i>topiramate er</i>	MO
<i>topiramate capsule sprinkle</i>	MO
<i>topiramate tablet 100mg</i>	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	
<i>valproic acid capsule, oral solution</i>	MO
VALTOCO 10 MG DOSE	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	QL (180 EA per 30 days) PA LA; ACS
<i>vigadrone</i>	QL (180 EA per 30 days) PA LA
XCOPRI TITRATION PACK 12.5MG; 25MG	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG; 100MG, 200MG; 150MG	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 50MG	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ZONISADE	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	MO
<i>zonisamide capsule 50mg</i>	MO; HRM
ZTALMY	QL (1100 ML per 30 days) PA LA MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER	
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 5mg, 10mg</i>	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule</i>	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tablet 10mg, 5mg</i>	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	QL (1800 ML per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 2mg</i>	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 4mg</i>	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd extended release capsule 10mg, 20mg, 30mg, 50mg, 60mg</i>	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>methylphenidate hydrochloride extended release capsule 24 hour (generic Ritalin LA) 60mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride cd er capsule extended release 40mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 36mg</i>	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 45MG, 63MG, 72MG	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride immediate release tablet</i>	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	QL (900 ML per 30 days) MO
VYVANSE	QL (30 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	QL (180 EA per 30 days)
HYPNOTICS	
DAYVIGO	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	QL (30 EA per 30 days) MO; HRM
HETLIOZ LQ ORAL SUSPENSION	QL (158 ML per 30 days) PA LA MO
<i>tasimelteon</i>	QL (30 EA per 30 days) PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>temazepam</i>	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg</i>	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate immediate release tablet 10mg, 5mg</i>	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE	
AIMOVIG	QL (1 ML per 30 days) PA MO; ACS
<i>dihydroergotamine mesylate injection</i>	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	QL (9 EA per 30 days) MO
NURTEC	QL (16 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet</i>	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection</i>	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	QL (9 EA per 30 days) MO
MISCELLANEOUS	
AUSTEDO XR PATIENT TITRATION KIT	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	QL (120 EA per 30 days) PA LA; ACS
AUSTEDO TABLET 6MG	QL (60 EA per 30 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>lithium carbonate capsule, tablet</i>	MO
<i>lithium carbonate er tablet</i>	MO
NUEDEXTA	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide immediate release tablet 60mg</i>	MO
<i>pyridostigmine bromide er tablet</i>	MO
<i>riluzole</i>	MO
<i>tetrabenazine tablet 25mg</i>	QL (120 EA per 30 days) PA LA; ACS
<i>tetrabenazine tablet 12.5mg</i>	QL (90 EA per 30 days) PA LA; ACS
MULTIPLE SCLEROSIS AGENTS	
AUBAGIO	QL (30 EA per 30 days) PA LA; ACS
AVONEX	QL (1 EA per 28 days) PA; ACS
AVONEX PEN	QL (1 EA per 28 days) PA; ACS
BETASERON	QL (14 EA per 28 days) PA; ACS
COPAXONE INJECTION 40MG/ML	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er</i>	PA; ACS
<i>ingolimod</i>	QL (30 EA per 30 days) PA; ACS
KESIMPTA	QL (6.4 ML per 365 days) PA LA; ACS
TECFIDERA STARTER PACK	QL (120 EA per 365 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 120MG	QL (14 EA per 7 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 240MG	QL (60 EA per 30 days) PA LA; ACS
VUMERITY	QL (120 EA per 30 days) PA LA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS	
<i>baclofen tablet</i>	MO
<i>chlorzoxazone tablet 500mg</i>	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	MO
<i>tizanidine hcl tablet 2mg, 4mg</i>	MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	MO
NARCOLEPSY/CATAPLEXY	
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	QL (540 ML per 30 days) PA LA MO
PSYCHOTHERAPEUTIC-MISC	
<i>acamprosate calcium dr</i>	MO
<i>buprenorphine hcl sublingual tablet 2mg, 8mg</i>	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	QL (60 EA per 30 days) MO
<i>disulfiram</i>	MO
<i>naloxone hcl injection 2mg/2ml</i>	
<i>naloxone hcl injection 4mg/10ml</i>	MO
<i>naloxone hydrochloride nasal spray</i>	MO
<i>naloxone hydrochloride cartridge injection 0.4mg/ml</i>	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	MO
<i>naltrexone hcl tablet</i>	MO
NICOTROL INHALER	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
NICOTROL NASAL SPRAY	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	PA MO
VARENICLINE TARTRATE TABLET 1MG, 0.5MG	PA MO
VIVITROL	MO; ACS
ENDOCRINE AND METABOLIC	
ANDROGENS	
<i>methyltestosterone capsule</i>	PA MO
<i>oxandrolone tablet 2.5mg</i>	QL (120 EA per 30 days) PA MO
<i>oxandrolone tablet 10mg</i>	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate injection</i>	MO
<i>testosterone enanthate injection</i>	PA MO
<i>testosterone pump gel 1%</i>	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS	
ADMELOG	MO
ADMELOG SOLOSTAR	MO
BD ALCOHOL SWABS	MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	MO
BASAGLAR KWIKPEN	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	MO
BD VEO INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 15/64"	MO
CURITY GAUZE PADS 2"X2" 12 PLY	MO
FIASP	MO
FIASP FLEXTOUCH	MO
FIASP PENFILL	MO
HUMULIN R U-500 (CONCENTRATED)	B/D MO
HUMULIN R U-500 KWIKPEN	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
LANTUS	MO
LANTUS SOLOSTAR	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLIN N (BRAND RELION NOT COVERED)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLIN R (BRAND RELION NOT COVERED)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLOG (BRAND RELION NOT COVERED)	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLOG PENFILL	MO
SOLIQUA 100/33	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	MO
TOUJEO SOLOSTAR	MO
TRESIBA	MO
TRESIBA FLEXTOUCH	MO
XULTOPHY 100/3.6	QL (15 ML per 30 days) MO
ANTIDIABETICS	
<i>acarbose tablet</i>	QL (90 EA per 30 days) MO
BYDUREON BCISE	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	QL (2.4 ML per 30 days) PA MO
FARXIGA	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	QL (120 EA per 30 days) MO
<i>glipizide tablet 5mg</i>	QL (240 EA per 30 days) MO
GLYXAMBI	QL (30 EA per 30 days) MO
JANUMET	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	QL (60 EA per 30 days) MO
JANUVIA	QL (30 EA per 30 days) MO
JARDIANCE	QL (30 EA per 30 days) MO
