MMM Diamante Platino (HMO-SNP)	**MMM Dorado Platino (HMO-SNP)**
MMM Relax Platino (HMO-SNP)	**MMM Combo Platino (HMO-SNP)**
MMM Flexi Platino (HMO-SNP)	**PMC Premier Platino (HMO-SNP)**

2026 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS ID 26393, Version 22

This formulary was updated on 08/20/2026. 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 Flexi Platino / PMC Premier Platino.

This document includes a Drug List (formulary) for our plan which is current as of 08/20/2026. 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, 2026, and from time to time during the year.

What is the MMM Diamante Platino / MMM Dorado Platino / MMM Relax Platino / MMM Combo Platino / MMM Flexi 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 / MMM Dorado Platino / MMM Relax Platino / MMM Combo Platino / MMM Flexi Platino / PMC Premier Platino 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 or, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. 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 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 / MMM Dorado Platino / MMM Relax Platino / MMM Combo Platino / MMM Flexi Platino / PMC Premier Platino formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 08/20/2026. 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 147. 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 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 Flexi 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 Flexi 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 147.

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 Flexi 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.

Table of Contents

Drug	Brand Reference	Requirements/Limits
Analgesics		
Analgesics		
butalbital-apap-caffeine oral capsule 50-325-40 mg		
butalbital-apap-caffeine oral tablet 50-325-40 mg	BAC (BUTALBITAL-ACETAMIN-CAFF)	
ENDOCET ORAL TABLET 10-325 MG		QL (180 EA per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG		QL (360 EA per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG		QL (240 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	CELEBREX	MT; QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	CELEBREX	MT; QL (30 EA per 30 days)
diclofenac epolamine external patch 1.3 %	FLECTOR	
diclofenac potassium oral tablet 50 mg		MT
diclofenac sodium er oral tablet extended release 24 hour 100 mg		MT
diclofenac sodium external solution 1.5 %		
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg		MT
diflunisal oral tablet 500 mg		MT
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg		MT
etodolac oral capsule 200 mg, 300 mg		MT
etodolac oral tablet 400 mg	LODINE	MT
etodolac oral tablet 500 mg		MT
flurbiprofen oral tablet 100 mg	LURBIRO	MT
IBU ORAL TABLET 600 MG, 800 MG		MT
ibuprofen oral suspension 100 mg/5ml		
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		MT
ketoprofen oral capsule 25 mg, 50 mg		MT
ketorolac tromethamine injection solution 30 mg/ml		
ketorolac tromethamine intramuscular solution 60 mg/2ml		

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

Drug	Brand Reference	Requirements/Limits
meloxicam oral tablet 15 mg, 7.5 mg		MT; QL (30 EA per 30 days)
nabumetone oral tablet 500 mg, 750 mg		MT
naproxen dr oral tablet delayed release 500 mg		MT
naproxen oral suspension 125 mg/5ml		MT
naproxen oral tablet 250 mg, 375 mg, 500 mg		MT
naproxen oral tablet delayed release 375 mg		MT
naproxen sodium oral tablet 275 mg, 550 mg		MT
oxaprozin oral tablet 600 mg		MT
piroxicam oral capsule 10 mg, 20 mg		MT
sulindac oral tablet 150 mg, 200 mg		MT
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	JYNARQUE	PA; LA; QL (56 EA per 28 days)
Opioid Analgesics, Long-Acting		
buprenorphine hcl sublingual tablet sublingual 2 mg		
buprenorphine hcl sublingual tablet sublingual 8 mg		QL (60 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		QL (10 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml		
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml		QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg		QL (180 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml		
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		QL (90 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg		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
morphine sulfate er oral tablet extended release 100 mg, 200 mg		QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	MS CONTIN	QL (90 EA per 30 days)
morphine sulfate oral solution 10 mg/5ml		QL (1800 ML per 30 days)
morphine sulfate oral tablet 15 mg		QL (180 EA per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5ml		QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg		QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg		QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		QL (180 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	BAC (BUTALBITAL-ACETAMIN-CAFF)	
fentanyl citrate (pf) injection solution 100 mcg/2ml		QL (4 ML per 30 days)
fentanyl citrate (pf) injection solution 50 mcg/ml		QL (2 ML per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml		QL (5400 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		QL (50 EA per 10 days)
hydromorphone hcl oral liquid 1 mg/ml	DILAUDID	
hydromorphone hcl oral tablet 2 mg, 4 mg	DILAUDID	QL (180 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	DILAUDID	QL (21 EA per 7 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml		
meperidine hcl injection solution 100 mg/ml		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
meperidine hcl injection solution 25 mg/ml	DEMEROL	QL (1440 ML per 30 days)
meperidine hcl injection solution 50 mg/ml	DEMEROL	QL (720 ML per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml		
morphine sulfate oral solution 10 mg/5ml		QL (1800 ML per 30 days)
morphine sulfate oral solution 20 mg/5ml		QL (900 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg		QL (180 EA per 30 days)
oxycodone hcl oral capsule 5 mg		QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml		
oxycodone hcl oral solution 5 mg/5ml		QL (2700 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 20 mg, 5 mg		QL (180 EA per 30 days)
oxycodone hcl oral tablet 15 mg	ROXICODONE	QL (180 EA per 30 days)
oxycodone hcl oral tablet 30 mg	ROXICODONE	QL (14 EA per 7 days)
oxycodone-acetaminophen oral tablet 10-325 mg		QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg		QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg		QL (240 EA per 30 days)
tramadol hcl oral tablet 50 mg		QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		QL (56 EA per 7 days)
Anesthetics		
Local Anesthetics		
GLYDO EXTERNAL GEL 2 %		
GLYDO EXTERNAL PREFILLED SYRINGE 2 %		
lidocaine external ointment 5 %		
lidocaine external patch 5 %	LIDOCAN	QL (90 EA per 30 days)
lidocaine hcl external solution 4 %		
lidocaine hcl urethral/mucosal external gel 2 %		
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	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
lidocaine viscous hcl mouth/throat solution 2 %		
lidocaine-prilocaine external cream 2.5-2.5 %		
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium oral tablet delayed release 333 mg		MT
disulfiram oral tablet 250 mg, 500 mg		MT
naltrexone hcl oral tablet 50 mg		
Anti-Addiction/ Substance Abuse Treatment Agents		
REXTOVY NASAL LIQUID 4 MG/0.25ML		
Opioid Dependence		
buprenorphine hcl sublingual tablet sublingual 2 mg		
buprenorphine hcl sublingual tablet sublingual 8 mg		QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	SUBOXONE	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg		
naltrexone hcl oral tablet 50 mg		
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML		
naloxone hcl injection solution 0.4 mg/ml		
naloxone hcl injection solution cartridge 0.4 mg/ml		
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml		
OPVEE NASAL SOLUTION 2.7 MG/0.1ML		
Smoking Cessation Agents		

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

Drug	Brand Reference	Requirements/Limits
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg		
NICOTROL NS NASAL SOLUTION 10 MG/ML		
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	CHANTIX STARTING MONTH PAK	QL (53 EA per 28 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	CHANTIX	QL (60 EA per 30 days)
varenicline tartrate(continue) oral tablet 1 mg	CHANTIX	QL (56 EA per 28 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		PA; LA
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-%		
gentamicin sulfate external cream 0.1 %		
gentamicin sulfate external ointment 0.1 %		
gentamicin sulfate injection solution 40 mg/ml		
neomycin sulfate oral tablet 500 mg		
streptomycin sulfate intramuscular solution reconstituted 1 gm		
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		PA
Antibacterials, Other		
acetic acid otic solution 2 %		
aztreonam injection solution reconstituted 1 gm		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	CLEOCIN	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	CLEOCIN	
clindamycin phosphate external swab 1 %	CLINDACIN ETZ	

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

Drug	Brand Reference	Requirements/Limits
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml		
clindamycin phosphate injection solution 900 mg/6ml	CLEOCIN PHOSPHATE	
clindamycin phosphate vaginal cream 2 %	CLEOCIN	
colistimethate sodium (cba) injection solution reconstituted 150 mg	COLY-MYCIN M	PA
daptomycin intravenous solution reconstituted 350 mg, 500 mg		
fosfomycin tromethamine oral packet 3 gm		
linezolid intravenous solution 600 mg/300ml	ZYVOX	PA
linezolid oral suspension reconstituted 100 mg/5ml		PA
linezolid oral tablet 600 mg		PA
methenamine hippurate oral tablet 1 gm	HIPREX	
metronidazole external cream 0.75 %		
metronidazole external gel 0.75 %, 1 %		
metronidazole external lotion 0.75 %		
metronidazole intravenous solution 500 mg/100ml		
metronidazole oral tablet 250 mg, 500 mg		
metronidazole vaginal gel 0.75 %		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	MACRODANTIN	
nitrofurantoin monohyd macro oral capsule 100 mg	MACROBID	
polymyxin b sulfate injection solution reconstituted 500000 unit		PA
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		PA; QL (6 EA per 15 days)
SIVEXTRO ORAL TABLET 200 MG		PA; QL (6 EA per 15 days)
tigecycline intravenous solution reconstituted 50 mg	TYGACIL	PA
tinidazole oral tablet 250 mg, 500 mg		
trimethoprim oral tablet 100 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
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg		
vancomycin hcl oral capsule 125 mg, 250 mg	VANCOCIN	
VANDAZOLE VAGINAL GEL 0.75 %		
XIFAXAN ORAL TABLET 200 MG, 550 MG		PA
Beta-Lactam, Cephalosporins		
cefaclor er oral tablet extended release 12 hour 500 mg		
cefaclor oral capsule 250 mg, 500 mg		
cefaclor oral suspension reconstituted 250 mg/5ml		
cefadroxil oral capsule 500 mg		
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		
cefadroxil oral tablet 1 gm		
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg		
cefdinir oral capsule 300 mg		
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		
cefepime hcl injection solution reconstituted 1 gm		
cefepime hcl intravenous solution reconstituted 2 gm		
cefixime oral capsule 400 mg		
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml		
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm		PA
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		
cefpodoxime proxetil oral tablet 100 mg, 200 mg		
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		
cefprozil oral tablet 250 mg, 500 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
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	TEFLARO	
ceftazidime injection solution reconstituted 1 gm	TAZICEF	
ceftazidime injection solution reconstituted 6 gm		
ceftazidime intravenous solution reconstituted 2 gm	TAZICEF	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		
ceftriaxone sodium intravenous solution reconstituted 10 gm		
cefuroxime axetil oral tablet 250 mg, 500 mg		
cefuroxime sodium injection solution reconstituted 750 mg		PA
cefuroxime sodium intravenous solution reconstituted 1.5 gm		PA
cephalexin oral capsule 250 mg, 500 mg		
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg		
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml		
amoxicillin oral tablet 500 mg, 875 mg		
amoxicillin oral tablet chewable 125 mg, 250 mg		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg		
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml		
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml	AUGMENTIN ES-600	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg		
ampicillin oral capsule 500 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
ampicillin sodium injection solution reconstituted 1 gm		PA
ampicillin sodium intravenous solution reconstituted 10 gm		PA
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	UNASYN	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	UNASYN	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		
dicloxacillin sodium oral capsule 250 mg, 500 mg		
nafcillin sodium injection solution reconstituted 1 gm, 2 gm		PA
nafcillin sodium intravenous solution reconstituted 10 gm		PA
oxacillin sodium injection solution reconstituted 1 gm		
oxacillin sodium intravenous solution reconstituted 10 gm		
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml		
penicillin g potassium injection solution reconstituted 20000000 unit	PFIZERPEN	
penicillin g sodium injection solution reconstituted 5000000 unit		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml		
penicillin v potassium oral tablet 250 mg, 500 mg		
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		
Carbapenems		
ertapenem sodium injection solution reconstituted 1 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
imipenem-cilastatin intravenous solution reconstituted 250 mg		
imipenem-cilastatin intravenous solution reconstituted 500 mg	PRIMAXIN IV	
meropenem intravenous solution reconstituted 1 gm, 500 mg		
Macrolides		
azithromycin intravenous solution reconstituted 500 mg		
azithromycin oral suspension reconstituted 100 mg/5ml		
azithromycin oral suspension reconstituted 200 mg/5ml	ZITHROMAX	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	ZITHROMAX	
azithromycin oral tablet 600 mg		
clarithromycin er oral tablet extended release 24 hour 500 mg		
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		
clarithromycin oral tablet 250 mg, 500 mg		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		ST
E.E.S. 400 ORAL TABLET 400 MG		
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		
erythromycin base oral capsule delayed release particles 250 mg		
erythromycin base oral tablet 250 mg, 500 mg		
erythromycin ethylsuccinate oral tablet 400 mg	E.E.S. 400	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	ERY-TAB	
fidaxomicin oral tablet 200 mg	DIFICID	ST
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		PA; QL (28 EA per 14 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
BAXDELA ORAL TABLET 450 MG		PA; QL (28 EA per 14 days)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		
ciprofloxacin hcl ophthalmic solution 0.3 %		
ciprofloxacin hcl oral tablet 250 mg, 500 mg	CIPRO	
ciprofloxacin hcl oral tablet 750 mg		
ciprofloxacin in d5w intravenous solution 200 mg/100ml		
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml		
levofloxacin oral solution 25 mg/ml		
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml		PA
moxifloxacin hcl oral tablet 400 mg		
Sulfonamides		
sulfadiazine oral tablet 500 mg		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	SULFATRIM	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	BACTRIM	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	BACTRIM DS	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		
doxycycline hyclate intravenous solution reconstituted 100 mg	DOXY 100	
doxycycline hyclate oral capsule 100 mg, 50 mg		
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg		
minocycline hcl oral capsule 100 mg, 50 mg, 75 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
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		PA; QL (15 EA per 14 days)
NUZYRA ORAL TABLET 150 MG		PA; QL (30 EA per 14 days)
tetracycline hcl oral capsule 250 mg, 500 mg		
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam oral solution 10 mg/ml	BRIVIACT	PA; QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	BRIVIACT	PA; QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		PA; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		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
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	DEPAKOTE ER	MT
divalproex sodium oral capsule delayed release sprinkle 125 mg	DEPAKOTE SPRINKLES	MT
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	DEPAKOTE	MT
EPIDIOLEX ORAL SOLUTION 100 MG/ML		PA; LA; QL (600 ML per 30 days)
felbamate oral suspension 600 mg/5ml		MT
felbamate oral tablet 400 mg, 600 mg	FELBATOL	MT
FINTEPLA ORAL SOLUTION 2.2 MG/ML		PA; LA; QL (360 ML per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	LAMICTAL XR	MT
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	LAMICTAL ODT	

