



Anthem Full Dual Advantage (HMO D-SNP)

2025 Formulary

List of covered drugs or "Drug List"

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on 9/1/2025. For more recent information or other questions, please contact Anthem Full Dual Advantage (HMO D-SNP) Pharmacy Customer Service, at **1-833-339-3518** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **www.anthem.com**.

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 Anthem Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Anthem Full Dual Advantage (HMO D-SNP).

This document includes 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.

What is the Anthem Full Dual Advantage (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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary 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: www.anthem.com.

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 brand-name drug from our formulary if we are replacing it with a 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, but 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Anthem Full Dual Advantage (HMO D-SNP)'s 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 Anthem Full Dual Advantage (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 at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 9/1/2025. 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. If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 73. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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 our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *donepezil*. This may be in

addition to a standard one-month or three-month supply.

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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Anthem Full Dual Advantage (HMO D-SNP)’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Pharmacy 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 Pharmacy Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Anthem Full Dual Advantage (HMO D-SNP)'s formulary?

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

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined 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, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask for 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 requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 34-day emergency supply of that drug while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Pharmacy Member Services to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

For more detailed information about our plan 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>.

Our plan's formulary

The formulary that begins on page 8 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 73.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SPIRIVA HANDIHALER) and generic drugs are listed in lowercase italics (e.g., *atenolol*).

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

QL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PA – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition

before your plan will cover another drug for that condition.

B/D PA – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Customer Service at 1-833-339-3518, TTY/TDD users should call 711, 24 hours a day, 7 days a week or visit www.anthem.com.

NEDS – Non-Extended Day Supply: This prescription cannot be filled for more than a 30-day supply.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy, have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

Covered Medications by Therapeutic Category

Legend

Generic drugs are shown in lowercase italic (e.g., atenolol).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA RESPIMAT).

QL – Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

PA – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

ST – Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D PA – Part B vs. Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Customer Service at 1-833-339-3518, TTY/TDD users should call 711, 24 hours a day, 7 days a week or visit www.anthem.com.

NEDS – Non-Extended Day Supply (NEDS): This prescription cannot be filled for more than a 30-day supply.

MO – Mail Orders: Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy, have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

The covered drugs in this list have \$0.00 copay.

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
Analgesics And Anti-Inflammatory Agents			
acetaminophen-codeine oral solution	QL (900 per 30 days); NEDS	celecoxib oral capsule 100 mg, 200 mg, 50 mg	QL (60 per 30 days); MO
acetaminophen-codeine oral tablet	QL (180 per 30 days); NEDS	celecoxib oral capsule 400 mg	QL (30 per 30 days); MO
allopurinol oral tablet 100 mg, 300 mg	MO	colchicine oral	
buprenorphine transdermal	PA; QL (4 per 28 days); NEDS	colchicine-probenecid	MO
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	PA; QL (180 per 30 days); NEDS	diclofenac potassium oral tablet 50 mg	MO
butorphanol tartrate injection		diclofenac sodium er	MO
butorphanol tartrate nasal	QL (5 per 30 days); NEDS	diclofenac sodium external gel 1 %	QL (1000 per 30 days)
		diclofenac sodium external solution 1.5 %	QL (300 per 30 days)
		diclofenac sodium oral tablet delayed release 25 mg, 50 mg	MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
diclofenac sodium oral tablet delayed release 75 mg	MO	hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	
diflunisal oral	MO	hydromorphone hcl oral tablet 2 mg, 4 mg	QL (180 per 30 days); NEDS
duramorph		hydromorphone hcl oral tablet 8 mg	QL (180 per 30 days); NEDS
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG	QL (180 per 30 days); NEDS	hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	
ENDOCET ORAL TABLET 5-325 MG	QL (180 per 30 days); NEDS	ibu	MO
etodolac er oral tablet extended release 24 hour 400 mg, 600 mg	MO	ibuprofen oral suspension	
etodolac er oral tablet extended release 24 hour 500 mg	MO	ibuprofen oral tablet 400 mg	MO
etodolac oral capsule	MO	ibuprofen oral tablet 600 mg, 800 mg	MO
etodolac oral tablet	MO	indomethacin oral capsule 25 mg, 50 mg	PA; MO
febuxostat	ST; MO	ketorolac	PA
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 800 mcg	PA; QL (120 per 30 days); NEDS	tromethamine oral	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	PA; QL (15 per 30 days); NEDS	lidocaine external ointment 5 %	PA; QL (150 per 30 days)
flurbiprofen oral tablet 100 mg	MO	lidocaine external patch 5 %	PA; QL (90 per 30 days)
GLYDO EXTERNAL PREFILLED SYRINGE		lidocaine hcl (pf) injection solution 0.5 %	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	QL (2700 per 30 days); NEDS	lidocaine hcl external solution	PA; QL (300 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	QL (180 per 30 days); NEDS	lidocaine hcl injection solution 2 %	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	QL (50 per 10 days); NEDS	lidocaine hcl mouth/throat	PA; QL (300 per 30 days)
		lidocaine hcl urethral/mucosal	
		lidocaine viscous hcl	
		lidocaine-prilocaine external cream	QL (30 per 30 days)
		meloxicam oral tablet	MO
		METHADONE HCL INTENSOL	QL (180 per 30 days); NEDS
		methadone hcl oral concentrate	QL (180 per 30 days); NEDS

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
methadone hcl oral solution	QL (900 per 30 days); NEDS	naproxen sodium oral tablet 275 mg, 550 mg	MO
methadone hcl oral tablet	PA; QL (180 per 30 days); NEDS	oxaprozin oral tablet	MO
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	QL (180 per 30 days); NEDS	oxycodone hcl oral capsule	QL (180 per 30 days); NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 8 mg/ml		oxycodone hcl oral concentrate 100 mg/5ml	QL (180 per 30 days); NEDS
morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 8 mg/ml		oxycodone hcl oral solution	QL (900 per 30 days); NEDS
morphine sulfate er oral tablet extended release 100 mg, 200 mg	PA; QL (60 per 30 days); NEDS	oxycodone hcl oral tablet 10 mg, 5 mg	QL (180 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg	PA; QL (90 per 30 days); NEDS	oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg	QL (180 per 30 days); NEDS
morphine sulfate er oral tablet extended release 30 mg, 60 mg	PA; QL (90 per 30 days); NEDS	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	QL (180 per 30 days); NEDS
morphine sulfate injection solution 2 mg/ml, 4 mg/ml		oxycodone-acetaminophen oral tablet 5-325 mg	QL (180 per 30 days); NEDS
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml		piroxicam oral	MO
morphine sulfate oral solution	QL (900 per 30 days); NEDS	probenecid oral	MO
morphine sulfate oral tablet	QL (180 per 30 days); NEDS	sulindac oral tablet 150 mg	MO
nabumetone oral	MO	sulindac oral tablet 200 mg	MO
naproxen dr oral tablet delayed release 500 mg	MO	tramadol hcl oral tablet 50 mg	QL (240 per 30 days); NEDS
naproxen oral suspension	MO	tramadol-acetaminophen	QL (40 per 5 days); NEDS
naproxen oral tablet	MO	Antineoplastics	
naproxen oral tablet delayed release	MO	abiraterone acetate oral tablet 250 mg	PA; QL (120 per 30 days)
		abiraterone acetate oral tablet 500 mg	PA; QL (60 per 30 days)
		ABIRTEGA	PA; QL (120 per 30 days)
		ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	B/D PA
		AKEEGA	PA; QL (60 per 30 days)

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ALECENSA	PA; QL (240 per 30 days); LA	BOSULIF ORAL CAPSULE 50 MG	PA; QL (30 per 30 days); LA
ALUNBRIG ORAL TABLET 180 MG	PA; QL (30 per 30 days); LA	BOSULIF ORAL TABLET 100 MG	PA; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	PA; QL (180 per 30 days); LA	BOSULIF ORAL TABLET 400 MG, 500 MG	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	PA; QL (60 per 30 days); LA	BRAFTOVI ORAL CAPSULE 75 MG	PA; QL (180 per 30 days); LA
ALUNBRIG ORAL TABLET THERAPY PACK	PA; QL (30 per 180 days); LA	BRUKINSA	PA; QL (120 per 30 days); LA
<i>anastrozole oral</i>	QL (30 per 30 days); MO	CABOMETYX	PA; QL (30 per 30 days); LA
AUGTYRO ORAL CAPSULE 160 MG	PA; QL (60 per 30 days)	CALQUENCE	PA; QL (60 per 30 days); LA
AUGTYRO ORAL CAPSULE 40 MG	PA; QL (240 per 30 days)	CAPRELSA ORAL TABLET 100 MG	PA; QL (90 per 30 days); LA
AVMAPKI FAKZYNJA CO-PACK	PA; QL (66 per 28 days)	CAPRELSA ORAL TABLET 300 MG	PA; QL (30 per 30 days); LA
AYVAKIT	PA; QL (30 per 30 days); LA	<i>carboplatin intravenous solution</i>	B/D PA
<i>azacitidine</i>	PA; LA	<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	B/D PA
BALVERSA ORAL TABLET 3 MG	PA; QL (90 per 30 days); LA	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	PA; QL (56 per 28 days); LA
BALVERSA ORAL TABLET 4 MG	PA; QL (60 per 30 days); LA	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	PA; QL (112 per 28 days); LA
BALVERSA ORAL TABLET 5 MG	PA; QL (30 per 30 days); LA	COMETRIQ (60 MG DAILY DOSE)	PA; QL (84 per 28 days); LA
BAVENCIO	PA; LA	COPIKTRA	PA; QL (60 per 30 days); LA
<i>bendamustine hcl intravenous solution</i>	B/D PA	COTELLIC	PA; QL (90 per 30 days); LA
BENDEKA	B/D PA	<i>cyclophosphamide intravenous solution 500 mg/2.5ml, 500 mg/ml</i>	
BESREMI	PA; LA	<i>cyclophosphamide oral capsule</i>	B/D PA
<i>bexarotene oral</i>	PA; QL (300 per 30 days)	CYRAMZA	PA; LA
<i>bicalutamide</i>	QL (30 per 30 days)	DANZITEN	PA; QL (112 per 28 days)
<i>bleomycin sulfate</i>	B/D PA	DARZALEX	PA; LA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	PA		
<i>bortezomib injection solution reconstituted 2.5 mg</i>	PA		
BOSULIF ORAL CAPSULE 100 MG	PA; QL (180 per 30 days); LA		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
DARZALEX FASPRO	PA	FIRMAGON (240 MG DOSE)	PA
dasatinib	PA; QL (30 per 30 days)	FIRMAGON SUBCUTANEOUS SOLUTION	PA
DAURISMO ORAL TABLET 100 MG	PA; QL (30 per 30 days); LA	RECONSTITUTED 80 MG <i>fluorouracil intravenous</i>	B/D PA
DAURISMO ORAL TABLET 25 MG	PA; QL (60 per 30 days); LA	FOTIVDA	PA; QL (21 per 28 days)
decitabine		FRUZAQLA ORAL CAPSULE 1 MG	PA; QL (84 per 28 days); LA
docetaxel intravenous concentrate 160 mg/ 8ml	B/D PA	FRUZAQLA ORAL CAPSULE 5 MG	PA; QL (21 per 28 days); LA
docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml	B/D PA	fulvestrant <i>intramuscular solution prefilled syringe</i>	PA
docetaxel intravenous solution 160 mg/16ml, 80 mg/8ml	B/D PA	GAVRETO	PA; QL (120 per 30 days); LA
doxorubicin hcl	B/D PA	GAZYVA	PA; LA
doxorubicin hcl liposomal	PA	gefitinib	PA; QL (60 per 30 days)
ELITEK	PA	gemcitabine hcl <i>intravenous solution 1 gm/10ml, 1 gm/26.3ml, 2gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/ 5.26ml</i>	B/D PA
EMPLICITI	PA; LA	gemcitabine hcl <i>intravenous solution reconstituted</i>	B/D PA
ENHERTU	PA	GILOTrif	PA; QL (30 per 30 days); LA
ERBITUX	PA	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	PA
ERIVEDGE	PA; QL (30 per 30 days); LA	GLEOSTINE ORAL CAPSULE 100 MG	PA
ERLEADA ORAL TABLET 240 MG	PA; QL (30 per 30 days); LA	GOMEKLI ORAL CAPSULE 1 MG	PA; QL (240 per 30 days)
ERLEADA ORAL TABLET 60 MG	PA; QL (120 per 30 days); LA	GOMEKLI ORAL CAPSULE 2 MG	PA; QL (120 per 30 days)
erlotinib hcl oral tablet 100 mg, 150 mg	PA; QL (30 per 30 days)	GOMEKLI ORAL TABLET SOLUBLE	PA; QL (240 per 30 days)
erlotinib hcl oral tablet 25 mg	PA; QL (90 per 30 days)	HERCEPTIN HYLECTA	B/D PA
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	B/D PA		
EULEXIN			
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	PA		
everolimus oral tablet soluble	PA		
exemestane	QL (60 per 30 days); MO		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG <i>hydroxyurea oral</i>	B/D PA	ITOVEBI ORAL TABLET 9 MG	PA; QL (28 per 28 days)
IBRANCE	PA; QL (21 per 28 days); LA	IWILFIN	PA; QL (240 per 30 days)
ICLUSIG	PA; QL (30 per 30 days); LA	JAKAFI	PA; QL (60 per 30 days); LA
IDHIFA ORAL TABLET 100 MG	PA; QL (30 per 30 days); LA	JAYPIRCA ORAL TABLET 100 MG	PA; QL (60 per 30 days)
IDHIFA ORAL TABLET 50 MG	PA; QL (60 per 30 days); LA	JAYPIRCA ORAL TABLET 50 MG	PA; QL (30 per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	PA; QL (90 per 30 days)	KADCYLA	PA
<i>imatinib mesylate oral tablet 400 mg</i>	PA; QL (60 per 30 days)	KEYTRUDA INTRAVENOUS SOLUTION	PA
IMBRUVICA ORAL CAPSULE 140 MG	PA; QL (90 per 30 days); LA	KISQALI (200 MG DOSE)	PA; QL (21 per 28 days)
IMBRUVICA ORAL CAPSULE 70 MG	PA; QL (30 per 30 days); LA	KISQALI (400 MG DOSE)	PA; QL (42 per 28 days)
IMBRUVICA ORAL SUSPENSION	PA; QL (216 per 27 days); LA	KISQALI (600 MG DOSE)	PA; QL (63 per 28 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	PA; QL (30 per 30 days); LA	KISQALI FEMARA (200 MG DOSE)	PA; QL (49 per 28 days)
IMFINZI	PA; LA	KISQALI FEMARA (400 MG DOSE)	PA; QL (70 per 28 days)
<i>imkeldi</i>	PA; QL (280 per 28 days)	KISQALI FEMARA (600 MG DOSE)	PA; QL (91 per 28 days)
INLYTA ORAL TABLET 1 MG	PA; QL (180 per 30 days); LA	KRAZATI	PA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	PA; QL (120 per 30 days); LA	KYPROLIS	PA; LA
INQOVI	PA; QL (5 per 28 days); LA	<i>lapatinib ditosylate</i>	PA; QL (180 per 30 days)
INREBIC	PA; QL (120 per 30 days); LA	LAZCLUZE ORAL TABLET 240 MG	PA; QL (30 per 30 days)
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml</i>		LAZCLUZE ORAL TABLET 80 MG	PA; QL (60 per 30 days)
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	B/D PA	<i>lenalidomide oral capsule 10 mg</i>	PA; QL (60 per 30 days); LA
ITOVEBI ORAL TABLET 3 MG	PA; QL (56 per 28 days)	<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	PA; QL (30 per 30 days); LA
		<i>lenalidomide oral capsule 5 mg</i>	PA; QL (150 per 30 days); LA
		LENVIMA (10 MG DAILY DOSE)	PA; QL (30 per 30 days); LA
		LENVIMA (12 MG DAILY DOSE)	PA; QL (90 per 30 days); LA