JENTADUETO	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Fortamet and Glumetza) 500mg</i>	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	QL (90 EA per 30 days) MO
<i>miglitol</i>	QL (90 EA per 30 days) MO
<i>nateglinide</i>	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/1.5ML	QL (1.5 ML per 28 days) PA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl tablet 45mg</i>	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	QL (240 EA per 30 days) MO
RYBELSUS	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	QL (60 EA per 30 days) MO
TRADJENTA	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	QL (60 EA per 30 days) MO
TRULICITY	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	QL (60 EA per 30 days) MO
CALCIUM REGULATORS	
<i>alendronate sodium oral solution</i>	MO
<i>alendronate sodium tablet 10mg</i>	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	MO
<i>ibandronate sodium tablet</i>	QL (1 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>ibandronate sodium injection</i> NATPARA PAMIDRONATE DISODIUM INJECTION 6MG/ ML <i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i> PROLIA <i>risedronate sodium dr tablet 35mg</i> <i>risedronate sodium tablet 150mg</i> <i>risedronate sodium tablet 30mg, 5mg</i> <i>risedronate sodium tablet 35mg</i> TERIPARATIDE XGEVA ZOLEDRONIC ACID INJECTION 4MG/100ML <i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	QL (3 ML per 90 days) MO PA LA; ACS QL (1 ML per 180 days); ACS QL (4 EA per 28 days) MO QL (1 EA per 28 days) MO QL (30 EA per 30 days) MO QL (4 EA per 28 days) MO PA; ACS PA; ACS ACS ACS
CHELATING AGENTS	
CHEMET <i>deferasirox packet</i> <i>deferasirox tablet soluble 125mg</i> <i>deferasirox tablet soluble 250mg, 500mg</i> <i>deferasirox tablet 90mg</i> <i>deferasirox tablet 180mg</i> <i>deferasirox tablet 360mg</i> <i>penicillamine tablet</i> <i>sodium polystyrene sulfonate oral powder</i> <i>sps oral suspension 15gm/60ml</i> <i>trientine hydrochloride</i> VELTASSA PACKET 16.8GM, 25.2GM VELTASSA PACKET 8.4GM	MO PA; ACS PA; ACS PA; ACS PA; ACS PA; ACS PA; ACS ACS MO MO PA; ACS QL (30 EA per 30 days) MO QL (90 EA per 30 days) MO
CONTRACEPTIVES	
<i>afirmelle</i> <i>altavera</i> <i>alyacen 1/35</i> <i>alyacen 7/7/7</i> <i>amethia</i> <i>amethyst</i> <i>apri</i> <i>aranelle</i>	MO MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>ashlyna</i>	
<i>aubra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	MO
<i>blisovi fe 1.5/30</i>	MO
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camila</i>	MO
CAMRESE	
CAMRESE LO	
<i>charlotte 24 fe</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	MO
<i>cyred</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>deblitane</i>	
<i>delyla</i>	
DEPO-SUBQ PROVERA 104	MO
<i>desogestrel/ethinyl estradiol</i>	MO
<i>dolishale</i>	
<i>drospirenone/ethinyl estradiol</i>	MO
<i>drospirenone/ethinyl estradiol/levomefolate</i>	MO
<i>calcium tablet 3mg; 0.03mg; 0.451mg</i>	
<i>elinest</i>	
<i>eluryng</i>	
<i>enpresse-28</i>	
<i>enskyce</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>errin</i>	MO
<i>estarylla</i>	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	MO
<i>falmina</i>	
<i>fayosim</i>	
<i>femynor</i>	
<i>finzala</i>	
<i>hailey 1.5/30</i>	MO
<i>hailey 24 fe</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>haloette</i>	
<i>heather</i>	
<i>iclevia</i>	
<i>incassia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess</i>	
<i>jasmiel</i>	
<i>jencycla</i>	
JOLESSA	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	MO
<i>junel fe 1/20</i>	MO
<i>junel fe 24</i>	
<i>kaitlib fe</i>	MO
<i>kalliga</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	MO
<i>kelnor 1/50</i>	MO
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
LEENA	
<i>lessina</i>	
<i>levonest</i>	
<i>levonorgestrel and ethinyl estradiol</i>	MO
<i>levonorgestrel/ethinyl estradiol</i>	MO
<i>levora 0.15/30-28</i>	
<i>lo-zumandimine</i>	MO
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>lojaimiess</i>	MO
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	MO
<i>lyleq</i>	
<i>lyza</i>	
<i>marlissa</i>	MO
<i>medroxyprogesterone acetate injection 150mg/ ml</i>	MO
<i>mibelas 24 fe</i>	
MICROGESTIN 1.5/30	
MICROGESTIN 1/20	
<i>microgestin 24 fe</i>	
MICROGESTIN FE 1.5/30	
MICROGESTIN FE 1/20	
<i>mili</i>	
<i>mono-lynyah</i>	
<i>necon 0.5/35-28</i>	
<i>nikki</i>	
NORA-BE	
<i>norethindrone tablet 0.35mg</i>	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate chewable tablet 25mcg; 75mg; 0.8mg</i>	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable, tablet</i>	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>norethindrone/ethinyl estradiol/ferrous fumarate chewable tablet 35mcg; 75mg; 0.4mg</i>	MO
<i>norgestimate/ethinyl estradiol</i>	MO
<i>norlyda</i>	
<i>norlyroc</i>	
<i>nortrel 0.5/35 (28)</i>	MO
<i>nortrel 1/35 28-day regimen</i>	
<i>nortrel 1/35 21-day regimen</i>	MO
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	MO
<i>nymyo</i>	
OCELLA	
<i>orsythia</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>pirmella 1/35</i>	MO
<i>pirmella 7/7/7</i>	MO
<i>portia-28</i>	
<i>reclipsen</i>	
RIVELSA	
<i>setlakin</i>	
<i>sharobel</i>	
<i>simliya</i>	
<i>simpesse</i>	MO
<i>sprintec 28</i>	
<i>sronyx</i>	MO
<i>syeda</i>	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
TILIA FE	
<i>tri femynor</i>	
<i>tri-estarylla</i>	MO
<i>tri-legest fe</i>	MO
<i>tri-linyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>tri-lo-sprintec</i>	MO
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>trivora-28</i>	MO
<i>tydemy</i>	
<i>velivet</i>	MO
<i>vestura</i>	
<i>vienva</i>	
<i>viorele</i>	MO
<i>volnea</i>	MO
<i>vyfemla</i>	MO
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	
ENDOMETRIOSIS	
<i>danazol capsule</i>	MO
SYNAREL	MO
ESTROGENS	
<i>amabelz</i>	MO
<i>dotti</i>	QL (8 EA per 28 days)
DUAVEE	MO
<i>estradiol valerate injection</i>	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	MO
<i>estradiol oral tablet</i>	MO
<i>estradiol vaginal cream, vaginal tablet</i>	MO
<i>estradiol patch weekly</i>	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	QL (8 EA per 28 days) MO
ESTRING	QL (1 EA per 90 days) MO
<i>fyavolv</i>	MO
<i>jinteli</i>	
<i>lyllana</i>	QL (8 EA per 28 days)
<i>mimvey</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tablet</i> 2.5mcg; 0.5mg, 5mcg; 1mg	MO
PREMARIN	MO
PREMPRO	MO
<i>yuvafem</i>	
GLUCOCORTICOIDS	
DEXAMETHASONE INTENSOL	MO
<i>dexamethasone sodium phosphate injection</i> vial 10mg/ml	
<i>dexamethasone sodium phosphate injection</i> vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml	MO
<i>dexamethasone tablet, oral solution, oral elixir</i>	MO
<i>fludrocortisone acetate tablet</i>	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	MO
<i>methylprednisolone acetate injection</i>	B/D MO
<i>methylprednisolone dose pack</i>	MO
<i>methylprednisolone sodium succinate injection</i> 1000mg	B/D MO
<i>methylprednisolone sodium succinate injection</i> 125mg, 40mg	B/D MO
<i>methylprednisolone tablet</i>	B/D MO
<i>prednisolone oral solution 15mg/5ml</i>	B/D MO