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

Drug	Brand Reference	Requirements/Limits
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	SUBVENITE	MT
lamotrigine oral tablet chewable 25 mg, 5 mg	LAMICTAL	MT
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LAMICTAL ODT	MT
lamotrigine starter kit-blue oral kit 35 x 25 mg	SUBVENITE STARTER KIT-BLUE	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	SUBVENITE STARTER KIT-GREEN	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	SUBVENITE STARTER KIT-ORANGE	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	KEPPRA XR	MT
levetiracetam oral solution 100 mg/ml	KEPPRA	MT
levetiracetam oral tablet 1000 mg, 250 mg, 750 mg	KEPPRA	MT
levetiracetam oral tablet 500 mg		MT
levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg	SPRITAM	MT
perampanel oral suspension 0.5 mg/ml	FYCOMPA	PA
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	FYCOMPA	PA
perampanel oral tablet 2 mg	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		
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg		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
topiramate oral capsule sprinkle 15 mg, 25 mg	TOPAMAX SPRINKLE	MT
topiramate oral capsule sprinkle 50 mg		MT
topiramate oral solution 25 mg/ml	EPRONTIA	MT
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	TOPAMAX	MT
valproic acid oral capsule 250 mg		MT
valproic acid oral solution 250 mg/5ml		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)
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 X200 MG, 14 X 50 MG & 14 X100 MG		PA; QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML		PA; LA
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg	ZARONTIN	MT
ethosuximide oral solution 250 mg/5ml	ZARONTIN	MT
methsuximide oral capsule 300 mg	CELONTIN	MT
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	LYRICA CR	MT
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	LYRICA	MT
pregabalin oral solution 20 mg/ml	LYRICA	MT
ZONISADE ORAL SUSPENSION 100 MG/5ML		QL (600 ML per 30 days)
Gamma-Aminobutyric Acid (Gaba) Modulating Agents		

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

Drug	Brand Reference	Requirements/Limits
clobazam oral suspension 2.5 mg/ml	ONFI	MT
clobazam oral tablet 10 mg, 20 mg	ONFI	MT
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	KLONOPIN	PA
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		PA
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		PA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML		PA
diazepam oral solution 5 mg/5ml		PA
diazepam oral tablet 10 mg, 2 mg, 5 mg	VALIUM	PA
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		
gabapentin (once-daily) oral tablet 600 mg	GRALISE	MT
gabapentin oral capsule 100 mg, 300 mg, 400 mg	NEURONTIN	MT
gabapentin oral solution 250 mg/5ml	NEURONTIN	MT
gabapentin oral tablet 600 mg, 800 mg	NEURONTIN	MT
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML		PA
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	ATIVAN	PA
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		PA
phenobarbital oral elixir 20 mg/5ml		MT
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		MT
pregabalin oral capsule 200 mg, 300 mg	LYRICA	MT
pregabalin oral solution 20 mg/ml	LYRICA	MT
primidone oral tablet 125 mg		MT
primidone oral tablet 250 mg, 50 mg	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)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		MT
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		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
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
vigabatrin oral packet 500 mg	SABRIL	PA; LA
vigabatrin oral tablet 500 mg	SABRIL	PA; LA
VIGAFYDE ORAL SOLUTION 100 MG/ML		PA; LA
ZTALMY ORAL SUSPENSION 50 MG/ML		PA; LA
Sodium Channel Agents		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	CARBATROL	MT
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	TEGRETOL-XR	MT
carbamazepine oral suspension 100 mg/5ml	TEGRETOL	MT
carbamazepine oral tablet 200 mg	TEGRETOL	MT
carbamazepine oral tablet chewable 100 mg, 200 mg		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
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 800 mg	APTIOM	PA; MT; QL (30 EA per 30 days)
eslicarbazepine acetate oral tablet 600 mg	APTIOM	PA; MT; QL (60 EA per 30 days)
lacosamide oral solution 10 mg/ml	VIMPAT	MT
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	VIMPAT	MT; QL (60 EA per 30 days)
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	OXTELLAR XR	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
oxcarbazepine oral suspension 300 mg/5ml	TRILEPTAL	MT
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	TRILEPTAL	MT
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		MT
phenytoin oral suspension 125 mg/5ml	DILANTIN-125	MT
phenytoin oral tablet chewable 50 mg	DILANTIN INFATABS	MT
phenytoin sodium extended oral capsule 100 mg	DILANTIN	MT
rufinamide oral suspension 40 mg/ml	BANZEL	PA
rufinamide oral tablet 200 mg	BANZEL	PA; MT
rufinamide oral tablet 400 mg	BANZEL	PA
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
ZONISADE ORAL SUSPENSION 100 MG/5ML		QL (600 ML per 30 days)
zonisamide oral capsule 100 mg, 25 mg	ZONEGRAN	MT
zonisamide oral capsule 50 mg		MT
Antidementia Agents		
Antidementia Agents, Other		
donepezil hcl oral tablet 10 mg, 5 mg	ARICEPT	MT; QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg, 5 mg		MT; QL (30 EA per 30 days)
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	NAMZARIC	MT; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	ARICEPT	MT; QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg, 5 mg		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
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg		MT; QL (30 EA per 30 days)
galantamine hydrobromide oral solution 4 mg/ml		MT
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg		MT
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		MT
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	EXELON	MT; QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg		MT; QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml		MT
memantine hcl oral tablet 10 mg, 5 mg		MT
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg		
Antidepressants		
Antidepressants, Other		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		PA; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		PA; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		PA; QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml		MT
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	ABILIFY	MT
aripiprazole oral tablet dispersible 10 mg, 15 mg		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
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		ST; QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	WELLBUTRIN SR	MT
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	WELLBUTRIN XL	MT
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg		MT
bupropion hcl oral tablet 100 mg, 75 mg		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)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG		ST; QL (32 EA per 14 days)
mirtazapine oral tablet 15 mg, 30 mg	REMERON	MT
mirtazapine oral tablet 45 mg, 7.5 mg		MT
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	REMERON SOLTAB	MT
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg		MT
OPIPZA ORAL FILM 10 MG		PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG		PA
OPIPZA ORAL FILM 5 MG		PA; QL (180 EA per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		MT
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	SEROQUEL XR	MT; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	SEROQUEL XR	MT; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROQUEL	MT
quetiapine fumarate oral tablet 150 mg		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)

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

Drug	Brand Reference	Requirements/Limits
Monoamine Oxidase Inhibitors		
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
phenelzine sulfate oral tablet 15 mg	NARDIL	MT
tranylcypromine sulfate oral tablet 10 mg	PARNATE	MT
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral capsule 30 mg		MT
citalopram hydrobromide oral solution 10 mg/5ml		MT
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	CELEXA	MT
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg		MT; QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	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)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg		MT
escitalopram oxalate oral capsule 15 mg		MT; QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml		MT; QL (600 ML per 30 days)
escitalopram oxalate oral tablet 10 mg	LEXAPRO	MT; QL (60 EA per 30 days)
escitalopram oxalate oral tablet 20 mg	LEXAPRO	MT; QL (30 EA per 30 days)
escitalopram oxalate oral tablet 5 mg	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)

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

Drug	Brand Reference	Requirements/Limits
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		ST; QL (56 EA per 365 days)
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg		MT
fluoxetine hcl oral capsule delayed release 90 mg		MT; QL (4 EA per 28 days)
fluoxetine hcl oral solution 20 mg/5ml		MT
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg		MT
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg		MT
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg		MT
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		MT
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	PAXIL CR	MT
paroxetine hcl oral suspension 10 mg/5ml		MT
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PAXIL	MT
RALDESY ORAL SOLUTION 10 MG/ML		PA; MT
sertraline hcl oral capsule 150 mg, 200 mg		MT
sertraline hcl oral concentrate 20 mg/ml	ZOLOFT	MT
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	ZOLOFT	MT
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		MT
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		ST; MT; QL (60 EA per 30 days)
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg		MT; QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	EFFEXOR XR	MT; QL (30 EA per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		MT
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	VIIBRYD	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
Tricyclics		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		MT
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		MT
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	ANAFRANIL	MT
desipramine hcl oral tablet 10 mg, 25 mg	NORPRAMIN	MT
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg		MT
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		MT
doxepin hcl oral concentrate 10 mg/ml		MT
doxepin hcl oral tablet 3 mg, 6 mg	SILENOR	QL (30 EA per 30 days)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		MT
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		MT
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	PAMELOR	MT
nortriptyline hcl oral solution 10 mg/5ml		MT
protriptyline hcl oral tablet 10 mg, 5 mg		MT
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		MT
Antiemetics		
Antiemetics, Other		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml		MT
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		MT
meclizine hcl oral tablet 12.5 mg		
meclizine hcl oral tablet 25 mg		
metoclopramide hcl oral solution 5 mg/5ml		
metoclopramide hcl oral tablet 10 mg, 5 mg	REGLAN	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		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
prochlorperazine maleate oral tablet 10 mg, 5 mg		MT
prochlorperazine rectal suppository 25 mg	COMPRO	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		
scopolamine transdermal patch 72 hour 1 mg/3days	TRANSDERM SCOP	QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg		PA; QL (2 EA per 30 days)
aprepitant oral capsule 40 mg		PA; QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	EMEND BIPACK	PA; QL (6 EA per 30 days)
aprepitant oral capsule therapy pack 80 & 125 mg	EMEND TRIPACK	PA; QL (8 EA per 30 days)
dronabinol oral capsule 10 mg, 5 mg		PA; QL (60 EA per 30 days)
dronabinol oral capsule 2.5 mg	MARINOL	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML		PA; QL (2 EA per 30 days)
granisetron hcl oral tablet 1 mg		PA; QL (60 EA per 30 days)
ondansetron hcl oral solution 4 mg/5ml		PA; QL (450 ML per 10 days)
ondansetron hcl oral tablet 4 mg, 8 mg		PA; QL (45 EA per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg		PA; QL (45 EA per 30 days)
Antifungals		
Antifungals		
amphotericin b intravenous solution reconstituted 50 mg		PA
amphotericin b liposome intravenous suspension reconstituted 50 mg	AMBISOME	PA
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg		PA
ciclopirox external gel 0.77 %		
ciclopirox external shampoo 1 %		
ciclopirox external solution 8 %	CICLODAN	
ciclopirox olamine external cream 0.77 %		
ciclopirox olamine external suspension 0.77 %		
clotrimazole external cream 1 %	LOTRIMIN	

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

Drug	Brand Reference	Requirements/Limits
clotrimazole external solution 1 %	LASOLEX	
clotrimazole mouth/throat troche 10 mg		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		PA
econazole nitrate external cream 1 %		
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%		PA
fluconazole oral suspension reconstituted 10 mg/ml		
fluconazole oral suspension reconstituted 40 mg/ml	DIFLUCAN	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		
flucytosine oral capsule 250 mg, 500 mg	ANCOBON	
griseofulvin microsize oral suspension 125 mg/5ml		
griseofulvin microsize oral tablet 500 mg		
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		
itraconazole oral capsule 100 mg	SPORANOX	QL (120 EA per 30 days)
ketoconazole external cream 2 %		
ketoconazole external shampoo 2 %		
ketoconazole oral tablet 200 mg		
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg		
NYAMYC EXTERNAL POWDER 100000 UNIT/GM		
nystatin external cream 100000 unit/gm		
nystatin external ointment 100000 unit/gm		
nystatin external powder 100000 unit/gm	NYSTOP	
nystatin mouth/throat suspension 100000 unit/ml		
nystatin oral tablet 500000 unit		
NYSTOP EXTERNAL POWDER 100000 UNIT/GM		
posaconazole oral suspension 40 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
posaconazole oral tablet delayed release 100 mg		
terbinafine hcl oral tablet 250 mg		QL (90 EA per 365 days)
terconazole vaginal cream 0.4 %, 0.8 %		
terconazole vaginal suppository 80 mg		
voriconazole intravenous solution reconstituted 200 mg	VFEND IV	PA
voriconazole oral suspension reconstituted 40 mg/ml	VFEND	
voriconazole oral tablet 200 mg, 50 mg		
Antigout Agents		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg		MT
colchicine oral capsule 0.6 mg	MITIGARE	
colchicine oral tablet 0.6 mg		
colchicine-probenecid oral tablet 0.5-500 mg		MT
febuxostat oral tablet 40 mg, 80 mg	ULORIC	MT
probenecid oral tablet 500 mg		MT
Antimigraine Agents		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG		PA; QL (16 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
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)

