



Care Wisconsin Partnership

2019 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 19517, Version Number 7

This formulary was updated on 1/28/2019. For more recent information or other questions, please contact Care Wisconsin Partnership Customer Service at 1-800-963-0035 or, for TTY users, Wisconsin Relay 711, 8 a.m. – 8 p.m., 7 days a week, or visit www.carewisc.org/partnership.

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 Care Wisconsin Health Plan. When it refers to “plan” or “our plan,” it means Care Wisconsin Partnership.

This document includes a list of the drugs (formulary) for our plan which is current as of 1/28/2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2019, and from time to time during the year.

What is the Care Wisconsin Partnership Formulary?

A formulary is a list of covered drugs selected by Care Wisconsin Partnership 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. Care Wisconsin Partnership will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Care Wisconsin Partnership 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 (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Care Wisconsin Partnership Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

The enclosed formulary is current as of 1/28/2019. To get updated information about the drugs covered by Care Wisconsin Partnership, please contact us. Our contact information appears on the front and back cover pages.

In the events of a mid-year non-maintenance formulary change, we will mail you updates to the formulary as needed on a quarterly basis. You can also get these formulary updates by contacting your Care Team or printing them out from our Web site.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 number 2. 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 70. 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?

Care Wisconsin Partnership covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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:** Care Wisconsin Partnership requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Care Wisconsin Partnership before you fill your prescriptions. If you don't get approval, Care Wisconsin Partnership may not cover the drug.
- **Quantity Limits:** For certain drugs, Care Wisconsin Partnership limits the amount of the drug that Care Wisconsin Partnership will cover. For example, Care Wisconsin Partnership provides 62 tablets per prescription for Xifaxan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Care Wisconsin Partnership 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, Care Wisconsin Partnership may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Care Wisconsin Partnership 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 Care Wisconsin Partnership 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 Care Wisconsin Partnership formulary?" on page v 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 Customer Service and ask if your drug is covered.

If you learn that Care Wisconsin Partnership does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Care Wisconsin Partnership. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Care Wisconsin Partnership.
- You can ask Care Wisconsin Partnership 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 Care Wisconsin Partnership Formulary?

You can ask Care Wisconsin Partnership 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Care Wisconsin Partnership 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, Care Wisconsin Partnership will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31 day supply of medication. After your first 31-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.

Current members with a change in where they receive care

Care Wisconsin Partnership has a transition process that addresses unplanned transitions as members change treatment settings due to changes in the type of care they require. Changes in where you live or receive care may warrant a temporary one-time fill exception regardless of whether or not you are in the first 90 days of program enrollment. Examples of situations include:

- You were discharged from the hospital and were provided a discharge list of medications based upon the formulary of the hospital.
- You are in a skilled nursing facility and Medicare coverage (where payments include all pharmacy charges) comes to an end. In this circumstance your coverage will revert to our plan formulary.
- Beneficiaries who give up Hospice Status to revert back to standard Medicare or Medicaid benefits.
- Beneficiaries who are discharged from Chronic Psychiatric Hospitals with combinations of medications that are highly individualized.

Please note that our transition policy applies only to those drugs that are on our formulary and are supplied by a network pharmacy.

For more information

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

If you have questions about Care Wisconsin Partnership, 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>.

Care Wisconsin Partnership's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Care Wisconsin Partnership. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

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

LEGEND

1: Covered Medications

BD: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

HR: High Risk Medication (PA required for ages 65 or over).

LA: This prescription drug is limited to certain pharmacies.