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
LENVIMA (14 MG DAILY DOSE)	PA; QL (60 per 30 days); LA	LUPRON DEPOT (3-MONTH)	PA; QL (1 per 84 days)
LENVIMA (18 MG DAILY DOSE)	PA; QL (90 per 30 days); LA	LUPRON DEPOT (4-MONTH)	PA; QL (1 per 112 days)
LENVIMA (20 MG DAILY DOSE)	PA; QL (60 per 30 days); LA	LUPRON DEPOT (6-MONTH)	PA; QL (1 per 168 days)
LENVIMA (24 MG DAILY DOSE)	PA; QL (90 per 30 days); LA	LYNPARZA ORAL TABLET	PA; QL (120 per 30 days); LA
LENVIMA (4 MG DAILY DOSE)	PA; QL (30 per 30 days); LA	LYSODREN	
LENVIMA (8 MG DAILY DOSE)	PA; QL (60 per 30 days); LA	LYTGOBI (12 MG DAILY DOSE)	PA
<i>letrozole oral</i>	QL (30 per 30 days); MO	LYTGOBI (16 MG DAILY DOSE)	PA
<i>leucovorin calcium injection solution 100 mg/10ml</i>		LYTGOBI (20 MG DAILY DOSE)	PA
<i>leucovorin calcium injection solution reconstituted</i>	B/D PA	MATULANE	LA
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>		megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	PA
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>		megestrol acetate oral tablet	PA
LEUKERAN		MEKINIST ORAL SOLUTION RECONSTITUTED	PA; QL (1200 per 30 days)
leuprolide acetate (3 month)	PA	MEKINIST ORAL TABLET 0.5 MG	PA; QL (90 per 30 days); LA
leuprolide acetate injection	PA	MEKINIST ORAL TABLET 2 MG	PA; QL (30 per 30 days); LA
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	PA	MEKTOVI	PA; QL (180 per 30 days); LA
LONSURF	PA	<i>mercaptopurine oral suspension</i>	PA
LORBRENA ORAL TABLET 100 MG	PA; QL (30 per 30 days); LA	<i>mercaptopurine oral tablet</i>	
LORBRENA ORAL TABLET 25 MG	PA; QL (90 per 30 days); LA	<i>mesna intravenous</i>	
LUMAKRAS ORAL TABLET 120 MG	PA; QL (240 per 30 days); LA	<i>mesna oral</i>	
LUMAKRAS ORAL TABLET 240 MG	PA; QL (120 per 30 days)	<i>mitomycin intravenous solution reconstituted 5 mg</i>	B/D PA
LUMAKRAS ORAL TABLET 320 MG	PA; QL (90 per 30 days)	MUTAMYCIN INTRAVENOUS SOLUTION	B/D PA
LUPRON DEPOT (1-MONTH)	PA; QL (1 per 28 days)	RECONSTITUTED 40 MG	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	B/D PA	PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/ 100ML	B/D PA
NERLYNX	PA; QL (180 per 30 days); LA	<i>pazopanib hcl</i>	PA; QL (120 per 30 days)
<i>nilotinib hcl</i>	PA; QL (112 per 28 days)	PEMAZYRE	PA; QL (30 per 30 days); LA
<i>nilutamide</i>	QL (30 per 30 days)	PERJETA	PA
NINLARO	PA; QL (3 per 28 days)	PHESGO	PA
NUBEQA	PA; QL (120 per 30 days); LA	PIQRAY (200 MG DAILY DOSE)	PA; QL (28 per 28 days)
ODOMZO	PA; QL (30 per 30 days); LA	PIQRAY (250 MG DAILY DOSE)	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	PA; QL (60 per 30 days)	PIQRAY (300 MG DAILY DOSE)	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	PA; QL (180 per 30 days)	POMALYST	PA; QL (21 per 28 days); LA
OJEMDA ORAL SUSPENSION RECONSTITUTED	PA; QL (96 per 28 days)	POTELIGEO	B/D PA; LA
OJEMDA ORAL TABLET	PA; QL (24 per 28 days)	PURIXAN	PA
OJJAARA	PA; QL (30 per 30 days); LA	QINLOCK	PA; QL (90 per 30 days)
ONUREG	PA; QL (14 per 28 days); LA	RETEVMO ORAL CAPSULE 40 MG	PA; QL (180 per 30 days)
OPDIVO	PA; LA	RETEVMO ORAL CAPSULE 80 MG	PA; QL (120 per 30 days)
ORGOVYX	PA; QL (30 per 28 days); LA	RETEVMO ORAL TABLET 120 MG, 160 MG	PA; QL (60 per 30 days)
ORSERDU ORAL TABLET 345 MG	PA; QL (30 per 30 days)	RETEVMO ORAL TABLET 40 MG	PA; QL (180 per 30 days)
ORSERDU ORAL TABLET 86 MG	PA; QL (90 per 30 days)	RETEVMO ORAL TABLET 80 MG	PA; QL (120 per 30 days)
<i>oxaliplatin intravenous solution</i>	B/D PA	REVUFORJ ORAL TABLET 110 MG	PA; QL (120 per 30 days)
<i>oxaliplatin intravenous solution reconstituted</i>	B/D PA	REVUFORJ ORAL TABLET 160 MG	PA; QL (60 per 30 days)
<i>paclitaxel intravenous concentrate 100 mg/ 16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	B/D PA	REVUFORJ ORAL TABLET 25 MG	PA; QL (180 per 30 days)
<i>paclitaxel protein- bound part</i>	PA	REZLIDHIA	PA; QL (60 per 30 days); LA
RIABNI	B/D PA	RITUXAN HYCELA	B/D PA; LA
RITUXAN INTRAVENOUS SOLUTION	B/D PA; LA	<i>romidepsin intravenous solution reconstituted</i>	

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ROMVIMZA	PA; QL (8 per 28 days)	TAZVERIK	PA; QL (240 per 30 days); LA
ROZLYTREK ORAL CAPSULE 100 MG	PA; QL (150 per 30 days); LA	TECENTRIQ	PA; LA
ROZLYTREK ORAL CAPSULE 200 MG	PA; QL (90 per 30 days); LA	TECENTRIQ HYBREZA	PA
ROZLYTREK ORAL PACKET	PA; QL (360 per 30 days); LA	TECVAYLI	PA
RUBRACA	PA; QL (120 per 30 days); LA	TEPMETKO	PA; QL (60 per 30 days); LA
RYBREVANT	PA	THALOMID ORAL CAPSULE 100 MG, 50 MG	PA; QL (30 per 30 days)
RYDAPT	PA; QL (240 per 30 days)	THALOMID ORAL CAPSULE 150 MG, 200 MG	PA; QL (60 per 30 days)
RYLAZE	PA	TIBSOVO	PA; QL (60 per 30 days); LA
SARCLISA	PA	TICE BCG	
SCEMBLIX ORAL TABLET 100 MG	PA; QL (120 per 30 days)	<i>toremifene citrate</i>	QL (30 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	PA; QL (60 per 30 days)	TRELSTAR MIXJECT	PA
SCEMBLIX ORAL TABLET 40 MG	PA; QL (300 per 30 days)	<i>tretinoin oral</i>	
SOLTAMOX	MO	TRODELVY	PA
sorafenib tosylate	PA; QL (120 per 30 days)	TRUQAP	PA; QL (64 per 28 days)
STIVARGA	PA; QL (84 per 28 days); LA	TUKYSA	PA; QL (120 per 30 days); LA
sunitinib malate	PA; QL (30 per 30 days)	TURALIO ORAL CAPSULE 125 MG	PA; QL (120 per 30 days); LA
TABLOID		VANFLYTA	PA; QL (56 per 28 days)
TABRECTA	PA; QL (120 per 30 days)	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	PA
TAFINLAR ORAL CAPSULE	PA; QL (120 per 30 days); LA	VENCLEXTA ORAL TABLET 10 MG	PA; QL (60 per 30 days); LA
TAFINLAR ORAL TABLET SOLUBLE	PA; QL (900 per 30 days)	VENCLEXTA ORAL TABLET 100 MG	PA; QL (180 per 30 days); LA
TAGRISSO	PA; QL (30 per 30 days); LA	VENCLEXTA ORAL TABLET 50 MG	PA; QL (30 per 30 days); LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	PA; QL (30 per 30 days)	VENCLEXTA STARTING PACK	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	PA; QL (30 per 30 days); LA	VERZENIO	PA; QL (56 per 28 days); LA
<i>tamoxifen citrate oral</i>	MO	<i>vinblastine sulfate intravenous solution</i>	B/D PA
TASIGNA	PA; QL (112 per 28 days)	<i>vincristine sulfate intravenous</i>	B/D PA
		<i>vinorelbine tartrate</i>	B/D PA

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
VITRAKVI ORAL CAPSULE 100 MG	PA; QL (60 per 30 days); LA	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	PA; QL (8 per 28 days); LA
VITRAKVI ORAL CAPSULE 25 MG	PA; QL (180 per 30 days); LA	XPOVIO (80 MG TWICE WEEKLY)	PA; QL (32 per 28 days); LA
VITRAKVI ORAL SOLUTION	PA; QL (300 per 30 days); LA	XTANDI ORAL CAPSULE	PA; QL (120 per 30 days); LA
VIZIMPRO	PA; QL (30 per 30 days); LA	XTANDI ORAL TABLET 40 MG	PA; QL (120 per 30 days)
VONJO	PA; QL (120 per 30 days); LA	XTANDI ORAL TABLET 80 MG	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 10 MG	PA; QL (60 per 30 days)	YERVOY	PA
VORANIGO ORAL TABLET 40 MG	PA; QL (30 per 30 days)	ZEJULA ORAL TABLET 100 MG	PA; QL (90 per 30 days)
WELIREG	PA; QL (90 per 30 days); LA	ZEJULA ORAL TABLET 200 MG, 300 MG	PA; QL (30 per 30 days)
XALKORI ORAL CAPSULE	PA; QL (120 per 30 days); LA	ZELBORAF	PA; QL (240 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	PA; QL (180 per 30 days); LA	ZEPZELCA	PA
XALKORI ORAL CAPSULE SPRINKLE 20 MG	PA; QL (240 per 30 days); LA	ZOLINZA	PA; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	PA; QL (120 per 30 days); LA	ZYDELIG	PA; QL (60 per 30 days); LA
XOSPATA	PA; QL (90 per 30 days); LA	ZYKADIA ORAL TABLET	PA; QL (90 per 30 days); LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	PA; QL (8 per 28 days); LA	Blood Products And Modifiers	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	PA; QL (16 per 28 days)	anagrelide hcl	MO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	PA; QL (4 per 28 days); LA	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	PA; QL (8 per 28 days); LA	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	PA; QL (4 per 28 days); LA		
XPOVIO (60 MG TWICE WEEKLY)	PA; QL (24 per 28 days); LA		

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/ 0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ ML	PA	enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	QL (44.8 per 28 days)
aspirin-dipyridamole er	ST; QL (60 per 30 days); MO	enoxaparin sodium injection solution prefilled syringe 30 mg/ 0.3ml	QL (16.8 per 28 days)
BRILINTA	QL (60 per 30 days); MO	enoxaparin sodium injection solution prefilled syringe 40 mg/ 0.4ml	QL (22.4 per 28 days)
cilostazol	MO	enoxaparin sodium injection solution prefilled syringe 60 mg/ 0.6ml	QL (33.6 per 28 days)
clopidogrel bisulfate oral tablet 300 mg	QL (1 per 30 days)	fondaparinux sodium subcutaneous solution 10 mg/0.8ml	QL (24 per 30 days)
clopidogrel bisulfate oral tablet 75 mg	QL (30 per 30 days); MO	fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	QL (15 per 30 days)
dabigatran etexilate mesylate	QL (60 per 30 days); MO	fondaparinux sodium subcutaneous solution 5 mg/0.4ml	QL (12 per 30 days)
DROXIA	MO	fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	QL (18 per 30 days)
ELIQUIS	QL (60 per 30 days); MO	FULPHILA	PA; QL (1.2 per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	QL (74 per 180 days)	GRANIX	PA
eltrombopag olamine oral packet 12.5 mg	PA; QL (360 per 30 days)	HAEGARDA	PA; LA
eltrombopag olamine oral packet 25 mg	PA; QL (180 per 30 days)	heparin (porcine) in nacl intravenous solution 12500-0.45 ut/ 250ml-%, 25000-0.45 ut/ 250ml-%, 25000-0.45 ut/ 500ml-%	B/D PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg	PA; QL (30 per 30 days)	heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	
eltrombopag olamine oral tablet 50 mg	PA; QL (90 per 30 days)		
eltrombopag olamine oral tablet 75 mg	PA; QL (60 per 30 days)		
enoxaparin sodium injection solution 300 mg/3ml	QL (168 per 28 days)		
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	QL (56 per 28 days)		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	B/D PA	PROMACTA ORAL TABLET 12.5 MG, 25 MG	PA; QL (30 per 30 days); LA
heparin sodium (porcine) pf injection solution 1000 unit/ml	B/D PA	PROMACTA ORAL TABLET 50 MG	PA; QL (90 per 30 days); LA
icatibant acetate subcutaneous solution prefilled syringe	PA	PROMACTA ORAL TABLET 75 MG	PA; QL (60 per 30 days); LA
jantoven	MO	SAJAZIR	PA
l-glutamine oral packet	PA	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	
NEULASTA ONPRO	PA; QL (1.2 per 28 days)	ticagrelor	QL (60 per 30 days); MO
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (1.2 per 28 days)	tranexamic acid intravenous solution 1000 mg/10ml	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	PA	tranexamic acid oral	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	PA	warfarin sodium oral	MO
NIVESTYM INJECTION SOLUTION	PA	XARELTO ORAL SUSPENSION	QL (600 per 30 days); MO
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	PA	RECONSTITUTED	
pentoxifylline er	MO	XARELTO ORAL TABLET 10 MG, 20 MG	QL (30 per 30 days); MO
plerixafor	PA	XARELTO ORAL TABLET 15 MG, 2.5 MG	QL (60 per 30 days); MO
prasugrel hcl	QL (30 per 30 days); MO	XARELTO STARTER PACK	
PROCIT INJECTION SOLUTION 10000 UNIT/ ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	PA	ZARXIO	PA
PROCIT INJECTION SOLUTION 20000 UNIT/ ML, 40000 UNIT/ML	PA	Cardiovascular Agents	
PROMACTA ORAL PACKET 12.5 MG	PA; QL (360 per 30 days); LA	acebutolol hcl oral	MO
PROMACTA ORAL PACKET 25 MG	PA; QL (180 per 30 days); LA	acetazolamide oral tablet 125 mg	MO
		acetazolamide oral tablet 250 mg	MO
		aliskiren fumarate	MO
		amiloride hcl oral	MO
		amiloride- hydrochlorothiazide	MO
		amiodarone hcl intravenous	B/D PA
		amiodarone hcl oral tablet 100 mg, 200 mg	MO
		amiodarone hcl oral tablet 400 mg	MO
		amlodipine besy- benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	QL (30 per 30 days); MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
amlodipine besy- benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	QL (60 per 30 days); MO	bumetanide injection	
amlodipine besylate oral	MO	bumetanide oral tablet	MO
amlodipine besylate- valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	QL (30 per 30 days); MO	0.5 mg, 1 mg	
amlodipine besylate- valsartan oral tablet 5- 160 mg	QL (60 per 30 days); MO	bumetanide oral tablet	MO
amlodipine- atorvastatin	QL (30 per 30 days); MO	2 mg	
amlodipine-olmesartan oral tablet 10-20 mg, 10- 40 mg, 5-40 mg	QL (30 per 30 days); MO	candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	QL (60 per 30 days); MO
amlodipine-olmesartan oral tablet 5-20 mg	QL (60 per 30 days); MO	candesartan cilexetil oral tablet 32 mg	QL (30 per 30 days); MO
amlodipine-valsartan- hctz oral tablet 10-160- 12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	QL (30 per 30 days); MO	candesartan cilexetil- hctz oral tablet 16-12.5 mg	QL (60 per 30 days); MO
amlodipine-valsartan- hctz oral tablet 5-160- 12.5 mg	QL (60 per 30 days); MO	candesartan cilexetil- hctz oral tablet 32-12.5 mg, 32-25 mg	QL (30 per 30 days); MO
atenolol oral	MO	captopril oral tablet 100 mg	QL (120 per 30 days); MO
atenolol-chlorthalidone	MO	captopril oral tablet 12.5 mg, 25 mg, 50 mg	QL (180 per 30 days); MO
atorvastatin calcium oral	QL (30 per 30 days); MO	CARTIA XT	MO
benazepril hcl oral	MO	carvedilol	MO
benazepril- hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	QL (60 per 30 days); MO	chlorthalidone oral tablet 25 mg, 50 mg	MO
benazepril- hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	QL (30 per 30 days); MO	cholestyramine light	MO
betaxolol hcl oral	MO	cholestyramine oral	MO
bisoprolol fumarate oral	MO	clonidine hcl oral	MO
bisoprolol- hydrochlorothiazide	MO	clonidine transdermal patch weekly 0.1 mg/ 24hr, 0.2 mg/24hr	QL (12 per 28 days); MO
		clonidine transdermal patch weekly 0.3 mg/ 24hr	QL (4 per 28 days); MO
		colesevelam hcl	MO
		colestipol hcl	MO
		CORLANOR ORAL SOLUTION	PA; QL (560 per 28 days); MO
		digox oral tablet 125 mcg	QL (30 per 30 days); MO
		digox oral tablet 250 mcg	PA; QL (60 per 30 days); MO
		digoxin injection	PA
		digoxin oral solution	MO
		digoxin oral tablet 125 mcg	QL (30 per 30 days); MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
digoxin oral tablet 250 mcg	PA; QL (60 per 30 days); MO	enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	QL (120 per 30 days); MO
digoxin oral tablet 62.5 mcg	QL (30 per 30 days); MO	ENTRESTO ORAL CAPSULE SPRINKLE	QL (240 per 30 days); MO
dilt-xr	MO	ENTRESTO ORAL TABLET 24-26 MG	QL (180 per 30 days); MO
diltiazem hcl er beads	MO	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	QL (60 per 30 days); MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	MO	eplerenone	MO
diltiazem hcl er oral capsule extended release 12 hour	MO	ezetimibe	QL (30 per 30 days); MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	MO	ezetimibe-simvastatin	PA; QL (30 per 30 days); MO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	MO	felodipine er	MO
diltiazem hcl intravenous solution		fenofibrate micronized oral capsule 130 mg	MO
diltiazem hcl intravenous solution reconstituted		fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	MO
diltiazem hcl oral tablet	MO	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	MO
disopyramide phosphate oral	PA; MO	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	MO
dofetilide		fenofibric acid oral capsule delayed release 135 mg	MO
doxazosin mesylate oral	MO	fenofibric acid oral capsule delayed release 45 mg	MO
droxidopa oral capsule 100 mg	PA; QL (90 per 30 days)	flecainide acetate	MO
droxidopa oral capsule 200 mg, 300 mg	PA; QL (180 per 30 days)	fluvastatin sodium	QL (60 per 30 days); MO
EDARBI	ST; QL (30 per 30 days); MO	fluvastatin sodium er	QL (30 per 30 days); MO
EDARBYCLOR	QL (30 per 30 days); MO	fosinopril sodium	MO
enalapril maleate oral tablet	MO	fosinopril sodium-hctz oral tablet 10-12.5 mg	QL (60 per 30 days); MO
enalapril-hydrochlorothiazide oral tablet 10-25 mg	QL (60 per 30 days); MO	fosinopril sodium-hctz oral tablet 20-12.5 mg	QL (120 per 30 days); MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
furosemide oral tablet	MO	lisinopril-hydrochlorothiazide oral tablet 20-25 mg	QL (60 per 30 days); MO
gemfibrozil oral	MO	losartan potassium oral tablet 100 mg	QL (30 per 30 days); MO
guanfacine hcl oral	PA; MO	losartan potassium oral tablet 25 mg, 50 mg	QL (60 per 30 days); MO
hydralazine hcl injection		losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	QL (30 per 30 days); MO
hydralazine hcl oral	MO	losartan potassium-hctz oral tablet 50-12.5 mg	QL (60 per 30 days); MO
hydrochlorothiazide oral capsule	MO	lovastatin oral	QL (60 per 30 days); MO
hydrochlorothiazide oral tablet	MO	MATZIM LA	MO
icosapent ethyl	MO	methyldopa oral	PA
indapamide oral	MO	metolazone oral tablet 10 mg	MO
irbesartan	QL (30 per 30 days); MO	metolazone oral tablet 2.5 mg, 5 mg	MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	QL (60 per 30 days); MO	metoprolol succinate er	MO
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	QL (30 per 30 days); MO	metoprolol tartrate intravenous solution 5 mg/5ml	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	QL (180 per 30 days); MO	metoprolol tartrate oral	MO
isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg	MO	metoprolol-hydrochlorothiazide	MO
isosorbide dinitrate oral tablet 20 mg	MO	metyrosine	
isosorbide mononitrate	MO	mexiletine hcl oral capsule 150 mg, 250 mg	MO
isosorbide mononitrate er	MO	mexiletine hcl oral capsule 200 mg	MO
isradipine	MO	midodrine hcl	
ivabradine hcl	PA; QL (60 per 30 days); MO	minoxidil oral	MO
labetalol hcl intravenous solution		moexipril hcl	MO
labetalol hcl oral	MO	MULTAQ	QL (60 per 30 days); MO
lisinopril oral	MO	nadolol oral tablet 20 mg, 40 mg	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	QL (30 per 30 days); MO	nadolol oral tablet 80 mg	MO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	QL (120 per 30 days); MO	nebivolol hcl	MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
NEXLETOL	PA; QL (30 per 30 days); MO	olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	QL (30 per 30 days); MO
NEXLIZET	PA; QL (30 per 30 days); MO	omega-3-acid ethyl esters	MO
niacin (antihyperlipidemic)		pacerone oral tablet 100 mg, 200 mg	MO
niacin er (antihyperlipidemic)	MO	pacerone oral tablet 400 mg	MO
niacor		perindopril erbumine	MO
nicardipine hcl intravenous		pindolol oral tablet 10 mg	MO
nicardipine hcl oral	MO	pindolol oral tablet 5 mg	MO
nifedipine er	MO	pravastatin sodium	QL (30 per 30 days); MO
nifedipine er osmotic release	MO	prazosin hcl oral	MO
nifedipine oral	PA; MO	prevalite	MO
nimodipine oral capsule		propafenone hcl oral tablet 150 mg	MO
NITRO-BID	MO	propafenone hcl oral tablet 225 mg	MO
nitroglycerin intravenous	B/D PA	propafenone hcl oral tablet 300 mg	MO
nitroglycerin sublingual	MO	propranolol hcl er oral capsule extended	MO
nitroglycerin transdermal patch 24 hour	MO	release 24 hour 120 mg, 60 mg, 80 mg	
nitroglycerin translingual solution	MO	propranolol hcl er oral capsule extended	MO
NITROSTAT	MO	release 24 hour 160 mg	
olmesartan medoxomil oral tablet 20 mg, 40 mg	QL (30 per 30 days); MO	propranolol hcl intravenous	
olmesartan medoxomil oral tablet 5 mg	QL (60 per 30 days); MO	propranolol hcl oral solution	MO
olmesartan medoxomil- hctz oral tablet 20-12.5 mg	QL (60 per 30 days); MO	propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	MO
olmesartan medoxomil- hctz oral tablet 40-12.5 mg, 40-25 mg	QL (30 per 30 days); MO	propranolol hcl oral tablet 60 mg	MO
olmesartan- amlodipine-hctz oral tablet 20-5-12.5 mg	QL (60 per 30 days); MO	quinapril hcl	MO
		quinapril- hydrochlorothiazide	QL (60 per 30 days); MO
		quinidine sulfate oral	MO