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

Drug	Brand Reference	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		PA; MT; QL (2 ML per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG		PA; QL (16 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		PA; MT; QL (30 EA per 30 days)
UBRELVY ORAL TABLET 100 MG		PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 50 MG		PA; QL (32 EA per 30 days)
Ergot Alkaloids		
dihydroergotamine mesylate nasal solution 4 mg/ml		
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		
Prophylactic		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	DEPAKOTE ER	MT
divalproex sodium oral capsule delayed release sprinkle 125 mg	DEPAKOTE SPRINKLES	MT
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	DEPAKOTE	MT
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		MT
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg		MT
topiramate oral capsule sprinkle 15 mg, 25 mg	TOPAMAX SPRINKLE	MT
topiramate oral capsule sprinkle 50 mg		MT
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	TOPAMAX	MT
valproic acid oral capsule 250 mg		MT
valproic acid oral solution 250 mg/5ml		MT
Serotonin (5-Ht) Receptor Agonist		
eletriptan hydrobromide oral tablet 20 mg, 40 mg	RELPAX	QL (9 EA per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg		QL (12 EA per 28 days)
rizatriptan benzoate oral tablet 10 mg	MAXALT	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
rizatriptan benzoate oral tablet 5 mg		QL (18 EA per 28 days)
rizatriptan benzoate oral tablet dispersible 10 mg	MAXALT-MLT	QL (18 EA per 28 days)
rizatriptan benzoate oral tablet dispersible 5 mg		QL (18 EA per 28 days)
sumatriptan nasal solution 20 mg/act		QL (12 EA per 28 days)
sumatriptan nasal solution 5 mg/act		QL (24 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	IMITREX	QL (9 EA per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		QL (6 ML per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	IMITREX STATDOSE SYSTEM	QL (6 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	ZOMIG	QL (12 EA per 28 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg		QL (12 EA per 28 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release 180 mg	MESTINON	
pyridostigmine bromide oral solution 60 mg/5ml	MESTINON	
pyridostigmine bromide oral tablet 30 mg		
pyridostigmine bromide oral tablet 60 mg	MESTINON	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg		MT
PRIFTIN ORAL TABLET 150 MG		
rifabutin oral capsule 150 mg		
Antituberculars		
ethambutol hcl oral tablet 100 mg, 400 mg		
isoniazid oral syrup 50 mg/5ml		MT
isoniazid oral tablet 100 mg, 300 mg		MT
pretomanid oral tablet 200 mg		PA; QL (182 EA per 182 days)
PRIFTIN ORAL TABLET 150 MG		
pyrazinamide oral tablet 500 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
rifampin intravenous solution reconstituted 600 mg	RIFADIN	
rifampin oral capsule 150 mg, 300 mg		
SIRTURO ORAL TABLET 100 MG, 20 MG		PA; LA
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg		PA
cyclophosphamide oral tablet 25 mg, 50 mg		PA
LEUKERAN ORAL TABLET 2 MG		
lomustine oral capsule 10 mg, 100 mg, 40 mg	GLEOSTINE	PA
MATULANE ORAL CAPSULE 50 MG		LA
VALCHLOR EXTERNAL GEL 0.016 %		PA; LA
Antiandrogens		
abiraterone acetate oral tablet 250 mg	ABIRTEGA	PA; QL (120 EA per 30 days)
abiraterone acetate oral tablet 500 mg	ZYTIGA	PA; QL (60 EA per 30 days)
bicalutamide oral tablet 50 mg	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)
nilutamide oral tablet 150 mg		
NUBEQA ORAL TABLET 300 MG		PA; LA; QL (120 EA per 30 days)
toremifene citrate oral tablet 60 mg	FARESTON	
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)
Antiangiogenic Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	REVLIMID	LA
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	POMALYST	PA
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
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
tamoxifen citrate oral tablet 10 mg, 20 mg		MT
toremifene citrate oral tablet 60 mg	FARESTON	
Antimetabolites		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		PA; LA; QL (2 ML per 28 days)
fluorouracil external cream 5 %		
fluorouracil external solution 2 %, 5 %		
hydroxyurea oral capsule 500 mg	HYDREA	
mercaptopurine oral suspension 2000 mg/100ml	PURIXAN	
mercaptopurine oral tablet 50 mg		
ONUREG ORAL TABLET 200 MG, 300 MG		PA; LA; QL (14 EA per 28 days)
TABLOID ORAL TABLET 40 MG		PA
Antineoplastics, Other		
hydroxyurea oral capsule 500 mg	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
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg		
leucovorin calcium oral tablet 5 mg		
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)
LYNPARZA ORAL TABLET 100 MG, 150 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
LYSODREN ORAL TABLET 500 MG		LA
methotrexate sodium (pf) injection solution 50 mg/2ml		PA
methotrexate sodium injection solution 50 mg/2ml		PA
methotrexate sodium oral tablet 2.5 mg		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; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		PA; LA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		PA; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; LA; 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; LA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG		PA
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral tablet 1 mg	ARIMIDEX	MT
exemestane oral tablet 25 mg	AROMASIN	MT
letrozole oral tablet 2.5 mg	FEMARA	MT
Enzyme Inhibitors		
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)
Molecular Target Inhibitors		
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
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)

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

Drug	Brand Reference	Requirements/Limits
BRUKINSA ORAL CAPSULE 80 MG		PA; LA; QL (120 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
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	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
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg		PA
everolimus oral tablet 0.25 mg	ZORTRESS	PA; MT
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	ZORTRESS	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	AFINITOR	PA
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	AFINITOR DISPERZ	PA
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)

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

Drug	Brand Reference	Requirements/Limits
GAVRETO ORAL CAPSULE 100 MG		PA; LA; QL (120 EA per 30 days)
gefitinib oral tablet 250 mg	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 100 MG, 125 MG, 75 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)
imatinib mesylate oral tablet 100 mg, 400 mg	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
imkeldi oral solution 80 mg/ml		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
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)

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

Drug	Brand Reference	Requirements/Limits
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)
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; LA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG		PA
KRAZATI ORAL TABLET 200 MG		PA; LA; QL (180 EA per 30 days)
lapatinib ditosylate oral tablet 250 mg	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)
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)

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

Drug	Brand Reference	Requirements/Limits
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG		PA; LA; QL (9 EA per 28 days)
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 3 X 25 MG & 1 X 100 MG		PA; LA; QL (3 EA per 28 days)
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 9 X 25 MG & 1 X 100 MG		PA; LA; QL (1 EA per 28 days)
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG		PA; LA; QL (9 EA per 28 days)
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 3 X 25 MG & 1 X 100 MG		PA; LA; QL (3 EA per 28 days)
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 9 X 25 MG & 1 X 100 MG		PA; LA; QL (1 EA per 28 days)
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 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
NERLYNX ORAL TABLET 40 MG		PA; LA; QL (180 EA per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	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)
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)
pazopanib hcl oral tablet 200 mg	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)

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

Drug	Brand Reference	Requirements/Limits
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)
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)
sorafenib tosylate oral tablet 200 mg	NEXAVAR	PA
STIVARGA ORAL TABLET 40 MG		PA; LA; QL (120 EA per 30 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	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
TAGRISSO 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)
TAZVERIK ORAL TABLET 200 MG		PA; LA; QL (240 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 160 MG, 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)

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

Drug	Brand Reference	Requirements/Limits
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)
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; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		PA; LA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; LA; QL (8 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 (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		PA; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		PA; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		PA; LA; 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; LA; 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
ZYDELIG ORAL TABLET 100 MG, 150 MG		PA; LA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG		PA; LA; QL (90 EA per 30 days)
Retinoids		
bexarotene external gel 1 %	TARGRETIN	PA
bexarotene oral capsule 75 mg	TARGRETIN	PA
PANRETIN EXTERNAL GEL 0.1 %		PA
tretinoin oral capsule 10 mg		
Treatment Adjuncts		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg		
leucovorin calcium oral tablet 5 mg		
mesna oral tablet 400 mg	MESNEX	
Antiparasitics		
Anthelmintics		
albendazole oral tablet 200 mg		
ivermectin oral tablet 3 mg	STROMECTOL	
ivermectin oral tablet 6 mg		
praziquantel oral tablet 600 mg	BILTRICIDE	

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

Drug	Brand Reference	Requirements/Limits
Antiprotozoals		
atovaquone oral suspension 750 mg/5ml	MEPRON	PA
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	MALARONE	
chloroquine phosphate oral tablet 250 mg, 500 mg		MT
COARTEM ORAL TABLET 20-120 MG		QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 100 mg, 400 mg		MT
hydroxychloroquine sulfate oral tablet 200 mg	PLAQUENIL	MT
hydroxychloroquine sulfate oral tablet 300 mg	SOVUNA	MT
mefloquine hcl oral tablet 250 mg		MT
nitazoxanide oral tablet 500 mg		
pentamidine isethionate inhalation solution reconstituted 300 mg	NEBUPENT	PA
pentamidine isethionate injection solution reconstituted 300 mg	PENTAM	PA
primaquine phosphate oral tablet 26.3 (15 base) mg		
pyrimethamine oral tablet 25 mg	DARAPRIM	PA
quinine sulfate oral capsule 324 mg		
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		MT
trihexyphenidyl hcl oral solution 0.4 mg/ml		MT
trihexyphenidyl hcl oral tablet 2 mg, 5 mg		MT
Antiparkinson Agents, Other		
amantadine hcl oral capsule 100 mg		MT
amantadine hcl oral solution 50 mg/5ml		MT
amantadine hcl oral tablet 100 mg		MT
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		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
entacapone oral tablet 200 mg		MT
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML		LA
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	APOKYN	
bromocriptine mesylate oral capsule 5 mg	PARLODEL	MT
bromocriptine mesylate oral tablet 2.5 mg	PARLODEL	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)
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		MT
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		MT
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		MT
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		MT
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	RYTARY	MT
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		MT
carbidopa-levodopa oral tablet 10-100 mg	SINEMET	MT
carbidopa-levodopa oral tablet 25-100 mg	DHIVY	MT
carbidopa-levodopa oral tablet 25-250 mg		MT
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg		MT
INBRIJA INHALATION CAPSULE 42 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
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	AZILECT	MT
selegiline hcl oral capsule 5 mg		MT
selegiline hcl oral tablet 5 mg		MT
Antipsychotics		
1St Generation/Typical		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml		MT
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		MT
fluphenazine decanoate injection solution 25 mg/ml		
fluphenazine hcl injection solution 2.5 mg/ml		
fluphenazine hcl oral concentrate 5 mg/ml		MT
fluphenazine hcl oral elixir 2.5 mg/5ml		MT
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		MT
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)		
haloperidol lactate injection solution 5 mg/ml		
haloperidol lactate oral concentrate 2 mg/ml		MT
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		MT
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		MT
molindone hcl oral tablet 10 mg, 25 mg, 5 mg		MT
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		MT
pimozide oral tablet 1 mg, 2 mg		MT
prochlorperazine maleate oral tablet 10 mg, 5 mg		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
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		MT
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		MT
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg		MT
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		PA; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		PA; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		PA; QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml		MT
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	ABILIFY	MT
aripiprazole oral tablet dispersible 10 mg, 15 mg		MT
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		PA; QL (3.2 ML per 28 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	SAPHRIS	MT; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		PA; 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
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		PA; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG		PA; QL (56 EA per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		PA; MT
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		PA
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG		PA
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG		PA
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG		PA
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML		PA; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		PA; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		PA; QL (0.8 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		PA; QL (0.3 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		PA; QL (0.9 ML per 90 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
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		PA; QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		PA; QL (1.8 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		PA; QL (3 ML per 90 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	LATUDA	MT
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)
olanzapine intramuscular solution reconstituted 10 mg	ZYPREXA	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZYPREXA	MT
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	ZYPREXA ZYDIS	MT
OPIPZA ORAL FILM 10 MG		PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG		PA
OPIPZA ORAL FILM 5 MG		PA; QL (180 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg		MT
paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg	INVEGA	MT
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	SEROQUEL XR	MT; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	SEROQUEL XR	MT; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROQUEL	MT
quetiapine fumarate oral tablet 150 mg		MT
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		PA; 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
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	RISPERDAL CONSTA	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	RISPERDAL	MT
risperidone oral tablet 0.25 mg		MT
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RISPERDAL	MT
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		MT
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		PA; MT
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG		PA; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	GEODON	MT
ziprasidone mesylate intramuscular solution reconstituted 20 mg	GEODON	QL (6 EA per 3 days)
Treatment-Resistant		
clozapine oral tablet 100 mg, 25 mg	CLOZARIL	
clozapine oral tablet 200 mg, 50 mg		
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg		
VERSACLOZ ORAL SUSPENSION 50 MG/ML		PA
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg		
dantrolene sodium oral capsule 100 mg, 50 mg		
dantrolene sodium oral capsule 25 mg	DANTRIUM	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	ZANAFLEX	
tizanidine hcl oral tablet 2 mg		
tizanidine hcl oral tablet 4 mg	ZANAFLEX	
Antivirals		

