

# 2022 Formulary (Drug List)

Large and Small Group Health Plans ■ Third Party Administered Health Plans

**2022 Commercial 5-Tier Formulary (List of Covered Drugs) Effective: March 1, 2022**

## What is the Drug List?

Also called a “formulary” by doctors and pharmacists, the Drug List is an extensive list of safe and effective, FDA-approved, brand name and generic prescription drugs used to treat the most common medical conditions. The Health First Pharmacy and Therapeutics Committee (P&T), a panel of physicians and pharmacists, developed our Drug List and updates it regularly. The list includes quality drugs available to you at a reasonable cost. Only those medications that have successfully passed federally required clinical testing and evaluation and have been proven effective are included. The P&T Committee reviews and evaluates all available literature about a drug when updating the list.

## About Tiers

Most covered prescription drugs will be categorized into one of five cost-sharing tiers. Drug costs vary widely, even though several different medications may be used to treat the same condition. What you pay for the prescription depends upon what tier the drug is listed in. Health First Health Plans and Insurance (The Plan) offers many benefit plans that can vary in coverage for each tier. Details about your specific benefit for each tier are included in The Plan’s Summary of Benefits. Prescriptions that exceed a 30-day supply will default to a 90-day supply copay (this does not apply to coinsurances). For coinsurances, you will always pay a percentage of the total cost after the applicable deductible is met.

- **Tier 1 (T1)** – Includes low-cost preferred generic drugs.
- **Tier 2 (T2)** – Includes higher-cost generic drugs.
- **Tier 3 (T3)** – Includes preferred brand-name drugs and some higher-cost generic drugs.
- **Tier 4 (T4)** – Includes higher-cost non-preferred brand-name drugs and generic drugs (some plans may be limited to a 30-day supply).

- **Tier 5 (T5 SP)** – Includes higher-cost biologics or prescription drugs that require close monitoring for safety and efficacy. These medications must be obtained from Accredo Pharmacy when possible and are limited to a 30-day supply.
- **Preventive Care (NCS)** – Includes some select preventive products, prescription medications and specific over-the-counter (OTC) medications available to you at no cost-sharing (\$0) when applicable conditions are met.

**Generic drugs** are prescription drugs that have the same active ingredients as brand drugs and are prescribed for the same reasons. When the patent expires on a brand name drug, the FDA permits new manufacturers to produce an equivalent of the brand name drug and make it available to the public. Generally, more than one manufacturer will produce generic versions, although often the same pharmaceutical firm that produces the brand name drug also makes the generic version. This prompts competitive pricing of the generic version and usually results in a less expensive drug that is as safe and effective as the brand name drug.

## What will my expenses be?

Every plan is different, and your financial obligation will vary based on your specific plan. You are responsible for any cost sharing your plan requires.

### What is a deductible?

A deductible is a set dollar amount that you must pay each calendar year before your health plan starts paying. If your plan includes an integrated pharmacy deductible, it will accumulate with your in-network medical deductible. Refer to your plan documents to see when your deductible starts over for your plan.

### What is the difference between a copayment and coinsurance?

Copayments and coinsurance are types of member cost sharing, and they represent the portion of covered prescription expenses members must pay. A copayment is a flat dollar amount while coinsurance is a percentage of the total allowable charges.

### What does out-of-pocket maximum mean?

The out-of-pocket maximum protects you from catastrophic medical and prescription drug expenses by limiting how much you have to pay during the benefit year. Your cost sharing for covered prescription drugs (deductible, coinsurance and copayment) all accumulate with your in-network medical out-of-pocket maximum. Refer to your plan documents to see when your out-of-pocket maximum starts over for your plan and to verify the specific cost sharing you have for specific tiers. Manufacturer coupons and patient assistance programs (PAP) do not count towards your out of pocket expenses or your deductible for specialty (Tier 5) medications.

### What is a DAW Differential? (Applies to small group and individual plans)

Multi-source brand medications are brand name drugs with a generic available for that brand drug. If your physician writes a prescription for you that is a multi-source brand name medication and a generic is available for that brand, your prescription will be filled with the generic medication. However, if a multi-source brand name drug is requested by you, or your physician and filled, then you will pay the brand name co-payment plus the difference in the actual cost of the generic drug and the brand name drug. The Brand Name Copay + Difference in Cost between the Generic and the Brand is called a "Dispense as Written" (DAW) Differential. The DAW Differential will be applied to all multisource brand name medications filled with the exception of these five classes of medications:

- 1) Anticonvulsants,
- 2) Antineoplastics,
- 3) Antipsychotics,
- 4) Antiretrovirals, and
- 5) Immunosuppressants (used for prophylaxis, or prevention of organ transplant rejection)

For multi-source brand medications on our formulary that are within the five classes of medications listed above, you will be charged the applicable brand name copay (e.g. Tier 3, Tier 4, or Tier 5 Co-Pay). For these five medication classes the DAW Differential will not apply.

## The Drug List is subject to change

In order to continue to offer a safe and cost effective selection of prescription drugs, The Plan periodically makes changes to the Drug List. These changes may include removing medications, adding restrictions, and/or covering a drug at a higher tier. Updated formularies are posted to the website as changes are made. The following list represents some of the most common scenarios in which changes to drug coverage will occur:

- Throughout the year, new medications are approved by the FDA. It is the policy of The Plan that new drugs will be excluded for 6 months from the date of FDA approval, during which time the Health First P&T Committee can review the drug for safety and efficacy.
- When a medication is withdrawn from the market due to safety reasons or if it becomes available over-the-counter (OTC). At the time that a medication on the HFP Drug List becomes available OTC, it may be excluded from coverage from that point forward.
- When a brand-name prescription drug loses its patent and the equivalent generic form is added to the Drug List, the brand-name drug may be moved to Tier 4 or removed from the formulary.

This formulary is current as of **January 1, 2022**. To get updated information about covered drugs, please visit our Web site at [myHFHP.org](http://myHFHP.org) or call Customer Service toll-free at 1.855.443.4735 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** The Plan requires you and/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. In order for The Plan to pay for these drugs, the physician ordering the prescription is required to submit all medical information to The Plan documenting the medical necessity. These drugs are identified in the Drug List.
- **Step Therapy:** In some cases, The 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. A complete list of drugs which require Step Therapy is listed in the reference table on page 6.
- **Quantity Limits:** For some covered drugs, there is a maximum amount that will be covered by The Plan over a certain period of time. For example, The Plan covers 30 tablets every 30 days or 90 tablets every 90 days for TRADJENTA.

## How can I make the most of my prescription drug benefit?

Prescription drug costs continue to rise every year and can represent a significant part of your healthcare expenses. The Plan helps you pay for your medications by sharing the cost with you and providing substantial discounts for covered medications. To help you manage your drug costs, here are some money-saving tips to consider:

- **Use generic medications whenever possible.** Generic drugs are the chemical equivalent of brand name drugs and are just as effective in most cases. If you take generic drugs you will generally pay less. Talk to your doctor to see if switching to a generic equivalent of any brand-name drug you are taking is appropriate. Please see the list of drugs below to determine which generic drugs are included in lower cost-sharing tiers.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that The Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by The Plan. When you receive the list, show it to your doctor and ask if switching to a covered medication is appropriate.
- You can ask your physician to send The Plan information requesting we make an exception and cover your drug.

If The Plan approves the request for an exception to the formulary, the approved drug will be covered at the Tier 4 cost share unless the cost of the medication is greater than \$500 per month, then it will be covered at the Tier 5 cost share.

## Excluded drugs

The Plan does not provide coverage for all drugs. In addition to the drugs marked “excluded” in this drug list, newly FDA approved drugs are not covered unless the Health First P&T Committee in its sole discretion approves these drugs for coverage. The Plan will automatically exclude a particular drug if a generic version becomes available and an entire class of drugs if a particular drug within that class becomes available over the counter.

## **The following are NOT covered by The Plan:**

- Compounded drugs
- Cosmetics or any drugs used for cosmetic purposes
- Diabetic supplies, blood glucose monitors and test strips other than those manufactured by Abbott under the product name Freestyle, Precision, and test strips®
- Erectile dysfunction drugs (such as Viagra)
- Infertility drugs (such as Clomid)
- Some injectables (except insulin, Imitrex, and those requiring prior authorization)
- Most multivitamins and nutritional supplements (except prescription pre-natal vitamins and products covered under the Preventive Care benefit)
- Nonprescription supplies or substances
- Over-the-counter (OTC) medications (except products covered under the Preventive Care benefit), or any drug for which a similar over-the-counter version is available
- All new drugs approved by the FDA will be excluded from the preferred drug list/formulary unless the Health First P&T Committee, in its sole discretion, decides to waive this exclusion for a particular drug.
- Support garments
- Syringes, needles, or other disposable supplies (except those used with insulin)

## Preventive Care Medications: \$0 Cost-share Medications and Products

The Affordable Care Act (ACA), commonly known as health care reform, was signed into federal law in 2010. The ACA requires private insurers to cover certain preventive services without any patient cost-sharing (i.e., copayments, coinsurance and deductible) when they are delivered by a network provider.

The Department of Health and Human Services (HHS) has recognized several recommending bodies (e.g., United States Preventive Services Task Force [USPSTF], Advisory Committee on Immunization Practices [ACIP], and Health Resources and Services Administration [HRSA]) who have identified several medication categories that fall within the preventive health mandate.

The following products, prescription medications and specific over-the-counter (OTC) medications (notated in Tier NCS throughout this formulary) are available to our members at no (\$0) cost-sharing when:

- Prescribed by a health care professional (all prescription **and** OTC medications will require a prescription)
- Age and/or gender appropriate

*This list will be reviewed periodically and is subject to change.*

Medicine/Product Category and Who is Covered	Examples of the Medicine/Product Covered
<b><u>Aspirin</u></b> <ul style="list-style-type: none"> <li>▪ Individuals &lt; 60 years</li> </ul>	<ul style="list-style-type: none"> <li>▪ Aspirin products ≤ 325 MG</li> </ul>
<b><u>Fluoride</u></b> <ul style="list-style-type: none"> <li>▪ Children age 6 months through 5 years</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fluoride Chewable Tablet 0.25 MG and 0.5 MG;</li> <li>▪ Fluoride Drops 0.125 MG, 0.25 MG and 0.5 MG;</li> <li>▪ Multivitamin W/ Fluoride Chewable 0.25 MG and 0.5 MG;</li> <li>▪ Multivitamin W/ Fluoride Drops 0.25 MG and 0.5 MG;</li> <li>▪ Multivitamin W/ Fluoride Suspension 0.25 MG and 0.5 MG</li> </ul>
<b><u>Folic Acid</u></b> <ul style="list-style-type: none"> <li>▪ Women only through age 50 years</li> </ul>	<ul style="list-style-type: none"> <li>▪ Folic Acid Tablet 0.4 MG and 0.8 MG;</li> <li>▪ Prenatal Multivitamins W/ Folic Acid (0.4 MG and 0.8 MG)</li> </ul>
<b><u>Vitamin D Supplements</u></b> <ul style="list-style-type: none"> <li>▪ Adults ≥ 65 years of age</li> </ul>	<ul style="list-style-type: none"> <li>▪ Vitamin D 1,000 Units Or Less Per Dose Unit;</li> <li>▪ Calcium With Vitamin D (1,000 Units Or Less Per Dose Unit)</li> </ul>
<b><u>Immunizations</u></b> <ul style="list-style-type: none"> <li>▪ The age of coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention</li> </ul>	Covered immunizations include those that are routine vaccines recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age and/or gender

Medicine/Product Category and Who is Covered	Examples of the Medicine/Product Covered
	limitations. Coverage also includes non-routine immunizations used to prevent other illnesses such as typhoid, yellow fever, and Japanese encephalitis.
<p><b><u>Contraceptive Methods</u></b></p> <ul style="list-style-type: none"> <li>▪ Women only, through age 50 years</li> </ul>	<p>Covered products include one or more Food and Drug Administration (FDA) approved 16 contraceptive methods available through the prescription drug benefit, including:</p> <ul style="list-style-type: none"> <li>▪ Generic OTC spermicide and legend diaphragms;</li> <li>▪ Today® contraceptive sponge;</li> <li>▪ Female condom;</li> <li>▪ Femcap®;</li> <li>▪ Generic oral, transdermal and intramuscular hormonal methods;</li> <li>▪ Nuvaring®;</li> <li>▪ Generic, OTC emergency contraceptives and Ella®;</li> <li>▪ The intrauterine systems Mirena® and Paragard®;</li> <li>▪ The intradermal agent, Nexplanon®</li> </ul>

If you have any questions regarding your eligibility for preventive care medications and preventive contraceptive coverage, please contact your employer or call Customer Service toll-free at 1.855.443.4735 (TTY/TDD relay: 1.800.955.8771) Monday through Friday from 8 a.m. to 6 p.m.

Step Therapy Reference Table	
Drug Name	Drug that must be tried first
<b>ALMOTRIPTAN, FROVATRIPTAN, NARATRIPTAN, RELPAX, ZOLMITRIPTAN, ZOLMITRIPTAN ODT, ZOMIG NASAL</b>	<i>Sumatriptan, rizatriptan in the last 180 days</i>
<b>FOSRENAL, RENAGEL, RENVELA</b>	<i>calcium acetate 667 mg in the last 180 days</i>
<b>OXICONAXOLE</b>	<i>ketoconazole AND clotrimazole topical products in the last 180 days</i>
<b>ULORIC</b>	<i>Allopurinol in the last 180 days</i>
<b>VIIBRYD</b>	<i>Trial of any two (2) of the following drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine in the last year</i>
<b>WELCHOL</b>	<i>cholestyramine or colestipol in the last 180 days</i>
<b>SYMBICORT</b>	<i>Advair in the last 180 days</i>

# Health First Health Plans Formulary

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The formulary provides coverage information about some of the drugs covered by The Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 102. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., PRADAXA) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Notes column tells you if The Plan has any special requirements for coverage of your drug.

## **Specialty Pharmacy (SP):**

Must be obtained from Accredo Pharmacy and are limited to a 30-day supply. *For members who reside outside the state of Florida, an exception will be considered to allow the medication to be filled at another pharmacy.* Please contact Customer Service Department to initiate this process. Medications with a limited distribution network that are not available at Accredo may be filled at other pharmacies. Manufacturer coupons and patient assistance programs (PAP) do not count towards your out of pocket expenses or your deductible for specialty (Tier 5) medications.

## **Prior Authorization (PA):**

The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from The Plan before you fill your prescriptions. If you don't get approval, the drug will not be covered.

## **Quantity Limit (QL):**

Quantity Limits may also be listed. For example, "30 EA per 30 days" would mean your coverage of this drug is limited to 30 pills every 30 days. Prescriptions written for more than the suggested Quantity Limits will only be honored up to the listed amount unless an exception is requested by your physician and approved by The Plan.

## **Step Therapy (ST):**

In some cases, The 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. A complete list of drugs which require Step Therapy is listed in the reference table on page 6.

## **Maintenance Drug (MD):**

You may be taking these drugs on a long-term basis. Maintenance medications are generally those used to treat chronic conditions and long-term conditions. **\*\*Some exceptions may apply (i.e. certain medications used for ADHD, asthma/COPD rescue, acute pain, and acute infections).**

## **No Cost-Share (NCS):**

Select preventive products, prescription medications and specific over-the-counter (OTC) medications available to our members at no cost-sharing (\$0) when applicable conditions are met.

Health First Commercial Plans, Inc. is doing business under the name of Health First Health Plans. Health First Health Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.



Drug	Status	Notes
<b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC</b>		
<b>ANALGESIC OPIOID AGONISTS</b>		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	T3	QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	T5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T3	QL (15 EA per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	T3	QL (180 EA per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	T4	QL (180 EA per 30 days)
<i>meperidine oral tablet 50 mg</i>	T3	QL (180 EA per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	T3	QL (240 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 mL (20 mg/mL)</i>	T3	QL (600 ML per 30 days)
<i>morphine oral solution 10 mg/5 mL</i>	T3	QL (2700 ML per 30 days)
<i>morphine oral solution 20 mg/5 mL (4 mg/mL)</i>	T3	QL (1350 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	T3	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	T3	QL (90 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	T3	QL (60 EA per 30 days)
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</b>	T4	PA; QL (180 EA per 30 days)
<i>oxycodone oral solution 5 mg/5 mL</i>	T4	QL (5400 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg</i>	T3	QL (180 EA per 30 days)
<i>oxycodone oral tablet 30 mg</i>	T3	QL (120 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	T3	QL (240 EA per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	T4	QL (120 EA per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	T4	QL (60 EA per 30 days)
<i>tramadol oral tablet 50 mg</i>	T3	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	T4	QL (30 EA per 30 days)
<i>tramadol oral tablet, ER multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	T4	QL (30 EA per 30 days)
<b>XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG</b>	T4	QL (60 EA per 30 days)
<b>ANALGESIC OPIOID CODEINE COMBINATIONS</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 mL (5 mL), 120-12 mg/5 mL, 240 mg-24 mg /10 mL (10 mL), 300 mg-30 mg /12.5 mL</i>	T3	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T3	QL (240 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T3	QL (180 EA per 30 days)
<b>ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG</b>	T3	
<b>BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG</b>	T4	QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	T4	QL (180 EA per 30 days)

Drug	Status	Notes
<i>codeine-butalbital-ASA-caff oral capsule 30-50-325-40 mg</i>	T4	QL (180 EA per 30 days)
<b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 mL</i>	T4	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg</i>	T3	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	T3	QL (84 EA per 30 days)
<b>ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T3	QL (50 EA per 30 days)
<b>ANALGESIC OPIOID HYDROCODONE COMBINATIONS</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 mL</i>	T4	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T3	QL (50 EA per 30 days)
<b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS</b>		
<b>ENDOCET ORAL TABLET 10-325 MG</b>	T3	QL (180 EA per 30 days)
<b>ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	T3	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
<b>ANALGESIC OPIOID OXYCODONE COMBINATIONS</b>		
<b>ENDOCET ORAL TABLET 10-325 MG</b>	T3	QL (180 EA per 30 days)
<b>ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	T3	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T3	QL (240 EA per 30 days)
<b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS</b>		
<i>butorphanol injection solution 1 mg/mL, 2 mg/mL</i>	T3	
<b>BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR</b>	T3	QL (4 EA per 28 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	T3	
<b>ANALGESIC OPIOID TRAMADOL AND NON-SALICYLATE COMBINATIONS</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	T3	QL (240 EA per 30 days)
<b>ANALGESIC OPIOID TRAMADOL COMBINATIONS</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	T3	QL (240 EA per 30 days)
<b>ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS</b>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T4	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	T2	QL (180 EA per 30 days)

Drug	Status	Notes
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T2	QL (180 EA per 30 days)
<b>ANTI-INFLAMMATORY - INTERLEUKIN-1 RECEPTOR ANTAGONIST</b>		
<b>ARCALYST SUBCUTANEOUS RECON SOLN 220 MG</b>	T5	PA
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, NON-SELECTIVE</b>		
<b>ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)</b>	T5	PA; QL (8 EA per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, TNF-ALPHA SEL</b>		
<b>HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML</b>	T5	PA; QL (6 EA per 180 days)
<b>HUMIRA PEN PSOR-VEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML</b>	T5	PA; QL (4 EA per 180 days)
<b>HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</b>	T5	PA; QL (4 EA per 28 days)
<b>DMARD - ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>		
<b>ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)</b>	T5	PA; QL (8 EA per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)</b>	T5	PA; QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)</b>	T5	PA; QL (8 ML per 28 days)
<b>HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML</b>	T5	PA; QL (6 EA per 180 days)
<b>HUMIRA PEN PSOR-VEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML</b>	T5	PA; QL (4 EA per 180 days)
<b>HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML</b>	T5	PA; QL (4 EA per 28 days)
<b>HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML</b>	T5	PA; QL (2 EA per 28 days)
<b>SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML</b>	NF	QL (1 ML per 30 days)
<b>SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML</b>	NF	QL (1 ML per 30 days)
<b>DMARD - ANTIMALARIALS</b>		
<i>hydroxychloroquine oral tablet 200 mg</i>	T3	
<b>DMARD - ANTIMETABOLITES</b>		
<i>methotrexate sodium (PF) injection solution 25 mg/mL</i>	T2	
<i>methotrexate sodium injection solution 25 mg/mL</i>	T2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T2	

Drug	Status	Notes
<b>DMARD - ANTINFLAMMATORY, SELECT. COSTIMULATION MODULATOR,T-CELL INHIB.</b>		
<b>ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML</b>	NF	QL (4 ML per 30 days)
<b>ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML</b>	NF	QL (4 ML per 30 days)
<b>DMARD - GOLD COMPOUNDS</b>		
<b>RIDAURA ORAL CAPSULE 3 MG</b>	T5	
<b>DMARD - IMMUNOSUPPRESSIVES</b>		
<i>azathioprine oral tablet 50 mg</i>	T2	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	T4	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T3	
<i>cyclosporine modified oral solution 100 mg/mL</i>	T3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T3	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T3	
<b>GENGRAF ORAL SOLUTION 100 MG/ML</b>	T3	
<i>mycophenolate mofetil oral capsule 250 mg</i>	T3	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/mL</i>	T4	
<i>mycophenolate mofetil oral tablet 500 mg</i>	T3	
<b>DMARD - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS, MONOCLONAL ANTIBODY</b>		
<b>ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML</b>	NF	QL (2 ML per 30 days)
<b>ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML</b>	NF	QL (2 ML per 30 days)
<b>KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML</b>	NF	QL (2 ML per 28 days)
<b>KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML</b>	NF	QL (2 ML per 28 days)
<b>DMARD - JANUS KINASE (JAK) INHIBITORS</b>		
<b>OLUMIANT ORAL TABLET 1 MG, 2 MG</b>	NF	QL (30 EA per 30 days)
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG</b>	T5	PA
<b>XELJANZ ORAL SOLUTION 1 MG/ML</b>	T5	PA; QL (300 ML per 30 days)
<b>XELJANZ ORAL TABLET 5 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>DMARD - OTHER</b>		
<b>DEPEN TITRATABS ORAL TABLET 250 MG</b>	T5	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	T2	
<i>penicillamine oral capsule 250 mg</i>	T5	PA
<i>penicillamine oral tablet 250 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	T2	
<b>DMARD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS</b>		
<b>OTEZLA ORAL TABLET 30 MG</b>	T5	PA; QL (60 EA per 30 days)

Drug	Status	Notes
<b>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)</b>	T5	PA; QL (55 EA per 274 days)
<b>DMARD - PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T3	QL (30 EA per 30 days)
<b>IMMUNOMODULATOR B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITOR MCAB</b>		
<b>BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML</b>	T5	PA; QL (4 ML per 28 days)
<b>NSAID ANALGESIC, CYCLOOXYGENASE-2 (COX-2) SELECTIVE INHIBITORS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	T3	QL (60 EA per 30 days)
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES</b>		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	T4	
<i>mefenamic acid oral capsule 250 mg</i>	T4	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER</b>		
<i>ketorolac oral tablet 10 mg</i>	T2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	T2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	T2	
<i>tolmetin oral capsule 400 mg</i>	T3	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	T3	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES</b>		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	T2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	T3	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	T2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	T2	
<i>diclofenac sodium oral tablet, delayed release (DR/EC) 25 mg, 50 mg, 75 mg</i>	T2	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES</b>		
<i>fenoprofen oral tablet 600 mg</i>	T4	
<i>flurbiprofen oral tablet 100 mg</i>	T2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	T1	
<i>naproxen oral tablet, delayed release (DR/EC) 375 mg, 500 mg</i>	T2	
<i>oxaprozin oral tablet 600 mg</i>	T3	
<b>NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES</b>		
<i>etodolac oral capsule 200 mg, 300 mg</i>	T3	
<i>etodolac oral tablet 400 mg, 500 mg</i>	T3	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	T4	