PA: You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

Care Wisconsin (List of Covered Drugs)

| Drug | Requirements/Limits |
|---|---------------------------------|
| ANALGESICS | |
| OPIOID ANALGESICS, LONG-ACTING | |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i> | PA; QL (11 EA per 33 days) |
| <i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i> | QL (31 EA per 31 days) |
| <i>methadone hcl oral solution 10 mg/5ml</i> | QL (500 ML per 31 days) |
| <i>methadone hcl oral solution 5 mg/5ml</i> | QL (992 ML per 31 days) |
| <i>methadone hcl oral tablet 10 mg, 5 mg</i> | QL (248 EA per 31 days) |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | QL (62 EA per 31 days) |
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | QL (62 EA per 31 days) |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | QL (93 EA per 31 days) |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i> | ST; QL (124 EA per 31 days) |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 30 mg, 60 mg</i> | ST; QL (93 EA per 31 days) |
| OPIOID ANALGESICS, SHORT-ACTING | |
| <i>acetaminophen-codeine #3 oral tablet 300-30 mg</i> | QL (413 EA per 31 days) |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i> | QL (5167 ML per 31 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i> | QL (413 EA per 31 days) |
| ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG | PA; HR; QL (382 EA per 31 days) |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i> | PA; HR; QL (381 EA per 31 days) |
| <i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i> | BD |
| ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | QL (382 EA per 31 days) |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | PA; QL (186 EA per 31 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i> | QL (5683 ML per 31 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | QL (381 EA per 31 days) |
| <i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i> | QL (186 EA per 31 days) |
| <i>hydromorphone hcl injection solution 2 mg/ml</i> | |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i> | QL (1984 ML per 31 days) |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg</i> | QL (372 EA per 31 days) |

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| Drug | Requirements/Limits |
|---|---------------------------------|
| <i>hydromorphone hcl oral tablet 8 mg</i> | QL (248 EA per 31 days) |
| <i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i> | |
| <i>levorphanol tartrate oral tablet 2 mg</i> | QL (186 EA per 31 days) |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i> | QL (415 ML per 31 days) |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i> | QL (1550 ML per 31 days) |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i> | QL (186 EA per 31 days) |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i> | QL (372 ML per 31 days) |
| <i>oxycodone hcl oral solution 5 mg/5ml</i> | QL (5580 ML per 31 days) |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> | QL (186 EA per 31 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | QL (381 EA per 31 days) |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> | QL (372 EA per 31 days) |
| <i>oxycodone-ibuprofen oral tablet 5-400 mg</i> | QL (372 EA per 31 days) |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i> | PA; HR; QL (372 EA per 31 days) |
| <i>tramadol hcl oral tablet 50 mg</i> | QL (248 EA per 31 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | QL (381 EA per 31 days) |
| VICODIN ES ORAL TABLET 7.5-300 MG | QL (382 EA per 31 days) |
| VICODIN ORAL TABLET 5-300 MG | QL (382 EA per 31 days) |
| ANESTHETICS | |
| LOCAL ANESTHETICS | |
| <i>lidocaine external patch 5 %</i> | PA; QL (93 EA per 31 days) |
| <i>lidocaine hcl external gel 2 %</i> | |
| <i>lidocaine hcl external solution 4 %</i> | |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i> | |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS | |
| ALCOHOL DETERRENTS/ANTI-CRAVING | |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i> | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | |
| <i>naltrexone hcl oral tablet 50 mg</i> | |
| OPIOID ANTAGONISTS | |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i> | |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i> | |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr</i> | QL (4 EA per 28 days) |

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| Drug | Requirements/Limits |
|---|-----------------------------|
| <i>naloxone hcl injection solution 0.4 mg/ml</i> | |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i> | |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i> | |
| NARCAN NASAL LIQUID 4 MG/0.1ML | QL (2 EA per 30 days) |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | |
| SMOKING CESSATION AGENTS | |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i> | QL (93 EA per 31 days) |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG | PA; QL (56 EA per 28 days) |
| CHANTIX ORAL TABLET 0.5 MG | PA; QL (11 EA per 31 days) |
| CHANTIX ORAL TABLET 1 MG | PA; QL (174 EA per 84 days) |
| CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 | PA; QL (53 EA per 28 days) |
| NICOTROL INHALATION INHALER 10 MG | PA |
| ANTIBACTERIALS | |
| AMINOGLYCOSIDES | |
| <i>amikacin sulfate injection solution 500 mg/2ml</i> | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | PA |
| <i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i> | |
| <i>gentamicin sulfate external cream 0.1 %</i> | |
| <i>gentamicin sulfate external ointment 0.1 %</i> | |
| <i>gentamicin sulfate injection solution 40 mg/ml</i> | |
| <i>neomycin sulfate oral tablet 500 mg</i> | |
| <i>paromomycin sulfate oral capsule 250 mg</i> | |
| <i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i> | |
| TOBI PODHALER INHALATION CAPSULE 28 MG | |
| <i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i> | |
| ANTIBACTERIALS, OTHER | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i> | |
| <i>clindamycin phosphate external gel 1 %</i> | |
| <i>clindamycin phosphate external lotion 1 %</i> | |
| <i>clindamycin phosphate external solution 1 %</i> | |
| <i>clindamycin phosphate external swab 1 %</i> | |

