

MMM Diamante Platino (HMO D-SNP)	MMM Dorado Platino (HMO D-SNP)
MMM Relax Platino (HMO D-SNP)	MMM Combo Platino (HMO D-SNP)
MMM Preciso Platino (HMO D-SNP)	PMC Premier Platino (HMO D-SNP)

2027 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS ID 27353, Version 10

This formulary was updated on 10/05/2026. For more recent information or other questions, please contact MMM Healthcare, LLC., Member Services at 1-866-333-5470 (TTY users should call 711), Monday through Sunday, from 8:00 a.m. to 8:00 p.m., or visit www.mmmpr.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 MMM Healthcare, LLC. When it refers to “plan” or “our plan,” it means MMM Diamante Platino / MMM Dorado Platino / MMM Relax Platino / MMM Combo Platino / MMM Preciso Platino / PMC Premier Platino.

This document includes a Drug List (formulary) for our plan which is current as of 10/05/2026. 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, 2027, and from time to time during the year.

What is the MMM Diamante Platino / MMM Dorado Platino / MMM Relax Platino / MMM Combo Platino / MMM Preciso Platino / PMC Premier Platino 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 our plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.mmmpr.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 drug from our formulary if we are replacing it with a certain new version of that drug that will appear 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 immediately add new restrictions.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the MMM Diamante Platino’s / MMM Dorado Platino’s / MMM Relax Platino’s / MMM Combo Platino’s / MMM Preciso Platino’s / PMC Premier Platino’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 manufacturers 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 or move it to a different cost-sharing tier, or both. 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 entitled “How do I request an exception to the MMM Diamante Platino’s / MMM Dorado Platino’s / MMM Relax Platino’s / MMM Combo Platino’s / MMM Preciso Platino’s / PMC Premier Platino’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 10/05/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, all affected members will be notified via mail (at least 30 days before the change becomes effective). In addition, an updated version of our printed formulary will be available the first week of the effective month and posted on our website at: www.mmmpr.com.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 11. 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 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 145. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **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 based on specific criteria 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 60 tablets per prescription for *glimepiride*. 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 11. 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 MMM Diamante Platino / MMM Dorado Platino / MMM Relax Platino / MMM Combo Platino / MMM Preciso Platino / PMC Premier Platino formulary?” on page 5 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 Member Services and ask if your drug is covered.

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask 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 MMM Diamante Platino / MMM Dorado Platino / MMM Relax Platino / MMM Combo Platino / MMM Preciso Platino / PMC Premier Platino 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 pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions 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 restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or 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 31-day emergency supply of that drug while you pursue a formulary exception.

For those members who are released from a hospital or other care facility to their home, our plan will cover a temporary 30-day supply for the drugs that are not in our formulary or have a utilization restriction, while you ask your physician to prescribe a similar drug that is covered by our plan.

For more information

For more detailed information about your 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>.

MMM Medicare, LLC Formulary

The formulary below 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 145.

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

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

Benefit Structure

MMM Diamante Platino (HMO-SNP)	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	Covered drugs	\$0.00	\$0.00	\$0.00

MMM Dorado Platino (HMO-SNP)	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	Covered drugs	\$0.00	\$0.00	\$0.00

MMM Relax Platino (HMO-SNP)	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	Covered drugs	\$0.00	\$0.00	\$0.00

MMM Combo Platino (HMO-SNP)	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	Covered drugs	\$0.00	\$0.00	\$0.00

MMM Preciso Platino (HMO-SNP)	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	Covered drugs	\$0.00	\$0.00	\$0.00

PMC Premier Platino (HMO-SNP)	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
	Covered drugs	\$0.00	\$0.00	\$0.00

Symbols and abbreviations used in the Formulary

PA - drugs that need prior authorization

QL (###/###) - drugs with quantity limit; the quantity in parenthesis specifies the quantity limit for the maximum days of supply

ST - Step Therapy

LA - drugs with limited access (ex., Specialty Drugs)

MT - maintenance drugs (ex., Contracted pharmacies, and Mail Order, 90-day supply)

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

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Drug	Brand Reference	Requirements/ Limits
Analgesics		
<i>Analgesics</i>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	TENCON	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>		
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (BUTALBITAL-ACETAMIN-CAFF)	
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	CELEBREX	MT; QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	CELEBREX	MT; QL (30 EA per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	FLECTOR	
<i>diclofenac potassium oral tablet 50 mg</i>		MT
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		MT
<i>diclofenac sodium external solution 1.5 %</i>		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		MT
<i>diflunisal oral tablet 500 mg</i>		MT
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		MT
<i>etodolac oral capsule 200 mg, 300 mg</i>		MT
<i>etodolac oral tablet 400 mg</i>	LODINE	MT
<i>etodolac oral tablet 500 mg</i>		MT
<i>flurbiprofen oral tablet 100 mg</i>	LURBIRO	MT
IBU ORAL TABLET 600 MG, 800 MG		MT
<i>ibuprofen oral suspension 100 mg/5ml</i>		
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		MT
<i>ketoprofen oral capsule 25 mg, 50 mg</i>		MT
<i>ketorolac tromethamine injection solution 30 mg/ml</i>		
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>		
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		MT; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>nabumetone oral tablet 500 mg, 750 mg</i>		MT
<i>naproxen dr oral tablet delayed release 500 mg</i>		MT
<i>naproxen oral suspension 125 mg/5ml</i>		MT
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>		MT
<i>naproxen oral tablet delayed release 375 mg</i>		MT
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>		MT
<i>oxaprozin oral tablet 600 mg</i>		MT
<i>piroxicam oral capsule 10 mg, 20 mg</i>		MT
<i>sulindac oral tablet 150 mg, 200 mg</i>		MT
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	JYNARQUE	PA; LA; QL (56 EA per 28 days)
<i>Opioid Analgesics, Long-Acting</i>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		QL (60 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		QL (10 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>		
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>		QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		QL (42 ML per 7 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		QL (90 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 50 mg, 60 mg, 80 mg</i>		QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>		QL (90 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	MS CONTIN	QL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>		QL (1800 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>		QL (180 EA per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>		QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	TENCON	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (BUTALBITAL-ACETAMIN-CAFF)	
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml</i>		QL (4 ML per 30 days)
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>		QL (2 ML per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		QL (5400 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>		QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>		QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		QL (50 EA per 10 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	DILAUDID	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	DILAUDID	QL (180 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	DILAUDID	QL (21 EA per 7 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>		
<i>meperidine hcl injection solution 100 mg/ml</i>		QL (360 ML per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>meperidine hcl injection solution 25 mg/ml</i>	DEMEROL	QL (1440 ML per 30 days)
<i>meperidine hcl injection solution 50 mg/ml</i>	DEMEROL	QL (720 ML per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		QL (42 ML per 7 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>		QL (1800 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>		QL (900 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>		QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		
<i>oxycodone hcl oral solution 5 mg/5ml</i>		QL (2700 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 20 mg, 5 mg</i>		QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg</i>	ROXICODONE	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	ROXICODONE	QL (14 EA per 7 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>		QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>		QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>		QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>		QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		QL (56 EA per 7 days)
Anesthetics		
<i>Local Anesthetics</i>		
<i>GLYDO EXTERNAL GEL 2 %</i>		
<i>GLYDO EXTERNAL PREFILLED SYRINGE 2 %</i>		
<i>lidocaine external ointment 5 %</i>		
<i>lidocaine external patch 5 %</i>	LIDOCAN	QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>		
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>		
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	GLYDO	

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

Drug	Brand Reference	Requirements/ Limits
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-Craving</i>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		MT
<i>disulfiram oral tablet 250 mg, 500 mg</i>		MT
<i>naltrexone hcl oral tablet 50 mg</i>		
<i>Opioid Dependence</i>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	SUBOXONE	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		
<i>naltrexone hcl oral tablet 50 mg</i>		
<i>Opioid Reversal Agents</i>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML		
<i>naloxone hcl injection solution 0.4 mg/ml</i>		
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>		
OPVEE NASAL SOLUTION 2.7 MG/0.1ML		
<i>Smoking Cessation Agents</i>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		
NICOTROL NS NASAL SOLUTION 10 MG/ML		

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

Drug	Brand Reference	Requirements/ Limits
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CHANTIX STARTING MONTH PAK	QL (53 EA per 28 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CHANTIX	QL (60 EA per 30 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	CHANTIX	QL (56 EA per 28 days)
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		PA; LA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>		
<i>gentamicin sulfate external cream 0.1 %</i>		
<i>gentamicin sulfate external ointment 0.1 %</i>		
<i>gentamicin sulfate injection solution 40 mg/ml</i>		
<i>neomycin sulfate oral tablet 500 mg</i>		
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>		
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>		PA
<i>Antibacterials, Other</i>		
<i>acetic acid otic solution 2 %</i>		
<i>aztreonam injection solution reconstituted 1 gm</i>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	CLEOCIN	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	CLEOCIN	
<i>clindamycin phosphate external swab 1 %</i>	CLINDACIN ETZ	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>		
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	CLEOCIN PHOSPHATE	

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

Drug	Brand Reference	Requirements/ Limits
<i>clindamycin phosphate vaginal cream 2 %</i>	CLEOCIN	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	COLY-MYCIN M	PA
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>		
<i>fosfomycin tromethamine oral packet 3 gm</i>		
<i>linezolid intravenous solution 600 mg/300ml</i>	ZYVOX	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>		PA
<i>linezolid oral tablet 600 mg</i>		PA
<i>methenamine hippurate oral tablet 1 gm</i>		
<i>metronidazole external cream 0.75 %</i>		
<i>metronidazole external gel 0.75 %, 1 %</i>		
<i>metronidazole external lotion 0.75 %</i>		
<i>metronidazole intravenous solution 500 mg/100ml</i>		
<i>metronidazole oral tablet 250 mg, 500 mg</i>		
<i>metronidazole vaginal gel 0.75 %</i>	VANDAZOLE	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>		
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	MACROBID	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>		PA
<i>tigecycline intravenous solution reconstituted 50 mg</i>	TYGACIL	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>		
<i>trimethoprim oral tablet 100 mg</i>		
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>		
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	VANCOCIN	
VANDAZOLE VAGINAL GEL 0.75 %		
XIFAXAN ORAL TABLET 200 MG		PA
XIFAXAN ORAL TABLET 550 MG		PA; MT
<i>Beta-Lactam, Cephalosporins</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>		
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>		
<i>cefadroxil oral capsule 500 mg</i>		
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		
<i>cefadroxil oral tablet 1 gm</i>		
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>		
<i>cefdinir oral capsule 300 mg</i>		
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cefepime hcl injection solution reconstituted 1 gm</i>		
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>		
<i>cefixime oral capsule 400 mg</i>		
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		PA
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>cefprozil oral tablet 250 mg, 500 mg</i>		
<i>ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg</i>	TEFLARO	
<i>ceftazidime injection solution reconstituted 1 gm</i>	TAZICEF	
<i>ceftazidime injection solution reconstituted 6 gm</i>		
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	TAZICEF	

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

Drug	Brand Reference	Requirements/ Limits
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>		
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>		PA
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>		PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>		
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	AUGMENTIN ES-600	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>		
<i>ampicillin oral capsule 500 mg</i>		
<i>ampicillin sodium injection solution reconstituted 1 gm</i>		PA
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>		PA
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	UNASYN	

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

Drug	Brand Reference	Requirements/ Limits
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	UNASYN	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		
<i>naftillin sodium injection solution reconstituted 1 gm, 2 gm</i>		PA
<i>naftillin sodium intravenous solution reconstituted 10 gm</i>		PA
<i>oxacillin sodium injection solution reconstituted 1 gm</i>		
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>		
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>		
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	PFIZERPEN	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>		
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>		
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>		
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	PRIMAXIN IV	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>		
Macrolides		

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

Drug	Brand Reference	Requirements/ Limits
<i>azithromycin intravenous solution reconstituted 500 mg</i>		
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>		
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	ZITHROMAX	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	ZITHROMAX	
<i>azithromycin oral tablet 600 mg</i>		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		ST
E.E.S. 400 ORAL TABLET 400 MG		
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	E.E.S. GRANULES	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	ERY-TAB	
<i>fidaxomicin oral tablet 200 mg</i>	DIFICID	ST
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		PA; QL (28 EA per 14 days)
BAXDELA ORAL TABLET 450 MG		PA; QL (28 EA per 14 days)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	CIPRO	

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

Drug	Brand Reference	Requirements/ Limits
<i>ciprofloxacin hcl oral tablet 750 mg</i>		
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>		
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>		
<i>levofloxacin oral solution 25 mg/ml</i>		
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>		PA
<i>moxifloxacin hcl oral tablet 400 mg</i>		
<i>Sulfonamides</i>		
<i>sulfadiazine oral tablet 500 mg</i>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	SULFATRIM	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	BACTRIM	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	BACTRIM DS	
<i>Tetracyclines</i>		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	DOXY 100	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>		
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>		
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		PA
NUZYRA ORAL TABLET 150 MG		PA; QL (30 EA per 14 days)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		

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

Drug	Brand Reference	Requirements/ Limits
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
<i>brivaracetam oral solution 10 mg/ml</i>	BRIVIACT	PA; QL (600 ML per 30 days)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	BRIVIACT	PA; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		PA; LA
DIACOMIT ORAL PACKET 250 MG, 500 MG		PA; LA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	DEPAKOTE ER	MT
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	DEPAKOTE SPRINKLES	MT
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	DEPAKOTE	MT
EPIDIOLEX ORAL SOLUTION 100 MG/ML		PA; LA; QL (600 ML per 30 days)
<i>felbamate oral suspension 600 mg/5ml</i>		MT
<i>felbamate oral tablet 400 mg, 600 mg</i>	FELBATOL	MT
FINTEPLA ORAL SOLUTION 2.2 MG/ML		PA; LA; QL (360 ML per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	LAMICTAL XR	MT
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	LAMICTAL ODT	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	SUBVENITE	MT
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LAMICTAL	MT
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LAMICTAL ODT	MT
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	SUBVENITE STARTER KIT-BLUE	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	SUBVENITE STARTER KIT-GREEN	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	SUBVENITE STARTER KIT-ORANGE	