Drug	Status	Notes
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T2	
<b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	T2	QL (180 EA per 30 days)
<b>SALICYLATE ANALGESICS</b>		
<i>aspirin oral tablet 325 mg</i>	T6	
<i>aspirin oral tablet, chewable 81 mg</i>	T6	
<i>aspirin oral tablet, delayed release (DR/EC) 325 mg, 81 mg</i>	T6	
<b>BAYER ASPIRIN ORAL TABLET 325 MG</b>	T6	
<b>CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG</b>	T6	
<b>ENTERIC COATED ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG</b>	T6	
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETIC - AMIDES</b>		
<i>lidocaine HCl laryngotracheal solution 4 %</i>	T2	
<i>lidocaine topical ointment 5 %</i>	T4	PA; QL (150 GM per 30 days)
<b>ANORECTAL PREPARATIONS</b>		
<b>ANAL FISSURE PAIN/TREATMENT AGENTS - NITRATES</b>		
<b>RECTIV RECTAL OINTMENT 0.4 % (W/W)</b>	T4	
<b>ANORECTAL - GLUCOCORTICOIDS</b>		
<b>ANUCORT-HC RECTAL SUPPOSITORY 25 MG</b>	T3	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	T3	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	T2	
<b>PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %</b>	T2	
<b>PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %</b>	T2	
<b>ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID-LOCAL ANESTHETIC COMB</b>		
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i>	T3	
<i>lidocaine HCl-hydrocortisone ac rectal cream 3-0.5 %</i>	T2	
<i>lidocaine HCl-hydrocortisone ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	T4	QL (4 EA per 30 days)
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	T2	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	T4	QL (4 EA per 30 days)
<b>PROCORT RECTAL CREAM 1.85-1.15 %</b>	T3	
<b>PROCTOFOAM HC RECTAL FOAM 1-1 %</b>	T4	
<b>ANTIDOTES AND OTHER REVERSAL AGENTS</b>		
<b>ANTIDOTE - ACETAMINOPHEN POISONING</b>		
<i>acetylcysteine solution 100 mg/mL (10 %), 200 mg/mL (20 %)</i>	T2	
<b>CHELATING AGENTS - COPPER</b>		
<b>DEPEN TITRATABS ORAL TABLET 250 MG</b>	T5	
<b>SYPRINE ORAL CAPSULE 250 MG</b>	T5	
<i>trientine oral capsule 250 mg</i>	T5	
<b>CHELATING AGENTS - IRON</b>		
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	T5	



Drug	Status	Notes
<i>deferiprone oral tablet 500 mg</i>	T5	PA
<b>EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG</b>	T5	PA
<b>FERRIPROX ORAL TABLET 500 MG</b>	T5	PA
<b>CHELATING AGENTS - LEAD POISONING</b>		
<b>CHEMET ORAL CAPSULE 100 MG</b>	T4	
<b>MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING</b>		
<b>MOVANTIK ORAL TABLET 12.5 MG, 25 MG</b>	T4	PA
<b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS</b>		
<i>naloxone injection syringe 1 mg/mL</i>	T2	
<i>naltrexone oral tablet 50 mg</i>	T2	
<b>ANTI-INFECTIVE AGENTS</b>		
<b>AMEBICIDES</b>		
<i>paromomycin oral capsule 250 mg</i>	T3	
<b>AMINOGLYCOSIDE ANTIBIOTIC</b>		
<i>neomycin oral tablet 500 mg</i>	T2	
<i>streptomycin intramuscular recon soln 1 gram</i>	T3	
<b>AMINOPENICILLIN ANTIBIOTIC</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	T1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 mL, 200 mg/5 mL, 250 mg/5 mL, 400 mg/5 mL</i>	T1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	T1	
<i>amoxicillin oral tablet, chewable 125 mg</i>	T2	
<i>amoxicillin oral tablet, chewable 250 mg</i>	T1	
<i>ampicillin oral capsule 500 mg</i>	T2	
<b>AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS</b>		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 mL, 400-57 mg/5 mL, 600-42.9 mg/5 mL</i>	T2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 mL</i>	T3	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	T3	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	T3	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	T2	
<b>ANTHELMINTIC AGENTS - BENZIMIDAZOLE DERIVATIVES</b>		
<i>albendazole oral tablet 200 mg</i>	T4	
<b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES</b>		
<i>ivermectin oral tablet 3 mg</i>	T2	
<b>ANTHELMINTIC AGENTS OTHER</b>		
<b>BILTRICIDE ORAL TABLET 600 MG</b>	T4	

Drug	Status	Notes
<b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 mL</i>	T3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 mL</i>	T2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	T1	
<b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS</b>		
<i>trimethoprim oral tablet 100 mg</i>	T2	
<b>ANTIBACTERIAL NITROFURAN DERIVATIVES</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T2	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	T2	
<i>nitrofurantoin oral suspension 25 mg/5 mL</i>	T2	
<b>ANTIBACTERIAL OTHER</b>		
<b>MONUROL ORAL PACKET 3 GRAM</b>	T4	
<b>ANTIFUNGAL - ALLYLAMINES</b>		
<i>terbinafine HCl oral tablet 250 mg</i>	T2	QL (30 EA per 30 days)
<b>ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES</b>		
<i>nystatin oral tablet 500,000 unit</i>	T2	
<b>ANTIFUNGAL - FLUORINATED PYRIMIDINE-TYPE AGENTS</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	T5	
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITOR, ECHINOCANDINS</b>		
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	T5	PA
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	T5	PA
<b>ANTIFUNGAL - IMIDAZOLES</b>		
<i>ketoconazole oral tablet 200 mg</i>	T2	
<b>ANTIFUNGAL - TRIAZOLES</b>		
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	T2	
<i>itraconazole oral capsule 100 mg</i>	T4	PA; QL (120 EA per 30 days)
<b>NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML</b>	T5	PA
<b>NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)</b>	T5	PA
<b>NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG</b>	T5	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 mL (40 mg/mL)</i>	T5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	T5	PA
<b>ANTIFUNGAL OTHER</b>		
<i>griseofulvin microsize oral suspension 125 mg/5 mL</i>	T2	
<b>ANTI-INFECTIVE IMMUNOLOGIC ADJUVANTS - INTERFERONS</b>		
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML</b>	T5	PA
<b>ANTILEPTIC - IMMUNOMODULATORS</b>		
<b>THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG</b>	T5	PA



Drug	Status	Notes
<b>ANTILEPROTIC - SULFONE AGENTS</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	T3	
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	T4	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	T2	
<b>DARAPRIM ORAL TABLET 25 MG</b>	T3	
<i>hydroxychloroquine oral tablet 200 mg</i>	T3	
<b>KRINTAFEL ORAL TABLET 150 MG</b>	T3	QL (2 EA per 28 days)
<i>mefloquine oral tablet 250 mg</i>	T2	
<i>primaquine oral tablet 26.3 mg</i>	T3	QL (30 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	T4	
<b>ANTIPROTOZOAL AGENTS - NITROIMIDAZOLE DERIVATIVES</b>		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	T2	PA
<b>ANTIPROTOZOAL AGENTS - OTHER</b>		
<i>atovaquone oral suspension 750 mg/5 mL</i>	T5	
<b>ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES</b>		
<b>ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML</b>	T4	PA
<b>ALINIA ORAL TABLET 500 MG</b>	T4	PA
<b>ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE</b>		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T2	
<b>ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST</b>		
<b>SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>ANTIRETROVIRAL - CD4 ATTACHMENT INHIBITORS</b>		
<b>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG</b>	T5	QL (60 EA per 30 days)
<b>ANTIRETROVIRAL - HIV-1 FUSION INHIBITORS</b>		
<b>FUZEON SUBCUTANEOUS RECON SOLN 90 MG</b>	T5	PA
<b>ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS</b>		
<b>ISENTRESS HD ORAL TABLET 600 MG</b>	T5	PA
<b>ISENTRESS ORAL POWDER IN PACKET 100 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>ISENTRESS ORAL TABLET 400 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG</b>	T5	PA
<b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NNRTI COMBINATIONS</b>		
<b>JULUCA ORAL TABLET 50-25 MG</b>	T5	QL (30 EA per 30 days)
<b>ANTIRETROVIRAL - INTEGRASE INHIBITOR AND NRTI COMBINATIONS</b>		
<b>DOVATO ORAL TABLET 50-300 MG</b>	T5	QL (30 EA per 30 days)

Drug	Status	Notes
<b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI)</b>		
<b>EDURANT ORAL TABLET 25 MG</b>	T5	PA
<i>efavirenz oral capsule 200 mg, 50 mg</i>	T4	
<i>efavirenz oral tablet 600 mg</i>	T4	
<b>INTELENCE ORAL TABLET 100 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>INTELENCE ORAL TABLET 200 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>INTELENCE ORAL TABLET 25 MG</b>	T4	PA
<i>nevirapine oral suspension 50 mg/5 mL</i>	T3	PA
<i>nevirapine oral tablet 200 mg</i>	T3	PA
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	T4	PA
<b>PIFELTRO ORAL TABLET 100 MG</b>	T5	QL (30 EA per 30 days)
<b>SUSTIVA ORAL CAPSULE 200 MG, 50 MG</b>	T4	PA
<b>SUSTIVA ORAL TABLET 600 MG</b>	T4	PA
<b>ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS</b>		
<b>CIMDUO ORAL TABLET 300-300 MG</b>	T5	QL (30 EA per 30 days)
<b>DESCOVY ORAL TABLET 200-25 MG</b>	T5	PA
<i>emtricitabine-tenofovir (TDF) oral tablet 200-300 mg</i>	T5	
<b>TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG</b>	T5	PA
<b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir oral solution 20 mg/mL</i>	T5	
<i>abacavir oral tablet 300 mg</i>	T3	PA
<i>didanosine oral capsule, delayed release (DR/EC) 250 mg, 400 mg</i>	T3	PA
<b>EMTRIVA ORAL CAPSULE 200 MG</b>	T3	PA
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>	T3	PA
<i>lamivudine oral solution 10 mg/mL</i>	T3	PA
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T3	PA
<b>RETROVIR INTRAVENOUS SOLUTION 10 MG/ML</b>	T4	PA
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	T3	PA
<b>ZIAGEN ORAL SOLUTION 20 MG/ML</b>	T3	PA
<i>zidovudine oral capsule 100 mg</i>	T3	PA
<i>zidovudine oral syrup 10 mg/mL</i>	T3	PA
<i>zidovudine oral tablet 300 mg</i>	T3	PA
<b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	T5	PA
<b>VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)</b>	T5	PA
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG</b>	T5	PA
<b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS</b>		
<b>EVOTAZ ORAL TABLET 300-150 MG</b>	T5	PA

Drug	Status	Notes
<b>KALETRA ORAL SOLUTION 400-100 MG/5 ML</b>	T4	PA
<b>KALETRA ORAL TABLET 100-25 MG</b>	T4	PA
<b>KALETRA ORAL TABLET 200-50 MG</b>	T5	PA
<b>PREZCOBIX ORAL TABLET 800-150 MG-MG</b>	T5	PA
<b>ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS,PROTEASE INHIBITORS</b>		
<b>SYMTUZA ORAL TABLET 800-150-200-10 MG</b>	T5	QL (30 EA per 30 days)
<b>ANTIRETROVIRAL-INTEGRASE INHIBITOR,NUCLEOSIDE AND NUCLEOTIDE RTIS COMB</b>		
<b>BIKTARVY ORAL TABLET 50-200-25 MG</b>	T5	QL (30 EA per 30 days)
<b>GENVOYA ORAL TABLET 150-150-200-10 MG</b>	T5	PA
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>	T5	PA
<b>ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS</b>		
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>	T5	PA
<b>ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	T5	PA
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	T5	PA
<b>EPZICOM ORAL TABLET 600-300 MG</b>	T5	PA
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	T4	
<b>ANTIRETROVIRAL-NUCLEOSIDE, NUCLEOTIDE ANALOGS AND NON-NUCLEOSIDE RTI</b>		
<b>ATRIPLA ORAL TABLET 600-200-300 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>	T5	
<b>DELSTRIGO ORAL TABLET 100-300-300 MG</b>	T5	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>	T5	
<b>ODEFSEY ORAL TABLET 200-25-25 MG</b>	T5	PA
<b>SYMFI LO ORAL TABLET 400-300-300 MG</b>	T5	QL (30 EA per 30 days)
<b>SYMFI ORAL TABLET 600-300-300 MG</b>	T5	QL (30 EA per 30 days)
<b>ANTITUBERCULAR - D-ALANINE ANALOGS</b>		
<i>cycloserine oral capsule 250 mg</i>	T4	
<b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES</b>		
<i>isoniazid oral solution 50 mg/5 mL</i>	T2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	T2	
<b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES</b>		
<i>pyrazinamide oral tablet 500 mg</i>	T2	
<b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES</b>		
<b>PRIFTIN ORAL TABLET 150 MG</b>	T4	
<i>rifabutin oral capsule 150 mg</i>	T4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	T2	
<b>ANTITUBERCULAR AGENTS OTHER</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	T3	
<b>TRECATOR ORAL TABLET 250 MG</b>	T4	

Drug	Status	Notes
<b>CARBAPENEM ANTIBIOTICS (THIENAMYCINS)</b>		
<i>ertapenem injection recon soln 1 gram</i>	T4	
<b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION</b>		
<i>cefadroxil oral capsule 500 mg</i>	T2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 mL, 500 mg/5 mL</i>	T3	
<i>cefadroxil oral tablet 1 gram</i>	T3	
<i>cefazolin injection recon soln 1 gram, 300 g, 500 mg</i>	T2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T2	
<b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	T3	
<i>cefprozil oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T3	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	T2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	T3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	T2	
<b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b>		
<i>cefdinir oral capsule 300 mg</i>	T2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T3	
<i>cefixime oral capsule 400 mg</i>	T4	
<i>cefixime oral suspension for reconstitution 100 mg/5 mL, 200 mg/5 mL</i>	T4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 mL, 50 mg/5 mL</i>	T3	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	T3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	T2	
<b>CMV ANTIVIRAL AGENT - NUCLEOSIDE ANALOGS</b>		
<b>VALCYTE ORAL RECON SOLN 50 MG/ML</b>	T5	PA
<i>valganciclovir oral tablet 450 mg</i>	T5	PA
<b>FLUOROQUINOLONE ANTIBIOTICS</b>		
<i>ciprofloxacin HCl oral tablet 100 mg</i>	T4	
<i>ciprofloxacin HCl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 mL, 500 mg/5 mL</i>	T3	
<i>levofloxacin oral solution 250 mg/10 mL</i>	T4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T2	
<i>ofloxacin oral tablet 400 mg</i>	T2	
<b>GLYCOPEPTIDE ANTIBIOTICS</b>		
<b>FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML</b>	T3	
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg</i>	T2	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	T5	PA

Drug	Status	Notes
<i>vancomycin oral recon soln 50 mg/mL</i>	T3	
<b>HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL)</b>		
<b>BARACLUDE ORAL SOLUTION 0.05 MG/ML</b>	T5	PA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T5	PA; QL (30 EA per 30 days)
<b>EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)</b>	T4	PA
<i>lamivudine oral tablet 100 mg</i>	T4	PA
<b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL)</b>		
<i>adefovir oral tablet 10 mg</i>	T5	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	T5	PA
<b>VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)</b>	T5	PA
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG</b>	T5	PA
<b>HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION</b>		
<b>MAVYRET ORAL TABLET 100-40 MG</b>	T5	PA
<b>HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS</b>		
<b>EPCLUSA ORAL TABLET 400-100 MG</b>	T5	PA
<b>HARVONI ORAL TABLET 90-400 MG</b>	T5	PA
<b>LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG</b>	T5	PA; QL (28 EA per 28 days)
<b>SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG</b>	T5	PA; QL (28 EA per 28 days)
<b>HEPATITIS C - NUCLEOSIDE ANALOGS</b>		
<i>ribavirin oral capsule 200 mg</i>	T4	PA
<i>ribavirin oral tablet 200 mg</i>	T4	PA
<b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS</b>		
<i>acyclovir oral capsule 200 mg</i>	T2	
<i>acyclovir oral suspension 200 mg/5 mL</i>	T3	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	T2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	T2	QL (90 EA per 30 days)
<b>HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	T3	
<b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS</b>		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	T3	QL (60 EA per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/mL</i>	T3	
<b>RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION</b>	T5	PA; QL (60 EA per 180 days)
<b>INFLUENZA ANTIVIRAL AGENTS - PA ENDONUCLEASE INHIBITOR</b>		
<b>XOFLUZA ORAL TABLET 20 MG, 40 MG</b>	T3	QL (2 EA per 30 days)
<b>INFLUENZA-A ANTIVIRAL AGENTS</b>		
<i>rimantadine oral tablet 100 mg</i>	T2	
<b>LINCOSAMIDE ANTIBIOTICS</b>		
<i>clindamycin HCl oral capsule 150 mg, 300 mg</i>	T1	

Drug	Status	Notes
<i>clindamycin palmitate HCl oral recon soln 75 mg/5 mL</i>	T3	
<b>CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML</b>	T3	
<b>MACROLIDE ANTIBIOTICS</b>		
<i>azithromycin oral packet 1 gram</i>	T2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 mL, 200 mg/5 mL</i>	T2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 mL, 250 mg/5 mL</i>	T3	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T3	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	T3	
<b>DIFICID ORAL TABLET 200 MG</b>	T5	PA
<b>E.E.S. 400 ORAL TABLET 400 MG</b>	T2	
<b>E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML</b>	T4	
<b>ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG</b>	T3	
<b>ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG</b>	T4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	T4	
<i>erythromycin oral capsule, delayed release (DR/EC) 250 mg</i>	T4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T4	
<b>MISC ANTI-INFECTIVE</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	T2	
<b>PENTAM INJECTION RECON SOLN 300 MG</b>	T5	PA
<i>pentamidine injection recon soln 300 mg</i>	T4	
<b>OXAZOLIDINONE ANTIBIOTICS</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 mL</i>	T5	PA
<i>linezolid oral tablet 600 mg</i>	T5	PA
<b>PENICILLIN ANTIBIOTIC - NATURAL</b>		
<i>penicillin V potassium oral recon soln 125 mg/5 mL, 250 mg/5 mL</i>	T2	
<i>penicillin V potassium oral tablet 250 mg, 500 mg</i>	T2	
<b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	T2	
<b>POLYMYXINS AND DERIVATIVES - SINGLE AGENTS</b>		
<i>polymyxin B sulfate injection recon soln 500,000 unit</i>	T2	
<b>PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL</b>		
<b>APTIVUS ORAL CAPSULE 250 MG</b>	T5	PA
<b>PREZCOBIX ORAL TABLET 800-150 MG-MG</b>	T5	PA
<b>PREZISTA ORAL SUSPENSION 100 MG/ML</b>	T4	PA
<b>PREZISTA ORAL TABLET 150 MG</b>	T4	PA
<b>PREZISTA ORAL TABLET 600 MG, 800 MG</b>	T5	PA
<b>PREZISTA ORAL TABLET 75 MG</b>	T3	PA
<b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL</b>		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	T3	

Drug	Status	Notes
<b>EVOTAZ ORAL TABLET 300-150 MG</b>	T5	PA
<i>fosamprenavir oral tablet 700 mg</i>	T5	PA
<b>INVIRASE ORAL TABLET 500 MG</b>	T5	PA
<b>LEXIVA ORAL SUSPENSION 50 MG/ML</b>	T4	PA
<b>LEXIVA ORAL TABLET 700 MG</b>	T5	PA
<b>NORVIR ORAL POWDER IN PACKET 100 MG</b>	T4	
<b>NORVIR ORAL SOLUTION 80 MG/ML</b>	T4	PA
<b>REYATAZ ORAL CAPSULE 200 MG, 300 MG</b>	T5	PA
<b>REYATAZ ORAL POWDER IN PACKET 50 MG</b>	T5	PA
<i>ritonavir oral tablet 100 mg</i>	T4	
<b>VIRACEPT ORAL TABLET 250 MG</b>	T4	PA
<b>VIRACEPT ORAL TABLET 625 MG</b>	T5	PA
<b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS</b>		
<b>PRIFTIN ORAL TABLET 150 MG</b>	T4	
<i>rifabutin oral capsule 150 mg</i>	T4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	T2	
<b>XIFAXAN ORAL TABLET 200 MG</b>	T5	PA; QL (9 EA per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>SULFONAMIDE ANTIBIOTIC</b>		
<i>sulfadiazine oral tablet 500 mg</i>	T3	
<b>TETRACYCLINE ANTIBIOTICS</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	T3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	T3	
<i>doxycycline hyclate oral tablet 100 mg</i>	T3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T3	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	T2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	T4	
<b>ANTINEOPLASTICS</b>		
<b>ANTINEOPLASTIC-EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB</b>		
<i>lapatinib oral tablet 250 mg</i>	T5	PA; QL (180 EA per 30 days)
<b>TYKERB ORAL TABLET 250 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/C17,20-LYASE) INHIBITOR</b>		
<b>YONSA ORAL TABLET 125 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>ZYTIGA ORAL TABLET 250 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR</b>		
<b>ERLOTINIB ORAL TABLET 100 MG, 150 MG, 25 MG</b>	T5	PA
<b>IRESSA ORAL TABLET 250 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG</b>	T5	PA; QL (30 EA per 30 days)



Drug	Status	Notes
<b>ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR</b>		
<b>GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>NERLYNX ORAL TABLET 40 MG</b>	T5	PA
<b>VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>ANTINEOPLASTIC - 3RD GENERATION EGFR TYROSINE KINASE INHIBITOR</b>		
<b>TAGRISSO ORAL TABLET 40 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>TAGRISSO ORAL TABLET 80 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES</b>		
<b>BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML</b>	T5	PA
<b>ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES</b>		
<b>MATULANE ORAL CAPSULE 50 MG</b>	T5	
<b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	T4	
<b>LEUKERAN ORAL TABLET 2 MG</b>	T4	
<i>melphalan HCl intravenous recon soln 50 mg</i>	T5	
<b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROSOUREAS</b>		
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	T5	PA
<b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	T5	PA
<b>ANTINEOPLASTIC - ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS</b>		
<b>ALECENSA ORAL CAPSULE 150 MG</b>	T5	PA; QL (240 EA per 30 days)
<b>ALUNBRIG ORAL TABLET 180 MG, 90 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>ALUNBRIG ORAL TABLET 30 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)</b>	T5	PA; QL (30 EA per 30 days)
<b>LORBRENA ORAL TABLET 100 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>LORBRENA ORAL TABLET 25 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>XALKORI ORAL CAPSULE 200 MG, 250 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ZYKADIA ORAL TABLET 150 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>ANTINEOPLASTIC - ANTIADRENALS</b>		
<b>LYSODREN ORAL TABLET 500 MG</b>	T3	
<b>ANTINEOPLASTIC - ANTIANDROGENS</b>		
<i>abiraterone oral tablet 250 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	T2	
<b>ERLEADA ORAL TABLET 60 MG</b>	T5	PA
<i>flutamide oral capsule 125 mg</i>	T3	
<b>NILANDRON ORAL TABLET 150 MG</b>	T5	