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

Drug	Brand Reference	Requirements/Limits
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)
valganciclovir hcl oral solution reconstituted 50 mg/ml	VALCYTE	
valganciclovir hcl oral tablet 450 mg		MT
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil oral tablet 10 mg		PA; MT
BARACLUDE ORAL SOLUTION 0.05 MG/ML		
entecavir oral tablet 0.5 mg, 1 mg	BARACLUDE	MT
lamivudine oral solution 10 mg/ml	EPIVIR	MT
lamivudine oral tablet 100 mg		MT
lamivudine oral tablet 150 mg, 300 mg	EPIVIR	MT
tenofovir disoproxil fumarate oral tablet 300 mg	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		
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL TABLET 400-100 MG		PA; QL (84 EA per 180 days)
HARVONI ORAL TABLET 90-400 MG		PA; QL (168 EA per 180 days)
MAVYRET ORAL TABLET 100-40 MG		PA; QL (336 EA per 365 days)
ribavirin oral capsule 200 mg		
ribavirin oral tablet 200 mg		
VOSEVI ORAL TABLET 400-100-100 MG		PA; QL (84 EA per 180 days)
Antiherpetic Agents		
acyclovir oral capsule 200 mg		
acyclovir oral suspension 200 mg/5ml		
acyclovir oral tablet 400 mg, 800 mg		
acyclovir sodium intravenous solution 50 mg/ml		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
famciclovir oral tablet 125 mg, 250 mg, 500 mg		
trifluridine ophthalmic solution 1 %		
valacyclovir hcl oral tablet 1 gm	VALTREX	
valacyclovir hcl oral tablet 500 mg	VALTREX	QL (30 EA per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
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		
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		
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
DELSTRIGO ORAL TABLET 100-300-300 MG		
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG		
efavirenz oral tablet 600 mg		MT
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg		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
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	SYMFI	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	COMPLERA	
etravirine oral tablet 100 mg, 200 mg	INTELENCE	
IDVYNSO ORAL TABLET 100-0.25 MG		
INTELENCE ORAL TABLET 25 MG		MT
nevirapine er oral tablet extended release 24 hour 400 mg		MT
nevirapine oral suspension 50 mg/5ml		MT
nevirapine oral tablet 200 mg		MT
PIFELTRO ORAL TABLET 100 MG		
rilpivirine hcl oral tablet 25 mg	EDURANT	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution 20 mg/ml	ZIAGEN	MT
abacavir sulfate oral tablet 300 mg		MT
abacavir sulfate-lamivudine oral tablet 600-300 mg		MT
CIMDUO ORAL TABLET 300-300 MG		
DELSTRIGO ORAL TABLET 100-300-300 MG		
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg		MT
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	SYMFI	
emtricitabine oral capsule 200 mg	EMTRIVA	MT
emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg	TRUVADA	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
emtricitabine-tenofovir df oral tablet 133-200 mg	TRUVADA	
EMTRIVA ORAL SOLUTION 10 MG/ML		MT
JULUCA ORAL TABLET 50-25 MG		
lamivudine oral solution 10 mg/ml	EPIVIR	MT
lamivudine oral tablet 100 mg		MT
lamivudine oral tablet 150 mg, 300 mg	EPIVIR	MT
lamivudine-zidovudine oral tablet 150-300 mg		MT
ODEFSEY ORAL TABLET 200-25-25 MG		
tenofovir disoproxil fumarate oral tablet 300 mg	VIREAD	MT
TRIUMEQ ORAL TABLET 600-50-300 MG		
triumeq pd oral tablet soluble 60-5-30 mg		MT
VIREAD ORAL POWDER 40 MG/GM		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		
zidovudine oral capsule 100 mg	RETROVIR	MT
zidovudine oral syrup 50 mg/5ml	RETROVIR	MT
zidovudine oral tablet 300 mg		MT
Anti-Hiv Agents, Other		
maraviroc oral tablet 150 mg, 300 mg	SELZENTRY	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		
SELZENTRY ORAL SOLUTION 20 MG/ML		
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		
triumeq pd oral tablet soluble 60-5-30 mg		MT
TYBOST ORAL TABLET 150 MG		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
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG		
atazanavir sulfate oral capsule 150 mg		MT
atazanavir sulfate oral capsule 200 mg, 300 mg	REYATAZ	MT
darunavir oral tablet 600 mg	PREZISTA	MT
darunavir oral tablet 800 mg	PREZISTA	
EVOTAZ ORAL TABLET 300-150 MG		
fosamprenavir calcium oral tablet 700 mg		
KALETRA ORAL SOLUTION 400-100 MG/5ML		MT
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	KALETRA	MT
NORVIR ORAL PACKET 100 MG		MT
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG		
PREZISTA ORAL SUSPENSION 100 MG/ML		
PREZISTA ORAL TABLET 150 MG		
PREZISTA ORAL TABLET 75 MG		MT
REYATAZ ORAL PACKET 50 MG		
ritonavir oral tablet 100 mg	NORVIR	MT
SYMTUZA ORAL TABLET 800-150-200-10 MG		
VIRACEPT ORAL TABLET 250 MG, 625 MG		
Anti-Influenza Agents		
amantadine hcl oral capsule 100 mg		MT
amantadine hcl oral solution 50 mg/5ml		MT
amantadine hcl oral tablet 100 mg		MT
oseltamivir phosphate oral capsule 30 mg		QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg		QL (84 EA per 365 days)
oseltamivir phosphate oral capsule 75 mg	TAMIFLU	QL (84 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	TAMIFLU	QL (1080 ML per 365 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
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		QL (120 EA per 365 days)
rimantadine hcl oral tablet 100 mg		
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		
LAGEVRIO ORAL CAPSULE 200 MG		QL (40 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)
Antivirals		
LAGEVRIO ORAL CAPSULE 200 MG		QL (40 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		MT
doxepin hcl oral concentrate 10 mg/ml		MT
doxepin hcl oral tablet 3 mg, 6 mg	SILENOR	QL (30 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	XANAX	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	KLONOPIN	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
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		PA
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		PA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML		PA
diazepam oral solution 5 mg/5ml		PA
diazepam oral tablet 10 mg, 2 mg, 5 mg	VALIUM	PA
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML		PA
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	ATIVAN	PA
midazolam hcl (pf) injection solution 10 mg/2ml		QL (4 ML per 30 days)
midazolam hcl (pf) injection solution 2 mg/2ml		QL (20 ML per 30 days)
midazolam hcl (pf) injection solution 5 mg/5ml		QL (10 ML per 30 days)
midazolam hcl (pf) injection solution 5 mg/ml		QL (2 ML per 30 days)
midazolam hcl injection solution 10 mg/2ml		QL (4 ML per 30 days)
midazolam hcl injection solution 2 mg/2ml		QL (20 ML per 30 days)
midazolam hcl injection solution 5 mg/5ml		QL (10 ML per 30 days)
midazolam hcl injection solution 5 mg/ml		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

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

Drug	Brand Reference	Requirements/Limits
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG		PA; MT; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg		MT
escitalopram oxalate oral capsule 15 mg		MT; QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml		MT; QL (600 ML per 30 days)
escitalopram oxalate oral tablet 10 mg	LEXAPRO	MT; QL (60 EA per 30 days)
escitalopram oxalate oral tablet 20 mg	LEXAPRO	MT; QL (30 EA per 30 days)
escitalopram oxalate oral tablet 5 mg	LEXAPRO	MT; QL (120 EA per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	PAXIL CR	MT
paroxetine hcl oral suspension 10 mg/5ml		MT
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PAXIL	MT
sertraline hcl oral capsule 150 mg, 200 mg		MT
sertraline hcl oral concentrate 20 mg/ml	ZOLOFT	MT
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	ZOLOFT	MT
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg		MT; QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	EFFEXOR XR	MT; QL (30 EA per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		MT
Bipolar Agents		
Bipolar Agents, Other		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	SAPHRIS	MT; QL (60 EA per 30 days)
lamotrigine oral tablet 25 mg	SUBVENITE	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
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	LATUDA	MT
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		PA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	ZYPREXA	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZYPREXA	MT
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	ZYPREXA ZYDIS	MT
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	SEROQUEL XR	MT; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	SEROQUEL XR	MT; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROQUEL	MT
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	RISPERDAL CONSTA	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	RISPERDAL	MT
risperidone oral tablet 0.25 mg		MT
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RISPERDAL	MT
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		MT
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		PA; MT
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		PA; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	GEODON	MT
ziprasidone mesylate intramuscular solution reconstituted 20 mg	GEODON	QL (6 EA per 3 days)
Mood Stabilizers		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	CARBATROL	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
carbamazepine er oral tablet extended release 12 hour 100 mg	TEGRETOL-XR	MT
carbamazepine oral suspension 100 mg/5ml	TEGRETOL	MT
carbamazepine oral tablet 200 mg	TEGRETOL	MT
carbamazepine oral tablet chewable 100 mg, 200 mg		MT
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	DEPAKOTE ER	MT
divalproex sodium oral capsule delayed release sprinkle 125 mg	DEPAKOTE SPRINKLES	MT
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	DEPAKOTE	MT
lamotrigine er oral tablet extended release 24 hour 50 mg	LAMICTAL XR	MT
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	LAMICTAL ODT	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	SUBVENITE	MT
lamotrigine oral tablet chewable 25 mg, 5 mg	LAMICTAL	MT
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LAMICTAL ODT	MT
lamotrigine starter kit-blue oral kit 35 x 25 mg	SUBVENITE STARTER KIT-BLUE	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	SUBVENITE STARTER KIT-GREEN	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	SUBVENITE STARTER KIT-ORANGE	
lithium carbonate er oral tablet extended release 300 mg	LITHOBID	MT
lithium carbonate er oral tablet extended release 450 mg		MT
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		MT
lithium carbonate oral tablet 300 mg		MT
lithium oral solution 8 meq/5ml		MT
SUBVENITE ORAL SUSPENSION 10 MG/ML		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
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
valproic acid oral capsule 250 mg		MT
valproic acid oral solution 250 mg/5ml		MT
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg		MT; QL (90 EA per 30 days)
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg		MT; QL (30 EA per 30 days)
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg		MT; QL (60 EA per 30 days)
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg		MT; QL (30 EA per 30 days)
colesevelam hcl oral packet 3.75 gm	WELCHOL	MT
colesevelam hcl oral tablet 625 mg	WELCHOL	MT
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg	XIGDUO XR	MT; QL (30 EA per 30 days)
dapagliflozin base-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	XIGDUO XR	MT; QL (60 EA per 30 days)
dapagliflozin oral tablet 10 mg, 5 mg	FARXIGA	MT; QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg, 4 mg		MT; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 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
glipizide er oral tablet extended release 24 hour 5 mg	GLUCOTROL XL	MT; QL (60 EA per 30 days)
glipizide oral tablet 10 mg, 2.5 mg, 5 mg		MT; QL (120 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		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)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		MT; QL (30 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)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		MT; QL (30 EA per 30 days)
liraglutide subcutaneous solution pen-injector 18 mg/3ml	VICTOZA	PA; MT; QL (9 ML per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg		MT; QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg		MT; QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg		MT; QL (60 EA per 30 days)
metformin hcl oral tablet 500 mg, 850 mg		MT; QL (90 EA per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg		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
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)
nateglinide oral tablet 120 mg, 60 mg		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)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	ACTOS	MT; QL (30 EA per 30 days)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	DUETACT	MT; QL (30 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg		MT; QL (90 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-850 mg	ACTOPLUS MET	MT; QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		MT; QL (120 EA per 30 days)
repaglinide oral tablet 2 mg		MT; QL (240 EA per 30 days)
saxagliptin hcl oral tablet 2.5 mg		MT; QL (60 EA per 30 days)
saxagliptin hcl oral tablet 5 mg		MT; QL (30 EA per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg		MT; QL (60 EA per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg		MT; QL (30 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/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
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML		PA; QL (11 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML		PA; QL (6 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)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG		MT; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG		MT; QL (60 EA per 30 days)
Blood Glucose Regulators		
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		
mifepristone oral tablet 300 mg	KORLYM	PA; LA; QL (120 EA per 30 days)
Glycemic Agents		
diazoxide oral suspension 50 mg/ml	PROGLYCEM	
glucagon emergency injection solution reconstituted 1 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
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		
mifepristone oral tablet 300 mg	KORLYM	PA; LA; QL (120 EA per 30 days)
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML		
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML		
gauze sterile pad 2"x2"		
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MT; QL (45 ML per 30 days)
FIASP INJECTION SOLUTION 100 UNIT/ML		MT; QL (40 ML per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		MT; QL (45 ML per 30 days)
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)
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)