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ramipril	MO	triamterene-hctz oral capsule 37.5-25 mg	MO
ranolazine er	PA; QL (60 per 30 days); MO	triamterene-hctz oral tablet	MO
REPATHA	PA; QL (3 per 28 days)	valsartan oral tablet 160 mg	QL (60 per 30 days); MO
REPATHA PUSHTRONEX SYSTEM	PA; QL (3.5 per 28 days)	valsartan oral tablet 320 mg	QL (30 per 30 days); MO
REPATHA SURECLICK	PA; QL (3 per 28 days)	valsartan oral tablet 40 mg, 80 mg	QL (90 per 30 days); MO
rosuvastatin calcium oral	QL (30 per 30 days); MO	valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	QL (60 per 30 days); MO
simvastatin oral tablet	QL (30 per 30 days); MO	valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	QL (30 per 30 days); MO
sotalol hcl (af) oral tablet 120 mg, 160 mg	MO	VASCEPA	MO
sotalol hcl (af) oral tablet 80 mg	MO	verapamil hcl er oral capsule extended	MO
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	MO	release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	
sotalol hcl oral tablet 80 mg	MO	verapamil hcl er oral capsule extended	MO
spironolactone oral tablet	MO	release 24 hour 360 mg	
spironolactone-hctz	MO	verapamil hcl er oral tablet extended	MO
telmisartan oral tablet 20 mg, 40 mg	QL (30 per 30 days); MO	release 120 mg	
telmisartan oral tablet 80 mg	QL (60 per 30 days); MO	verapamil hcl er oral tablet extended	MO
telmisartan-amlodipine	QL (30 per 30 days); MO	release 180 mg, 240 mg	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	QL (60 per 30 days); MO	verapamil hcl intravenous	
telmisartan-hctz oral tablet 80-25 mg	QL (30 per 30 days); MO	verapamil hcl oral	MO
terazosin hcl oral	MO	VERQUVO	PA; MO
TIADYLT ER	MO	Central Nervous System Agents	
timolol maleate oral tablet 10 mg, 5 mg	MO	ABILIFY MAINTENA	QL (1 per 28 days); MO
timolol maleate oral tablet 20 mg	MO	INTRAMUSCULAR PREFILLED SYRINGE	
torsemide oral	MO	ABILIFY MAINTENA	QL (1 per 28 days); MO
trandolapril	MO	INTRAMUSCULAR SUSPENSION	
trandolapril-verapamil hcl er	QL (30 per 30 days); MO	RECONSTITUTED ER acamprosate calcium	MO

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML	PA; QL (1 per 28 days); MO	ariPIPRAZOLE oral tablet dispersible 15 mg	QL (60 per 30 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 70 MG/ML	PA; QL (2 per 28 days); MO	ARISTADA INITIO	QL (4.8 per 365 days)
alprazolam oral tablet	QL (120 per 30 days)	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	QL (3.9 per 60 days); MO
alprazolam xr oral tablet extended release 24 hour 0.5 mg	QL (90 per 30 days)	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	QL (1.6 per 28 days); MO
amantadine hcl oral capsule	MO	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	QL (2.4 per 28 days); MO
amantadine hcl oral solution	MO	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	QL (3.2 per 28 days); MO
amantadine hcl oral tablet	MO	armodafinil oral tablet 150 mg, 200 mg	PA; QL (30 per 30 days); MO
amitriptyline hcl oral	MO	armodafinil oral tablet 250 mg	PA; QL (30 per 30 days); MO
amoxapine oral tablet 100 mg, 50 mg	PA; MO	armodafinil oral tablet 50 mg	PA; QL (60 per 30 days); MO
amoxapine oral tablet 150 mg, 25 mg	PA; MO	asenapine maleate sublingual tablet sublingual 10 mg	QL (60 per 30 days); MO
amphetamine- dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	PA; QL (30 per 30 days); MO	asenapine maleate sublingual tablet sublingual 2.5 mg	QL (240 per 30 days); MO
amphetamine- dextroamphetamine oral tablet 30 mg	PA; QL (60 per 30 days); MO	asenapine maleate sublingual tablet sublingual 5 mg	QL (120 per 30 days); MO
apomorphine hcl subcutaneous	PA; QL (60 per 30 days)	atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	QL (60 per 30 days); MO
APTIOM	MO	atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	QL (30 per 30 days); MO
ariPIPRAZOLE oral solution	QL (900 per 30 days); MO	AUSTEDO	PA; QL (120 per 30 days)
ariPIPRAZOLE oral tablet 10 mg, 15 mg, 2 mg, 5 mg	MO		
ariPIPRAZOLE oral tablet 20 mg, 30 mg	QL (30 per 30 days); MO		
ariPIPRAZOLE oral tablet dispersible 10 mg	QL (90 per 30 days); MO		

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	PA; QL (60 per 30 days)	buprenorphine hcl sublingual tablet sublingual 8 mg	QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	PA; QL (30 per 30 days)	buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	QL (60 per 30 days); NEDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	PA	buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	QL (480 per 30 days); NEDS
AUVELITY	PA; QL (60 per 30 days); MO	buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	QL (240 per 30 days); NEDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	PA; QL (4 per 28 days)	buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	QL (120 per 30 days); NEDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	PA; QL (4 per 28 days)	buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	QL (480 per 30 days); NEDS
BAC (BUTALBITAL-ACETAMIN-CAFF)	PA; QL (180 per 30 days)	buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	QL (120 per 30 days); NEDS
baclofen oral tablet 10 mg, 15 mg, 5 mg	QL (90 per 30 days)	bupropion hcl er (smoking det)	QL (60 per 30 days)
baclofen oral tablet 20 mg	QL (120 per 30 days)	bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	QL (120 per 30 days); MO
benztropine mesylate injection	PA	bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	QL (60 per 30 days); MO
benztropine mesylate oral	PA; MO	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	QL (90 per 30 days); MO
BETASERON SUBCUTANEOUS KIT	PA; QL (15 per 30 days)	bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	QL (30 per 30 days); MO
BOTOX	PA	bupropion hcl oral tablet 100 mg	QL (135 per 30 days); MO
BRIVIACT INTRAVENOUS		bupropion hcl oral tablet 75 mg	QL (180 per 30 days); MO
BRIVIACT ORAL SOLUTION	QL (600 per 30 days); MO	buspirone hcl oral tablet 10 mg, 15 mg, 5 mg	
BRIVIACT ORAL TABLET	QL (60 per 30 days); MO		
bromocriptine mesylate oral	MO		
buprenorphine hcl injection			
buprenorphine hcl sublingual tablet sublingual 2 mg	QL (240 per 30 days); NEDS		

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
buspirone hcl oral tablet 30 mg		citalopram hydrobromide oral tablet 10 mg	QL (120 per 30 days); MO
buspirone hcl oral tablet 7.5 mg		citalopram hydrobromide oral tablet 20 mg	QL (60 per 30 days); MO
butalbital-apap- caffeine oral capsule 50-300-40 mg	PA; QL (180 per 30 days)	citalopram hydrobromide oral tablet 40 mg	QL (30 per 30 days); MO
butalbital-apap- caffeine oral tablet 50- 325-40 mg	PA; QL (180 per 30 days)	clobazam oral suspension 2.5 mg/ml	PA; QL (480 per 30 days); MO
CAPLYTA	QL (30 per 30 days); MO	clobazam oral tablet 10 mg	PA; QL (120 per 30 days); MO
carbamazepine er	MO	clobazam oral tablet 20 mg	PA; QL (60 per 30 days); MO
carbamazepine oral suspension	MO	clomipramine hcl oral	PA; MO
carbamazepine oral tablet	MO	clonazepam oral tablet	QL (1200 per 0.5 mg)
carbamazepine oral tablet chewable	MO	clonazepam oral tablet	QL (600 per 30 days)
carbidopa oral	MO	clonazepam oral tablet	QL (300 per 30 days)
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50- 200 mg	MO	clonazepam oral tablet dispersible 0.125 mg	QL (4800 per 30 days)
carbidopa-levodopa oral tablet	MO	clonazepam oral tablet dispersible 0.25 mg	QL (2400 per 30 days)
carbidopa-levodopa oral tablet dispersible	MO	clonazepam oral tablet dispersible 0.5 mg	QL (1200 per 30 days)
carbidopa-levodopa- entacapone oral tablet 12.5-50-200 mg, 18.75-75- 200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5- 150-200 mg, 50-200-200 mg	MO	clonazepam oral tablet dispersible 1 mg	QL (600 per 30 days)
carisoprodol oral tablet 350 mg		clonazepam oral tablet dispersible 2 mg	QL (300 per 30 days)
chlordiazepoxide hcl	QL (120 per 30 days)	clorazepate dipotassium	
chlorpromazine hcl injection		clozapine oral tablet 100 mg	QL (270 per 30 days)
chlorpromazine hcl oral	MO	clozapine oral tablet 200 mg	QL (120 per 30 days)
citalopram	QL (600 per 30 days); MO	clozapine oral tablet 25 mg	QL (1080 per 30 days)
hydrobromide oral solution		clozapine oral tablet 50 mg	QL (540 per 30 days)
		clozapine oral tablet dispersible 100 mg	QL (270 per 30 days)
		clozapine oral tablet dispersible 12.5 mg	QL (2160 per 30 days)

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
clozapine oral tablet dispersible 150 mg	QL (180 per 30 days)	diazepam oral tablet 2 mg	QL (600 per 30 days)
clozapine oral tablet dispersible 200 mg	QL (120 per 30 days)	diazepam oral tablet 5 mg	QL (240 per 30 days)
clozapine oral tablet dispersible 25 mg	QL (1080 per 30 days)	diazepam rectal	
COBENFY ORAL CAPSULE 100-20 MG, 125- 30 MG	PA; QL (60 per 30 days); MO	dihydroergotamine mesylate injection	PA
COBENFY ORAL CAPSULE 50-20 MG	PA; QL (60 per 30 days)	dihydroergotamine mesylate nasal	PA; QL (8 per 28 days)
COBENFY STARTER PACK	PA	DILANTIN ORAL CAPSULE 100 MG	PA; MO
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	PA	DILANTIN ORAL CAPSULE 30 MG	PA; MO
cyclobenzaprine hcl oral tablet 7.5 mg	PA	dimethyl fumarate oral capsule delayed release 120 mg	PA; QL (14 per 7 days)
dalfampridine er	PA; QL (60 per 30 days)	dimethyl fumarate oral capsule delayed release 240 mg	PA; QL (60 per 30 days)
dantrolene sodium oral		dimethyl fumarate starter pack oral capsule delayed release therapy pack	PA
desipramine hcl oral	PA; MO	disulfiram oral	MO
desvenlafaxine er	QL (30 per 30 days); MO	divalproex sodium er oral tablet extended release 24 hour	MO
desvenlafaxine succinate er	MO	divalproex sodium oral capsule delayed release sprinkle	MO
dextroamphetamine sulfate oral tablet 10 mg	QL (180 per 30 days); MO	divalproex sodium oral tablet delayed release 125 mg, 250 mg	MO
dextroamphetamine sulfate oral tablet 5 mg	QL (90 per 30 days); MO	divalproex sodium oral tablet delayed release 500 mg	MO
DIACOMIT ORAL CAPSULE 250 MG	PA; QL (360 per 30 days); LA	donepezil hcl oral tablet 10 mg, 5 mg	QL (30 per 30 days); MO
DIACOMIT ORAL CAPSULE 500 MG	PA; QL (180 per 30 days); LA	donepezil hcl oral tablet dispersible	QL (30 per 30 days); MO
DIACOMIT ORAL PACKET 250 MG	PA; QL (360 per 30 days); LA	doxepin hcl oral capsule	PA; MO
DIACOMIT ORAL PACKET 500 MG	PA; QL (180 per 30 days); LA	doxepin hcl oral concentrate	PA; MO
DIAZEPAM INTENSOL	QL (240 per 30 days)		
diazepam oral concentrate	QL (240 per 30 days)		
diazepam oral solution 5 mg/5ml	QL (1200 per 30 days)		
diazepam oral tablet 10 mg	QL (120 per 30 days)		

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	QL (60 per 30 days); MO	FANAPT ORAL TABLET 1 MG	PA; QL (720 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	QL (30 per 30 days); MO	FANAPT ORAL TABLET 10 MG, 12 MG	PA; QL (60 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 20 mg	QL (180 per 30 days); MO	FANAPT ORAL TABLET 2 MG	PA; QL (360 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 30 mg	QL (120 per 30 days); MO	FANAPT ORAL TABLET 4 MG	PA; QL (180 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 40 mg	QL (90 per 30 days); MO	FANAPT ORAL TABLET 6 MG	PA; QL (120 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 60 mg	QL (60 per 30 days); MO	FANAPT ORAL TABLET 8 MG	PA; QL (90 per 30 days); MO
DYSPORT	PA	FANAPT TITRATION PACK	PA
EMGALITY	PA; QL (2 per 28 days); MO	FANAPT TITRATION PACK A	PA
EMGALITY (300 MG DOSE)	PA; QL (3 per 28 days); MO	FANAPT TITRATION PACK B ORAL TABLET	PA
EMSAM	PA; QL (30 per 30 days); MO	FANAPT TITRATION PACK C ORAL TABLET	PA
entacapone	MO	felbamate oral suspension	MO
EPIDIOLEX	PA; LA	felbamate oral tablet	MO
EPITOL	MO	FETZIMA	PA; QL (30 per 30 days); MO
EPRONTIA	PA; MO	FETZIMA TITRATION	PA
ergotamine-caffeine		fingolimod hcl	PA; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	QL (600 per 30 days); MO	FINTEPLA	PA; LA
escitalopram oxalate oral tablet 10 mg	QL (60 per 30 days); MO	fluoxetine hcl oral capsule 10 mg	MO
escitalopram oxalate oral tablet 20 mg	QL (30 per 30 days); MO	fluoxetine hcl oral capsule 20 mg	QL (120 per 30 days); MO
escitalopram oxalate oral tablet 5 mg	QL (120 per 30 days); MO	fluoxetine hcl oral capsule 40 mg	QL (60 per 30 days); MO
eslicarbazepine acetate	MO	fluoxetine hcl oral capsule delayed release	QL (4 per 28 days); MO
eszopiclone	QL (30 per 30 days)	fluoxetine hcl oral solution	QL (600 per 30 days); MO
ethosuximide oral	MO	fluoxetine hcl oral tablet 10 mg	MO

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
fluphenazine hcl injection		GLATOPA	PA; QL (30 per 30 days)
fluphenazine hcl oral	MO	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	
fluvoxamine maleate oral tablet 100 mg	QL (90 per 30 days); MO	GLATOPA	PA; QL (12 per 28 days)
fluvoxamine maleate oral tablet 25 mg	MO	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	
fluvoxamine maleate oral tablet 50 mg	MO	guanfacine hcl er	QL (30 per 30 days); MO
FYCOMPA ORAL SUSPENSION	PA; QL (720 per 30 days); MO	haloperidol decanoate intramuscular	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	PA; QL (30 per 30 days); MO	haloperidol lactate injection	
FYCOMPA ORAL TABLET 2 MG	PA; QL (30 per 30 days); MO	haloperidol lactate oral	MO
gabapentin oral capsule 100 mg	QL (1080 per 30 days); MO	haloperidol oral	MO
gabapentin oral capsule 300 mg	QL (360 per 30 days); MO	imipramine hcl oral	PA; MO
gabapentin oral capsule 400 mg	QL (270 per 30 days); MO	INGREZZA ORAL CAPSULE 40 MG	PA; QL (60 per 30 days)
gabapentin oral solution	QL (2160 per 30 days); MO	INGREZZA ORAL CAPSULE 60 MG, 80 MG	PA; QL (30 per 30 days)
gabapentin oral tablet 600 mg	QL (180 per 30 days); MO	INGREZZA ORAL CAPSULE SPRINKLE 40 MG	PA; QL (60 per 30 days)
gabapentin oral tablet 800 mg	QL (120 per 30 days); MO	INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	PA; QL (30 per 30 days)
galantamine hydrobromide er	QL (30 per 30 days); MO	INGREZZA ORAL CAPSULE THERAPY PACK	PA; QL (56 per 365 days)
galantamine hydrobromide oral solution	QL (200 per 30 days); MO	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	QL (3.5 per 180 days)
galantamine hydrobromide oral tablet	QL (60 per 30 days); MO	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	QL (5 per 180 days)
GEODON INTRAMUSCULAR	QL (6 per 3 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	QL (0.75 per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	PA; QL (30 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	QL (1 per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	PA; QL (12 per 28 days)		