Drug	Status	Notes
<b>NUBEQA ORAL TABLET 300 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>XTANDI ORAL CAPSULE 40 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>ZYTIGA ORAL TABLET 500 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - ANTIBIOTIC AND ANTIMETABOLITE COMBINATIONS</b>		
<b>VYXEOS INTRAVENOUS RECON SOLN 44-100 MG</b>	T5	PA
<b>ANTINEOPLASTIC - ANTIBODY-DRUG CONJUGATES (ADCS)</b>		
<b>BLENREP INTRAVENOUS RECON SOLN 100 MG</b>	T5	PA
<b>ANTINEOPLASTIC - ANTI-GD2 GANGLIOSIDE MONOCLONAL ANTIBODY</b>		
<b>DANYELZA INTRAVENOUS SOLUTION 4 MG/ML</b>	T5	PA
<b>ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS</b>		
<i>methotrexate sodium (PF) injection recon soln 1 gram</i>	T2	
<i>methotrexate sodium (PF) injection solution 25 mg/mL</i>	T2	
<i>methotrexate sodium injection solution 25 mg/mL</i>	T2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T2	
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS</b>		
<i>mercaptopurine oral tablet 50 mg</i>	T3	
<b>TABLOID ORAL TABLET 40 MG</b>	T5	PA
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	T5	PA
<i>fluorouracil intravenous solution 1 gram/20 mL, 2.5 gram/50 mL, 5 gram/100 mL, 500 mg/10 mL</i>	T3	
<b>ONUREG ORAL TABLET 200 MG, 300 MG</b>	T5	PA; QL (14 EA per 28 days)
<b>ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES</b>		
<i>hydroxyurea oral capsule 500 mg</i>	T2	
<b>ANTINEOPLASTIC - ANTIMETABOLITES - PYRIMIDINE ANALOG COMBINATIONS</b>		
<b>LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG</b>	T5	PA
<b>ANTINEOPLASTIC - AROMATASE INHIBITORS</b>		
<i>anastrozole oral tablet 1 mg</i>	T2	QL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	T4	
<i>letrozole oral tablet 2.5 mg</i>	T2	
<b>ANTINEOPLASTIC - B-CELL LYMPHOMA-2 (BCL-2) INHIBITORS</b>		
<b>VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG</b>	T5	PA
<b>VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG</b>	T5	PA
<b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS</b>		
<b>BRAFTOVI ORAL CAPSULE 50 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>TAFINLAR ORAL CAPSULE 50 MG, 75 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>ZELBORAF ORAL TABLET 240 MG</b>	T5	PA

Drug	Status	Notes
<b>ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR</b>		
CALQUENCE ORAL CAPSULE 100 MG	T5	PA
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - CC CHEMOKINE RECEPTOR 4 (CCR4) ANTAGONIST, REC-MAB</b>		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	T5	PA
<b>ANTINEOPLASTIC - CD19 SPECIFIC RECOMBINANT MONOCLONAL ANTIBODY AGENTS</b>		
MONJUVI INTRAVENOUS RECON SOLN 200 MG	T5	PA
<b>ANTINEOPLASTIC - CD20 SPECIFIC RECOMBINANT MONOCLONAL ANTIBODY AGENTS</b>		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	T5	PA
<b>ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	T5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	T5	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	T5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T5	PA
<b>ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS</b>		
TOPOSAR INTRAVENOUS SOLUTION 20 MG/ML	T5	PA
<b>ANTINEOPLASTIC - ESTROGENS</b>		
EMCYT ORAL CAPSULE 140 MG	T5	PA
<b>ANTINEOPLASTIC - EZH2 HISTONE METHYLTRANSFERASE (HMT) INHIBITOR</b>		
TAZVERIK ORAL TABLET 200 MG	T5	PA; QL (240 EA per 30 days)
<b>ANTINEOPLASTIC - FIBROBLAST GROWTH FACTOR RECEPTOR (FGFR) KINASE INHIB</b>		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	T5	PA
<b>ANTINEOPLASTIC - FMS-LIKE TYROSINE KINASE 3 (FLT3) INHIBITORS</b>		
XOSPATA ORAL TABLET 40 MG	T5	PA; QL (90 EA per 30 days)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR</b>		
DAURISMO ORAL TABLET 100 MG	T5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	T5	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	T5	PA; QL (30 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	T5	PA; QL (30 EA per 30 days)
<b>ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS</b>		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	T5	PA
ZOLINZA ORAL CAPSULE 100 MG	T5	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - INTERFERONS</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	T5	PA

Drug	Status	Notes
<b>ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS</b>		
<b>JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>	T5	PA
<b>JAKAFI ORAL TABLET 25 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - JANUS KINASE(JAK),FMS-LIKE TYROSINE KINASE(FLT) INHIB</b>		
<b>INREBIC ORAL CAPSULE 100 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - KINASE INHIBITOR AND AROMATASE INHIBITOR COMBINATION</b>		
<b>KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG</b>	T5	PA
<b>ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
<i>leuprolide subcutaneous kit 1 mg/0.2 mL</i>	T5	PA
<i>leuprolide subcutaneous solution 1 mg/0.2 mL</i>	T5	PA
<b>LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG</b>	T5	PA; QL (1 EA per 84 days)
<b>LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG</b>	T5	PA; QL (1 EA per 112 days)
<b>LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG</b>	T5	PA; QL (1 EA per 168 days)
<b>LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG</b>	T5	PA; QL (1 EA per 28 days)
<b>ANTINEOPLASTIC - LHRH (GNRH) ANTAGONIST PITUITARY SUPPRESSANTS</b>		
<b>ORGOVYX ORAL TABLET 120 MG</b>	T5	QL (32 EA per 22 days)
<b>ANTINEOPLASTIC - MAST CELL STABILIZERS</b>		
<i>cromolyn oral concentrate 100 mg/5 mL</i>	T2	
<b>ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS</b>		
<b>COTELLIC ORAL TABLET 20 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>MEKINIST ORAL TABLET 0.5 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>MEKINIST ORAL TABLET 2 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>MEKTOVI ORAL TABLET 15 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</b>		
<b>AFINITOR ORAL TABLET 10 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG</b>	T5	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T5	PA; QL (30 EA per 30 days)
<b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</b>		
<b>CABOMETYX ORAL TABLET 20 MG, 60 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>CABOMETYX ORAL TABLET 40 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)</b>	T5	PA; QL (60 EA per 30 days)
<b>COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)</b>	T5	PA; QL (120 EA per 30 days)
<b>COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)</b>	T5	PA; QL (90 EA per 30 days)
<b>ICLUSIG ORAL TABLET 15 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ICLUSIG ORAL TABLET 45 MG</b>	T5	PA; QL (30 EA per 30 days)

Drug	Status	Notes
NEXAVAR ORAL TABLET 200 MG	T5	PA; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	T5	PA; QL (84 EA per 28 days)
<b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 1 (MIDH1) INHIBITORS</b>		
TIBSOVO ORAL TABLET 250 MG	T5	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - MUTANT ISOCITRATE DEHYDROGENASE 2 (MIDH2) INHIBITORS</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	T5	PA
<b>ANTINEOPLASTIC - PAN-CLASS I PI3K INHIBITORS</b>		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	T5	PA
<b>ANTINEOPLASTIC - PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</b>		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	T5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	T5	PA; QL (60 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	T5	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - PI3K-ALPHA INHIBITORS</b>		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	T5	PA; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	T5	PA; QL (56 EA per 28 days)
<b>ANTINEOPLASTIC - POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</b>		
LYNPARZA ORAL TABLET 100 MG, 150 MG	T5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	T5	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	T5	PA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	T5	PA; QL (30 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	T5	PA; QL (90 EA per 30 days)
<b>ANTINEOPLASTIC - PROGESTINS</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	T2	
<b>ANTINEOPLASTIC - PROTEASOME ENZYME INHIBITORS</b>		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T5	PA
<b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS</b>		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	T5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; QL (30 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	T5	PA; QL (120 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	T5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	T5	PA; QL (30 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	T5	PA; QL (21 EA per 28 days)
<i>imatinib oral tablet 100 mg</i>	T5	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	T5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	T5	PA; QL (30 EA per 30 days)

Drug	Status	Notes
INLYTA ORAL TABLET 1 MG, 5 MG	T5	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	T5	PA
ROZLYTREK ORAL CAPSULE 100 MG	T5	PA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	T5	PA; QL (90 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	T5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	T5	PA; QL (30 EA per 30 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	T5	PA; QL (30 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	T5	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T5	PA; QL (120 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	T5	PA; QL (30 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	T5	PA; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	T5	PA; QL (120 EA per 30 days)
<b>ANTINEOPLASTIC - RETINOIDS</b>		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	T5	PA
<b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
FARESTON ORAL TABLET 60 MG	T5	QL (30 EA per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	T2	PA; **
<i>toremifene oral tablet 60 mg</i>	T5	QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - SELECTIVE INHIBITORS OF NUCLEAR EXPORT (SINE)</b>		
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	T5	PA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	T5	PA; QL (32 EA per 28 days)
<b>ANTINEOPLASTIC - SELECTIVE RET KINASE INHIBITOR</b>		
GAVRETO ORAL CAPSULE 100 MG	T5	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS</b>		
<i>bexarotene oral capsule 75 mg</i>	T5	PA
<b>ANTINEOPLASTIC - THALIDOMIDE ANALOGS</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	T5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	T5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	T5	PA
<b>ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS</b>		
HYCANTIN INTRAVENOUS RECON SOLN 4 MG	T5	PA
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	T5	PA
<b>ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE (TRK) INHIBITOR</b>		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	T5	PA; QL (60 EA per 30 days)
<b>ANTINEOPLASTIC ANTIBIOTIC - ANTHRACYCLINES</b>		
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	T5	PA

Drug	Status	Notes
<b>ANTINEOPLASTIC-ANTI-PROGRAMMED CELL DEATH LIGAND-1 (PD-L1) MC ANTIB.</b>		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	T5	PA
<b>ANTINEOPLASTIC-CD123-DIRECTED CYTOTOXIN (IL-3 AND DIPHTH.) CONJUGATE</b>		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	T5	PA
<b>ANTINEOPLASTIC-PYRIMIDINE ANALOG AND CYTIDINE DEAMINASE INHIBITOR COMB</b>		
INQOVI ORAL TABLET 35-100 MG	T5	PA; QL (5 EA per 21 days)
<b>EPIDERMAL GROWTH FACTOR RECEPT BLOCKER (HER-2 TYPE), REC-MC ANTIBODY</b>		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	T5	PA
<b>METHOTREXATE RESCUE AGENTS</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	T4	
<b>METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	T4	
<b>BIOLOGICALS</b>		
<b>ALLERGENIC EXTRACTS - GRASS POLLEN</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	T3	
<b>ALLERGENIC EXTRACTS - WEED POLLEN</b>		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	T3	
<b>HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS</b>		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	T6	
<b>HEPATITIS A VACCINE - SINGLE AGENTS</b>		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	T6	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	T6	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	T6	
<b>HEPATITIS B VACCINES - SINGLE AGENTS</b>		
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	T6	
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	T6	
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	T6	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	T6	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	T6	
<b>IMMUNE GLOBULIN - GAMMA GLOBULIN (IGG), HUMAN</b>		
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	T5	PA

Drug	Status	Notes
<b>IMMUNE GLOBULIN - VARICELLA-ZOSTER</b>		
<b>VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML</b>	T6	
<b>IMMUNE SERUMS</b>		
<b>THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG</b>	T5	PA
<b>LIVE VACCINE AND LIVE VIRUS FORMULATIONS</b>		
<i>BCG vaccine, live (PF) percutaneous suspension for reconstitution 50 mg</i>	T6	
<b>M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML</b>	T6	
<b>PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5</b>	T6	
<b>ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML</b>	T6	
<b>ROTATEQ VACCINE ORAL SOLUTION 2 ML</b>	T6	
<b>VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML</b>	T6	
<b>YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML</b>	T6	
<b>TOXOID VACCINE COMBINATIONS</b>		
<b>ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML</b>	T6	
<b>ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML</b>	T6	
<b>BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML</b>	T6	
<b>BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML</b>	T6	
<b>DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML</b>	T6	
<b>INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML</b>	T6	
<b>KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML</b>	T6	
<b>PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML</b>	T6	
<b>PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML</b>	T6	
<b>PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML</b>	T6	
<b>QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML</b>	T6	
<b>TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML</b>	T6	
<b>TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML</b>	T6	
<i>tetanus,diphtheria tox ped(PF) intramuscular suspension 5-25 Lf unit/0.5 mL</i>	T6	



Drug	Status	Notes
<b>VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC)</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T6	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	T6	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	T6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	T6	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	T6	
<b>VACCINE BACTERIAL - GRAM NEGATIVE COCCI</b>		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	T6	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	T6	
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	T6	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	T6	
<b>VACCINE BACTERIAL - GRAM POSITIVE COCCI</b>		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	T6	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	T6	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	T6	QL (0.5 ML Max Qty Per Fill Retail)
<b>VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	T6	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	T6	
<b>VACCINE BACTERIAL - OTHER</b>		
<i>BCG vaccine, live (PF) percutaneous suspension for reconstitution 50 mg</i>	T6	
<b>VACCINE BACTERIAL - TOXIN-PRODUCING BACILLI</b>		
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	T6	
<b>VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES</b>		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	T6	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	T6	
<b>VACCINE VIRAL - JAPANESE ENCEPHALITIS</b>		
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	T6	
<b>VACCINE VIRAL - MEASLES</b>		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	T6	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	T6	
<b>VACCINE VIRAL - MUMPS AND RELATED</b>		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	T6	



Drug	Status	Notes
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	T6	
<b>VACCINE VIRAL - POLIOMYELITIS</b>		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	T6	
<b>VACCINE VIRAL - RABIES</b>		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	T6	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	T6	
<b>VACCINE VIRAL - ROTAVIRUS</b>		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	T6	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	T6	
<b>VACCINE VIRAL - RUBELLA</b>		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	T6	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	T6	
<b>VACCINE VIRAL - VARICELLA</b>		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	T6	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	T6	
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	T6	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	T6	
<b>VACCINE VIRAL - YELLOW FEVER</b>		
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	T6	
<b>VACCINE VIRAL COMBINATIONS</b>		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	T6	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	T6	
<b>CARDIOVASCULAR THERAPY AGENTS</b>		
<b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T2	QL (30 EA per 30 days)
<b>ACE INHIBITOR AND DIURETIC COMBINATIONS</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	T2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	T2	

Drug	Status	Notes
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T2	
<b>ACE INHIBITORS</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	T2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	T3	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	T3	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	T2	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	T3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T2	
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>carvedilol phosphate oral capsule, ER multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	T3	
<b>COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG</b>	T3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T2	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB.</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	T3	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T2	QL (30 EA per 30 days)
<b>AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG</b>	T3	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC</b>		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T3	QL (30 EA per 30 days)
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T3	
<b>TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG</b>	T3	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS</b>		
<b>BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG</b>	T3	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T3	QL (30 EA per 30 days)

Drug	Status	Notes
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T3	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T2	
<b>ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI)</b>		
<b>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</b>	T3	QL (60 EA per 30 days)
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)</b>		
<b>BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG</b>	T3	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T3	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	
<i>losartan oral tablet 100 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	T3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	T2	
<b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES)</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T3	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	T2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	T2	
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>	T4	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	T2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	T2	
<b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS</b>		
<b>VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>ANTIANGINAL AND ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b>		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	T4	
<b>ANTIARRHYTHMIC - CLASS IA</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	T2	
<b>NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG</b>	T5	PA
<i>procainamide injection solution 100 mg/mL, 500 mg/mL</i>	T3	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	T4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T2	
<b>ANTIARRHYTHMIC - CLASS IB</b>		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	T2	
<b>ANTIARRHYTHMIC - CLASS IC</b>		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	T2	

Drug	Status	Notes
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	T3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	T2	
<b>ANTIARRHYTHMIC - CLASS II</b>		
<b>SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG</b>	T2	
<b>SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	T2	
<b>ANTIARRHYTHMIC - CLASS III</b>		
<i>amiodarone oral tablet 200 mg</i>	T2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	T4	
<b>MULTAQ ORAL TABLET 400 MG</b>	T3	
<b>ANTIARRHYTHMIC - CLASS IV</b>		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T2	
<b>ANTIHYPERTENSIVE - ACE INHIBITORS</b>		
<b>NEXLETOL ORAL TABLET 180 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>ANTIHYPERTENSIVE - BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	T3	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	T3	
<b>CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM</b>	T3	
<b>CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM</b>	T3	
<i>colesevelam oral powder in packet 3.75 gram</i>	T3	
<i>colesevelam oral tablet 625 mg</i>	T2	
<i>colestipol oral granules 5 gram</i>	T3	
<i>colestipol oral tablet 1 gram</i>	T3	
<b>PREVALITE ORAL POWDER 4 GRAM</b>	T3	
<b>PREVALITE ORAL POWDER IN PACKET 4 GRAM</b>	T3	
<b>ANTIHYPERTENSIVE - FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T2	
<i>fenofibric acid (choline) oral capsule, delayed release(DR/EC) 135 mg</i>	T3	
<i>fenofibric acid (choline) oral capsule, delayed release(DR/EC) 45 mg</i>	T2	
<i>gemfibrozil oral tablet 600 mg</i>	T2	
<b>ANTIHYPERTENSIVE - HMG COA REDUCTASE INHIBITORS (STATINS)</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T2	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	T3	
<i>lovastatin oral tablet 10 mg</i>	T1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	T1	QL (60 EA per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T2	QL (30 EA per 30 days)

Drug	Status	Notes
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	T1	QL (30 EA per 30 days)
<b>ANTHYPERLIPIDEMIC - NICOTINIC ACID DERIVATIVES</b>		
<i>niacin oral tablet 500 mg</i>	T2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	T3	
<b>NIACOR ORAL TABLET 500 MG</b>	T2	
<b>ANTHYPERLIPIDEMIC - OMEGA-3 FATTY ACID TYPE</b>		
<i>icosapent ethyl oral capsule 1 gram</i>	T3	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	T3	
<b>VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM</b>	T3	
<b>ANTHYPERLIPIDEMIC - PCSK9 INHIBITORS</b>		
<b>REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML</b>	T3	PA; QL (3.5 ML per 28 days)
<b>REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML</b>	T3	PA; QL (3 ML per 28 days)
<b>REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML</b>	T3	PA; QL (3 ML per 28 days)
<b>ANTHYPERLIPIDEMIC - SELECTIVE CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe oral tablet 10 mg</i>	T2	QL (30 EA per 30 days)
<b>ZETIA ORAL TABLET 10 MG</b>	T3	QL (30 EA per 30 days)
<b>ANTHYPERLIPIDEMIC- ATP-CITRATE LYASE AND CHOLESTEROL ABSORPTION INHIB</b>		
<b>NEXLIZET ORAL TABLET 180-10 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>ANTHYPERLIPIDEMIC-HMG COA REDUCT INHIB AND CHOLESTEROL ABSORP INHIBIT</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	T2	
<b>VYTORIN 10-10 ORAL TABLET 10-10 MG</b>	T4	QL (30 EA per 30 days)
<b>VYTORIN 10-20 ORAL TABLET 10-20 MG</b>	T4	QL (30 EA per 30 days)
<b>VYTORIN 10-40 ORAL TABLET 10-40 MG</b>	T4	QL (30 EA per 30 days)
<b>VYTORIN 10-80 ORAL TABLET 10-80 MG</b>	T4	QL (30 EA per 30 days)
<b>BETA BLOCKERS CARDIAC SELECTIVE</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	T2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T2	
<b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	T3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	QL (60 EA per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	T2	

Drug	Status	Notes
<b>BETA BLOCKERS NON-CARDIAC SELECT., INTRINSIC SYMPATHOMIMETIC ACTIVITY</b>		
<i>pindolol oral tablet 10 mg, 5 mg</i>	T3	
<b>BETA BLOCKERS NON-CARDIAC SELECTIVE</b>		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T2	QL (30 EA per 30 days)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T2	
<i>propranolol oral solution 20 mg/5 mL (4 mg/mL), 40 mg/5 mL (8 mg/mL)</i>	T3	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	
<b>SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG</b>	T2	
<b>SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	T2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<b>ICATIBANT SUBCUTANEOUS SYRINGE 30 MG/3 ML</b>	T5	PA
<b>CALCIUM CHANNEL BLOCKERS - BENZOTHAZEPINES</b>		
<b>CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG</b>	T2	
<i>diltiazem HCl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T2	
<i>diltiazem HCl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	T2	
<i>diltiazem HCl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T2	
<i>diltiazem HCl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T2	
<i>diltiazem HCl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T2	
<i>diltiazem HCl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T3	
<b>DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG</b>	T2	
<b>MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T3	
<b>TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</b>	T2	
<b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	T3	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T3	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	T2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	T2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	T3	

Drug	Status	Notes
<b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - CEREBROVASCULAR SPECIFIC</b>		
<i>nimodipine oral capsule 30 mg</i>	T2	
<b>CALCIUM CHANNEL BLOCKERS - PHENYLALKYLAMINES</b>		
<i>verapamil oral capsule, 24 hr ER pellet CT 100 mg, 200 mg, 300 mg</i>	T2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	T2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T2	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T2	
<b>CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	T2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	T2	
<b>CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS</b>		
<i>epinephrine injection auto-injector 0.15 mg/0.15 mL, 0.3 mg/0.3 mL</i>	T3	QL (4 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 mL</i>	T3	
<i>epinephrine injection solution 1 mg/mL</i>	T4	
<b>EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML</b>	T3	QL (4 EA per 30 days)
<b>EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML</b>	T3	QL (4 EA per 30 days)
<b>EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML</b>	T3	QL (4 EA per 30 days)
<b>EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML</b>	T3	QL (4 EA per 30 days)
<b>CARDIOVASCULAR SYMPATHOMIMETICS</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	T5	PA
<i>epinephrine injection solution 1 mg/mL</i>	T4	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T3	
<b>CENTRAL ALPHA-2 AGONISTS-THIAZIDE DIURETIC AND RELATED COMB.</b>		
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T2	
<b>CENTRAL ALPHA-2 RECEPTOR AGONISTS</b>		
<i>clonidine HCl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T3	QL (4 EA per 28 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	T2	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	T2	
<b>DIGITALIS GLYCOSIDES</b>		
<b>DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)</b>	T2	
<b>DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)</b>	T2	



Drug	Status	Notes
<i>digoxin oral solution 50 mcg/mL (0.05 mg/mL)</i>	T3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T2	
<b>DIRECT ACTING VASODILATORS</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	T2	
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE</b>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T2	
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, SELECTIVE</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	T3	
<b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T3	
<i>acetazolamide sodium injection recon soln 500 mg</i>	T3	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T4	
<b>DIURETIC - LOOP</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	
<b>EDECIN ORAL TABLET 25 MG</b>	T5	PA
<i>furosemide oral solution 10 mg/mL</i>	T2	
<i>furosemide oral solution 40 mg/4 mL, 40 mg/5 mL (8 mg/mL)</i>	T1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	T2	
<b>DIURETIC - POTASSIUM SPARING</b>		
<i>amiloride oral tablet 5 mg</i>	T2	
<b>DYRENIUM ORAL CAPSULE 100 MG, 50 MG</b>	T4	
<b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	T2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T2	
<b>DIURETIC - SELECTIVE ARGININE VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>		
<b>SAMSCA ORAL TABLET 15 MG, 30 MG</b>	T5	PA
<b>DIURETIC - THIAZIDES AND RELATED</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	T2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	
<b>HYPERPOLARIZATION-ACTIVATED CYCLIC NUCLEOTIDE-GATED CHANNEL INHIBITORS</b>		
<b>CORLANOR ORAL SOLUTION 5 MG/5 ML</b>	T4	PA