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 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 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		QL (40 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		QL (42 ML per 30 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	SEMGLEE (YFGN)	MT; QL (40 ML per 30 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	SEMGLEE (YFGN)	MT; QL (45 ML per 30 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	HUMALOG KWIKPEN	MT; QL (45 ML per 30 days)
insulin lispro injection solution 100 unit/ml	HUMALOG	MT; QL (40 ML per 30 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	HUMALOG JUNIOR KWIKPEN	MT; QL (45 ML per 30 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	HUMALOG MIX 75/25 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
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)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		MT; QL (45 ML per 30 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML		MT; QL (40 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		MT; QL (45 ML per 30 days)
preferred plus insulin syringe 28g x 1/2" 0.5 ml	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		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	PRADAXA	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
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		MT
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	LOVENOX	QL (60 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	LOVENOX	QL (48 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	LOVENOX	QL (18 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	LOVENOX	QL (24 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	LOVENOX	QL (36 ML per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	ARIXTRA	QL (24 ML per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	ARIXTRA	QL (15 ML per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	ARIXTRA	QL (12 ML per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	ARIXTRA	QL (18 ML per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		MT
rivaroxaban oral suspension reconstituted 1 mg/ml	XARELTO	MT; QL (900 ML per 30 days)
rivaroxaban oral tablet 2.5 mg	XARELTO	MT; QL (60 EA per 30 days)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		MT
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML		MT; QL (900 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		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
XARELTO ORAL TABLET 15 MG, 2.5 MG		MT; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		QL (51 EA per 30 days)
Blood Products And Modifiers, Other		
anagrelide hcl oral capsule 0.5 mg	AGRYLIN	MT
anagrelide hcl oral capsule 1 mg		MT
eltrombopag olamine oral packet 12.5 mg	PROMACTA	PA; QL (360 EA per 30 days)
eltrombopag olamine oral packet 25 mg	PROMACTA	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 12.5 mg	PROMACTA	PA; QL (360 EA per 30 days)
eltrombopag olamine oral tablet 25 mg	PROMACTA	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 50 mg	PROMACTA	PA; QL (90 EA per 30 days)
eltrombopag olamine oral tablet 75 mg	PROMACTA	PA; QL (60 EA per 30 days)
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		
eltrombopag olamine oral packet 12.5 mg	PROMACTA	PA; QL (360 EA per 30 days)
eltrombopag olamine oral packet 25 mg	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
eltrombopag olamine oral tablet 12.5 mg	PROMACTA	PA; QL (360 EA per 30 days)
eltrombopag olamine oral tablet 25 mg	PROMACTA	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 50 mg	PROMACTA	PA; QL (90 EA per 30 days)
eltrombopag olamine oral tablet 75 mg	PROMACTA	PA; QL (60 EA per 30 days)
Hemostasis Agents		
tranexamic acid oral tablet 650 mg		
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg		MT
cilostazol oral tablet 100 mg, 50 mg		MT
clopidogrel bisulfate oral tablet 75 mg	PLAVIX	MT
prasugrel hcl oral tablet 10 mg, 5 mg	EFFIENT	MT
ticagrelor oral tablet 60 mg, 90 mg	BRILINTA	MT
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		MT
clonidine transdermal patch weekly 0.1 mg/24hr	CATAPRES-TTS-1	MT
clonidine transdermal patch weekly 0.2 mg/24hr	CATAPRES-TTS-2	MT
clonidine transdermal patch weekly 0.3 mg/24hr	CATAPRES-TTS-3	MT
droxidopa oral capsule 100 mg, 200 mg, 300 mg	NORTHERA	PA
guanfacine hcl oral tablet 1 mg, 2 mg		MT
methyldopa oral tablet 250 mg, 500 mg		MT
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	CARDURA	MT
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		MT
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		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		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	ATACAND	MT; QL (60 EA per 30 days)
candesartan cilexetil oral tablet 32 mg	ATACAND	MT; QL (30 EA per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG		PA; LA; QL (60 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg	AVAPRO	MT; QL (30 EA per 30 days)
irbesartan oral tablet 75 mg		MT; QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg	COZAAR	MT; QL (30 EA per 30 days)
losartan potassium oral tablet 25 mg, 50 mg	COZAAR	MT; QL (60 EA per 30 days)
olmesartan medoxomil oral tablet 20 mg, 40 mg	BENICAR	MT; QL (30 EA per 30 days)
olmesartan medoxomil oral tablet 5 mg	BENICAR	MT; QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 80 mg		MT; QL (30 EA per 30 days)
telmisartan oral tablet 40 mg	MICARDIS	MT; QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	DIOVAN	MT; QL (60 EA per 30 days)
valsartan oral tablet 320 mg	DIOVAN	MT; QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	LOTENSIN	MT
benazepril hcl oral tablet 5 mg		MT
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		MT
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	VASOTEC	MT
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		MT
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	ZESTRIL	MT
moexipril hcl oral tablet 15 mg, 7.5 mg		MT
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		MT
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg		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
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg		MT
trandolapril oral tablet 1 mg, 2 mg, 4 mg		MT
Antiarrhythmics		
acebutolol hcl oral capsule 200 mg, 400 mg		MT
amiodarone hcl oral tablet 100 mg, 200 mg	PACERONE	MT
amiodarone hcl oral tablet 400 mg		MT
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG		MT
digoxin oral solution 0.05 mg/ml		MT
digoxin oral tablet 125 mcg		MT; QL (30 EA per 30 days)
digoxin oral tablet 250 mcg		MT
digoxin oral tablet 62.5 mcg	LANOXIN	MT; QL (30 EA per 30 days)
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg		MT
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		MT
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	CARDIZEM CD	MT
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		MT
diltiazem hcl er oral tablet extended release 24 hour 120 mg	CARDIZEM LA	MT
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg		MT
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	CARDIZEM	MT
diltiazem hcl oral tablet 90 mg		MT
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		MT
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	TIKOSYN	MT
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		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
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg		MT
MULTAQ ORAL TABLET 400 MG		MT; QL (60 EA per 30 days)
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg		MT
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		MT
propranolol hcl er oral capsule extended release 24 hour 120 mg	INDERAL LA	MT
quinidine gluconate er oral tablet extended release 324 mg		MT
quinidine sulfate oral tablet 200 mg, 300 mg		MT
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	BETAPACE AF	MT
sotalol hcl oral tablet 120 mg, 160 mg, 80 mg	BETAPACE	MT
sotalol hcl oral tablet 240 mg		MT
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg		MT
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		MT
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		MT
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg		MT
atenolol oral tablet 100 mg, 25 mg, 50 mg	TENORMIN	MT
betaxolol hcl oral tablet 10 mg, 20 mg		MT
bisoprolol fumarate oral tablet 10 mg, 5 mg		MT
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	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
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	COREG CR	MT
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		MT
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	TOPROL XL	MT
metoprolol tartrate oral tablet 100 mg, 50 mg	LOPRESSOR	MT
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		MT
nadolol oral tablet 20 mg, 40 mg, 80 mg		MT
pindolol oral tablet 10 mg, 5 mg		MT
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	INDERAL LA	MT
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml		MT
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		MT
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		MT
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	NORVASC	MT
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		MT
isradipine oral capsule 2.5 mg, 5 mg		MT
nicardipine hcl oral capsule 20 mg, 30 mg		MT
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg		MT
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	PROCARDIA XL	MT
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg		MT
nimodipine oral capsule 30 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
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	SULAR	MT
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG		MT
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg		MT
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		MT
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		MT
diltiazem hcl er oral tablet extended release 24 hour 120 mg	CARDIZEM LA	MT
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg		MT
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	CARDIZEM	MT
diltiazem hcl oral tablet 90 mg		MT
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		MT
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		MT
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg		MT
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		MT
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		MT
Cardiovascular Agents, Other		
acetazolamide oral tablet 125 mg, 250 mg		MT
aliskiren fumarate oral tablet 150 mg, 300 mg	TEKTURNA	MT; QL (30 EA per 30 days)
amiloride-hydrochlorothiazide oral tablet 5-50 mg		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
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg	LOTREL	MT
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-20 mg, 5-40 mg		MT
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	EXFORGE	MT; QL (30 EA per 30 days)
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	CADUET	MT; QL (30 EA per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		MT; QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	AZOR	MT; QL (30 EA per 30 days)
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	EXFORGE HCT	MT; QL (30 EA per 30 days)
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg		MT
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	LOTENSIN HCT	MT
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		MT
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		MT
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		PA; LA; QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	ATACAND HCT	MT; QL (60 EA per 30 days)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	ATACAND HCT	MT; QL (30 EA per 30 days)
digoxin oral solution 0.05 mg/ml		MT
digoxin oral tablet 125 mcg		MT; QL (30 EA per 30 days)
digoxin oral tablet 250 mcg		MT
digoxin oral tablet 62.5 mcg	LANOXIN	MT; QL (30 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg	VASERETIC	MT
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		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
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)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		MT
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	AVALIDE	MT; QL (30 EA per 30 days)
ivabradine hcl oral tablet 5 mg, 7.5 mg	CORLANOR	PA; MT; QL (60 EA per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	ZESTORETIC	MT
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	HYZAAR	MT; QL (30 EA per 30 days)
losartan potassium-hctz oral tablet 50-12.5 mg	HYZAAR	MT; QL (60 EA per 30 days)
methyldopa oral tablet 250 mg, 500 mg		MT
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg		MT
metyrosine oral capsule 250 mg		
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	BENICAR HCT	MT; QL (30 EA per 30 days)
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	TRIBENZOR	MT; QL (30 EA per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG		PA; MT; QL (30 EA per 30 days)
pentoxifylline er oral tablet extended release 400 mg		MT
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg		MT; QL (60 EA per 30 days)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	ENTRESTO	MT; QL (60 EA per 30 days)
spironolactone-hctz oral tablet 25-25 mg		MT
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	MICARDIS HCT	MT; QL (30 EA per 30 days)
triamterene-hctz oral capsule 37.5-25 mg		MT
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg		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
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	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)
Diuretics, Loop		
bumetanide injection solution 0.25 mg/ml		
bumetanide oral tablet 0.5 mg	BUMEX	MT
bumetanide oral tablet 1 mg, 2 mg		MT
furosemide injection solution 10 mg/ml		
furosemide oral solution 10 mg/ml, 8 mg/ml		MT
furosemide oral tablet 20 mg, 40 mg, 80 mg	LASIX	MT
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		MT
Diuretics, Potassium-Sparing		
amiloride hcl oral tablet 5 mg		MT
eplerenone oral tablet 25 mg, 50 mg		MT
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		MT; QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	ALDACTONE	MT
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg		MT
hydrochlorothiazide oral capsule 12.5 mg		MT
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		MT
indapamide oral tablet 1.25 mg, 2.5 mg		MT
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		MT
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		MT
fenofibrate oral tablet 145 mg	TRICOR	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
fenofibrate oral tablet 160 mg, 48 mg, 54 mg		MT; QL (30 EA per 30 days)
fenofibric acid oral capsule delayed release 135 mg, 45 mg		MT; QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	LOPID	MT
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LIPITOR	MT; QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg		MT; QL (30 EA per 30 days)
fluvastatin sodium oral capsule 40 mg		MT; QL (60 EA per 30 days)
lovastatin oral tablet 10 mg		MT; QL (30 EA per 30 days)
lovastatin oral tablet 20 mg, 40 mg		MT; QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg		MT; QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CRESTOR	MT; QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	ZOCOR	MT; QL (30 EA per 30 days)
simvastatin oral tablet 5 mg, 80 mg		MT; QL (30 EA per 30 days)
Dyslipidemics, Other		
cholestyramine light oral packet 4 gm	PREVALITE	MT
cholestyramine oral packet 4 gm	QUESTRAN	MT
colesevelam hcl oral packet 3.75 gm	WELCHOL	MT
colesevelam hcl oral tablet 625 mg	WELCHOL	MT
colestipol hcl oral packet 5 gm		MT
colestipol hcl oral tablet 1 gm	COLESTID	MT
ezetimibe oral tablet 10 mg	ZETIA	MT; QL (30 EA per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	VYTORIN	MT; QL (30 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)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg		MT; QL (60 EA per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg		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
NIACOR ORAL TABLET 500 MG		
omega-3-acid ethyl esters oral capsule 1 gm	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)
VASCEPA ORAL CAPSULE 0.5 GM		MT; QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM		MT; QL (120 EA per 30 days)
Mineralocorticoid Receptor Antagonists		
eplerenone oral tablet 25 mg, 50 mg		MT
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		MT; QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	ALDACTONE	MT
Vasodilators, Direct-Acting Arterial/ Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg		MT
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		MT
isosorbide mononitrate oral tablet 10 mg, 20 mg		MT
NITRO-BID TRANSDERMAL OINTMENT 2 %		MT
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		MT
nitroglycerin rectal ointment 0.4 %	RECTIV	QL (30 GM per 30 days)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	NITROSTAT	MT
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	NITRO-DUR	MT
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		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
Vasodilators, Direct-Acting Arterial		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		MT
minoxidil oral tablet 10 mg, 2.5 mg		MT
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg	ADDERALL XR	MT; QL (90 EA per 30 days)
amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg	ADDERALL XR	MT; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg	ADDERALL	MT; QL (180 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 12.5 mg	ADDERALL	MT; QL (144 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 15 mg	ADDERALL	MT; QL (120 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	ADDERALL	MT; QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	ADDERALL	MT; QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 5 mg	ADDERALL	MT; QL (360 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 7.5 mg	ADDERALL	MT; QL (240 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	ZENZEDI	MT
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg		MT; QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg		MT; QL (30 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	INTUNIV	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
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg		MT; QL (90 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	METHYLIN	MT; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	METHYLIN	MT; QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	RITALIN	MT; QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg	RITALIN	MT; QL (90 EA per 30 days)
Central Nervous System, Other		
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)
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)
carbamazepine er oral tablet extended release 12 hour 100 mg	TEGRETOL-XR	MT
gabapentin (once-daily) oral tablet 600 mg	GRALISE	MT
gabapentin oral capsule 300 mg, 400 mg	NEURONTIN	MT
gabapentin oral solution 250 mg/5ml	NEURONTIN	MT
gabapentin oral tablet 800 mg	NEURONTIN	MT
NUEDEXTA ORAL CAPSULE 20-10 MG		PA
NURTEC ORAL TABLET DISPERSIBLE 75 MG		PA; 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
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML		PA; LA; QL (70 ML per 28 days)
riluzole oral tablet 50 mg		PA; MT
SKYCLARYS ORAL CAPSULE 50 MG		PA; LA; QL (90 EA per 30 days)
tetrabenazine oral tablet 12.5 mg	XENAZINE	PA; MT; QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	XENAZINE	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG		PA; MT; QL (30 EA per 30 days)
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg		MT
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	SAVELLA	MT
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	LYRICA CR	MT
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	LYRICA	MT
pregabalin oral solution 20 mg/ml	LYRICA	MT
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		PA; QL (1 EA per 28 days)
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)
dalfampridine er oral tablet extended release 12 hour 10 mg	AMPYRA	PA; MT; QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release 120 mg	TECFIDERA	PA; MT; QL (14 EA per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	TECFIDERA	PA; 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
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	TECFIDERA	PA; QL (120 EA per 365 days)
fingolimod hcl oral capsule 0.5 mg	GILENYA	PA; MT; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	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)
teriflunomide oral tablet 14 mg, 7 mg	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		
Dental And Oral Agents		
cevimeline hcl oral capsule 30 mg	EVOXAC	MT
chlorhexidine gluconate mouth/throat solution 0.12 %	PERIOGARD	
doxycycline hyclate oral tablet 20 mg		
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %		
pilocarpine hcl oral tablet 5 mg, 7.5 mg	SALAGEN	MT
triamcinolone acetonide mouth/throat paste 0.1 %	KOURZEQ	
Dermatological Agents		
Acne And Rosacea Agents		
ACCUTANE ORAL CAPSULE 10 MG		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		PA
adapalene external cream 0.1 %		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
adapalene external gel 0.3 %	DIFFERIN	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		
benzoyl peroxide-erythromycin external gel 5-3 %	BENZAMYCIN	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		
isotretinoin oral capsule 10 mg		
isotretinoin oral capsule 20 mg, 30 mg, 40 mg		
tazarotene external cream 0.05 %, 0.1 %	TAZORAC	PA
tazarotene external gel 0.05 %, 0.1 %	TAZORAC	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	RETIN-A	PA
tretinoin external gel 0.01 %, 0.025 %	RETIN-A	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		
Dermatitis And Pruritus Agents		
alclometasone dipropionate external cream 0.05 %		
alclometasone dipropionate external ointment 0.05 %		
ammonium lactate external cream 12 %		
ammonium lactate external lotion 12 %	AL12	
betamethasone dipropionate aug external cream 0.05 %		
betamethasone dipropionate aug external gel 0.05 %		
betamethasone dipropionate aug external lotion 0.05 %		
betamethasone dipropionate aug external ointment 0.05 %	DIPROLENE	
betamethasone dipropionate external cream 0.05 %		
betamethasone dipropionate external lotion 0.05 %		
betamethasone dipropionate external ointment 0.05 %		