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	QL (1.5 per 28 days)	levetiracetam intravenous	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	QL (0.25 per 28 days)	levetiracetam oral solution	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	QL (0.5 per 28 days)	levetiracetam oral tablet 1000 mg	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	QL (0.88 per 84 days)	levetiracetam oral tablet 250 mg, 500 mg, 750 mg	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	QL (1.32 per 84 days)	LIBERVANT	QL (10 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	QL (1.75 per 84 days)	lithium	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	QL (2.63 per 84 days)	lithium carbonate er	MO
lacosamide intravenous		lithium carbonate oral capsule 150 mg, 300 mg	MO
lacosamide oral solution	QL (1200 per 30 days); MO	lithium carbonate oral capsule 600 mg	MO
lacosamide oral tablet	QL (60 per 30 days); MO	lithium carbonate oral tablet	MO
lamotrigine oral tablet	MO	LORAZEPAM INTENSOL	QL (150 per 30 days)
lamotrigine oral tablet chewable 25 mg	MO	lorazepam oral concentrate	QL (150 per 30 days)
lamotrigine oral tablet chewable 5 mg	MO	lorazepam oral tablet 0.5 mg	QL (120 per 30 days)
levetiracetam er oral tablet extended release 24 hour 500 mg	QL (180 per 30 days); MO	lorazepam oral tablet 1 mg	QL (90 per 30 days)
levetiracetam er oral tablet extended release 24 hour 750 mg	QL (120 per 30 days); MO	lorazepam oral tablet 2 mg	QL (150 per 30 days)
		loxapine succinate oral	MO
		lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	QL (30 per 30 days); MO
		lurasidone hcl oral tablet 80 mg	QL (60 per 30 days); MO
		MARPLAN	MO
		memantine hcl er	PA; QL (30 per 30 days); MO
		memantine hcl oral solution 2 mg/ml	PA; QL (300 per 30 days); MO
		memantine hcl oral tablet 10 mg	PA; QL (60 per 30 days); MO
		memantine hcl oral tablet 5 mg	PA; QL (90 per 30 days); MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
methocarbamol oral tablet 500 mg, 750 mg		nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg	MO
methsuximide	MO	nefazodone hcl oral tablet 50 mg	MO
methylphenidate hcl er oral tablet extended release	PA; QL (90 per 30 days); MO	NICOTROL NS	QL (120 per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	PA; QL (900 per 30 days); MO	nortriptyline hcl oral capsule 10 mg, 25 mg	MO
methylphenidate hcl oral solution 5 mg/5ml	PA; QL (1800 per 30 days); MO	nortriptyline hcl oral capsule 50 mg, 75 mg	MO
methylphenidate hcl oral tablet	PA; QL (90 per 30 days); MO	nortriptyline hcl oral solution	MO
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	MO	NUEDEXTA	PA; QL (60 per 30 days); MO
mirtazapine oral tablet 45 mg	QL (30 per 30 days); MO	NUPLAZID ORAL CAPSULE	PA; QL (30 per 30 days); LA
mirtazapine oral tablet dispersible	QL (30 per 30 days); MO	NUPLAZID ORAL TABLET 10 MG	PA; QL (30 per 30 days); LA
modafinil oral tablet 100 mg	PA; QL (30 per 30 days); MO	NURTEC	PA; QL (16 per 30 days)
modafinil oral tablet 200 mg	PA; QL (60 per 30 days); MO	olanzapine intramuscular	QL (90 per 30 days)
molindone hcl	MO	olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	MO
naloxone hcl injection solution 0.4 mg/ml		olanzapine oral tablet 20 mg	QL (30 per 30 days); MO
naloxone hcl injection solution 4 mg/10ml		olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	MO
naloxone hcl injection solution cartridge		olanzapine oral tablet dispersible 20 mg	QL (30 per 30 days); MO
naloxone hcl injection solution prefilled syringe		olanzapine-fluoxetine hcl oral capsule 12-25 mg	QL (30 per 30 days); MO
naloxone hcl nasal		olanzapine-fluoxetine hcl oral capsule 3-25 mg	QL (90 per 30 days); MO
naltrexone hcl oral		OPIPZA ORAL FILM 10 MG, 5 MG	PA; QL (90 per 30 days); MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK		OPIPZA ORAL FILM 2 MG	PA; QL (30 per 30 days); MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	MO	oxazepam	QL (120 per 30 days)
naratriptan hcl	QL (9 per 30 days)		
NAYZILAM	PA		

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
oxcarbazepine oral suspension	MO	phenobarbital oral tablet 16.2 mg, 32.4 mg	PA; QL (210 per 30 days); MO
oxcarbazepine oral tablet 150 mg, 600 mg	MO	PHENYTEK	MO
oxcarbazepine oral tablet 300 mg	MO	PHENYTOIN INFATABS	MO
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	QL (30 per 30 days); MO	phenytoin oral	MO
paliperidone er oral tablet extended release 24 hour 6 mg	QL (60 per 30 days); MO	phenytoin sodium extended	MO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	QL (30 per 30 days); MO	pimozide oral tablet 1 mg	MO
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	QL (60 per 30 days); MO	pimozide oral tablet 2 mg	MO
paroxetine hcl oral suspension	QL (900 per 30 days); MO	pramipexole dihydrochloride	MO
paroxetine hcl oral tablet 10 mg, 40 mg	QL (45 per 30 days); MO	pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	MO
paroxetine hcl oral tablet 20 mg	QL (30 per 30 days); MO	pregabalin oral capsule 200 mg	QL (90 per 30 days); MO
paroxetine hcl oral tablet 30 mg	QL (60 per 30 days); MO	pregabalin oral capsule 225 mg, 300 mg	QL (60 per 30 days); MO
perphenazine oral	MO	pregabalin oral solution	QL (900 per 30 days); MO
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg	PA; MO	primidone oral	MO
perphenazine-amitriptyline oral tablet 4-25 mg	PA; MO	protriptyline hcl	PA; MO
PERSERIS	QL (1 per 28 days); MO	pyridostigmine bromide er	
phenelzine sulfate oral	MO	pyridostigmine bromide oral solution	
phenobarbital oral elixir	PA; QL (3000 per 30 days); MO	pyridostigmine bromide oral tablet 60 mg	
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	PA; QL (120 per 30 days); MO	quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	QL (30 per 30 days); MO
		quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	QL (60 per 30 days); MO
		quetiapine fumarate oral tablet 100 mg	QL (240 per 30 days); MO
		quetiapine fumarate oral tablet 150 mg	QL (150 per 30 days); MO
		quetiapine fumarate oral tablet 200 mg	QL (120 per 30 days); MO

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
quetiapine fumarate oral tablet 25 mg	QL (960 per 30 days); MO	risperidone oral tablet dispersible 0.5 mg	QL (960 per 30 days); MO
quetiapine fumarate oral tablet 300 mg	QL (80 per 30 days); MO	risperidone oral tablet dispersible 1 mg	QL (480 per 30 days); MO
quetiapine fumarate oral tablet 400 mg	QL (60 per 30 days); MO	risperidone oral tablet dispersible 2 mg	QL (240 per 30 days); MO
quetiapine fumarate oral tablet 50 mg	QL (480 per 30 days); MO	risperidone oral tablet dispersible 3 mg	QL (150 per 30 days); MO
QULIPTA	PA; QL (30 per 30 days); MO	risperidone oral tablet dispersible 4 mg	QL (120 per 30 days); MO
RALDESY	MO	rivastigmine	QL (30 per 30 days); MO
ramelteon	QL (30 per 30 days)	rivastigmine tartrate	QL (60 per 30 days); MO
rasagiline mesylate oral	MO	rizatriptan benzoate	QL (12 per 30 days)
REGONOL INTRAVENOUS		ropinirole hcl	MO
REXULTI	QL (30 per 30 days); MO	ropinirole hcl er	MO
riluzole		ROWEEPRA ORAL TABLET 500 MG	MO
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg	QL (2 per 28 days)	rufinamide oral suspension	PA; QL (2400 per 30 days); MO
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	QL (2 per 28 days)	rufinamide oral tablet 200 mg	PA; QL (480 per 30 days); MO
risperidone solution	QL (480 per 30 days); MO	rufinamide oral tablet 400 mg	PA; QL (240 per 30 days); MO
risperidone oral tablet 0.25 mg	QL (1920 per 30 days); MO	RYKINDO	QL (2 per 28 days)
risperidone oral tablet 0.5 mg	QL (960 per 30 days); MO	RYTARY	ST; MO
risperidone oral tablet 1 mg	QL (480 per 30 days); MO	SAVELLA	PA; QL (60 per 30 days); MO
risperidone oral tablet 2 mg	QL (240 per 30 days); MO	SAVELLA TITRATION PACK	PA
risperidone oral tablet 3 mg, 4 mg	QL (120 per 30 days); MO	SECUADO	QL (30 per 30 days); MO
risperidone oral tablet dispersible 0.25 mg	QL (1920 per 30 days); MO	selegiline hcl oral	MO
		sertraline hcl oral concentrate	QL (300 per 30 days); MO
		sertraline hcl oral tablet 100 mg	QL (60 per 30 days); MO
		sertraline hcl oral tablet 25 mg	QL (240 per 30 days); MO
		sertraline hcl oral tablet 50 mg	QL (120 per 30 days); MO

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
sodium oxybate	PA; QL (540 per 30 days); LA	thioridazine hcl oral tablet 100 mg	MO
SPRAVATO (56 MG DOSE)	PA; QL (16 per 28 days)	thiothixene oral	MO
SPRAVATO (84 MG DOSE)	PA; QL (24 per 28 days)	tiagabine hcl	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	PA; QL (60 per 30 days); MO	tizanidine hcl oral tablet	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	PA; QL (120 per 30 days); MO	tolcapone	PA; QL (180 per 30 days); MO
SUBVENITE	MO	topiramate oral capsule sprinkle	MO
<i>sumatriptan nasal</i>		topiramate oral solution	MO
<i>sumatriptan succinate oral</i>	QL (9 per 30 days)	topiramate oral tablet	MO
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	QL (6 per 30 days)	tranylcypromine sulfate	MO
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	QL (6 per 30 days)	trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	MO
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	QL (6 per 30 days)	trazodone hcl oral tablet 300 mg	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	PA; QL (60 per 30 days); MO	trifluoperazine hcl oral tablet 1 mg, 2 mg	MO
SYMPAZAN ORAL FILM 5 MG	PA; QL (30 per 30 days); MO	trifluoperazine hcl oral tablet 10 mg, 5 mg	MO
tasimelteon	PA; QL (30 per 30 days)	trihexyphenidyl hcl oral solution	PA; MO
<i>temazepam oral capsule 15 mg, 30 mg</i>	QL (30 per 30 days)	trihexyphenidyl hcl oral tablet	MO
TENCON ORAL TABLET 50-325 MG	PA; QL (180 per 30 days)	trimipramine maleate oral	MO
teriflunomide	PA; QL (30 per 30 days)	TRINTELLIX	QL (30 per 30 days); MO
<i>tetrabenazine oral tablet 12.5 mg</i>	PA; QL (240 per 30 days)	UBRELVY ORAL TABLET 100 MG	PA; QL (16 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PA; QL (120 per 30 days)	UBRELVY ORAL TABLET 50 MG	PA; QL (20 per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	MO	<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	
		<i>valproic acid oral capsule</i>	MO
		<i>valproic acid oral solution</i>	MO
		VALTOCO 10 MG DOSE	
		VALTOCO 15 MG DOSE	
		NASAL LIQUID THERAPY	
		PACK 2 X 7.5 MG/0.1ML	

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		VIGADRONE ORAL PACKET	PA; QL (150 per 25 days); LA
VALTOCO 5 MG DOSE		VIGADRONE ORAL TABLET	PA; QL (180 per 30 days)
varenicline tartrate (starter)	PA	VIGPODER	PA; QL (150 per 25 days)
varenicline tartrate oral tablet 0.5 mg	PA; QL (60 per 30 days)	vilazodone hcl	QL (30 per 30 days); MO
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	PA; QL (56 per 28 days)	VRAYLAR ORAL CAPSULE	QL (30 per 30 days); MO
varenicline tartrate(continue)	PA; QL (56 per 28 days)	XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	PA; QL (56 per 28 days); MO
venlafaxine besylate er	QL (60 per 30 days); MO	XCOPRI (350 MG DAILY DOSE)	PA; QL (56 per 28 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	QL (30 per 30 days); MO	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	PA; QL (30 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	QL (180 per 30 days); MO	XCOPRI ORAL TABLET 150 MG, 200 MG	PA; QL (60 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	QL (90 per 30 days); MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	PA; QL (56 per 365 days)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	PA; QL (56 per 365 days)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg	QL (30 per 30 days); MO	XEOMIN	PA
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	QL (90 per 30 days); MO	zaleplon oral capsule 10 mg	QL (60 per 30 days)
venlafaxine hcl oral tablet 100 mg	QL (90 per 30 days); MO	zaleplon oral capsule 5 mg	QL (30 per 30 days)
venlafaxine hcl oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg	QL (90 per 30 days); MO	ZENZEDI ORAL TABLET 10 MG	QL (180 per 30 days); MO
VERSACLOZ	QL (600 per 30 days)	ZENZEDI ORAL TABLET 5 MG	QL (90 per 30 days); MO
vigabatrin oral packet	PA; QL (150 per 25 days); LA	ziprasidone hcl oral capsule 20 mg	QL (240 per 30 days); MO
vigabatrin oral tablet	PA; QL (180 per 30 days); LA	ziprasidone hcl oral capsule 40 mg	QL (120 per 30 days); MO
		ziprasidone hcl oral capsule 60 mg, 80 mg	QL (60 per 30 days); MO
		ziprasidone mesylate	QL (6 per 3 days)
		zolpidem tartrate oral tablet	QL (30 per 30 days)

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ZONISADE	PA; MO	betamethasone dipropionate aug external lotion	
zonisamide oral <i>capsule 100 mg</i>	MO	betamethasone dipropionate aug external ointment	
zonisamide oral <i>capsule 25 mg</i>	MO	betamethasone dipropionate external cream	
zonisamide oral <i>capsule 50 mg</i>	MO	betamethasone dipropionate external lotion	
ZTALMY	QL (1100 per 30 days)	betamethasone dipropionate external ointment	
ZURZUVAE		betamethasone valerate external cream	
ZYPREXA RELPREVV	QL (2 per 28 days)	betamethasone valerate external lotion	
INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG		betamethasone valerate external ointment	
ZYPREXA RELPREVV	QL (2 per 28 days)	betamethasone valerate external cream	
INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG		betamethasone valerate external lotion	
Dermatological Agents		betamethasone valerate external ointment	
ACCUTANE		bexarotene external	PA; QL (60 per 30 days)
acitretin	PA	calcipotriene external cream	QL (120 per 30 days)
acyclovir external ointment	PA; QL (30 per 30 days)	calcipotriene external ointment	QL (120 per 30 days)
adapalene external gel 0.1 %	PA	calcipotriene external solution	QL (60 per 30 days)
ala-cort external cream		CALCITRENE	QL (120 per 30 days)
alclometasone dipropionate external cream		calcitriol external	QL (800 per 28 days)
alclometasone dipropionate external ointment		cevimeline hcl	MO
amcinonide external cream		chlorhexidine gluconate mouth/ throat	
ammonium lactate external		CICLODAN EXTERNAL SOLUTION	
AMNESTEEM		ciclopirox external gel	
benzoyl peroxide- erythromycin		ciclopirox external shampoo	
betamethasone dipropionate aug external cream		ciclopirox external solution	
betamethasone dipropionate aug external gel			

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ciclopirox olamine <i>external cream</i>	QL (90 per 30 days)	clotrimazole- <i>betamethasone external cream</i>	QL (120 per 30 days)
ciclopirox olamine <i>external suspension</i>		clotrimazole- <i>betamethasone external lotion</i>	QL (120 per 30 days)
CLARAVIS		DENTA 5000 PLUS	MO
CLINDACIN ETZ		DENTAGEL	MO
EXTERNAL SWAB		<i>desonide external cream</i>	
CLINDACIN-P		<i>desonide external lotion</i>	
<i>clindamycin phos (once-daily)</i>		<i>desonide external ointment</i>	
<i>clindamycin phos (twice-daily)</i>		desoximetasone <i>external cream</i>	QL (100 per 30 days)
<i>clindamycin phosphate external gel</i>		<i>desoximetasone external ointment 0.25 %</i>	
<i>clindamycin phosphate external lotion</i>	QL (120 per 30 days)	<i>diclofenac sodium external gel 3 %</i>	PA; QL (100 per 30 days)
<i>clindamycin phosphate external solution</i>	QL (120 per 30 days)	<i>diflorasone diacetate external</i>	QL (60 per 30 days)
<i>clindamycin phosphate external swab</i>		DUPIXENT	PA; QL (4.56 per 28 days)
CLINPRO 5000	MO	SUBCUTANEOUS	
<i>clobetasol propionate e</i>	QL (120 per 30 days)	SOLUTION AUTO- INJECTOR 200 MG/ 1.14ML	
<i>clobetasol propionate emulsion</i>	QL (100 per 30 days)	DUPIXENT	PA; QL (8 per 28 days)
<i>clobetasol propionate external cream 0.05 %</i>	QL (120 per 30 days)	SUBCUTANEOUS	
<i>clobetasol propionate external foam</i>	QL (100 per 30 days)	SOLUTION AUTO- INJECTOR 300 MG/2ML	
<i>clobetasol propionate external gel</i>	QL (60 per 30 days)	DUPIXENT	PA; QL (1.34 per 28 days)
<i>clobetasol propionate external ointment</i>	QL (120 per 30 days)	SUBCUTANEOUS	
<i>clobetasol propionate external shampoo</i>		SOLUTION PREFILLED	
<i>clobetasol propionate external solution</i>	QL (50 per 30 days)	SYRINGE 100 MG/0.67ML	
CLODAN EXTERNAL SHAMPOO		DUPIXENT	PA; QL (4.56 per 28 days)
<i>clotrimazole external cream</i>		SUBCUTANEOUS	
<i>clotrimazole external solution</i>		SOLUTION PREFILLED	
<i>clotrimazole mouth/ throat troche</i>	QL (150 per 30 days)	SYRINGE 200 MG/1.14ML	
econazole nitrate <i>external</i>		DUPIXENT	PA; QL (8 per 28 days)
		SUBCUTANEOUS	
		SOLUTION PREFILLED	
		SYRINGE 300 MG/2ML	
		econazole nitrate <i>external</i>	QL (90 per 30 days)

