



Aetna Medicare Advantra Cares (HMO D-SNP), Aetna Medicare Assure (HMO D-SNP), Aetna Medicare Assure 1 (HMO D-SNP), Aetna Medicare Assure Flex (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), Aetna Medicare Assure Premier 1 (HMO D-SNP), Aetna Medicare Assure Primary (HMO D-SNP), Aetna Medicare Assure QMB (HMO D-SNP), Aetna Medicare Community Complete (HMO D-SNP), Aetna Medicare Dual Complete (HMO D-SNP), Aetna Medicare Dual Preferred (HMO D-SNP), Aetna Medicare Dual Prime (HMO D-SNP), Aetna Medicare Dual Select (HMO D-SNP), Aetna Medicare Dual Signature (HMO D-SNP), Aetna Medicare Dual Signature Select (HMO D-SNP), Aetna Medicare FL Dual Select (HMO D-SNP), Aetna Medicare Preferred (HMO D-SNP)

## 2025 Formulary (List of Covered Drugs or “Drug List”)

### B2

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

Formulary ID Number: 25101 Version 19

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact Aetna Medicare Advantra Cares (HMO D-SNP), Aetna Medicare Assure (HMO D-SNP), Aetna Medicare Assure 1 (HMO D-SNP), Aetna Medicare Assure Flex (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), Aetna Medicare Assure Premier 1 (HMO D-SNP), Aetna Medicare Assure Primary (HMO D-SNP), Aetna Medicare Assure QMB (HMO D-SNP), Aetna Medicare Community Complete (HMO D-SNP), Aetna Medicare Dual Complete (HMO D-SNP), Aetna Medicare Dual Preferred (HMO D-SNP), Aetna Medicare Dual Prime (HMO D-SNP), Aetna Medicare Dual Select (HMO D-SNP), Aetna Medicare Dual Signature (HMO D-SNP), Aetna Medicare Dual Signature Select (HMO D-SNP), Aetna Medicare FL Dual Select (HMO D-SNP), Aetna Medicare Preferred (HMO D-SNP) Member Services at **1-866-409-1221** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

**Note to existing members:** This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Aetna. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a Drug List (formulary) for our plan which is current as of 09/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year. You will receive notice when necessary.

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**What is the Aetna Medicare Advantra Cares (HMO D-SNP), Aetna Medicare Assure (HMO D-SNP), Aetna Medicare Assure 1 (HMO D-SNP), Aetna Medicare Assure Flex (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), Aetna Medicare Assure Premier 1 (HMO D-SNP), Aetna Medicare Assure Primary (HMO D-SNP), Aetna Medicare Assure QMB (HMO D-SNP), Aetna Medicare Dual Complete (HMO D-SNP), Aetna Medicare Dual Preferred (HMO D-SNP), Aetna Medicare Dual Prime (HMO D-SNP), Aetna Medicare Dual Select (HMO D-SNP), Aetna Medicare Dual Signature (HMO D-SNP), Aetna Medicare Dual Signature Select (HMO D-SNP), Aetna Medicare FL Dual Select (HMO D-SNP), Aetna Medicare Preferred (HMO D-SNP) formulary?**

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

### **Can the formulary change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

**[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

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

- **Immediate substitutions of certain new versions of brand name drugs, and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Aetna Medicare Advantra Cares (HMO D-SNP), Aetna Medicare Assure (HMO D-SNP), Aetna Medicare Assure 1 (HMO D-SNP), Aetna Medicare Assure Flex (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), Aetna Medicare Assure Premier 1 (HMO D-SNP), Aetna Medicare Assure Primary (HMO D-SNP), Aetna Medicare Assure QMB (HMO D-SNP), Aetna Medicare Dual Complete (HMO D-SNP), Aetna Medicare Dual Preferred (HMO D-SNP), Aetna Medicare Dual Prime (HMO D-SNP), Aetna Medicare Dual Select (HMO D-SNP), Aetna Medicare Dual Signature (HMO D-SNP), Aetna Medicare Dual Signature Select (HMO D-SNP), Aetna Medicare FL Dual Select (HMO D-SNP), Aetna Medicare Preferred (HMO D-SNP)’s Formulary?”

#### **Changes that will not affect you if you are currently taking the drug.**

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

## How do I use the formulary?

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

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### **Medical Condition**

The formulary begins on page 12. The drugs on this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 12. Then look under the category name for your drug.

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### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 95. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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## What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## Are there any restrictions on my coverage?

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

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

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

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

**LD Limited Distribution.** The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.\*

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

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

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

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

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



**You can find out if your drug has requirements or limits by looking on the formulary that begins on page 12.** You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Aetna Medicare Advantra Cares (HMO D-SNP), Aetna Medicare Assure (HMO D-SNP), Aetna Medicare Assure 1 (HMO D-SNP), Aetna Medicare Assure Flex (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), Aetna Medicare Assure Premier 1 (HMO D-SNP), Aetna Medicare Assure Primary (HMO D-SNP), Aetna Medicare Assure QMB (HMO D-SNP), Aetna Medicare Dual Complete (HMO D-SNP), Aetna Medicare Dual Preferred (HMO D-SNP), Aetna Medicare Dual Prime (HMO D-SNP), Aetna Medicare Dual Select (HMO D-SNP), Aetna Medicare Dual Signature (HMO D-SNP), Aetna Medicare Dual Signature Select (HMO D-SNP), Aetna Medicare FL Dual Select (HMO D-SNP), Aetna Medicare Preferred (HMO D-SNP)’s formulary?” on page 9 for information about how to request an exception.

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

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

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

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

**How do I request an exception to the Aetna Medicare Advantra Cares (HMO D-SNP), Aetna Medicare Assure (HMO D-SNP), Aetna Medicare Assure 1 (HMO D-SNP), Aetna Medicare Assure Flex (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), Aetna Medicare Assure Premier 1 (HMO D-SNP), Aetna Medicare Assure Primary (HMO D-SNP), Aetna Medicare Assure QMB (HMO D-SNP), Aetna Medicare Dual Complete (HMO D-SNP), Aetna Medicare Dual Preferred (HMO D-SNP), Aetna Medicare Dual Prime (HMO D-SNP), Aetna Medicare Dual Select (HMO D-SNP), Aetna Medicare Dual Signature (HMO D-SNP), Aetna Medicare Dual Signature Select (HMO D-SNP), Aetna Medicare FL Dual Select (HMO D-SNP), Aetna Medicare Preferred (HMO D-SNP) formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level.

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

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary, exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

### **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you experience a change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

### **For more information**

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

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

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

### Mail-order pharmacy

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

### Drug tier copay levels

This 2025 formulary is a listing of brand name and generic drugs. Aetna Medicare's 2025 formulary covers most drugs identified by Medicare as Part D drugs.

Copay tier	Type of drug
Tier 1	Generic
Tier 1	Brand

### Aetna Medicare Formulary

The formulary that begins on page 12 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

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

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

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

## Key\*

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

## Drug name

## Requirements/Limits

**ANALGESICS****GOUT**

<i>allopurinol tablet 100mg, 300mg</i>	MO
<i>colchicine tablet 0.6mg</i>	QL (120 EA per 30 days) MO
<i>febuxostat</i>	ST MO
<i>probenecid</i>	MO
<i>probenecid/colchicine</i>	MO

**MISCELLANEOUS**

<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	
<i>lidocaine hydrochloride injection 1% pf, 2%</i>	
<i>lidocaine hydrochloride injection 1%</i>	MO

**NSAIDS**

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

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	QL (90 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	QL (150 EA per 30 days) MO
<i>fenoprofen calcium capsule 400mg</i>	QL (240 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	QL (90 EA per 30 days) MO
<i>ibu</i>	MO
<i>ibuprofen tablet</i>	MO
<i>ibuprofen suspension</i>	MO
<i>ketoprofen er</i>	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>	MO
<i>nabumetone</i>	MO
<i>naproxen dr tablet delayed release 375mg</i>	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet</i>	MO
<i>naproxen tablet</i>	MO
<i>naproxen tablet delayed release</i>	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	QL (1800 ML per 30 days) PA MO
<i>oxaprozin</i>	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	QL (60 EA per 30 days) MO
<i>sulindac</i>	QL (60 EA per 30 days) MO
<b>OPIOID ANALGESICS, LONG-ACTING</b>	
<i>buprenorphine transdermal patch</i>	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent (generic Hysingla ER)</i>	QL (30 EA per 30 days) PA MO
<b>METHADONE HCL INJECTION</b>	PA
<i>methadone hcl oral solution</i>	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	QL (60 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	B/D
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	QL (30 EA per 30 days); HRM
<i>tramadol hcl er tablet extended release 24 hour</i>	QL (30 EA per 30 days) MO; HRM
<b>OPIOID ANALGESICS, SHORT-ACTING</b>	
<i>acetaminophen/codeine phosphate</i>	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine tablet</i>	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate injection</i>	MO
<i>butorphanol tartrate nasal solution</i>	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET	QL (180 EA per 30 days) MO
endocet	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg, 400mcg, 800mcg</i>	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml</i>	QL (2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	QL (600 ML per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	B/D

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>morphine sulfate tablet</i>	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT)	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 2mg/ml, 4mg/ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial</i>	B/D
<i>morphine sulfate injection 1mg/ml</i>	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride tablet 50mg</i>	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/acetaminophen</i>	QL (240 EA per 30 days) MO; HRM

## ANTI-INFECTIVES

### ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i>	MO
<i>amikacin sulfate</i>	MO
ARIKAYCE	PA; LD
<i>atovaquone</i>	MO
<i>aztreonam</i>	MO
CAYSTON	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	
<i>clindamycin hcl</i>	MO
<i>clindamycin hydrochloride</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	MO
<i>clindamycin phosphate/dextrose</i>	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/60ml, 900mg/6ml</i>	
<i>clindamycin phosphate injection 600mg/4ml</i>	MO
CLINDAMYCIN/SODIUM CHLORIDE	
<i>colistimethate sodium</i>	PA MO
<i>dapsone tablet 100mg, 25mg</i>	MO
DAPTOMYCIN/SODIUM CHLORIDE	
DAPTOMYCIN INJECTION 350MG	
<i>daptomycin injection 500mg</i>	
EMVERM	QL (12 EA per 365 days) MO
<i>ertapenem sodium</i>	MO
<i>fosfomycin tromethamine</i>	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	MO
<i>gentamicin sulfate injection 40mg/ml</i>	MO
<i>imipenem/cilastatin</i>	MO
IMPAVIDO	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	
<i>ivermectin tablet 6mg</i>	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	QL (56 EA per 28 days) MO
<i>linezolid suspension reconstituted</i>	QL (1800 ML per 30 days) MO
LINEZOLID IN SODIUM CHLORIDE INJECTION 600MG/300ML; 0.9%	PA
<i>linezolid injection 600mg/300ml</i>	PA
<i>meropenem</i>	MO
<i>methenamine hippurate</i>	MO
<i>methenamine mandelate</i>	MO
<i>metronidazole capsule 375mg</i>	MO
<i>metronidazole injection 500mg/100ml</i>	
<i>metronidazole tablet 250mg, 500mg</i>	MO
<i>neomycin sulfate</i>	MO
<i>nitazoxanide</i>	QL (6 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	B/D MO
<i>pentamidine isethionate injection</i>	MO
<i>praziquantel</i>	MO
<i>pyrimethamine</i>	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION	
SIVEXTRO TABLET	MO
<i>streptomycin sulfate</i>	MO
<i>sulfadiazine</i>	MO
<i>sulfamethoxazole/trimethoprim ds</i>	MO
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	MO
<i>sulfamethoxazole/trimethoprim injection</i>	MO
<i>tinidazole</i>	MO
TOBI PODHALER	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	MO
<i>tobramycin sulfate injection 1.2gm</i>	
<i>tobramycin nebulization solution 300mg/5ml</i>	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	MO
VANCOMYCIN	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	
<i>vancomycin hcl injection 100gm, 10gm</i>	
<i>vancomycin hydrochloride capsule 125mg</i>	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	
<b>ANTIFUNGALS</b>	
ABELCET	B/D