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

Drug	Brand Reference	Requirements/Limits
betamethasone valerate external cream 0.1 %		
betamethasone valerate external lotion 0.1 %		
betamethasone valerate external ointment 0.1 %		
clobetasol propionate e external cream 0.05 %		
clobetasol propionate external cream 0.05 %		
clobetasol propionate external lotion 0.05 %		
clobetasol propionate external ointment 0.05 %		
clobetasol propionate external shampoo 0.05 %	CLODAN	
desonide external cream 0.05 %		
desonide external lotion 0.05 %		
desonide external ointment 0.05 %		
desoximetasone external cream 0.05 %, 0.25 %		
desoximetasone external gel 0.05 %		
desoximetasone external liquid 0.25 %	TOPICORT SPRAY	
desoximetasone external ointment 0.05 %, 0.25 %	TOPICORT	
doxepin hcl external cream 5 %	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

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

Drug	Brand Reference	Requirements/Limits
fluocinolone acetonide external cream 0.01 %		
fluocinolone acetonide external cream 0.025 %	SYNALAR	
fluocinolone acetonide external ointment 0.025 %	SYNALAR	
fluocinolone acetonide external solution 0.01 %		
fluocinolone acetonide scalp external oil 0.01 %	DERMA-SMOOTHE/FS SCALP	
fluocinonide emulsified base external cream 0.05 %		
fluocinonide external cream 0.05 %		
fluocinonide external cream 0.1 %	VANOS	
fluocinonide external gel 0.05 %		
fluocinonide external ointment 0.05 %		
fluocinonide external solution 0.05 %		
fluticasone propionate external cream 0.05 %		
fluticasone propionate external lotion 0.05 %		
fluticasone propionate external ointment 0.005 %		
halobetasol propionate external cream 0.05 %		
halobetasol propionate external ointment 0.05 %		
hydrocortisone (perianal) external cream 2.5 %	PROCTO-MED HC	
hydrocortisone butyrate external cream 0.1 %		
hydrocortisone butyrate external ointment 0.1 %		
hydrocortisone butyrate external solution 0.1 %		
hydrocortisone external cream 1 %		
hydrocortisone external lotion 2.5 %		
hydrocortisone external ointment 1 %		
hydrocortisone external ointment 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
hydrocortisone valerate external cream 0.2 %		
hydrocortisone valerate external ointment 0.2 %		
HYFTOR EXTERNAL GEL 0.2 %		PA; LA; QL (30 GM per 30 days)
mometasone furoate external cream 0.1 %		
mometasone furoate external ointment 0.1 %		
mometasone furoate external solution 0.1 %		
pimecrolimus external cream 1 %		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 %		
selenium sulfide external lotion 2.5 %		
tacrolimus external ointment 0.03 %, 0.1 %		
triamcinolone acetonide external cream 0.025 %, 0.1 %		
triamcinolone acetonide external cream 0.5 %	TRIDERM	
triamcinolone acetonide external lotion 0.025 %, 0.1 %		
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		
Dermatological Agents, Other		
calcipotriene external cream 0.005 %		
calcipotriene external ointment 0.005 %	CALCITRENE	
calcipotriene external solution 0.005 %	PELLIX	
clotrimazole-betamethasone external cream 1-0.05 %		
fluorouracil external cream 5 %		
fluorouracil external solution 2 %, 5 %		
BD ALCOHOL SWABS 70 %		
HYFTOR EXTERNAL GEL 0.2 %		PA; LA; QL (30 GM 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
imiquimod external cream 5 %		
methoxsalen rapid oral capsule 10 mg		
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		
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
podofilox external solution 0.5 %		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		
silver sulfadiazine external cream 1 %	SSD	
SSD EXTERNAL CREAM 1 %		
Pediculicides/Scabicides		
malathion external lotion 0.5 %	OVIDE	
permethrin external cream 5 %		
Topical Anti-Infectives		
acyclovir external ointment 5 %	ZOVIRAX	
ciclopirox external gel 0.77 %		
ciclopirox external shampoo 1 %		
ciclopirox external solution 8 %	CICLODAN	
ciclopirox olamine external cream 0.77 %		
ciclopirox olamine external suspension 0.77 %		
clindamycin phos (once-daily) external gel 1 %	CLINDAGEL	

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

Drug	Brand Reference	Requirements/Limits
clindamycin phos (twice-daily) external gel 1 %		
clindamycin phosphate external lotion 1 %	CLEOCIN-T	
clindamycin phosphate external solution 1 %		
clindamycin phosphate external swab 1 %	CLINDACIN ETZ	
econazole nitrate external cream 1 %		
ery external pad 2 %		
erythromycin external gel 2 %		
erythromycin external solution 2 %		
mupirocin calcium external cream 2 %		
mupirocin external ointment 2 %		
SULFAMYLON EXTERNAL CREAM 85 MG/GM		
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
carglumic acid oral tablet soluble 200 mg	CARBAGLU	PA; LA
dextrose intravenous solution 10 %, 5 %		
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %		
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		PA
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION		
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		MT
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ		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
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
levocarnitine oral tablet 330 mg	CARNITOR	MT
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)		
PLASMA-LYTE A INTRAVENOUS SOLUTION		
potassium chloride crys er oral tablet extended release 10 meq		MT
potassium chloride crys er oral tablet extended release 15 meq		MT
potassium chloride crys er oral tablet extended release 20 meq		MT
potassium chloride er oral capsule extended release 10 meq, 8 meq		MT
potassium chloride er oral tablet extended release 10 meq		MT
potassium chloride er oral tablet extended release 20 meq		MT
potassium chloride er oral tablet extended release 8 meq		MT
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%		
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml		
potassium chloride oral packet 20 meq		MT
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		MT
potassium citrate er oral tablet extended release 10 meq (1080 mg)	UROCIT-K 10	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	UROCIT-K 15	

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

Drug	Brand Reference	Requirements/Limits
potassium citrate er oral tablet extended release 5 meq (540 mg)		
potassium cl in dextrose 5% intravenous solution 20 meq/l		
PREMASOL INTRAVENOUS SOLUTION 10 %		PA
PROSOL INTRAVENOUS SOLUTION 20 %		PA
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %		
sodium chloride irrigation solution 0.9 %	ARGYLE STERILE SALINE	
sodium fluoride oral tablet 2.2 (1 f) mg		MT
TRAVASOL INTRAVENOUS SOLUTION 10 %		PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG		
deferasirox oral tablet soluble 125 mg	EXJADE	PA; MT
deferasirox oral tablet soluble 250 mg, 500 mg	EXJADE	PA
deferiprone oral tablet 1000 mg	FERRIPROX	PA; LA
deferiprone oral tablet 500 mg		PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML		PA; LA
KLOR-CON ORAL PACKET 20 MEQ		MT
penicillamine oral tablet 250 mg	DEPEN TITRATABS	
potassium chloride crys er oral tablet extended release 15 meq		MT
tolvaptan oral tablet 15 mg, 30 mg	JYNARQUE	PA; LA; QL (60 EA per 30 days)
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	JYNARQUE	PA; LA; QL (56 EA per 28 days)
trientine hcl oral capsule 250 mg	SYPRINE	
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %		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
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
dextrose intravenous solution 10 %, 5 %		
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %		
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		PA
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		
levocarnitine oral solution 1 gm/10ml	CARNITOR	MT
levocarnitine oral tablet 330 mg	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
TROPHAMINE INTRAVENOUS SOLUTION 10 %		PA
Phosphate Binders		
calcium acetate (phos binder) oral capsule 667 mg		MT; QL (360 EA per 30 days)
calcium acetate (phos binder) oral tablet 667 mg	CALPHRON	MT; QL (360 EA per 30 days)
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	FOSRENOL	MT
sevelamer carbonate oral packet 0.8 gm	RENVELA	MT; QL (540 EA per 30 days)
sevelamer carbonate oral packet 2.4 gm	RENVELA	MT; QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	RENVELA	MT; QL (540 EA per 30 days)
sevelamer hcl oral tablet 400 mg		MT; QL (960 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
sevelamer hcl oral tablet 800 mg		MT; QL (480 EA per 30 days)
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM		MT
sodium polystyrene sulfonate combination suspension 15 gm/60ml	SPS (SODIUM POLYSTYRENE SULF)	
sodium polystyrene sulfonate oral powder		
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML		
Vitamins		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		MT
potassium chloride crys er oral tablet extended release 15 meq		MT
prenatal oral tablet 27-1 mg	NEONATAL PLUS	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose oral solution 10 gm/15ml		MT
enulose oral solution 10 gm/15ml		MT
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM		
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM		
generlac oral solution 10 gm/15ml		MT
lactulose oral solution 10 gm/15ml		MT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		MT; QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	AMITIZA	MT; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm		
peg-3350/electrolytes 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
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		
alosetron hcl oral tablet 0.5 mg	LOTRONEX	PA; MT
alosetron hcl oral tablet 1 mg	LOTRONEX	PA
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	LOMOTIL	
loperamide hcl oral capsule 2 mg	IMODIUM	
XERMELO ORAL TABLET 250 MG		PA; LA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG, 550 MG		PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule 10 mg		
dicyclomine hcl oral solution 10 mg/5ml		
dicyclomine hcl oral tablet 20 mg		
glycopyrrolate oral tablet 1 mg, 2 mg		
scopolamine transdermal patch 72 hour 1 mg/3days	TRANSDERM SCOP	QL (10 EA per 30 days)
Gastrointestinal Agents, Other		
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		
metoclopramide hcl oral solution 5 mg/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
metoclopramide hcl oral tablet 10 mg, 5 mg	REGLAN	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm		
peg-3350/electrolytes oral solution reconstituted 236 gm		
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		
ursodiol oral capsule 300 mg		MT
ursodiol oral tablet 250 mg		MT
ursodiol oral tablet 500 mg	URSO FORTE	MT
VOWST ORAL CAPSULE		PA; LA
XIFAXAN ORAL TABLET 200 MG, 550 MG		PA
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution 300 mg/5ml		MT
cimetidine oral tablet 200 mg	TAGAMET	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		MT
famotidine oral suspension reconstituted 40 mg/5ml		MT
famotidine oral tablet 20 mg		MT
famotidine oral tablet 40 mg	PEPCID	MT
nizatidine oral capsule 150 mg, 300 mg		MT
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	CYTOTEC	MT
sucralfate oral suspension 1 gm/10ml		MT
sucralfate oral tablet 1 gm	CARAFATE	MT
Proton Pump Inhibitors		
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	DEXILANT	MT; QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release 20 mg		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
esomeprazole magnesium oral capsule delayed release 40 mg	NEXIUM	MT; QL (30 EA per 30 days)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	NEXIUM	MT; QL (30 EA per 30 days)
lansoprazole oral capsule delayed release 15 mg	PREVACID	MT; QL (30 EA per 30 days)
lansoprazole oral capsule delayed release 30 mg	PREVACID	MT; QL (30 EA per 30 days)
omeprazole oral capsule delayed release 10 mg		MT; QL (30 EA per 30 days)
omeprazole oral capsule delayed release 20 mg, 40 mg		MT; QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg	PROTONIX	MT; QL (30 EA per 30 days)
pantoprazole sodium oral tablet delayed release 40 mg	PROTONIX	MT; QL (180 EA per 30 days)
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine oral powder	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
cromolyn sodium inhalation nebulization solution 20 mg/2ml		PA; MT
cromolyn sodium oral concentrate 100 mg/5ml	GASTROCROM	MT
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		MT; LA
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
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)
glycerol phenylbutyrate oral liquid 1.1 gm/ml	RAVICTI	PA
JOENJA ORAL TABLET 70 MG		PA; QL (60 EA per 30 days)
l-glutamine oral packet 5 gm	ENDARI	PA; QL (180 EA per 30 days)
miglustat oral capsule 100 mg	YARGESA	PA; LA; QL (90 EA per 30 days)
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	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)
sapropterin dihydrochloride oral packet 100 mg, 500 mg	JAVYGTOR	PA
sapropterin dihydrochloride oral tablet 100 mg	JAVYGTOR	PA
SIKLOS ORAL TABLET 100 MG, 1000 MG		
SKYCLARYS ORAL CAPSULE 50 MG		PA; LA; QL (90 EA per 30 days)
sodium phenylbutyrate oral powder 3 gm/tsp	BUPHENYL	PA
sodium phenylbutyrate oral tablet 500 mg	BUPHENYL	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML		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
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)
VYNDAQEL ORAL CAPSULE 20 MG		PA; QL (120 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)
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		
Antispasmodics, Urinary		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	MYRBETRIQ	ST; MT; QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg		MT; QL (60 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg		MT; QL (30 EA per 30 days)
oxybutynin chloride oral solution 5 mg/5ml		MT
oxybutynin chloride oral tablet 2.5 mg, 5 mg		MT
solifenacin succinate oral tablet 10 mg, 5 mg	VESICARE	MT; QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg		MT; QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg		MT
trospium chloride oral tablet 20 mg		MT; QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		