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ery		hydrocortisone	
erythromycin external gel		(perianal) external cream 2.5 %	
erythromycin external solution		hydrocortisone butyr lipo base	
fluocinolone acetonide body	QL (120 per 30 days)	hydrocortisone butyrate external ointment	
fluocinolone acetonide external	QL (120 per 30 days)	hydrocortisone butyrate external solution	
fluocinolone acetonide scalp	QL (120 per 30 days)	hydrocortisone external cream 1 %, 2.5 %	
fluocinonide emulsified base	QL (240 per 30 days)	hydrocortisone external lotion 2.5 %	
fluocinonide external cream 0.05 %	QL (240 per 30 days)	hydrocortisone external ointment 1 %	
fluocinonide external gel	QL (240 per 30 days)	hydrocortisone external ointment 2.5 %	
fluocinonide external ointment	QL (240 per 30 days)	hydrocortisone valerate	
fluocinonide external solution	QL (240 per 30 days)	imiquimod external cream 5 %	QL (24 per 28 days)
FLUORIDEX	MO	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	MO	isotretinoin oral capsule 25 mg	
FLUORIMAX 5000	MO	JUST RIGHT 5000 DENTAL PASTE	MO
fluorouracil external cream 5 %	QL (40 per 28 days)	ketoconazole external cream	QL (120 per 30 days)
fluorouracil external solution	QL (10 per 28 days)	ketoconazole external shampoo 2 %	QL (120 per 30 days)
fluticasone propionate external cream		KLAYESTA	
fluticasone propionate external lotion		KOURZEQ	
fluticasone propionate external ointment		malathion external	
gentamicin sulfate external	QL (30 per 30 days)	methoxsalen rapid	
halobetasol propionate external cream		metronidazole external cream	
halobetasol propionate external ointment		metronidazole external gel 0.75 %	
hydrocortisone (perianal) external cream 1 %		metronidazole external gel 1 %	
		metronidazole external lotion	

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
mometasone furoate external		PROCTOSOL HC EXTERNAL	
mupirocin calcium	QL (30 per 30 days)	PROCTOZONE-HC EXTERNAL	
mupirocin external	QL (120 per 30 days)	SANTYL	QL (30 per 30 days)
NEUAC EXTERNAL GEL		selenium sulfide external lotion	
nitroglycerin rectal	QL (30 per 30 days)	sf	MO
NYAMYC		sf 5000 plus	MO
nystatin external cream		silver sulfadiazine external	
nystatin external ointment		sod fluoride-potassium nitrate	
nystatin external powder		sodium fluoride 5000 enamel dental gel	
nystatin mouth/throat		sodium fluoride 5000 plus	MO
nystatin-triamcinolone	QL (120 per 30 days)	sodium fluoride 5000 ppm	MO
NYSTOP		sodium fluoride 5000 sensitive dental gel	
ORALONE		sodium fluoride dental cream	MO
PANRETIN		sodium fluoride dental gel 1.1 %	MO
PERIOGARD		sodium fluoride mouth/ throat	MO
permethrin external cream		SSD (SILVER SULFADIAZINE)	
pilocarpine hcl oral	MO	sulfacetamide sodium (acne)	
pimecrolimus	PA; QL (100 per 30 days)	SULFAMYLYON EXTERNAL CREAM	
podofilox external solution		tacrolimus external ointment	PA; QL (100 per 30 days)
PREVIDENT	MO	tazarotene external cream	PA
PREVIDENT 5000	MO	tazarotene external gel	PA
BOOSTER PLUS		TOVET EXTERNAL FOAM	QL (100 per 30 days)
PREVIDENT 5000 DRY MOUTH DENTAL GEL	MO	tretinooin external cream 0.025 %, 0.1 %	PA; QL (45 per 30 days)
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL		tretinooin external cream 0.05 %	PA; QL (45 per 30 days)
PREVIDENT 5000 KIDS	MO		
PREVIDENT 5000 ORTHO	MO		
DEFENSE			
PREVIDENT 5000 PLUS	MO		
PREVIDENT 5000 SENSITIVE DENTAL GEL			
PROCTO-MED HC EXTERNAL			

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Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
tretinoin external gel 0.01 %, 0.025 %	PA; QL (45 per 30 days)	CLINOLIPID	B/D PA
triamcinolone acetonide external cream 0.025 %, 0.5 %	QL (454 per 30 days)	dextrose in lactated ringers	
triamcinolone acetonide external cream 0.1 %	QL (454 per 30 days)	dextrose intravenous solution 10 %, 250 mg/ ml, 5 %, 50 %, 70 %	
triamcinolone acetonide external lotion		dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5- 0.3 %, 5-0.33 %	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %	
triamcinolone acetonide mouth/ throat		EFFER-K ORAL TABLET	MO
TRIANEX		EFFERVESCENT 25 MEQ	
TRIDERM EXTERNAL CREAM 0.1 %	QL (454 per 30 days)	glucose (dextrose) intravenous solution 50 %	
TRIDERM EXTERNAL CREAM 0.5 %	QL (454 per 30 days)	INTRALIPID	B/D PA
VALCHLOR	PA; LA	ISOLYTE-P IN D5W	
ZENATANE		ISOLYTE-S	
Electrolytes / Minerals / Metals / Vitamins		ISOLYTE-S PH 7.4	
carglumic acid oral tablet soluble	PA; LA	kcl (0.149%) in nacl intravenous solution 20- 0.45 meq/l-%	
CLINIMIX E/DEXTROSE (4.25/10)	B/D PA	kcl in dextrose-nacl intravenous solution 10- 5-0.45 meq/l-%-%, 20-5- 0.2 meq/l-%-%, 20-5- 0.225 meq/l-%-%, 20-5- 0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	
clinimix e/dextrose (8/ 10)	B/D PA		
clinimix e/dextrose (8/ 14)	B/D PA	kcl in dextrose-nacl intravenous solution 20- 5-0.45 meq/l-%-%	
CLINIMIX/DEXTROSE (4.25/10)	B/D PA		
CLINIMIX/DEXTROSE (4.25/5)	B/D PA	kcl-lactated ringers- d5w	
CLINIMIX/DEXTROSE (5/ 15)	B/D PA	KLOR-CON 10	MO
CLINIMIX/DEXTROSE (5/ 20)	B/D PA	KLOR-CON M10	MO
clinimix/dextrose (6/5)	B/D PA	KLOR-CON M15	MO
clinimix/dextrose (8/10)	B/D PA	KLOR-CON M20	MO
clinimix/dextrose (8/14)	B/D PA		
CLINISOL SF	B/D PA		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
KLOR-CON ORAL PACKET 20 MEQ	MO	potassium chloride oral solution 10 %, 20 meq/ 15ml (10%), 40 meq/ 15ml (20%)	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	MO	potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	
KLOR-CON/EF <i>lactated ringers</i> <i>intravenous</i>	MO	PREMASOL INTRAVENOUS SOLUTION 10 %	B/D PA
levocarnitine oral <i>solution</i>	B/D PA; MO	prenatal oral tablet 27- 1 mg	
levocarnitine oral <i>tablet</i>	B/D PA; MO	prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	
levocarnitine sf <i>magnesium sulfate</i> <i>injection solution 50 %,</i> <i>50 % (10ml syringe)</i>	B/D PA; MO	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	
magnesium sulfate <i>intravenous solution 2</i> gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml		PROSOL <i>ringers</i>	B/D PA
multiple electro type 1 ph 5.5		sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %	
multiple electro type 1 ph 7.4		sodium chloride injection solution 2.5 meq/ml	
NUTRILIPID	B/D PA	sodium chloride intravenous solution 0.45 %	
PLENAMINE	B/D PA	sodium chloride intravenous solution 0.9 %	
<i>pnv-dha</i>		sodium chloride intravenous solution 3 %, 4 meq/ml, 5 %	
potassium chloride crys er	MO	sodium fluoride oral tablet 2.2 (1 f) mg	MO
potassium chloride er	MO	sodium fluoride oral tablet chewable	MO
potassium chloride in nacl intravenous solution 20-0.45 meq/l- %, 20-0.9 meq/l-%		TRAVASOL	B/D PA
potassium chloride intravenous solution 10 meq/100ml, 20 meq/ 100ml		TROPHAMINE INTRAVENOUS SOLUTION 10 %	B/D PA
potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml		Endocrine And Metabolic Disorder Agents	
potassium chloride oral packet	MO	acarbose oral	QL (90 per 30 days); MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
alendronate sodium oral solution	QL (300 per 28 days); MO	glipizide er oral tablet extended release 24 hour 5 mg	QL (120 per 30 days); MO
alendronate sodium oral tablet 10 mg	QL (30 per 30 days); MO	glipizide oral tablet 10 mg	QL (120 per 30 days); MO
alendronate sodium oral tablet 35 mg, 70 mg	QL (4 per 28 days); MO	glipizide oral tablet 2.5 mg	MO
calcitonin (salmon) injection	B/D PA	glipizide oral tablet 5 mg	QL (240 per 30 days); MO
calcitonin (salmon) nasal	QL (4 per 30 days); MO	glipizide-metformin hcl oral tablet 2.5-250 mg	QL (240 per 30 days); MO
calcitriol intravenous solution 1 mcg/ml	B/D PA	glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	QL (120 per 30 days); MO
calcitriol oral capsule	B/D PA; MO	glucagon emergency injection kit	
calcitriol oral solution	B/D PA; MO	glyburide micronized oral tablet 1.5 mg	QL (240 per 30 days); MO
cinacalcet hcl oral tablet 30 mg, 60 mg	B/D PA; QL (60 per 30 days)	glyburide micronized oral tablet 3 mg	QL (120 per 30 days); MO
cinacalcet hcl oral tablet 90 mg	B/D PA; QL (120 per 30 days)	glyburide micronized oral tablet 6 mg	QL (60 per 30 days); MO
CYCLOSET	ST; QL (180 per 30 days); MO	glyburide oral tablet 1.25 mg	QL (480 per 30 days); MO
deferasirox oral tablet 90 mg	PA	glyburide oral tablet 2.5 mg	QL (240 per 30 days); MO
deferasirox oral tablet soluble 125 mg	PA	glyburide oral tablet 5 mg	QL (120 per 30 days); MO
deferasirox oral tablet soluble 250 mg, 500 mg	PA	glyburide-metformin oral tablet 1.25-250 mg	QL (240 per 30 days); MO
diazoxide oral	MO	glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	QL (120 per 30 days); MO
doxercalciferol intravenous	B/D PA	GLYXAMBI	QL (30 per 30 days); MO
doxercalciferol oral FARXIGA	B/D PA; MO	GVOKE HYOPEN 1-PACK	
glimepiride oral tablet 1 mg	QL (30 per 30 days); MO	GVOKE HYOPEN 2-PACK	
glimepiride oral tablet 2 mg	QL (120 per 30 days); MO	GVOKE KIT	
glimepiride oral tablet 4 mg	QL (60 per 30 days); MO	GVOKE PFS	
glipizide er oral tablet extended release 24 hour 10 mg	QL (60 per 30 days); MO	SUBCUTANEOUS	
glipizide er oral tablet extended release 24 hour 2.5 mg	QL (240 per 30 days); MO	SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	
		HUMALOG INJECTION	MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
HUMALOG JUNIOR	MO	INVOKANA	QL (30 per 30 days); MO
KWIKPEN		JANUMET	QL (60 per 30 days); MO
HUMALOG KWIKPEN	MO	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	QL (30 per 30 days); MO
SUBCUTANEOUS SOLUTION PEN-INJECTOR		JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	QL (60 per 30 days); MO
HUMALOG MIX 50/50	MO	JANUVIA	QL (30 per 30 days); MO
KWIKPEN		JARDIANCE	QL (30 per 30 days); MO
SUBCUTANEOUS SUSPENSION PEN-INJECTOR		JENTADUETO	QL (60 per 30 days); MO
HUMALOG MIX 75/25	MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	QL (60 per 30 days); MO
HUMALOG MIX 75/25	MO	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	QL (30 per 30 days); MO
KWIKPEN		KERENDIA	QL (30 per 30 days); MO
SUBCUTANEOUS SUSPENSION PEN-INJECTOR		KIONEX COMBINATION	
HUMALOG	MO	LANTUS	QL (30 per 30 days); MO
SUBCUTANEOUS SOLUTION CARTRIDGE		LANTUS SOLOSTAR	QL (30 per 30 days); MO
HUMULIN 70/30	MO	SUBCUTANEOUS SOLUTION PEN-INJECTOR	
HUMULIN 70/30	MO	LOKELMA ORAL PACKET 10 GM	QL (34 per 30 days); MO
KWIKPEN		LOKELMA ORAL PACKET 5 GM	QL (90 per 30 days); MO
SUBCUTANEOUS SUSPENSION PEN-INJECTOR		LYUMJEV	MO
HUMULIN N	MO	LYUMJEV KWIKPEN	MO
HUMULIN N KWIKPEN	MO	metformin hcl er oral tablet extended release 24 hour 500 mg	QL (120 per 30 days); MO
SUBCUTANEOUS SUSPENSION PEN-INJECTOR			
HUMULIN R	MO		
<i>ibandronate sodium intravenous</i>	B/D PA		
<i>ibandronate sodium oral</i>	QL (1 per 28 days); MO		
<i>insulin lispro (1 unit dial)</i>	MO		
<i>insulin lispro injection</i>	MO		
<i>insulin lispro junior kwikpen</i>	MO		
<i>insulin lispro prot & lispro</i>	MO		
INVOKAMET	QL (60 per 30 days); MO		
INVOKAMET XR	QL (60 per 30 days); MO		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
metformin hcl er oral tablet extended release 24 hour 750 mg	QL (60 per 30 days); MO	pioglitazone hcl-glimepiride	QL (30 per 30 days); MO
metformin hcl oral solution	QL (946 per 30 days); MO	pioglitazone hcl-metformin hcl	QL (90 per 30 days); MO
metformin hcl oral tablet 1000 mg	QL (60 per 30 days); MO	PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (1 per 180 days)
metformin hcl oral tablet 500 mg	QL (150 per 30 days); MO	repaglinide oral tablet 0.5 mg	QL (960 per 30 days); MO
metformin hcl oral tablet 850 mg	QL (90 per 30 days); MO	repaglinide oral tablet 1 mg	QL (480 per 30 days); MO
miglitol	QL (90 per 30 days); MO	repaglinide oral tablet 2 mg	QL (240 per 30 days); MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PA; QL (2 per 28 days)	risedronate sodium oral tablet 150 mg	ST; QL (1 per 28 days); MO
nateglinide oral tablet 120 mg	QL (90 per 30 days); MO	risedronate sodium oral tablet 30 mg	ST; QL (30 per 30 days)
nateglinide oral tablet 60 mg	QL (180 per 30 days); MO	risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	ST; QL (4 per 28 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	PA; QL (3 per 28 days)	risedronate sodium oral tablet 5 mg	ST; QL (30 per 30 days); MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	PA; QL (3 per 28 days)	risedronate sodium oral tablet delayed release	ST; QL (4 per 28 days); MO
OZEMPIC (2 MG/DOSE)	PA; QL (3 per 28 days)	RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	PA; QL (60 per 365 days)
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	B/D PA	RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	PA; QL (30 per 30 days)
pamidronate disodium intravenous solution 6 mg/ml	B/D PA; MO	RYBELSUS ORAL TABLET 14 MG, 7 MG	PA; QL (30 per 30 days)
paricalcitol oral	QL (90 per 30 days); MO	RYBELSUS ORAL TABLET 3 MG	PA; QL (60 per 365 days)
pioglitazone hcl oral tablet 15 mg	QL (45 per 30 days); MO	sodium polystyrene sulfonate oral powder	
pioglitazone hcl oral tablet 30 mg	QL (30 per 30 days); MO	SOLIQUA	QL (15 per 25 days); MO
pioglitazone hcl oral tablet 45 mg	QL (30 per 30 days); MO	SPS (SODIUM POLYSTYRENE SULF)	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN- INJECTOR	PA; QL (11 per 30 days); MO	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5- 1000 MG, 25-5-1000 MG	QL (30 per 30 days); MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN- INJECTOR	PA; QL (6 per 30 days); MO	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5- 2.5-1000 MG, 5-2.5-1000 MG	QL (60 per 30 days); MO
SYNJARDY	QL (60 per 30 days); MO	TRULICITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	PA; QL (2 per 28 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10- 1000 MG, 12.5-1000 MG, 5-1000 MG	QL (60 per 30 days); MO	TYMLOS	PA; QL (1.56 per 28 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25- 1000 MG	QL (30 per 30 days); MO	VELTASSA ORAL PACKET 1 GM	QL (240 per 30 days); MO
teriparatide <i>subcutaneous solution</i> <i>pen-injector 560 mcg/</i> <i>2.24ml</i>	PA; QL (3 per 28 days)	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	QL (30 per 30 days); MO
tolvaptan oral tablet 15 mg	PA; QL (30 per 30 days)	VELTASSA ORAL PACKET 8.4 GM	QL (90 per 30 days); MO
tolvaptan oral tablet 30 mg	PA; QL (60 per 30 days)	XGEVA	PA; QL (5.1 per 28 days)
TOUJEO MAX SOLOSTAR	QL (12 per 30 days); MO	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10- 1000 MG, 10-500 MG, 5- 500 MG	QL (30 per 30 days); MO
TOUJEO SOLOSTAR	QL (13.5 per 30 days); MO	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG, 5-1000 MG	QL (60 per 30 days); MO
TRADJENTA	QL (30 per 30 days); MO	zoledronic acid <i>intravenous</i> <i>concentrate</i>	PA
TRESIBA	QL (30 per 30 days); MO	zoledronic acid <i>intravenous solution</i>	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	QL (30 per 30 days); MO	Gastrointestinal Agents	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 UNIT/ML	QL (18 per 30 days); MO	alosetron hcl oral tablet 0.5 mg	PA; QL (60 per 30 days); MO
trientine hcl	PA	alosetron hcl oral tablet 1 mg	PA; QL (60 per 30 days); MO
		aprepitant oral	B/D PA; QL (15 per 30 days)
		aprepitant oral capsule 125 mg	B/D PA; QL (5 per 30 days)