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>amphotericin b</i>	B/D MO
<i>amphotericin b liposome</i>	B/D MO
<i>caspofungin acetate</i>	
<i>fluconazole</i>	MO
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	
<i>flucytosine</i>	PA MO
<i>griseofulvin microsize</i>	MO
<i>griseofulvin ultramicrosize</i>	MO
<i>itraconazole capsule</i>	PA MO
<i>ketoconazole tablet 200mg</i>	PA MO
<i>micafungin</i>	
<i>mycamine injection 50mg</i>	MO
<i>nystatin tablet 500000unit</i>	MO
<i>posaconazole suspension</i>	QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	PA
<i>voriconazole suspension reconstituted</i>	PA MO
<i>voriconazole tablet 200mg</i>	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	QL (480 EA per 30 days) MO
<b>ANTIMALARIALS</b>	
<i>atovaquone/proguanil hcl</i>	MO
<i>atovaquone/proguanil hydrochloride</i>	MO
<i>chloroquine phosphate</i>	MO
COARTEM	MO
<i>mefloquine hydrochloride</i>	MO
<i>primaquine phosphate</i>	
<i>quinine sulfate</i>	PA MO
<b>ANTIRETROVIRAL AGENTS</b>	
<i>abacavir</i>	MO
APTIVUS	MO
<i>atazanavir</i>	MO
<i>atazanavir sulfate</i>	MO
<i>darunavir tablet 800mg</i>	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	QL (60 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
EDURANT	MO
EDURANT PED	MO
<i>efavirenz tablet 600mg</i>	MO
<i>emtricitabine</i>	MO
EMTRIVA ORAL SOLUTION	MO
<i>etravirine</i>	MO
<i>fosamprenavir calcium</i>	MO
FUZEON	MO; LD
INTELENCE TABLET 25MG	
ISENTRESS HD	MO
ISENTRESS PACKET, TABLET	MO
ISENTRESS TABLET CHEWABLE 25MG	MO
ISENTRESS TABLET CHEWABLE 100MG	MO
<i>lamivudine solution 10mg/ml</i>	MO
<i>lamivudine tablet 150mg, 300mg</i>	MO
<i>maraviroc</i>	MO
<i>nevirapine er</i>	MO
<i>nevirapine tablet</i>	MO
<i>nevirapine suspension</i>	MO
NORVIR PACKET	MO
PIFELTRO	MO
PREZISTA SUSPENSION	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	QL (240 EA per 30 days) MO
REYATAZ PACKET	MO
<i>ritonavir</i>	MO
RUKOBIA	MO
SELZENTRY	MO
SUNLENCA TABLET, TABLET THERAPY PACK	MO; LD
SUNLENCA INJECTION	QL (3 ML per 180 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	MO
TIVICAY PD	MO
TIVICAY TABLET 10MG	MO
TIVICAY TABLET 25MG, 50MG	MO
TROGARZO	MO; LD
TYBOST	MO
VIRACEPT	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
VIREAD POWDER, TABLET 150MG, 200MG, 250MG	MO
<i>zidovudine capsule, syrup</i>	MO
<i>zidovudine tablet</i>	MO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>	
<i>abacavir sulfate/lamivudine</i>	MO
BIKTARVY	MO
CIMDUO	MO
COMPLERA	MO
DELSTRIGO	MO
DESCOVY	MO
DOVATO	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	QL (30 EA per 30 days) MO
EVOTAZ	MO
GENVOYA	MO
JULUCA	MO
KALETRA	MO
<i>lamivudine/zidovudine</i>	MO
<i>lopinavir/ritonavir solution</i>	
<i>lopinavir/ritonavir tablet</i>	MO
ODEFSEY	MO
PREZCOBIX	MO
STRIBILD	MO
SYMTUZA	MO
TRIUMEQ	MO
TRIUMEQ PD	MO
<b>ANTITUBERCULAR AGENTS</b>	
<i>cycloserine</i>	MO
<i>ethambutol hydrochloride</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>isoniazid tablet</i>	MO
<i>isoniazid injection</i>	
<i>isoniazid syrup</i>	MO
PRETOMANID	QL (30 EA per 30 days) PA
PRIFTIN	MO
<i>pyrazinamide</i>	MO
<i>rifabutin</i>	MO
<i>rifampin capsule</i>	MO
<i>rifampin injection</i>	
SIRTURO	PA; ACS LD
TRECATOR	MO
<b>ANTIVIRALS</b>	
<i>acyclovir capsule, suspension, tablet</i>	MO
<i>acyclovir sodium injection</i>	B/D
<i>adefovir dipivoxil</i>	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	QL (630 ML per 30 days) MO
<i>entecavir</i>	QL (30 EA per 30 days) MO
EPCLUSA	PA; ACS
<i>famciclovir tablet 500mg</i>	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	B/D
HARVONI	PA; ACS
<i>lamivudine tablet 100mg</i>	MO
LIVTENCITY	QL (336 EA per 28 days) PA; LD
MAVYRET	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	QL (22 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	QL (60 EA per 180 days) MO
PEGASYS	PA; ACS LD
PREVYMIS PACKET	QL (120 EA per 30 days) PA
PREVYMIS TABLET	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	QL (120 EA per 365 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>ribavirin capsule</i>	ACS
<i>ribavirin tablet</i>	ACS
<i>rimantadine hydrochloride</i>	MO
<i>valacyclovir hydrochloride</i>	MO
<i>valganciclovir hydrochloride oral solution</i>	MO
<i>valganciclovir tablet 450mg</i>	MO
VOSEVI	PA; ACS
<b>CEPHALOSPORINS</b>	
CEFACLO ER	MO
<i>cefaclor suspension reconstituted</i>	
<i>cefaclor capsule</i>	MO
<i>cefadroxil</i>	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	
<i>cefazolin sodium intravenous injection 1gm</i>	
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	MO
CEFAZOLIN/DEXTROSE	
CEFAZOLIN INJECTION 2GM/100ML; 4%	
CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL	
INJECTION 2GM, 3GM	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	
<i>cefazolin intramuscular or intravenous injection 2gm</i>	MO
<i>cefdinir</i>	MO
<i>cefepime injection 1gm, 2gm</i>	MO
<i>cefixime capsule</i>	MO
<i>cefixime suspension reconstituted</i>	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	
<i>cefpodoxime proxetil</i>	MO
<i>cefprozil</i>	MO
<i>ceftazidime injection 2gm, 6gm</i>	
<i>ceftazidime injection 1gm</i>	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	
CEFTRIAZONE SODIUM INJECTION 100GM	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>ceftriaxone sodium intravenous injection 1gm</i>	
<i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	MO
<i>cefuroxime axetil tablet</i>	MO
<i>cefuroxime sodium injection 1.5gm</i>	
<i>cefuroxime sodium injection 750mg</i>	MO
<i>cephalexin capsule 250mg, 500mg</i>	MO
<i>cephalexin capsule 750mg</i>	MO
<i>cephalexin suspension reconstituted, tablet</i>	MO
<i>tazicef</i>	
TEFLARO	
<b>ERYTHROMYCINS/MACROLIDES</b>	
AZITHROMYCIN PACKET	MO
<i>azithromycin tablet</i>	MO
<i>azithromycin suspension reconstituted</i>	MO
<i>azithromycin injection</i>	MO
<i>clarithromycin er</i>	MO
<i>clarithromycin tablet</i>	MO
<i>clarithromycin suspension reconstituted</i>	MO
DIFICID SUSPENSION RECONSTITUTED	
DIFICID TABLET	MO
<i>erythromycin base</i>	MO
<i>erythromycin dr</i>	MO
<i>erythromycin ethylsuccinate tablet</i>	
<i>erythromycin lactobionate</i>	
<b>FLUOROQUINOLONES</b>	
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	MO
<i>levofloxacin in d5w</i>	
<i>levofloxacin injection 25mg/ml</i>	
<i>levofloxacin oral solution 25mg/ml</i>	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	
<i>moxifloxacin hydrochloride tablet 400mg</i>	MO
<b>PENICILLINS</b>	
<i>amoxicillin/clavulanate potassium er</i>	MO
<i>amoxicillin/clavulanate potassium tablet chewable</i>	MO
<i>amoxicillin/clavulanate potassium suspension</i>	MO
<i>reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	
<i>amoxicillin/clavulanate potassium suspension</i>	MO
<i>reconstituted 250mg/5ml; 62.5mg/5ml</i>	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	MO
<i>ampicillin capsule</i>	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	MO
<i>ampicillin-sulbactam</i>	
<i>ampicillin/sulbactam</i>	
<b>BICILLIN L-A</b>	MO
<i>dicloxacillin sodium</i>	MO
<b>EXTENCILLINE</b>	
<b>LENTOCILIN</b>	
<i>naftacillin sodium injection 1gm</i>	
<i>naftacillin sodium injection 2gm</i>	MO
<i>naftacillin sodium injection 10gm</i>	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	
<i>penicillin g potassium</i>	MO
<b>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE</b>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium tablet</i>	MO
<i>penicillin v potassium solution reconstituted</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>piperacillin sodium/tazobactam sodium</i>	
<b>TETRACYCLINES</b>	
<i>doxy 100 injection</i>	MO
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>	MO
<i>doxycycline hyclate injection</i>	MO
<i>doxycycline monohydrate capsule 50mg</i>	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	MO
<i>doxycycline monohydrate tablet 150mg</i>	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	MO
<i>minocycline hcl capsule</i>	MO
<i>minocycline hcl tablet</i>	ST MO
<i>minocycline hydrochloride capsule</i>	MO
<i>minocycline hydrochloride tablet</i>	ST MO
<i>mondoxylene nl</i>	
NUZYRA	ACS LD
<i>tetracycline hydrochloride capsule</i>	MO
<i>tigecycline</i>	
<b>ANTINEOPLASTIC AGENTS</b>	
<b>ALKYLATING AGENTS</b>	
CYCLOPHOSPHAMIDE TABLET	PA
<i>cyclophosphamide capsule</i>	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	ACS
GLEOSTINE CAPSULE 100MG	ACS
LEUKERAN	MO
<b>ANTIMETABOLITES</b>	
INQOVI	QL (5 EA per 28 days) PA; ACS LD
LONSURF	PA; ACS LD
<i>mercaptopurine tablet</i>	MO
<i>mercaptopurine suspension</i>	ACS
<i>methotrexate sodium injection pf 50mg/2ml</i>	MO
<i>methotrexate sodium injection 1gm/40ml</i>	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>methotrexate sodium injection 1gm</i>	
ONUREG	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	ACS LD
TABLOID	MO
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	
<i>abiraterone acetate</i>	PA; ACS
<i>abirtega</i>	PA; ACS
AKEEGA	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	MO
<i>bicalutamide</i>	MO
ELIGARD	PA; ACS
EMCYT	MO
ERLEADA	PA; ACS LD
EULEXIN	
<i>exemestane</i>	MO
FIRMAGON INJECTION 80MG	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	PA; ACS
<i>letrozole</i>	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	PA; ACS
LYSODREN	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	MO
<i>nilutamide</i>	MO
NUBEQA	PA; ACS LD
ORGOVYX	PA; LD
ORSERDU TABLET 345MG	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	QL (90 EA per 30 days) PA; LD
SOLTAMOX	MO
<i>tamoxifen citrate</i>	MO
<i>toremifene citrate</i>	PA MO
XTANDI	PA; ACS LD
YONSA	PA; ACS LD
<b>IMMUNOMODULATORS</b>	
<i>lenalidomide capsule 20mg, 25mg</i>	QL (21 EA per 28 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	QL (28 EA per 28 days) PA; ACS LD
POMALYST	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	QL (56 EA per 28 days) PA; ACS LD
<b>MISCELLANEOUS</b>	
ASPARLAS	PA; ACS LD
BESREMI	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	PA; ACS
<i>hydroxyurea</i>	MO
IWILFIN	QL (240 EA per 30 days) PA; LD
MATULANE	LD
ONCASPAR	PA; LD
<i>tretinoin capsule 10mg</i>	MO
WELIREG	QL (90 EA per 30 days) PA; LD
<b>MOLECULAR TARGET AGENTS</b>	
ALECENSA	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	PA; LD
ALUNBRIG TABLET 30MG	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	QL (240 EA per 30 days) PA; ACS LD
AUGTYRO CAPSULE 160MG	QL (60 EA per 30 days) PA; ACS LD
AVMAPKI FAKZYNJA CO-PACK	QL (66 EA per 28 days) PA
AYVAKIT	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	QL (150 EA per 25 days) PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
BOSULIF CAPSULE 50MG	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA	QL (120 EA per 30 days) PA; LD
CABOMETYX	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	QL (56 EA per 28 days) PA; ACS LD
COTELLIC	QL (63 EA per 28 days) PA; ACS LD
DANZITEN	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL (30 EA per 30 days) PA; ACS