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

Drug	Brand Reference	Requirements/Limits
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	UROXATRAL	MT; QL (30 EA per 30 days)
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	CARDURA	MT
dutasteride oral capsule 0.5 mg	AVODART	MT
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	JALYN	MT
finasteride oral tablet 5 mg	PROSCAR	MT
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		MT
silodosin oral capsule 4 mg, 8 mg		MT
tadalafil oral tablet 5 mg	CIALIS	PA; MT; QL (30 EA per 30 days)
tamsulosin hcl oral capsule 0.4 mg		MT
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		MT
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		
ELMIRON ORAL CAPSULE 100 MG		
penicillamine oral tablet 250 mg	DEPEN TITRATABS	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML		PA
ACTHAR INJECTION GEL 80 UNIT/ML		PA; LA
budesonide er oral tablet extended release 24 hour 9 mg	UCERIS	QL (30 EA per 30 days)
budesonide oral capsule delayed release particles 3 mg		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML		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
CORTROPHIN INJECTION GEL 80 UNIT/ML		PA
dexamethasone oral solution 0.5 mg/5ml		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		
fludrocortisone acetate oral tablet 0.1 mg		MT
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	CORTEF	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	MEDROL	
methylprednisolone oral tablet 32 mg		
methylprednisolone oral tablet therapy pack 4 mg	MEDROL	
prednisolone oral solution 15 mg/5ml		
prednisolone oral tablet 5 mg		
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml		
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		
prednisone oral solution 5 mg/5ml		
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution 0.01 %		MT
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	DDAVP	MT
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML		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
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
misoprostol oral tablet 200 mcg	CYTOTEC	MT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg		
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	DEPO-TESTOSTERONE	MT
testosterone enanthate intramuscular solution 200 mg/ml		MT
testosterone transdermal gel 12.5 mg/act (1%)	VOGELXO PUMP	PA; MT; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	ANDROGEL PUMP	PA; MT; QL (150 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)		PA; MT; QL (300 GM per 30 days)
testosterone transdermal gel 50 mg/5gm (1%)	TESTIM	PA; MT; QL (300 GM per 30 days)
Estrogens		
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg		MT
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		MT
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	CLIMARA	MT
estradiol vaginal cream 0.01 %	ESTRACE	MT
estradiol vaginal tablet 10 mcg	VAGIFEM	MT
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	DELESTROGEN	

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

Drug	Brand Reference	Requirements/Limits
estradiol valerate intramuscular oil 40 mg/ml		
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	PREMARIN	MT
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	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
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
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
briellyn oral tablet 0.4-35 mg-mcg		MT
CRYSELLE ORAL TABLET 0.3-30 MG-MCG		MT
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg		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
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		MT
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr		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
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

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

Drug	Brand Reference	Requirements/Limits
LESSINA ORAL TABLET 0.1-20 MG-MCG		MT
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG		MT
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg		MT
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG		MT
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		QL (1 EA per 999 days)
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
LUTERA ORAL TABLET 0.1-20 MG-MCG		MT
marlissa oral tablet 0.15-30 mg-mcg		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
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	XULANE	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

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

Drug	Brand Reference	Requirements/Limits
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
OCELLA ORAL TABLET 3-0.03 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
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
SRONYX ORAL TABLET 0.1-20 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
viorele oral tablet 0.15-0.02/0.01 mg (21/5)		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
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
Progestins		
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
BALZIVA ORAL TABLET 0.4-35 MG-MCG		MT
briellyn oral tablet 0.4-35 mg-mcg		MT
CAMILA ORAL TABLET 0.35 MG		MT
CRYSELLE 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

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

Drug	Brand Reference	Requirements/Limits
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
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
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg		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
marlissa oral tablet 0.15-30 mg-mcg		MT
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	DEPO-PROVERA	QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	DEPO-PROVERA	QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	PROVERA	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
megestrol acetate oral suspension 40 mg/ml		PA
megestrol acetate oral suspension 625 mg/5ml		PA; MT
megestrol acetate oral tablet 20 mg, 40 mg		PA
MELEYA ORAL TABLET 0.35 MG		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
NORA-BE ORAL TABLET 0.35 MG		MT
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr		MT; QL (3 EA per 28 days)
norethindrone acetate oral tablet 5 mg		MT
norethindrone oral tablet 0.35 mg		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

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

Drug	Brand Reference	Requirements/Limits
progesterone oral capsule 100 mg, 200 mg	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
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
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG		MT
raloxifene hcl oral tablet 60 mg	EVISTA	MT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
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
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		MT
levothyroxine sodium oral tablet 300 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
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
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	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
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)		
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
bromocriptine mesylate oral capsule 5 mg	PARLODEL	MT
bromocriptine mesylate oral tablet 2.5 mg	PARLODEL	MT
cabergoline oral tablet 0.5 mg		
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)
leuprolide acetate injection kit 1 mg/0.2ml		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

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

Drug	Brand Reference	Requirements/Limits
LYSODREN ORAL TABLET 500 MG		LA
mifepristone oral tablet 300 mg	KORLYM	PA; LA; QL (120 EA per 30 days)
octreotide acetate injection solution 100 mcg/ml	SANDOSTATIN	PA; MT
octreotide acetate injection solution 1000 mcg/ml		PA
octreotide acetate injection solution 200 mcg/ml		PA; MT
octreotide acetate injection solution 50 mcg/ml	SANDOSTATIN	MT
octreotide acetate injection solution 500 mcg/ml	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)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg		MT
propylthiouracil oral tablet 50 mg		MT
Immunological Agents		
Angioedema Agents		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	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)

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

Drug	Brand Reference	Requirements/Limits
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		PA; LA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		PA; LA
Immunoglobulins		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML		PA
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML		PA
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML		PA; LA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML		PA
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML		PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML		PA; LA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML		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
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA
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
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		PA
Immunological Agents, Other		
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)

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

Drug	Brand Reference	Requirements/Limits
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)
leflunomide oral tablet 10 mg, 20 mg	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)

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

Drug	Brand Reference	Requirements/Limits
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)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML		PA; LA; QL (1 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		PA; QL (1 ML per 28 days)
TAVNEOS ORAL CAPSULE 10 MG		PA; LA; QL (180 EA per 30 days)
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	XELJANZ XR	PA; MT; QL (30 EA per 30 days)
tofacitinib citrate oral solution 1 mg/ml	XELJANZ	PA; MT; QL (480 ML per 24 days)
tofacitinib citrate oral tablet 10 mg, 5 mg	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)
ustekinumab subcutaneous solution 45 mg/0.5ml	STELARA	PA; QL (1 ML per 28 days)
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	STELARA	PA; QL (1 ML per 28 days)
ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml	SELARSDI	PA; MT; QL (1 ML per 28 days)
ustekinumab-aekn subcutaneous solution prefilled syringe 90 mg/ml	SELARSDI	PA; QL (1 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
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)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		PA; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		PA; LA; QL (2 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		PA
Immunosuppressants		
azathioprine oral tablet 100 mg, 75 mg	AZASAN	PA; MT
azathioprine oral tablet 50 mg	IMURAN	PA; MT
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		PA; LA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		PA; LA
cyclosporine modified oral capsule 100 mg, 25 mg		PA; MT
cyclosporine modified oral capsule 50 mg		PA; MT
cyclosporine modified oral solution 100 mg/ml	NEORAL	PA; MT
cyclosporine oral capsule 100 mg, 25 mg	SANDIMMUNE	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
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)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		PA; QL (8 ML per 28 days)
everolimus oral tablet 0.25 mg	ZORTRESS	PA; MT
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	ZORTRESS	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	AFINITOR	PA
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	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)
leflunomide oral tablet 10 mg, 20 mg	ARAVA	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
mercaptopurine oral tablet 50 mg		
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml		PA
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml		PA
methotrexate sodium injection solution reconstituted 1 gm		PA
methotrexate sodium oral tablet 2.5 mg		PA
mycophenolate mofetil oral capsule 250 mg	CELLCEPT	PA; MT
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	CELLCEPT	PA
mycophenolate mofetil oral tablet 500 mg	CELLCEPT	PA; MT
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	MYFORTIC	PA; MT
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
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %		MT; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %		MT; QL (60 EA per 30 days)
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; QL (6 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
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		PA; QL (3 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML		PA; QL (6 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		PA; QL (12 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML		PA; QL (6 EA per 28 days)
sirolimus oral solution 1 mg/ml		PA; MT
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		PA; MT
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg	ASTAGRAF XL	PA; MT
tacrolimus er oral capsule extended release 24 hour 5 mg	ASTAGRAF XL	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PROGRAF	PA; MT
TAVNEOS ORAL CAPSULE 10 MG		PA; LA; QL (180 EA per 30 days)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		PA; QL (3.6 ML per 28 days)
XATMEP ORAL SOLUTION 2.5 MG/ML		PA
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		

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

Drug	Brand Reference	Requirements/Limits
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)
bcg vaccine injection solution reconstituted 50 mg		
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		
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		

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

Drug	Brand Reference	Requirements/Limits
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)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED		
penmenvy intramuscular suspension reconstituted		
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		

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

Drug	Brand Reference	Requirements/Limits
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		
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		
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		
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML		
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML		
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		

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

Drug	Brand Reference	Requirements/Limits
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML		
VIVOTIF ORAL CAPSULE DELAYED RELEASE		
YF-VAX SUBCUTANEOUS INJECTABLE (2.5 ML IN 1 VIAL, MULTI-DOSE)		
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED		
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium oral capsule 750 mg		
DIPENTUM ORAL CAPSULE 250 MG		
mesalamine er oral capsule extended release 24 hour 0.375 gm	APRISO	MT
mesalamine oral capsule delayed release 400 mg		MT
mesalamine oral tablet delayed release 1.2 gm	LIALDA	MT
mesalamine oral tablet delayed release 800 mg		
mesalamine rectal enema 4 gm		
mesalamine rectal suppository 1000 mg	CANASA	
sulfasalazine oral tablet 500 mg	AZULFIDINE	MT
sulfasalazine oral tablet delayed release 500 mg	AZULFIDINE EN-TABS	MT
Glucocorticoids		
budesonide er oral tablet extended release 24 hour 9 mg	UCERIS	QL (30 EA per 30 days)
budesonide oral capsule delayed release particles 3 mg		
dexamethasone oral elixir 0.5 mg/5ml		
dexamethasone oral solution 0.5 mg/5ml		
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 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
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	CORTEF	
hydrocortisone rectal enema 100 mg/60ml	CORTENEMA	
methylprednisolone acetate injection suspension 40 mg/ml	DEPO-MEDROL	
methylprednisolone acetate injection suspension 80 mg/ml	DEPO-MEDROL	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	MEDROL	
methylprednisolone oral tablet 32 mg		
methylprednisolone oral tablet therapy pack 4 mg	MEDROL	
prednisolone oral solution 15 mg/5ml		
prednisolone oral tablet 5 mg		
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml		
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		
prednisone oral solution 5 mg/5ml		
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		
PROCTO-MED HC EXTERNAL CREAM 2.5 %		
PROCTOSOL HC EXTERNAL CREAM 2.5 %		
PROCTOZONE-HC EXTERNAL CREAM 2.5 %		
triamcinolone acetonide injection suspension 40 mg/ml	KENALOG-40	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg		MT; QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg		MT; QL (4 EA per 28 days)
alendronate sodium oral tablet 70 mg	FOSAMAX	MT; QL (4 EA per 28 days)
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		PA; QL (1 ML per 180 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
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML		PA; QL (1.7 ML per 28 days)
calcitonin (salmon) nasal solution 200 unit/act		MT
calcitriol oral capsule 0.25 mcg, 0.5 mcg	ROCALTROL	MT
calcitriol oral solution 1 mcg/ml	ROCALTROL	MT
cinacalcet hcl oral tablet 30 mg, 60 mg	SENSIPAR	MT; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	SENSIPAR	MT; QL (120 EA per 30 days)
ibandronate sodium oral tablet 150 mg		MT; QL (1 EA per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	ZEMPLAR	MT
paricalcitol oral capsule 4 mcg		MT
risedronate sodium oral tablet 150 mg	ACTONEL	MT; QL (1 EA per 28 days)
risedronate sodium oral tablet 35 mg (12 pack)	ACTONEL	MT; QL (12 EA per 84 days)
risedronate sodium oral tablet 35 mg, 35 mg (4 pack)	ACTONEL	MT; QL (4 EA per 28 days)
risedronate sodium oral tablet delayed release 35 mg	ATELVIA	MT; QL (4 EA per 28 days)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	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		
Antidotes, Systemic		
flumazenil intravenous solution 0.5 mg/5ml		QL (10 ML per 30 days)
flumazenil intravenous solution 1 mg/10ml		QL (20 ML per 30 days)
Platino List		
Platino List		
aspirin 81 oral tablet delayed release 81 mg		ED
aspirin oral tablet 325 mg		ED
aspirin oral tablet delayed release 325 mg		ED
benzonatate oral capsule 100 mg		ED
cromolyn sodium nasal aerosol solution 5.2 mg/act		ED