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

Drug Name	Requirements/ Limits	Requirements/ Limits
aprepitant oral capsule 40 mg	B/D PA; QL (1 per 28 days)	famotidine oral suspension reconstituted
aprepitant oral capsule 80 & 125 mg	B/D PA; QL (15 per 30 days)	famotidine oral tablet 20 mg, 40 mg
aprepitant oral capsule 80 mg	B/D PA; QL (10 per 30 days)	famotidine premixed
balsalazide disodium		GATTEX
budesonide er oral tablet extended release 24 hour	PA	GAVILYTE-C
budesonide oral		GAVILYTE-G
cimetidine hcl oral solution 300 mg/5ml	MO	GAVILYTE-N WITH FLAVOR PACK
cimetidine oral tablet 200 mg		generlac
cimetidine oral tablet 300 mg, 400 mg, 800 mg	MO	glycopyrrolate injection solution
COMPRO		glycopyrrolate oral tablet 1 mg
constulose	MO	glycopyrrolate oral tablet 2 mg
dexlansoprazole	ST; QL (30 per 30 days); MO	gransetron hcl intravenous solution 1 mg/ml, 4 mg/4ml
dicyclomine hcl oral capsule		gransetron hcl oral
dicyclomine hcl oral solution 10 mg/5ml		B/D PA; QL (30 per 30 days)
dicyclomine hcl oral tablet 20 mg		hydrocortisone oral
diphenoxylate-atropine oral liquid		hydrocortisone rectal enema
diphenoxylate-atropine oral tablet 2.5-0.025 mg		hyoscyamine sulfate oral tablet
dronabinol	B/D PA; QL (120 per 30 days)	hyoscyamine sulfate oral tablet dispersible
enulose	MO	hyoscyamine sulfate sublingual
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	QL (30 per 30 days); MO	lactulose
esomeprazole sodium intravenous solution reconstituted 40 mg		encephalopathy oral solution 10 gm/15ml
famotidine (pf)		lactulose oral solution
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml		lansoprazole oral capsule delayed release 15 mg
You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.		lansoprazole oral capsule delayed release 30 mg
Core_DS_25049_v18_2509_2		LINZESS
		loperamide hcl oral capsule

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
lubiprostone	QL (60 per 30 days); MO	ondansetron hcl oral tablet 24 mg	B/D PA; QL (30 per 30 days)
meclizine hcl oral tablet 12.5 mg, 25 mg		ondansetron hcl oral tablet 4 mg	B/D PA; QL (90 per 30 days)
mesalamine er oral capsule extended release 24 hour	MO	ondansetron hcl oral tablet 8 mg	B/D PA; QL (90 per 30 days)
mesalamine oral capsule delayed release	MO	ondansetron oral tablet dispersible 16 mg	B/D PA; QL (30 per 30 days)
mesalamine oral tablet delayed release 1.2 gm	MO	ondansetron oral tablet dispersible 4 mg	B/D PA; QL (90 per 30 days)
mesalamine oral tablet delayed release 800 mg		ondansetron oral tablet dispersible 8 mg	B/D PA; QL (90 per 30 days)
mesalamine rectal		opium	
mesalamine-cleanser		pantoprazole sodium intravenous	
methscopolamine bromide oral		pantoprazole sodium oral tablet delayed release	MO
metoclopramide hcl injection		peg 3350-kcl-na bicarb-nacl	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml		peg-3350/electrolytes	
metoclopramide hcl oral tablet		peg-3350/electrolytes/ascorbat	
misoprostol oral tablet 100 mcg	MO	peg-kcl-nacl-nasulf-na asc-c	
misoprostol oral tablet 200 mcg	MO	prochlorperazine	
MOVANTIK	QL (30 per 30 days)	prochlorperazine edisylate injection solution 10 mg/2ml	
nizatidine oral capsule 150 mg	MO	prochlorperazine maleate oral	MO
nizatidine oral capsule 300 mg	MO	promethazine hcl injection solution 25 mg/ml	
omeprazole oral capsule delayed release	MO	promethazine hcl injection solution 50 mg/ml	
ondansetron hcl +rfid		promethazine hcl oral solution	
ondansetron hcl injection		promethazine hcl oral tablet	
ondansetron hcl oral solution	B/D PA; QL (450 per 30 days)	scopolamine	QL (10 per 28 days)
		sucralfate oral suspension	MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
sucralfate oral tablet	MO	bethanechol chloride oral tablet 10 mg, 25 mg	
sulfasalazine oral	MO	bethanechol chloride oral tablet 5 mg	
ursodiol oral capsule 300 mg	MO	bethanechol chloride oral tablet 50 mg	
ursodiol oral tablet	MO	clindamycin phosphate vaginal	
VOWST	PA; QL (12 per 30 days)	dutasteride oral	QL (30 per 30 days); MO
XERMELO	PA; QL (90 per 30 days); LA	dutasteride-tamsulosin hcl	QL (30 per 30 days); MO
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment			
betaine	LA	ELMIRON	
CREON	MO	fesoterodine fumarate er	QL (30 per 30 days); MO
cromolyn sodium oral	MO	finasteride oral tablet 5 mg	MO
CYSTAGON	PA; LA	GEMTESA	QL (30 per 30 days); MO
FABRAZYME	PA; LA	metronidazole vaginal	
LUMIZYME	PA; LA	miconazole 3 vaginal suppository	
NAGLAZYME	PA; LA	MYRBETRIQ ORAL SUSPENSION	QL (300 per 30 days); MO
nitisinone	PA	RECONSTITUTED ER	
PROLASTIN-C	PA; LA	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	QL (30 per 30 days); MO
INTRAVENOUS SOLUTION		oxybutynin chloride er oral tablet extended release 24 hour 10 mg	QL (60 per 30 days); MO
sapropterin dihydrochloride oral tablet	PA	oxybutynin chloride er oral tablet extended release 24 hour 15 mg	QL (60 per 30 days); MO
sodium phenylbutyrate oral powder 3 gm/tsp	PA	oxybutynin chloride er oral tablet extended release 24 hour 5 mg	QL (30 per 30 days); MO
sodium phenylbutyrate oral tablet	PA	oxybutynin chloride oral solution	QL (600 per 30 days); MO
SUCRAID	PA; LA	oxybutynin chloride oral tablet 2.5 mg	QL (90 per 30 days); MO
VPRIV	PA	oxybutynin chloride oral tablet 5 mg	QL (120 per 30 days); MO
YARGESA	PA	penicillamine oral tablet	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000- 10000 UNIT, 40000- 126000 UNIT, 5000- 24000 UNIT, 60000- 189600 UNIT	MO		
Genitourinary Agents			
alfuzosin hcl er	MO		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)		AZURETTE	MO
potassium citrate er oral tablet extended release 5 meq (540 mg)		BALZIVA	MO
solifenacin succinate	QL (30 per 30 days); MO	BIJUVA	PA; MO
tadalafil oral tablet 5 mg	PA; QL (30 per 30 days); MO	BLISOVI 24 FE	MO
tamsulosin hcl	MO	BLISOVI FE 1.5/30	MO
terconazole vaginal cream		BLISOVI FE 1/20	MO
terconazole vaginal suppository		briellyn	MO
tolterodine tartrate	QL (60 per 30 days); MO	cabergoline	
tolterodine tartrate er	QL (30 per 30 days); MO	CAMILA	MO
trospium chloride	QL (60 per 30 days); MO	CAMRESE	MO
trospium chloride er	QL (30 per 30 days); MO	CHATEAL EQ	MO
VANDAZOLE		CRYSELLE-28	MO
Hormonal Agents		CYRED EQ	MO
ABIGALE	PA; MO	danazol oral	
ABIGALE LO	PA; MO	DASETTA 1/35 (28)	MO
AFIRMELLE	MO	DASETTA 7/7/7	MO
ALTAVERA	MO	DAYSEE	MO
alyacen 1/35	MO	DEBLITANE	MO
alyacen 7/7/7	MO	DELYLA	MO
AMETHIA	MO	DEPO-ESTRADIOL	
AMETHYST	MO	DEPO-SUBQ PROVERA	
APRI	MO	104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	
ARANELLE	MO	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	PA; MO
ASHLYNA	MO	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	MO
AUBRA EQ	MO	desmopressin ace spray refrigerated	MO
AUROVELA 1.5/30	MO	desmopressin acetate injection	
AUROVELA 1/20	MO	desmopressin acetate oral tablet 0.1 mg	MO
AUROVELA 24 FE	MO	desmopressin acetate oral tablet 0.2 mg	
AUROVELA FE 1.5/30	MO	desmopressin acetate pf	
AUROVELA FE 1/20	MO	desmopressin acetate spray	MO
AVIANE	MO	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	MO
AYUNA	MO		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
DEXAMETHASONE		ethynodiol diac-eth	MO
INTENSOL		estradiol oral tablet 1-	
dexamethasone oral elixir	35 mg-mcg		
dexamethasone oral solution		ethynodiol diac-eth	MO
dexamethasone oral tablet	estradiol oral tablet 1-		
dexamethasone sod phos +rfid	50 mg-mcg	etongestrel-ethinyl	MO
dexamethasone sod phosphate pf injection solution		estradiol	
dexamethasone sodium phosphate injection		FALMINA	MO
DOLISHALE	MO	FEIRZA 1.5/30	MO
DOTTI	PA; QL (8 per 28 days); MO	FEIRZA 1/20	MO
drospirenone-ethinyl estradiol	MO	FEMRING	QL (1 per 90 days); MO
DUAVEE	PA; QL (30 per 30 days); MO	fludrocortisone acetate oral	MO
ELINEST	MO	FYAVOLV	PA; MO
ELURYNG	MO	GALLIFREY	MO
EMZAHH	MO	HAILEY 1.5/30	MO
ENILLORING	MO	HAILEY 24 FE	MO
ENPRESSE-28	MO	HAILEY FE 1.5/30	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	MO	HAILEY FE 1/20	MO
ERRIN	MO	HALOETTE	MO
ESTARYLLA	MO	HEATHER	MO
estradiol oral	MO	ICLEVIA	MO
estradiol transdermal patch twice weekly	PA; QL (8 per 28 days); MO	IMVEXXY MAINTENANCE PACK	QL (18 per 28 days); MO
estradiol transdermal patch weekly	PA; QL (4 per 28 days); MO	IMVEXXY STARTER PACK	QL (18 per 28 days); MO
estradiol vaginal	MO	INCASSIA	MO
estradiol valerate intramuscular		INCRELEX	PA; LA
estradiol- norethindrone acet	PA; MO	INTROVALE	MO
ESTRING VAGINAL RING 7.5 MCG/24HR	QL (1 per 90 days); MO	ISIBLOOM	MO
		JAIMIESS	MO
		JASMIEL	MO
		JENCYCLA	MO
		JINTELI	PA; MO
		JOLESSA	MO
		JULEBER	MO
		JUNEL 1.5/30	MO
		JUNEL 1/20	MO
		JUNEL FE 1.5/30	MO
		JUNEL FE 1/20	MO
		JUNEL FE 24	MO
		KALLIGA	MO
		KARIVA	MO

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
KELNOR 1/35	MO	LUPRON DEPOT-PED (1-MONTH)	PA; QL (1 per 28 days)
KELNOR 1/50	MO	INTRAMUSCULAR KIT	
KURVELO	MO	11.25 MG, 15 MG	
<i>lanreotide acetate</i>	PA	LUPRON DEPOT-PED (1-MONTH)	PA; QL (1 per 28 days)
LARIN 1.5/30	MO	INTRAMUSCULAR KIT 7.5	
LARIN 1/20	MO	MG	
LARIN 24 FE	MO	LUTERA	MO
LARIN FE 1.5/30	MO	LYLEQ	MO
LARIN FE 1/20	MO	LYZA	MO
LEENA	MO	<i>marlissa</i>	MO
LESSINA	MO	<i>medroxyprogesterone acetate intramuscular suspension</i>	
<i>levo-t</i>	MO	<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	
LEVONEST	MO	<i>medroxyprogesterone acetate oral</i>	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	MO	MELEYA	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i>	MO	MENEST	PA; MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	MO	<i>methimazole oral</i>	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	MO	<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	
LEVORA 0.15/30 (28)	MO	<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg</i>	
<i>levothyroxine sodium oral capsule</i>	MO	<i>methylprednisolone oral tablet 8 mg</i>	
<i>levothyroxine sodium oral tablet</i>	MO	<i>methylprednisolone oral tablet therapy pack</i>	
LEVOXYL	MO	<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	
<i>liothyronine sodium intravenous</i>		MICROGESTIN 1.5/30	MO
<i>liothyronine sodium oral</i>	MO	MICROGESTIN 1/20	MO
LO-ZUMANDIMINE	MO	MICROGESTIN FE 1.5/30	MO
LOESTRIN 1.5/30 (21)	MO	MICROGESTIN FE 1/20	MO
LOESTRIN 1/20 (21)	MO	<i>mifepristone oral tablet 300 mg</i>	PA; LA
LOESTRIN FE 1.5/30	MO		
LOESTRIN FE 1/20	MO		
LORYNA	MO		
LOW-OGESTREL	MO		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
MILI	MO	NORTREL 7/7/7	MO
MIMVEY	PA; MO	NP THYROID	PA; MO
MONO-LINYAH	MO	NYLIA 1/35	MO
NECON 0.5/35 (28)	MO	NYLIA 7/7/7	MO
NEXPLANON		OCELLA	MO
NIKKI	MO	octreotide acetate <i>injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	PA
NORA-BE	MO	octreotide acetate <i>injection solution 500 mcg/ml</i>	PA
NORDITROPIN FLEXPRO	PA	octreotide acetate <i>subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	PA
SUBCUTANEOUS SOLUTION PEN- INJECTOR		octreotide acetate <i>subcutaneous solution prefilled syringe 500 mcg/ml</i>	PA
<i>norelgestromin-eth estradiol</i>	MO	OMNITROPE	PA; LA
<i>norethin ace-eth estradiol oral tablet 1- 20 mg-mcg</i>	MO	SUBCUTANEOUS SOLUTION CARTRIDGE	
<i>norethin ace-eth estradiol oral tablet 1.5- 30 mg-mcg</i>	MO	OMNITROPE	PA; LA
<i>norethin-eth estradiol- fe oral tablet chewable 0.4-35 mg-mcg</i>	MO	SUBCUTANEOUS SOLUTION RECONSTITUTED	
<i>norethindron-ethinyl estradiol</i>	MO	ORQUIDEA	MO
<i>norethindrone acet- ethinyl est oral tablet</i>	MO	ORSYTHIA	MO
<i>norethindrone acetate oral</i>	MO	PHILITH	MO
<i>norethindrone oral</i>	MO	PIMTREA	MO
<i>norethindrone-eth estradiol</i>	PA; MO	PORTIA-28	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	MO	<i>prednisolone oral solution</i>	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	MO	<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	MO	<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	
NORLYROC	MO	PREDNISONE INTENSOL	
NORTREL 0.5/35 (28)	MO	<i>prednisone oral solution</i>	
NORTREL 1/35 (21)	MO	<i>prednisone oral tablet</i>	
NORTREL 1/35 (28)	MO	<i>prednisone oral tablet therapy pack</i>	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
PREMARIN ORAL	PA; MO	testosterone	PA; QL (112.5
PREMARIN VAGINAL	MO	transdermal gel 20.25	per 30 days);
PREMPHASE	PA; MO	mg/1.25gm (1.62%)	MO
PREMPRO	PA; MO	testosterone	PA; QL (150 per
<i>progesterone oral</i>	MO	transdermal gel 40.5	30 days); MO
<i>propylthiouracil oral</i>	MO	mg/2.5gm (1.62%)	
raloxifene hcl	QL (30 per 30 days); MO	TILIA FE	MO
RECLIPSEN	MO	TIROSINT ORAL	MO
SETLAKIN	MO	CAPSULE 37.5 MCG, 44	
SHAROBEL	MO	MCG, 62.5 MCG	
SIGNIFOR	PA; LA	TRI-ESTARYLLA	MO
SIMLIYA	MO	TRI-LEGEST FE	MO
SIMPESSE	MO	TRI-LINYAH	MO
SKYLA		TRI-LO-ESTARYLLA	MO
SOMATULINE DEPOT	PA	TRI-LO-MARZIA	MO
SOMAVERT	PA; LA	TRI-LO-MILI	MO
SPRINTEC 28	MO	TRI-LO-SPRINTEC	MO
SRONYX	MO	TRI-MILI	MO
SYEDA	MO	TRI-NYMYO	MO
SYNAREL	PA	TRI-SPRINTEC	MO
SYNTROID	MO	TRI-VYLIBRA	MO
TARINA 24 FE	MO	TRI-VYLIBRA LO	MO
TARINA FE 1/20 EQ	MO	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	
testosterone cypionate <i>intramuscular solution</i> 100 mg/ml	PA; MO	TRIVORA (28)	MO
testosterone cypionate <i>intramuscular solution</i> 200 mg/ml, 200 mg/ml (1 ml)	MO	TURQOZ	MO
testosterone enanthate <i>intramuscular solution</i>	PA; MO	UNITHROID	MO
testosterone <i>transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	PA; QL (150 per 30 days); MO	VALTYA 1/50	MO
testosterone <i>transdermal gel 10 mg/ act (2%)</i>	PA; QL (120 per 30 days); MO	VELIVET	MO
testosterone <i>transdermal gel 12.5 mg/act (1%), 25 mg/ 2.5gm (1%), 50 mg/5gm (1%)</i>	PA; QL (300 per 30 days); MO	VIENVA	MO
Immunological Agents			