EXKIVITY	QL (120 EA per 30 days) PA; LD
FOTIVDA	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	QL (21 EA per 28 days) PA; LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
FRUZAQLA CAPSULE 1MG	QL (84 EA per 28 days) PA; LD
GAVRETO	QL (120 EA per 30 days) PA; ACS LD
<i>gefitinib</i>	QL (60 EA per 30 days) PA; ACS
GILOTRIF	QL (30 EA per 30 days) PA; LD
GOMEKLI TABLET SOLUBLE	QL (168 EA per 28 days) PA; LD
GOMEKLI CAPSULE 1MG	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	QL (84 EA per 28 days) PA; LD
IBRANCE	QL (21 EA per 28 days) PA; ACS LD
IBTROZI	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	PA; LD
ICLUSIG TABLET 15MG, 45MG	QL (30 EA per 30 days) PA; LD
IDHIFA	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	QL (90 EA per 30 days) PA; LD
IMKELDI	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	QL (180 EA per 30 days) PA; ACS LD
INREBIC	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	QL (56 EA per 28 days) PA; ACS LD
JAKAFI	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	QL (60 EA per 30 days) PA; ACS LD
KISQALI	PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
KISQALI FEMARA 200 DOSE	PA; ACS
KISQALI FEMARA 400 DOSE	PA; ACS
KISQALI FEMARA 600 DOSE	PA; ACS
KOSELUGO	PA; LD
KRAZATI	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate</i>	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE	PA; ACS LD
LENVIMA 12MG DAILY DOSE	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	PA; ACS LD
LORBRENA TABLET 100MG	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	QL (90 EA per 30 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
MEKTOVI	QL (180 EA per 30 days) PA; ACS LD
NERLYNX	QL (180 EA per 30 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	QL (120 EA per 30 days) PA; ACS
NILOTINIB CAPSULE 150MG, 200MG	QL (112 EA per 28 days) PA
NILOTINIB CAPSULE 50MG	QL (120 EA per 30 days) PA
NINLARO	PA; ACS LD
ODOMZO	PA; ACS LD
OGSIVEO TABLET 50MG	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	QL (56 EA per 28 days) PA; LD
OJEMDA TABLET	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	QL (96 ML per 28 days) PA; LD
OJJAARA	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride</i>	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	QL (56 EA per 28 days) PA; ACS
QINLOCK	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	QL (240 EA per 30 days) PA; ACS
RETEVMO TABLET 120MG, 160MG, 80MG	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	QL (60 EA per 30 days) PA; LD
REZLIDHIA	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	ACS
ROMVIMZA	QL (8 EA per 28 days) PA; LD
ROZLYTREK PACKET	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	QL (180 EA per 30 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
ROZLYTREK CAPSULE 200MG	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	PA; ACS LD
RYDAPT	QL (224 EA per 28 days) PA; ACS
SCSEMBLIX TABLET 100MG	QL (120 EA per 30 days) PA; LD
SCSEMBLIX TABLET 40MG	QL (300 EA per 30 days) PA; ACS LD
SCSEMBLIX TABLET 20MG	QL (60 EA per 30 days) PA; ACS LD
<i>sorafenib tosylate</i>	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	QL (90 EA per 30 days) PA; ACS
STIVARGA	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	QL (30 EA per 30 days) PA; ACS
TABRECTA	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	QL (900 EA per 30 days) PA; ACS LD
TAGRISSE	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	QL (120 EA per 30 days) PA; ACS
TAZVERIK	QL (240 EA per 30 days) PA; LD
TECVAYLI	PA; LD
TEPMETKO	QL (60 EA per 30 days) PA; LD
TIBSOVO	PA; LD
<i>torpenz</i>	QL (30 EA per 30 days) PA; LD
TRUQAP	QL (64 EA per 28 days) PA; LD
TRUXIMA	PA; ACS
TUKYSA TABLET 150MG	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	QL (240 EA per 30 days) PA; LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
TURALIO	QL (120 EA per 30 days) PA; LD
VANFLYTA	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	QL (180 EA per 30 days) PA; LD
VERZENIO	PA; ACS LD
VITRAKVI SOLUTION	QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	QL (30 EA per 30 days) PA; ACS LD
VONJO	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 10MG	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
ZOLINZA	PA; ACS
ZYDELIG	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	QL (84 EA per 28 days) PA; ACS LD
<b>PROTECTIVE AGENTS</b>	
<i>leucovorin calcium tablet</i>	MO
<i>mesna</i>	MO
MESNEX TABLET	MO
<b>CARDIOVASCULAR</b>	
<b>ACE INHIBITOR COMBINATIONS</b>	
<i>amlodipine besylate/benazepril hydrochloride</i>	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	MO
<i>captopril/hydrochlorothiazide</i>	MO
<i>enalapril maleate/hydrochlorothiazide</i>	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	MO
<i>lisinopril/hydrochlorothiazide</i>	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg,</i>	
<i>25mg; 20mg</i>	
<i>trandolapril/verapamil hcl er</i>	MO
<b>ACE INHIBITORS</b>	
<i>benazepril hydrochloride</i>	MO
<i>captopril</i>	MO
<i>enalapril maleate tablet</i>	MO
<i>fosinopril sodium</i>	MO
<i>lisinopril</i>	MO
<i>moexipril hydrochloride</i>	MO
<i>perindopril erbumine</i>	MO
<i>quinapril hydrochloride</i>	MO
<i>ramipril</i>	MO
<i>trandolapril</i>	MO
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>	
<i>eplerenone</i>	MO
KERENDIA	QL (30 EA per 30 days) MO
<i>spironolactone tablet</i>	MO
<b>ALPHA BLOCKERS</b>	
<i>doxazosin mesylate</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>prazosin hydrochloride</i>	MO
<i>terazosin hcl</i>	MO
<i>terazosin hydrochloride</i>	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>	
<i>amlodipine besylate/valsartan</i>	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	QL (60 EA per 30 days) MO
EDARBYCLOR	QL (30 EA per 30 days) MO
ENTRESTO	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	QL (30 EA per 30 days) MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<i>candesartan cilexetil tablet 32mg</i>	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	QL (60 EA per 30 days) MO
EDARBI	QL (30 EA per 30 days) MO
<i>irbesartan</i>	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	QL (60 EA per 30 days) MO
<i>telmisartan</i>	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	QL (30 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>valsartan tablet 160mg, 40mg, 80mg</i>	QL (60 EA per 30 days) MO
<b>ANTIARRHYTHMICS</b>	
<i>amiodarone hydrochloride tablet</i>	MO
<i>amiodarone hydrochloride injection</i>	
<i>disopyramide phosphate</i>	PA MO
<i>dofetilide</i>	ACS
<i>flecainide acetate</i>	MO
LIDOCAINE HCL IN D5W	
LIDOCAINE HCL INJECTION 100MG/5ML	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	
MULTAQ	MO
NORPACE CR	MO
<i>pacerone</i>	
<i>propafenone hcl</i>	MO
<i>propafenone hydrochloride</i>	MO
<i>propafenone hydrochloride er</i>	MO
<i>quinidine sulfate</i>	MO
<i>sorine</i>	
<i>sotalol hcl</i>	MO
<i>sotalol hydrochloride</i>	MO
<i>sotalol hydrochloride (af)</i>	MO
<b>ANTILIPEMICS, FIBRATES</b>	
<i>fenofibrate micronized</i>	MO
<i>fenofibrate capsule</i>	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	MO
<i>fenofibrate tablet 120mg</i>	MO
<i>fenofibric acid dr</i>	MO
<i>gemfibrozil</i>	MO
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>	
<i>atorvastatin calcium</i>	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	QL (30 EA per 30 days) MO
<i>lovastatin</i>	MO
<i>pravastatin sodium</i>	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	QL (30 EA per 30 days) MO
<i>simvastatin</i>	QL (30 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<b>ANTILIPEMICS, MISCELLANEOUS</b>	
<i>cholestyramine</i>	MO
<i>cholestyramine light</i>	MO
<i>colesevelam hydrochloride</i>	MO
<i>colestipol hydrochloride</i>	MO
<i>ezetimibe</i>	MO
<i>ezetimibe/simvastatin</i>	QL (30 EA per 30 days) MO
NEXLETOL	QL (30 EA per 30 days) MO
NEXLIZET	QL (30 EA per 30 days) MO
<i>niacin</i>	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	MO
<i>niacin er tablet extended release 500mg</i>	QL (60 EA per 30 days) MO
<i>niacor</i>	MO
<i>omega-3-acid ethyl esters</i>	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	
REPATHA	PA
REPATHA PUSHTRONEX SYSTEM	PA
REPATHA SURECLICK	PA
VASCEPA	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
<i>atenolol/chlorthalidone</i>	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	MO
<i>metoprolol/hydrochlorothiazide</i>	MO
<b>BETA-BLOCKERS</b>	
<i>acebutolol hydrochloride</i>	MO
<i>atenolol</i>	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	MO
<i>labetalol hydrochloride tablet</i>	MO
<i>labetalol hydrochloride injection</i>	MO
<i>metoprolol succinate er</i>	MO
<i>metoprolol tartrate tablet</i>	MO
<i>metoprolol tartrate injection</i>	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>nadolol</i>	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	QL (60 EA per 30 days) MO
<i>pindolol</i>	MO
<i>propranolol hcl oral solution, tablet</i>	MO
<i>propranolol hcl injection</i>	
<i>propranolol hydrochloride er</i>	MO
<i>propranolol hydrochloride oral solution, tablet</i>	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	MO
<b>CALCIUM CHANNEL BLOCKERS</b>	
<i>amlodipine besylate</i>	MO
<i>cartia xt</i>	
<i>dilt-xr</i>	MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	MO
<i>diltiazem hcl er</i>	MO
<i>diltiazem hcl tablet</i>	MO
<b>DILTIAZEM HCL INJECTION 100MG</b>	
<i>diltiazem hcl injection 50mg/10ml</i>	
<i>diltiazem hydrochloride er</i>	MO
<i>diltiazem hydrochloride tablet</i>	MO
<i>diltiazem hydrochloride injection</i>	
<i>felodipine er</i>	MO
<i>isradipine</i>	MO
<i>matzim la</i>	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>	MO
<i>nisoldipine er</i>	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	MO
<i>verapamil hcl</i>	MO
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	MO
<i>verapamil hydrochloride er tablet extended release 180mg</i>	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	MO
<i>verapamil hydrochloride tablet</i>	MO
<i>verapamil hydrochloride injection</i>	MO
<b>DIURETICS</b>	
<i>acetazolamide er capsule extended release</i>	MO
<i>acetazolamide tablet</i>	MO
<i>amiloride hcl</i>	MO
<i>amiloride/hydrochlorothiazide</i>	MO
<i>bumetanide tablet</i>	MO
<i>bumetanide injection</i>	MO
<i>chlorthalidone</i>	MO
<i>furosemide oral solution, tablet</i>	MO
<i>furosemide injection</i>	MO
<i>hydrochlorothiazide</i>	MO
<i>indapamide</i>	MO
<i>methazolamide</i>	MO
<i>metolazone</i>	MO
<i>spironolactone/hydrochlorothiazide</i>	MO
<i>torsemide</i>	MO
<i>triamterene/hydrochlorothiazide</i>	MO
<b>MISCELLANEOUS</b>	
<i>aliskiren</i>	MO
<i>amlodipine besylate/atorvastatin calcium</i>	MO
<i>clonidine hydrochloride tablet</i>	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	QL (8 EA per 28 days) MO
CORLANOR SOLUTION	
CORLANOR TABLET	MO
<i>digox tablet 250mcg, 125mcg</i>	QL (30 EA per 30 days)