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

Drug	Brand Reference	Requirements/Limits
cyanocobalamin injection solution 1000 mcg/ml		ED
FEROSUL ORAL TABLET 325 (65 FE) MG		ED
ferrous sulfate oral tablet delayed release 325 (65 fe) mg		ED
folic acid oral tablet 1 mg, 400 mcg, 800 mcg		ED
guaiatussin ac oral syrup 100-10 mg/5ml		ED
INFED INJECTION SOLUTION 50 MG/ML		ED
phytonadione oral tablet 5 mg		ED
pinworm medicine oral suspension 144 (50 base) mg/ml		ED
thiamine hcl oral tablet 100 mg		ED
thiamine mononitrate oral tablet 100 mg		ED
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %		MT
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %		
cyclosporine (pf) ophthalmic emulsion 0.05 %	RESTASIS	MT; QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		LA; QL (60 ML per 30 days)
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	COSOPT	MT
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	COSOPT PF	MT
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		MT; QL (12 ML per 30 days)
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000		
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	MAXITROL	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	MAXITROL	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		

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

Drug	Brand Reference	Requirements/Limits
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %		MT; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %		MT; QL (60 EA per 30 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		MT
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %		
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %		
XDEMVY OPHTHALMIC SOLUTION 0.25 %		PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC SOLUTION 5 %		MT; QL (60 EA per 30 days)
Ophthalmic Anti-Allergy Agents		
azelastine hcl ophthalmic solution 0.05 %		
bepotastine besilate ophthalmic solution 1.5 %	BEPREVE	QL (5 ML per 25 days)
cromolyn sodium ophthalmic solution 4 %		
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1 %		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		
ciprofloxacin hcl ophthalmic solution 0.3 %		
erythromycin ophthalmic ointment 5 mg/gm		
gatifloxacin ophthalmic solution 0.5 %		

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

Drug	Brand Reference	Requirements/Limits
gentamicin sulfate ophthalmic solution 0.3 %		
moxifloxacin hcl ophthalmic solution 0.5 %	VIGAMOX	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000		
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		
ofloxacin ophthalmic solution 0.3 %	OCUFLOX	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		
sulfacetamide sodium ophthalmic solution 10 %		
tobramycin ophthalmic solution 0.3 %		
trifluridine ophthalmic solution 1 %		
XDEMVY OPHTHALMIC SOLUTION 0.25 %		PA; QL (10 ML per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %		
Ophthalmic Anti-Inflammatories		
dexamethasone sodium phosphate ophthalmic solution 0.1 %		
diclofenac sodium ophthalmic solution 0.1 %		
DUREZOL OPHTHALMIC EMULSION 0.05 %		
fluorometholone ophthalmic suspension 0.1 %	FML LIQUIFILM	
flurbiprofen sodium ophthalmic solution 0.03 %		
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		
INVELTYS OPHTHALMIC SUSPENSION 1 %		
ketorolac tromethamine ophthalmic solution 0.4 %	ACULAR LS	
ketorolac tromethamine ophthalmic solution 0.5 %	ACULAR	
LOTEMAX OPHTHALMIC GEL 0.5 %		

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

Drug	Brand Reference	Requirements/Limits
LOTEMAX SM OPHTHALMIC GEL 0.38 %		
loteprednol etabonate ophthalmic suspension 0.2 %	ALREX	
loteprednol etabonate ophthalmic suspension 0.5 %	LOTEMAX	
prednisolone acetate ophthalmic suspension 1 %	PRED FORTE	
prednisolone sodium phosphate ophthalmic solution 1 %		
XIIDRA OPHTHALMIC SOLUTION 5 %		MT; QL (60 EA per 30 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution 0.5 %		MT
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %		MT
carteolol hcl ophthalmic solution 1 %		MT
levobunolol hcl ophthalmic solution 0.5 %		MT
timolol hemihydrate ophthalmic solution 0.5 %	BETIMOL	MT
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %		MT
timolol maleate ophthalmic solution 0.25 %, 0.5 %		MT
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour 500 mg		MT
acetazolamide oral tablet 125 mg, 250 mg		MT
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		MT
AZOPT OPHTHALMIC SUSPENSION 1 %		MT
brimonidine tartrate ophthalmic solution 0.2 %		MT
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %		MT
dorzolamide hcl ophthalmic solution 2 %		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
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	COSOPT	MT
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	COSOPT PF	MT
methazolamide oral tablet 25 mg, 50 mg		MT
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %		MT
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		MT
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		MT
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic solution 0.03 %		MT; QL (5 ML per 30 days)
latanoprost ophthalmic solution 0.005 %	XALATAN	MT; QL (2.5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		MT; QL (2.5 ML per 25 days)
travoprost (bak free) ophthalmic solution 0.004 %	TRAVATAN Z	MT; QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %		MT; QL (2.5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid otic solution 2 %		
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %		
FLAC OTIC OIL 0.01 %		
fluocinolone acetonide otic oil 0.01 %	DERMOTIC	
hydrocortisone-acetic acid otic solution 1-2 %		
neomycin-polymyxin-hc otic solution 1 %		
neomycin-polymyxin-hc otic suspension 3.5-10000-1		
ofloxacin otic solution 0.3 %		
Respiratory Tract/ Pulmonary Agents		
Antihistamines		

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

Drug	Brand Reference	Requirements/Limits
azelastine hcl nasal solution 0.1 %		QL (30 ML per 25 days)
cetirizine hcl oral solution 5 mg/5ml		
cyproheptadine hcl oral syrup 2 mg/5ml		
cyproheptadine hcl oral tablet 4 mg		
desloratadine oral tablet 5 mg	CLARINEX	QL (30 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	XYZAL ALLERGY 24HR	
levocetirizine dihydrochloride oral tablet 5 mg	XYZAL ALLERGY 24HR	QL (30 EA per 30 days)
olopatadine hcl nasal solution 0.6 %		
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		MT; QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	PULMICORT	PA; MT
flunisolide nasal solution 25 mcg/act (0.025%)		QL (50 ML per 25 days)
fluticasone propionate nasal suspension 50 mcg/act	FLONASE ALLERGY REL	QL (32 GM per 30 days)
Antileukotrienes		
montelukast sodium oral packet 4 mg	SINGULAIR	MT; QL (30 EA per 30 days)
montelukast sodium oral tablet 10 mg	SINGULAIR	MT; QL (30 EA per 30 days)
montelukast sodium oral tablet chewable 4 mg, 5 mg	SINGULAIR	MT; QL (30 EA per 30 days)
zafirlukast oral tablet 10 mg, 20 mg		MT
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		MT; QL (25.8 GM 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
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		MT; QL (8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		PA; MT
ipratropium bromide nasal solution 0.03 %		MT; QL (30 ML per 30 days)
ipratropium bromide nasal solution 0.06 %		MT; QL (15 ML per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		PA; MT
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		MT; QL (4 GM per 30 days)
tiotropium bromide inhalation capsule 18 mcg	SPIRIVA HANDIHALER	MT; QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	VENTOLIN HFA	MT; QL (40.2 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020983)	VENTOLIN HFA	MT; QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		PA; MT
albuterol sulfate oral syrup 2 mg/5ml		MT
albuterol sulfate oral tablet 2 mg, 4 mg		MT
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT		MT; QL (60 EA per 30 days)
epinephrine injection solution 0.3 mg/0.3ml		QL (6 EA per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	AUVI-Q	QL (6 EA per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	EPIPEN JR 2-PAK	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
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act		MT; QL (1 EA per 30 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	PERFOROMIST	PA; MT
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml		PA; MT
levalbuterol tartrate inhalation aerosol 45 mcg/act	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)
terbutaline sulfate oral tablet 2.5 mg, 5 mg		MT
Cystic Fibrosis Agents		
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
tobramycin inhalation nebulization solution 300 mg/5ml	KITABIS PAK (W/ NEBULIZER)	PA; QL (280 ML per 28 days)
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)
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution 20 mg/2ml		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
cromolyn sodium oral concentrate 100 mg/5ml	GASTROCROM	MT
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250 mcg, 500 mcg	DALIRESP	MT
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG		MT
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg		MT
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg		MT
theophylline oral solution 80 mg/15ml		MT
Pulmonary Antihypertensives		
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; QL (60 EA per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	LETAIRIS	PA; LA; QL (30 EA per 30 days)
macitentan oral tablet 10 mg	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)
sildenafil citrate oral suspension reconstituted 10 mg/ml		PA
sildenafil citrate oral tablet 20 mg	REVATIO	PA; MT; QL (90 EA per 30 days)
tadalafil (pah) oral tablet 20 mg	ALYQ	PA; MT; QL (60 EA per 30 days)
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)

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

Drug	Brand Reference	Requirements/Limits
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
Pulmonary Fibrosis Agents		
nintedanib esylate oral capsule 100 mg, 150 mg	OFEV	PA; QL (60 EA per 30 days)
pirfenidone oral capsule 267 mg		PA; QL (270 EA per 30 days)
pirfenidone oral tablet 267 mg	ESBRIET	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 534 mg		PA; QL (90 EA per 30 days)
pirfenidone oral tablet 801 mg	ESBRIET	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %		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		MT; QL (60 EA per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	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)

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

Drug	Brand Reference	Requirements/Limits
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)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	ADVAIR DISKUS	MT; QL (60 EA per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		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)
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)
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	ANORO ELLIPTA	MT; QL (60 EA per 30 days)
Respiratory Tract/ Pulmonary Agents		
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)

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

Drug	Brand Reference	Requirements/Limits
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML		PA; LA; QL (1 ML per 28 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		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		
Skeletal Muscle Relaxants		
chlorzoxazone oral tablet 500 mg		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		
cyclobenzaprine hcl oral tablet 7.5 mg	FEXMID	
milnacipran hcl oral tablet 100 mg	SAVELLA	MT
orphenadrine citrate er oral tablet extended release 12 hour 100 mg		
orphenadrine citrate injection solution 30 mg/ml		
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		ST; QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	SILENOR	QL (30 EA per 30 days)
estazolam oral tablet 1 mg, 2 mg		PA; QL (30 EA per 30 days)
ramelteon oral tablet 8 mg	ROZEREM	QL (30 EA per 30 days)
tasimelteon oral capsule 20 mg	HETLIOZ	PA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	RESTORIL	PA; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg		QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	AMBIEN CR	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	AMBIEN	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
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg	NUVIGIL	PA; MT; QL (60 EA per 30 days)
armodafinil oral tablet 200 mg, 250 mg	NUVIGIL	PA; MT; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	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)
modafinil oral tablet 100 mg, 200 mg	PROVIGIL	PA; MT; QL (30 EA per 30 days)
sodium oxybate oral solution 500 mg/ml	XYREM	PA; LA; QL (540 ML per 30 days)

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

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Notice Of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-333-5470 (TTY: 711) or speak to your provider."

Spanish: ATENCIÓN: Si habla español, se encuentran disponibles servicios gratuitos de asistencia en su idioma. También están disponibles, sin costo alguno, ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-333-5470 (TTY: 711) o hable con su proveedor.

Chinese (Simplified): 注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-333-5470（文本电话：711）或咨询您的服务提供商。"

Cantonese 廣東話: 通知：如果你講廣東話，我們提供免費的語言協助服務。我們亦可以免費提供適當的輔助工具和服務，以便用可獲得的格式提供資訊。請致電 1-866-333-5470（聾人專線：711）或與你的提供者聯絡。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-333-5470 (TTY: 711) o makipag-usap sa iyong provider.

French: ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-333-5470 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-333-5470 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

German: HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfeleistungen zur Verfügung. Angemessene Hilfsmittel und Dienstleistungen, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos erhältlich. Rufen Sie 1-866-333-5470 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

Korean: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-333-5470 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오."

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-333-5470 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic: العربية
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مساعدة مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-333-5470 (TTY:711) أو تحدث إلى مقدم الخدمة".

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-333-5470 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।"

Italian: ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche idonei ausili e servizi per fornire informazioni in formati accessibili. Chiama il 1-866-333-5470 (TTY: 711) o parla con il tuo fornitore.

Portuguese: ATENÇÃO: Se fala português, serviços gratuitos de assistência linguística estão disponíveis para si. Ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-333-5470 (TTY: 711) ou fale com o seu prestador de serviços.

French Creole: ATANSYON: Si ou pale franse kreyòl, sèvis asistans lang gratis disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele 1-866-333-5470 (TTY: 711) oswa pale ak founisè w la.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-333-5470 (TTY: 711) lub porozmawiaj ze swoim dostawcą".

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-866-333-5470（TTY: 711）までお電話ください。または、ご利用の事業者にご相談ください。

Ukrainian: УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-866-333-5470 (TTY: 711) або зверніться до свого постачальника».

Catalán: ATENCIÓ: Si parleu català, teniu a la vostra disposició serveis d'assistència lingüística gratuïts. També hi ha disponibles gratuïtament ajudes i serveis auxiliars adequats per proporcionar informació en formats accessibles. Truqueu al 1-866-333-5470 (TTY: 711) o parleu amb el vostre proveïdor.