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

Drug	Brand Reference	Requirements/ Limits
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	KEPPRA XR	MT
<i>levetiracetam oral solution 100 mg/ml</i>	KEPPRA	MT
<i>levetiracetam oral tablet 1000 mg, 250 mg, 750 mg</i>	KEPPRA	MT
<i>levetiracetam oral tablet 500 mg</i>		MT
<i>levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg</i>	SPRITAM	MT
<i>perampanel oral suspension 0.5 mg/ml</i>	FYCOMPA	PA
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	FYCOMPA	PA; MT
ROWEEPRA ORAL TABLET 500 MG		MT
SUBVENITE ORAL SUSPENSION 10 MG/ML		MT
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG		MT
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG		
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG		
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG		
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>		MT
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	TOPAMAX SPRINKLE	MT
<i>topiramate oral capsule sprinkle 50 mg</i>		MT
<i>topiramate oral solution 25 mg/ml</i>	EPRONTIA	MT
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	TOPAMAX	MT
<i>valproic acid oral capsule 250 mg</i>		MT
<i>valproic acid oral solution 250 mg/5ml</i>		MT
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		PA; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		PA; QL (56 EA per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG		PA; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 25 MG		PA; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 50 MG		PA; QL (90 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG		PA; QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML		PA; LA
<i>Calcium Channel Modifying Agents</i>		
<i>ethosuximide oral capsule 250 mg</i>	ZARONTIN	MT
<i>ethosuximide oral solution 250 mg/5ml</i>	ZARONTIN	MT
<i>methsuximide oral capsule 300 mg</i>	CELONTIN	MT
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	LYRICA CR	MT
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	LYRICA	MT
<i>pregabalin oral solution 20 mg/ml</i>	LYRICA	MT
ZONISADE ORAL SUSPENSION 100 MG/5ML		QL (600 ML per 30 days)
<i>Gamma-Aminobutyric Acid (Gaba) Modulating Agents</i>		
<i>clobazam oral suspension 2.5 mg/ml</i>	ONFI	MT
<i>clobazam oral tablet 10 mg, 20 mg</i>	ONFI	MT
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KLONOPIN	PA
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		PA
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		PA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML		PA
<i>diazepam oral solution 5 mg/5ml</i>		PA
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	VALIUM	PA
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	NEURONTIN	MT
<i>gabapentin oral solution 250 mg/5ml</i>	NEURONTIN	MT
<i>gabapentin oral tablet 600 mg, 800 mg</i>	NEURONTIN	MT
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML		PA
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	ATIVAN	PA
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		PA
<i>phenobarbital oral elixir 20 mg/5ml</i>		MT
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		MT
<i>pregabalin oral capsule 200 mg, 300 mg</i>	LYRICA	MT
<i>pregabalin oral solution 20 mg/ml</i>	LYRICA	MT
<i>primidone oral tablet 125 mg</i>		MT
<i>primidone oral tablet 250 mg, 50 mg</i>	MYSOLINE	MT
SYMPAZAN ORAL FILM 10 MG, 20 MG		QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG		MT; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>		MT
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		PA
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		PA
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		PA
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		PA
<i>vigabatrin oral packet 500 mg</i>	SABRIL	PA; LA
<i>vigabatrin oral tablet 500 mg</i>	SABRIL	PA; LA
VIGAFYDE ORAL SOLUTION 100 MG/ML		PA; LA
ZTALMY ORAL SUSPENSION 50 MG/ML		PA; LA

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

Drug	Brand Reference	Requirements/ Limits
<i>Sodium Channel Agents</i>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>		MT
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGRETOL-XR	MT
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGRETOL	MT
<i>carbamazepine oral tablet 200 mg</i>	TEGRETOL	MT
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>		MT
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG		MT
DILANTIN ORAL CAPSULE 100 MG, 30 MG		MT
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML		MT
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	APTiom	PA; MT; QL (30 EA per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	APTiom	PA; MT; QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	VIMPAT	MT
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	VIMPAT	MT; QL (60 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	OXTELLAR XR	MT
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	TRILEPTAL	MT
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	TRILEPTAL	MT
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		MT
<i>phenytoin oral suspension 125 mg/5ml</i>	DILANTIN-125	MT
<i>phenytoin oral tablet chewable 50 mg</i>	DILANTIN INFATABS	MT
<i>phenytoin sodium extended oral capsule 100 mg</i>	DILANTIN	MT
<i>rufinamide oral suspension 40 mg/ml</i>	BANZEL	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	BANZEL	PA; MT
TEGRETOL ORAL SUSPENSION 100 MG/5ML		MT

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

Drug	Brand Reference	Requirements/ Limits
TEGRETOL ORAL TABLET 200 MG		MT
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		MT
ZONISADE ORAL SUSPENSION 100 MG/5ML		QL (600 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i>	ZONEGRAN	MT
<i>zonisamide oral capsule 50 mg</i>		MT
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	ARICEPT	MT; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		MT; QL (30 EA per 30 days)
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 2 X 250 MG/1.25ML		PA; QL (10 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML		PA; QL (7.2 ML per 28 days)
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	NAMZARIC	MT; QL (30 EA per 30 days)
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	ARICEPT	MT; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		MT; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		MT; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		MT
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		MT
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		MT
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	EXELON	MT; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</i>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>		MT; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>		MT
<i>memantine hcl oral tablet 10 mg, 5 mg</i>		MT
Antidepressants		
<i>Antidepressants, Other</i>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		ST; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		ST; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		ST; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		ST; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>		MT
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	ABILIFY	MT
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		MT
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		ST; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	WELLBUTRIN SR	MT
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	WELLBUTRIN XL	MT
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>		MT
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		MT
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG		ST; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG		ST; QL (32 EA per 14 days)
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	REMERON	MT
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		MT
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	REMERON SOLTAB	MT
<i>olanzapine-fluoxetine hcl oral capsule 12- 25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>		MT
OPIPZA ORAL FILM 10 MG		ST; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG		ST
OPIPZA ORAL FILM 5 MG		ST; QL (180 EA per 30 days)
<i>perphenazine-amitriptyline oral tablet 2- 10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		MT
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROQUEL XR	MT; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROQUEL XR	MT; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	SEROQUEL	MT
<i>quetiapine fumarate oral tablet 150 mg</i>		MT
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		PA; QL (14 EA per 14 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG		MT
<i>phenelzine sulfate oral tablet 15 mg</i>	NARDIL	MT
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PARNATE	MT
<i>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>citalopram hydrobromide oral capsule 30 mg</i>		MT
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		MT
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	CELEXA	MT
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>		MT; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PRISTIQ	MT; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG		PA; MT; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg</i>		PA; MT; QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>		MT
<i>escitalopram oxalate oral capsule 15 mg</i>		MT; QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		MT; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	LEXAPRO	MT; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	LEXAPRO	MT; QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	LEXAPRO	MT; QL (120 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		ST; MT; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		ST; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>		MT
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		MT; QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		MT
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		MT
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		MT
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		MT
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PAXIL CR	ST; MT
<i>paroxetine hcl oral suspension 10 mg/5ml</i>		ST; MT
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PAXIL	ST; MT
RALDESY ORAL SOLUTION 10 MG/ML		PA; MT
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>		MT
<i>sertraline hcl oral concentrate 20 mg/ml</i>	ZOLOFT	MT
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	ZOLOFT	MT
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		MT
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		ST; MT; QL (60 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>		MT; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	EFFEXOR XR	MT; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		MT
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	VIIIBRYD	MT; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		MT
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		MT
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	ANAFRANIL	MT
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	NORPRAMIN	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		MT
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		MT
<i>doxepin hcl oral concentrate 10 mg/ml</i>		MT
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	SILENOR	QL (30 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		MT
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		MT
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PAMELOR	MT
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		MT
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		MT
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		MT
Antiemetics		
<i>Antiemetics, Other</i>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>		MT
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		MT
<i>meclizine hcl oral tablet 12.5 mg</i>		
<i>meclizine hcl oral tablet 25 mg</i>		
<i>meclizine hcl oral tablet chewable 25 mg</i>		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	REGLAN	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		MT
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		MT
<i>prochlorperazine rectal suppository 25 mg</i>	COMPRO	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	TRANSDERM SCOP	QL (10 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant oral capsule 125 mg</i>		PA; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>		PA; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	EMEND BIPACK	PA; QL (6 EA per 30 days)
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	EMEND TRIPACK	PA; QL (8 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 5 mg</i>		PA; QL (60 EA per 30 days)
<i>dronabinol oral capsule 2.5 mg</i>	MARINOL	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML		PA; QL (2 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>		PA; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>		PA; QL (450 ML per 10 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		PA; QL (45 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		PA; QL (45 EA per 30 days)
Antifungals		
<i>Antifungals</i>		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>		PA
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	AMBISOME	PA
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>		PA
<i>ciclopirox external gel 0.77 %</i>		
<i>ciclopirox external shampoo 1 %</i>		
<i>ciclopirox external solution 8 %</i>	CICLODAN	
<i>ciclopirox olamine external cream 0.77 %</i>		
<i>ciclopirox olamine external suspension 0.77 %</i>		
<i>clotrimazole external cream 1 %</i>	LOTRIMIN	
<i>clotrimazole external solution 1 %</i>	LASOLEX	
<i>clotrimazole mouth/throat troche 10 mg</i>		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		PA
<i>econazole nitrate external cream 1 %</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>		PA
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	DIFLUCAN	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	ANCOBON	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		
<i>griseofulvin microsize oral tablet 500 mg</i>		
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		
<i>itraconazole oral capsule 100 mg</i>	SPORANOX	QL (120 EA per 30 days)
<i>ketoconazole external cream 2 %</i>		
<i>ketoconazole external shampoo 2 %</i>		
<i>ketoconazole oral tablet 200 mg</i>		
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>		
NYAMYC EXTERNAL POWDER 100000 UNIT/GM		
<i>nystatin external cream 100000 unit/gm</i>		
<i>nystatin external ointment 100000 unit/gm</i>		
<i>nystatin external powder 100000 unit/gm</i>	NYSTOP	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		
<i>nystatin oral tablet 500000 unit</i>		
NYSTOP EXTERNAL POWDER 100000 UNIT/GM		
<i>posaconazole oral suspension 40 mg/ml</i>		
<i>posaconazole oral tablet delayed release 100 mg</i>		
<i>terbinafine hcl oral tablet 250 mg</i>		QL (90 EA per 365 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		
<i>terconazole vaginal suppository 80 mg</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>voriconazole intravenous solution reconstituted 200 mg</i>	VFEND IV	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	VFEND	
<i>voriconazole oral tablet 200 mg, 50 mg</i>		
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>		MT
<i>colchicine oral capsule 0.6 mg</i>	MITIGARE	
<i>colchicine oral tablet 0.6 mg</i>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		MT
<i>febuxostat oral tablet 40 mg, 80 mg</i>	ULORIC	MT
<i>probenecid oral tablet 500 mg</i>		MT
Antimigraine Agents		
<i>Antimigraine Agents</i>		
NURTEC ORAL TABLET DISPERSIBLE 75 MG		ST; QL (16 EA per 30 days)
<i>Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists</i>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		PA; MT; QL (1 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML		PA; MT; QL (2 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		PA; MT; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		PA; MT; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		PA; MT; QL (2 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG		ST; QL (16 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		PA; MT; QL (30 EA per 30 days)
UBRELVY ORAL TABLET 100 MG		ST; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 50 MG		ST; QL (32 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		
Prophylactic		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	DEPAKOTE ER	MT
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	DEPAKOTE SPRINKLES	MT
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	DEPAKOTE	MT
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		MT
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>		MT
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	TOPAMAX SPRINKLE	MT
<i>topiramate oral capsule sprinkle 50 mg</i>		MT
<i>topiramate oral solution 25 mg/ml</i>	EPRONTIA	MT
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	TOPAMAX	MT
<i>valproic acid oral capsule 250 mg</i>		MT
<i>valproic acid oral solution 250 mg/5ml</i>		MT
Serotonin (5-Ht) Receptor Agonist		
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	RELPAK	QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		QL (12 EA per 28 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	MAXALT	QL (18 EA per 28 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>		QL (18 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	MAXALT-MLT	QL (18 EA per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		QL (18 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>		QL (12 EA per 28 days)
<i>sumatriptan nasal solution 5 mg/act</i>		QL (24 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	IMITREX	QL (9 EA per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		QL (6 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	IMITREX STATDOSE SYSTEM	QL (6 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	ZOMIG	QL (12 EA per 28 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>		QL (12 EA per 28 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	MESTINON	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	MESTINON	
<i>pyridostigmine bromide oral tablet 30 mg</i>		
<i>pyridostigmine bromide oral tablet 60 mg</i>	MESTINON	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG- UNT/5ML		PA; LA; QL (20 ML per 28 days)
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>		MT
<i>rifabutin oral capsule 150 mg</i>		
<i>rifapentine oral tablet 150 mg</i>	PRIFTIN	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>		
<i>isoniazid oral syrup 50 mg/5ml</i>		MT
<i>isoniazid oral tablet 100 mg, 300 mg</i>		MT
<i>pretomanid oral tablet 200 mg</i>		PA; QL (182 EA per 182 days)
<i>pyrazinamide oral tablet 500 mg</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>rifampin intravenous solution reconstituted 600 mg</i>	RIFADIN	
<i>rifampin oral capsule 150 mg, 300 mg</i>		
SIRTURO ORAL TABLET 100 MG, 20 MG		PA; LA
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		PA
<i>cyclophosphamide oral tablet 50 mg</i>		PA
LEUKERAN ORAL TABLET 2 MG		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	GLEOSTINE	PA
MATULANE ORAL CAPSULE 50 MG		LA
VALCHLOR EXTERNAL GEL 0.016 %		PA; LA
<i>Antiandrogens</i>		
<i>abiraterone acetate oral tablet 250 mg</i>	ABIRTEGA	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	ZYTIGA	PA; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	CASODEX	
ERLEADA ORAL TABLET 240 MG		PA; LA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG		PA; LA; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG		PA; QL (180 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>		
NUBEQA ORAL TABLET 300 MG		PA; LA; QL (120 EA per 30 days)
<i>toremifene citrate oral tablet 60 mg</i>	FARESTON	MT
XTANDI ORAL CAPSULE 40 MG		PA; LA; QL (180 EA per 30 days)
XTANDI ORAL TABLET 40 MG		PA; LA; QL (180 EA per 30 days)
XTANDI ORAL TABLET 80 MG		PA; LA; QL (90 EA per 30 days)
<i>Antiangiogenic Agents</i>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	REVLIMID	LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG		PA; LA