<i>prednisolone sodium phosphate oral solution</i> 10mg/5ml, 15mg/5ml, 20mg/5ml	B/D MO
<i>prednisolone sodium phosphate oral solution</i> 25mg/5ml, 5mg/5ml	B/D MO
PREDNISON INTENSOL	B/D MO
<i>prednisone tablet</i>	B/D MO
<i>prednisone tablet therapy pack</i>	MO
<i>prednisone solution</i>	B/D MO
SOLU-CORTEF	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	MO
GLUCOSE ELEVATING AGENTS	
<i>diazoxide oral suspension</i>	MO
GVOKE HYPOPEN 1-PACK	MO
GVOKE HYPOPEN 2-PACK	MO
GVOKE KIT	MO
GVOKE PFS	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
MISCELLANEOUS	
<i>acetylcysteine injection 200mg/ml</i>	
<i>betaine anhydrous</i>	LA MO
<i>cabergoline</i>	MO
<i>carglumic acid</i>	PA LA MO
CERDELGA	PA LA; ACS
<i>cinacalcet hydrochloride tablet 30mg</i>	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	QL (60 EA per 30 days); ACS
CYSTAGON	PA LA; ACS
<i>desmopressin acetate tablet</i>	MO
<i>desmopressin acetate nasal solution</i>	MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	MO
<i>desmopressin acetate injection 4mcg/ml</i>	MO
<i>fomepizole</i>	
GENOTROPIN CARTRIDGE 12MG, 5MG	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	PA; ACS
INCRELEX	PA LA; ACS
<i>javygtor</i>	PA LA
KORLYM	PA LA MO
LEVOCARNITINE TABLET	MO
<i>levocarnitine injection</i>	
<i>levocarnitine oral solution</i>	MO
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	PA; ACS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	PA; ACS
<i>methergine</i>	
<i>methylergonovine maleate tablet</i>	MO
<i>nitisinone</i>	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>raloxifene hydrochloride</i>	MO
SANDOSTATIN LAR DEPOT KIT	PA; ACS
<i>sapropterin dihydrochloride</i>	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	PA LA MO
<i>sodium phenylbutyrate tablet, oral powder</i>	PA; ACS
SOMATULINE DEPOT	PA LA; ACS
SOMAVERT INJECTION	PA LA; ACS
PHOSPHATE BINDER AGENTS	
<i>calcium acetate capsule, tablet 667mg</i>	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	MO
PROGESTINS	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	MO
<i>megestrol acetate suspension 40mg/ml</i>	MO
<i>megestrol acetate suspension 625mg/5ml</i>	MO
<i>norethindrone acetate tablet 5mg</i>	MO
<i>progesterone capsule</i>	MO
<i>progesterone injection</i>	MO
THYROID AGENTS	
<i>euthyrox</i>	MO
<i>levo-t</i>	
<i>levothyroxine sodium tablet</i>	MO
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/ML, 200MCG/5ML, 500MCG/5ML	
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/5ML	
<i>levoxyl</i>	MO
<i>liothyronine sodium tablet</i>	MO
<i>liothyronine sodium injection</i>	
<i>methimazole tablet</i>	MO
<i>propylthiouracil tablet</i>	MO
SYNTHROID	MO
<i>unithroid</i>	
VITAMIN D ANALOGS	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	MO
<i>calcitriol oral solution 1mcg/ml</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>doxercalciferol injection</i>	
<i>paricalcitol</i>	MO
GASTROINTESTINAL	
ANTIEMETICS	
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	B/D MO
<i>aprepitant capsule 125mg</i>	B/D MO
<i>compro</i>	MO; HRM
DIMENHYDRINATE INJECTION	
<i>dronabinol</i>	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSPENSION	B/D
<i>granisetron hydrochloride tablet</i>	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	MO; HRM
<i>meclizine hydrochloride</i>	
<i>metoclopramide hcl tablet 5mg</i>	MO
<i>metoclopramide hcl oral solution</i>	MO
<i>metoclopramide hydrochloride tablet 10mg</i>	MO
<i>metoclopramide hydrochloride injection</i>	MO
<i>metoclopramide odt</i>	MO
<i>ondansetron hcl tablet 24mg</i>	B/D
<i>ondansetron hcl oral solution</i>	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	B/D MO
<i>ondansetron hydrochloride injection</i>	MO
<i>ondansetron odt</i>	B/D MO
<i>prochlorperazine edisylate injection</i>	MO; HRM
<i>prochlorperazine maleate tablet</i>	MO; HRM
<i>prochlorperazine rectal suppository</i>	MO; HRM
<i>promethazine hcl plain oral syrup 6.25mg/5ml</i>	PA MO; HRM
<i>promethazine hcl tablet 12.5mg</i>	PA MO; HRM
<i>promethazine hcl injection, suppository</i>	PA MO; HRM
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	PA MO; HRM
<i>promethegan suppository 12.5mg, 50mg</i>	PA MO; HRM
<i>promethegan suppository 25mg</i>	PA; HRM
SANCUSO	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule</i>	PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
ANTISPASMODICS	
<i>dicyclomine hcl oral solution</i>	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	PA MO; HRM
<i>dicyclomine hydrochloride injection</i>	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	MO
<i>glycopyrrolate oral solution</i>	MO
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	
<i>glycopyrrolate injection 0.2mg/ml (vial), 1mg/5ml, 4mg/20ml</i>	MO
<i>methscopolamine bromide tablet</i>	PA MO
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine tablet</i>	MO
<i>famotidine premixed injection 20mg/50ml</i>	
<i>famotidine tablet</i>	MO
<i>famotidine injection</i>	
<i>famotidine oral suspension reconstituted</i>	MO
<i>nizatidine</i>	MO
INFLAMMATORY BOWEL DISEASE	
<i>balsalazide disodium</i>	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	MO
<i>budesonide capsule delayed release particles 3mg</i>	MO
<i>hydrocortisone enema 100mg/60ml</i>	MO
<i>mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg</i>	MO
<i>mesalamine suppository</i>	MO
<i>mesalamine enema, kit</i>	MO
<i>sulfasalazine tablet, delayed release tablet</i>	MO
LAXATIVES	
<i>CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML</i>	
<i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>	MO
<i>constulose</i>	
<i>enulose</i>	MO
<i>gavilyte-c</i>	MO
<i>gavilyte-g</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>generlac</i>	
GOLYTELY	MO
KRISTALOSE	PA MO
<i>lactulose oral solution (constipation)</i>	MO
<i>peg-3350/electrolytes</i>	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	MO
PLENVU	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	MO
SUPREP BOWEL PREP KIT	MO
SUTAB	MO
MISCELLANEOUS	
<i>alosetron hydrochloride</i>	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	MO; HRM
GATTEX	PA LA; ACS
LINZESS	QL (30 EA per 30 days) MO
<i>loperamide hcl capsule</i>	MO
<i>misoprostol tablet</i>	MO
MOVANTIK TABLET 25MG	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	MO
<i>sucralfate tablet</i>	MO
<i>ursodiol capsule 300mg</i>	MO
<i>ursodiol tablet</i>	MO
XERMELO	QL (84 EA per 28 days) PA LA MO
XIFAXAN TABLET 550MG	PA MO
PANCREATIC ENZYMES	
CREON	MO
ZENPEP	MO
PROTON PUMP INHIBITORS	
<i>dexlansoprazole</i>	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>lansoprazole capsule delayed release 15mg</i>	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	QL (30 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 20mg, 40mg</i>	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	
<i>pantoprazole sodium tablet delayed release 20mg</i>	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	QL (60 EA per 30 days) MO
<i>rabeprazole sodium delayed release tablet 20mg</i>	QL (30 EA per 30 days) MO