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| Drug | Requirements/Limits |
|---|---------------------------------|
| <i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i> | |
| <i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i> | |
| <i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i> | |
| <i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i> | BD |
| <i>linezolid intravenous solution 600 mg/300ml</i> | PA |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i> | PA |
| <i>linezolid oral tablet 600 mg</i> | PA |
| <i>methenamine hippurate oral tablet 1 gm</i> | |
| <i>metronidazole external cream 0.75 %</i> | |
| <i>metronidazole external gel 0.75 %, 1 %</i> | |
| <i>metronidazole external lotion 0.75 %</i> | |
| <i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i> | BD |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | |
| MONUROL ORAL PACKET 3 GM | QL (2 EA per 30 days) |
| <i>mupirocin external ointment 2 %</i> | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | PA; HR |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i> | PA; HR |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i> | PA; HR; QL (620 ML per 31 days) |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG | PA; QL (6 EA per 28 days) |
| SIVEXTRO ORAL TABLET 200 MG | PA; QL (6 EA per 28 days) |
| <i>tigecycline intravenous solution reconstituted 50 mg</i> | BD |
| <i>trimethoprim oral tablet 100 mg</i> | |
| <i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 1000 mg, 250 mg, 500 mg, 750 mg</i> | BD |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i> | |
| XIFAXAN ORAL TABLET 200 MG | QL (9 EA per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | QL (62 EA per 31 days) |
| BETA-LACTAM, CEPHALOSPORINS | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | |
| <i>cefadroxil oral capsule 500 mg</i> | |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | |
| <i>cefadroxil oral tablet 1 gm</i> | |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i> | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>cefdinir oral capsule 300 mg</i> | |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | |
| <i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i> | |
| <i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i> | |
| <i>cefoxitin sodium injection solution reconstituted 10 gm</i> | |
| <i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i> | |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i> | |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i> | |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | |
| <i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i> | |
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> | |
| <i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i> | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | |
| <i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i> | |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i> | |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | |
| SUPRAX ORAL CAPSULE 400 MG | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG | BD |
| BETA-LACTAM, OTHER | |
| <i>aztreonam injection solution reconstituted 1 gm</i> | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | PA |
| <i>doripenem intravenous solution reconstituted 500 mg</i> | BD |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i> | |
| <i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i> | |
| <i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i> | |
| BETA-LACTAM, PENICILLINS | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i> | |
| <i>ampicillin oral capsule 500 mg</i> | |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i> | |
| <i>ampicillin sodium intravenous solution reconstituted 10 gm</i> | |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i> | BD |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML | |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML | |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i> | |
| <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i> | |
| <i>nafcillin sodium intravenous solution reconstituted 10 gm</i> | |
| <i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i> | |
| <i>penicillin g potassium injection solution reconstituted 20000000 unit</i> | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm</i> | BD |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i> | |
| MACROLIDES | |
| <i>azithromycin intravenous solution reconstituted 500 mg</i> | |
| <i>azithromycin oral packet 1 gm</i> | |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> | |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i> | |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i> | |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|----------------------------|
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG | |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i> | |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i> | |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i> | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | |
| <i>erythromycin external gel 2 %</i> | |
| <i>erythromycin external solution 2 %</i> | |
| QUINOLONES | |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i> | |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i> | |
| <i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i> | |
| <i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i> | |
| <i>levofloxacin intravenous solution 25 mg/ml</i> | |
| <i>levofloxacin oral solution 25 mg/ml</i> | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | |
| SULFONAMIDES | |
| PASER ORAL PACKET 4 GM | |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i> | |
| <i>sulfadiazine oral tablet 500 mg</i> | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | |
| TETRACYCLINES | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i> | |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i> | |