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>digoxin oral solution</i>	MO
<i>digoxin injection</i>	MO
<i>digoxin tablet 125mcg, 250mcg</i>	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	QL (90 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride</i>	PA MO
<i>hydralazine hcl</i>	MO
<i>hydralazine hydrochloride tablet</i>	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	MO
<i>ivabradine hydrochloride</i>	MO
<i>metyrosine</i>	PA
<i>midodrine hydrochloride</i>	MO
<i>minoxidil</i>	MO
<i>ranolazine er</i>	MO
VERQUVO	PA MO
<b>NITRATES</b>	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	MO
<i>isosorbide dinitrate tablet 40mg</i>	MO
<i>isosorbide mononitrate</i>	MO
<i>isosorbide mononitrate er</i>	MO
NITRO-BID	MO
<i>nitroglycerin transdermal</i>	MO
NITROGLYCERIN INJECTION 5MG/ML	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	MO
<b>PULMONARY ARTERIAL HYPERTENSION</b>	
<i>ambrisentan</i>	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet 62.5mg</i>	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium</i>	B/D; ACS
OPSUMIT	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate tablet (generic Revatio)</i>	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection</i>	QL (1125 ML per 30 days) PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>tadalafil tablet (generic Adcirca) 20mg</i>	PA; ACS
<b>CENTRAL NERVOUS SYSTEM</b>	
<b>ANTIANXIETY</b>	
ALPRAZOLAM INTENSOL	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	QL (150 EA per 30 days) MO; HRM
<i>buspirone hcl</i>	MO
<i>buspirone hydrochloride</i>	MO
<i>chlordiazepoxide hcl</i>	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride</i>	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate</i>	MO; HRM
<i>fluvoxamine maleate er</i>	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	QL (150 ML per 30 days); HRM
<i>lorazepam injection</i>	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	QL (150 EA per 30 days) MO; HRM
<i>oxazepam</i>	QL (120 EA per 30 days) PA MO; HRM
<b>ANTIDEMENTIA</b>	
<i>donepezil hcl tablet disintegrating</i>	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er</i>	PA MO
<i>memantine hydrochloride solution</i>	QL (360 ML per 30 days) PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>memantine hydrochloride tablet</i>	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	MO
<i>rivastigmine tartrate capsule</i>	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	QL (30 EA per 30 days) MO
<b>ANTIDEPRESSANTS</b>	
<i>amitriptyline hcl</i>	PA MO; HRM
<i>amitriptyline hydrochloride</i>	PA MO; HRM
<i>amoxapine</i>	MO; HRM
AUVELITY	QL (60 EA per 30 days) PA MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	PA MO; HRM
<i>desipramine hydrochloride</i>	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 30mg, 60mg</i>	QL (60 EA per 30 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>duloxetine hydrochloride dr capsule delayed release particles 40mg</i>	QL (60 EA per 30 days) MO; HRM
EMSAM	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	MO; HRM
<i>imipramine hcl</i>	PA MO; HRM
<i>imipramine hydrochloride</i>	PA MO; HRM
MARPLAN	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	MO
<i>nortriptyline hcl</i>	MO; HRM
<i>nortriptyline hydrochloride</i>	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	QL (60 EA per 30 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>paroxetine hydrochloride tablet</i>	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	PA MO; HRM
<i>phenelzine sulfate</i>	MO
<i>protriptyline hcl</i>	PA MO; HRM
RALDESY	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl tablet 50mg</i>	QL (60 EA per 30 days) MO; HRM
<i>sertraline hcl concentrate</i>	QL (300 ML per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	MO
<i>trazodone hydrochloride tablet 300mg</i>	MO
<i>trimipramine maleate capsule 50mg</i>	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	QL (60 EA per 30 days) MO; HRM
<i>vilazodone hydrochloride</i>	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	QL (28 EA per 14 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<b>ANTIPARKINSONIAN AGENTS</b>	
<i>amantadine hcl solution, tablet</i>	MO
<i>amantadine hcl capsule</i>	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	MO
<i>benztropine mesylate tablet</i>	PA MO; HRM
<i>bromocriptine mesylate</i>	MO
<i>carbidopa</i>	MO
<i>carbidopa/levodopa</i>	MO
<i>carbidopa/levodopa er</i>	MO
<i>carbidopa/levodopa odt</i>	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	MO
<i>entacapone</i>	MO
INBRIJA	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	MO
<i>rasagiline mesylate</i>	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	QL (90 EA per 30 days) MO
<i>ropinirole hcl</i>	MO
<i>ropinirole hydrochloride</i>	MO
<i>selegiline hcl</i>	MO
<i>trihexyphenidyl hcl oral solution</i>	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	PA MO; HRM
<b>ANTIPSYCHOTICS</b>	
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	HRM
ARISTADA INJECTION 441MG/1.6ML	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	QL (2.4 ML per 28 days); HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
ARISTADA INJECTION 882MG/3.2ML	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	QL (60 EA per 30 days) MO; HRM
CAPLYTA	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	HRM
<i>chlorpromazine hydrochloride tablet</i>	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	HRM
<i>clozapine tablet 200mg</i>	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	QL (270 EA per 30 days); HRM
COBENFY	QL (60 EA per 30 days) PA MO
COBENFY STARTER PACK	QL (112 EA per 365 days) PA MO
ERZOFRI INJECTION 39MG/0.25ML	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	QL (4.5 ML per 365 days)
FANAPT	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK A	PA; HRM
FANAPT TITRATION PACK C	PA
<i>fluphenazine decanoate</i>	MO; HRM
<i>fluphenazine hcl</i>	MO; HRM
<i>fluphenazine hydrochloride elixir, tablet</i>	MO; HRM
<i>fluphenazine hydrochloride injection</i>	MO; HRM
<i>haloperidol decanoate</i>	MO; HRM
<i>haloperidol lactate</i>	MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>haloperidol tablet</i>	MO; HRM
<i>haloperidol concentrate</i>	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	HRM
<i>molindone hydrochloride tablet 25mg</i>	HRM
NUPLAZID	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt</i>	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	QL (60 EA per 30 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>perphenazine</i>	MO; HRM
<i>pimozide</i>	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	QL (90 EA per 30 days) MO; HRM
SECUADO	QL (30 EA per 30 days) MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>thioridazine hydrochloride</i>	PA MO; HRM
<i>thiothixene</i>	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	MO; HRM
VERSACLOZ	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	QL (2 EA per 28 days) PA; ACS HRM
<b>ANTISEIZURE AGENTS</b>	
APTOM TABLET 200MG, 400MG	QL (30 EA per 30 days) MO
APTOM TABLET 600MG, 800MG	QL (60 EA per 30 days) MO
BRIVIACT TABLET	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	QL (600 ML per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour</i>	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	MO; HRM
<i>carbamazepine tablet</i>	MO; HRM
<i>carbamazepine suspension</i>	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	MO
<i>carbamazepine tablet chewable 100mg</i>	MO; HRM
<i>clobazam suspension</i>	QL (480 ML per 30 days) PA MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>clobazam tablet</i>	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	QL (5 EA per 30 days) MO; HRM
<i>diazepam concentrate</i>	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam tablet</i>	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	MO
DILANTIN INFATABS	MO
DILANTIN-125	MO
<i>divalproex sodium dr</i>	MO
<i>divalproex sodium er</i>	MO
EPIDIOLEX	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	HRM
EPRONTIA	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	MO
<i>ethosuximide solution</i>	MO
<i>felbamate</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
FINTEPLA	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	MO
FYCOMPA SUSPENSION	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution</i>	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	
<i>lacosamide tablet 50mg</i>	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	MO
<i>lamotrigine er</i>	MO
<i>lamotrigine odt</i>	MO
<i>lamotrigine starter kit/blue</i>	
<i>lamotrigine starter kit/green</i>	
<i>lamotrigine starter kit/orange</i>	
<i>levetiracetam er</i>	MO
<i>levetiracetam/sodium chloride</i>	
<i>levetiracetam oral solution, tablet</i>	MO
<i>levetiracetam injection</i>	
LIBERVANT	QL (10 EA per 30 days) PA MO
<i>methsuximide</i>	MO
NAYZILAM	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	MO; HRM
<i>oxcarbazepine suspension</i>	MO; HRM
<i>perampanel tablet 2mg</i>	QL (60 EA per 30 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium injection</i>	PA; HRM
<i>phenobarbital tablet</i>	QL (120 EA per 30 days) PA MO; HRM