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

Drug	Brand Reference	Requirements/ Limits
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG		PA; LA; QL (21 EA per 28 days)
Antiestrogens/Modifiers		
INLURIYO ORAL TABLET 200 MG		PA; LA; QL (56 EA per 28 days)
ORSERDU ORAL TABLET 345 MG		PA; LA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG		PA; LA; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML		PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		MT
<i>toremifene citrate oral tablet 60 mg</i>	FARESTON	MT
Antimetabolites		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		PA; LA; QL (2 ML per 28 days)
<i>fluorouracil external cream 5 %</i>		
<i>fluorouracil external solution 2 %, 5 %</i>		
<i>hydroxyurea oral capsule 500 mg</i>	HYDREA	
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	PURIXAN	
<i>mercaptopurine oral tablet 50 mg</i>		
ONUREG ORAL TABLET 200 MG, 300 MG		PA; LA; QL (14 EA per 28 days)
TABLOID ORAL TABLET 40 MG		PA
Antineoplastics, Other		
<i>hydroxyurea oral capsule 500 mg</i>	HYDREA	
IDHIFA ORAL TABLET 100 MG, 50 MG		PA; LA; QL (30 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG		PA; LA; QL (5 EA per 28 days)
IWILFIN ORAL TABLET 192 MG		PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML		PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>		
<i>leucovorin calcium oral tablet 5 mg</i>		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		LA
LUMAKRAS ORAL TABLET 240 MG		PA; LA; QL (120 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; LA
LYSODREN ORAL TABLET 500 MG		LA
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		PA
<i>methotrexate sodium injection solution 50 mg/2ml</i>		PA
<i>methotrexate sodium injection solution reconstituted 1 gm</i>		PA
<i>methotrexate sodium oral tablet 2.5 mg</i>		PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		PA; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG		PA; LA; QL (33 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG		PA; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG		PA; LA; QL (90 EA per 30 days)
VORANIGO ORAL TABLET 10 MG		PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG		PA; QL (30 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML		PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		PA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; QL (24 EA per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; QL (8 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG		PA; QL (4 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG		PA
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet 1 mg</i>	ARIMIDEX	MT
<i>exemestane oral tablet 25 mg</i>	AROMASIN	MT
<i>letrozole oral tablet 2.5 mg</i>	FEMARA	MT
<i>Enzyme Inhibitors</i>		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		PA; LA; QL (21 EA per 28 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG		PA; LA; QL (56 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG		PA; LA; QL (60 EA per 30 days)
<i>Molecular Target Inhibitors</i>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		PA; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG		PA; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		PA; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG		PA; LA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		PA; LA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG		PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		PA; QL (240 EA per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		PA; LA; QL (66 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		PA; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG		PA; LA

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

Drug	Brand Reference	Requirements/ Limits
BOSULIF ORAL CAPSULE 100 MG, 50 MG		PA; QL (180 EA per 30 days)
BOSULIF ORAL TABLET 100 MG		PA; LA
BOSULIF ORAL TABLET 400 MG, 500 MG		PA; LA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG		PA; LA; QL (60 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		PA; LA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG		PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG		LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		PA; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		PA; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		PA; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		PA; LA; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG		PA; LA; QL (63 EA per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG		PA; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	PHYRAGO	PA
DAURISMO ORAL TABLET 100 MG		PA; LA; QL (28 EA per 28 days)
DAURISMO ORAL TABLET 25 MG		PA; LA; QL (56 EA per 28 days)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG		PA; LA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG		PA; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>		PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	ZORTRESS	PA; MT
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	AFINITOR	PA
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	AFINITOR DISPERZ	PA

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

Drug	Brand Reference	Requirements/ Limits
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		PA; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		PA; QL (84 EA per 21 days)
FRUZAQLA ORAL CAPSULE 5 MG		PA; QL (21 EA per 21 days)
GAVRETO ORAL CAPSULE 100 MG		PA; LA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	IRESSA	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		PA; LA
GOMEKLI ORAL CAPSULE 1 MG		PA; QL (42 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG		PA; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG		PA; QL (168 EA per 28 days)
HERNEXEOS ORAL TABLET 60 MG		PA; LA; QL (90 EA per 30 days)
HYRNUO ORAL TABLET 10 MG		PA; QL (120 EA per 30 days)
IBRANCE ORAL CAPSULE 125 MG		PA; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		PA; LA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG		PA; LA; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG		PA; LA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG		PA; LA; QL (60 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG		PA; LA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	GLEEVEC	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		PA; LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML		PA; LA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		PA; LA
<i>imkeldi oral solution 80 mg/ml</i>		PA
INLYTA ORAL TABLET 1 MG, 5 MG		PA; LA
INREBIC ORAL CAPSULE 100 MG		PA; LA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG		PA; QL (56 EA per 28 days)
ITOVEBI ORAL TABLET 9 MG		PA; QL (28 EA per 28 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		PA; LA

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

Drug	Brand Reference	Requirements/ Limits
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG		PA; LA; QL (30 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG		PA; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG		PA; LA; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 100 MG		PA; LA; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 25 MG		PA; LA; QL (120 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; QL (63 EA per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG		PA; LA; QL (90 EA per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		PA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG		PA
KRAZATI ORAL TABLET 200 MG		PA; LA; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	TYKERB	PA; LA
LAZCLUZE ORAL TABLET 240 MG		PA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG		PA; QL (60 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		PA; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		PA; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		PA; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		PA; LA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		PA; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		PA; LA; QL (90 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		PA; LA; QL (90 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		PA; LA; QL (60 EA per 30 days)
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG		PA; LA
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG		PA; LA
LORBRENA ORAL TABLET 100 MG		PA; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG		PA; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG		PA; LA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG		PA; LA; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG		PA; LA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG		PA; LA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		PA; LA; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		PA; LA; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		PA; LA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		PA; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG		PA; LA
MEKTOVI ORAL TABLET 15 MG		PA; LA; QL (180 EA per 30 days)
MODEYSO ORAL CAPSULE 125 MG		PA; LA; QL (20 EA per 28 days)
NERLYNX ORAL TABLET 40 MG		PA; LA; QL (180 EA per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	TASIGNA	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		PA; QL (3 EA per 28 days)
ODOMZO ORAL CAPSULE 200 MG		PA; LA; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG		PA; LA; QL (56 EA per 28 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		PA; LA; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG		PA; LA; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (16 PACK)		PA; LA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (24 PACK)		PA; LA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		PA; QL (30 EA per 30 days)
<i>pazopanib hcl oral tablet 200 mg</i>	VOTRIENT	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		PA; LA; QL (28 EA per 28 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG		PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		PA; QL (56 EA per 28 days)
QINLOCK ORAL TABLET 50 MG		PA; LA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG		PA; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG		PA; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG		PA; LA; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG		PA; LA; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG		PA
REZLIDHIA ORAL CAPSULE 150 MG		PA; LA; QL (60 EA per 30 days)
REZUROCK ORAL TABLET 200 MG		PA; LA; QL (30 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		PA; LA; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG		PA; LA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG		PA; LA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG		PA; LA; QL (360 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		PA; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG		PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG		PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG		PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	NEXAVAR	PA
STIVARGA ORAL TABLET 40 MG		PA; LA; QL (120 EA per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	SUTENT	PA
TABRECTA ORAL TABLET 150 MG, 200 MG		PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		PA; LA
TAFINLAR ORAL TABLET SOLUBLE 10 MG		PA; LA
TAGRISSE ORAL TABLET 40 MG, 80 MG		PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG		PA; LA; QL (90 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG		PA; LA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG		PA; LA; QL (60 EA per 30 days)
TRUQAP ORAL TABLET 200 MG		PA; QL (64 EA per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG		PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG		PA; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG		PA; LA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG		PA; QL (28 EA per 14 days)
VANFLYTA ORAL TABLET 26.5 MG		PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		PA; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		PA; LA; QL (60 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
VIJOICE ORAL PACKET 50 MG		PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG		PA; LA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG		PA; LA; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG		PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML		PA; LA
VONJO ORAL CAPSULE 100 MG		PA; LA; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG		PA; LA; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG		PA; LA; QL (60 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG		PA; LA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG		PA; LA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG		PA; LA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		PA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; QL (8 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG		PA; QL (4 EA per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; QL (32 EA per 28 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		PA; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG		PA; LA
ZYKADIA ORAL TABLET 150 MG		PA; LA; QL (90 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	TARGRETIN	PA
<i>bexarotene oral capsule 75 mg</i>	TARGRETIN	PA
PANRETIN EXTERNAL GEL 0.1 %		PA
<i>tretinoin oral capsule 10 mg</i>		
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>		
<i>leucovorin calcium oral tablet 5 mg</i>		
<i>mesna oral tablet 400 mg</i>	MESNEX	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>		
<i>ivermectin oral tablet 3 mg</i>	STROMECTOL	
<i>ivermectin oral tablet 6 mg</i>		
<i>praziquantel oral tablet 600 mg</i>	BILTRICIDE	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	MEPRON	PA
<i>atovaquone-proguanil hcl oral tablet 250- 100 mg, 62.5-25 mg</i>	MALARONE	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		MT
COARTEM ORAL TABLET 20-120 MG		QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 400 mg</i>		MT
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PLAQUENIL	MT
<i>hydroxychloroquine sulfate oral tablet 300 mg</i>	SOVUNA	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>mefloquine hcl oral tablet 250 mg</i>		MT
<i>nitazoxanide oral tablet 500 mg</i>		
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	NEBUPENT	PA
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	PENTAM	PA
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		
<i>pyrimethamine oral tablet 25 mg</i>	DARAPRIM	PA
<i>quinine sulfate oral capsule 324 mg</i>		
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		MT
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		MT
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		MT
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl oral capsule 100 mg</i>		MT
<i>amantadine hcl oral solution 50 mg/5ml</i>		MT
<i>amantadine hcl oral tablet 100 mg</i>		MT
<i>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</i>		MT
<i>entacapone oral tablet 200 mg</i>		MT
<i>Dopamine Agonists</i>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML		LA
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	APOKYN	
<i>bromocriptine mesylate oral capsule 5 mg</i>		MT
<i>bromocriptine mesylate oral tablet 2.5 mg</i>		MT
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		MT; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>		MT
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		MT
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		MT
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		MT
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg</i>	RYTARY	MT
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		MT
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	SINEMET	MT
<i>carbidopa-levodopa oral tablet 25-100 mg</i>		MT
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		MT
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		MT
INBRIJA INHALATION CAPSULE 42 MG		PA; LA
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	AZILECT	MT
<i>selegiline hcl oral capsule 5 mg</i>		MT
<i>selegiline hcl oral tablet 5 mg</i>		MT
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		MT
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		MT
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		MT
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		MT
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>		
<i>haloperidol lactate injection solution 5 mg/ml</i>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		MT
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		MT
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		MT
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>		MT
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		MT
<i>pimozide oral tablet 1 mg, 2 mg</i>		MT
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		MT
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		MT
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		MT
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		MT
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		ST; QL (2.4 ML per 42 days)

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

Drug	Brand Reference	Requirements/ Limits
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		ST; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		ST; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		ST; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>		MT
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	ABILIFY	MT
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		MT
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		ST; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		ST; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		ST; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		ST; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		ST; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	SAPHRIS	MT; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		ST; QL (30 EA per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		ST; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG		ST; QL (56 EA per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		ST; MT
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		ST
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG		ST

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

Drug	Brand Reference	Requirements/ Limits
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG		ST
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG		ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML		ST; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		ST; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		ST; QL (0.8 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		ST; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		ST; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		ST; QL (0.3 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		ST; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		ST; QL (0.9 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		ST; QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		ST; QL (1.8 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		ST; QL (3 ML per 90 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	LATUDA	MT
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		ST; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
NUPLAZID ORAL CAPSULE 34 MG		PA; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG		PA; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZYPREXA	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZYPREXA	MT
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZYPREXA ZYDIS	MT
OPIPZA ORAL FILM 10 MG		ST; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG		ST
OPIPZA ORAL FILM 5 MG		ST; QL (180 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>		MT
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg</i>	INVEGA	MT
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROQUEL XR	MT; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROQUEL XR	MT; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	SEROQUEL	MT
<i>quetiapine fumarate oral tablet 150 mg</i>		MT
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		ST; QL (30 EA per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	RISPERDAL CONSTA	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	RISPERDAL	MT
<i>risperidone oral tablet 0.25 mg</i>		MT
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RISPERDAL	MT
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		MT
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		ST; MT
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		ST; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG		ST; MT; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	GEODON	MT
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	GEODON	QL (6 EA per 3 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 25 mg</i>	CLOZARIL	
<i>clozapine oral tablet 200 mg, 50 mg</i>		
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>		
VERSACLOZ ORAL SUSPENSION 50 MG/ML		ST
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>		
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		
<i>dantrolene sodium oral capsule 25 mg</i>	DANTRIUM	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	ZANAFLEX	
<i>tizanidine hcl oral tablet 2 mg</i>		
<i>tizanidine hcl oral tablet 4 mg</i>	ZANAFLEX	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG		PA; LA; QL (360 EA per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		PA; QL (30 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	VALCYTE	
<i>valganciclovir hcl oral tablet 450 mg</i>		MT
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>		PA; MT
BARACLUDE ORAL SOLUTION 0.05 MG/ML		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	BARACLUDE	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>lamivudine oral solution 10 mg/ml</i>	EPIVIR	MT
<i>lamivudine oral tablet 100 mg</i>		MT
<i>lamivudine oral tablet 150 mg, 300 mg</i>	EPIVIR	MT
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	VIREAD	MT
VEMLIDY ORAL TABLET 25 MG		PA; QL (28 EA per 28 days)
VIREAD ORAL POWDER 40 MG/GM		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		
<i>Anti-Hepatitis C (Hcv) Agents</i>		
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	HARVONI	PA; QL (168 EA per 168 days)
MAVYRET ORAL TABLET 100-40 MG		PA; QL (336 EA per 365 days)
<i>ribavirin oral capsule 200 mg</i>		
<i>ribavirin oral tablet 200 mg</i>		
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	EPCLUSA	PA; QL (84 EA per 180 days)
VOSEVI ORAL TABLET 400-100-100 MG		PA; QL (84 EA per 180 days)
<i>Antitherpetic Agents</i>		
<i>acyclovir oral capsule 200 mg</i>		
<i>acyclovir oral suspension 200 mg/5ml</i>		
<i>acyclovir oral tablet 400 mg, 800 mg</i>		
<i>acyclovir sodium intravenous solution 50 mg/ml</i>		PA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		
<i>trifluridine ophthalmic solution 1 %</i>		
<i>valacyclovir hcl oral tablet 1 gm</i>	VALTREX	
<i>valacyclovir hcl oral tablet 500 mg</i>	VALTREX	QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Integrase Inhibitors (Insti)</i>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		
DOVATO ORAL TABLET 50-300 MG		
GENVOYA ORAL TABLET 150-150-200-10 MG		