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl er</i>	QL (30 EA per 30 days) MO
<i>dutasteride</i>	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	QL (30 EA per 30 days) MO
<i>silodosin capsule 8mg</i>	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg</i>	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	QL (60 EA per 30 days) MO

MISCELLANEOUS

<i>acetic acid 0.25% irrigation solution</i>	MO
<i>bethanechol chloride tablet</i>	MO
ELMIRON	QL (90 EA per 30 days) MO
<i>potassium citrate er tablet extended release 540mg</i>	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	MO

URINARY ANTISPASMODICS

<i>fesoterodine fumarate er</i>	QL (30 EA per 30 days) MO; HRM
GEMTESA	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	QL (30 EA per 30 days) MO; HRM

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride syrup</i>	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet</i>	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule</i>	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride tablet</i>	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er capsule</i>	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES	
<i>clindamycin phosphate vaginal cream 2%</i>	MO
<i>metronidazole vaginal gel 0.75%</i>	MO
<i>miconazole 3 vaginal suppository</i>	MO
<i>terconazole cream</i>	MO
<i>terconazole suppository</i>	MO

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate</i>	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	MO
FRAGMIN INJECTION 10000UNIT/4ML	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
HEPARIN SODIUM/D5W INJECTION 20000UNIT/500ML, 25000UNIT/500ML	
HEPARIN SODIUM/DEXTROSE INJECTION 25000UNIT/250ML (100UNIT/ML)	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	MO
<i>jantoven</i>	MO
<i>warfarin sodium</i>	MO
XARELTO STARTER PACK	QL (51 EA per 30 days) MO
XARELTO ORAL SUSPENSION RECONSTITUTED	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS	
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	PA; ACS
ZARXIO	PA; ACS
MISCELLANEOUS	
<i>anagrelide hydrochloride</i>	MO
BERINERT	QL (24 EA per 30 days) PA LA; ACS
<i>cilostazol</i>	MO
DOPTELET	QL (60 EA per 30 days) PA LA; ACS
DROXIA	MO
ENDARI PACKET FOR ORAL SOLUTION	PA LA; ACS
HAEGARDA INJECTION 3000UNIT	QL (20 EA per 30 days) PA LA; ACS
HAEGARDA INJECTION 2000UNIT	QL (30 EA per 30 days) PA LA; ACS
<i>icatibant acetate</i>	QL (27 ML per 30 days) PA; ACS
<i>pentoxifylline er</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
PROMACTA PACKET 25MG	QL (180 EA per 30 days) PA LA; ACS
PROMACTA PACKET 12.5MG	QL (360 EA per 30 days) PA LA; ACS
PROMACTA TABLET 12.5MG, 25MG	QL (30 EA per 30 days) PA LA; ACS
PROMACTA TABLET 50MG, 75MG	QL (60 EA per 30 days) PA LA; ACS
<i>sajazir</i>	QL (27 ML per 30 days) PA LA
<i>tranexamic acid tablet</i>	MO
<i>tranexamic acid injection</i>	
PLATELET AGGREGATION INHIBITORS	
<i>aspirin/dipyridamole er</i>	QL (60 EA per 30 days) MO
BRILINTA	MO
<i>clopidogrel tablet 75mg</i>	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	QL (2 EA per 365 days) MO
<i>dipyridamole tablet</i>	PA MO
<i>prasugrel</i>	MO
IMMUNOLOGIC AGENTS	
AUTOIMMUNE AGENTS	
DUPIXENT INJECTION 100MG/0.67ML	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	QL (8 ML per 28 days) PA; ACS
ENBREL	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	QL (8 ML per 28 days) PA; ACS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	PA; ACS
HUMIRA PEN-PS/UV STARTER	PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	QL (2 EA per 28 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	QL (6 EA per 28 days) PA; ACS
KEVZARA	QL (2.28 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET	QL (60 EA per 30 days) PA; ACS
RINVOQ	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	QL (60 ML per 365 days) PA; ACS
STELARA INJ 45MG/0.5ML VIAL	QL (0.5 ML per 28 days) PA LA; ACS
STELARA INJ 45MG/0.5ML PREFILLED SYRINGE	QL (0.5 ML per 28 days) PA; ACS
STELARA SC INJECTION 90MG/ML PREFILLED SYRINGE	QL (1 ML per 28 days) PA; ACS
STELARA IV INJECTION 120MG/26ML	QL (208 ML per 365 days) PA LA; ACS
TALTZ	QL (3 ML per 28 days) PA LA; ACS
XELJANZ XR	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	QL (60 EA per 30 days) PA; ACS