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>phenobarbital elixir</i>	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	MO
<i>phenytoin oral suspension, tablet chewable</i>	MO
<i>phenytoin sodium extended release capsule</i>	MO
<i>phenytoin sodium injection</i>	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	QL (900 ML per 30 days) PA MO
<i>primidone</i>	MO
<i>roweepra</i>	
<i>rufinamide suspension</i>	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	QL (360 EA per 30 days) MO
<i>subvenite</i>	
<i>subvenite starter kit/blue</i>	
<i>subvenite starter kit/green</i>	
<i>subvenite starter kit/orange</i>	
SYMPAZAN FILM 5MG	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	MO
<i>topiramate er</i>	MO
<i>topiramate capsule sprinkle</i>	MO
<i>topiramate tablet 100mg</i>	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	
<i>valproic acid capsule, oral solution</i>	MO
VALTOCO 10 MG DOSE	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	QL (10 EA per 30 days) PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
VALTOCO 20 MG DOSE	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	QL (180 EA per 30 days) PA; ACS
<i>vigadrone</i>	QL (180 EA per 30 days) PA; LD
VIGAFYDE	QL (750 ML per 30 days) PA; LD
<i>vigpoder</i>	QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	QL (28 EA per 28 days)
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	QL (28 EA per 28 days)
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	QL (60 EA per 30 days) MO
ZONISADE	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	MO
<i>zonisamide capsule 50mg</i>	MO; HRM
ZTALMY	QL (1100 ML per 30 days) PA; LD
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>	
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl</i>	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er</i>	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er</i>	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet</i>	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	QL (1800 ML per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	QL (30 EA per 30 days) PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (cd)</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 20mg, 40mg, 60mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE 45MG, 63MG, 72MG	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 36mg, 54mg</i>	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release</i>	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	QL (900 ML per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	QL (180 EA per 30 days)
<b>HYPNOTICS</b>	
DAYVIGO	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon</i>	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet</i>	QL (30 EA per 30 days) PA MO; HRM
<b>MIGRAINE</b>	
AIMOVIG	QL (1 ML per 30 days) PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>dihydroergotamine mesylate injection</i>	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/cafeine</i>	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	QL (9 EA per 30 days) MO
NURTEC	QL (16 EA per 30 days) PA MO
QULIPTA	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	QL (9 EA per 30 days) MO
UBRELVY	QL (16 EA per 30 days) PA MO
<b>MISCELLANEOUS</b>	
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	QL (60 EA per 30 days) PA; ACS
<i>lithium</i>	MO
<i>lithium carbonate</i>	MO
<i>lithium carbonate er</i>	MO
NUEDEXTA	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>pyridostigmine bromide er</i>	MO
<i>riluzole</i>	MO
<i>tetrabenazine tablet 25mg</i>	QL (120 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 12.5mg</i>	QL (90 EA per 30 days) PA; ACS
<b>MULTIPLE SCLEROSIS AGENTS</b>	
BAFIERTAM	QL (120 EA per 30 days) PA; ACS LD
BETASERON	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	PA; ACS
<i>fingolimod hydrochloride</i>	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	QL (30 ML per 30 days) PA; ACS
KESIMPTA	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide</i>	QL (30 EA per 30 days) PA; ACS
<b>MUSCULOSKELETAL THERAPY AGENTS</b>	
<i>baclofen tablet 10mg, 20mg, 5mg</i>	MO
<i>baclofen tablet 15mg</i>	MO
<i>chlorzoxazone tablet 500mg</i>	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	MO
<i>tizanidine hcl</i>	MO
<i>tizanidine hydrochloride</i>	MO
<b>NARCOLEPSY/CATAPLEXY</b>	
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	QL (540 ML per 30 days) PA; LD
<b>PSYCHOTHERAPEUTIC-MISC</b>	
<i>acamprosate calcium dr</i>	MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	QL (60 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	QL (60 EA per 30 days) MO
<i>disulfiram</i>	MO
<i>naloxone hcl</i>	MO
<i>naloxone hydrochloride nasal spray</i>	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	MO
<i>naltrexone hydrochloride</i>	MO
NICOTROL INHALER	MO
NICOTROL NS	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	PA
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	PA MO
VIVITROL	ACS