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

Drug	Brand Reference	Requirements/ Limits
ISENTRESS HD ORAL TABLET 600 MG		
ISENTRESS ORAL PACKET 100 MG		
ISENTRESS ORAL TABLET 400 MG		
ISENTRESS ORAL TABLET CHEWABLE 100 MG		
ISENTRESS ORAL TABLET CHEWABLE 25 MG		MT
JULUCA ORAL TABLET 50-25 MG		
STRIBILD ORAL TABLET 150-150-200-300 MG		
SYMTUZA ORAL TABLET 800-150-200-10 MG		
TIVICAY ORAL TABLET 50 MG		
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</i>		
DELSTRIGO ORAL TABLET 100-300-300 MG		
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG		
<i>efavirenz oral tablet 600 mg</i>		MT
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>		MT
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>		
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	SYMFI	
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	COMPLERA	
<i>etravirine oral tablet 100 mg, 200 mg</i>	INTELENCE	MT
IDVYNZO ORAL TABLET 100-0.25 MG		
INTELENCE ORAL TABLET 25 MG		MT
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>nevirapine oral suspension 50 mg/5ml</i>		MT
<i>nevirapine oral tablet 200 mg</i>		MT
PIFELTRO ORAL TABLET 100 MG		
<i>rilpivirine hcl oral tablet 25 mg</i>	EDURANT	
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	ZIAGEN	MT
<i>abacavir sulfate oral tablet 300 mg</i>		MT
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		MT
CIMDUO ORAL TABLET 300-300 MG		
DELSTRIGO ORAL TABLET 100-300-300 MG		
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>		MT
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>		
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>	SYMFI	
<i>emtricitabine oral capsule 200 mg</i>	EMTRIVA	MT
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	TRUVADA	MT
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	TRUVADA	
EMTRIVA ORAL SOLUTION 10 MG/ML		MT
JULUCA ORAL TABLET 50-25 MG		
<i>lamivudine oral solution 10 mg/ml</i>	EPIVIR	MT
<i>lamivudine oral tablet 100 mg</i>		MT
<i>lamivudine oral tablet 150 mg, 300 mg</i>	EPIVIR	MT
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		MT
ODEFSEY ORAL TABLET 200-25-25 MG		

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

Drug	Brand Reference	Requirements/ Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	VIREAD	MT
TRIUMEQ ORAL TABLET 600-50-300 MG		
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>		MT
VIREAD ORAL POWDER 40 MG/GM		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		
<i>zidovudine oral capsule 100 mg</i>	RETROVIR	MT
<i>zidovudine oral syrup 50 mg/5ml</i>	RETROVIR	MT
<i>zidovudine oral tablet 300 mg</i>		MT
<i>Anti-Hiv Agents, Other</i>		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	SELZENTRY	MT
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		
SUNLENCA ORAL TABLET 300 MG		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG		
TRIUMEQ ORAL TABLET 600-50-300 MG		
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>		MT
<i>Anti-Hiv Agents, Protease Inhibitors (Pi)</i>		
APTIVUS ORAL CAPSULE 250 MG		
<i>atazanavir sulfate oral capsule 150 mg</i>		MT
<i>atazanavir sulfate oral capsule 200 mg, 300 mg</i>	REYATAZ	MT
<i>darunavir oral tablet 600 mg, 800 mg</i>	PREZISTA	MT
EVOTAZ ORAL TABLET 300-150 MG		
<i>fosamprenavir calcium oral tablet 700 mg</i>		
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	KALETRA	MT
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG		
PREZISTA ORAL SUSPENSION 100 MG/ML		

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

Drug	Brand Reference	Requirements/ Limits
PREZISTA ORAL TABLET 150 MG		
PREZISTA ORAL TABLET 75 MG		MT
REYATAZ ORAL PACKET 50 MG		
<i>ritonavir oral tablet 100 mg</i>	NORVIR	MT
SYMTUZA ORAL TABLET 800-150-200-10 MG		
VIRACEPT ORAL TABLET 250 MG, 625 MG		
Anti-Influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>		MT
<i>amantadine hcl oral solution 50 mg/5ml</i>		MT
<i>amantadine hcl oral tablet 100 mg</i>		MT
<i>oseltamivir phosphate oral capsule 30 mg</i>		QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>		QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	TAMIFLU	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	TAMIFLU	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		QL (120 EA per 365 days)
<i>rimantadine hcl oral tablet 100 mg</i>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG		
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG		
Antiviral, Coronavirus Agents		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		QL (20 EA per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		QL (11 EA per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		QL (30 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		

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

Drug	Brand Reference	Requirements/ Limits
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>		
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		MT
<i>doxepin hcl oral concentrate 10 mg/ml</i>		MT
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	SILENOR	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	XANAX	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KLONOPIN	PA
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		PA
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		PA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML		PA
<i>diazepam oral solution 5 mg/5ml</i>		PA
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	VALIUM	PA
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML		PA
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	ATIVAN	PA
<i>midazolam hcl (pf) injection solution 10 mg/2ml</i>		QL (4 ML per 30 days)
<i>midazolam hcl (pf) injection solution 2 mg/2ml</i>		QL (20 ML per 30 days)
<i>midazolam hcl (pf) injection solution 5 mg/5ml</i>		QL (10 ML per 30 days)
<i>midazolam hcl (pf) injection solution 5 mg/ml</i>		QL (2 ML per 30 days)
<i>midazolam hcl injection solution 10 mg/2ml</i>		QL (4 ML per 30 days)
<i>midazolam hcl injection solution 2 mg/2ml</i>		QL (20 ML per 30 days)
<i>midazolam hcl injection solution 5 mg/5ml</i>		QL (10 ML per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>midazolam hcl injection solution 5 mg/ml</i>		QL (5 ML per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		PA
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		PA
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		PA
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		PA
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		PA
<i>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)</i>		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG		PA; MT; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>		MT
<i>escitalopram oxalate oral capsule 15 mg</i>		MT; QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		MT; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	LEXAPRO	MT; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	LEXAPRO	MT; QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	LEXAPRO	MT; QL (120 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PAXIL CR	ST; MT
<i>paroxetine hcl oral suspension 10 mg/5ml</i>		ST; MT
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PAXIL	ST; MT
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>		MT
<i>sertraline hcl oral concentrate 20 mg/ml</i>	ZOLOFT	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	ZOLOFT	MT
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>		MT; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	EFFEXOR XR	MT; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		MT
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	SAPHRIS	MT; QL (60 EA per 30 days)
<i>lamotrigine oral tablet 25 mg</i>	SUBVENITE	MT
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	LATUDA	MT
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		ST; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZYPREXA	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	ZYPREXA	MT
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	ZYPREXA ZYDIS	MT
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	SEROQUEL XR	MT; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	SEROQUEL XR	MT; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	SEROQUEL	MT
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	RISPERDAL CONSTA	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	RISPERDAL	MT
<i>risperidone oral tablet 0.25 mg</i>		MT
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RISPERDAL	MT
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		ST; MT
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		ST; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	GEODON	MT
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	GEODON	QL (6 EA per 3 days)
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>		MT
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	TEGRETOL-XR	MT
<i>carbamazepine oral suspension 100 mg/5ml</i>	TEGRETOL	MT
<i>carbamazepine oral tablet 200 mg</i>	TEGRETOL	MT
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>		MT
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	DEPAKOTE ER	MT
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	DEPAKOTE SPRINKLES	MT
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	DEPAKOTE	MT
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	LAMICTAL XR	MT
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	LAMICTAL ODT	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	SUBVENITE	MT
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LAMICTAL	MT
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LAMICTAL ODT	MT
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	SUBVENITE STARTER KIT-BLUE	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	SUBVENITE STARTER KIT-GREEN	

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

Drug	Brand Reference	Requirements/ Limits
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	SUBVENITE STARTER KIT-ORANGE	
<i>lithium carbonate er oral tablet extended release 300 mg</i>	LITHOBID	MT
<i>lithium carbonate er oral tablet extended release 450 mg</i>		MT
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		MT
<i>lithium carbonate oral tablet 300 mg</i>		MT
<i>lithium oral solution 8 meq/5ml</i>		MT
SUBVENITE ORAL SUSPENSION 10 MG/ML		MT
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG		MT
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG		
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG		
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG		
TEGRETOL ORAL SUSPENSION 100 MG/5ML		MT
TEGRETOL ORAL TABLET 200 MG		MT
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		MT
<i>valproic acid oral capsule 250 mg</i>		MT
<i>valproic acid oral solution 250 mg/5ml</i>		MT
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		MT; QL (90 EA per 30 days)
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>		MT; QL (30 EA per 30 days)
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>		MT; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		MT; QL (30 EA per 30 days)
<i>colesevelam hcl oral packet 3.75 gm</i>	WELCHOL	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>colesevelam hcl oral tablet 625 mg</i>	WELCHOL	MT
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg</i>	XIGDUO XR	MT; QL (30 EA per 30 days)
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	XIGDUO XR	MT; QL (60 EA per 30 days)
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	FARXIGA	MT; QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG		MT; QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		MT; QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg</i>		MT; QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	GLUCOTROL XL	MT; QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>		MT; QL (120 EA per 30 days)
<i>glipizide oral tablet 15 mg</i>		MT; QL (60 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		MT; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		MT; QL (30 EA per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		MT; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		MT; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG		MT; QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG		MT; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		MT; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		MT; QL (60 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5- 1000 MG		MT; QL (30 EA per 30 days)
<i>liraglutide subcutaneous solution pen- injector 18 mg/3ml</i>	VICTOZA	PA; MT; QL (9 ML per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		MT; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		MT; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>		MT; QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg, 850 mg</i>		MT; QL (90 EA per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>		MT; QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML		PA; MT; QL (2 ML per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML		PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>		MT; QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML		PA; MT; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML		PA; MT; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 8 MG/3ML		PA; MT; QL (3 ML per 28 days)
OZEMPIC ORAL TABLET 1.5 MG		PA; QL (30 EA per 30 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG		PA; MT; QL (30 EA per 30 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	ACTOS	MT; QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	DUETACT	MT; QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i>		MT; QL (90 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-850 mg</i>	ACTOPLUS MET	MT; QL (90 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>		MT; QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>		MT; QL (240 EA per 30 days)
<i>saxagliptin hcl oral tablet 2.5 mg</i>		MT; QL (60 EA per 30 days)
<i>saxagliptin hcl oral tablet 5 mg</i>		MT; QL (30 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>		MT; QL (60 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>		MT; QL (30 EA per 30 days)
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	JANUVIA	MT; QL (30 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		MT; QL (45 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		MT; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG		MT; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG		MT; QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG		MT; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG		MT; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG		MT; QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		PA; MT; QL (2 ML per 28 days)
WEGOVY ORAL TABLET 1.5 MG, 4 MG, 9 MG		PA; QL (30 EA per 30 days)
WEGOVY ORAL TABLET 25 MG		PA; MT; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML		PA; QL (2 ML per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML		PA; MT; QL (3 ML per 28 days)
<i>Blood Glucose Regulators</i>		
BD ALCOHOL SWABS 70 %		
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		
<i>mifepristone oral tablet 300 mg</i>	KORLYM	PA; LA; QL (120 EA per 30 days)
<i>Glycemic Agents</i>		
<i>diazoxide oral suspension 50 mg/ml</i>	PROGLYCEM	
<i>glucagon emergency injection solution reconstituted 1 mg</i>		
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML		
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML		
<i>mifepristone oral tablet 300 mg</i>	KORLYM	PA; LA; QL (120 EA per 30 days)
<i>Insulins</i>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML		
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML		
<i>gauze sterile pad 2"x2"</i>		
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM		
HUMALOG INJECTION SOLUTION 100 UNIT/ML		MT; QL (40 ML per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MT; QL (45 ML per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MT; QL (45 ML per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 UNIT/ML		MT; QL (42 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (50-50) 100 UNIT/ML		MT; QL (45 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (75-25) 100 UNIT/ML		MT; QL (45 ML per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75- 25) 100 UNIT/ML		MT; QL (40 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		MT; QL (40 ML per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML		MT; QL (45 ML per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		MT; QL (40 ML per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR 100 UNIT/ML		MT; QL (45 ML per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		MT; QL (40 ML per 30 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		MT; QL (40 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 500 UNIT/ML		QL (42 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	SEMGLEE (YFGN)	MT; QL (40 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	SEMGLEE (YFGN)	MT; QL (45 ML per 30 days)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	HUMALOG KWIKPEN	MT; QL (45 ML per 30 days)
<i>insulin lispro injection solution 100 unit/ml</i>	HUMALOG	MT; QL (40 ML per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HUMALOG JUNIOR KWIKPEN	MT; QL (45 ML per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HUMALOG MIX 75/25 KWIKPEN	MT; QL (45 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		MT; QL (45 ML per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		MT; QL (40 ML per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		MT; QL (45 ML per 30 days)
<i>preferred plus insulin syringe 28g x 1/2"</i> <i>0.5 ml</i>	BD INSULIN SYRINGE MICROFINE	
RELI-ON INSULIN SYRINGE 29G 0.3 ML		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		MT; QL (45 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 UNIT/ML		MT; QL (42 ML per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 UNIT/ML		MT; QL (40.5 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML, 200 UNIT/ML		MT; QL (45 ML per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML		MT; QL (40 ML per 30 days)
Blood Products And Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate mesylate oral capsule</i> <i>110 mg, 150 mg, 75 mg</i>	PRADAXA	MT
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG		MT
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG		MT
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		