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
<i>hydroxychloroquine sulfate tablet 200mg</i>	MO
<i>leflunomide</i>	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	MO
XATMEP	MO
IMMUNOGLOBULINS	
GAMASTAN	B/D LA; ACS
GAMMAKED	PA; ACS
GAMUNEX-C	PA; ACS
OCTAGAM	PA; ACS
PRIVIGEN	PA; ACS
IMMUNOMODULATORS	
ACTIMMUNE	PA LA; ACS
ARCALYST	PA LA; ACS
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	B/D MO
AZATHIOPRINE INJECTION	B/D
<i>azathioprine tablet 50mg</i>	B/D MO
BENLYSTA	PA LA; ACS
<i>cyclosporine capsule, iv solution</i>	B/D MO
<i>cyclosporine modified capsule, modified oral solution</i>	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	B/D MO
<i>gengraf capsule</i>	B/D
<i>gengraf solution</i>	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	B/D MO
<i>mycophenolate mofetil injection</i>	B/D MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	B/D MO
<i>mycophenolic acid delayed release tablet</i>	B/D MO
NULOJIX	B/D
PROGRAF GRANULES	B/D MO
REZUROCK	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE ORAL SOLUTION	B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>sirolimus tablet</i>	B/D MO
<i>sirolimus solution</i>	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D MO
VACCINES	
ABRYSVO	
ACTHIB	
ADACEL	
AREXVY	
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
DENGVAXIA	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	
ENGERIX-B	B/D
GARDASIL 9	
HAVRIX	
HEPLISAV-B	B/D
HIBERIX	
IMOVAX RABIES (H.D.C.V.)	B/D
INFANRIX	
IPOL INACTIVATED IPV	
IXIARO	
JYNNEOS	B/D
KINRIX	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
PEDIARIX	
PEDVAX HIB	
PENTACEL	
PREHEVBRIO	B/D
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ	
SHINGRIX	QL (2 EA per 999 days)
TDVAX	
TENIVAC	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
YF-VAX	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 10%/NACL 0.45%	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	
DEXTROSE 10%/NACL 0.2%	
DEXTROSE 2.5%/NACL 0.45%	
DEXTROSE 5%/LACTATED RINGERS	
DEXTROSE 5%/NACL 0.2%	
<i>dextrose 5%/nacl 0.3%</i>	
DEXTROSE 5%/NACL 0.33%	
DEXTROSE 5%/NACL 0.45%	
DEXTROSE 5%/NACL 0.9%	MO
DEXTROSE 5%/NACL 0.225%	
ISOLYTE-P/DEXTROSE 5%	
ISOLYTE-S	B/D
ISOLYTE-S PH 7.4	B/D
KCL 0.075%/D5W/NACL 0.45%	
KCL 0.15%/D5W/NACL 0.2%	
KCL 0.15%/D5W/NACL 0.45%	
KCL 0.15%/D5W/NACL 0.9%	
KCL 0.3%/D5W/NACL 0.45%	
KCL 0.3%/D5W/NACL 0.9%	
<i>lactated ringers</i>	
MAGNESIUM SULFATE INJECTION	
20GM/500ML, 40GM/1000ML, 4GM/50ML	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	
<i>multiple electrolytes injection type 1</i>	
PLASMA-LYTE A	
PLASMA-LYTE-148	
POTASSIUM CHLORIDE/DEXTROSE	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	
<i>potassium chloride injection 2meq/ml</i>	MO
RINGERS INJECTION	
SODIUM BICARBONATE INJECTION 7.5%	
<i>sodium bicarbonate injection 4.2%</i>	
<i>sodium bicarbonate injection 8.4%</i>	MO
<i>sodium chloride 0.45%</i>	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	MO
TPN ELECTROLYTES	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>adc/fluoride drops</i>	MO
<i>effer-k tablet effervescent 25meq</i>	MO
<i>fluoride chewable tablet</i>	MO
<i>klor-con 10</i>	
<i>klor-con 8</i>	
<i>klor-con m10</i>	MO
<i>klor-con m15</i>	MO
<i>klor-con m20</i>	MO
<i>klor-con powder packet 20meq</i>	
<i>klor-con effervescent tablet</i>	MO
M-NATAL PLUS	MO
<i>multi-vitamin/fluoride drops</i>	MO
<i>multi-vitamin/fluoride/iron drops</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg</i>	MO
NEONATAL PLUS	MO
NIVA-PLUS	MO
PNV PRENATAL PLUS MULTIVITAMIN	MO
<i>potassium chloride er capsule extended release</i>	MO
<i>potassium chloride er tablet extended release 15meq</i>	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	MO
<i>potassium chloride packet 20meq</i>	MO
<i>potassium chloride oral solution 10%, 20%</i>	MO
PRENATAL	MO
PRENATAL PLUS	MO
<i>sodium fluoride solution 0.5mg/ml</i>	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	MO
<i>tri-vite/fluoride drops</i>	MO
TRICARE PRENATAL TABLET	MO
WESTAB PLUS	MO
IV NUTRITION	
CLINIMIX 4.25%/DEXTROSE 10%	B/D
CLINIMIX 4.25%/DEXTROSE 5%	B/D
CLINIMIX 5%/DEXTROSE 15%	B/D
CLINIMIX 5%/DEXTROSE 20%	B/D
CLINIMIX 6/5	B/D
CLINIMIX 8/10	B/D
CLINIMIX 8/14	B/D
<i>clinisol sf 15%</i>	B/D MO
CLINOLIPID	B/D
<i>dextrose 10%</i>	
<i>dextrose 5%</i>	MO
DEXTROSE 50%	B/D
DEXTROSE 70%	B/D
HEPATAMINE	B/D
NUTRILIPID	B/D
<i>plenamine</i>	B/D
PREMASOL	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
PROSOL	B/D
TRAVASOL	B/D
TROPHAMINE	B/D
OPHTHALMIC	
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>neo-polycin hc ophthalmic ointment</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic ointment</i>	MO
<i>neomycin/polymyxin/dexamethasone ophthalmic suspension, ophthalmic ointment</i>	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	MO
TOBRADEX OINTMENT	MO
TOBRADEX ST SUSPENSION	MO
<i>tobramycin/dexamethasone ophthalmic suspension</i>	MO
ZYLET	MO
ANTI-INFECTIVES	
<i>bacitracin ophthalmic ointment 500units/gm</i>	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	MO
BESIVANCE	MO
CILOXAN OINTMENT	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	QL (42 GM per 30 days) MO
<i>gatifloxacin ophthalmic solution</i>	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	QL (20 ML per 30 days)
<i>levofloxacin ophthalmic solution 0.5%</i>	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic soln 0.5%</i>	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic soln 0.5%</i>	QL (12 ML per 30 days) MO
NATACYN	MO
<i>neo-polycin ophthalmic ointment</i>	

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>neomycin/bacitracin/polymyxin ophthalmic ointment</i>	MO
<i>neomycin/polymyxin/gramicidin ophthalmic solution</i>	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	QL (60 ML per 30 days) MO
<i>polycin ophthalmic ointment</i>	
<i>polymyxin b sulfate/trimethoprim sulfate solution</i>	MO
<i>sulfacetamide sodium ointment 10%</i>	MO
<i>sulfacetamide sodium ophthalmic solution 10%</i>	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	QL (30 ML per 30 days) MO
<i>trifluridine</i>	MO
ZIRGAN	MO
ANTI-INFLAMMATORIES	
ALREX	MO
<i>bromfenac ophthalmic solution</i>	MO
BROMSITE	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	QL (10 ML per 30 days) MO
<i>difluprednate</i>	MO
EYSUVIS	MO
FLAREX	MO
FLUOROMETHOLONE	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	MO
LOTEMAX OINTMENT	MO
LOTEMAX SM GEL 0.38%	MO
<i>loteprednol etabonate</i>	MO
<i>prednisolone acetate ophthalmic suspension 1%</i>	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	MO
PROLENSA	MO
ANTIALLERGICS	
<i>azelastine hcl ophthalmic solution 0.05%</i>	MO
<i>cromolyn sodium ophthalmic solution 4%</i>	MO
<i>epinastine hcl</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>olopatadine hcl ophthalmic solution 0.1%</i>	MO
<i>olopatadine hydrochloride ophthalmic solution 0.2%</i>	MO
ZERVIAE	MO
ANTIGLAUCOMA	
<i>betaxolol hcl solution 0.5%</i>	MO
BETOPTIC-S	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	MO
<i>brimonidine tartrate solution 0.2%</i>	MO
<i>brinzolamide</i>	MO
<i>carteolol hcl</i>	MO
COMBIGAN	MO
<i>dorzolamide hcl/timolol maleate</i>	MO
<i>dorzolamide hydrochloride</i>	MO
<i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i>	MO
<i>latanoprost ophthalmic solution</i>	MO
<i>levobunolol hcl</i>	MO
LUMIGAN	MO
PHOSPHOLINE IODIDE	
<i>pilocarpine hcl ophthalmic solution</i>	MO
RHOPRESSA	MO
ROCKLATAN	MO
SIMBRINZA	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	MO
<i>travoprost</i>	MO
VYZULTA	MO
MISCELLANEOUS	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	MO
CYSTARAN	PA LA MO
ISOPTO ATROPINE	MO
<i>proparacaine hcl</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
RESTASIS	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	QL (5.5 ML per 30 days) MO
TYRVAYA	QL (8.4 ML per 30 days) MO
XIIDRA	QL (60 EA per 30 days) MO

OTIC**OTIC AGENTS**

<i>acetic acid otic solution 2%</i>	MO
CIPRO HC	MO
CIPROFLOXACIN OTIC SOLUTION 0.2%	MO
<i>ciprofloxacin/dexamethasone</i>	MO
<i>flac otic oil</i>	
<i>fluocinolone acetonide otic oil 0.01%</i>	MO
<i>hydrocortisone/acetic acid otic solution</i>	MO
<i>neomycin/polymyxin/hc otic solution 1%</i>	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	MO
<i>ofloxacin otic solution 0.3%</i>	MO