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| Drug | Requirements/Limits |
|---|----------------------------------|
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i> | |
| ANTICONVULSANTS | |
| ANTICONVULSANTS, OTHER | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | PA |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> | |
| <i>levetiracetam oral solution 100 mg/ml</i> | |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> | |
| <i>oxcarbazepine oral tablet 150 mg</i> | |
| ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG | |
| ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG | QL (93 EA per 31 days) |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG | QL (124 EA per 31 days) |
| BARBITURATES | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | QL (496 ML per 31 days) |
| <i>phenobarbital oral elixir 20 mg/5ml</i> | PA; HR; QL (1550 ML per 31 days) |
| <i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i> | PA; HR; QL (93 EA per 31 days) |
| <i>phenobarbital oral tablet 15 mg, 60 mg</i> | PA; HR; QL (124 EA per 31 days) |
| <i>phenobarbital oral tablet 30 mg</i> | PA; HR; QL (310 EA per 31 days) |
| BENZODIAZEPINES | |
| <i>clobazam oral tablet 10 mg, 20 mg</i> | QL (62 EA per 31 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | |
| DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG | |
| DIASTAT PEDIATRIC RECTAL GEL 2.5 MG | |
| <i>diazepam rectal gel 10 mg, 2.5 mg</i> | |
| <i>flurazepam hcl oral capsule 15 mg, 30 mg</i> | |
| CALCIUM CHANNEL MODIFYING AGENTS | |
| CELONTIN ORAL CAPSULE 300 MG | |
| <i>ethosuximide oral capsule 250 mg</i> | |
| <i>ethosuximide oral solution 250 mg/5ml</i> | |
| LYRICA ORAL CAPSULE 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|-----------------------------|
| LYRICA ORAL SOLUTION 20 MG/ML | |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | |
| GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS | |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> | |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> | |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | QL (744 ML per 31 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | QL (31 EA per 31 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | QL (279 EA per 31 days) |
| <i>gabapentin oral solution 250 mg/5ml</i> | QL (2232 ML per 31 days) |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | QL (186 EA per 31 days) |
| <i>primidone oral tablet 250 mg, 50 mg</i> | |
| SABRIL ORAL TABLET 500 MG | QL (186 EA per 31 days) |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | |
| <i>valproate sodium oral solution 250 mg/5ml</i> | |
| <i>valproic acid oral capsule 250 mg</i> | |
| <i>vigabatrin oral packet 500 mg</i> | LA; QL (186 EA per 31 days) |
| GLUTAMATE REDUCING AGENTS | |
| <i>felbamate oral suspension 600 mg/5ml</i> | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> | |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i> | |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> | |
| <i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i> | QL (124 EA per 31 days) |
| <i>topiramate oral tablet 25 mg</i> | QL (93 EA per 31 days) |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG | |
| SODIUM CHANNEL AGENTS | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG | QL (31 EA per 31 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|----------------------------|
| APTIOM ORAL TABLET 600 MG | QL (62 EA per 31 days) |
| BANZEL ORAL SUSPENSION 40 MG/ML | QL (2852 ML per 31 days) |
| BANZEL ORAL TABLET 200 MG | QL (496 EA per 31 days) |
| BANZEL ORAL TABLET 400 MG | QL (248 EA per 31 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | PA |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | PA |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | |
| <i>carbamazepine er oral tablet extended release 12 hour 400 mg</i> | |
| <i>carbamazepine oral suspension 100 mg/5ml</i> | |
| <i>carbamazepine oral tablet 200 mg</i> | |
| <i>carbamazepine oral tablet chewable 100 mg</i> | |
| DILANTIN ORAL CAPSULE 30 MG | |
| EPITOL ORAL TABLET 200 MG | |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i> | |
| <i>oxcarbazepine oral tablet 300 mg, 600 mg</i> | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG | |
| PEGANONE ORAL TABLET 250 MG | |
| <i>phenytoin oral suspension 125 mg/5ml</i> | |