## ENDOCRINE AND METABOLIC

### ANDROGENS

<i>danazol</i>	MO
<i>methyltestosterone</i>	PA MO
<i>testosterone cypionate</i>	MO
<i>testosterone enanthate</i>	PA MO
<i>testosterone pump gel 1%</i>	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	QL (180 ML per 30 days) MO

### ANTIDIABETICS, INSULINS

ADMELOG	MO
ADMELOG SOLOSTAR	MO
BD ALCOHOL SWABS	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	PA MO
BASAGLAR KWIKPEN	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	PA MO
BD PEN	MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	PA MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	PA MO
FIASP	MO
FIASP FLEXTOUCH	MO
FIASP PENFILL	MO
FIASP PUMPCART	B/D MO
HUMULIN R U-500 (CONCENTRATED)	B/D MO
HUMULIN R U-500 KWIKPEN	MO
LANTUS	MO
LANTUS SOLOSTAR	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLIN N (BRAND RELION NOT COVERED)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLIN R (BRAND RELION NOT COVERED)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLOG (BRAND RELION NOT COVERED)	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	MO
NOVOLOG PENFILL	MO
SOLIQUA 100/33	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	MO
TOUJEO SOLOSTAR	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
TRESIBA	MO
TRESIBA FLEXTOUCH	MO
XULTOPHY 100/3.6	QL (15 ML per 30 days) MO
<b>ANTIDIABETICS</b>	
<i>acarbose</i>	QL (90 EA per 30 days) MO
FARXIGA	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	QL (240 EA per 30 days) MO
GLYXAMBI	QL (30 EA per 30 days) MO
JANUMET	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	QL (60 EA per 30 days) MO
JANUVIA	QL (30 EA per 30 days) MO
JARDIANCE	QL (30 EA per 30 days) MO
JENTADUETO	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	QL (60 EA per 30 days) MO
LIRAGLUTIDE	QL (9 ML per 30 days) PA MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	QL (60 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	QL (90 EA per 30 days) MO
<i>miglitol</i>	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	QL (4 ML per 365 days) PA
<i>nateglinide</i>	QL (90 EA per 30 days) MO
OZEMPIC	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	QL (60 EA per 30 days) MO
TRADJENTA	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	QL (60 EA per 30 days) MO
TRULICITY	QL (2 ML per 28 days) PA MO
VICTOZA	QL (9 ML per 30 days) PA MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	QL (60 EA per 30 days) MO
<b>CALCIUM REGULATORS</b>	
<i>alendronate sodium solution</i>	MO
<i>alendronate sodium tablet 10mg</i>	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	QL (4 EA per 28 days) MO
BONSITY	PA; ACS
<i>calcitonin-salmon nasal spray</i>	MO
<i>ibandronate sodium tablet</i>	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	QL (3 ML per 90 days) MO
OSEVELT	PA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	
PROLIA	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	QL (4 EA per 28 days) MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.4ml</i>	PA; ACS
WYOST	PA; ACS LD
XGEVA	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	ACS
<b>CHELATING AGENTS</b>	
CHEMET	MO
<i>deferasirox packet</i>	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	PA; ACS
<i>deferasirox tablet 90mg</i>	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	PA; ACS
<i>kionex</i>	
LOKELMA PACKET 10GM	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>sodium polystyrene sulfonate oral powder</i>	MO
<i>sps</i>	MO
<i>trientine hydrochloride capsule 500mg</i>	PA
<i>trientine hydrochloride capsule 250mg</i>	PA; ACS
<b>CONTRACEPTIVES</b>	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	MO
<i>alyacen 7/7/7</i>	
<i>amethia</i>	
<i>amethyst</i>	
<i>apri</i>	
<i>aranelle</i>	MO
<i>ashlyna</i>	
<i>aubra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	MO
<i>aviane</i>	MO
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	MO
<i>blisovi fe 1.5/30</i>	MO
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camila</i>	
<b>CAMRESE</b>	
<b>CAMRESE LO</b>	
<i>charlotte 24 fe</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	MO
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>daysee</i>	
<i>deblitane</i>	
<i>delyla</i>	
DEPO-SUBQ PROVERA 104	MO
<i>dolishale</i>	MO
<i>drospirenone/ethinyl estradiol</i>	MO
<i>drospirenone/ethinyl estradiol/levomefolate</i>	MO
<i>calcium tablet 3mg; 0.03mg; 0.451mg</i>	
<i>elinest</i>	
<i>eluryng</i>	
<i>emzahh</i>	MO
<i>enilloring</i>	MO
<i>enpresse-28</i>	
<i>enskyce</i>	MO
<i>errin</i>	
<i>estarylla</i>	
<i>ethynodiol diacetate/ethinyl estradiol</i>	MO
<i>etonogestrel/ethinyl estradiol</i>	MO
<i>falmina</i>	
<i>feirza 1.5/30</i>	
<i>feirza 1/20</i>	
<i>finzala</i>	
<i>galbriela</i>	
<i>hailey 1.5/30</i>	MO
<i>hailey 24 fe</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>haloette</i>	
<i>heather</i>	MO
<i>iclevia</i>	
<i>incassia</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jaimiess</i>	
<i>jasmiel</i>	
<i>jencycla</i>	
JOLESSA	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	MO
<i>junel fe 1/20</i>	
<i>junel fe 24</i>	
<i>kaitlib fe</i>	MO
<i>kalliga</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	MO
<i>kelnor 1/50</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>lessina</i>	MO
<i>levonest</i>	
<i>levonorgestrel and ethinyl estradiol</i>	MO
<i>levonorgestrel/ethinyl estradiol</i>	MO
<i>levora 0.15/30-28</i>	
<i>LILETTA</i>	ACS LD
<i>lo-zumandimine</i>	MO
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>lojaimiess</i>	MO
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	
<i>lyleq</i>	
<i>lyza</i>	
<i>marlissa</i>	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	MO
<i>meleya</i>	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>mibelas 24 fe</i>	
MICROGESTIN 1.5/30	
MICROGESTIN 1/20	
MICROGESTIN FE 1.5/30	
MICROGESTIN FE 1/20	
<i>mili</i>	
<i>mono-lynyah</i>	
<i>necon 0.5/35-28</i>	
NEXPLANON	ACS LD
<i>nikki</i>	
NORA-BE	
<i>norelgestromin/ethinyl estradiol</i>	MO
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet, tablet chewable</i>	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	MO
<i>norethindrone tablet 0.35mg</i>	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	MO
<i>norgestimate/ethinyl estradiol</i>	MO
<i>norlyda</i>	
<i>norlyroc</i>	
<i>nortrel 0.5/35 (28)</i>	MO
<i>nortrel 1/35 28-day regimen</i>	
<i>nortrel 1/35 21-day regimen</i>	MO
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	MO
OCELLA	
<i>orsythia</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>portia-28</i>	
<i>reclipsen</i>	
RIVELSA	
<i>rosyrah</i>	
<i>setlakin</i>	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>sharobel</i>	
<i>simliya</i>	
<i>simpesse</i>	MO
<i>sprintec 28</i>	MO
<i>sronyx</i>	
<i>syeda</i>	
<i>tarina 24 fe</i>	
<i>tarina fe 1/20 eq</i>	
TILIA FE	
<i>tri femynor</i>	
<i>tri-estarylla</i>	MO
<i>tri-legest fe</i>	MO
<i>tri-lynyah</i>	
<i>tri-lo-estarylla</i>	
<i>tri-lo-marzia</i>	
<i>tri-lo-mili</i>	MO
<i>tri-lo-sprintec</i>	
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>tri-vylibra lo</i>	
<i>turqoz</i>	
<i>tydemy</i>	
<i>valtya 1/50</i>	MO
<i>velivet</i>	MO
<i>vestura</i>	
<i>vienva</i>	
<i>vioarele</i>	MO
<i>volnea</i>	
<i>vyfemla</i>	MO
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>xarah fe</i>	
<i>xelria fe</i>	MO
<i>xulane</i>	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	
<b>ESTROGENS</b>	
<i>abigale</i>	
<i>abigale lo</i>	
<i>amabelz</i>	MO
<i>dotti</i>	QL (8 EA per 28 days)
DUAVEE	MO
<i>estradiol valerate</i>	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	MO
<i>estradiol oral tablet</i>	MO
<i>estradiol vaginal tablet</i>	MO
<i>estradiol patch weekly</i>	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	MO
ESTRING	QL (1 EA per 90 days) MO
<i>fyavolv</i>	MO
<i>jinteli</i>	
<i>lyllana</i>	QL (8 EA per 28 days)
<i>mimvey</i>	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	MO
PREMARIN	MO
PREMPRO	MO
<i>yuvaferm</i>	
<b>GLUCOCORTICOIDS</b>	
<i>dexamethasone</i>	MO
DEXAMETHASONE INTENSOL	MO
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	MO
<i>fludrocortisone acetate</i>	MO
<i>hydrocortisone sodium succinate</i>	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	MO
<i>methylprednisolone tablet</i>	B/D MO
<i>methylprednisolone acetate injection</i>	B/D MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>methylprednisolone dose pack</i>	MO
<i>methylprednisolone sodium succinate inj 100mg, 125mg</i>	B/D MO
<i>methylprednisolone sodium succinate injection 40mg</i>	B/D MO
<i>prednisolone solution</i>	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	B/D MO
PREDNISONE INTENSOL	B/D MO
<i>prednisone tablet</i>	B/D MO
<i>prednisone tablet therapy pack</i>	MO
<i>prednisone solution</i>	B/D MO
SOLU-CORTEF	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	MO
<b>GLUCOSE ELEVATING AGENTS</b>	
<i>diazoxide</i>	MO
ZEGALOGUE	MO
<b>MISCELLANEOUS</b>	
<i>acetylcysteine injection 200mg/ml</i>	
<i>betaine anhydrous</i>	
<i>cabergoline</i>	MO
<i>carglumic acid</i>	PA; LD
CERDELGA	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	QL (60 EA per 30 days); ACS
CYSTAGON	PA; ACS LD
<i>desmopressin acetate tablet</i>	MO
<i>desmopressin acetate nasal solution</i>	MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	MO
<i>desmopressin acetate injection 4mcg/ml</i>	MO
<i>fomepizole</i>	
GENOTROPIN	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	PA; ACS
INCRELEX	PA; ACS LD
<i>javygtor</i>	PA; LD
LEVOCARNITINE TABLET	MO
<i>levocarnitine injection</i>	
<i>levocarnitine oral solution</i>	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	PA; ACS
<i>methergine</i>	
<i>methylergonovine maleate tablet</i>	MO
<i>mifepristone</i>	PA
<i>nitisinone</i>	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	PA; ACS
<i>raloxifene hydrochloride</i>	MO
<i>sapropterin dihydrochloride</i>	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	PA; LD
<i>sodium phenylbutyrate</i>	PA; ACS
SOMATULINE DEPOT	PA; ACS LD
SOMAVERT	PA; ACS LD
SYNAREL	MO
VEOZAH	QL (30 EA per 30 days) PA MO
<b>PROGESTINS</b>	
<i>gallifrey</i>	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	MO
<i>megestrol acetate suspension 40mg/ml</i>	MO
<i>megestrol acetate suspension 625mg/5ml</i>	MO
<i>norethindrone acetate tablet 5mg</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>progesterone capsule</i>	MO
<i>progesterone injection</i>	MO
<b>THYROID AGENTS</b>	
<i>levo-t</i>	
<i>levothyroxine sodium tablet</i>	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ ML, 500MCG/5ML	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	
<i>levoxyl</i>	MO
<i>liothyronine sodium tablet</i>	MO
<i>liothyronine sodium injection</i>	
<i>methimazole</i>	MO
<i>propylthiouracil</i>	MO
SYNTHROID	MO
<i>unithroid</i>	
<b>VITAMIN D ANALOGS</b>	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	MO
<i>calcitriol injection 1mcg/ml</i>	
<i>calcitriol oral solution 1mcg/ml</i>	MO
<i>doxercalciferol injection</i>	
<i>paricalcitol</i>	MO
<b>GASTROINTESTINAL</b>	
<b>ANTIEMETICS</b>	
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	B/D MO
<i>aprepitant capsule 125mg</i>	B/D MO
<i>compro</i>	MO; HRM
DIMENHYDRINATE	
<i>dronabinol</i>	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED	B/D
<i>granisetron hydrochloride tablet</i>	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl</i>	MO; HRM
<i>meclizine hydrochloride</i>	MO
<i>metoclopramide hcl</i>	MO
<i>metoclopramide hydrochloride tablet</i>	MO
<i>metoclopramide hydrochloride injection</i>	MO
<i>metoclopramide odt</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>ondansetron hcl tablet</i>	B/D
<i>ondansetron hcl solution</i>	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	B/D MO
<i>ondansetron hydrochloride injection</i>	MO
<i>ondansetron odt tablet disintegrating 16mg</i>	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	B/D MO
<i>prochlorperazine edisylate injection</i>	MO; HRM
<i>prochlorperazine maleate</i>	MO; HRM
<i>prochlorperazine rectal suppository</i>	MO; HRM
<i>promethazine hcl</i>	PA MO; HRM
<i>promethazine hydrochloride plain</i>	PA MO; HRM
<i>promethazine hydrochloride syrup</i>	PA
<i>promethazine hydrochloride suppository, tablet</i>	PA MO; HRM
<i>promethegan suppository 50mg</i>	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	PA; HRM
<i>scopolamine</i>	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	PA MO
<b>ANTISPASMODICS</b>	
<i>dicyclomine hcl oral solution</i>	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	PA MO; HRM
<i>dicyclomine hydrochloride injection</i>	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	MO
<i>glycopyrrolate oral solution</i>	MO
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	MO
<i>methscopolamine bromide</i>	PA MO
<b>H2-RECEPTOR ANTAGONISTS</b>	
<i>cimetidine tablet</i>	MO
<i>famotidine premixed</i>	
<i>famotidine tablet</i>	MO
<i>famotidine injection</i>	
<i>famotidine suspension reconstituted</i>	MO
<i>nizatidine</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<b>INFLAMMATORY BOWEL DISEASE</b>	
<i>balsalazide disodium</i>	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	MO
<i>budesonide capsule delayed release particles 3mg</i>	MO
<i>hydrocortisone enema 100mg/60ml</i>	MO
<i>mesalamine dr</i>	MO
<i>mesalamine suppository</i>	MO
<i>mesalamine enema, kit</i>	MO
<i>sulfasalazine</i>	MO
<b>LAXATIVES</b>	
CLENPIQ	MO
constulose	
enulose	MO
gavilyte-c	MO
gavilyte-g	MO
gavilyte-n/flavor pack	
generlac	
GOLYTELY	MO
kristalose	PA
<i>lactulose solution</i>	MO
<i>lactulose packet</i>	PA MO
<i>peg-3350/electrolytes</i>	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	MO
PLENVU	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	MO
SUPREP BOWEL PREP KIT	MO
SUTAB	MO
<b>MISCELLANEOUS</b>	
<i>alosetron hydrochloride tablet 0.5mg</i>	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	QL (60 EA per 30 days) PA MO
CREON	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	MO; HRM
GATTEX	PA; ACS LD
LINZESS	QL (30 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>loperamide hydrochloride</i>	MO
<i>misoprostol</i>	MO
MOVANTIK TABLET 25MG	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	MO
<i>sucralfate tablet</i>	MO
<i>ursodiol capsule 300mg</i>	MO
<i>ursodiol tablet 250mg, 500mg</i>	MO
VOWST	PA; LD
XERMELO	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	PA MO
ZENPEP	MO
<b>PROTON PUMP INHIBITORS</b>	
<i>dexlansoprazole</i>	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	
<i>lansoprazole capsule delayed release 15mg</i>	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	QL (42 EA per 30 days) MO
<i>omeprazole</i>	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	
<i>pantoprazole sodium tablet delayed release 20mg</i>	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	QL (30 EA per 30 days) MO
<b>GENITOURINARY</b>	
<b>BENIGN PROSTATIC HYPERPLASIA</b>	
<i>alfuzosin hcl er</i>	QL (30 EA per 30 days) MO
<i>dutasteride</i>	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	QL (30 EA per 30 days) MO
<i>silodosin</i>	QL (30 EA per 30 days) MO
<i>tadalafil tablet (generic Cialis) 5mg</i>	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>	
<i>acetic acid 0.25% irrigation solution</i>	MO
<i>bethanechol chloride</i>	MO
<i>potassium citrate er tablet extended release 540mg</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	MO
<b>URINARY ANTISPASMODICS</b>	
<i>fesoterodine fumarate er</i>	QL (30 EA per 30 days) MO; HRM
GEMTESA	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride</i>	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er</i>	QL (30 EA per 30 days) MO; HRM
<b>VAGINAL ANTI-INFECTIVES</b>	
<i>clindamycin phosphate cream 2%</i>	MO
<i>metronidazole vaginal</i>	MO
<i>miconazole 3 vaginal suppository</i>	MO
<i>terconazole vaginal cream</i>	MO
<i>terconazole suppository</i>	MO
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
<i>dabigatran etexilate capsule 110mg</i>	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	QL (60 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
ELIQUIS TABLET 5MG	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	MO
FRAGMIN INJECTION 10000UNIT/4ML	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	MO
HEPARIN SODIUM/D5W	
HEPARIN SODIUM/DEXTROSE	
HEPARIN SODIUM/NACL 0.45%	
HEPARIN SODIUM/SODIUM CHLORIDE	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	MO
<i>jantoven</i>	
<i>warfarin sodium</i>	MO
XARELTO STARTER PACK	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	QL (60 EA per 30 days) MO
<b>HEMATOPOIETIC GROWTH FACTORS</b>	
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	PA; ACS
ZARXIO	PA; ACS
<b>MISCELLANEOUS</b>	
ALVAIZ TABLET 54MG, 9MG	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride</i>	MO
BERINERT	QL (24 EA per 30 days) PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>cilostazol</i>	MO
ENDARI	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine</i>	PA; ACS
<i>pentoxifylline er</i>	MO
<i>sajazir</i>	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	PA MO
SIKLOS TABLET 1000MG	PA MO
TAVNEOS	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i>	
<i>tranexamic acid tablet</i>	MO
<i>tranexamic acid injection</i>	
<b>PLATELET AGGREGATION INHIBITORS</b>	
<i>aspirin/dipyridamole er</i>	QL (60 EA per 30 days) MO
BRILINTA	MO
<i>clopidogrel tablet 75mg</i>	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	QL (2 EA per 365 days) MO
<i>dipyridamole</i>	PA MO
<i>prasugrel hydrochloride</i>	MO
<i>ticagrelor</i>	MO
<b>IMMUNOLOGIC AGENTS</b>	
<b>AUTOIMMUNE AGENTS</b>	
ADALIMUMAB-AACF (2 PEN)	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	QL (28 EA per 365 days) PA
ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN)	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN)	QL (28 EA per 365 days) PA; ACS
COSENTYX SENSOREADY PEN	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	PA; ACS LD