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ABRYSVO		DAPTACEL	
ACTHIB		INTRAMUSCULAR	
ACTIMMUNE	PA; LA	SUSPENSION 23-15-5	
ADACEL		<i>diphtheria-tetanus</i>	
ARCALYST	PA	<i>toxoids dt</i>	
AREXVY		ENBREL MINI	PA; QL (8 per 28 days)
<i>azathioprine oral</i> <i>tablet 50 mg</i>	B/D PA	ENBREL	PA; QL (4 per 28 days)
<i>bcg vaccine injection</i> <i>solution reconstituted</i>		SUBCUTANEOUS	
BENLYSTA	PA	SOLUTION 25 MG/0.5ML	
BEXSERO		ENBREL	PA; QL (4.08 per 28 days)
BOOSTRIX		SUBCUTANEOUS	
INTRAMUSCULAR		SOLUTION PREFILLED	
SUSPENSION 5-2.5-18.5		SYRINGE 25 MG/0.5ML	
LF-MCG/0.5		ENBREL	PA; QL (8 per 28 days)
BOOSTRIX		SUBCUTANEOUS	
INTRAMUSCULAR		SOLUTION PREFILLED	
SUSPENSION PREFILLED		SYRINGE 50 MG/ML	
SYRINGE		ENBREL SURECLICK	PA; QL (8 per 28 days)
COSENTYX (300 MG	PA; QL (8 per DOSE) 28 days); LA	SUBCUTANEOUS	
COSENTYX	PA; QL (8 per SENSOREADY (300 MG) 28 days); LA	SOLUTION AUTO-	
COSENTYX	PA; QL (8 per SENSOREADY PEN 28 days); LA	INJECTOR	
COSENTYX	PA; QL (8 per SUBCUTANEOUS 28 days); LA	ENGERIX-B INJECTION	B/D PA
SOLUTION PREFILLED		SUSPENSION 20 MCG/	
SYRINGE 150 MG/ML		ML	
COSENTYX	PA; QL (2 per SUBCUTANEOUS 28 days)	ENGERIX-B INJECTION	B/D PA
SOLUTION PREFILLED		SUSPENSION PREFILLED	
SYRINGE 75 MG/0.5ML		SYRINGE	
COSENTYX UNOREADY	PA; QL (8 per 28 days)	ENVARSUS XR	B/D PA
cyclosporine modified oral capsule 100 mg, 25 mg	B/D PA	everolimus oral tablet 0.25 mg, 0.75 mg	B/D PA
cyclosporine modified oral capsule 50 mg	B/D PA	everolimus oral tablet 0.5 mg, 1 mg	B/D PA
cyclosporine modified oral solution	B/D PA	GAMUNEX-C	PA
cyclosporine oral capsule	B/D PA	GARDASIL 9	
		GENGRAF ORAL	B/D PA
		CAPSULE 100 MG, 25 MG	
		GENGRAF ORAL	B/D PA
		SOLUTION	
		HAVRIX	
		INTRAMUSCULAR	
		SUSPENSION 1440 EL U/	
		ML	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
HAVRIX		IMOVAX RABIES	
INTRAMUSCULAR		INTRAMUSCULAR	
SUSPENSION PREFILLED		SUSPENSION	
SYRINGE		RECONSTITUTED	
HEPLISAV-B	B/D PA	INFANRIX	
INTRAMUSCULAR		<i>infliximab</i>	PA
SOLUTION PREFILLED		IPOL	
SYRINGE		IXCHIQ	
HIBERIX INJECTION		IXIARO	
HUMIRA (2 PEN)	PA; QL (4 per	JYLA MVO	ST
SUBCUTANEOUS AUTO-	28 days)	JYNNEOS	
INJECTOR KIT 40 MG/		<i>kedrabi injection</i>	
0.4ML, 40 MG/0.8ML		KINRIX INTRAMUSCULAR	
HUMIRA (2 PEN)	PA; QL (2 per	SUSPENSION PREFILLED	
SUBCUTANEOUS AUTO-	28 days)	SYRINGE	
INJECTOR KIT 80 MG/		<i>leflunomide oral tablet</i>	QL (30 per 30
0.8ML		10 mg	days); MO
HUMIRA (2 SYRINGE)	PA; QL (2 per	<i>leflunomide oral tablet</i>	QL (30 per 30
SUBCUTANEOUS	28 days)	20 mg	days); MO
PREFILLED SYRINGE KIT		M-M-R II INJECTION	
10 MG/0.1ML, 20 MG/		MENACTRA	
0.2ML		INTRAMUSCULAR	
HUMIRA (2 SYRINGE)	PA; QL (4 per	SOLUTION	
SUBCUTANEOUS	28 days)	MENQUADFI	
PREFILLED SYRINGE KIT		INTRAMUSCULAR	
40 MG/0.4ML, 40 MG/		SOLUTION	
0.8ML		MENVEO	
HUMIRA PEN-PEDIATRIC	PA; QL (8 per	<i>methotrexate sodium</i>	
UC START	365 days)	<i>(pf) injection solution 1</i>	
SUBCUTANEOUS AUTO-		<i>gm/40ml, 1000 mg/</i>	
INJECTOR KIT		<i>40ml, 250 mg/10ml, 50</i>	
HUMIRA-CD/UC/HS	PA; QL (6 per	<i>mg/2ml</i>	
STARTER	365 days)	<i>methotrexate sodium</i>	
SUBCUTANEOUS AUTO-		<i>injection solution 250</i>	
INJECTOR KIT 80 MG/		<i>mg/10ml, 50 mg/2ml</i>	
0.8ML		<i>methotrexate sodium</i>	
HUMIRA-PSORIASIS/	PA; QL (6 per	<i>injection solution</i>	
UVEIT STARTER	365 days)	<i>reconstituted</i>	
SUBCUTANEOUS AUTO-		<i>methotrexate sodium</i>	
INJECTOR KIT		<i>oral</i>	
HYPERRAB		MRESVIA	
IMOgam RABIES-HT		<i>mycophenolate mofetil</i>	B/D PA
INJECTION SOLUTION		<i>oral capsule</i>	
300 UNIT/2ML		<i>mycophenolate mofetil</i>	B/D PA
		<i>oral suspension</i>	
		<i>reconstituted</i>	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
mycophenolate mofetil oral tablet	B/D PA	REMICADE	PA
mycophenolate sodium	B/D PA	REZUROCK	PA; LA
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	B/D PA	RINVOQ	PA; QL (30 per 30 days)
MYHIBBIN	B/D PA	RINVOQ LQ	PA; QL (360 per 30 days)
NULOJIX	PA	ROTARIX ORAL SUSPENSION	
OCTAGAM	PA	ROTATEQ ORAL SOLUTION	
INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/ 100ML		SANDIMMUNE ORAL SOLUTION	B/D PA
OTEZLA ORAL TABLET	PA; QL (60 per 30 days)	SELARSDI	PA; QL (1 per 28 days)
OTEZLA ORAL TABLET THERAPY PACK	PA	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	
PEDIARIX		SHINGRIX	
INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		INTRAMUSCULAR SUSPENSION	
PEDVAX HIB		RECONSTITUTED 50 MCG/0.5ML	
INTRAMUSCULAR SUSPENSION		SIMLANDI (1 PEN)	PA; QL (4 per 28 days)
PEGASYS		SIMLANDI (1 SYRINGE)	PA; QL (4 per 28 days)
SUBCUTANEOUS SOLUTION 180 MCG/ML		SIMLANDI (2 PEN)	PA; QL (4 per 28 days)
PEGASYS		SIMLANDI (2 SYRINGE)	PA; QL (2 per 28 days)
SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	
PENBRAYA		SIMLANDI (2 SYRINGE)	PA; QL (4 per 28 days)
penmenvy		SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	
PENTACEL		sirolimus oral	B/D PA
PRIORIX		SKYRIZI INTRAVENOUS	PA; QL (10 per 28 days)
PROGRAF	B/D PA	SKYRIZI PEN	PA; QL (6 per 365 days)
INTRAVENOUS		SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	PA; QL (1.2 per 56 days)
PROGRAF ORAL PACKET	B/D PA	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	PA; QL (2.4 per 56 days)
PROQUAD			
SUBCUTANEOUS SUSPENSION			
RECONSTITUTED			
QUADRACEL			
RABAVERT			
RECOMBIVAX HB	B/D PA		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (6 per 365 days)	abacavir sulfate oral solution	QL (960 per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	PA; QL (1 per 28 days); LA	abacavir sulfate oral tablet	QL (60 per 30 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (1 per 28 days)	abacavir sulfate- lamivudine	QL (30 per 30 days)
tacrolimus oral	B/D PA	ABELCET	B/D PA
TENIVAC		acyclovir oral capsule	MO
TICOVAC		acyclovir oral suspension 200 mg/5ml	MO
TREMFYA CROHNS INDUCTION	PA; QL (4 per 28 days)	acyclovir oral suspension 800 mg/ 20ml	
TREMFYA ONE-PRESS	PA; QL (2 per 28 days)	acyclovir oral tablet	MO
TREMFYA PEN	PA; QL (2 per 28 days)	acyclovir sodium intravenous solution	B/D PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PA; QL (2 per 28 days)	adefovir dipivoxil	PA
TRUMENBA		albendazole oral	
TWINRIX		amikacin sulfate injection solution 1 gm/ 4ml, 500 mg/2ml	
INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		amoxicillin oral capsule	
TYPHIM VI		amoxicillin oral suspension reconstituted	
VAQTA		amoxicillin oral tablet	
VARIVAX		amoxicillin oral tablet chewable 125 mg	
VARIZIG		amoxicillin oral tablet chewable 250 mg	
INTRAMUSCULAR SOLUTION		amoxicillin-pot clavulanate er	
VAXCHORA		amoxicillin-pot clavulanate oral suspension	
VIMKUNYA		reconstituted 200-28.5 mg/5ml, 600-42.9 mg/ 5ml	
VIVOTIF		amoxicillin-pot clavulanate oral suspension	
XATMEP	ST	reconstituted 250-62.5 mg/5ml	
XELJANZ ORAL SOLUTION	PA; QL (240 per 24 days)		
XELJANZ ORAL TABLET	PA; QL (60 per 30 days)		
XELJANZ XR	PA; QL (30 per 30 days)		
YF-VAX			

Infectious Disease Agents

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
amoxicillin-pot clavulanate oral suspension reconstituted 400-57 mg/5ml		azithromycin oral suspension reconstituted 100 mg/ 5ml	
amoxicillin-pot clavulanate oral tablet 250-125 mg		azithromycin oral suspension reconstituted 200 mg/ 5ml	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg		azithromycin oral tablet 250 mg, 250 mg (6 pack)	
amphotericin b intravenous	B/D PA	azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	
amphotericin b liposome	B/D PA	aztreonam	
ampicillin oral capsule 500 mg		BARACLUDE ORAL SOLUTION	PA
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg		BICILLIN C-R	
ampicillin sodium intravenous		BICILLIN C-R 900/300	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm		BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	
ampicillin-sulbactam sodium intravenous		BIKTARVY ORAL TABLET 30-120-15 MG	QL (30 per 30 days); MO
APTIVUS ORAL CAPSULE	QL (120 per 30 days)	BIKTARVY ORAL TABLET 50-200-25 MG	QL (30 per 30 days)
ARIKAYCE	LA	CABENUVA	QL (4 per 28 days)
atazanavir sulfate oral capsule 150 mg, 200 mg	QL (60 per 30 days)	INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	
atazanavir sulfate oral capsule 300 mg	QL (30 per 30 days)	CABENUVA	QL (6 per 28 days)
atovaquone oral	PA	INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	
atovaquone-proguanil hcl		cefaclor er	
azithromycin intravenous		cefaclor oral capsule 250 mg	
azithromycin oral packet		cefaclor oral capsule 500 mg	
		cefaclor oral suspension reconstituted 250 mg/ 5ml	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
cefadroxil oral capsule		cefpodoxime proxetil oral suspension	
cefadroxil oral suspension reconstituted		reconstituted 100 mg/ 5ml	
cefadroxil oral tablet		cefpodoxime proxetil oral suspension	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm		reconstituted 50 mg/ 5ml	
cefazolin sodium injection solution reconstituted 500 mg		cefpodoxime proxetil oral tablet 100 mg	
cefazolin sodium intravenous solution reconstituted		cefpodoxime proxetil oral tablet 200 mg	
cefazolin sodium- dextrose intravenous solution 1-4 gm/50ml-%, 3-4 gm/150ml-%		cefprozil oral suspension	
cefazolin sodium- dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 3-2 gm- %(50ml)		reconstituted	
cefazolin sodium- dextrose intravenous solution reconstituted 2-3 gm-%(50ml)		cefprozil oral tablet 500 mg	
cefdinir oral capsule		ceftazidime injection solution reconstituted 1 gm, 6 gm	
cefdinir oral suspension reconstituted		ceftazidime intravenous	
cefepime hcl injection solution reconstituted 1 gm		ceftriaxone sodium in dextrose intravenous solution 20 mg/ml	
cefepime hcl intravenous		ceftriaxone sodium in dextrose intravenous solution 40 mg/ml	
cefixime oral capsule		ceftriaxone sodium injection solution	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm		reconstituted 1 gm, 100 gm, 2 gm, 500 mg	
cefoxitin sodium intravenous		ceftriaxone sodium injection solution	
		reconstituted 250 mg	
		ceftriaxone sodium intravenous solution	
		reconstituted 1 gm	
		ceftriaxone sodium intravenous solution	
		reconstituted 10 gm, 2 gm	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)		clarithromycin oral tablet	
cefuroxime axetil oral tablet 250 mg		clindamycin hcl oral	
cefuroxime axetil oral tablet 500 mg		clindamycin phosphate in d5w	
cefuroxime sodium injection solution reconstituted 750 mg		clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	
cefuroxime sodium intravenous solution reconstituted 1.5 gm		COARTEM	
cephalexin oral capsule 250 mg, 500 mg		colistimethate sodium (cba)	
cephalexin oral suspension reconstituted 125 mg/5ml		COMPLERA	QL (30 per 30 days)
cephalexin oral suspension reconstituted 250 mg/5ml		dapsone oral	MO
cephalexin oral tablet chloroquine phosphate oral	MO	daptomycin	
cidofovir intravenous CIMDUO	B/D PA QL (30 per 30 days)	darunavir oral tablet 600 mg	QL (60 per 30 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg		darunavir oral tablet 800 mg	QL (60 per 30 days)
ciprofloxacin hcl oral tablet 750 mg		DELSTRIGO	QL (30 per 30 days)
ciprofloxacin in d5w clarithromycin er		demeocycline hcl oral	
clarithromycin oral suspension reconstituted 125 mg/5ml		DESCOVY	QL (30 per 30 days)
clarithromycin oral suspension reconstituted 250 mg/5ml		dicloxacillin sodium	
		DIFICID ORAL TABLET	PA
		DOVATO	QL (30 per 30 days)
		DOXY 100	
		doxycycline hyclate intravenous	
		doxycycline hyclate oral capsule	
		doxycycline hyclate oral tablet 100 mg	
		doxycycline hyclate oral tablet 20 mg	
		doxycycline monohydrate oral capsule 100 mg, 50 mg	
		doxycycline monohydrate oral suspension reconstituted	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
doxycycline monohydrate oral tablet 100 mg		erythromycin base oral capsule delayed release particles	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		erythromycin base oral tablet	
E.E.S. 400 ORAL TABLET		erythromycin base oral tablet delayed release 250 mg, 333 mg	
EDURANT	QL (30 per 30 days)	erythromycin base oral tablet delayed release 500 mg	
EDURANT PED	QL (180 per 30 days)	erythromycin ethylsuccinate oral tablet	
efavirenz oral tablet	QL (30 per 30 days)	erythromycin lactobionate	
efavirenz-emtricitab-tenofo df	QL (30 per 30 days)	erythromycin oral tablet delayed release 250 mg, 333 mg	
efavirenz-lamivudine-tenofovir	QL (30 per 30 days)	erythromycin oral tablet delayed release 500 mg	
emtricitab-rilpivir-tenofov df	QL (30 per 30 days)	ethambutol hcl oral	
emtricitabine	QL (30 per 30 days)	etravirine oral tablet	QL (120 per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg	QL (30 per 30 days)	etravirine oral tablet	QL (60 per 30 days)
emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg	QL (30 per 30 days)	EVOTAZ	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	QL (850 per 30 days)	famciclovir oral tablet 125 mg, 250 mg	QL (60 per 30 days)
entecavir	PA	famciclovir oral tablet 500 mg	QL (21 per 7 days)
EPCLUSA ORAL PACKET 150-37.5 MG	PA; QL (30 per 30 days)	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	
EPCLUSA ORAL PACKET 200-50 MG	PA; QL (60 per 30 days)	fluconazole oral suspension reconstituted 10 mg/ml	
EPCLUSA ORAL TABLET 200-50 MG	PA; QL (60 per 30 days)	fluconazole oral suspension reconstituted 40 mg/ml	
EPCLUSA ORAL TABLET 400-100 MG	PA; QL (30 per 30 days)	fluconazole oral tablet 100 mg, 150 mg, 50 mg	
ertapenem sodium			
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG			
ERY-TAB ORAL TABLET DELAYED RELEASE 500 MG			

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
fluconazole oral tablet 200 mg		ISENTRESS ORAL PACKET	QL (180 per 30 days)
flucytosine oral		ISENTRESS ORAL TABLET	QL (120 per 30 days)
fosamprenavir calcium	QL (120 per 30 days)	ISENTRESS ORAL TABLET CHEWABLE 100 MG	QL (180 per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	QL (60 per 30 days)	ISENTRESS ORAL TABLET CHEWABLE 25 MG	QL (720 per 30 days)
ganciclovir sodium intravenous solution reconstituted	B/D PA	isoniazid injection	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%		isoniazid oral syrup	MO
gentamicin in saline intravenous solution 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%		isoniazid oral tablet 100 mg	MO
gentamicin sulfate injection		isoniazid oral tablet 300 mg	MO
GENVOYA	QL (30 per 30 days)	itraconazole oral capsule	PA
griseofulvin microsize oral		ivermectin oral	PA
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		JULUCA	QL (30 per 30 days)
HARVONI	PA; QL (28 per 28 days)	KALETRA ORAL SOLUTION	QL (480 per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	MO	ketoconazole oral	
imipenem-cilastatin intravenous solution reconstituted 250 mg		LAGEVRIO	QL (40 per 90 days)
imipenem-cilastatin intravenous solution reconstituted 500 mg		lamivudine oral solution	QL (960 per 30 days)
INTELENCE ORAL TABLET 25 MG	QL (480 per 30 days)	lamivudine oral tablet 100 mg	
ISENTRESS HD	QL (60 per 30 days)	lamivudine oral tablet 150 mg	QL (60 per 30 days)
		lamivudine oral tablet 300 mg	QL (30 per 30 days)
		lamivudine-zidovudine	QL (60 per 30 days)
		levofloxacin in d5w	
		levofloxacin intravenous	
		levofloxacin oral solution	
		levofloxacin oral tablet 250 mg, 500 mg	
		levofloxacin oral tablet 750 mg	
		lincomycin hcl injection	
		linezolid in sodium chloride	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
<i>linezolid intravenous solution 600 mg/300ml</i>		<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	
<i>linezolid oral suspension reconstituted</i>	PA; QL (1800 per 30 days)	<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	
<i>linezolid oral tablet</i>	PA; QL (56 per 28 days)	<i>neomycin sulfate oral</i>	
LIVTENCITY	PA	<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	QL (30 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	QL (480 per 30 days)	<i>nevirapine oral suspension</i>	QL (1200 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	QL (300 per 30 days)	<i>nevirapine oral tablet</i>	QL (60 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	QL (120 per 30 days)	<i>nitazoxanide oral</i>	QL (6 per 30 days)
<i>maraviroc</i>	QL (120 per 30 days)	<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	
MAVYRET ORAL PACKET	PA; QL (180 per 30 days)	<i>nitrofurantoin monohyd macro</i>	
MAVYRET ORAL TABLET	PA; QL (90 per 30 days)	NORVIR ORAL PACKET	QL (360 per 30 days)
<i>mefloquine hcl</i>	MO	<i>nystatin oral tablet</i>	
<i>meropenem intravenous solution reconstituted 1 gm</i>		ODEFSEY	QL (30 per 30 days)
<i>meropenem intravenous solution reconstituted 500 mg</i>		<i>ofloxacin oral tablet 300 mg, 400 mg</i>	
<i>methenamine hippurate</i>		<i>oseltamivir phosphate oral capsule 30 mg</i>	QL (168 per 365 days)
<i>methenamine mandelate oral</i>		<i>oseltamivir phosphate oral capsule 45 mg</i>	QL (84 per 365 days)
<i>metronidazole intravenous solution 500 mg/100ml</i>		<i>oseltamivir phosphate oral capsule 75 mg</i>	QL (84 per 365 days)
<i>metronidazole oral tablet</i>		<i>oseltamivir phosphate oral suspension reconstituted</i>	QL (1080 per 365 days)
<i>micafungin sodium</i>		<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	
<i>minocycline hcl oral capsule</i>		<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	
<i>minocycline hcl oral tablet</i>			
MONDOXYNE NL ORAL CAPSULE 100 MG			
<i>moxifloxacin hcl in nacl</i>			
<i>moxifloxacin hcl oral</i>			