Drug	Status	Notes
<b>MUSCARINIC RECEPTOR ANTAGONISTS (ANTICHOLINERGIC)</b>		
<i>atropine injection syringe 0.05 mg/mL, 0.1 mg/mL</i>	T4	
<b>NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB.</b>		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T2	
<b>PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T2	QL (60 EA per 30 days)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	QL (60 EA per 30 days)
<b>PLASMA KALLIKREIN INHIBITOR AGENTS, RECOMBINANT MONOCLONAL ANTIBODY</b>		
<b>TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)</b>	T5	PA
<b>PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE</b>		
<b>REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML</b>	T5	PA
<i>treprostinil sodium injection solution 1 mg/mL, 10 mg/mL, 2.5 mg/mL, 5 mg/mL</i>	T5	
<b>VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML</b>	T5	PA
<b>PULMONARY ANTIHYPERTENSIVE AGENTS-SOLUBLE GUANYLATE CYCLASE STIMULATOR</b>		
<b>ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG</b>	T5	PA
<b>PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	T5	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	T5	PA
<b>LETAIRIS ORAL TABLET 10 MG, 5 MG</b>	T5	PA
<b>TRACLEER ORAL TABLET 125 MG, 62.5 MG</b>	T5	PA
<b>TRACLEER ORAL TABLET FOR SUSPENSION 32 MG</b>	T5	PA
<b>PULMONARY ARTERIAL HYPERTENSION - SELECTIVE CGMP-PDE5 INHIBITORS</b>		
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	T4	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	T5	PA
<b>RENIN INHIBITOR, DIRECT</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	T3	QL (30 EA per 30 days)
<b>TEKTURNA ORAL TABLET 150 MG, 300 MG</b>	T3	
<b>RENIN INHIBITOR, DIRECT AND DIURETIC COMBINATIONS</b>		
<b>TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG</b>	T3	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANTI-ANXIETY AGENT - ANTIHISTAMINE TYPE</b>		
<i>hydroxyzine HCl intramuscular solution 25 mg/mL, 50 mg/mL</i>	T2	

Drug	Status	Notes
<i>hydroxyzine HCl oral solution 10 mg/5 mL</i>	T2	
<i>hydroxyzine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T2	
<b>ANTIANXIETY AGENT - BENZODIAZEPINES</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	T2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	T2	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	T2	QL (150 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg</i>	T3	QL (90 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg</i>	T3	QL (60 EA per 30 days)
<i>chlordiazepoxide HCl oral capsule 10 mg, 25 mg, 5 mg</i>	T2	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T2	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML</b>	T4	PA
<i>diazepam oral concentrate 5 mg/mL</i>	T4	PA
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	T4	
<i>diazepam oral tablet 10 mg</i>	T2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	T2	QL (90 EA per 30 days)
<i>lorazepam oral concentrate 2 mg/mL</i>	T2	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (180 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T2	QL (150 EA per 30 days)
<b>ANTIANXIETY AGENT - DICARBAMATE TYPE</b>		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	T3	
<b>ANTIANXIETY AGENT - NON-BENZODIAZEPINE</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	T2	
<b>ANTICONVULSANT - AMPA-TYPE GLUTAMATE RECEPTOR ANTAGONISTS</b>		
<b>FYCOMPA ORAL SUSPENSION 0.5 MG/ML</b>	T4	PA
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>FYCOMPA ORAL TABLET 2 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES</b>		
<i>phenobarbital oral elixir 20 mg/5 mL (4 mg/mL)</i>	T2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	T2	
<i>primidone oral tablet 250 mg, 50 mg</i>	T2	
<b>ANTICONVULSANT - BENZODIAZEPINES</b>		
<i>clobazam oral suspension 2.5 mg/mL</i>	T4	
<i>clobazam oral tablet 10 mg, 20 mg</i>	T4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T2	QL (300 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	T4	

Drug	Status	Notes
<b>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</b>	T5	QL (10 EA per 30 days)
<b>VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1 ML X 2), 20 MG/2 SPRAY (10 MG/0.1 ML X 2), 5 MG/SPRAY (0.1 ML)</b>	T5	QL (10 EA per 30 days)
<b>ANTICONSULSANT - CANNABINOID TYPE</b>		
<b>EPIDIOLEX ORAL SOLUTION 100 MG/ML</b>	T5	PA
<b>ANTICONSULSANT - CARBAMATES</b>		
<i>felbamate oral suspension 600 mg/5 mL</i>	T5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	T5	
<b>ANTICONSULSANT - CARBOXYLIC ACID DERIVATIVES</b>		
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	
<i>divalproex oral tablet, delayed release (DRIEC) 125 mg, 250 mg, 500 mg</i>	T2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL, 250 mg/5 mL (5 mL), 500 mg/10 mL (10 mL)</i>	T2	
<i>valproic acid oral capsule 250 mg</i>	T2	
<b>ANTICONSULSANT - FUNCTIONALIZED AMINO ACID</b>		
<b>VIMPAT ORAL SOLUTION 10 MG/ML</b>	T5	PA; QL (1200 ML per 30 days)
<b>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)</b>	T5	PA
<b>ANTICONSULSANT - GABA ANALOGS</b>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 mL, 250 mg/5 mL (5 mL), 300 mg/6 mL (6 mL)</i>	T2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T2	QL (120 EA per 30 days)
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</b>	T4	QL (90 EA per 30 days)
<b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>	T4	QL (60 EA per 30 days)
<b>ANTICONSULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES</b>		
<b>GABITRIL ORAL TABLET 12 MG, 16 MG</b>	T5	
<i>tiagabine oral tablet 12 mg, 16 mg</i>	T4	
<i>tiagabine oral tablet 2 mg, 4 mg</i>	T5	
<b>ANTICONSULSANT - GABA TRANSAMINASE (GABA-T) INHIBITOR</b>		
<b>SABRIL ORAL TABLET 500 MG</b>	T5	PA
<i>vigabatrin oral powder in packet 500 mg</i>	T5	PA
<i>vigabatrin oral tablet 500 mg</i>	T5	QL (180 EA per 30 days)
<b>ANTICONSULSANT - HYDANTOINS</b>		
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	T2	

Drug	Status	Notes
<b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES</b>		
<b>APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG</b>	T4	PA
<i>carbamazepine oral capsule, ER multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T3	
<i>carbamazepine oral suspension 100 mg/5 mL, 100 mg/5 mL (5 mL), 200 mg/10 mL</i>	T3	
<i>carbamazepine oral tablet 200 mg</i>	T2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	T3	
<i>carbamazepine oral tablet, chewable 100 mg</i>	T2	
<i>oxcarbazepine oral suspension 300 mg/5 mL (60 mg/mL)</i>	T2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	T2	
<b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES</b>		
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	T3	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	
<b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES</b>		
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	T3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	T2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	T3	QL (90 EA per 30 days)
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	T3	
<b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES</b>		
<i>levetiracetam oral solution 100 mg/mL, 500 mg/5 mL (5 mL)</i>	T2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	T2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	T2	QL (180 EA per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	T2	QL (120 EA per 30 days)
<b>ANTICONVULSANT - SUCCINIMIDES</b>		
<b>CELONTIN ORAL CAPSULE 300 MG</b>	T4	
<i>ethosuximide oral capsule 250 mg</i>	T3	
<i>ethosuximide oral solution 250 mg/5 mL</i>	T3	
<b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES</b>		
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	T2	
<b>ANTICONVULSANT - TRIAZOLE DERIVATIVES</b>		
<b>BANZEL ORAL SUSPENSION 40 MG/ML</b>	T5	PA; QL (2400 ML per 30 days)
<b>BANZEL ORAL TABLET 200 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>BANZEL ORAL TABLET 400 MG</b>	T5	PA; QL (240 EA per 30 days)
<i>rufinamide oral suspension 40 mg/mL</i>	T5	PA; QL (2400 ML per 30 days)
<b>ANTICONVULSANT OTHERS</b>		
<b>DIACOMIT ORAL CAPSULE 250 MG, 500 MG</b>	T5	PA
<b>FINTEPLA ORAL SOLUTION 2.2 MG/ML</b>	T5	PA

Drug	Status	Notes
<b>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)</b>	T5	PA
<b>XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>	T5	PA
<b>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)</b>	T5	PA
<b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA)</b>		
<i>mirtazapine oral tablet 15 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	T2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	T2	QL (30 EA per 30 days)
<b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR</b>	T5	PA; QL (30 EA per 30 days)
<b>MARPLAN ORAL TABLET 10 MG</b>	T4	
<i>phenelzine oral tablet 15 mg</i>	T3	
<i>tranylcypromine oral tablet 10 mg</i>	T3	
<b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram oral solution 10 mg/5 mL</i>	T2	QL (600 ML per 30 days)
<i>citalopram oral tablet 10 mg, 40 mg</i>	T1	QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	T1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 mL</i>	T3	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg</i>	T2	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	T2	QL (60 EA per 30 days)
<i>fluoxetine oral solution 20 mg/5 mL (4 mg/mL)</i>	T2	QL (600 ML per 30 days)
<i>fluoxetine oral tablet 10 mg</i>	T3	QL (240 EA per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	T3	QL (120 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	T2	QL (90 EA per 30 days)
<i>paroxetine HCl oral suspension 10 mg/5 mL</i>	T4	QL (900 ML per 30 days)
<i>paroxetine HCl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (90 EA per 30 days)
<i>paroxetine HCl oral tablet extended release 24 hr 12.5 mg</i>	T3	QL (30 EA per 30 days)
<i>paroxetine HCl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	T3	QL (60 EA per 30 days)
<b>PAXIL ORAL SUSPENSION 10 MG/5 ML</b>	T4	QL (900 ML per 30 days)
<b>PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG</b>	T4	
<i>sertraline oral concentrate 20 mg/mL</i>	T2	QL (300 ML per 30 days)
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T2	QL (60 EA per 30 days)
<b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	T2	QL (60 EA per 30 days)
<i>nefazodone oral tablet 200 mg</i>	T2	QL (90 EA per 30 days)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T2	

Drug	Status	Notes
<i>trazodone oral tablet 300 mg</i>	T4	
<b>ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	T4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	T4	
<i>duloxetine oral capsule, delayed release (DR/EC) 20 mg, 40 mg, 60 mg</i>	T3	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release (DR/EC) 30 mg</i>	T3	QL (90 EA per 30 days)
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG</b>	T3	QL (30 EA per 30 days)
<b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>	T4	QL (60 EA per 30 days)
<b>SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)</b>	T4	QL (55 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	T2	QL (60 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	T2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T2	QL (90 EA per 30 days)
<b>ANTIDEPRESSANT - SSRI AND 5HT1A PARTIAL AGONIST</b>		
<b>VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG</b>	T4	PA; ST; QL (30 EA per 30 days)
<b>VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)</b>	T4	PA; ST; QL (30 EA per 30 days)
<b>ANTIDEPRESSANT - SSRI AND SEROTONIN (5-HT) RECEPTOR MODULATOR</b>		
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>ANTIDEPRESSANT - TRICYCLIC AND ANTIPSYCHOTIC, PHENOTHIAZINE COMB</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	T2	
<b>ANTIDEPRESSANT - TRICYCLIC-BENZODIAZEPINE COMBINATIONS</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	T2	
<b>ANTIDEPRESSANT- SSRI AND ATYPICAL ANTIPSYCH, DOPAMINE, SEROTONIN ANTAGON</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	T4	
<b>ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS)</b>		
<i>bupropion HCl oral tablet 100 mg, 75 mg</i>	T2	
<i>bupropion HCl oral tablet extended release 24 hr 150 mg</i>	T2	QL (90 EA per 30 days)
<i>bupropion HCl oral tablet extended release 24 hr 300 mg</i>	T2	QL (30 EA per 30 days)
<i>bupropion HCl oral tablet sustained-release 12 hr 100 mg, 200 mg</i>	T2	QL (60 EA per 30 days)
<i>bupropion HCl oral tablet sustained-release 12 hr 150 mg</i>	T2	QL (90 EA per 30 days)
<b>ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS)</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	T2	



Drug	Status	Notes
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	T4	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T2	
<i>doxepin oral concentrate 10 mg/mL</i>	T2	
<i>imipramine HCl oral tablet 10 mg, 25 mg, 50 mg</i>	T2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	T4	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	T3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	T3	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	T4	
<b>ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB</b>		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	T2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	T2	
<b>ANTIPARKINSON ADJUVANT - CENTRAL/PERIPHERAL COMT INHIBITORS</b>		
<i>tolcapone oral tablet 100 mg</i>	T5	
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS</b>		
<i>entacapone oral tablet 200 mg</i>	T4	QL (240 EA per 30 days)
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA-DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa oral tablet 25 mg</i>	T4	
<b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	
<i>trihexyphenidyl oral elixir 0.4 mg/mL</i>	T2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	T2	
<b>ANTIPARKINSON THERAPY - DOPAMINE PRECURSORS</b>		
<b>INBRIJA INHALATION CAPSULE 42 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>		
<i>bromocriptine oral capsule 5 mg</i>	T4	
<i>bromocriptine oral tablet 2.5 mg</i>	T4	
<b>ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B)</b>		
<b>AZILECT ORAL TABLET 0.5 MG, 1 MG</b>	T4	
<i>selegiline HCl oral capsule 5 mg</i>	T2	
<i>selegiline HCl oral tablet 5 mg</i>	T2	



Drug	Status	Notes
<b>ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS</b>		
<i>amantadine HCl oral capsule 100 mg</i>	T3	
<i>amantadine HCl oral tablet 100 mg</i>	T3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	T2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg</i>	T5	PA
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	T2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	T4	
<b>ANTIPSYCHOTIC - ATYP DOPAMINE-SEROTONIN ANTAG DIBENZO-OXEPINO PYRROLES</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	T4	PA
<b>SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG</b>	T4	PA
<b>SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR</b>	T5	PA; QL (30 EA per 30 days)
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- BENZISOTHIAZOLONES</b>		
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>LATUDA ORAL TABLET 80 MG</b>	T4	PA; QL (60 EA per 30 days)
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	QL (60 EA per 30 days)
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG- BENZISOXAZOLE DERIV</b>		
<b>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)</b>	T4	PA; QL (8 EA per 28 days)
<b>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML</b>	T5	PA; QL (10 ML per 360 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML</b>	T4	PA
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	T5	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	T5	PA; QL (60 EA per 30 days)
<b>PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG</b>	T5	PA; QL (1 EA per 28 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML</b>	T4	PA; QL (4 EA per 28 days)
<i>risperidone oral solution 1 mg/mL</i>	T2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T3	QL (120 EA per 30 days)
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BUTYROPHENONE DERIV</b>		
<b>CAPLYTA ORAL CAPSULE 42 MG</b>	T5	PA; QL (30 EA per 30 days)

Drug	Status	Notes
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	T4	PA
<b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/mL, 50 mg/mL</i>	T2	
<i>haloperidol lactate injection solution 5 mg/mL</i>	T2	
<i>haloperidol lactate oral concentrate 2 mg/mL</i>	T2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	T2	
<b>ANTIPSYCHOTIC - DIBENZOXAZEPINE DERIVATIVES</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	T2	
<b>ANTIPSYCHOTIC - DIPHENYLBUTYLPIPERIDINE DERIVATIVES</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	T3	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC</b>		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	T3	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE</b>		
<i>fluphenazine HCl oral concentrate 5 mg/mL</i>	T3	
<i>fluphenazine HCl oral elixir 2.5 mg/5 mL</i>	T3	
<i>fluphenazine HCl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	T2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	T2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE</b>		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T2	
<b>ANTIPSYCHOTIC - THIOXANTHENES</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T2	
<b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTHIAZEPINE DER</b>		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	QL (90 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	T4	PA
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG</b>	T4	PA
<b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOBENZODIAZEPINES</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	T3	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	T4	
<b>ANTIPSYCHOTIC-ATYPICAL,D2 RECEPTOR PARTIAL AGONIST-5HT SEROTONIN MIXED</b>		
<i>aripiprazole oral solution 1 mg/mL</i>	T4	

Drug	Status	Notes
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	T4	QL (60 EA per 30 days)
<b>ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML</b>	T4	
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML</b>	T4	
<b>ATTENTION DEFICIT-HYPERACT. DISORDER (ADHD)-ALPHA-2 RECEPTOR AGONIST</b>		
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	T3	QL (30 EA per 30 days)
<b>ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE</b>		
<b>ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG</b>	T4	QL (30 EA per 30 days)
<b>DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR</b>	T4	QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,ER biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	T3	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	T3	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	T4	QL (180 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	T4	QL (120 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	T4	QL (90 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	T3	QL (180 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	T2	QL (60 EA per 30 days)
<b>FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 25 MG, 35 MG</b>	T4	QL (30 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	T3	QL (90 EA per 30 days)
<i>methylphenidate HCl oral capsule,ER biphasic 50-50 20 mg, 30 mg</i>	T3	QL (60 EA per 30 days)
<i>methylphenidate HCl oral capsule,ER biphasic 50-50 40 mg</i>	T3	QL (30 EA per 30 days)
<i>methylphenidate HCl oral solution 10 mg/5 mL, 5 mg/5 mL</i>	T2	
<i>methylphenidate HCl oral tablet 10 mg, 20 mg, 5 mg</i>	T2	QL (90 EA per 30 days)
<i>methylphenidate HCl oral tablet extended release 10 mg</i>	T3	QL (180 EA per 30 days)
<i>methylphenidate HCl oral tablet extended release 20 mg</i>	T4	QL (90 EA per 30 days)
<i>methylphenidate HCl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	T3	QL (30 EA per 30 days)
<b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T3	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	T3	QL (30 EA per 30 days)

Drug	Status	Notes
<b>STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG</b>	T3	QL (60 EA per 30 days)
<b>STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG</b>	T3	QL (30 EA per 30 days)
<b>BENZODIAZEPINES</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	T2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	T2	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	T2	QL (150 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg</i>	T3	QL (90 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg</i>	T3	QL (60 EA per 30 days)
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	T2	
<i>chlordiazepoxide HCl oral capsule 10 mg, 25 mg, 5 mg</i>	T2	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	T3	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T2	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML</b>	T4	PA
<i>diazepam oral concentrate 5 mg/mL</i>	T4	PA
<i>diazepam oral solution 5 mg/5 mL (1 mg/mL)</i>	T4	
<i>diazepam oral tablet 10 mg</i>	T2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg, 5 mg</i>	T2	QL (90 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	T4	
<i>estazolam oral tablet 1 mg, 2 mg</i>	T2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	T2	
<i>lorazepam oral concentrate 2 mg/mL</i>	T2	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T2	QL (180 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T2	QL (150 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	T2	QL (30 EA per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	T2	
<b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE</b>		
<i>carbamazepine oral capsule, ER multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T3	
<i>carbamazepine oral suspension 100 mg/5 mL, 100 mg/5 mL (5 mL), 200 mg/10 mL</i>	T3	
<i>carbamazepine oral tablet 200 mg</i>	T2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	T3	
<i>carbamazepine oral tablet, chewable 100 mg</i>	T2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	
<i>divalproex oral tablet, delayed release (DRI/EC) 125 mg, 250 mg, 500 mg</i>	T2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	T3	

Drug	Status	Notes
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	T3	QL (90 EA per 30 days)
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	T3	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 mL, 250 mg/5 mL (5 mL), 500 mg/10 mL (10 mL)</i>	T2	
<i>valproic acid oral capsule 250 mg</i>	T2	
<b>BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS</b>		
<i>aripiprazole oral solution 1 mg/mL</i>	T4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	T4	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	T3	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	T4	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T2	QL (90 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	T4	PA
<i>risperidone oral solution 1 mg/mL</i>	T2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T3	QL (120 EA per 30 days)
<b>SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG</b>	T4	PA
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG</b>	T4	PA
<i>ziprasidone HCl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	T2	QL (60 EA per 30 days)
<b>BIPOLAR THERAPY AGENTS - LITHIUM</b>		
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	T1	
<i>lithium carbonate oral tablet 300 mg</i>	T2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	T2	
<b>CANNABIS AND CANNABINOID RECEPTOR AGONISTS</b>		
<i>dronabinol oral capsule 10 mg</i>	T5	PA
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T4	PA
<b>CNS STIMULANT - AMPHETAMINE COMBINATIONS</b>		
<b>ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG</b>	T4	QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	T2	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	T2	QL (60 EA per 30 days)
<b>CNS STIMULANT - AMPHETAMINES</b>		
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	T4	QL (180 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	T4	QL (120 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	T4	QL (90 EA per 30 days)

Drug	Status	Notes
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	T3	QL (180 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	T3	QL (90 EA per 30 days)
<b>FIBROMYALGIA AGENTS - GABA ANALOGS</b>		
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</b>	T4	QL (90 EA per 30 days)
<b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>	T4	QL (60 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/mL</i>	T4	
<b>FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)</b>		
<i>duloxetine oral capsule, delayed release (DR/EC) 20 mg, 40 mg, 60 mg</i>	T3	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release (DR/EC) 30 mg</i>	T3	QL (90 EA per 30 days)
<b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>	T4	QL (60 EA per 30 days)
<b>SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)</b>	T4	QL (55 EA per 30 days)
<b>HYPNOTICS - MELATONIN M1/M2 RECEPTOR AGONISTS</b>		
<b>ROZEREM ORAL TABLET 8 MG</b>	T3	QL (30 EA per 30 days)
<b>MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES</b>		
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T2	
<b>MIGRAINE THERAPY - CGRP LIGAND BLOCKER, MONOCLONAL ANTIBODY</b>		
<b>AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML</b>	T3	PA; QL (1.5 ML per 28 days)
<b>AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML</b>	T3	PA; QL (1.5 ML per 28 days)
<b>MIGRAINE THERAPY - CGRP RECEPTOR BLOCKERS (GEPANTS AND MAB)</b>		
<b>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML</b>	T3	PA; QL (1 ML per 28 days)
<b>NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG</b>	T5	PA; QL (15 EA per 30 days)
<b>UBRELVY ORAL TABLET 100 MG, 50 MG</b>	T5	PA; QL (16 EA per 30 days)
<b>MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES</b>		
<i>dihydroergotamine injection solution 1 mg/mL</i>	T3	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/mL)</i>	T4	
<b>ERGOMAR SUBLINGUAL TABLET 2 MG</b>	T4	
<b>MIGRAINE THERAPY - ERGOT COMBINATIONS</b>		
<b>MIGERGOT RECTAL SUPPOSITORY 2-100 MG</b>	T4	QL (20 EA per 28 days)
<b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	T4	ST; QL (18 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	T4	ST
<i>frovatriptan oral tablet 2.5 mg</i>	T4	ST; QL (18 EA per 30 days)