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate nebulized solution</i>	B/D MO
TRELEGY ELLIPTA	QL (60 EA per 30 days) MO

ANTICHOLINERGICS

ATROVENT HFA	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	QL (45 ML per 30 days) MO

ANTI-HISTAMINES

<i>azelastine hcl nasal solution 0.15%</i>	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal solution 0.1%</i>	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate solution</i>	PA MO
CARBINOXAMINE MALEATE TABLET 6MG	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	PA MO
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	PA MO; HRM
<i>desloratadine tablet 5mg</i>	QL (30 EA per 30 days) MO
<i>desloratadine oral dissolving tablet 2.5mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	MO; HRM
<i>hydroxyzine hcl tablet</i>	PA MO; HRM
<i>hydroxyzine hydrochloride injection, syrup 10mg/5ml</i>	PA MO; HRM
<i>hydroxyzine pamoate capsule</i>	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>	MO
<i>olopatadine hcl nasal solution 0.6%</i>	QL (30.5 GM per 30 days) MO
BETA AGONISTS	
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	B/D MO
<i>albuterol sulfate syrup, tablet</i>	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	B/D MO
LEVALBUTEROL TARTRATE HFA	QL (30 GM per 30 days) MO
SEREVENT DISKUS	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection, tablet</i>	MO
VENTOLIN HFA	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS	
<i>montelukast sodium tablet chewable, tablet</i>	QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	QL (60 EA per 30 days) MO
MISCELLANEOUS	
<i>acetylcysteine inhalation solution 10%, 20%</i>	B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>aminophylline</i> BRONCHITOL	QL (560 EA per 28 days) PA LA; ACS
BRONCHITOL TOLERANCE TEST	QL (560 EA per 28 days) PA LA; ACS
<i>cromolyn sodium nebulization solution</i> 20mg/2ml	B/D MO
<i>epinephrine injection 0.15mg/0.3ml,</i> <i>0.15mg/0.15ml, 0.3mg/0.3ml</i> FASENRA	QL (2 EA per 30 days) MO
FASENRA	QL (1 ML per 28 days) PA LA; ACS
FASENRA PEN	QL (1 ML per 28 days) PA LA; ACS
KALYDECO PACKET	QL (56 EA per 28 days) PA LA MO
KALYDECO TABLET	QL (60 EA per 30 days) PA LA MO
OFEV	QL (60 EA per 30 days) PA LA; ACS
ORKAMBI TABLET	QL (112 EA per 28 days) PA LA MO
ORKAMBI PACKET	QL (56 EA per 28 days) PA LA MO
<i>pirfenidone capsule</i>	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	PA LA MO
PULMOZYME	PA; ACS
<i>roflumilast</i>	MO
<i>theophylline er tablet extended release 24 hour</i> 400mg, 600mg	MO
<i>theophylline er tablet extended release 12 hour</i> 100mg, 200mg	
<i>theophylline er tablet extended release 12 hour</i> 300mg, 450mg	MO
<i>theophylline oral solution</i>	MO
TRIKAFTA THERAPY PACK	QL (56 EA per 28 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
TRIKAFTA TABLET THERAPY PACK	QL (84 EA per 28 days) PA LA MO
XOLAIR	PA LA; ACS
NASAL STEROIDS	
<i>flunisolide nasal spray 0.025%</i>	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	QL (34 GM per 30 days) MO
XHANCE	QL (32 ML per 30 days) PA MO
STEROID INHALANTS	
ARNUITY ELLIPTA	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	QL (24 GM per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS	
ADVAIR HFA	QL (12 GM per 30 days) MO
BREO ELLIPTA	QL (60 EA per 30 days) MO
<i>breyna</i>	QL (10.3 GM per 30 days)
<i>budesonide/formoterol fumarate dihydrate</i>	QL (10.2 GM per 30 days) MO
DULERA	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	QL (60 EA per 30 days) MO
<i>wixela inhub</i>	QL (60 EA per 30 days) MO
TOPICAL	
DERMATOLOGY, ACNE	
<i>accutane</i>	PA
<i>amnesteem</i>	PA
<i>claravis</i>	PA
<i>clindacin foam</i>	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	QL (60 ML per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>dapsone gel 5%</i>	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	MO
<i>erythromycin/benzoyl peroxide</i>	MO
<i>erythromycin gel 2%</i>	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	PA
<i>sulfacetamide sodium lotion 10%</i>	MO
TRETINOIN MICROSPPHERE GEL 0.04%, 0.1%	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPPHERE PUMP 0.04%, 0.1%	QL (50 GM per 30 days) PA MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	PA
DERMATOLOGY, ANTIBIOTICS	
<i>gentamicin sulfate cream 0.1%</i>	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	QL (30 GM per 30 days) MO
<i>mafenide acetate packet</i>	MO
<i>mupirocin ointment</i>	QL (30 GM per 30 days) MO
<i>mupirocin cream</i>	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>	MO
SSD	
SULFAMYLON CREAM 85MG/GM	MO
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox olamine cream 0.77%</i>	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>	QL (85 GM per 30 days) MO
ERTACZO	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	QL (100 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>ketodan foam 2%</i>	QL (100 GM per 30 days)
<i>naftifine hcl cream 1%</i>	QL (90 GM per 30 days) MO
<i>nyamyc powder</i>	QL (60 GM per 30 days) MO
<i>nystatin cream 100000unit/gm</i>	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	QL (60 GM per 30 days) MO
<i>nystop powder</i>	QL (60 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS	
<i>acitretin</i>	PA MO
<i>calcipotriene cream, ointment</i>	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule</i>	MO
<i>tazarotene gel</i>	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole shampoo 2%</i>	MO
<i>selenium sulfide lotion 2.5%</i>	MO
DERMATOLOGY, CORTICOSTEROIDS	
<i>ala-cort cream 1%</i>	
<i>ala-cort cream 2.5%</i>	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	MO
<i>betamethasone dipropionate augmented cream</i>	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	MO
<i>betamethasone dipropionate augmented lotion</i>	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	MO
<i>betamethasone dipropionate cream, ointment</i>	MO
<i>betamethasone valerate cream, lotion, ointment</i>	MO
<i>betamethasone valerate foam</i>	QL (120 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>clobetasol propionate emollient foam 0.05%</i>	QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient cream 0.05%</i>	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>	QL (100 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liquid</i>	QL (125 ML per 30 days) MO
<i>clobetasol propionate solution</i>	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	QL (118 ML per 30 days)
<i>desonide lotion</i>	QL (118 ML per 30 days) MO
<i>desonide cream, gel, ointment</i>	QL (60 GM per 30 days) MO
<i>desoximetasone cream, ointment</i>	QL (100 GM per 30 days) MO
<i>desrx</i>	QL (60 GM per 30 days)
<i>diflorasone diacetate</i>	QL (60 GM per 30 days) MO
ENSTILAR	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	MO
<i>fluticasone propionate lotion 0.05%</i>	QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	MO
<i>halobetasol propionate cream</i>	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment</i>	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate lotion</i>	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate ointment</i>	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	MO
<i>hydrocortisone cream 2.5%</i>	QL (30 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>hydrocortisone lotion 2.5%</i>	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	MO
<i>mometasone furoate ointment 0.1%</i>	MO
<i>mometasone furoate solution 0.1%</i>	MO
<i>prednicarbate</i>	QL (60 GM per 30 days) MO
<i>proctosol hc cream 2.5%</i>	
TEXACORT	MO
<i>tovet</i>	QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol spray 0.147mg/gm</i>	MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	MO
<i>triamcinolone acetonide cream 0.1%</i>	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	MO
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine/prilocaine</i>	QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	QL (90 EA per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>ammonium lactate cream, lotion</i>	MO
<i>azelaic acid gel</i>	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium gel 1%</i>	QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	QL (30 EA per 30 days) PA MO
FINACEA FOAM	QL (50 GM per 30 days) MO
FLUOROURACIL CREAM 0.5%	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	QL (40 GM per 30 days) PA MO
<i>fluorouracil topical solution 2%, 5%</i>	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	MO
IMIQUIMOD PUMP	QL (15 GM per 28 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>imiquimod cream 5%</i>	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	MO
<i>metronidazole gel 0.75%</i>	MO
<i>metronidazole gel 1%</i>	MO
<i>metronidazole lotion 0.75%</i>	MO
NORITATE	QL (60 GM per 30 days) MO
ORACEA	QL (30 EA per 30 days) PA MO
PANRETIN	QL (60 GM per 30 days) PA
<i>podofilox</i>	MO
<i>procto-med hc</i>	
<i>proctozone-hc</i>	
RECTIV	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	QL (60 GM per 30 days) MO
VALCHLOR	QL (60 GM per 30 days) PA LA MO
ZYCLARA PUMP CREAM 2.5%	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
<i>malathion</i>	MO
<i>permethrin cream 5%</i>	MO
DERMATOLOGY, WOUND CARE AGENTS	
REGRANEX	QL (30 GM per 30 days) PA MO
SANTYL	MO
<i>sodium chloride 0.9% irrigation soln</i>	MO
<i>sterile water for irrigation</i>	MO
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hydrochloride</i>	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	MO
<i>clinpro 5000</i>	MO
<i>clotrimazole troche 10mg</i>	MO
<i>dentagel</i>	MO
<i>fluoridex daily defense</i>	
<i>fluoridex sensitivity relief/sls free</i>	
<i>fluorimax 5000</i>	
<i>fluorimax 5000 sensitive</i>	
<i>just right 5000</i>	
<i>lidocaine hydrochloride viscous solution 2%</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