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

Drug	Brand Reference	Requirements/ Limits
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG		MT
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		MT
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG		MT
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	LOVENOX	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	LOVENOX	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	LOVENOX	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	LOVENOX	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	LOVENOX	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	ARIXTRA	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	ARIXTRA	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	ARIXTRA	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	ARIXTRA	QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		MT
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	XARELTO	MT; QL (900 ML per 30 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	XARELTO	MT; QL (60 EA per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>		MT
XARELTO ORAL TABLET 10 MG, 20 MG		MT; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG		MT; QL (60 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		QL (51 EA per 30 days)
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg</i>	AGRYLIN	MT
<i>anagrelide hcl oral capsule 1 mg</i>		MT
<i>eltrombopag olamine oral packet 12.5 mg</i>	PROMACTA	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i>	PROMACTA	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i>	PROMACTA	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i>	PROMACTA	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg</i>	PROMACTA	PA; QL (90 EA per 30 days)
<i>eltrombopag olamine oral tablet 75 mg</i>	PROMACTA	PA; QL (60 EA per 30 days)
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG		PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		PA; LA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG		PA; LA; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG		PA; LA; QL (14 EA per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		PA
XOLREMDI ORAL CAPSULE 100 MG		PA; LA; QL (120 EA per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		PA
Blood Products And Modifiers		
<i>eltrombopag olamine oral packet 12.5 mg</i>	PROMACTA	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i>	PROMACTA	PA; QL (180 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>eltrombopag olamine oral tablet 12.5 mg</i>	PROMACTA	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i>	PROMACTA	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg</i>	PROMACTA	PA; QL (90 EA per 30 days)
<i>eltrombopag olamine oral tablet 75 mg</i>	PROMACTA	PA; QL (60 EA per 30 days)
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>		
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		MT
<i>cilostazol oral tablet 100 mg, 50 mg</i>		MT
<i>clopidogrel bisulfate oral tablet 75 mg</i>	PLAVIX	MT
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	EFFIENT	MT
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	BRILINTA	MT
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		MT
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	CATAPRES-TTS-1	MT
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	CATAPRES-TTS-2	MT
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	CATAPRES-TTS-3	MT
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	NORTHERA	PA
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		MT
<i>methyldopa oral tablet 250 mg, 500 mg</i>		MT
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	CARDURA	MT
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		MT
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	ATACAND	MT; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	ATACAND	MT; QL (30 EA per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG		PA; LA; QL (60 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg</i>	AVAPRO	MT; QL (30 EA per 30 days)
<i>irbesartan oral tablet 75 mg</i>		MT; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg</i>	COZAAR	MT; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	COZAAR	MT; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	BENICAR	MT; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	BENICAR	MT; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 80 mg</i>		MT; QL (30 EA per 30 days)
<i>telmisartan oral tablet 40 mg</i>	MICARDIS	MT; QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	DIOVAN	MT; QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	DIOVAN	MT; QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	LOTENSIN	MT
<i>benazepril hcl oral tablet 5 mg</i>		MT
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		MT
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	VASOTEC	MT
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		MT
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	ZESTRIL	MT
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		MT
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		MT
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>		MT
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		MT
Antiarrhythmics		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		MT
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	PACERONE	MT
<i>amiodarone hcl oral tablet 400 mg</i>		MT
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG		MT
<i>digoxin oral solution 0.05 mg/ml</i>		MT
<i>digoxin oral tablet 125 mcg</i>		MT; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>		MT
<i>digoxin oral tablet 62.5 mcg</i>	LANOXIN	MT; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>		MT
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>		MT
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		MT
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	CARDIZEM LA	MT
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>		MT
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	CARDIZEM	MT
<i>diltiazem hcl oral tablet 90 mg</i>		MT
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		MT
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	TIKOSYN	MT
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		MT
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		MT
MULTAQ ORAL TABLET 400 MG		MT; QL (60 EA per 30 days)
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>		MT
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		MT
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	INDERAL LA	MT
<i>quinidine gluconate er oral tablet extended release 324 mg</i>		MT
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		MT
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	BETAPACE AF	MT
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	BETAPACE	MT
<i>sotalol hcl oral tablet 240 mg</i>		MT
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>		MT
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		MT
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		MT
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		MT
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	TENORMIN	MT
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>		MT
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		MT
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	COREG	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	COREG CR	MT
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		MT
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	TOPROL XL	MT
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	LOPRESSOR	MT
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>		MT
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		MT
<i>pindolol oral tablet 10 mg, 5 mg</i>		MT
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	INDERAL LA	MT
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		MT
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		MT
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		MT
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	NORVASC	MT
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		MT
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		MT
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		MT
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		MT
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	PROCARDIA XL	MT
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>		MT
<i>nimodipine oral capsule 30 mg</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	SULAR	MT
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG		MT
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>		MT
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>		MT
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	CARDIZEM CD	MT
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		MT
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	CARDIZEM LA	MT
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>		MT
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	CARDIZEM	MT
<i>diltiazem hcl oral tablet 90 mg</i>		MT
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		MT
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		MT
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>		MT
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		MT
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		MT
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		MT
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	TEKTURNA	MT; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		MT
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 5-10 mg</i>	LOTREL	MT
<i>amlodipine besy-benazepril hcl oral capsule 10-40 mg, 2.5-10 mg, 5-20 mg, 5-40 mg</i>		MT
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	EXFORGE	MT; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	CADUET	MT; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>		MT; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	AZOR	MT; QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	EXFORGE HCT	MT; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>		MT
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	LOTENSIN HCT	MT
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		MT
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		MT
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		PA; LA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	ATACAND HCT	MT; QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	ATACAND HCT	MT; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>		MT
<i>digoxin oral tablet 125 mcg</i>		MT; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>		MT
<i>digoxin oral tablet 62.5 mcg</i>	LANOXIN	MT; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	VASERETIC	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		MT
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		MT; QL (240 EA per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG		PA; LA; QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		MT
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	AVALIDE	MT; QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	CORLANOR	PA; MT; QL (60 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	ZESTORETIC	MT
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	HYZAAR	MT; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	HYZAAR	MT; QL (60 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>		MT
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		MT
<i>metyrosine oral capsule 250 mg</i>		
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	BENICAR HCT	MT; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	TRIBENZOR	MT; QL (30 EA per 30 days)
OZEMPIC ORAL TABLET 1.5 MG		PA; QL (30 EA per 30 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG		PA; MT; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>		MT
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>		MT; QL (60 EA per 30 days)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	ENTRESTO	MT; QL (180 EA per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	ENTRESTO	MT; QL (60 EA per 30 days)
<i>spironolactone-hctz oral tablet 25-25 mg</i>		MT
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	MICARDIS HCT	MT; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		MT
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	DIOVAN HCT	MT; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		PA; MT; QL (30 EA per 30 days)
WEGOVY ORAL TABLET 1.5 MG, 4 MG, 9 MG		PA; QL (30 EA per 30 days)
WEGOVY ORAL TABLET 25 MG		PA; MT; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML		PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML		PA; MT; QL (3 ML per 28 days)
<i>Diuretics, Loop</i>		
<i>bumetanide injection solution 0.25 mg/ml</i>		
<i>bumetanide oral tablet 0.5 mg</i>	BUMEX	MT
<i>bumetanide oral tablet 1 mg, 2 mg</i>		MT
<i>furosemide injection solution 10 mg/ml</i>		
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		MT
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	LASIX	MT
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>		MT
<i>Diuretics, Potassium-Sparing</i>		
<i>amiloride hcl oral tablet 5 mg</i>		MT
<i>eplerenone oral tablet 25 mg, 50 mg</i>		MT
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		MT; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	ALDACTONE	MT
<i>Diuretics, Thiazide</i>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		MT
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		MT
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		MT
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		MT
<i>Dyslipidemics, Fibric Acid Derivatives</i>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		MT
<i>fenofibrate oral tablet 145 mg</i>	TRICOR	MT; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 48 mg, 54 mg</i>		MT; QL (30 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>		MT; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	LOPID	MT
<i>Dyslipidemics, Hmg Coa Reductase Inhibitors</i>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LIPITOR	MT; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg</i>		MT; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 40 mg</i>		MT; QL (60 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>		MT; QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>		MT; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		MT; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CRESTOR	MT; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	ZOCOR	MT; QL (30 EA per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>		MT; QL (30 EA per 30 days)
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light oral packet 4 gm</i>	PREVALITE	MT
<i>cholestyramine oral packet 4 gm</i>	QUESTRAN	MT
<i>colesevelam hcl oral packet 3.75 gm</i>	WELCHOL	MT
<i>colesevelam hcl oral tablet 625 mg</i>	WELCHOL	MT
<i>colestipol hcl oral packet 5 gm</i>		MT
<i>colestipol hcl oral tablet 1 gm</i>	COLESTID	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>ezetimibe oral tablet 10 mg</i>	ZETIA	MT; QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	VYTORIN	MT; QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	VASCEPA	MT; QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	VASCEPA	MT; QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 5 MG		PA; LA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG		PA; LA; QL (90 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		MT; QL (60 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		MT; QL (90 EA per 30 days)
NIACOR ORAL TABLET 500 MG		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	LOVAZA	MT; QL (120 EA per 30 days)
PREVALITE ORAL PACKET 4 GM		MT
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		ST; MT; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		ST; MT; QL (2 ML per 28 days)
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>		MT
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		MT; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	ALDACTONE	MT
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (Sglt2i)</i>		
FARXIGA ORAL TABLET 10 MG, 5 MG		MT; QL (30 EA per 30 days)
<i>Vasodilators, Direct-Acting Arterial/ Venous</i>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		MT
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		MT
NITRO-BID TRANSDERMAL OINTMENT 2 %		MT
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		MT
<i>nitroglycerin rectal ointment 0.4 %</i>	RECTIV	QL (30 GM per 30 days)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	NITROSTAT	MT
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	NITRO-DUR	MT
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		PA; MT; QL (30 EA per 30 days)
<i>Vasodilators, Direct-Acting Arterial</i>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		MT
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		MT
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg</i>	ADDERALL XR	MT; QL (90 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	ADDERALL XR	MT; QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg</i>	ADDERALL	MT; QL (180 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	ADDERALL	MT; QL (144 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	ADDERALL	MT; QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	ADDERALL	MT; QL (90 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	ADDERALL	MT; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 5 mg</i>	ADDERALL	MT; QL (360 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	ADDERALL	MT; QL (240 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	ZENZEDI	MT
<i>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</i>		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>		MT; QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>		MT; QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	INTUNIV	MT
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>		MT; QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	METHYLIN	MT; QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	METHYLIN	MT; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	RITALIN	MT; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	RITALIN	MT; QL (90 EA per 30 days)
<i>Central Nervous System, Other</i>		
AUSTEDO ORAL TABLET 12 MG, 9 MG		PA; LA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG		PA; LA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG		PA; LA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG		PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG		PA; LA; QL (60 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG		PA; LA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG		PA; QL (28 EA per 28 days)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	TEGRETOL-XR	MT
<i>dextromethorphan-quinidine oral capsule 20-10 mg</i>	NUEDEXTA	PA
<i>gabapentin oral capsule 300 mg, 400 mg</i>	NEURONTIN	MT
<i>gabapentin oral solution 250 mg/5ml</i>	NEURONTIN	MT
<i>gabapentin oral tablet 800 mg</i>	NEURONTIN	MT
NURTEC ORAL TABLET DISPERSIBLE 75 MG		ST; QL (16 EA per 30 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML		PA; LA; QL (70 ML per 28 days)
<i>riluzole oral tablet 50 mg</i>		PA; MT
SKYCLARYS ORAL CAPSULE 50 MG		PA; LA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	XENAZINE	PA; MT; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	XENAZINE	PA; MT; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG		PA; MT; QL (30 EA per 30 days)
<i>Fibromyalgia Agents</i>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>		MT
<i>milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	SAVELLA	MT
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	LYRICA CR	MT
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	LYRICA	MT
<i>pregabalin oral solution 20 mg/ml</i>	LYRICA	MT
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		PA; QL (1 EA per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		PA; QL (1 EA per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG		PA; LA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		PA; QL (14 EA per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	AMPYRA	PA; MT; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	TECFIDERA	PA; MT; QL (14 EA per 7 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	TECFIDERA	PA; MT; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	TECFIDERA	PA; QL (120 EA per 365 days)
<i>fingolimod hcl oral capsule 0.5 mg</i>	GILENYA	PA; MT; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	COPAXONE	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		PA; LA; QL (1.6 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG		PA; LA
MAYZENT ORAL TABLET 1 MG, 2 MG		PA; LA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG		PA; LA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG		PA; LA; QL (7 EA per 4 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	AUBAGIO	PA; MT; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG		PA; LA; QL (120 EA per 30 days)
Dental And Oral Agents		
<i>Dental And Oral Agents</i>		
<i>cevimeline hcl oral capsule 30 mg</i>	EVOXAC	MT
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PERIOGARD	