Drug	Status	Notes
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	T2	ST; QL (18 EA per 30 days)
<b>RELPAX ORAL TABLET 20 MG, 40 MG</b>	T4	ST; QL (18 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	T2	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	T2	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T2	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 mL</i>	T4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 mL</i>	T4	QL (8 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	T4	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	T4	ST; QL (18 EA per 30 days)
<b>ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG</b>	T4	ST; QL (12 EA per 30 days)
<b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1F)</b>		
<b>REYVOW ORAL TABLET 100 MG, 50 MG</b>	NF	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<b>AUSTEDO ORAL TABLET 12 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>AUSTEDO ORAL TABLET 6 MG, 9 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>MOVEMENT DISORDER THERAPY - HUNTINGTON'S DISEASE</b>		
<b>AUSTEDO ORAL TABLET 12 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>AUSTEDO ORAL TABLET 6 MG, 9 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>MOVEMENT DISORDER THERAPY - RESTLESS LEGS SYNDROME</b>		
<b>HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>MOVEMENT DISORDER THERAPY - TARDIVE DYSKINESIA</b>		
<b>AUSTEDO ORAL TABLET 12 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>AUSTEDO ORAL TABLET 6 MG, 9 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>NARCOLEPSY AND CATAPLEXY THERAPY AGENTS - SEDATIVE-TYPE</b>		
<b>XYREM ORAL SOLUTION 500 MG/ML</b>	T5	PA
<b>NARCOLEPSY THERAPY AGENTS - DOPAMINE AND NE REUPTAKE INHIBITOR (DNRI)</b>		
<b>SUNOSI ORAL TABLET 150 MG, 75 MG</b>	T4	PA; QL (30 EA per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - H3-RECEPTOR ANTAGONIST/INVERSE AGONIST</b>		
<b>WAKIX ORAL TABLET 17.8 MG, 4.45 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - NON-SYMPATHOMIMETIC</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	T3	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	T3	PA; QL (30 EA per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE</b>		
<i>methylphenidate HCl oral solution 10 mg/5 mL, 5 mg/5 mL</i>	T2	
<i>methylphenidate HCl oral tablet 10 mg, 20 mg, 5 mg</i>	T2	QL (90 EA per 30 days)



Drug	Status	Notes
<b>NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE, SYMPATHOMIMETIC, AMPHETAMINES</b>		
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	T4	QL (180 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	T4	QL (120 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	T4	QL (90 EA per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	T3	QL (180 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	T2	QL (60 EA per 30 days)
<b>SEDATIVE-HYPNOTIC - BARBITURATES</b>		
<i>phenobarbital oral elixir 20 mg/5 mL (4 mg/mL)</i>	T2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	T2	
<b>SEDATIVE-HYPNOTIC - BENZODIAZEPINES</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	T2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	T2	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T2	QL (30 EA per 30 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	T2	
<b>SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS</b>		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	T2	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<b>SEDATIVE-HYPNOTIC - OREXIN RECEPTOR ANTAGONIST</b>		
<b>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>	T4	PA
<b>SEDATIVE-HYPNOTIC - TRICYCLIC ANTIDEPRESSANT TYPE</b>		
<b>SILENOR ORAL TABLET 3 MG, 6 MG</b>	T4	
<b>CHEMICAL DEPENDENCY, AGENTS TO TREAT</b>		
<b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE</b>		
<i>buprenorphine HCl sublingual tablet 2 mg, 8 mg</i>	T3	PA; QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	T3	PA; QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T3	PA; QL (90 EA per 30 days)
<b>ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE</b>		
<i>acamprosate oral tablet, delayed release (DRI/EC) 333 mg</i>	T4	
<b>ALCOHOL ABSTINENCE THERAPY - OPIOID RECEPTOR ANTAGONIST-TYPE</b>		
<b>VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG</b>	T5	QL (1 EA per 28 days)
<b>ALCOHOL DETERRENTS</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	T2	
<b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE</b>		
<i>bupropion HCl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	T6	QL (336 EA per 365 days)

Drug	Status	Notes
<b>SMOKING DETERRENTS - NICOTINE-TYPE</b>		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	T6	QL (2800 EA per 365 days)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	T6	QL (2448 EA per 365 days)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	T6	QL (2448 EA per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr</i>	T6	QL (84 EA per 365 days)
<i>nicotine transdermal patch 24 hour 7 mg/24 hr</i>	T6	QL (28 EA per 365 days)
<b>NICOTROL INHALATION CARTRIDGE 10 MG</b>	T6	QL (2688 EA per 365 days)
<b>NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML</b>	T6	QL (6720 ML per 365 days)
<b>SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2</b>		
<b>CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG</b>	T6	QL (340 EA per 365 days)
<b>CHANTIX ORAL TABLET 1 MG</b>	T6	QL (340 EA per 365 days)
<b>CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)</b>	T6	QL (106 EA per 365 days)
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	T6	QL (340 EA per 365 days)
<b>CHEMICALS-PHARMACEUTICAL ADJUVANTS</b>		
<b>BULK CHEMICALS</b>		
<i>polyethylene glycol 3350(bulk) powder</i>	T2	
<b>PHARMACEUTICAL ADJUVANT - CREAM/OINTMENT VEHICLES</b>		
<i>polyethylene glycol 3350(bulk) powder</i>	T2	
<b>PHARMACEUTICAL ADJUVANT - INHALATION VEHICLES</b>		
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	T2	
<b>COGNITIVE DISORDER THERAPY</b>		
<b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	T3	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/mL</i>	T4	QL (600 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	T3	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	T3	QL (60 EA per 30 days)
<b>ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS</b>		
<i>memantine oral capsule, sprinkle, ER 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	T3	QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/mL</i>	T4	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	T2	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i>	T2	
<b>COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS</b>		
<i>ergoloid oral tablet 1 mg</i>	T3	
<b>CONTRACEPTIVES</b>		
<b>CONTRACEPTIVE IMPLANT - PROGESTIN</b>		
<b>NEXPLANON SUBDERMAL IMPLANT 68 MG</b>	T6	

Drug	Status	Notes
<b>CONTRACEPTIVE INJECTABLE - PROGESTIN</b>		
<i>medroxyprogesterone intramuscular suspension 150 mg/mL</i>	T6	
<i>medroxyprogesterone intramuscular syringe 150 mg/mL</i>	T6	
<b>CONTRACEPTIVE INTRAUTERINE - COPPER IUD</b>		
<b>PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM</b>	T6	
<b>CONTRACEPTIVE INTRAUTERINE - PROGESTERONE IUD</b>		
<b>LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG</b>	T6	
<b>MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (7 YRS) 52 MG</b>	T6	
<b>CONTRACEPTIVE ORAL - BIPHASIC</b>		
<b>AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)</b>	T6	
<b>ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)</b>	T6	
<b>AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5</b>	T6	
<b>CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)</b>	T6	
<b>CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)</b>	T6	
<b>DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)</b>	T6	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	T6	
<b>KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5</b>	T6	
<i>L norgestl/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	T6	
<b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)</b>	T3	
<b>PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5</b>	T6	
<b>VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5</b>	T6	
<b>CONTRACEPTIVE ORAL - MONOPHASIC</b>		
<b>ALTAVERA (28) ORAL TABLET 0.15-0.03 MG</b>	T6	
<i>Alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	T6	
<b>AMETHYST (28) ORAL TABLET 90-20 MCG (28)</b>	T6	
<b>APRI ORAL TABLET 0.15-0.03 MG</b>	T6	
<b>AUBRA ORAL TABLET 0.1-20 MG-MCG</b>	T6	
<b>AVIANE ORAL TABLET 0.1-20 MG-MCG</b>	T6	
<b>BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG</b>	T6	
<b>BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)</b>	T4	
<b>BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)</b>	T6	
<b>BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T6	
<b>BRIELLYN ORAL TABLET 0.4-35 MG-MCG</b>	T6	
<b>CHATEAL (28) ORAL TABLET 0.15-0.03 MG</b>	T6	

Drug	Status	Notes
<b>CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG</b>	T6	
<b>CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	T6	
<b>CYRED ORAL TABLET 0.15-0.03 MG</b>	T6	
<b>DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	T6	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	T6	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	T6	
<b>ELINEST ORAL TABLET 0.3-30 MG-MCG</b>	T6	
<b>ENSKYCE ORAL TABLET 0.15-0.03 MG</b>	T6	
<b>ESTARYLLA ORAL TABLET 0.25-35 MG-MCG</b>	T6	
<b>FALMINA (28) ORAL TABLET 0.1-20 MG-MCG</b>	T6	
<b>GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)</b>	T4	
<b>JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)</b>	T6	
<b>JULEBER ORAL TABLET 0.15-0.03 MG</b>	T6	
<b>JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	T6	
<b>JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	T6	
<b>JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)</b>	T6	
<b>JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T6	
<b>JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)</b>	T6	
<b>KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	T6	
<b>KURVELO (28) ORAL TABLET 0.15-0.03 MG</b>	T6	
<b>LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	T6	
<b>LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	T6	
<b>LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)</b>	T6	
<b>LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)</b>	T6	
<b>LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T6	
<b>LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)</b>	T6	
<b>LESSINA ORAL TABLET 0.1-20 MG-MCG</b>	T6	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	T6	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	T6	
<b>LEVORA-28 ORAL TABLET 0.15-0.03 MG</b>	T6	
<b>LORYNA (28) ORAL TABLET 3-0.02 MG</b>	T6	
<b>LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG</b>	T6	
<b>LUTERA (28) ORAL TABLET 0.1-20 MG-MCG</b>	T6	
<b>MARLISSA (28) ORAL TABLET 0.15-0.03 MG</b>	T6	
<b>MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	T6	
<b>MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	T6	

Drug	Status	Notes
<b>MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)</b>	T6	
<b>MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T6	
<b>MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)</b>	T4	
<b>MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG</b>	T6	
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	T6	
<b>NIKKI (28) ORAL TABLET 3-0.02 MG</b>	T6	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	T6	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	T6	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	T6	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	T6	
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	T6	
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)</b>	T6	
<b>NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	T6	
<b>OCELLA ORAL TABLET 3-0.03 MG</b>	T6	
<b>ORSYTHIA ORAL TABLET 0.1-20 MG-MCG</b>	T6	
<b>PHILITH ORAL TABLET 0.4-35 MG-MCG</b>	T6	
<b>PIRMELLA ORAL TABLET 1-35 MG-MCG</b>	T6	
<b>PORTIA 28 ORAL TABLET 0.15-0.03 MG</b>	T6	
<b>PREVIFEM ORAL TABLET 0.25-35 MG-MCG</b>	T6	
<b>RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG</b>	T6	
<b>SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)</b>	NF	
<b>SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)</b>	T6	
<b>SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG</b>	T6	
<b>SRONYX ORAL TABLET 0.1-20 MG-MCG</b>	T6	
<b>SYEDA ORAL TABLET 3-0.03 MG</b>	T6	
<b>TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)</b>	T6	
<b>TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)</b>	T3	
<b>VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG</b>	T6	
<b>WERA (28) ORAL TABLET 0.5-35 MG-MCG</b>	T6	
<b>WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)</b>	T6	
<b>YASMIN (28) ORAL TABLET 3-0.03 MG</b>	T4	
<b>YAZ (28) ORAL TABLET 3-0.02 MG</b>	T4	
<b>ZARAH ORAL TABLET 3-0.03 MG</b>	T6	
<b>ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG</b>	T6	
<b>CONTRACEPTIVE ORAL - PROGESTIN</b>		
<b>CAMILA ORAL TABLET 0.35 MG</b>	T6	
<b>DEBLITANE ORAL TABLET 0.35 MG</b>	T6	

Drug	Status	Notes
ERRIN ORAL TABLET 0.35 MG	T6	
HEATHER ORAL TABLET 0.35 MG	T6	
JENCYCLA ORAL TABLET 0.35 MG	T6	
LYZA ORAL TABLET 0.35 MG	T6	
NORA-BE ORAL TABLET 0.35 MG	T6	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	T6	
SHAROBEL ORAL TABLET 0.35 MG	T6	
<b>CONTRACEPTIVE ORAL - QUADRAPHASIC</b>		
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	NF	
<b>CONTRACEPTIVE ORAL - TRIPHASIC</b>		
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	T6	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	T6	
CAZANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	T6	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	T6	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	T6	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	T6	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	T6	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	T6	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	T6	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	T6	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	T6	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG	T6	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	T6	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T6	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	T6	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T6	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	T6	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T6	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	T6	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	T6	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	T6	
<b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB.</b>		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	T6	
<b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB.</b>		
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	T6	

Drug	Status	Notes
<b>EMERGENCY CONTRACEPTIVES</b>		
AFTERA ORAL TABLET 1.5 MG	T6	
ECONTRA EZ ORAL TABLET 1.5 MG	T6	
ELLA ORAL TABLET 30 MG	T6	
MY WAY ORAL TABLET 1.5 MG	T6	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	T6	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	T6	
TAKE ACTION ORAL TABLET 1.5 MG	T6	
<b>EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONIST TYPE</b>		
ELLA ORAL TABLET 30 MG	T6	
<b>EMERGENCY CONTRACEPTIVES - PROGESTIN TYPE</b>		
ECONTRA EZ ORAL TABLET 1.5 MG	T6	
MY WAY ORAL TABLET 1.5 MG	T6	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	T6	
<b>SPERMICIDES</b>		
GYNOL II VAGINAL GEL 3 %	T6	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	T6	
<b>DERMATOLOGICAL</b>		
<b>ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES</b>		
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	T5	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T4	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T4	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T4	
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE</b>		
CLINDACIN ETZ TOPICAL SWAB 1 %	T2	
CLINDACIN P TOPICAL SWAB 1 %	T2	
<i>clindamycin phosphate topical gel 1 %</i>	T3	
<i>clindamycin phosphate topical lotion 1 %</i>	T3	
<i>clindamycin phosphate topical solution 1 %</i>	T3	
<i>clindamycin phosphate topical swab 1 %</i>	T2	
ERY PADS TOPICAL SWAB 2 %	T3	
<i>erythromycin with ethanol topical gel 2 %</i>	T2	
<i>erythromycin with ethanol topical solution 2 %</i>	T2	
FINACEA TOPICAL GEL 15 %	T4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	T2	
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS</b>		
AVAR TOPICAL CLEANSER 10-5 % (W/W)	T4	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	T4	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	T4	



Drug	Status	Notes
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	T4	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	T4	
<b>ROSANIL TOPICAL CLEANSER 10-5 % (W/W)</b>	T4	
<b>ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %</b>	T4	
<b>SSS 10-5 TOPICAL CREAM 10-5 % (W/W)</b>	T4	
<b>SSS 10-5 TOPICAL FOAM 10-5 %</b>	T4	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %</i>	T4	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	T4	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	T4	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	T4	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	T4	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	T4	
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-RETINOID COMBINATIONS</b>		
<b>VELTIN TOPICAL GEL 1.2-0.025 %</b>	T5	
<b>ZIANA TOPICAL GEL 1.2-0.025 %</b>	T5	
<b>ACNE THERAPY TOPICAL - KERATOLYTIC</b>		
<i>benzoyl peroxide topical cleanser 6 %</i>	T2	
<i>benzoyl peroxide topical cleanser 7 %</i>	T3	
<i>benzoyl peroxide topical foam 9.8 %</i>	T2	
<i>benzoyl peroxide topical gel 10 %, 2.5 %</i>	T2	
<b>ACNE THERAPY TOPICAL - RETINOID COMBINATIONS OTHER</b>		
<b>EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %</b>	T4	
<b>ACNE THERAPY TOPICAL - RETINOIDS AND DERIVATIVES</b>		
<i>adapalene topical cream 0.1 %</i>	T3	
<i>adapalene topical gel 0.1 %</i>	T3	
<b>ALTRENO TOPICAL LOTION 0.05 %</b>	T3	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	T3	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	T3	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	T3	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	T3	
<b>ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	T4	
<b>ANTIPSORIATIC AGENTS - INTERLEUKIN 12 AND IL-23 INHIBITORS,MC ANTIBODY</b>		
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML</b>	NF	QL (0.5 ML per 84 days)
<b>STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML</b>	NF	QL (0.5 ML per 84 days)
<b>STELARA SUBCUTANEOUS SYRINGE 90 MG/ML</b>	NF	QL (1 ML per 56 days)

Drug	Status	Notes
<b>ANTIPSORIATIC AGENTS - INTERLEUKIN-23 (IL-23) ANTAGONIST, MC ANTIBODY</b>		
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	NF	QL (2 ML per 84 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	T5	QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	T5	QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	T5	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	T5	PA; QL (6 EA per 365 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	NF	QL (2 ML per 30 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	NF	QL (2 ML per 30 days)
<b>ANTIPSORIATIC AGENTS-INTERLEUKIN-17 (IL-17) ANTAGONIST, MC ANTIBODY</b>		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	T5	PA; QL (2 ML per 30 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	T5	PA; QL (2 ML per 30 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	T5	PA; QL (2 ML per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	T5	PA; QL (2 ML per 30 days)
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	T4	QL (2 ML per 28 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	NF	QL (1 ML per 30 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	NF	QL (1 ML per 30 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	NF	QL (1 ML per 30 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	NF	QL (1 ML per 30 days)
<b>DERMATITIS AGENTS,SYSTEMIC-IL-4 RECEPTOR ALPHA ANTAGONIST (IL-4RA) MAB</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	T5	PA; QL (6 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	T5	PA
<b>DERMATITIS OR ECZEMA AGENTS, TOPICAL - PHOSPHODIESTERASE-4 INHIBITORS</b>		
EUCRISA TOPICAL OINTMENT 2 %	T4	
<b>DERMATOLOGICAL - ANTIBACTERIAL AMINOGLYCOSIDES</b>		
<i>gentamicin topical cream 0.1 %</i>	T2	
<i>gentamicin topical ointment 0.1 %</i>	T2	
<b>DERMATOLOGICAL - ANTIBACTERIAL OTHER</b>		
<i>mupirocin topical ointment 2 %</i>	T2	
<b>DERMATOLOGICAL - ANTIBACTERIAL PLEUROMUTILIN DERIVATIVES</b>		
ALTABAX TOPICAL OINTMENT 1 %	T4	
<b>DERMATOLOGICAL - ANTIFUNGAL ALLYLAMINES</b>		
<i>naftifine topical cream 1 %, 2 %</i>	T4	

Drug	Status	Notes
<b>NAFTIN TOPICAL GEL 1 %</b>	T4	
<b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES</b>		
<i>nystatin topical cream 100,000 unit/gram</i>	T2	
<i>nystatin topical ointment 100,000 unit/gram</i>	T2	
<i>nystatin topical powder 100,000 unit/gram</i>	T2	
<b>NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM</b>	T2	
<b>DERMATOLOGICAL - ANTIFUNGAL BENZYLAMINES</b>		
<b>MENTAX TOPICAL CREAM 1 %</b>	T3	
<b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE</b>		
<b>CICLODAN TOPICAL SOLUTION 8 %</b>	T2	
<i>ciclopirox topical cream 0.77 %</i>	T3	
<i>ciclopirox topical gel 0.77 %</i>	T3	
<i>ciclopirox topical shampoo 1 %</i>	T3	
<i>ciclopirox topical solution 8 %</i>	T2	
<i>ciclopirox topical suspension 0.77 %</i>	T3	
<b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS</b>		
<i>clotrimazole topical cream 1 %</i>	T2	
<i>clotrimazole topical solution 1 %</i>	T2	
<i>econazole topical cream 1 %</i>	T4	
<b>ERTACZO TOPICAL CREAM 2 %</b>	T5	PA
<i>ketoconazole topical cream 2 %</i>	T2	
<i>ketoconazole topical shampoo 2 %</i>	T2	
<i>oxiconazole topical cream 1 %</i>	T4	ST
<b>VUSION TOPICAL OINTMENT 0.25-15-81.35 %</b>	T4	
<b>DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	T3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	T3	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	T4	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	T4	
<b>DERMATOLOGICAL - ANTINEOPLASTIC ALKYLATING AGENTS</b>		
<b>VALCHLOR TOPICAL GEL 0.016 %</b>	T5	PA
<b>DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES</b>		
<i>fluorouracil topical cream 5 %</i>	T3	
<i>fluorouracil topical solution 2 %, 5 %</i>	T3	
<b>DERMATOLOGICAL - ANTINEOPLASTIC OR PREMALIGNANT LESIONS - NSAID'S</b>		
<i>diclofenac sodium topical gel 3 %</i>	T5	PA
<b>DERMATOLOGICAL - ANTINEOPLASTIC RETINOIDS</b>		
<b>PANRETIN TOPICAL GEL 0.1 %</b>	T5	PA

Drug	Status	Notes
<b>DERMATOLOGICAL - ANTINEOPLASTIC SELECTIVE RETINOID X RECEPTOR AGONIST</b>		
<b>TARGRETIN TOPICAL GEL 1 %</b>	T5	PA
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTSENSITIZING</b>		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	T5	
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	T5	PA
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL</b>		
<i>calcipotriene scalp solution 0.005 %</i>	T4	
<i>calcipotriene topical cream 0.005 %</i>	T4	
<i>calcipotriene topical ointment 0.005 %</i>	T4	
<i>calcitriol topical ointment 3 mcg/gram</i>	T5	PA
<i>tazarotene topical cream 0.1 %</i>	T4	
<b>TAZORAC TOPICAL CREAM 0.05 %, 0.1 %</b>	T4	
<b>TAZORAC TOPICAL GEL 0.05 %, 0.1 %</b>	T4	
<b>DERMATOLOGICAL - ANTIPSORIATICS SYSTEMIC, PHOSPHODIESTERASE 4 INHIB.</b>		
<b>OTEZLA ORAL TABLET 30 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)</b>	T5	PA; QL (55 EA per 274 days)
<b>DERMATOLOGICAL - ANTISEBORRHEIC</b>		
<b>PROMISEB TOPICAL CREAM</b>	T4	
<i>selenium sulfide topical lotion 2.5 %</i>	T2	
<i>selenium sulfide topical shampoo 2.25 %</i>	T4	
<i>sulfacetamide sodium topical cleanser 10 %</i>	T4	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	T4	
<i>sulfacetamide sodium topical shampoo 10 %</i>	T4	
<b>DERMATOLOGICAL - ANTIVIRAL, HERPES</b>		
<i>acyclovir topical cream 5 %</i>	T5	
<i>acyclovir topical ointment 5 %</i>	T4	QL (60 GM per 30 days)
<b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE</b>		
<i>silver sulfadiazine topical cream 1 %</i>	T2	
<b>SSD TOPICAL CREAM 1 %</b>	T2	
<b>SULFAMYLON TOPICAL CREAM 85 MG/G</b>	T4	
<b>DERMATOLOGICAL - CALCINEURIN INHIBITORS</b>		
<i>pimecrolimus topical cream 1 %</i>	T4	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	T4	PA
<b>DERMATOLOGICAL - EMOLLIENT MIXTURES</b>		
<b>ELETONE TOPICAL CREAM</b>	T4	
<b>EPICERAM TOPICAL EMULSION, EXTENDED RELEASE</b>	T4	
<b>HPR PLUS TOPICAL CREAM</b>	T4	
<b>HPR PLUS TOPICAL FOAM</b>	T4	