Drug name	Requirements/Limits
<i>nystatin suspension 100000unit/ml</i>	MO
<i>oralone dental paste</i>	
<i>periogard</i>	
<i>pilocarpine hydrochloride tablet</i>	MO
<i>sf gel 1.1%</i>	MO
<i>sodium fluoride 5000 ppm dental paste</i>	MO
<i>sodium fluoride 5000 ppm dry mouth gel</i>	MO
<i>sodium fluoride gel 1.1%</i>	MO
<i>triamcinolone acetonide dental paste</i>	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 5.

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<i>abacavir sulfate/</i>	17	AIMOVIG	54	<i>amiodarone</i>	33
<i>lamivudine</i>		<i>ala-cort</i>	91	<i>hydrochloride</i>	
ABELCET	15	<i>albendazole</i>	12	<i>amitriptyline hcl</i>	40
ABILIFY MAINTENA	44	<i>albuterol sulfate</i>	87	<i>amitriptyline</i>	40
<i>abiraterone acetate</i>	23	<i>albuterol sulfate hfa</i>	87	<i>hydrochloride</i>	
ABRYSVO	79	<i>alclometasone</i>	91	<i>amlodipine besylate</i>	31, 32, 35, 37
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<i>dr</i>		ALECENSA	24	<i>atorvastatin calcium</i>	
<i>acarbose</i>	58	<i>alendronate sodium</i>	60	<i>amlodipine</i>	31
<i>accutane</i>	89	<i>alfuzosin hcl</i>	73	<i>besylate/benazepril</i>	
<i>acebutolol</i>	35	<i>aliskiren</i>	37	<i>hydrochloride</i>	
<i>hydrochloride</i>		<i>allopurinol</i>	9	<i>amlodipine besylate/</i>	32
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<i>acyclovir</i>	18	<i>alyacen 1/35</i>	61	<i>amoxapine</i>	40
<i>acyclovir sodium</i>	18	<i>alyacen 7/7/7</i>	61	<i>amoxicillin</i>	21
ADACEL	79	<i>alyq</i>	38	<i>amoxicillin/</i>	21
<i>adc/fluoride</i>	81	<i>amabelz</i>	66	<i>clavulanate</i>	
<i>adefovir dipivoxil</i>	18	<i>amantadine</i>	43	<i>potassium</i>	
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ADMELOG	57	<i>amethia</i>	61	<i>clavulanate</i>	
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SOLOSTAR		<i>amikacini sulfate</i>	12	<i>amphetamine/</i>	52
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<i>anagrelide hydrochloride</i>	75	<i>aurovela 1/20</i>	62	<i>benazepril hydrochloride</i>	32
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<i>aranelle</i>	61	AVONEX	55	<i>betamethasone dipropionate</i>	91
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<i>aripiprazole</i>	44	<i>azathioprine</i>	78	BETASERON	55
<i>aripiprazole odt</i>	44	AZATHIOPRINE	78	<i>betaxolol hcl</i>	35, 85
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<i>atazanavir sulfate</i>	16	<i>baclofen</i>	56	<i>bisoprolol fumarate</i>	35
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<i>cephalexin</i>	20	CIPRO HC	86	<i>clobetasol propionate emollient</i>	92
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<i>charlotte 24 fe</i>	62	<i>clarithromycin er</i>	20	<i>clonazepam odt</i>	48
<i>chateal eq</i>	62	<i>clemastine fumarate</i>	87	<i>clonidine hcl</i>	37
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<i>chlordiazepoxide hcl</i>	39	<i>clindamycin hcl</i>	13	<i>clopidogrel</i>	76
<i>chlordiazepoxide hydrochloride</i>	39	<i>clindamycin palmitate hcl</i>	13	<i>clorazepate dipotassium</i>	48
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<i>chloroquine phosphate</i>	15	<i>clindamycin phosphate/dextrose</i>	13	<i>clotrimazole/ betamethasone dipropionate</i>	90
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<i>chlorpromazine hydrochloride</i>	44	CLINIMIX 4.25%/ DEXTROSE 5%	82	<i>clozapine</i>	45
<i>chlorthalidone</i>	37	CLINIMIX 4.25%/ DEXTROSE 10%	82	<i>clozapine odt</i>	45
<i>chlorzoxazone</i>	56	CLINIMIX 5%/ DEXTROSE 15%	82	CLOZAPINE ODT	44, 45
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CORLANOR	37	<i>deferasirox</i>	61	DEXTROSE 2.5%/	80
COTELLIC	25	DELSTRIGO	17	NACL 0.45%	
CREON	72	<i>delyla</i>	62	<i>dextrose 5%</i>	80,
<i>cromolyn sodium</i>	72,	DENGVAIXIA	79		82
	84,	<i>dentagel</i>	94	DEXTROSE 5% /	80
	88	DEPO-SUBQ	62	ELECTROLYTE #48	
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<i>cyclobenzaprine</i>	56	DESCOVY	17	DEXTROSE 5%/	80
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<i>cyclophosphamide</i>	23	<i>hydrochloride</i>		DEXTROSE 5%/	80
CYCLOPHOSPHA-	23	<i>desloratadine</i>	87	NACL 0.2%	
MIDE		<i>desmopressin</i>	68	<i>dextrose 5%/nacl</i>	80
<i>cycloserine</i>	18	<i>acetate</i>		0.3%	
<i>cyclosporine</i>	78	<i>desogestrel/ethinyl</i>	62	DEXTROSE 5%/	80
<i>cyclosporine</i>	78	<i>estradiol</i>		NACL 0.9%	
<i>modified</i>		<i>desonide</i>	92	DEXTROSE 5%/	80
<i>cyproheptadine hcl</i>	87	<i>desoximetasone</i>	92	NACL 0.33%	
<i>cyproheptadine</i>	87	<i>desrx</i>	92	DEXTROSE 5%/	80
<i>hydrochloride</i>		<i>desvenlafaxine er</i>	41	NACL 0.45%	
<i>cyred</i>	62	DESVENLAFAXINE	41	DEXTROSE 5%/	80
<i>cyred eq</i>	62	ER		NACL 0.225%	
CYSTAGON	68	<i>dexamethasone</i>	67	<i>dextrose 10%</i>	80,
CYSTARAN	85	DEXAMETHASONE	67		82
<i>dabigatran etexilate</i>	74	INTENSOL		DEXTROSE 10%/	80
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<i>danazol</i>	66	<i>sodium phosphate</i>	84	DEXTROSE 10%/	80
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<i>micafungin</i>	15	<i>hydrochloride</i>	83	<i>neomycin/bacitracin/</i>	84
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MICROGESTIN 1/20	64	<i>hydrochloride</i>		<i>bacitracin/</i>	
<i>microgestin 24 fe</i>	64	MULTAQ	33	<i>hydrocortisone</i>	
MICROGESTIN FE	64	<i>multiple electrolytes</i>	81	<i>neomycin/</i>	83