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

Drug	Brand Reference	Requirements/ Limits
<i>doxycycline hyclate oral tablet 20 mg</i>		
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %		
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	SALAGEN	MT
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	KOURZEQ	
Dermatological Agents		
<i>Acne And Rosacea Agents</i>		
AC CUTANE ORAL CAPSULE 10 MG		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		PA
<i>adapalene external cream 0.1 %</i>		PA
<i>adapalene external gel 0.3 %</i>	DIFFERIN	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	BENZAMYCIN	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		
<i>isotretinoin oral capsule 10 mg</i>		
<i>isotretinoin oral capsule 20 mg, 30 mg, 40 mg</i>		
<i>metronidazole external cream 0.75 %</i>		
<i>metronidazole external gel 0.75 %, 1 %</i>		
<i>metronidazole external lotion 0.75 %</i>		
<i>tazarotene external cream 0.05 %, 0.1 %</i>	TAZORAC	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	TAZORAC	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	RETIN-A	PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	RETIN-A	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		
<i>Dermatitis And Pruritus Agents</i>		
<i>alclometasone dipropionate external cream 0.05 %</i>		
<i>alclometasone dipropionate external ointment 0.05 %</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>ammonium lactate external cream 12 %</i>		
<i>ammonium lactate external lotion 12 %</i>	AL12	
<i>betamethasone dipropionate aug external cream 0.05 %</i>		
<i>betamethasone dipropionate aug external gel 0.05 %</i>		
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	DIPROLENE	
<i>betamethasone dipropionate external cream 0.05 %</i>		
<i>betamethasone dipropionate external lotion 0.05 %</i>		
<i>betamethasone dipropionate external ointment 0.05 %</i>		
<i>betamethasone valerate external cream 0.1 %</i>		
<i>betamethasone valerate external lotion 0.1 %</i>		
<i>betamethasone valerate external ointment 0.1 %</i>		
<i>clobetasol propionate e external cream 0.05 %</i>		
<i>clobetasol propionate external cream 0.05 %</i>		
<i>clobetasol propionate external lotion 0.05 %</i>		
<i>clobetasol propionate external ointment 0.05 %</i>		
<i>clobetasol propionate external shampoo 0.05 %</i>	CLODAN	
<i>desonide external cream 0.05 %</i>		
<i>desonide external lotion 0.05 %</i>		
<i>desonide external ointment 0.05 %</i>		
<i>desoximetasone external cream 0.05 %, 0.25 %</i>		
<i>desoximetasone external gel 0.05 %</i>		
<i>desoximetasone external liquid 0.25 %</i>	TOPICORT SPRAY	

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

Drug	Brand Reference	Requirements/ Limits
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	TOPICORT	
<i>doxepin hcl external cream 5 %</i>	PRUDOXIN	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML		PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML		PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; QL (8 ML per 28 days)
EUCRISA EXTERNAL OINTMENT 2 %		PA
EVESSE EXTERNAL LOTION 0.1 %		
<i>fluocinolone acetonide external cream 0.01 %</i>		
<i>fluocinolone acetonide external cream 0.025 %</i>	SYNALAR	
<i>fluocinolone acetonide external ointment 0.025 %</i>	SYNALAR	
<i>fluocinolone acetonide external solution 0.01 %</i>		
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	DERMA-SMOOTH/FS SCALP	
<i>fluocinonide emulsified base external cream 0.05 %</i>		
<i>fluocinonide external cream 0.05 %, 0.1 %</i>		
<i>fluocinonide external gel 0.05 %</i>		
<i>fluocinonide external ointment 0.05 %</i>		
<i>fluocinonide external solution 0.05 %</i>		
<i>fluticasone propionate external cream 0.05 %</i>		
<i>fluticasone propionate external lotion 0.05 %</i>		
<i>fluticasone propionate external ointment 0.005 %</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>halobetasol propionate external cream 0.05 %</i>		
<i>halobetasol propionate external ointment 0.05 %</i>		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PROCTO-MED HC	
<i>hydrocortisone butyrate external cream 0.1 %</i>		
<i>hydrocortisone butyrate external ointment 0.1 %</i>		
<i>hydrocortisone butyrate external solution 0.1 %</i>		
<i>hydrocortisone external cream 1 %</i>		
<i>hydrocortisone external lotion 2.5 %</i>		
<i>hydrocortisone external ointment 1 %</i>		
<i>hydrocortisone external ointment 2.5 %</i>		
<i>hydrocortisone valerate external cream 0.2 %</i>		
<i>hydrocortisone valerate external ointment 0.2 %</i>		
HYFTOR EXTERNAL GEL 0.2 %		PA; LA; QL (30 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>		
<i>mometasone furoate external ointment 0.1 %</i>		
<i>mometasone furoate external solution 0.1 %</i>		
<i>pimecrolimus external cream 1 %</i>		QL (100 GM per 30 days)
PROCTO-MED HC EXTERNAL CREAM 2.5 %		
PROCTOSOL HC EXTERNAL CREAM 2.5 %		
PROCTOZONE-HC EXTERNAL CREAM 2.5 %		
<i>selenium sulfide external lotion 2.5 %</i>		
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>triamcinolone acetonide external cream 0.5 %</i>	TRIDERM	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external cream 0.005 %</i>		
<i>calcipotriene external ointment 0.005 %</i>	CALCITRENE	
<i>calcipotriene external solution 0.005 %</i>	PELLIX	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		
<i>fluorouracil external cream 5 %</i>		
<i>fluorouracil external solution 2 %, 5 %</i>		
BD ALCOHOL SWABS 70 %		
HYFTOR EXTERNAL GEL 0.2 %		PA; LA; QL (30 GM per 30 days)
<i>imiquimod external cream 5 %</i>		
<i>methoxsalen rapid oral capsule 10 mg</i>		
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		
OTEZLA ORAL TABLET 20 MG		PA; QL (56 EA per 28 days)
OTEZLA ORAL TABLET 30 MG		PA; LA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG		PA; LA; QL (55 EA per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG		PA; QL (55 EA per 28 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG		PA; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG		PA; QL (41 EA per 28 days)
PANRETIN EXTERNAL GEL 0.1 %		PA
<i>podofilox external solution 0.5 %</i>		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		

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

Drug	Brand Reference	Requirements/ Limits
<i>silver sulfadiazine external cream 1 %</i>	SSD	
SSD EXTERNAL CREAM 1 %		
<i>Pediculicides/Scabicides</i>		
<i>malathion external lotion 0.5 %</i>	OVIDE	
<i>permethrin external cream 5 %</i>		
<i>Topical Anti-Infectives</i>		
<i>acyclovir external ointment 5 %</i>	ZOVIRAX	
<i>ciclopirox external gel 0.77 %</i>		
<i>ciclopirox external shampoo 1 %</i>		
<i>ciclopirox external solution 8 %</i>	CICLODAN	
<i>ciclopirox olamine external cream 0.77 %</i>		
<i>ciclopirox olamine external suspension 0.77 %</i>		
<i>clindamycin phos (once-daily) external gel 1 %</i>	CLINDAGEL	
<i>clindamycin phos (twice-daily) external gel 1 %</i>		
<i>clindamycin phosphate external lotion 1 %</i>	CLEOCIN-T	
<i>clindamycin phosphate external solution 1 %</i>		
<i>clindamycin phosphate external swab 1 %</i>	CLINDACIN ETZ	
<i>econazole nitrate external cream 1 %</i>		
<i>ery external pad 2 %</i>		
<i>erythromycin external gel 2 %</i>		
<i>erythromycin external solution 2 %</i>		
<i>mupirocin calcium external cream 2 %</i>		
<i>mupirocin external ointment 2 %</i>		
SULFAMYLON EXTERNAL CREAM 85 MG/GM		
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/ Mineral Replacement</i>		
<i>carglumic acid oral tablet soluble 200 mg</i>	CARBAGLU	PA; LA
<i>dextrose intravenous solution 10 %, 5 %</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>		
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		PA
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION		
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		MT
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ		MT
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ		MT
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ		MT
KLOR-CON ORAL PACKET 20 MEQ		MT
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ		MT
<i>levocarnitine oral tablet 330 mg</i>	CARNITOR	MT
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>		
PLASMA-LYTE A INTRAVENOUS SOLUTION		
<i>potassium chloride crys er oral tablet extended release 10 meq</i>		MT
<i>potassium chloride crys er oral tablet extended release 15 meq</i>		MT
<i>potassium chloride crys er oral tablet extended release 20 meq</i>		MT
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		MT
<i>potassium chloride er oral tablet extended release 10 meq</i>		MT
<i>potassium chloride er oral tablet extended release 20 meq</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>potassium chloride er oral tablet extended release 8 meq</i>		MT
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>		
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>		
<i>potassium chloride oral packet 20 meq</i>		MT
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		MT
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	UROCIT-K 10	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	UROCIT-K 15	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		
PREMASOL INTRAVENOUS SOLUTION 10 %		PA
PROSOL INTRAVENOUS SOLUTION 20 %		PA
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>		
<i>sodium chloride irrigation solution 0.9 %</i>	ARGYLE STERILE SALINE	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>		MT
TRAVASOL INTRAVENOUS SOLUTION 10 %		PA
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET ORAL CAPSULE 100 MG		
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	EXJADE	PA; MT
<i>deferiprone oral tablet 1000 mg</i>	FERRIPROX	PA; LA
<i>deferiprone oral tablet 500 mg</i>		PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML		PA; LA
KLOR-CON ORAL PACKET 20 MEQ		MT
<i>penicillamine oral tablet 250 mg</i>	DEPEN TITRATABS	

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

Drug	Brand Reference	Requirements/ Limits
<i>potassium chloride crystal oral tablet extended release 15 meq</i>		MT
<i>tolvaptan oral tablet 15 mg</i>	JYNARQUE	PA; LA; QL (240 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	JYNARQUE	PA; LA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	JYNARQUE	PA; LA; QL (56 EA per 28 days)
<i>trientine hcl oral capsule 250 mg</i>	SYPRINE	
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %		PA
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %		PA
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %		PA
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %		PA
<i>dextrose intravenous solution 10 %, 5 %</i>		
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>		
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		PA
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		
<i>levocarnitine oral solution 1 gm/10ml</i>	CARNITOR	MT
<i>levocarnitine oral tablet 330 mg</i>	CARNITOR	MT
NUTRILIPID INTRAVENOUS EMULSION 20 %		PA
PREMASOL INTRAVENOUS SOLUTION 10 %		PA
PROSOL INTRAVENOUS SOLUTION 20 %		PA
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE		PA
TRAVASOL INTRAVENOUS SOLUTION 10 %		PA

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

Drug	Brand Reference	Requirements/ Limits
TROPHAMINE INTRAVENOUS SOLUTION 10 %		PA
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>		MT; QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	CALPHRON	MT
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	FOSRENOL	MT
<i>sevelamer carbonate oral packet 0.8 gm</i>	RENVELA	MT; QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	RENVELA	MT; QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	RENVELA	MT; QL (540 EA per 30 days)
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>		MT
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM		MT
<i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i>	SPS (SODIUM POLYSTYRENE SULF)	
<i>sodium polystyrene sulfonate oral powder</i>		
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML		
Vitamins		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		MT
<i>potassium chloride crys er oral tablet extended release 15 meq</i>		MT
<i>prenatal oral tablet 27-1 mg</i>		
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>		MT
<i>enulose oral solution 10 gm/15ml</i>		MT
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM		

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

Drug	Brand Reference	Requirements/ Limits
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM		
<i>generlac oral solution 10 gm/15ml</i>		MT
<i>lactulose oral solution 10 gm/15ml</i>		MT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		MT; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	AMITIZA	MT; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>		
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>		
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML		PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML		PA
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		
TRULANCE ORAL TABLET 3 MG		MT; QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	LOTRONEX	PA; MT
<i>alosetron hcl oral tablet 1 mg</i>	LOTRONEX	PA
<i>diphenoxylate-atropine oral liquid 2.5- 0.025 mg/5ml</i>		
<i>diphenoxylate-atropine oral tablet 2.5- 0.025 mg</i>	LOMOTIL	
<i>loperamide hcl oral capsule 2 mg</i>	IMODIUM	
XERMELO ORAL TABLET 250 MG		PA; LA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG		PA
XIFAXAN ORAL TABLET 550 MG		PA; MT
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>		
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		
<i>dicyclomine hcl oral tablet 20 mg</i>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	TRANSDERM SCOP	QL (10 EA per 30 days)
<i>Gastrointestinal Agents, Other</i>		
GATTEX SUBCUTANEOUS KIT 5 MG		PA; LA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM		
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	REGLAN	
<i>nitroglycerin rectal ointment 0.4 %</i>	RECTIV	QL (30 GM per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>		
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>		
PYLERA ORAL CAPSULE 140-125-125 MG		PA; QL (120 EA per 10 days)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		PA; LA; QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG		QL (168 EA per 14 days)
<i>ursodiol oral capsule 300 mg</i>		MT
<i>ursodiol oral tablet 250 mg</i>		MT
<i>ursodiol oral tablet 500 mg</i>	URSO FORTE	MT
VELSIPITY ORAL TABLET 2 MG		PA; QL (30 EA per 30 days)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG		PA; QL (1 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG		PA; QL (1 EA per 14 days)
VOWST ORAL CAPSULE		PA; LA
XIFAXAN ORAL TABLET 200 MG		PA