Drug	Status	Notes
<b>HPR TOPICAL FOAM</b>	T4	
<b>HYLATOPICPLUS TOPICAL CREAM</b>	T4	
<b>NEOSALUS TOPICAL FOAM</b>	T4	
<b>PROMISEB TOPICAL CREAM</b>	T4	
<b>DERMATOLOGICAL - EMOLLIENTS</b>		
<i>ammonium lactate topical cream 12 %</i>	T2	
<i>ammonium lactate topical lotion 12 %</i>	T2	
<i>urea topical cream 20 %</i>	T2	
<b>DERMATOLOGICAL - ENZYMES</b>		
<b>SANTYL TOPICAL OINTMENT 250 UNIT/GRAM</b>	T4	
<b>DERMATOLOGICAL - GLUCOCORTICOID</b>		
<i>alclometasone topical cream 0.05 %</i>	T3	
<i>alclometasone topical ointment 0.05 %</i>	T3	
<i>amcinonide topical cream 0.1 %</i>	T4	
<i>betamethasone dipropionate topical cream 0.05 %</i>	T3	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T3	
<i>betamethasone valerate topical cream 0.1 %</i>	T2	
<i>betamethasone valerate topical lotion 0.1 %</i>	T3	
<i>betamethasone valerate topical ointment 0.1 %</i>	T2	
<i>betamethasone, augmented topical cream 0.05 %</i>	T2	
<i>betamethasone, augmented topical gel 0.05 %</i>	T2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	T3	
<i>betamethasone, augmented topical ointment 0.05 %</i>	T2	
<b>CAPEX TOPICAL SHAMPOO 0.01 %</b>	T3	
<i>clobetasol scalp solution 0.05 %</i>	T3	
<i>clobetasol topical cream 0.05 %</i>	T4	
<i>clobetasol topical gel 0.05 %</i>	T4	
<i>clobetasol topical lotion 0.05 %</i>	T4	
<i>clobetasol topical ointment 0.05 %</i>	T4	
<i>clobetasol topical shampoo 0.05 %</i>	T4	
<i>clobetasol-emollient topical cream 0.05 %</i>	T4	
<i>clocortolone pivalate topical cream 0.1 %</i>	T4	
<b>CLODAN TOPICAL SHAMPOO 0.05 %</b>	T4	
<b>CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2</b>	T4	
<b>CORDRAN TOPICAL LOTION 0.05 %</b>	T4	
<i>desonide topical cream 0.05 %</i>	T4	
<i>desonide topical lotion 0.05 %</i>	T4	
<i>desonide topical ointment 0.05 %</i>	T4	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	T3	
<i>desoximetasone topical gel 0.05 %</i>	T3	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	T3	
<i>diflorasone topical cream 0.05 %</i>	T4	

Drug	Status	Notes
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	T3	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	T3	
<i>fluocinolone topical oil 0.01 %</i>	T3	
<i>fluocinolone topical ointment 0.025 %</i>	T3	
<i>fluocinolone topical solution 0.01 %</i>	T3	
<i>fluocinonide topical cream 0.05 %</i>	T3	
<i>fluocinonide topical gel 0.05 %</i>	T3	
<i>fluocinonide topical ointment 0.05 %</i>	T3	
<i>fluocinonide topical solution 0.05 %</i>	T3	
<b>FLUOCINONIDE-E TOPICAL CREAM 0.05 %</b>	T3	
<i>fluticasone propionate topical cream 0.05 %</i>	T2	
<i>fluticasone propionate topical lotion 0.05 %</i>	T3	
<i>fluticasone propionate topical ointment 0.005 %</i>	T2	
<i>halobetasol propionate topical cream 0.05 %</i>	T4	
<i>halobetasol propionate topical ointment 0.05 %</i>	T4	
<b>HALOG TOPICAL OINTMENT 0.1 %</b>	T4	
<i>hydrocortisone acetate topical cream 1 %</i>	T2	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	T2	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	T4	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	T4	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	T4	
<i>hydrocortisone topical cream 0.5 %, 1 %, 2.5 %</i>	T2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	T2	
<i>hydrocortisone topical lotion 1 %</i>	T1	
<i>hydrocortisone topical lotion 2.5 %</i>	T3	
<i>hydrocortisone topical ointment 0.5 %, 1 %, 2.5 %</i>	T2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	T4	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	T2	
<b>LOCOID TOPICAL LOTION 0.1 %</b>	T4	
<i>mometasone topical cream 0.1 %</i>	T2	
<i>mometasone topical ointment 0.1 %</i>	T2	
<i>mometasone topical solution 0.1 %</i>	T2	
<i>prednicarbate topical cream 0.1 %</i>	T3	
<i>prednicarbate topical ointment 0.1 %</i>	T3	
<b>PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %</b>	T2	
<b>PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %</b>	T2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	T4	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	T2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	T2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T2	

Drug	Status	Notes
<b>DERMATOLOGICAL - GLUCOCORTICOID-LOCAL ANESTHETIC COMBINATIONS</b>		
<b>EPIFOAM TOPICAL FOAM 1-1 %</b>	T4	
<b>PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %</b>	T4	
<b>DERMATOLOGICAL - IMMUNOMODULATOR - CATECHINS - GENITAL WART/HPV TX</b>		
<b>VEREGEN TOPICAL OINTMENT 15 %</b>	T3	
<b>DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES</b>		
<i>imiquimod topical cream in packet 5 %</i>	T4	QL (20 EA per 28 days)
<b>DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS</b>		
<b>CONDYLOX TOPICAL GEL 0.5 %</b>	T4	
<i>podofilox topical solution 0.5 %</i>	T3	
<i>salicylic acid topical cream,extended release 6 %</i>	T2	
<i>salicylic acid topical foam 6 %</i>	T2	
<i>salicylic acid topical gel 6 %</i>	T2	
<i>salicylic acid topical lotion,extended release 6 %</i>	T2	
<i>salicylic acid topical shampoo 6 %</i>	T2	
<i>urea topical cream 39 %</i>	T2	
<i>urea topical foam 35 %</i>	T2	
<i>urea topical gel 45 %</i>	T2	
<i>urea topical lotion 40 %</i>	T2	
<b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS</b>		
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	T2	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	T2	
<b>DERMATOLOGICAL - NSAID SINGLE AGENTS</b>		
<i>diclofenac sodium topical gel 1 %</i>	T3	
<b>DERMATOLOGICAL - RETINOIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC</b>		
<i>tretinoin (emollient) topical cream 0.05 %</i>	T3	
<b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL</b>		
<b>FINACEA TOPICAL GEL 15 %</b>	T4	
<i>metronidazole topical cream 0.75 %</i>	T3	
<i>metronidazole topical gel 0.75 %</i>	T3	
<i>metronidazole topical gel 1 %</i>	T4	
<i>metronidazole topical gel with pump 1 %</i>	T4	
<i>metronidazole topical lotion 0.75 %</i>	T4	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	T4	
<b>DERMATOLOGICAL - TOPICAL LOCAL ANESTHETIC AMIDES</b>		
<i>lidocaine HCl mucous membrane jelly 2 %</i>	T2	
<i>lidocaine HCl topical cream 3 %</i>	T2	
<i>lidocaine HCl topical lotion 3 %</i>	T2	



Drug	Status	Notes
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T4	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	T4	PA; QL (150 GM per 30 days)
<b>SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG</b>	T4	PA
<b>DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES</b>		
<b>ZONALON TOPICAL CREAM 5 %</b>	T4	
<b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS</b>		
<i>lindane topical shampoo 1 %</i>	T3	
<i>malathion topical lotion 0.5 %</i>	T3	
<i>permethrin topical cream 5 %</i>	T4	
<b>ULESFIA TOPICAL LOTION 5 %</b>	T4	
<b>WOUND CARE - GROWTH FACTOR AGENTS</b>		
<b>REGRANEX TOPICAL GEL 0.01 %</b>	T4	PA
<b>DIAGNOSTIC AGENTS</b>		
<b>DIAGNOSTIC DRUGS - GASTROINTESTINAL RADIOLOGICAL ADJUNCT</b>		
<b>GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML</b>	T3	QL (4 EA per 30 days)
<b>EATING DISORDER THERAPY</b>		
<b>APPETITE STIMULANTS - CANNABINOIDS</b>		
<i>dronabinol oral capsule 10 mg</i>	T5	PA
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T4	PA
<b>APPETITE STIMULANTS - PROGESTIN HORMONE TYPE</b>		
<i>megestrol oral suspension 400 mg/10 mL (10 mL), 400 mg/10 mL (40 mg/mL), 800 mg/20 mL (20 mL)</i>	T2	
<i>megestrol oral suspension 625 mg/5 mL (125 mg/mL)</i>	T4	
<b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS</b>		
<b>AMINO ACID - CARNITINE DERIVATIVES</b>		
<i>levocarnitine oral tablet 330 mg</i>	T3	
<b>DILUENTS - SODIUM CHLORIDE</b>		
<i>sodium chloride 0.9 % injection solution</i>	T2	
<b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN</b>		
<b>LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM</b>	T4	PA
<i>sodium polystyrene sulfonate oral powder</i>	T3	
<b>SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML</b>	T2	
<b>IRRIGATION SOLUTIONS</b>		
<b>PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L</b>	T4	
<i>Ringer's irrigation solution</i>	T2	
<i>sodium chloride irrigation solution 0.9 %</i>	T2	
<i>water for irrigation, sterile irrigation solution</i>	T2	
<b>MINERALS AND ELECTROLYTES - PARENTERAL ELECTROLYTE COMBINATIONS</b>		
<b>ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION</b>	T2	

Drug	Status	Notes
<b>MINERALS AND ELECTROLYTES - PHOSPHATE</b>		
<i>Phospha 250 Neutral oral tablet 250 mg</i>	T2	
<b>MINERALS AND ELECTROLYTES - POTASSIUM, ORAL</b>		
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	T2	
<b>KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ</b>	T2	
<b>KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ</b>	T2	
<b>KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ</b>	T2	
<b>KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ</b>	T2	
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	T2	
<i>potassium chloride oral capsule, extended release 10 mEq, 8 mEq</i>	T2	
<i>potassium chloride oral liquid 20 mEq/15 mL, 40 mEq/15 mL</i>	T2	
<i>potassium chloride oral packet 20 mEq</i>	T2	
<i>potassium chloride oral tablet extended release 10 mEq, 20 mEq, 8 mEq</i>	T2	
<i>potassium chloride oral tablet,ER particles/crystals 10 mEq, 20 mEq</i>	T2	
<b>PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS</b>		
<b>MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML</b>	T6	
<b>MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG</b>	T6	
<b>PRENATAL VITAMINS AND MINERALS</b>		
<b>PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG</b>	T3	
<b>PRENATABS FA ORAL TABLET 29-1 MG</b>	T2	
<b>PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG</b>	T4	
<b>PRETAB ORAL TABLET 29-1 MG</b>	T2	
<b>VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG</b>	T3	
<b>SODIUM CHLORIDE FLUSHES</b>		
<b>NORMAL SALINE FLUSH INJECTION SYRINGE</b>	T2	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	T2	
<i>sodium chloride 0.9 % injection solution</i>	T2	
<b>SODIUM CHLORIDE, PARENTERAL</b>		
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	T2	
<b>VITAMINS - B-3, NIACIN AND DERIVATIVES</b>		
<i>niacin oral tablet extended release 750 mg</i>	T3	
<b>VITAMINS - D DERIVATIVES</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T2	
<i>calcitriol oral solution 1 mcg/mL</i>	T2	
<i>ergocalciferol (vitamin D2) oral capsule 1,250 mcg (50,000 unit)</i>	T6	QL (4 EA per 28 days)
<b>VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)</b>	T6	QL (4 EA per 28 days)

Drug	Status	Notes
<b>VITAMINS - FOLIC ACID AND DERIVATIVES</b>		
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	T6	
<b>ENDOCRINE</b>		
<b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)</b>		
<b>GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG</b>	T3	QL (4 EA per 30 days)
<b>GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG</b>	T3	
<b>GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML</b>	T3	
<b>GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML</b>	T3	
<b>GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML</b>	T3	
<b>GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML</b>	T3	
<b>PROGLYCEM ORAL SUSPENSION 50 MG/ML</b>	T4	
<b>ANABOLIC STEROID - SINGLE AGENTS</b>		
<i>oxandrolone oral tablet 10 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	T5	PA; QL (60 EA per 30 days)
<b>ANDROGEN - SINGLE AGENTS</b>		
<i>testosterone cypionate intramuscular oil 100 mg/mL</i>	T3	QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular oil 200 mg/mL</i>	T3	QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular oil 200 mg/mL</i>	T3	QL (5 ML per 28 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	T3	QL (60 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>	T3	QL (150 GM per 28 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	T3	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	T3	QL (60 GM per 30 days)
<b>ANTIDIURETIC AND VASOPRESSOR HORMONES</b>		
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 mL)</i>	T3	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 mL)</i>	T3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T3	
<b>ANTIHYPERGLYCEMIC - ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	T2	QL (90 EA per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	T4	QL (90 EA per 30 days)
<b>ANTIHYPERGLYCEMIC - DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<b>TRADJENTA ORAL TABLET 5 MG</b>	T3	QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS</b>		
<b>CYCLOSET ORAL TABLET 0.8 MG</b>	T4	PA; QL (180 EA per 30 days)
<b>ANTIHYPERGLYCEMIC - MEGLITINIDE ANALOGS</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	T3	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	QL (90 EA per 30 days)

Drug	Status	Notes
<b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS</b>		
SEGLUOMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	NF	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	T3	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	T3	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	T3	
<b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	T3	
<b>ANTIHYPERGLYCEMIC - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	T3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	T3	QL (30 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	NF	QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	T2	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T2	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	T2	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	T2	QL (120 EA per 30 days)
<b>ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES</b>		
<i>glimepiride oral tablet 1 mg</i>	T1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	T1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	T1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	T1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	T1	QL (60 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	T2	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	T2	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	T2	QL (480 EA per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	T2	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	T2	QL (60 EA per 30 days)
<b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND BIGUANIDE COMBINATIONS</b>		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	T3	QL (90 EA per 30 days)
<b>ANTIHYPERGLYCEMIC - THIAZOLIDINEDIONE AND SULFONYLUREA COMBINATIONS</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	T3	QL (30 EA per 30 days)
<b>ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	T5	

Drug	Status	Notes
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	T5	
ANTIHYPERGLYCEMIC, INCRETIN MIMETIC, GLP-1 RECEPTOR AGONIST ANALOG-TYPE		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	T3	QL (3.4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	T3	QL (2.4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	T3	QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	T3	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	T3	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	T3	QL (30 EA per 30 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	T3	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	T3	QL (9 ML per 30 days)
ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE		
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	T3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	T3	QL (60 EA per 30 days)
ANTIHYPERGLYCEMIC-INSULIN, LONG ACTING AND GLP-1 RECEPTOR AGONIST COMB		
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	T3	QL (15 ML per 30 days)
ANTIHYPERGLYCEMIC-SGLT-2 INHIBITOR, DPP-4 INHIBITOR AND BIGUANIDE COMB		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	T3	QL (30 EA per 30 days)
ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES		
<i>propylthiouracil oral tablet 50 mg</i>	T3	
BONE FORMATION AGENTS - SCLEROSTIN INHIBITOR, MONOCLONAL ANTIBODY		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2)	T5	PA
BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE REL PEPTIDES		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	T5	PA

Drug	Status	Notes
<b>BONE FORMATION STIMULATING AGENTS - PARATHYROID HORMONE-TYPE</b>		
<b>FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)</b>	T5	PA; QL (2.4 ML per 28 days)
<b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES</b>		
<i>alendronate oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	T1	QL (4 EA per 28 days)
<i>etidronate disodium oral tablet 200 mg</i>	T3	
<i>ibandronate oral tablet 150 mg</i>	T2	QL (1 EA per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	T5	PA
<i>pamidronate intravenous solution 30 mg/10 mL (3 mg/mL), 60 mg/10 mL (6 mg/mL), 90 mg/10 mL (9 mg/mL)</i>	T5	PA
<i>risedronate oral tablet 150 mg</i>	T4	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	T4	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg</i>	T4	QL (4 EA per 28 days)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 mL</i>	T5	PA
<b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER</b>		
<i>cinacalcet oral tablet 30 mg</i>	T3	PA
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	T5	PA
<b>SENSIPAR ORAL TABLET 30 MG, 60 MG</b>	T5	QL (60 EA per 30 days)
<b>SENSIPAR ORAL TABLET 90 MG</b>	T5	QL (120 EA per 30 days)
<b>CALCITONINS</b>		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	T3	QL (3.7 ML per 30 days)
<b>ESTROGEN AND SELECTIVE ESTROGEN RECEPTOR MODULATOR (SERM) COMBINATIONS</b>		
<b>DUAVEE ORAL TABLET 0.45-20 MG</b>	T3	
<b>ESTROGEN-ANDROGEN</b>		
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	T3	
<b>ESTROGEN-PROGESTIN</b>		
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR</b>	T4	
<b>COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR</b>	T3	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	T2	
<b>JINTELI ORAL TABLET 1-5 MG-MCG</b>	T3	
<b>MIMVEY ORAL TABLET 1-0.5 MG</b>	T3	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	T3	
<b>PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)</b>	T3	
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG</b>	T3	

Drug	Status	Notes
<b>ESTROGENS</b>		
<b>DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML</b>	T3	
<b>DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)</b>	T4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	T2	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T4	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T3	QL (4 EA per 28 days)
<b>ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION</b>	T4	
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG</b>	T4	PA
<b>PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>	T3	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone oral solution 0.5 mg/5 mL</i>	T3	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	T2	
<i>dexamethasone sodium phos (PF) injection solution 10 mg/mL</i>	T2	
<i>dexamethasone sodium phosphate injection solution 10 mg/mL, 4 mg/mL</i>	T2	
<i>dexamethasone sodium phosphate injection syringe 4 mg/mL</i>	T3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T2	
<i>methylprednisolone acetate injection suspension 40 mg/mL, 80 mg/mL</i>	T2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	T2	
<b>MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS)</b>	T3	
<i>prednisolone oral solution 15 mg/5 mL</i>	T2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 mL (3 mg/mL), 15 mg/5 mL (5 mL), 25 mg/5 mL (5 mg/mL), 5 mg base/5 mL (6.7 mg/5 mL)</i>	T2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	T4	
<b>PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML</b>	T2	
<i>prednisone oral solution 5 mg/5 mL</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	T2	
<i>triamcinolone acetoneide injection suspension 40 mg/mL</i>	T4	
<b>GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	T4	
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
<i>Somavert subcutaneous recon soln 10 mg</i>	T5	PA
<b>SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG</b>	T5	PA



Drug	Status	Notes
<b>GROWTH HORMONES</b>		
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	T5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	T5	PA
<b>HUMAN INSULINS - FIXED COMBINATIONS</b>		
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	T3	QL (60 ML per 30 days)
<b>HUMAN INSULINS - INTERMEDIATE ACTING</b>		
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T3	QL (60 ML per 30 days)
<b>HUMAN INSULINS - SHORT ACTING</b>		
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	T5	QL (20 ML per 30 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	T3	QL (60 ML per 30 days)
<b>INSULIN ANALOGS - FIXED COMBINATIONS</b>		
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	T3	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	T3	QL (60 ML per 30 days)
<b>INSULIN ANALOGS - LONG ACTING</b>		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	QL (60 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	QL (60 ML per 30 days)
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	QL (60 ML per 30 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	QL (60 ML per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	T3	QL (21 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	T3	QL (21 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	QL (60 ML per 30 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	T3	QL (36 ML per 30 days)
<b>INSULIN ANALOGS - RAPID ACTING</b>		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	QL (60 ML per 30 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3	QL (60 ML per 30 days)
<i>insulin aspart U-100 subcutaneous cartridge 100 unit/mL</i>	T3	QL (60 ML per 30 days)
<i>insulin aspart U-100 subcutaneous insulin pen 100 unit/mL (3 mL)</i>	T3	QL (60 ML per 30 days)
<i>insulin aspart U-100 subcutaneous solution 100 unit/mL</i>	T3	QL (60 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	T3	QL (60 ML per 30 days)

Drug	Status	Notes
<b>NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML</b>	T3	QL (60 ML per 30 days)
<b>NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	T3	QL (60 ML per 30 days)
<b>INSULIN RESPONSE ENHANCERS - BIGUANIDES</b>		
<i>metformin oral tablet 1,000 mg</i>	T1	QL (60 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	T1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	T1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	T1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	T1	QL (60 EA per 30 days)
<b>INSULIN RESPONSE ENHANCERS - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS)</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	T2	QL (30 EA per 30 days)
<b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)</b>		
<b>INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML</b>	T5	PA
<b>LHRH (GNRH) AGONIST ANALOG PIT SUPPRES - CENTRAL PRECOCIOUS PUBERTY</b>		
<b>LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG</b>	T5	PA; QL (1 EA per 84 days)
<b>LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)</b>	T5	PA; QL (1 EA per 28 days)
<b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
<b>LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG</b>	T5	PA; QL (1 EA per 84 days)
<b>LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG</b>	T5	PA; QL (1 EA per 28 days)
<b>SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML</b>	T5	
<b>LHRH (GNRH) ANTAGONIST, ESTROGEN AND PROGESTIN COMBINATIONS</b>		
<b>ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)</b>	T5	PA; QL (60 EA per 30 days)
<b>LHRH (GNRH) ANTAGONISTS</b>		
<b>ORILISSA ORAL TABLET 150 MG</b>	T5	PA; QL (28 EA per 28 days)
<b>ORILISSA ORAL TABLET 200 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	T2	
<b>OXYTOCIC - ERGOT ALKALOIDS</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	T3	
<b>PROGESTINS</b>		
<b>MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML</b>	T5	PA
<b>MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)</b>	T5	PA
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	
<i>norethindrone acetate oral tablet 5 mg</i>	T2	
<i>progesterone intramuscular oil 50 mg/mL</i>	T2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	T2	

Drug	Status	Notes
<b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS</b>		
<i>cabergoline oral tablet 0.5 mg</i>	T3	QL (16 EA per 28 days)
<b>RANK LIGAND (RANKL) INHIBITOR, MC ANTIBODY</b>		
<b>PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML</b>	T4	QL (1 ML per 180 days)
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</b>		
<i>raloxifene oral tablet 60 mg</i>	T3	PA; **; QL (30 EA per 30 days)
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate injection solution 1,000 mcg/mL, 100 mcg/mL, 200 mcg/mL, 50 mcg/mL, 500 mcg/mL</i>	T5	PA
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG</b>	T5	PA
<b>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG</b>	T5	PA
<b>SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML</b>	T5	PA
<b>THYROID HORMONES - ANIMAL SOURCE (PORCINE)</b>		
<b>ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG</b>	T3	
<b>NP THYROID ORAL TABLET 30 MG, 60 MG, 90 MG</b>	T2	
<b>THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE)</b>		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	T2	
<b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE)</b>		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T2	
<b>LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T2	
<b>SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T3	
<b>UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T2	
<b>GASTROINTESTINAL THERAPY AGENTS</b>		
<b>ANTIDIARRHEAL - ANTIPERISTALTIC AGENTS</b>		
<i>Anti-Diarrheal (loperamide) oral capsule 2 mg</i>	T2	
<i>loperamide oral capsule 2 mg</i>	T2	
<b>ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR</b>		
<b>XERMELO ORAL TABLET 250 MG</b>	T5	PA; QL (90 EA per 30 days)
<b>ANTIDIARRHEAL ANTIPERISTALTIC-ANTICHOLINERGIC COMBINATIONS</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 mL</i>	T2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T2	
<b>MOTOFEN ORAL TABLET 1-0.025 MG</b>	T4	