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
COSENTYX INJECTION 150MG/ML	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	QL (8 ML per 365 days) PA; ACS LD
DUPIXENT INJECTION 200MG/1.14ML	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	QL (8 ML per 28 days) PA; ACS
ENBREL	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	QL (8 ML per 28 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER (BRAND CORDAVIS NOT COVERED)	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND CORDAVIS NOT COVERED)	QL (8 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	QL (56 EA per 365 days) PA; ACS
IDACIO (2 PEN)	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	QL (168 EA per 365 days) PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	QL (60 ML per 365 days) PA; ACS
SOTYKTU	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	QL (208 ML per 365 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE	QL (4 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	QL (40 ML per 28 days) PA; ACS
VELSIPITY	QL (30 EA per 30 days) PA; ACS LD
XELJANZ XR	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	QL (1 ML per 28 days) PA; ACS
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>	
<i>hydroxychloroquine sulfate tablet 200mg</i>	MO
JYLAMVO	
<i>leflunomide</i>	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	MO
XATMEP	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<b>IMMUNOGLOBULINS</b>	
GAMASTAN	B/D; ACS LD
GAMMAKED	PA; ACS LD
GAMUNEX-C	PA; ACS LD
OCTAGAM	PA; ACS LD
PRIVIGEN	PA; ACS LD
<b>IMMUNOMODULATORS</b>	
ACTIMMUNE	PA; ACS LD
ARCALYST	PA; ACS LD
<b>IMMUNOSUPPRESSANTS</b>	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	B/D MO
AZATHIOPRINE INJECTION	B/D
<i>azathioprine tablet 50mg</i>	B/D MO
BENLYSTA INJECTION 200MG/ML	PA; ACS LD
<i>cyclosporine capsule, injection</i>	B/D MO
<i>cyclosporine modified</i>	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	B/D MO
<i>engraf capsule</i>	B/D
<i>engraf solution</i>	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	B/D MO
<i>mycophenolate mofetil injection</i>	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	B/D MO
<i>mycophenolic acid dr</i>	B/D MO
NULOJIX	B/D
PROGRAF PACKET	B/D MO
REZUROCK	QL (30 EA per 30 days) PA; LD
SANDIMMUNE ORAL SOLUTION	B/D MO
<i>sirolimus tablet</i>	B/D MO
<i>sirolimus solution</i>	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D MO
<b>VACCINES</b>	
ABRYSVO	QL (1 EA per 999 days)
ACTHIB	
ADACEL	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
AREXVY	QL (1 EA per 999 days)
BCG VACCINE	
BEXSERO	
BOOSTRIX	
DAPTACEL	
DENGVAXIA	
ENGERIX-B	B/D
GARDASIL 9	
HAVRIX	B/D
HEPLISAV-B	
HIBERIX	B/D
IMOVAX RABIES (H.D.C.V.)	
INFANRIX	
IPOL INACTIVATED IPV	
IXCHIQ	
IXIARO	
JYNNEOS	B/D
KINRIX	
M-M-R II	
MENQUADFI	
MENVEO	
MRESVIA	
PEDIARIX	QL (0.5 ML per 999 days)
PEDVAX HIB	
PENBRAYA	
PENMENVY	
PENTACEL	
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	B/D
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ	
SHINGRIX	QL (2 EA per 999 days)
TENIVAC	
TICOVAC	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXCHORA	
VIMKUNYA	
VIVOTIF	MO
YF-VAX	
<b>NUTRITIONAL/SUPPLEMENTS</b>	
<b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	
DEXTROSE 5%/LACTATED RINGERS	
DEXTROSE 5%/NACL 0.33%	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	
<i>dextrose 5%/sodium chloride 0.3%</i>	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	MO
DEXTROSE 5%/NACL 0.225%	
ISOLYTE-P/DEXTROSE 5%	
ISOLYTE-S	B/D
ISOLYTE-S PH 7.4	B/D
KCL 0.075%/D5W/NACL 0.45%	
KCL 0.15%/D5W/NACL 0.2%	
KCL 0.15%/D5W/NACL 0.45%	
KCL 0.15%/D5W/NACL 0.9%	
KCL 0.3%/D5W/NACL 0.45%	
KCL 0.3%/D5W/NACL 0.9%	
<i>lactated ringers</i>	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	
<i>multiple electrolytes injection type 1</i>	

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
POTASSIUM CHLORIDE/DEXTROSE	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	
<i>potassium chloride injection 2meq/ml</i>	MO
RINGERS INJECTION	
SODIUM BICARBONATE INJECTION 7.5%	
<i>sodium bicarbonate injection 4.2%</i>	
<i>sodium bicarbonate injection 8.4%</i>	MO
<i>sodium chloride injection 0.45%</i>	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	MO
TPN ELECTROLYTES	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>	
<i>effer-k tablet effervescent 25meq</i>	MO
<i>fluoride chewable tablet</i>	MO
<i>klor-con 10</i>	
<i>klor-con 8</i>	
<i>klor-con m10</i>	MO
<i>klor-con m15</i>	
<i>klor-con m20</i>	MO
<i>klor-con powder packet 20meq</i>	
<i>klor-con effervescent tablet</i>	
M-NATAL PLUS	MO
<i>multi-vitamin/fluoride drops</i>	MO
<i>multi-vitamin/fluoride/iron</i>	MO
<i>multivitamin/fluoride</i>	MO
NEONATAL PLUS	MO
NIVA-PLUS	MO
PNV PRENATAL PLUS MULTIVITAMIN	MO
<i>potassium chloride er</i>	MO
<i>potassium chloride packet 20meq</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



Drug name	Requirements/Limits
<i>potassium chloride oral solution 10%, 20%</i>	MO
PRENATAL	MO
PRENATAL PLUS	MO
<i>sodium fluoride solution 0.5mg/ml</i>	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	MO
<i>tri-vite/fluoride</i>	MO
<i>vitamins a/c/d/fluoride</i>	MO
WESTAB PLUS	MO
<b>IV NUTRITION</b>	
CLINIMIX 4.25%/DEXTROSE 10%	B/D
CLINIMIX 4.25%/DEXTROSE 5%	B/D
CLINIMIX 5%/DEXTROSE 15%	B/D
CLINIMIX 5%/DEXTROSE 20%	B/D
CLINIMIX 6/5	B/D
CLINIMIX 8/10	B/D
CLINIMIX 8/14	B/D
<i>clinisol sf 15%</i>	B/D MO
CLINOLIPID	B/D
<i>dextrose 10%</i>	
<i>dextrose 5%</i>	MO
DEXTROSE 50%	B/D
DEXTROSE 70%	B/D
GLUCOSE (DEXTROSE) 50%	B/D
GLUCOSE (DEXTROSE) 70%	B/D
NUTRILIPID	B/D
<i>plenamine</i>	B/D
PREMASOL	B/D
PROSOL	B/D
TRAVASOL	B/D
TROPHAMINE	B/D
<b>OPHTHALMIC</b>	
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>	
<i>neo-polycin hc</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	MO
<i>neomycin/polymyxin/dexamethasone</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	MO
TOBRADEX OINTMENT	MO
TOBRADEX ST SUSPENSION	MO
<i>tobramycin/dexamethasone</i>	MO
ZYLET	MO
<b>ANTI-INFECTIVES</b>	
<i>bacitracin ophthalmic ointment 500units/gm</i>	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	MO
BESIVANCE	MO
CILOXAN OINTMENT	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	QL (12 ML per 30 days) MO
NATACYN	MO
<i>neo-polycin</i>	
<i>neomycin/bacitracin/polymyxin</i>	MO
<i>neomycin/polymyxin/gramicidin</i>	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	QL (60 ML per 30 days) MO
<i>polycin</i>	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	MO
<i>sulfacetamide sodium ointment 10%</i>	MO
<i>sulfacetamide sodium solution 10%</i>	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	QL (30 ML per 30 days) MO
<i>trifluridine</i>	MO
XDEMVEY	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<b>ANTI-INFLAMMATORIES</b>	
ALREX	MO
<i>bromfenac</i>	MO
BROMSITE	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	QL (10 ML per 30 days) MO
<i>difluprednate</i>	MO
FLAREX	MO
FLUOROMETHOLONE	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	MO
LOTEMAX OINTMENT	MO
LOTEMAX SM	MO
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	MO
<i>prednisolone acetate</i>	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	MO
PROLENSA	MO
<b>ANTIALLERGICS</b>	
<i>azelastine hcl ophthalmic solution 0.05%</i>	MO
<i>cromolyn sodium solution 4%</i>	MO
<i>epinastine hcl</i>	MO
ZERVIAE	
<b>ANTIGLAUCOMA</b>	
<i>betaxolol hcl solution 0.5%</i>	MO
BETOPTIC-S	MO
<i>brimonidine tartrate/timolol maleate</i>	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	MO
<i>brimonidine tartrate solution 0.2%</i>	MO
<i>brinzolamide</i>	MO
<i>carteolol hcl</i>	MO
COMBIGAN	MO
<i>dorzolamide hcl/timolol maleate</i>	MO
<i>dorzolamide hydrochloride</i>	MO
<i>dorzolamide hydrochloride/timolol maleate</i>	MO
<i>preservative free solution 2%; 0.5%</i>	
<i>latanoprost</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>levobunolol hcl</i>	MO
LUMIGAN	MO
PHOSPHOLINE IODIDE	LD
<i>pilocarpine hcl ophthalmic solution</i>	MO
<i>pilocarpine hydrochloride tablet solution 1%, 2%, 4%</i>	MO
RHOPRESSA	MO
ROCKLATAN	MO
SIMBRINZA	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	MO
<i>travoprost</i>	MO
VYZULTA	MO
<b>MISCELLANEOUS</b>	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	MO
CYSTARAN	PA; LD
EYSUVIS	MO
MIEBO	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	MO
RESTASIS	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	QL (5.5 ML per 30 days) MO
XIIDRA	QL (60 EA per 30 days) MO
<b>OTIC</b>	
<b>OTIC AGENTS</b>	
<i>acetic acid</i>	MO
CIPRO HC	MO
CIPROFLOXACIN	MO
<i>ciprofloxacin/dexamethasone</i>	MO
<i>flac</i>	
<i>fluocinolone acetonide oil 0.01%</i>	MO
<i>hydrocortisone/acetic acid</i>	MO
<i>neomycin/polymyxin/hc</i>	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>ofloxacin otic solution 0.3%</i>	MO
<b>RESPIRATORY</b>	
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
ANORO ELLIPTA	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	B/D MO
TRELEGY ELLIPTA	QL (60 EA per 30 days) MO
<b>ANTICHOLINERGICS</b>	
ATROVENT HFA	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	QL (45 ML per 30 days) MO
<b>ANTI-HISTAMINES</b>	
<i>azelastine hcl nasal solution 0.15%</i>	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet</i>	PA MO
<i>cyproheptadine hcl syrup</i>	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	PA MO; HRM
<i>desloratadine</i>	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride</i>	MO; HRM
<i>hydroxyzine hcl</i>	PA MO; HRM
<i>hydroxyzine hydrochloride</i>	PA MO; HRM
<i>hydroxyzine pamoate</i>	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>	MO
<i>olopatadine hcl</i>	QL (30.5 GM per 30 days) MO
<b>BETA AGONISTS</b>	
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	QL (17 GM per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	B/D MO
<i>albuterol sulfate syrup, tablet</i>	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	B/D MO
LEVALBUTEROL TARTRATE HFA	QL (30 GM per 30 days) MO
SEREVENT DISKUS	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	MO
VENTOLIN HFA	QL (36 GM per 30 days) MO
<b>LEUKOTRIENE MODULATORS</b>	
<i>montelukast sodium tablet chewable, tablet</i>	QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>	
<i>acetylcysteine inhalation solution 10%, 20%</i>	B/D MO
<i>aminophylline</i>	
BRONCHITOL	QL (560 EA per 28 days) PA; LD
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	QL (2 EA per 30 days) MO
FASENRA PEN	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	QL (60 EA per 30 days) PA; LD
OFEV	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI TABLET	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	QL (270 EA per 30 days) PA; ACS

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>pirfenidone tablet 267mg</i>	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	PA; LD
PULMOZYME	PA; ACS LD
<i>roflumilast</i>	MO
<i>theophylline solution</i>	MO
<i>theophylline er tablet extended release 24 hour</i>	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	MO
TRIKAFTA GRANULES THERAPY PACK	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	QL (84 EA per 28 days) PA; LD
XOLAIR	PA; ACS LD
<b>NASAL STEROIDS</b>	
<i>flunisolide</i>	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	QL (34 GM per 30 days) MO
XHANCE	QL (32 ML per 30 days) PA MO
<b>STEROID INHALANTS</b>	
ALVESCO	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	B/D MO
<b>STEROID/BETA-AGONIST COMBINATIONS</b>	
AIRSUPRA	QL (32.1 GM per 30 days) MO
BREO ELLIPTA	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	QL (10.2 GM per 30 days) MO
DULERA	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 500mcg/act; 50mcg/act</i>	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol hfa (generic Advair HFA)</i>	QL (12 GM per 30 days) MO
<i>wixela inhub</i>	QL (60 EA per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.