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

Drug	Brand Reference	Requirements/ Limits
XIFAXAN ORAL TABLET 550 MG		PA; MT
<i>Gastrointestinal Agents</i>		
PYLERA ORAL CAPSULE 140-125-125 MG		PA; QL (120 EA per 10 days)
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG		QL (168 EA per 14 days)
VELSIPITY ORAL TABLET 2 MG		PA; QL (30 EA per 30 days)
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>		MT
<i>cimetidine oral tablet 200 mg</i>	TAGAMET	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		MT
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		MT
<i>famotidine oral tablet 20 mg</i>		MT
<i>famotidine oral tablet 40 mg</i>	PEPCID	MT
<i>nizatidine oral capsule 150 mg, 300 mg</i>		MT
<i>Protectants</i>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	CYTOTEC	MT
<i>sucralfate oral suspension 1 gm/10ml</i>		MT
<i>sucralfate oral tablet 1 gm</i>	CARAFATE	MT
<i>Proton Pump Inhibitors</i>		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	DEXILANT	MT; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>		MT; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NEXIUM	MT; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	NEXIUM	MT; QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	PREVACID	MT; QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	PREVACID	MT; QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg</i>		MT; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>		MT; QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	PROTONIX	MT; QL (30 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	PROTONIX	MT; QL (180 EA per 30 days)
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine oral powder</i>	CYSTADANE	LA
CERDELGA ORAL CAPSULE 84 MG		LA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		PA; LA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		MT
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		PA; MT
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	GASTROCROM	MT
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		MT; LA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		LA; QL (60 ML per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML		PA; QL (3600 ML per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML		PA; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG		PA; QL (30 EA per 30 days)
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	RAVICTI	PA
JOENJA ORAL TABLET 70 MG		PA; QL (60 EA per 30 days)
<i>l-glutamine oral packet 5 gm</i>	ENDARI	PA; QL (180 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	YARGESA	PA; LA; QL (90 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	ORFADIN	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML		PA; LA
PHEBURANE ORAL PELLET 483 MG/GM		PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		PA; LA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG		PA; LA; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG		PA; LA; QL (14 EA per 14 days)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	JAVYGTOR	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	JAVYGTOR	PA
SIKLOS ORAL TABLET 100 MG, 1000 MG		
SKYCLARYS ORAL CAPSULE 50 MG		PA; LA; QL (90 EA per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	BUPHENYL	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	BUPHENYL	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML		LA
VIJOICE ORAL PACKET 50 MG		PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG		PA; LA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG		PA; LA; QL (56 EA per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG		PA; QL (30 EA per 30 days)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML		PA; LA; QL (20 ML per 28 days)
WELIREG ORAL TABLET 40 MG		PA; LA; QL (90 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
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		MT
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		ST; MT; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>		MT; QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>		MT; QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		MT
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>		MT
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>		MT; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		MT; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>		MT
<i>trospium chloride oral tablet 20 mg</i>		MT; QL (60 EA per 30 days)
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	UROXATRAL	MT; QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	CARDURA	MT
<i>dutasteride oral capsule 0.5 mg</i>	AVODART	MT
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	JALYN	MT
<i>finasteride oral tablet 5 mg</i>	PROSCAR	MT
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		MT
<i>silodosin oral capsule 4 mg, 8 mg</i>		MT
<i>tadalafil oral tablet 5 mg</i>	CIALIS	PA; MT; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>tamsulosin hcl oral capsule 0.4 mg</i>		MT
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		MT
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		
ELMIRON ORAL CAPSULE 100 MG		
<i>penicillamine oral tablet 250 mg</i>	DEPEN TITRATABS	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	UROCIT-K 10	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	UROCIT-K 15	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</i>		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML		PA
ACTHAR INJECTION GEL 80 UNIT/ML		PA; LA
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	UCERIS	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML		PA
CORTROPHIN INJECTION GEL 80 UNIT/ML		PA
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	CORTEF	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	DEPO-MEDROL	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	MEDROL	
<i>methylprednisolone oral tablet 32 mg</i>		
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	MEDROL	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone oral tablet 5 mg</i>		
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>		
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		
<i>prednisone oral solution 5 mg/5ml</i>		
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG		PA; LA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		MT
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	MT
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		PA; LA
NORDITROPIN FLEXP SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML		PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		

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

Drug	Brand Reference	Requirements/ Limits
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</i>		
<i>misoprostol oral tablet 200 mcg</i>	CYTOTEC	MT
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
<i>Androgens</i>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	DEPO-TESTOSTERONE	MT
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		MT
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	VOGELXO PUMP	PA; MT; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	ANDROGEL PUMP	PA; MT; QL (150 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>		PA; MT; QL (300 GM per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	TESTIM	PA; MT; QL (300 GM per 30 days)
<i>Estrogens</i>		
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>		MT
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>		MT
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	CLIMARA	MT
<i>estradiol vaginal cream 0.01 %</i>	ESTRACE	MT
<i>estradiol vaginal tablet 10 mcg</i>	VAGIFEM	MT
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i>	DELESTROGEN	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>		
<i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	PREMARIN	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	ELURYNG	MT
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG		MT
LORYNA ORAL TABLET 3-0.02 MG		MT
NIKKI ORAL TABLET 3-0.02 MG		MT
PREMARIN VAGINAL CREAM 0.625 MG/GM		MT
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		MT
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG		MT
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG		MT
APRI ORAL TABLET 0.15-30 MG-MCG		MT
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		MT
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG		MT
AVIANE ORAL TABLET 0.1-20 MG-MCG		MT
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)		MT
BALZIVA ORAL TABLET 0.4-35 MG-MCG		MT
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG		MT
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		MT
CRYSSELLE ORAL TABLET 0.3-30 MG-MCG		MT
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>		MT
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		MT
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	ELURYNG	MT

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

Drug	Brand Reference	Requirements/ Limits
FALMINA ORAL TABLET 0.1-20 MG-MCG		MT
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG		MT
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG		MT
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG		MT
INTROVALE ORAL TABLET 0.15-0.03 MG		MT
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		MT
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG		MT
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG		MT
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		MT
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG		MT
KURVELO ORAL TABLET 0.15-30 MG-MCG		MT
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
LARIN 1/20 ORAL TABLET 1-20 MG-MCG		MT
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG		MT
LESSINA ORAL TABLET 0.1-20 MG-MCG		MT
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG		MT

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

Drug	Brand Reference	Requirements/ Limits
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>		MT
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		
LORYNA ORAL TABLET 3-0.02 MG		MT
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		MT
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG		MT
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		MT
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG		MT
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG		MT
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		MT
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		
NIKKI ORAL TABLET 3-0.02 MG		MT
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>		MT; QL (3 EA per 28 days)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		MT
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG		MT
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG		MT
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		MT
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG		MT
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		MT

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

Drug	Brand Reference	Requirements/ Limits
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		MT
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG		MT
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		MT
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		MT
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG		MT
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG		MT
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		MT
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		MT
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		MT
TURQOZ ORAL TABLET 0.3-30 MG-MCG		MT
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG		MT
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG		MT
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG		MT
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>		MT
VYFEMLA ORAL TABLET 0.4-35 MG-MCG		MT
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		MT
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG		MT
<i>Progestins</i>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG		MT
APRI ORAL TABLET 0.15-30 MG-MCG		MT

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

Drug	Brand Reference	Requirements/ Limits
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		MT
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG		MT
AVIANE ORAL TABLET 0.1-20 MG-MCG		MT
BALZIVA ORAL TABLET 0.4-35 MG-MCG		MT
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		MT
CAMILA ORAL TABLET 0.35 MG		MT
CRYSSELLE ORAL TABLET 0.3-30 MG-MCG		MT
DEBLITANE ORAL TABLET 0.35 MG		MT
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		QL (0.65 ML per 90 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		MT
ERRIN ORAL TABLET 0.35 MG		MT
FALMINA ORAL TABLET 0.1-20 MG-MCG		MT
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG		MT
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG		MT
HEATHER ORAL TABLET 0.35 MG		MT
INCASSIA ORAL TABLET 0.35 MG		MT
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		MT
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG		MT
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG		MT

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

Drug	Brand Reference	Requirements/ Limits
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		MT
KURVELO ORAL TABLET 0.15-30 MG-MCG		MT
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
LARIN 1/20 ORAL TABLET 1-20 MG-MCG		MT
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG		MT
LESSINA ORAL TABLET 0.1-20 MG-MCG		MT
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG		MT
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>		MT
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		MT
LYLEQ ORAL TABLET 0.35 MG		MT
LYZA ORAL TABLET 0.35 MG		MT
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		MT
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	DEPO-PROVERA	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	DEPO-PROVERA	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PROVERA	MT
<i>megestrol acetate oral suspension 40 mg/ml</i>		PA
<i>megestrol acetate oral suspension 625 mg/5ml</i>		PA; MT
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		PA
MELEYA ORAL TABLET 0.35 MG		MT
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT

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

Drug	Brand Reference	Requirements/ Limits
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG		MT
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		MT
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG		MT
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		MT
NORA-BE ORAL TABLET 0.35 MG		MT
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>		MT; QL (3 EA per 28 days)
<i>norethindrone acetate oral tablet 5 mg</i>		MT
<i>norethindrone oral tablet 0.35 mg</i>		MT
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		MT
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG		MT
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG		MT
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		MT
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG		MT
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		MT
ORQUIDEA ORAL TABLET 0.35 MG		MT
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		MT
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG		MT
<i>progesterone oral capsule 100 mg, 200 mg</i>	PROMETRIUM	MT
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		MT
SHAROBEL ORAL TABLET 0.35 MG		MT
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG		MT
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG		MT

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

Drug	Brand Reference	Requirements/ Limits
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		MT
TURQOZ ORAL TABLET 0.3-30 MG-MCG		MT
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG		MT
VYFEMLA ORAL TABLET 0.4-35 MG-MCG		MT
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		MT
<i>Selective Estrogen Receptor Modifying Agents</i>		
OSPHENA ORAL TABLET 60 MG		MT
<i>raloxifene hcl oral tablet 60 mg</i>	EVISTA	MT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</i>		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		MT
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>		MT
<i>levothyroxine sodium oral tablet 300 mcg</i>		MT
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		MT
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	CYTOMEL	MT
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		MT

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

Drug	Brand Reference	Requirements/ Limits
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		MT
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal Or Pituitary)</i>		
<i>bromocriptine mesylate oral capsule 5 mg</i>		MT
<i>bromocriptine mesylate oral tablet 2.5 mg</i>		MT
<i>cabergoline oral tablet 0.5 mg</i>		
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		PA; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		PA; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG		PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG		PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		PA
LYSODREN ORAL TABLET 500 MG		LA
<i>mifepristone oral tablet 300 mg</i>	KORLYM	PA; LA; QL (120 EA per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml</i>	SANDOSTATIN	PA; MT
<i>octreotide acetate injection solution 1000 mcg/ml</i>		PA
<i>octreotide acetate injection solution 200 mcg/ml</i>		PA; MT
<i>octreotide acetate injection solution 50 mcg/ml</i>	SANDOSTATIN	MT

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

Drug	Brand Reference	Requirements/ Limits
<i>octreotide acetate injection solution 500 mcg/ml</i>	SANDOSTATIN	PA
RECORLEV ORAL TABLET 150 MG		PA; QL (240 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		PA; LA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		PA; LA
SYNAREL NASAL SOLUTION 2 MG/ML		PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>		MT
<i>propylthiouracil oral tablet 50 mg</i>		MT
Immunological Agents		
<i>Angioedema Agents</i>		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	SAJAZIR	PA; QL (18 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		PA; LA; QL (28 EA per 28 days)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML		PA; LA; QL (18 ML per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; LA
<i>Immunoglobulins</i>		
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA

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

Drug	Brand Reference	Requirements/ Limits
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML		PA
<i>Immunological Agents, Other</i>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		PA; LA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		PA; LA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		PA; LA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; LA; QL (8 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		PA; LA; QL (8 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		PA; LA; QL (8 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		PA; LA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML		PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML		PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; QL (8 ML per 28 days)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML		PA; QL (1.36 ML per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>leflunomide oral tablet 10 mg, 20 mg</i>	ARAVA	MT; QL (30 EA per 30 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		QL (20 EA per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		QL (11 EA per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		QL (30 EA per 30 days)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML		PA; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		PA; QL (30 EA per 30 days)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML		PA; MT; QL (1 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		PA; MT; QL (1 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		PA; QL (1 ML per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		PA; QL (3 EA per 28 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML		PA; QL (8.4 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML		PA; QL (16.8 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML		PA; QL (2.22 ML per 365 days)
TAVNEOS ORAL CAPSULE 10 MG		PA; LA; QL (180 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg</i>	XELJANZ XR	PA; MT; QL (30 EA per 30 days)
<i>tofacitinib citrate oral solution 1 mg/ml</i>	XELJANZ	PA; MT; QL (480 ML per 24 days)
<i>tofacitinib citrate oral tablet 10 mg, 5 mg</i>	XELJANZ	PA; MT; QL (60 EA per 30 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML		PA; QL (2 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML		PA; QL (2 ML per 28 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		PA; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML		PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML		PA; LA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML		PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		PA; LA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		PA; LA; QL (8 EA per 28 days)
<i>Immunostimulants</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		PA; LA
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML		PA; LA; QL (2 ML per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		PA; LA; QL (2 ML per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA
Immunosuppressants		
<i>azathioprine oral tablet 100 mg, 75 mg</i>	AZASAN	PA; MT
<i>azathioprine oral tablet 50 mg</i>	IMURAN	PA; MT
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		PA; LA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		PA; LA
<i>cyclosporine (pf) ophthalmic emulsion 0.05 %</i>	RESTASIS	MT; QL (60 EA per 30 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>		PA; MT
<i>cyclosporine modified oral capsule 50 mg</i>		PA; MT
<i>cyclosporine modified oral solution 100 mg/ml</i>	NEORAL	PA; MT
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SANDIMMUNE	PA; MT
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML		PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		PA; QL (8 ML per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 50 MG/ML		PA; QL (8 ML per 28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		PA; MT
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	ZORTRESS	PA; MT
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	AFINITOR	PA
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	AFINITOR DISPERZ	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG		PA; MT
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML		PA; QL (2.4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.8ML		PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML		PA; QL (2.4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML		PA; QL (4.8 ML per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	ARAVA	MT; QL (30 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>		
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>		PA
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>		PA
<i>methotrexate sodium oral tablet 2.5 mg</i>		PA
<i>mycophenolate mofetil oral capsule 250 mg</i>	CELLCEPT	PA; MT
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CELLCEPT	PA; MT
<i>mycophenolate mofetil oral tablet 500 mg</i>	CELLCEPT	PA; MT
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	MYFORTIC	PA; MT

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

Drug	Brand Reference	Requirements/ Limits
NEORAL ORAL CAPSULE 100 MG, 25 MG		PA; MT
NEORAL ORAL SOLUTION 100 MG/ML		PA; MT
OTEZLA ORAL TABLET 20 MG		PA; QL (56 EA per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG		PA; LA; QL (55 EA per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG		PA; QL (55 EA per 28 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG		PA; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG		PA; QL (41 EA per 28 days)
PROGRAF ORAL PACKET 0.2 MG, 1 MG		PA; MT
REZUROCK ORAL TABLET 200 MG		PA; LA; QL (30 EA per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML		PA; MT; QL (6 EA per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML		PA; MT; QL (6 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		PA; MT; QL (12 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML		PA; MT; QL (6 EA per 28 days)
<i>sirolimus oral solution 1 mg/ml</i>		PA; MT
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		PA; MT
<i>tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg</i>	ASTAGRAF XL	PA; MT
<i>tacrolimus er oral capsule extended release 24 hour 5 mg</i>	ASTAGRAF XL	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PROGRAF	PA; MT
TAVNEOS ORAL CAPSULE 10 MG		PA; LA; QL (180 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		PA; MT; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		PA; MT; QL (3.6 ML per 28 days)
XATMEP ORAL SOLUTION 2.5 MG/ML		PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML		PA; QL (2 EA per 28 days)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML		PA; QL (2 EA per 28 days)
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		QL (0.5 ML once in a lifetime)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5		
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5		
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML		QL (0.5 ML once in a lifetime)
<i>bcg vaccine injection solution reconstituted 50 mg</i>		
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5		
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5		
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED		