Drug	Status	Notes
<b>ANTIEMETIC - ANTICHOLINERGICS</b>		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	T4	
<b>ANTIEMETIC - ANTIHISTAMINES</b>		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T2	
<b>ANTIEMETIC - CANNABINOID TYPE</b>		
<i>dronabinol oral capsule 10 mg</i>	T5	PA; QL (120 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T4	PA; QL (120 EA per 30 days)
<b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS</b>		
<b>TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML</b>	T4	PA
<i>trimethobenzamide oral capsule 300 mg</i>	T2	
<b>ANTIEMETIC - PHENOTHIAZINES</b>		
<b>COMPRO RECTAL SUPPOSITORY 25 MG</b>	T4	
<i>prochlorperazine Edisylate injection solution 10 mg/2 mL (5 mg/mL)</i>	T4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T2	
<i>prochlorperazine rectal suppository 25 mg</i>	T4	
<i>promethazine injection solution 25 mg/mL, 50 mg/mL</i>	T3	
<i>promethazine oral syrup 6.25 mg/5 mL</i>	T3	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	T3	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG</b>	T3	
<b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS</b>		
<i>granisetron HCl oral tablet 1 mg</i>	T3	
<i>ondansetron HCl oral solution 4 mg/5 mL</i>	T2	
<i>ondansetron HCl oral tablet 24 mg</i>	T2	QL (30 EA per 30 days)
<i>ondansetron HCl oral tablet 4 mg, 8 mg</i>	T2	QL (60 EA per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	T3	
<b>SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR</b>	T5	PA
<b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T4	QL (60 EA per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	T4	QL (60 EA per 30 days)
<b>EMEND ORAL CAPSULE 80 MG</b>	T4	PA; QL (60 EA per 30 days)
<b>EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)</b>	T4	PA; QL (60 EA per 30 days)
<b>VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5 ML</b>	T5	PA
<b>VARUBI ORAL TABLET 90 MG</b>	T5	PA
<b>ANTIEMETIC - SUBSTANCE P-NEUROKININ 1 AND 5-HT3 RECEPT ANTAGONIST COMB</b>		
<b>AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG</b>	T5	PA
<b>AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG</b>	T5	PA

Drug	Status	Notes
<b>CHRONIC IDIOPATHIC CONST. AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T3	
LINZESS ORAL CAPSULE 72 MCG	T3	QL (30 EA per 30 days)
<b>COLONIC ACIDIFIER (AMMONIA INHIBITOR)</b>		
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	T2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	T2	
<i>lactulose oral solution 10 gram/15 mL, 10 gram/15 mL (15 mL)</i>	T2	
<b>DIGESTIVE ENZYME MIXTURES</b>		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	T3	
<b>GALLSTONE SOLUBILIZING (LITHOLYSIS) AGENTS</b>		
<i>ursodiol oral capsule 300 mg</i>	T4	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	T4	
<b>GASTRIC ACID SECRETION REDUCERS - HISTAMINE H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine HCl oral solution 300 mg/5 mL</i>	T2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	T2	
<i>famotidine oral suspension 40 mg/5 mL (8 mg/mL)</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	T2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	T2	
<i>nizatidine oral solution 150 mg/10 mL</i>	T2	
<b>GASTRIC ACID SECRETION REDUCING AGENTS - PROTON PUMP INHIBITORS (PPIS)</b>		
<i>lansoprazole oral capsule, delayed release(DR/EC) 15 mg, 30 mg</i>	T2	QL (30 EA per 30 days)
<i>omeprazole magnesium oral tablet, delayed release (DR/EC) 20 mg</i>	T2	
<i>omeprazole oral capsule, delayed release(DR/EC) 10 mg, 20 mg, 40 mg</i>	T2	
<i>omeprazole oral tablet, delayed release (DR/EC) 20 mg</i>	T2	
<i>pantoprazole oral tablet, delayed release (DR/EC) 20 mg, 40 mg</i>	T2	QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (DR/EC) 20 mg</i>	T4	QL (30 EA per 30 days)
<b>GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	T2	
<b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS</b>		
<i>metoclopramide HCl oral solution 5 mg/5 mL</i>	T2	
<i>metoclopramide HCl oral tablet 10 mg, 5 mg</i>	T2	
<b>GI ANTISPASMODIC - BELLADONNA ALKALOIDS</b>		
<i>atropine injection syringe 0.05 mg/mL, 0.1 mg/mL</i>	T4	
<i>hyoscyamine sulfate oral drops 0.125 mg/mL</i>	T2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 mL</i>	T2	

Drug	Status	Notes
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	T2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	T2	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	T2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	T2	
<b>HYOSYNE ORAL DROPS 0.125 MG/ML</b>	T2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	T2	
<b>GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS</b>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T2	
<b>GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES</b>		
<i>dicyclomine oral capsule 10 mg</i>	T1	
<i>dicyclomine oral solution 10 mg/5 mL</i>	T2	
<i>dicyclomine oral tablet 20 mg</i>	T1	
<b>GI ANTISPASMODIC AND BENZODIAZEPINE COMBINATIONS</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	T3	
<b>GI ANTISPASMODIC COMBINATIONS OTHER</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	T3	
<b>DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG</b>	T4	
<b>IBS AGENT - GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATOR AGENTS</b>		
<b>AMITIZA ORAL CAPSULE 24 MCG, 8 MCG</b>	T3	QL (60 EA per 30 days)
<b>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</b>		
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG</b>	T3	
<b>LINZESS ORAL CAPSULE 72 MCG</b>	T3	QL (30 EA per 30 days)
<b>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	T5	PA; QL (60 EA per 30 days)
<b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS</b>		
<b>APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM</b>	T3	QL (120 EA per 30 days)
<i>balsalazide oral capsule 750 mg</i>	T3	
<b>CANASA RECTAL SUPPOSITORY 1,000 MG</b>	T5	
<b>DIPENTUM ORAL CAPSULE 250 MG</b>	T5	
<b>LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM</b>	T3	QL (120 EA per 30 days)
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	T3	QL (120 EA per 30 days)
<i>mesalamine rectal enema 4 gram/60 mL</i>	T4	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 mL</i>	T4	
<i>sulfasalazine oral tablet 500 mg</i>	T2	
<b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS</b>		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	T5	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	T4	QL (30 EA per 30 days)
<i>hydrocortisone rectal enema 100 mg/60 mL</i>	T4	



Drug	Status	Notes
<b>INFLAMMATORY BOWEL AGENT - JANUS KINASE (JAK) INHIBITORS</b>		
XELJANZ ORAL TABLET 10 MG, 5 MG	T5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	T5	PA; QL (30 EA per 30 days)
<b>INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS</b>		
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	T5	PA; QL (6 EA per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	T5	PA; QL (4 EA per 180 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	T5	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	T5	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	T5	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	T5	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	T5	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	T5	QL (3 EA per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	T5	PA; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	T5	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	T5	PA; QL (2 EA per 28 days)
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	T5	PA; QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	T3	QL (60 EA per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	T5	PA
<b>KERATINOCYTE GROWTH FACTOR (KGF)</b>		
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	T5	
<b>LAXATIVE - SALINE AND OSMOTIC</b>		
CITRATE OF MAGNESIA ORAL SOLUTION	T6	
CITROMA ORAL SOLUTION	T6	
CLEARLAX ORAL POWDER 17 GRAM/DOSE	T6	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	T2	
GAVILAX ORAL POWDER 17 GRAM/DOSE	T6	
GENTLELAX ORAL POWDER 17 GRAM/DOSE	T6	
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM	T6	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	T3	
<i>lactulose oral solution 10 gram/15 mL, 20 gram/30 mL</i>	T2	
LAXACLEAR ORAL POWDER 17 GRAM/DOSE	T6	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE	T6	



Drug	Status	Notes
<i>magnesium citrate oral solution</i>	T6	
<b>MILK OF MAGNESIA CONCENTRATED ORAL SUSPENSION 2,400 MG/10 ML</b>	T6	
<b>MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML</b>	T6	
<b>MIRALAX ORAL POWDER IN PACKET 17 GRAM</b>	T6	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	T6	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	T6	
<b>POWDERLAX ORAL POWDER 17 GRAM/DOSE</b>	T6	
<b>PURELAX ORAL POWDER 17 GRAM/DOSE</b>	T6	
<b>PURELAX ORAL POWDER IN PACKET 17 GRAM</b>	T6	
<b>SMOOTHLAX ORAL POWDER 17 GRAM/DOSE</b>	T6	
<b>SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM</b>	T6	
<b>LAXATIVE - SALINE/OSMOTIC MIXTURES</b>		
<b>GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM</b>	T6	
<b>GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM</b>	T6	
<b>GAVILYTE-N ORAL RECON SOLN 420 GRAM</b>	T6	
<b>MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM</b>	T4	
<b>ORAL SALINE LAXATIVE ORAL LIQUID 7.2-2.7 GRAM/15 ML</b>	T6	
<b>OSMOPREP ORAL TABLET 1.5 GRAM</b>	T4	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	T6	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	T6	
<b>PHOSPHATE LAXATIVE ORAL LIQUID 7.2-2.7 GRAM/15 ML</b>	T6	
<b>SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM</b>	T3	
<b>LAXATIVE - STIMULANT</b>		
<b>ALOPHEN (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG</b>	T6	
<i>bisacodyl oral tablet, delayed release (DR/EC) 5 mg</i>	T6	
<b>BISA-LAX (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG</b>	T6	
<b>FLEET LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG</b>	T6	
<b>GENTLE LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG</b>	T6	
<b>LAXATIVE (BISACODYL) ORAL TABLET 5 MG</b>	T6	
<b>LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG</b>	T6	
<b>WOMAN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG</b>	T6	
<b>WOMEN'S GENTLE LAXATIVE(BISAC) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG</b>	T6	
<b>WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG</b>	T6	
<b>WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG</b>	T6	

Drug	Status	Notes
<b>LAXATIVE - STIMULANT AND SALINE/OSMOTIC COMBINATIONS</b>		
<b>CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML</b>	T3	
<b>PEG-PREP ORAL KIT 5-210 MG-GRAM</b>	T6	
<b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES</b>		
<b>CARAFATE ORAL SUSPENSION 100 MG/ML</b>	T4	
<i>sucralfate oral suspension 100 mg/mL</i>	T3	
<i>sucralfate oral tablet 1 gram</i>	T2	
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
<i>octreotide acetate injection solution 1,000 mcg/mL, 100 mcg/mL, 200 mcg/mL, 50 mcg/mL, 500 mcg/mL</i>	T5	PA
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG</b>	T5	PA
<b>GENITOURINARY THERAPY</b>		
<b>BPH AGENT- 5-ALPHA REDUCTASE INHIB AND ALPHA-1 ADRENOCEPTOR ANTAG COMB</b>		
<i>dutasteride-tamsulosin oral capsule, ER multiphase 24 hr 0.5-0.4 mg</i>	T3	QL (30 EA per 30 days)
<b>CYSTINOSIS THERAPY (CYSTINE DEPLETING AGENTS)</b>		
<b>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</b>	T4	PA
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
<b>ELMIRON ORAL CAPSULE 100 MG</b>	T4	
<b>OXALOSIS AGENT - OXALATE INHIBITOR, HAO1 DIRECTED SIRNA</b>		
<b>OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML</b>	T5	PA
<b>PHOSPHATE BINDERS</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	T2	
<b>FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG</b>	T3	ST
<b>RENAGEL ORAL TABLET 800 MG</b>	T3	ST
<b>REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM</b>	T5	ST
<b>REVELA ORAL TABLET 800 MG</b>	T5	ST
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	T5	ST
<i>sevelamer carbonate oral tablet 800 mg</i>	T5	ST
<b>PHOSPHATE BINDERS - CALCIUM-BASED</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	T2	
<b>POLYCYSTIC KIDNEY DISEASE - VASOPRESSIN V2 RECEPTOR ANTAGONISTS</b>		
<b>JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)</b>	T5	PA; QL (60 EA per 30 days)
<b>PROSTATIC HYPERTROPHY AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	T2	QL (30 EA per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	T2	

Drug	Status	Notes
<b>PROSTATIC HYPERTROPHY AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS</b>		
<i>finasteride oral tablet 5 mg</i>	T2	
<b>PROSTATIC HYPERTROPHY AGENT-TYPE I AND II 5-ALPHA REDUCTASE INHIBITORS</b>		
<i>dutasteride oral capsule 0.5 mg</i>	T2	QL (30 EA per 30 days)
<b>URINARY ACIDIFIER - PHOSPHATES</b>		
<i>Phospha 250 Neutral oral tablet 250 mg</i>	T2	
<b>URINARY ALKALINIZER - CITRATES</b>		
<b>CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML</b>	T2	
<b>CYTRA-3 ORAL SOLUTION 550-500-334 MG/5 ML</b>	T4	
<i>potassium citrate oral tablet extended release 10 mEq (1,080 mg), 15 mEq, 5 mEq (540 mg)</i>	T3	
<b>TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML</b>	T4	
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T2	
<b>URINARY ANTIBACTERIAL - METHENAMINE AND SALTS</b>		
<i>methenamine hippurate oral tablet 1 gram</i>	T2	
<b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T2	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	T2	
<i>nitrofurantoin oral suspension 25 mg/5 mL</i>	T2	
<b>URINARY ANTIBACTERIALS OTHER</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	T4	
<b>MONUROL ORAL PACKET 3 GRAM</b>	T4	
<b>URINARY ANTISPASMODIC - ANTICHOL., M(3) MUSCARINIC SELECTIVE (BLADDER)</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	T4	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<b>VESICARE ORAL TABLET 10 MG, 5 MG</b>	T3	QL (30 EA per 30 days)
<b>URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE</b>		
<i>hyoscyamine sulfate oral drops 0.125 mg/mL</i>	T2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 mL</i>	T2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	T2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	T2	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	T2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	T2	
<b>HYOSYNE ORAL DROPS 0.125 MG/ML</b>	T2	
<b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS</b>		
<i>flavoxate oral tablet 100 mg</i>	T2	
<i>oxybutynin chloride oral tablet 5 mg</i>	T2	QL (120 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	T2	QL (30 EA per 30 days)

Drug	Status	Notes
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	T2	QL (60 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	T3	QL (60 EA per 30 days)
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG</b>	T4	QL (30 EA per 30 days)
<i>trospium oral capsule,extended release 24hr 60 mg</i>	T2	QL (30 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	T4	
<b>URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	T3	
<b>GOUT AND HYPERURICEMIA THERAPY</b>		
<b>GOUT ACUTE THERAPY - ANTIMITOTICS</b>		
<i>colchicine oral capsule 0.6 mg</i>	T3	
<i>colchicine oral tablet 0.6 mg</i>	T3	
<b>GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS</b>		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T2	
<b>HYPERURICEMIA THERAPY - URICOSURICS</b>		
<i>probenecid oral tablet 500 mg</i>	T2	
<b>HYPERURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	T2	ST
<b>ULORIC ORAL TABLET 40 MG, 80 MG</b>	T4	ST
<b>HEMATOLOGICAL AGENTS</b>		
<b>ANTICOAGULANTS - COUMARIN</b>		
<b>JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b>	T1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	T1	
<b>BLOOD CELL AND PLATELET DISORDER TX-SPLEEN TYROSINE KINASE INHIBITORS</b>		
<b>TAVALISSE ORAL TABLET 100 MG, 150 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>DIRECT FACTOR XA INHIBITORS</b>		
<b>ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)</b>	T3	
<b>ELIQUIS ORAL TABLET 2.5 MG, 5 MG</b>	T3	
<b>XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)</b>	T3	
<b>XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML</b>	T3	
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG</b>	T3	
<b>ERYTHROPOIETINS</b>		
<b>PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML</b>	T5	PA; QL (14 ML per 30 days)

Drug	Status	Notes
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	T4	QL (14 ML per 30 days)
<b>GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF)</b>		
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	T5	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	T5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	T5	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	T5	PA
<b>GRANULOCYTE-MACROPHAGE COLONY-STIMULATING FACTOR (GM-CSF)</b>		
LEUKINE INJECTION RECON SOLN 250 MCG	T5	PA
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline oral tablet extended release 400 mg	T2	
<b>HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS</b>		
tranexamic acid intravenous solution 1,000 mg/10 mL (100 mg/mL)	T3	PA
tranexamic acid oral tablet 650 mg	T2	
<b>HEPARINS</b>		
heparin (porcine) injection solution 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL	T2	
heparin, porcine (PF) injection solution 1,000 unit/mL	T2	
heparin, porcine (PF) injection syringe 5,000 unit/0.5 mL	T2	
<b>INDIRECT FACTOR XA INHIBITORS</b>		
fondaparinux subcutaneous syringe 10 mg/0.8 mL	T5	PA; QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 mL	T5	PA; QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 mL	T5	PA; QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 mL	T5	PA; QL (18 ML per 30 days)
<b>LOW MOLECULAR WEIGHT HEPARINS</b>		
enoxaparin subcutaneous solution 300 mg/3 mL	T4	QL (24 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/mL, 150 mg/mL	T4	QL (28 ML per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 mL, 80 mg/0.8 mL	T4	QL (22.4 ML per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 mL	T4	QL (8.4 ML per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 mL	T4	QL (11.2 ML per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 mL	T4	QL (16.8 ML per 30 days)
<b>PLATELET AGGREGATION INHIB - CYCLOPENTYL-TRIAZOLO-PYRIMIDINES (CPTPS)</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG	T3	
<b>PLATELET AGGREGATION INHIBITOR COMBINATIONS</b>		
aspirin-dipyridamole oral capsule, ER multiphase 12 hr 25-200 mg	T4	
<b>PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS</b>		
cilostazol oral tablet 100 mg, 50 mg	T2	

Drug	Status	Notes
<b>PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	T3	
<b>PLATELET AGGREGATION INHIBITORS - SALICYLATES</b>		
<i>aspirin oral tablet, chewable 81 mg</i>	T6	
<i>aspirin oral tablet, delayed release (DR/EC) 325 mg, 81 mg</i>	T6	
<b>CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG</b>	T6	
<b>ENTERIC COATED ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG</b>	T6	
<b>PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS</b>		
<i>clopidogrel oral tablet 75 mg</i>	T2	QL (30 EA per 30 days)
<b>PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T2	
<b>PLATELET AGGREGATION INHIB-PROTEASE-ACTIV.RECEPTOR-1(PAR-1) ANTAGONIST</b>		
<b>ZONTIVITY ORAL TABLET 2.08 MG</b>	T3	
<b>SICKLE CELL ANEMIA AGENTS, OTHERS</b>		
<b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>	T4	
<b>ENDARI ORAL POWDER IN PACKET 5 GRAM</b>	T5	PA
<b>THROMBIN INHIBITOR - SELECTIVE DIRECT AND REVERSIBLE</b>		
<b>PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG</b>	T4	
<b>THROMBOPOIETIN RECEPTOR AGONISTS</b>		
<b>MULPLETA ORAL TABLET 3 MG</b>	T5	PA; QL (7 EA per 90 days)
<b>PROMACTA ORAL POWDER IN PACKET 12.5 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<b>IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T3	
<i>cyclosporine modified oral solution 100 mg/mL</i>	T3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T3	
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T3	
<b>GENGRAF ORAL SOLUTION 100 MG/ML</b>	T3	
<b>LUPKYNIS ORAL CAPSULE 7.9 MG</b>	T5	PA; QL (180 EA per 30 days)
<b>PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG</b>	T4	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T2	
<b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	T3	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/mL</i>	T4	
<i>mycophenolate mofetil oral tablet 500 mg</i>	T3	

Drug	Status	Notes
<i>mycophenolate sodium oral tablet, delayed release (DR/EC) 180 mg, 360 mg</i>	T4	
<b>IMMUNOSUPPRESSIVE - INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS</b>		
<b>ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML</b>	T5	PA
<b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (MTOR) INHIBITORS</b>		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T5	PA
<b>RAPAMUNE ORAL SOLUTION 1 MG/ML</b>	T5	
<i>sirolimus oral solution 1 mg/mL</i>	T5	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	T4	
<b>ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG</b>	T5	PA
<b>IMMUNOSUPPRESSIVE - PURINE ANALOGS</b>		
<i>azathioprine oral tablet 50 mg</i>	T2	
<b>IMMUNOSUPPRESSIVE - SELECTIVE T-CELL COSTIMULATION BLOCKER</b>		
<b>NULOJIX INTRAVENOUS RECON SOLN 250 MG</b>	T5	PA
<b>LOCOMOTOR SYSTEM</b>		
<b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS</b>		
<i>pyridostigmine bromide oral syrup 60 mg/5 mL</i>	T5	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	T4	
<b>DUCHENNE MUSCULAR DYSTROPHY - EXON SKIPPING ANTISENSE OLIGONUCLEOTIDE</b>		
<b>VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML</b>	T5	PA
<b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T2	
<i>carisoprodol oral tablet 350 mg</i>	T2	QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	T2	QL (120 EA per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T2	QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	T4	QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	T2	QL (60 EA per 30 days)
<i>tizanidine oral tablet 2 mg, 4 mg</i>	T2	
<b>SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	T3	
<b>SPINAL MUSCULAR ATROPHY - MOTOR NEURON 2 (SMN2) SPLICING MODIFIER</b>		
<b>EVRYSDI ORAL RECON SOLN 0.75 MG/ML</b>	T5	PA



Drug	Status	Notes
<b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME)</b>		
<b>MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS</b>		
<b>FREESTYLE INSULINX TEST STRIPS STRIP</b>	T3	QL (200 EA per 30 days)
<b>FREESTYLE LITE STRIPS STRIP</b>	T3	QL (200 EA per 30 days)
<b>FREESTYLE PRECISION NEO STRIPS STRIP</b>	T3	QL (200 EA per 30 days)
<b>FREESTYLE TEST STRIP</b>	T3	QL (200 EA per 30 days)
<b>PRECISION XTRA TEST STRIP</b>	T3	QL (200 EA per 30 days)
<b>MEDICAL SUPPLIES AND DME - CERVICAL CAPS</b>		
<b>FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM</b>	T6	
<b>MEDICAL SUPPLIES AND DME - DIAPHRAGMS</b>		
<b>CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM</b>	T6	
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM</b>	T6	
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM</b>	T6	
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM</b>	T6	
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM</b>	T6	
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM</b>	T6	
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM</b>	T6	
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM</b>	T6	
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM</b>	T6	
<b>MEDICAL SUPPLIES AND DME - FEMALE CONDOMS</b>		
<b>FC2 FEMALE CONDOM</b>	T6	
<b>MEDICAL SUPPLIES AND DME - GAUZE BANDAGES</b>		
<b>CURITY GAUZE TOPICAL BANDAGE 2 X 2 "</b>	T3	
<b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES</b>		
<b>FREESTYLE FREEDOM LITE KIT</b>	T3	
<b>FREESTYLE INSULINX</b>	T3	
<b>FREESTYLE LANCETS 28 GAUGE</b>	T3	QL (200 EA per 30 days)
<b>FREESTYLE LIBRE 14 DAY READER</b>	T4	QL (1 EA per 365 days)
<b>FREESTYLE LIBRE 14 DAY SENSOR KIT</b>	T4	QL (2 EA per 28 days)
<b>FREESTYLE LIBRE 2 READER</b>	T3	QL (1 EA per 365 days)
<b>FREESTYLE LIBRE 2 SENSOR KIT</b>	T3	QL (2 EA per 28 days)
<b>FREESTYLE LITE METER KIT</b>	T3	
<b>FREESTYLE PRECISION NEO METER</b>	T3	
<i>lancets</i>	T3	QL (200 EA per 30 days)
<b>PRECISION XTRA MONITOR</b>	T3	
<b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES- SYRINGES AND ADMIN SUPPLIES</b>		
<b>ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"</b>	T3	QL (200 EA per 30 days)
<b>BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"</b>	T3	