## Drug name

## Requirements/Limits

**TOPICAL****DERMATOLOGY, ACNE**

<i>accutane</i>	PA
<i>amnesteam</i>	PA
<i>claravis</i>	PA
<i>clindacin</i>	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	QL (60 ML per 30 days) MO
<i>dapsone gel 5%</i>	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	MO
<i>erythromycin/benzoyl peroxide</i>	MO
<i>erythromycin gel 2%</i>	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	PA
<i>sulfacetamide sodium lotion 10%</i>	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	PA

**DERMATOLOGY, ANTIBIOTICS**

<i>gentamicin sulfate cream 0.1%</i>	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	QL (30 GM per 30 days) MO
<i>mupirocin ointment</i>	QL (30 GM per 30 days) MO
<i>mupirocin cream</i>	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	MO
SSD	
SULFAMYLON CREAM 85MG/GM	MO

**DERMATOLOGY, ANTIFUNGALS**

<i>ciclopirox olamine cream 0.77%</i>	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	QL (30 ML per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>econazole nitrate</i>	QL (85 GM per 30 days) MO
ERTACZO	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	QL (120 ML per 30 days) MO
<i>ketodan</i>	QL (100 GM per 30 days)
<i>klayesta</i>	QL (60 GM per 30 days)
<i>naftifine hydrochloride cream 1%</i>	QL (90 GM per 30 days) MO
<i>nyamyc</i>	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	QL (60 GM per 30 days) MO
<i>nystop</i>	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	MO
<b>DERMATOLOGY, ANTIPSORIATICS</b>	
<i>acitretin</i>	PA MO
<i>calcipotriene solution</i>	QL (60 ML per 30 days) PA MO
<i>calcipotriene cream, ointment</i>	QL (120 GM per 30 days) PA MO
<i>calcitrene</i>	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	QL (800 GM per 28 days) PA MO
<i>methoxsalen</i>	MO
<i>tazarotene cream 0.1%</i>	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	QL (60 GM per 30 days) PA MO
<i>tazarotene gel</i>	QL (100 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, CORTICOSTEROIDS</b>	
<i>ala-cort</i>	
<i>alclometasone dipropionate ointment</i>	QL (60 GM per 30 days)
<i>alclometasone dipropionate cream</i>	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream</i>	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	MO
<i>betamethasone dipropionate augmented lotion</i>	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	MO
<i>betamethasone dipropionate cream, ointment</i>	MO
<i>betamethasone valerate cream, lotion, ointment</i>	MO
<i>clobetasol propionate e</i>	QL (60 GM per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>clobetasol propionate shampoo</i>	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	QL (118 ML per 30 days)
<i>desonide cream, ointment</i>	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	QL (120 GM per 30 days) MO
<i>fluocinonide cream</i>	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	MO
<i>fluticasone propionate ointment 0.005%</i>	MO
<i>halobetasol propionate cream</i>	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment</i>	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	MO
<i>hydrocortisone cream 2.5%</i>	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	MO
<i>mometasone furoate ointment 0.1%</i>	MO
<i>mometasone furoate solution 0.1%</i>	MO
<i>proctosol hc</i>	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	MO
<i>triamcinolone acetonide cream 0.1%</i>	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	MO
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
<i>lidocaine/prilocaine</i>	QL (30 GM per 30 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<i>lidocaine ointment</i>	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	QL (90 EA per 30 days) PA
<i>tridacaine</i>	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	QL (90 EA per 30 days) PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>	
<i>ammonium lactate cream, lotion</i>	MO
<i>azelaic acid</i>	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	QL (300 ML per 28 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	QL (30 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	QL (40 GM per 30 days) MO
<i>fluorouracil solution</i>	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	MO
IMIQUIMOD PUMP	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	MO
<i>metronidazole gel 0.75%</i>	MO
<i>metronidazole gel 1%</i>	MO
<i>metronidazole lotion 0.75%</i>	MO
<i>nitroglycerin ointment 0.4%</i>	QL (30 GM per 30 days) MO
NORITATE	QL (60 GM per 30 days) MO
PANRETIN	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	MO
<i>procto-med hc</i>	
<i>proctocort</i>	
<i>proctozone-hc</i>	
RECTIV	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	QL (60 GM per 30 days) MO
VALCHLOR	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	QL (7.5 GM per 28 days) MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Requirements/Limits
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>	
<i>malathion</i>	MO
<i>permethrin cream 5%</i>	MO
<b>DERMATOLOGY, WOUND CARE AGENTS</b>	
REGRANEX	QL (30 GM per 30 days) PA MO
SANTYL	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	MO
<i>sterile water for irrigation</i>	MO
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
<i>cevimeline hydrochloride</i>	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	MO
<i>clinpro 5000</i>	MO
<i>clotrimazole troche 10mg</i>	MO
<i>denta 5000 plus sensitive</i>	MO
<i>dentagel</i>	MO
<i>fluoridex daily defense</i>	
<i>fluoridex sensitivity relief/sls free</i>	
<i>fluorimax 5000</i>	
<i>fluorimax 5000 sensitive</i>	
<i>fraiche 5000 dental</i>	
<i>just right 5000</i>	
<i>kourzeq</i>	
<i>lidocaine hydrochloride viscous solution 2%</i>	MO
<i>lidocaine viscous solution 2%</i>	MO
<i>nystatin suspension 100000unit/ml</i>	MO
<i>oralone dental paste</i>	
<i>periogard</i>	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	MO
<i>prevident 5000 enamel protect</i>	MO
<i>sf gel 1.1%</i>	MO
<i>sodium fluoride 5000 ppm paste</i>	MO
<i>sodium fluoride 5000 ppm sensitive</i>	MO
<i>sodium fluoride/potassium nitrate/sensitive</i>	MO
<i>sodium fluoride gel 1.1%</i>	MO
<i>triamcinolone acetonide dental paste</i>	MO

Note: You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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California Relay 711

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## **HOW TO FILE A GRIEVANCE**

If you believe that Aetna Medicare Preferred Plan (HMO D-SNP) has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Aetna Medicare Grievances. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Aetna Medicare Grievances between 8 AM to 8 PM, 7 days a week. by calling 1-866-409-1221. Or, if you cannot hear or speak well, please call TTY/TDD 711.
- In writing: Fill out a complaint form or write a letter and send it to:  
Aetna Medicare Grievances  
PO Box 14834 Lexington, KY 40512

- In person: Visit your doctor's office or Aetna Medicare Preferred Plan (HMO D-SNP) and say you want to file a grievance.
- Electronically: Visit Aetna Medicare Preferred Plan (HMO D-SNP) website at **AetnaMedicare.com**

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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at

**[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)**.

- Electronically: Send an email to **CivilRights@dhcs.ca.gov**.

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## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:  
**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**
- Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.
- Electronically: Visit the Office for Civil Rights Complaint Portal at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**.

## TTY: 711

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)

Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք այս փաստաթղթում նշված հեռախոսահամարով: (Armenian)

اگر به زبان دیگری بجز انگلیسی گفتگو می کنید، کمک زبانی رایگان فراهم می باشد. به وبسایت ما مراجعه نمایید و یا به شماره تلفن که در سند ذیل لست شده، تماس بگیرید. (Farsi)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトアクセスするか、または本書に記載の電話番号にお問い合わせください。 (Japanese)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਵੈਬਸਾਈਟ 'ਤੇ ਜਾਓ ਜਾਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ។ (Khmer)

Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj sau teev tseg nyob rau hauv daim ntawv no. (Hmong)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ที่แสดงไว้ในเอกสารนี้ (Thai)

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

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### English

ATTENTION: If you need help in your language call [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call [866-409-1221](tel:866-409-1221) (TTY/TDD 711). These services are free of charge.

### العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ [866-409-1221](tel:866-409-1221) (TTY/TDD 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ [866-409-1221](tel:866-409-1221) (TTY/TDD 711). هذه الخدمات مجانية.

### Հայերեն (Armenian)

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք [866-409-1221](tel:866-409-1221) (TTY/TDD 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք [866-409-1221](tel:866-409-1221) (TTY/TDD 711): Այդ ծառայություններն անվճար են:

### ភាសាកម្ពុជា (Cambodian)

យកចិត្តទុកដាក់: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាសាមស្តអ្នក សូមទូរស័ព្ទទៅលេខ [866-409-1221](tel:866-409-1221) (TTY/TDD 711) ។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរ Braille និងបោះពុម្ពធំក៏មានផងដែរ។ ទូរស័ព្ទទៅលេខ [866-409-1221](tel:866-409-1221) (TTY/TDD 711) ។ សេវាកម្មទាំងនេះគឺមិនគិតថ្លៃទេ។

### 中文 (Chinese)

请注意: 如果您需要以您的母语提供帮助, 请致电 [866-409-1221](tel:866-409-1221) (TTY/TDD 711) 。另外还提供针对残疾人士的帮助和服务, 例如盲文和需要较大字体阅读, 也是方便取用的。请致电 [866-409-1221](tel:866-409-1221) (TTY/TDD 711) 。这些服务都是免费的。

## فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با [866-409-1221](tel:866-409-1221) (TTY/TDD 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با [866-409-1221](tel:866-409-1221) (TTY/TDD 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

## हिन्दी (Hindi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता की आवश्यकता है तो [866-409-1221](tel:866-409-1221) (TTY/TDD 711) पर कॉल करें। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में दस्तावेज़ भी उपलब्ध हैं। [866-409-1221](tel:866-409-1221) (TTY/TDD 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

## Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Cov kev pab cuam no yog pab dawb xwb.

## 日本語 (Japanese)

注意日本語での対応が必要な場合は [866-409-1221](tel:866-409-1221) (TTY/TDD 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 [866-409-1221](tel:866-409-1221) (TTY/TDD 711) へお電話ください。これらのサービスは無料で提供しています。

## 한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 [866-409-1221](tel:866-409-1221) (TTY/TDD 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. [866-409-1221](tel:866-409-1221) (TTY/TDD 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

## ພາສາລາວ (Laotian)

ຄວາມເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂທຫາ [໘໖໖-໔໐໙-໑໒໒໑](tel:866-409-1221) (TTY/TDD ໗໑໑). ເຄື່ອງຊ່ວຍເຫຼືອແລະບໍລິການສໍາລັບຄົນພິການເຊັ່ນ ເອກະສານທີ່ເປັນອັກສອນອັກສອນແລະ ຫນັງສືພິມໃຫຍ່ກໍມີຢູ່. ໂທ ຫາ [໘໖໖-໔໐໙-໑໒໒໑](tel:866-409-1221) (TTY/TDD ໗໑໑). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າ

## **Mien**

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux [866-409-1221](tel:866-409-1221) (TTY/TDD 711)). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

## **ਪੰਜਾਬੀ (Punjabi)**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ [866-409-1221](tel:866-409-1221) (TTY/TDD 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪਿਕਚਰ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। [866-409-1221](tel:866-409-1221) (TTY/TDD 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

## **Русский (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Такие услуги предоставляются бесплатно.

## **Español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al [866-409-1221](tel:866-409-1221) (TTY/TDD 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Estos servicios son gratuitos.

## **Tagalog (Filipino)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Libre ang mga serbisyonang ito.



## **ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข [866-409-1221](tel:866-409-1221) (TTY/TDD 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์ ละเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข [866-409-1221](tel:866-409-1221) (TTY/TDD 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

## **Українська (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Ці послуги безкоштовні.

## **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số [866-409-1221](tel:866-409-1221) (TTY/TDD 711). Các dịch vụ này đều miễn phí.

Notice of Availability (NOA)

TTY: 711

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Inā ake ʻbe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona ʻbe i ka helu ma kēia palapala. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

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(Korean)

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(Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

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