1.5/30		<i>injection type 1</i>		<i>polymyxin/</i>	
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1/20		<i>multivitamin/fluoride</i>	82	<i>neomycin/</i>	84
<i>midodrine hcl</i>	38	<i>multi-vitamin/</i>	81	<i>polymyxin/</i>	
<i>miglitol</i>	59	<i>fluoride/iron</i>		<i>gramicidin</i>	
<i>mili</i>	64	<i>mupirocin</i>	90	<i>neomycin/</i>	86
<i>mimvey</i>	66	<i>mycamine</i>	15	<i>polymyxin/hc</i>	
<i>minocycline hcl</i>	22	<i>mycophenolate</i>	78	<i>neomycin/</i>	83,
<i>minoxidil</i>	38	<i>mofetil</i>		<i>polymyxin/</i>	86
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<i>mirtazapine odt</i>	42	MYRBETRIQ	73	<i>neomycin sulfate</i>	14
<i>misoprostol</i>	72	<i>nabumetone</i>	10	NEONATAL PLUS	82
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NEUPRO	43	<i>estradiol</i>		FLEXPEN	
<i>nevirapine</i>	16	<i>norethindrone</i>	64	NOVOLOG PENFILL	58
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<i>niacor</i>	34	<i>ethinyl estradiol</i>		NURTEC	54
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<i>nifedipine er</i>	36	<i>fumarate</i>		<i>nylia 1/35</i>	65
<i>nikki</i>	64	<i>norgestimate/ethinyl</i>	65	<i>nylia 7/7/7</i>	65
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<i>trimethobenzamide</i>	70	<i>valganciclovir</i>	19	<i>verapamil hcl er</i>	36
<i>hydrochloride</i>		<i>hydrochloride</i>		<i>verapamil hcl sr</i>	36
<i>trimethoprim</i>	14	<i>valproate sodium</i>	51	VERAPAMIL HCL SR	36
<i>tri-mili</i>	66	<i>valproic acid</i>	51	<i>verapamil</i>	37
<i>trimipramine maleate</i>	42,	<i>valsartan</i>	33	<i>hydrochloride</i>	
	43	<i>valsartan/</i>	33	<i>verapamil</i>	36
TRINTELLIX	43	<i>hydrochlorothiazide</i>		<i>hydrochloride er</i>	
<i>tri-nymyo</i>	66	VALTOCO	51	VERQUVO	38
<i>tri-sprintec</i>	66	VANCOMYCIN	14	VERSACLOZ	47
TRIUMEQ	18	<i>vancomycin hcl</i>	14	VERZENIO	30
TRIUMEQ PD	18	VANCOMYCIN HCL	14	<i>vestura</i>	66
<i>tri-vite/fluoride</i>	82	<i>vancomycin</i>	14,	<i>vienna</i>	66
<i>trivora-28</i>	66	<i>hydrochloride</i>	15	<i>vigabatrin</i>	51
<i>tri-vylibra</i>	66	VANCOMYCIN	15	<i>vigadrone</i>	51
<i>tri-vylibra lo</i>	66	HYDROCHLORIDE		VIIBRYD STARTER	43
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TROGARZO	17	VAQTA	80	<i>vilazodone</i>	43
TROPHAMINE	83	VARENICLINE	57	<i>hydrochloride</i>	
<i>tropium chloride</i>	74	STARTING MONTH		<i>viorele</i>	66
<i>tropium chloride er</i>	74	BOX		VIRACEPT	17
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TRUSELTIQ	30	VARIVAX	80	VIVITROL	57
TRUXIMA	30	VASCEPA	35	VIZIMPRO	30
TUKYSA	30	<i>velivet</i>	66	<i>volnea</i>	66
TURALIO	30	VELTASSA	61	VONJO	30
TWINRIX	80	VENCLEXTA	30	<i>voriconazole</i>	15
TYBOST	17	VENCLEXTA	30	VOSEVI	19
<i>tydemy</i>	66	STARTING PACK		VOTRIENT	30
TYPHIM VI	80	VENLAFAXINE	43	VRAYLAR	47
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<i>unithroid</i>	69	<i>venlafaxine hcl er</i>	43	<i>vyfemla</i>	66
<i>ursodiol</i>	72	<i>venlafaxine</i>	43	<i>vylibra</i>	66
<i>valacyclovir hcl</i>	19	<i>hydrochloride</i>		VYVANSE	53
<i>valacyclovir</i>	19	<i>venlafaxine</i>	43	VYZULTA	85
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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on your ID card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

注意：如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-409-1221. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-409-1221. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-409-1221。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-866-409-1221。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-409-1221. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-409-1221. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-409-1221 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-409-1221. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-409-1221번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-409-1221. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-409-1221. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-409-1221 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-409-1221. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-409-1221. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-409-1221. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-409-1221. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-409-1221にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻa ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-866-409-1221. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā be. He pōmaikaʻi manuahi kēia.

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This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-866-409-1221** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

Contract/PBP: H0628-012, 013; H1608-062, 076, 077; H1692-005; H2293-002, 003, 004, 005, 021, 022; H3146-002, 003, 008, 009, 015, 016, 017, 018, 019; H3192-007, 008, 009; H3239-001, 002, 003, 005, 006, 007, 008, 010, 011, 012, 013, 015, 016, 018, 019; H3312-069, 070; H3597-011, 012; H3931-159; H3959-035, 036, 063; H4711-011, 012, 013; H4982-008, 009, 016; H5302-012, 013, 014, 020; H5325-001, 002, 003, 004, 005, 006, 007, 009, 010, 011; H5521-398, 462, 463, 464, 465, 468, 469, 472, 473; H5522-024; H5593-001; H5793-017, 020; H7149-006; H8597-001, 002, 003; H8649-010



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