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

Drug	Brand Reference	Requirements/ Limits
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML		PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML		PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML		
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML		
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML		PA
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG		
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML		
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10		
IPOL INJECTION SUSPENSION		
IXIARO INTRAMUSCULAR SUSPENSION		
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML		PA
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML		
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		
M-M-R II INJECTION SOLUTION RECONSTITUTED		
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML		QL (0.5 ML once in a lifetime)

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

Drug	Brand Reference	Requirements/ Limits
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED		
<i>penmenvy intramuscular suspension reconstituted</i>		
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED		
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED		
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED		
QUADRACEL INTRAMUSCULAR SUSPENSION		
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML		PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML		PA
ROTARIX ORAL SUSPENSION		
ROTATEQ ORAL SOLUTION		
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML		QL (1 ML once in a lifetime)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		QL (2 EA once in a lifetime)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)		PA
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML		

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

Drug	Brand Reference	Requirements/ Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML		
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML		
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML		
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML		
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML		
VAXCHORA ORAL SUSPENSION RECONSTITUTED		
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML		
VIVOTIF ORAL CAPSULE DELAYED RELEASE		
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED		
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium oral capsule 750 mg</i>		
DIPENTUM ORAL CAPSULE 250 MG		
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	APRISO	MT
<i>mesalamine oral capsule delayed release 400 mg</i>		MT
<i>mesalamine oral tablet delayed release 1.2 gm</i>	LIALDA	MT
<i>mesalamine oral tablet delayed release 800 mg</i>		
<i>mesalamine rectal enema 4 gm</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>mesalamine rectal suppository 1000 mg</i>	CANASA	
<i>sulfasalazine oral tablet 500 mg</i>	AZULFIDINE	MT
<i>sulfasalazine oral tablet delayed release 500 mg</i>	AZULFIDINE EN-TABS	MT
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	UCERIS	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>		
<i>dexamethasone oral solution 0.5 mg/5ml</i>		
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PROCTO-MED HC	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	CORTEF	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	CORTENEMA	
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	DEPO-MEDROL	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	MEDROL	
<i>methylprednisolone oral tablet 32 mg</i>		
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	MEDROL	
<i>prednisolone oral solution 15 mg/5ml</i>		
<i>prednisolone oral tablet 5 mg</i>		
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>		
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		
<i>prednisone oral solution 5 mg/5ml</i>		
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		
PROCTO-MED HC EXTERNAL CREAM 2.5 %		
PROCTOSOL HC EXTERNAL CREAM 2.5 %		

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

Drug	Brand Reference	Requirements/ Limits
PROCTOZONE-HC EXTERNAL CREAM 2.5 %		
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	KENALOG-40	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10 mg</i>		MT; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>		MT; QL (4 EA per 28 days)
<i>alendronate sodium oral tablet 70 mg</i>	FOSAMAX	MT; QL (4 EA per 28 days)
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QL (1 ML per 180 days)
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML		PA; QL (1.7 ML per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		MT
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>		MT
<i>calcitriol oral solution 1 mcg/ml</i>		MT
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	SENSIPAR	MT; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	SENSIPAR	MT; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>		MT; QL (1 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	ZEMPLAR	MT
<i>paricalcitol oral capsule 4 mcg</i>		MT
<i>risedronate sodium oral tablet 150 mg</i>	ACTONEL	MT; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack)</i>	ACTONEL	MT; QL (12 EA per 84 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (4 pack)</i>	ACTONEL	MT; QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	ATELVIA	MT; QL (4 EA per 28 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	BONSITY	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		PA; QL (1.56 ML per 30 days)
Antidotes		
<i>Antidotes, Systemic</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>flumazenil intravenous solution 0.5 mg/5ml</i>		QL (10 ML per 30 days)
<i>flumazenil intravenous solution 1 mg/10ml</i>		QL (20 ML per 30 days)
Platino List		
<i>Platino List</i>		
<i>aspirin 81 oral tablet delayed release 81 mg</i>		ED
<i>aspirin oral tablet 325 mg</i>		ED
<i>aspirin oral tablet delayed release 325 mg</i>		ED
<i>benzonatate oral capsule 100 mg</i>		ED
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>		ED
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		ED; PA
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>		ED
<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>		ED
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>		ED
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		ED
INFED INJECTION SOLUTION 50 MG/ML		ED; PA
<i>phytonadione oral tablet 5 mg</i>		ED
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>		ED
<i>thiamine hcl oral tablet 100 mg</i>		ED
<i>thiamine mononitrate oral tablet 100 mg</i>		ED
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>		MT
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>		
<i>cyclosporine (pf) ophthalmic emulsion 0.05 %</i>	RESTASIS	MT; QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		LA; QL (60 ML per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	COSOPT	MT
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	COSOPT PF	MT
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		MT; QL (12 ML per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	MAXITROL	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	MAXITROL	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		MT
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %		
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		
XDEMVY OPHTHALMIC SOLUTION 0.25 %		PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC SOLUTION 5 %		MT; QL (60 EA per 30 days)
<i>Ophthalmic Anti-Allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>		
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	BEPREVE	QL (5 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>		
<i>Ophthalmic Anti-Infectives</i>		

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

Drug	Brand Reference	Requirements/ Limits
AZASITE OPHTHALMIC SOLUTION 1 %		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		
<i>gatifloxacin ophthalmic solution 0.5 %</i>		
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	VIGAMOX	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>		
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		
<i>ofloxacin ophthalmic solution 0.3 %</i>	OCUFLOX	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		
<i>tobramycin ophthalmic solution 0.3 %</i>		
<i>trifluridine ophthalmic solution 1 %</i>		
XDEMVY OPHTHALMIC SOLUTION 0.25 %		PA; QL (10 ML per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %		
<i>Ophthalmic Anti-Inflammatories</i>		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		
DUREZOL OPHTHALMIC EMULSION 0.05 %		
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML LIQUIFILM	

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

Drug	Brand Reference	Requirements/ Limits
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	ACULAR LS	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	ACULAR	
LOTEMAX OPHTHALMIC GEL 0.5 %		
LOTEMAX SM OPHTHALMIC GEL 0.38 %		
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	ALREX	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	LOTEMAX	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PRED FORTE	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		
XIIDRA OPHTHALMIC SOLUTION 5 %		MT; QL (60 EA per 30 days)
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		MT
<i>carteolol hcl ophthalmic solution 1 %</i>		MT
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		MT
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	BETIMOL	MT
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		MT
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		MT
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		MT
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		MT
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		MT

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

Drug	Brand Reference	Requirements/ Limits
AZOPT OPTHALMIC SUSPENSION 1 %		MT
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		MT
COMBIGAN OPTHALMIC SOLUTION 0.2-0.5 %		MT
<i>dorzolamide hcl ophthalmic solution 2 %</i>		MT
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	COSOPT	MT
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	COSOPT PF	MT
<i>methazolamide oral tablet 25 mg, 50 mg</i>		MT
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		MT
ROCKLATAN OPTHALMIC SOLUTION 0.02-0.005 %		MT
SIMBRINZA OPTHALMIC SUSPENSION 1-0.2 %		MT
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic solution 0.03 %</i>		MT; QL (5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	XALATAN	MT; QL (2.5 ML per 25 days)
LUMIGAN OPTHALMIC SOLUTION 0.01 %		MT; QL (2.5 ML per 25 days)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	TRAVATAN Z	MT; QL (2.5 ML per 25 days)
VYZULTA OPTHALMIC SOLUTION 0.024 %		MT; QL (2.5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid otic solution 2 %</i>		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		
<i>fluocinolone acetonide otic oil 0.01 %</i>	DERMOTIC	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		
<i>neomycin-polymyxin-hc otic solution 1 %</i>		

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

Drug	Brand Reference	Requirements/ Limits
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		
<i>ofloxacin otic solution 0.3 %</i>		
Respiratory Tract/ Pulmonary Agents		
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.1 %</i>		QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 5 mg/5ml</i>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		
<i>cyproheptadine hcl oral tablet 4 mg</i>		
<i>desloratadine oral tablet 5 mg</i>	CLARINEX	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>		
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	XYZAL ALLERGY 24HR	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	XYZAL ALLERGY 24HR	QL (30 EA per 30 days)
<i>olopatadine hcl nasal solution 0.6 %</i>		
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		
<i>Anti-Inflammatories, Inhaled Corticosteroids</i>		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	PULMICORT	PA; MT
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		QL (50 ML per 25 days)
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act</i>	ARNUITY ELLIPTA	MT; QL (30 EA per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	FLONASE ALLERGY REL	QL (32 GM per 30 days)
<i>Antileukotrienes</i>		
<i>montelukast sodium oral packet 4 mg</i>	SINGULAIR	MT; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	SINGULAIR	MT; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	SINGULAIR	MT; QL (30 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>zafirlukast oral tablet 10 mg, 20 mg</i>		MT
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		MT; QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		MT; QL (8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>		PA; MT
<i>ipratropium bromide nasal solution 0.03 %</i>		MT; QL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>		MT; QL (15 ML per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		PA; MT
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		MT; QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	SPIRIVA HANDIHALER	MT; QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	VENTOLIN HFA	MT; QL (40.2 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020983)</i>	VENTOLIN HFA	MT; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>		PA; MT
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		MT
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		MT
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH		MT; QL (60 EA per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>		QL (6 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	AUVI-Q	QL (6 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EPIPEN JR 2-PAK	QL (6 EA per 30 days)
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act</i>	ARNUITY ELLIPTA	MT; QL (30 EA per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	BREO ELLIPTA	MT; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		MT; QL (1 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	PERFOROMIST	PA; MT
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		PA; MT
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	XOPENEX HFA	MT; QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		MT; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		MT
<i>Cystic Fibrosis Agents</i>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		PA; LA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		PA; LA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET 150 MG		PA; LA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG		PA; LA; QL (120 EA per 30 days)
ORKAMBI ORAL PACKET 75-94 MG		PA; LA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		PA; LA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		PA
TOBI PODHALER INHALATION CAPSULE 28 MG		PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	KITABIS PAK (W/ NEBULIZER)	PA; QL (280 ML per 28 days)

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

Drug	Brand Reference	Requirements/ Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		PA; LA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		PA; LA; QL (56 EA per 28 days)
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		PA; MT
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	GASTROCROM	MT
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	DALIRESP	MT
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG		MT
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>		MT
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		MT
<i>theophylline oral solution 80 mg/15ml</i>		MT
<i>Pulmonary Antihypertensives</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		PA; LA; QL (90 EA per 30 days)
ALYQ ORAL TABLET 20 MG		PA; MT; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	LETAIRIS	PA; MT; LA; QL (30 EA per 30 days)
<i>macitentan oral tablet 10 mg</i>	OPSUMIT	PA; MT; QL (30 EA per 30 days)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		PA; LA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>		PA
<i>sildenafil citrate oral tablet 20 mg</i>	REVATIO	PA; MT; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	ALYQ	PA; MT; QL (60 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG		PA; LA; QL (224 EA per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG		PA; LA; QL (112 EA per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG		PA; LA; QL (252 EA per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG		PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG		PA; LA; QL (140 EA per 28 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		PA; LA; QL (200 EA per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		PA; LA
<i>Pulmonary Fibrosis Agents</i>		
<i>nintedanib esylate oral capsule 100 mg, 150 mg</i>	OFEV	PA; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>		PA; MT; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	ESBRIET	PA; MT; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg</i>		PA; QL (90 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	ESBRIET	PA; MT; QL (90 EA per 30 days)
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		PA
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		MT; QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH		MT; QL (60 EA per 30 days)

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

Drug	Brand Reference	Requirements/ Limits
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	SYMBICORT	MT; QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		MT; QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML		PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		PA; LA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML		PA; LA; QL (1 ML per 28 days)
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act</i>	ARNUITY ELLIPTA	MT; QL (30 EA per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	BREO ELLIPTA	MT; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	ADVAIR DISKUS	MT; QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		PA; MT
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		PA; LA; QL (3 EA per 28 days)

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Drug	Brand Reference	Requirements/ Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		MT; QL (4 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		MT; QL (10.2 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		MT; QL (60 EA per 30 days)
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act</i>	ANORO ELLIPTA	MT; QL (60 EA per 30 days)
<i>Respiratory Tract/ Pulmonary Agents</i>		
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		MT; QL (8 GM per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		PA; LA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML		PA; LA; QL (1 ML per 28 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		PA; MT
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		PA; LA; QL (3 EA per 28 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone oral tablet 500 mg</i>		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		PA
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	FEXMID	PA

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

Drug	Brand Reference	Requirements/ Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		
<i>orphenadrine citrate injection solution 30 mg/ml</i>		
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		ST; QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	SILENOR	QL (30 EA per 30 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>		PA; QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	ROZEREM	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	HETLIOZ	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	RESTORIL	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>		QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	AMBIEN CR	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	AMBIEN CR	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	AMBIEN	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	AMBIEN	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil oral tablet 150 mg</i>	NUVIGIL	PA; MT; QL (60 EA per 30 days)
<i>armodafinil oral tablet 200 mg, 250 mg</i>	NUVIGIL	PA; MT; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	NUVIGIL	PA; MT; QL (150 EA per 30 days)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM		PA; LA; QL (30 EA per 30 days)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM		PA; LA; QL (28 EA per 28 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PROVIGIL	PA; MT; QL (30 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	XYREM	PA; LA; QL (540 ML per 30 days)

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