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
oxacillin sodium <i>intravenous</i>		PRIFTIN	
PAXLOVID (150/100)	QL (20 per 90 days)	primaquine phosphate oral tablet 26.3 (15 base) mg	
PAXLOVID (300/100 & 150/100)	QL (11 per 90 days)	pyrazinamide oral	
PAXLOVID (300/100)	QL (30 per 90 days)	pyrimethamine oral	PA
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>		quinine sulfate oral	PA
<i>penicillin g potassium</i>		RELENZA DISKHALER	QL (60 per 180 days)
<i>penicillin g sodium</i>		INHALATION AEROSOL	
<i>penicillin v potassium</i>		POWDER BREATH	
pentamidine	B/D PA	ACTIVATED 5 MG/ACT	
<i>isethionate inhalation</i>		RETROVIR	
<i>pentamidine isethionate injection</i>		INTRAVENOUS	
PFIZERPEN		REYATAZ ORAL PACKET	QL (240 per 30 days)
PIFELTRO	QL (30 per 30 days)	<i>ribavirin oral capsule</i>	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>		<i>ribavirin oral tablet 200 mg</i>	
<i>polymyxin b sulfate injection</i>		<i>rifabutin</i>	
<i>posaconazole oral</i>	PA; MO	<i>rifampin intravenous</i>	
<i>praziquantel oral</i>		<i>rifampin oral</i>	
PREVYMIS ORAL PACKET	PA; QL (120 per 30 days)	<i>rimantadine hcl</i>	
PREVYMIS ORAL TABLET	PA; QL (30 per 30 days)	<i>ritonavir</i>	QL (360 per 30 days)
PREZCOBIX	QL (30 per 30 days)	RUKOBIA	QL (60 per 30 days); MO
PREZISTA ORAL SUSPENSION	QL (400 per 30 days)	SELZENTRY ORAL SOLUTION	QL (1840 per 30 days)
PREZISTA ORAL TABLET 150 MG	QL (180 per 30 days)	SIRTURO	PA; LA
PREZISTA ORAL TABLET 75 MG	QL (300 per 30 days)	SIVEXTRO INTRAVENOUS	PA
		SIVEXTRO ORAL	PA; QL (6 per 28 days)
		<i>streptomycin sulfate intramuscular</i>	
		STRIBILD	QL (30 per 30 days)
		<i>sulfadiazine oral</i>	
		<i>sulfamethoxazole-trimethoprim intravenous</i>	
		<i>sulfamethoxazole-trimethoprim oral suspension</i>	
		<i>sulfamethoxazole-trimethoprim oral tablet</i>	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
SUNLENCA ORAL TABLET		TROGARZO	PA; QL (23.94 per 28 days); LA
SUNLENCA ORAL TABLET THERAPY PACK	LA	TYBOST	QL (30 per 30 days)
SUNLENCA SUBCUTANEOUS	QL (3 per 168 days); MO	<i>valacyclovir hcl oral tablet 1 gm</i>	QL (90 per 30 days)
SYMTUZA	QL (30 per 30 days)	<i>valacyclovir hcl oral tablet 500 mg</i>	QL (60 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM		<i>valganciclovir hcl oral tablet</i>	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM		<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	
TEFLARO		<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	
<i>tenofovir disoproxil fumarate</i>	QL (30 per 30 days)	<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	
<i>terbinafine hcl oral</i>		<i>vancomycin hcl reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg</i>	
<i>tetracycline hcl oral capsule</i>		<i>vancomycin hcl oral capsule</i>	PA; QL (240 per 30 days)
<i>tigecycline</i>		VIRACEPT ORAL TABLET 250 MG	QL (300 per 30 days)
<i>tinidazole oral tablet 250 mg</i>		VIRACEPT ORAL TABLET 625 MG	QL (120 per 30 days)
<i>tinidazole oral tablet 500 mg</i>		VIREAD ORAL POWDER	QL (240 per 30 days)
TIVICAY ORAL TABLET 10 MG	QL (120 per 30 days)		
TIVICAY ORAL TABLET 25 MG, 50 MG	QL (60 per 30 days)		
TIVICAY PD	QL (360 per 30 days)		
<i>tobramycin sulfate injection solution</i>			
<i>tobramycin sulfate injection solution reconstituted</i>			
TRECATOR			
<i>trifluridine ophthalmic</i>			
<i>trimethoprim oral</i>			
TRIUMEQ	QL (30 per 30 days)		
TRIUMEQ PD	QL (180 per 30 days)		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
VIREAD ORAL TABLET 150 MG, 250 MG	QL (30 per 30 days)	<i>lactated ringers irrigation</i>	
VIREAD ORAL TABLET 200 MG	QL (30 per 30 days)	METHERGINE ORAL <i>methylergonovine maleate oral</i>	
voriconazole <i>intravenous</i>	PA	<i>neomycin-polymyxin b gu</i>	
voriconazole oral <i>suspension</i> <i>reconstituted</i>	PA; QL (300 per 30 days)	OMNIPOD 5 DEXG7G6 INTRO GEN 5	
voriconazole oral tablet 200 mg	PA; QL (60 per 30 days)	OMNIPOD 5 DEXG7G6 PODS GEN 5	
voriconazole oral tablet 50 mg	PA; QL (120 per 30 days)	OMNIPOD 5 G7 INTRO (GEN 5)	
VOSEVI	PA; QL (30 per 30 days)	OMNIPOD 5 G7 PODS (GEN 5)	
XIFAXAN ORAL TABLET 550 MG	PA; QL (84 per 28 days); MO	OMNIPOD 5 LIBRE2 G6 INTRO G5	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG		OMNIPOD 5 LIBRE2 PLUS G6 PODS	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG		OMNIPOD CLASSIC PODS (GEN 3)	
zidovudine oral capsule	QL (180 per 30 days)	OMNIPOD DASH INTRO (GEN 4)	
zidovudine oral syrup	QL (1920 per 30 days)	OMNIPOD DASH PODS (GEN 4)	
zidovudine oral tablet	QL (60 per 30 days)	PHYSIOLYTE <i>ringers irrigation</i>	
ZIRGAN ZYVOX INTRAVENOUS SOLUTION 200 MG/ 100ML		<i>sodium chloride</i> <i>irrigation solution 0.9 %</i>	
Miscellaneous Therapeutic Agents		<i>sterile water for</i> <i>irrigation</i>	
acetic acid irrigation		SYNAGIS	PA
acetylcysteine <i>intravenous</i>		TIS-U-SOL	
ALCOHOL SWABS	MO		
GAUZE STERILE PADS 2	MO		
IGALMI	QL (30 per 30 days)	Ophthalmic Agents	
INSULIN PEN NEEDLE	QL (200 per 30 days); MO	acetazolamide er	MO
INSULIN SYRINGE	QL (200 per 30 days); MO	apraclonidine hcl	
KOSELUGO	PA	atropine sulfate	MO
		ophthalmic ointment	
		atropine sulfate	MO
		ophthalmic solution 1 %	
		azelastine hcl	
		ophthalmic	
		bacitra-neomycin- polymyxin-hc	
		bacitracin ophthalmic	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm		gatifloxacin ophthalmic	
betaxolol hcl ophthalmic	MO	gentamicin sulfate ophthalmic solution	
BETOPTIC-S	MO	ILEVRO	
bimatoprost ophthalmic	MO	ketorolac	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	MO	tromethamine ophthalmic	
brimonidine tartrate ophthalmic solution 0.2 %	MO	latanoprost ophthalmic	MO
brimonidine tartrate- timolol	MO	levobunolol hcl ophthalmic solution 0.5 %	MO
brinzolamide	MO	levofloxacin ophthalmic	
bromfenac sodium (once-daily)		LUMIGAN OPHTHALMIC SOLUTION 0.01 %	MO
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %		methazolamide oral	MO
carteolol hcl	MO	MIEBO	QL (12 per 30 days); MO
ciprofloxacin hcl ophthalmic		moxifloxacin hcl ophthalmic solution	
cromolyn sodium ophthalmic		NATACYN	
cyclopentolate hcl ophthalmic solution 1 %	MO	NEO-POLYCIN	
CYSTARAN	LA	NEO-POLYCIN HC	
dexamethasone sodium phosphate ophthalmic		neomycin-bacitracin zn-polymyx	
diclofenac sodium ophthalmic		neomycin-polymyxin- dexameth	
difluprednate		neomycin-polymyxin- gramicidin ophthalmic solution 1.75-10000-025	
dorzolamide hcl	MO	neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	
ophthalmic		ofloxacin ophthalmic	
dorzolamide hcl-timolol mal	MO	olopatadine hcl ophthalmic solution 0.1 %	
epinastine hcl		olopatadine hcl ophthalmic solution 0.2 %	
erythromycin ophthalmic	QL (3.5 per 30 days)	pilocarpine hcl	MO
fluorometholone ophthalmic		ophthalmic solution 1 %, 2 %, 4 %	
flurbiprofen sodium		POLYCIN	
		polymyxin b- trimethoprim	

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
prednisolone acetate ophthalmic		neomycin-polymyxin-hc otic	
proparacaine hcl ophthalmic		ofloxacin otic	
RESTASIS	QL (60 per 30 days); MO	Respiratory Tract/Pulmonary Agents	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	QL (5.5 per 28 days); MO	acetylcysteine inhalation	B/D PA
RHOPRESSA	MO	ADEMPAS	PA; QL (90 per 30 days); LA
ROCKLATAN	MO	ADVAIR HFA	QL (12 per 30 days); MO
SIMBRINZA	MO	albuterol sulfate hfa	MO
sulfacetamide sodium ophthalmic ointment		albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	B/D PA; QL (360 per 30 days); MO
sulfacetamide sodium ophthalmic solution		albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	B/D PA; MO
sulfacetamide- prednisolone ophthalmic solution		albuterol sulfate oral syrup	MO
timolol maleate ophthalmic gel forming solution	MO	albuterol sulfate oral tablet	MO
timolol maleate ophthalmic solution	MO	ambrisentan	PA; QL (30 per 30 days); LA
TOBRADEX OPHTHALMIC OINTMENT		ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ ACT	QL (60 per 30 days); MO
TOBRADEX ST tobramycin ophthalmic		arformoterol tartrate	B/D PA; QL (120 per 30 days); MO
tobramycin- dexamethasone		ARNUITY ELLIPTA	QL (30 per 30 days); MO
travoprost (bak free)	MO	ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	QL (1 per 30 days); MO
VYZULTA	MO	ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	QL (2 per 28 days); MO
XDEMVVY	LA		
XIIDRA	QL (60 per 30 days); MO		
Otic Agents			
acetic acid otic			
ciprofloxacin- dexamethasone			
CORTISPORIN-TC			
FLAC			
fluocinolone acetonide otic			
hydrocortisone-acetic acid			

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	QL (1 per 30 days); MO	cromolyn sodium inhalation	B/D PA; MO
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	QL (1 per 30 days); MO	cyproheptadine hcl oral syrup	PA
ASMANEX HFA	QL (13 per 30 days); MO	cyproheptadine hcl oral tablet	
ATROVENT HFA	QL (26 per 30 days); MO	desloratadine	
azelastine hcl nasal solution 0.1 %, 137 mcg/ spray	QL (30 per 25 days)	diphenhydramine hcl injection	
bosentan	PA; QL (60 per 30 days); LA	ELIXOPHYLLIN	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ ACT, 200-25 MCG/ACT, 50-25 MCG/INH	QL (60 per 30 days); MO	epinephrine (anaphylaxis) injection solution 30 mg/30ml	
breyna	QL (30.9 per 30 days); MO	epinephrine injection solution 0.3 mg/0.3ml	QL (2 per 28 days)
BREZTRI AEROSPHERE	QL (10.7 per 30 days); MO	epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/ 0.3ml	QL (2 per 28 days)
BRONCHITOL	PA; LA	flunisolide nasal solution 25 mcg/act (0.025%)	QL (75 per 30 days)
budesonide inhalation suspension 0.25 mg/ 2ml, 0.5 mg/2ml	B/D PA; QL (120 per 30 days); MO	fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	QL (60 per 30 days); MO
budesonide inhalation suspension 1 mg/2ml	B/D PA; QL (60 per 30 days); MO	fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	QL (240 per 30 days); MO
budesonide-formoterol fumarate	QL (30.6 per 30 days); MO	fluticasone propionate hfa inhalation aerosol 110 mcg/act	QL (12 per 30 days); MO
CAYSTON	PA; LA	fluticasone propionate hfa inhalation aerosol 220 mcg/act	QL (24 per 30 days); MO
cetirizine hcl oral solution		fluticasone propionate hfa inhalation aerosol 44 mcg/act	QL (11 per 30 days); MO
clemastine fumarate oral tablet 2.68 mg	PA	fluticasone propionate nasal	QL (16 per 30 days)
COMBIVENT RESPIMAT	QL (8 per 30 days); MO		

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
fluticasone-salmeterol inhalation aerosol <i>powder breath</i> activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	QL (60 per 30 days); MO	levocetirizine dihydrochloride oral solution	QL (300 per 30 days)
formoterol fumarate inhalation	B/D PA; QL (120 per 30 days); MO	levocetirizine dihydrochloride oral tablet	QL (30 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml		mometasone furoate nasal	
hydroxyzine hcl intramuscular solution 50 mg/ml		montelukast sodium oral packet	MO
hydroxyzine hcl oral syrup	QL (2880 per 28 days)	montelukast sodium oral tablet	MO
hydroxyzine hcl oral tablet 10 mg	QL (120 per 30 days)	montelukast sodium oral tablet chewable	MO
hydroxyzine hcl oral tablet 25 mg	QL (120 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	PA; QL (3 per 28 days); LA
hydroxyzine hcl oral tablet 50 mg	QL (240 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PA; QL (3 per 28 days); LA
hydroxyzine pamoate oral	QL (120 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	PA; QL (0.4 per 28 days); LA
ipratropium bromide inhalation	B/D PA; MO	NUCALA SUBCUTANEOUS SOLUTION	PA; QL (3 per 28 days); LA
ipratropium bromide nasal	QL (30 per 30 days); MO	RECONSTITUTED	
ipratropium-albuterol inhalation solution 0.5- 2.5 (3) mg/3ml	B/D PA; QL (540 per 30 days); MO	OFEV	PA; QL (60 per 30 days)
KALYDECO ORAL TABLET	PA; QL (60 per 30 days)	OPSUMIT	PA; QL (30 per 30 days); LA
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/ 3ml	B/D PA; QL (270 per 30 days); MO	ORKAMBI ORAL TABLET	PA; QL (120 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	B/D PA; QL (540 per 30 days); MO	pirfenidone oral tablet	PA; QL (270 per 30 days)
levalbuterol tartrate	QL (45 per 30 days); MO	pirfenidone oral tablet	PA; QL (90 per 534 mg, 801 mg 30 days)
		PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	B/D PA

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

Drug Name	Requirements/ Limits	Drug Name	Requirements/ Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	QL (11 per 30 days); MO	wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	QL (60 per 30 days); MO
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	QL (22 per 30 days); MO	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	PA; QL (8 per 28 days); LA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	PA; LA	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	PA; QL (4 per 28 days); LA
roflumilast	PA; QL (30 per 30 days); MO	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	PA; QL (8 per 28 days); LA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	QL (60 per 30 days); MO	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	PA; QL (4 per 28 days); LA
sildenafil citrate oral tablet 20 mg	PA; QL (360 per 30 days)	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	PA; QL (8 per 28 days); LA
SPIRIVA HANDIHALER	QL (30 per 30 days); MO	zafirlukast	MO
SPIRIVA RESPIMAT	QL (4 per 30 days); MO		
STIOLTO RESPIMAT	QL (4 per 30 days); MO		
terbutaline sulfate injection			
terbutaline sulfate oral	MO		
theophylline er	MO		
theophylline oral	MO		
tobramycin inhalation nebulization solution 300 mg/5ml	B/D PA; QL (280 per 28 days)		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	QL (60 per 30 days); MO		
treprostинil	PA; LA		
umeclidinium-vilanterol	QL (60 per 30 days); MO		
VENTOLIN HFA	MO		

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

Index of Drugs

Legend

Generic drugs are shown in lowercase italic (e.g., atenolol).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA HANDIHALER).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. 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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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-879-3610** (TTY: **711**). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-844-879-3610** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电**1-844-879-3610** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電**1-844-879-3610** (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-844-879-3610** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-844-879-3610** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-844-879-3610** (TTY: **711**). Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-879-3610** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-879-3610** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-879-3610** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري ليس عليك سوى الاتصال بنا على (TTY: **711**) **1-844-879-3610**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे सुवा स्थूय या दवा की योजना के बारे में आपके कसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषणि सेवाएँ उपलब्ध हैं। एक दुभाषणि प्रा पृत करने के लिए, वस हमें **1-844-879-3610** (TTY: 711) पर फोन करें। कोई व्यक्ति जो हन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-844-879-3610** (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-844-879-3610** (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-844-879-3610** (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znajdującego język polski, należy zadzwonić pod numer **1-844-879-3610** (TTY: 711). Ta usługa jest bezpłatna.

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This formulary was updated on 9/1/2025. For more recent information or other questions, please contact Anthem Full Dual Advantage (HMO D-SNP) Pharmacy Customer Service, at **1-833-339-3518** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **www.anthem.com**.

H3655_033_000OH

Y0114_25_3009066_0198_I_C
Core_DS_25049_v18_2509_2
Effective date 9/1/2025

1072191OHENABS_0198