Drug	Status	Notes
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	T3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	T3	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	T3	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	T3	
<i>insulin syringe-needle U-100 syringe 0.3 mL 29 gauge, 1 mL 29 gauge x 1/2", 1/2 mL 28 gauge</i>	T3	QL (200 EA per 30 days)
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
PENTIPS NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	T3	QL (200 EA per 30 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	T6	
CURITY GAUZE TOPICAL BANDAGE 2 X 2 "	T3	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	T3	
FC2 FEMALE CONDOM	T6	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	T6	
FREESTYLE FREEDOM LITE KIT	T3	
FREESTYLE INSULINX	T3	
FREESTYLE INSULINX TEST STRIPS STRIP	T3	QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE	T3	QL (200 EA per 30 days)
FREESTYLE LITE METER KIT	T3	
FREESTYLE LITE STRIPS STRIP	T3	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	T3	QL (200 EA per 30 days)
<i>insulin syringe-needle U-100 syringe 0.3 mL 29 gauge, 1 mL 29 gauge x 1/2", 1/2 mL 28 gauge</i>	T3	QL (200 EA per 30 days)
<i>lancets</i>	T3	QL (200 EA per 30 days)
OMNIPOD DASH INSULIN POD SUBCUTANEOUS CARTRIDGE	T5	PA
OMNIPOD DASH PDM KIT	T5	PA; QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT	T5	PA; QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	T5	PA
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
PENTIPS NEEDLE 31 GAUGE X 5/16"	T3	QL (200 EA per 30 days)
PRECISION XTRA MONITOR	T3	
PRECISION XTRA TEST STRIP	T3	QL (200 EA per 30 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	T6	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	T6	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	T6	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	T6	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	T6	

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	T6	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	T6	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	T6	
<b>METABOLIC DISEASE ENZYME REPLACEMENT AGENTS</b>		
<b>METABOLIC DISEASE ENZYME REPLACEMENT, MUCOPOLYSACCHARIDOSIS</b>		
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	T5	PA
<b>METABOLIC MODIFIERS</b>		
<b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T2	
<i>calcitriol oral solution 1 mcg/mL</i>	T2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	T3	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	T4	PA
<b>METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS</b>		
<i>levocarnitine (with sugar) oral solution 100 mg/mL</i>	T3	
<i>levocarnitine oral tablet 330 mg</i>	T3	
<b>METABOLIC MODIFIER - GAUCHER'S DISEASE, TYPE-1, SUBSTRATE REDUCTION TX</b>		
<i>miglustat oral capsule 100 mg</i>	T5	PA
ZAVESCA ORAL CAPSULE 100 MG	T5	PA
<b>METABOLIC MODIFIER - HEREDITARY TYROSINEMIA TREATMENT AGENTS</b>		
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	T5	PA
<b>METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS-CONJUGATING AGENTS</b>		
BUPHENYL ORAL TABLET 500 MG	T5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	T5	PA
<b>PHARMACOENHANCER - CYTOCHROME P450 INHIBITORS</b>		
TYBOST ORAL TABLET 150 MG	T3	QL (30 EA per 30 days)
<b>PHENYLKETONURIA(PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE</b>		
KUVAN ORAL TABLET,SOLUBLE 100 MG	T5	PA
<i>sapropterin oral tablet,soluble 100 mg</i>	T5	PA
<b>PHENYLKETONURIA(PKU) TX AGENTS - PHENYLALANINE AMMONIA LYASE</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	T5	PA
<b>MOUTH-THROAT-DENTAL - PREPARATIONS</b>		
<b>DENTAL PRODUCT - FLUORIDE PREPARATIONS</b>		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	T2	
DENTAGEL DENTAL GEL 1.1 %	T2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/mL</i>	T6	

Drug	Status	Notes
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	T6	
<b>LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)</b>	T6	
<b>PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %</b>	T4	
<b>PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %</b>	T4	
<b>PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %</b>	T4	
<b>PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %</b>	T4	
<b>PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %</b>	T4	
<b>PREVIDENT DENTAL GEL 1.1 %</b>	T4	
<b>PREVIDENT DENTAL SOLUTION 0.2 %</b>	T4	
<b>SF 5000 PLUS DENTAL CREAM 1.1 %</b>	T2	
<b>SF DENTAL GEL 1.1 %</b>	T2	
<b>MOUTH AND THROAT - ANTIFUNGALS</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	T2	
<i>nystatin oral suspension 100,000 unit/mL</i>	T2	
<b>MOUTH AND THROAT - ANTISEPTICS</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	T2	
<b>PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %</b>	T2	
<b>MOUTH AND THROAT - GLUCOCORTICOIDS</b>		
<i>triamcinolone acetonide dental paste 0.1 %</i>	T3	
<b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES</b>		
<i>lidocaine HCl mucous membrane jelly 2 %</i>	T2	
<i>lidocaine HCl mucous membrane solution 4 % (40 mg/mL)</i>	T2	
<b>LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %</b>	T2	
<b>MOUTH AND THROAT - SALIVA STIMULANTS</b>		
<i>pilocarpine HCl oral tablet 5 mg, 7.5 mg</i>	T3	
<b>PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	T2	
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>LEUKOCYTE ADHESION INHIBITORS, ALPHA4-MEDIATED, IGG4K MC ANTIBODY</b>		
<b>TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML</b>	T5	
<b>MULTIPLE SCLEROSIS AGENT - CD20 SPECIFIC MONOCLONAL ANTIBODY</b>		
<b>KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML</b>	T5	PA
<b>MULTIPLE SCLEROSIS AGENT - INTERFERONS</b>		
<b>AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML</b>	T5	PA; QL (4 EA per 30 days)
<b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML</b>	T5	PA; QL (4 EA per 28 days)

Drug	Status	Notes
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	T5	PA; QL (4 EA per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	T5	PA; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	T5	PA; QL (14 EA per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	T5	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	T5	PA; QL (1 ML per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	NF	
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	NF	
<b>MULTIPLE SCLEROSIS AGENT - OTHERS</b>		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	T5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	T5	PA; QL (12 ML per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(DR/EC) 120 mg</i>	T5	PA; QL (14 EA per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(DR/EC) 120 mg (14)- 240 mg (46)</i>	T5	PA; QL (60 EA per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(DR/EC) 240 mg</i>	T5	PA; QL (60 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/mL</i>	T5	QL (28 ML per 28 days)
<i>glatiramer subcutaneous syringe 40 mg/mL</i>	T5	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	T5	QL (28 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	T5	QL (12 ML per 28 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	NF	
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	T5	PA; QL (60 EA per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - POTASSIUM CHANNEL BLOCKER</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	T5	PA; QL (60 EA per 30 days)
FIRDAPSE ORAL TABLET 10 MG	T5	PA; QL (240 EA per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - PURINE NUCLEOSIDE ANALOGS</b>		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	T5	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	T5	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	T5	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	T5	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	T5	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	T5	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	T5	PA
<b>MULTIPLE SCLEROSIS AGENT - PYRIMIDINE SYNTHESIS INHIBITORS</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	T5	PA; QL (30 EA per 30 days)
<b>MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR</b>		
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	T5	PA; QL (30 EA per 30 days)
MAYZENT ORAL TABLET 0.25 MG	T5	PA; QL (120 EA per 30 days)

Drug	Status	Notes
<b>MAYZENT ORAL TABLET 2 MG</b>	T5	PA; QL (30 EA per 30 days)
<b>MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)</b>	T5	PA; QL (1 EA per 365 days)
<b>OPHTHALMIC AGENTS</b>		
<b>MIOTICS - DIRECT ACTING</b>		
<i>pilocarpine HCl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T3	
<b>OPHTHALMIC - ADRENERGIC-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b>		
<b>SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %</b>	T3	
<b>OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS</b>		
<b>BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %</b>	T3	
<i>neomycin-bacitracin-poly-HC ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T2	
<i>neomycin-polymyxin B-dexameth ophthalmic (eye) drops,suspension 3.5mg/mL-10,000 unit/mL-0.1 %</i>	T2	
<i>neomycin-polymyxin B-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	T2	
<b>TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %</b>	T3	
<b>TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %</b>	T3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	T3	
<b>ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %</b>	T4	
<b>OPHTHALMIC - ANTICHOLINERGICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	T2	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	T2	
<b>HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %</b>	T3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	T3	
<b>OPHTHALMIC - ANTIHISTAMINES</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	T2	
<b>BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %</b>	T4	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	T3	
<b>LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %</b>	T4	QL (6 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	T3	QL (10 ML per 30 days)
<b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS</b>		
<b>ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %</b>	T3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	T2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	T3	
<b>DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %</b>	T4	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	T2	
<b>FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %</b>	T4	
<b>LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %</b>	T4	

Drug	Status	Notes
<b>LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %</b>	T4	
<b>LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %</b>	T4	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	T4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	T2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	T2	
<b>OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATORS</b>		
<b>RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %</b>	T3	QL (60 EA per 30 days)
<b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS</b>		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	T3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	T2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	T2	
<b>ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %</b>	T3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	T2	
<b>NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %</b>	T3	
<b>OPHTHALMIC - BETA BLOCKERS-ADRENERGIC COMBINATIONS</b>		
<b>COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %</b>	T3	QL (10 ML per 30 days)
<b>OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS</b>		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/mL</i>	T2	
<b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS</b>		
<b>AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %</b>	T3	QL (15 ML per 30 days)
<i>dorzolamide (PF) ophthalmic (eye) drops 2 %</i>	T4	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	T2	
<b>OPHTHALMIC - HUMAN NERVE GROWTH FACTOR (HNGF)</b>		
<b>OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %</b>	T5	PA
<b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS</b>		
<b>BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %</b>	T3	
<b>BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %</b>	T4	
<i>carteolol ophthalmic (eye) drops 1 %</i>	T2	
<b>ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %</b>	T4	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	T2	
<b>OPHTHALMIC - LOCAL ANESTHETIC ESTERS</b>		
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	T3	
<b>OPHTHALMIC - MAST CELL STABILIZERS</b>		
<b>ALOCRILOPHTHALMIC (EYE) DROPS 2 %</b>	T4	
<b>ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %</b>	T4	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	T2	



Drug	Status	Notes
<b>OPHTHALMIC ANTIBACTERIAL MIXTURES</b>		
<b>AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM</b>	T2	
<i>bacitracin-polymyxin B ophthalmic (eye) ointment 500-10,000 unit/gram</i>	T2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	T2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/mL</i>	T2	
<i>polymyxin B sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/mL</i>	T2	
<b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES</b>		
<b>GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)</b>	T2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	T2	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	T2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	T2	
<b>OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	T3	
<b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES</b>		
<b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</b>	T4	
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %</b>	T3	
<i>ciprofloxacin HCl ophthalmic (eye) drops 0.3 %</i>	T1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	T3	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	T2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	T2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	T2	
<b>VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %</b>	T3	
<b>OPHTHALMIC ANTIBIOTIC - MACROLIDES</b>		
<b>AZASITE OPHTHALMIC (EYE) DROPS 1 %</b>	T4	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	T2	
<b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	T2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	T2	
<b>OPHTHALMIC ANTIFUNGALS</b>		
<b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>	T3	
<b>OPHTHALMIC ANTIFUNGALS - TETRAENE POLYENE-TYPE</b>		
<b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>	T3	
<b>OPHTHALMIC ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	T3	
<b>ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %</b>	T4	
<b>OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS</b>		
<b>ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %</b>	T4	QL (15 ML per 30 days)
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	T2	

Drug	Status	Notes
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	T3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	T1	
<b>OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS</b>		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	T1	
<b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>	T3	QL (5 ML per 30 days)
<b>TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %</b>	T3	QL (5 ML per 30 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	T3	QL (5 ML per 30 days)
<b>ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %</b>	T4	
<b>OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, RHO KINASE INHIBITORS</b>		
<b>RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %</b>	T3	
<b>OTIC (EAR)</b>		
<b>OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS</b>		
<b>CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %</b>	T4	
<b>CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %</b>	T3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	T3	
<i>neomycin-polymyxin-HC otic (ear) drops,suspension 3.5-10,000-1 mg/mL-unit/mL-%</i>	T2	
<i>neomycin-polymyxin-HC otic (ear) solution 3.5-10,000-1 mg/mL-unit/mL-%</i>	T2	
<b>OTIC (EAR) - ANTI-INFECTIVES OTHER</b>		
<i>acetic acid otic (ear) solution 2 %</i>	T2	
<b>OTIC (EAR) - FLUOROQUINOLONES</b>		
<i>ciprofloxacin HCl otic (ear) dropperette 0.2 %</i>	T2	QL (60 EA per 30 days)
<i>ofloxacin otic (ear) drops 0.3 %</i>	T4	
<b>OTIC (EAR) - GLUCOCORTICOIDS</b>		
<i>fluocinolone acetate oil otic (ear) drops 0.01 %</i>	T3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	T3	
<b>OTIC (EAR) - PINNA COMBINATIONS</b>		
<b>CORTANE-B TOPICAL LOTION 1-1-0.1 %</b>	T4	
<b>RESPIRATORY THERAPY AGENTS</b>		
<b>1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>		
<b>PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML</b>	T3	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 mL</i>	T3	
<b>ANTIHISTAMINE - 1ST GENERATION - ETHANOLAMINES</b>		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T3	
<i>clemastine oral tablet 2.68 mg</i>	T3	
<i>diphenhydramine HCl injection solution 50 mg/mL</i>	T2	
<i>diphenhydramine HCl injection syringe 50 mg/mL</i>	T2	
<b>ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES</b>		
<i>promethazine injection solution 25 mg/mL, 50 mg/mL</i>	T3	

Drug	Status	Notes
<i>promethazine oral syrup 6.25 mg/5 mL</i>	T3	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	T3	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG</b>	T3	
<b>ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES</b>		
<i>cyproheptadine oral tablet 4 mg</i>	T2	
<b>ANTIHISTAMINES - 1ST GENERATION</b>		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T3	
<i>clemastine oral tablet 2.68 mg</i>	T3	
<i>cyproheptadine oral tablet 4 mg</i>	T2	
<i>diphenhydramine HCl injection solution 50 mg/mL</i>	T2	
<i>diphenhydramine HCl injection syringe 50 mg/mL</i>	T2	
<i>promethazine injection solution 25 mg/mL, 50 mg/mL</i>	T3	
<i>promethazine oral syrup 6.25 mg/5 mL</i>	T3	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	T3	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG</b>	T3	
<b>ANTIHISTAMINES - 2ND GENERATION</b>		
<i>desloratadine oral tablet 5 mg</i>	T2	QL (30 EA per 30 days)
<i>levocetirizine oral solution 2.5 mg/5 mL</i>	T4	
<i>levocetirizine oral tablet 5 mg</i>	T2	QL (30 EA per 30 days)
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERAZINES</b>		
<i>levocetirizine oral solution 2.5 mg/5 mL</i>	T4	
<i>levocetirizine oral tablet 5 mg</i>	T2	QL (30 EA per 30 days)
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERIDINES</b>		
<i>desloratadine oral tablet 5 mg</i>	T2	QL (30 EA per 30 days)
<b>ANTITUSSIVES - NON-OPIOID</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	T2	
<b>ASTHMA THERAPY - 5-LIPOXYGENASE INHIBITORS</b>		
<b>ZYFLO ORAL TABLET 600 MG</b>	T5	PA; QL (120 EA per 30 days)
<b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS)</b>		
<b>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION</b>	T3	
<b>ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION</b>	T3	QL (13 GM per 30 days)
<b>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)</b>	T3	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 mL, 0.5 mg/2 mL, 1 mg/2 mL</i>	T4	

Drug	Status	Notes
<b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION</b>	T3	QL (60 EA per 30 days)
<b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION</b>	T3	QL (240 EA per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION</b>	T3	QL (12 GM per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION</b>	T3	QL (24 GM per 30 days)
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION</b>	T3	QL (10.6 GM per 30 days)
<b>ASTHMA THERAPY - INTERLEUKIN-4 (IL-4) RECEPTOR ALPHA ANTAGONISTS, MAB</b>		
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML</b>	T5	PA; QL (3.42 ML per 28 days)
<b>DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML</b>	T5	PA
<b>ASTHMA THERAPY - INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONISTS, MAB</b>		
<b>FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML</b>	T5	PA
<b>ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast oral granules in packet 4 mg</i>	T2	
<i>montelukast oral tablet 10 mg</i>	T2	QL (30 EA per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	T2	QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	T3	QL (60 EA per 30 days)
<b>ASTHMA THERAPY - MAST CELL STABILIZERS</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 mL</i>	T2	
<b>ASTHMA THERAPY - MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)</b>		
<b>XOLAIR SUBCUTANEOUS RECON SOLN 150 MG</b>	T5	PA
<b>XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML</b>	T5	PA
<b>ASTHMA THERAPY - XANTHINES</b>		
<i>aminophylline intravenous solution 250 mg/10 mL</i>	T2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T2	
<b>ASTHMA THERAPY- MONOCLONAL ANTIBODY - INTERLEUKIN-5 (IL-5) ANTAGONISTS</b>		
<b>NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML</b>	T5	PA; QL (3 ML per 28 days)
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING</b>		
<b>SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION</b>	T3	QL (4 GM per 30 days)
<b>SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG</b>	T3	QL (30 EA per 30 days)

Drug	Status	Notes
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING</b>		
<b>ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION</b>	T4	QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T2	
<b>ASTHMA/COPD - BETA 2-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING</b>		
<b>STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION</b>	T3	
<b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING</b>		
<b>BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML</b>	T4	PA
<b>SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE</b>	T3	QL (60 EA per 30 days)
<b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING</b>		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %), 2.5 mg/0.5 mL, 5 mg/mL</i>	T2	
<i>levalbuterol HCl inhalation solution for nebulization 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/0.5 mL, 1.25 mg/3 mL</i>	T4	
<b>VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION</b>	T3	QL (36 GM per 30 days)
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS</b>		
<i>albuterol sulfate oral syrup 2 mg/5 mL</i>	T2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T4	
<i>metaproterenol oral syrup 10 mg/5 mL</i>	T2	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	T2	
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS</b>		
<b>ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION</b>	T3	
<b>COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION</b>	T3	QL (8 GM per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 mL</i>	T2	
<b>STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION</b>	T3	QL (4 GM per 30 days)
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS</b>		
<b>ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE</b>	T3	QL (60 EA per 30 days)
<b>ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION</b>	T3	QL (12 GM per 30 days)
<b>BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE</b>	T3	
<i>budesonide-formoterol inhalation HFA aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	T3	QL (10.2 GM per 30 days)

Drug	Status	Notes
<b>DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION</b>	T3	QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T3	QL (60 EA per 30 days)
<b>SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION</b>	T3	ST; QL (10.2 GM per 30 days)
<b>ASTHMA/COPD TX - BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORTICOID COMB,</b>		
<b>TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG</b>	T4	
<b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES</b>		
<i>tobramycin in 0.225 % NaCl inhalation solution for nebulization 300 mg/5 mL</i>	T5	PA
<b>CYSTIC FIBROSIS - INHALED MONOBACTAMS</b>		
<b>CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML</b>	T5	PA
<b>CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR</b>		
<b>KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG</b>	T5	PA; QL (56 EA per 28 days)
<b>KALYDECO ORAL TABLET 150 MG</b>	T5	PA; QL (60 EA per 30 days)
<b>CYSTIC FIB-TRANSMEMB CONDUCT. REG.(CFTR) POTENTIATOR AND CORRECTOR CMB</b>		
<b>ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG</b>	T5	PA
<b>ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG</b>	T5	PA
<b>TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)</b>	T5	PA; QL (84 EA per 28 days)
<b>ELASTASE INHIBITORS</b>		
<b>ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG</b>	T5	PA
<b>MUCOLYTICS</b>		
<i>acetylcysteine solution 100 mg/mL (10 %), 200 mg/mL (20 %)</i>	T2	
<b>PULMOZYME INHALATION SOLUTION 1 MG/ML</b>	T5	PA; QL (150 ML per 30 days)
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	T2	QL (30 ML per 30 days)
<b>NASAL ANTIHISTAMINES</b>		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	T3	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	T3	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	T4	
<b>NASAL CORTICOSTEROIDS</b>		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	T3	QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	T2	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	T4	

Drug	Status	Notes
<b>NON-OPIOID ANTITUSSIVE-1ST GEN.ANTIHISTAMINE-DECONGESTANT COMBINATIONS</b>		
<b>BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML</b>	T3	
<i>brompheniramine-pseudoeph-DM oral syrup 2-30-10 mg/5 mL</i>	T3	QL (1200 ML per 30 days)
<b>NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS</b>		
<i>promethazine-DM oral syrup 6.25-15 mg/5 mL</i>	T2	
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS</b>		
<i>promethazine-codeine oral syrup 6.25-10 mg/5 mL</i>	T3	
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMB.</b>		
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 mL</i>	T3	
<b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 mL (5 mL)</i>	T2	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	T2	
<b>HYDROMET ORAL SYRUP 5-1.5 MG/5 ML</b>	T2	
<b>PULMONARY FIBROSIS TREATMENT AGENTS - ANTIFIBROTIC THERAPY</b>		
<b>ESBRIET ORAL CAPSULE 267 MG</b>	T5	PA
<b>ESBRIET ORAL TABLET 267 MG, 801 MG</b>	T5	PA
<b>VAGINAL PRODUCTS</b>		
<b>VAGINAL ANTIBACTERIAL - LINCOSAMIDES</b>		
<b>CLEOCIN VAGINAL SUPPOSITORY 100 MG</b>	T4	
<i>clindamycin phosphate vaginal cream 2 %</i>	T3	
<b>VAGINAL ANTIFUNGAL - IMIDAZOLES</b>		
<b>GYNAZOLE-1 VAGINAL CREAM 2 %</b>	T4	
<b>VAGINAL ANTIFUNGAL - TRIAZOLES</b>		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	T4	
<i>terconazole vaginal suppository 80 mg</i>	T4	
<b>VAGINAL ANTIPROTOZOAL-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES</b>		
<i>metronidazole vaginal gel 0.75 %</i>	T2	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal tablet 10 mcg</i>	T3	
<b>PREMARIN VAGINAL CREAM 0.625 MG/GRAM</b>	T3	





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The Formulary, pharmacy network, may change at any time. You will receive notice when necessary.



### Nondiscrimination Notice

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

Health First Health Plans:

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

If you need these services, please contact our Civil Rights Coordinator.

If you believe that Health First Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 6450 US Highway 1, Rockledge, FL 32955, 321-434-4521, 1-800-955-8771 (TTY), Fax: 321-434-4362, [civilrightscordinator@HF.org](mailto:civilrightscordinator@HF.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance our Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

Y0089\_MPINFO7271\_C (04/19)



## Health Plans

6450 U.S. Highway 1  
Rockledge, FL 32955  
myHFHP.org

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-716-7737 (TTY: 1-800-955-8771).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-716-7737 (TTY: 1-800-955-8771).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-716-7737 (TTY: 1-800-955-8771).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-716-7737 (TTY: 1-800-955-8771).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-716-7737 (TTY: 1-800-955-8771).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-716-7737（TTY：1-800-955-8771）。

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-716-7737 (ATS : 1-800-955-8771).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-716-7737 (TTY: 1-800-955-8771).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-716-7737 (телетайп: 1-800-955-8771).

### Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-716-7737 (رقم هاتف الصم والبكم: 1-800-955-8771).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-716-7737 (TTY: 1-800-955-8771).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-716-7737 (TTY: 1-800-955-8771).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-716-7737 (TTY: 1-800-955-8771)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-716-7737 (TTY: 1-800-955-8771).

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-716-7737 (TTY: 1-800-955-8771).

**Thai:** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-716-7737 (TTY: 1-800-955-8771).

Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal. Y0089\_MPINFO6466 (08/17)