| <i>phenytoin oral tablet chewable 50 mg</i> | |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | |
| VIMPAT ORAL SOLUTION 10 MG/ML | |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | |
| ANTIDEMENTIA AGENTS | |
| ANTIDEMENTIA AGENTS, COMBINATIONS | |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i> | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | |
| ANTIDEMENTIA AGENTS, OTHER | |
| <i>ergoloid mesylates oral tablet 1 mg</i> | |
| CHOLINESTERASE INHIBITORS | |
| <i>donepezil hcl oral tablet 10 mg</i> | QL (62 EA per 31 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|----------------------------|
| <i>donepezil hcl oral tablet 23 mg, 5 mg</i> | QL (31 EA per 31 days) |
| <i>donepezil hcl oral tablet dispersible 10 mg</i> | QL (62 EA per 31 days) |
| <i>donepezil hcl oral tablet dispersible 5 mg</i> | QL (31 EA per 31 days) |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i> | |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i> | |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> | QL (31 EA per 31 days) |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST | |
| <i>memantine hcl oral solution 2 mg/ml</i> | QL (372 ML per 31 days) |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i> | QL (62 EA per 31 days) |
| <i>memantine hcl oral tablet 5 (28)-10 (21) mg</i> | QL (49 EA per 28 days) |
| ANTIDEPRESSANTS | |
| ANTIDEPRESSANTS, OTHER | |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i> | QL (124 EA per 31 days) |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i> | QL (93 EA per 31 days) |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i> | QL (62 EA per 31 days) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> | QL (93 EA per 31 days) |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | QL (186 EA per 31 days) |
| <i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i> | |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | QL (31 EA per 31 days) |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> | QL (31 EA per 31 days) |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | ST; QL (31 EA per 31 days) |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG | |
| MONOAMINE OXIDASE INHIBITORS | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | ST; QL (31 EA per 31 days) |
| MARPLAN ORAL TABLET 10 MG | ST |
| <i>phenelzine sulfate oral tablet 15 mg</i> | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|-----------------------------|
| <i>tranylcypromine sulfate oral tablet 10 mg</i> | |
| SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS | |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i> | QL (620 ML per 31 days) |
| <i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i> | QL (31 EA per 31 days) |
| <i>citalopram hydrobromide oral tablet 20 mg</i> | QL (186 EA per 31 days) |
| <i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i> | |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg</i> | QL (62 EA per 31 days) |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i> | QL (620 ML per 31 days) |
| <i>escitalopram oxalate oral tablet 10 mg</i> | QL (47 EA per 31 days) |
| <i>escitalopram oxalate oral tablet 20 mg, 5 mg</i> | QL (31 EA per 31 days) |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | |
| <i>fluoxetine hcl oral capsule 10 mg</i> | QL (186 EA per 31 days) |
| <i>fluoxetine hcl oral capsule 20 mg</i> | QL (124 EA per 31 days) |
| <i>fluoxetine hcl oral capsule 40 mg</i> | QL (62 EA per 31 days) |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i> | |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i> | QL (620 ML per 31 days) |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i> | QL (31 EA per 31 days) |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i> | QL (62 EA per 31 days) |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i> | QL (93 EA per 31 days) |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 mg</i> | QL (62 EA per 31 days) |
| <i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i> | QL (93 EA per 31 days) |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg</i> | QL (31 EA per 31 days) |
| <i>paroxetine hcl oral tablet 30 mg, 40 mg</i> | QL (62 EA per 31 days) |
| PAXIL ORAL SUSPENSION 10 MG/5ML | ST; QL (930 ML per 31 days) |
| <i>sertraline hcl oral concentrate 20 mg/ml</i> | QL (310 ML per 31 days) |
| <i>sertraline hcl oral tablet 100 mg</i> | QL (62 EA per 31 days) |
| <i>sertraline hcl oral tablet 25 mg, 50 mg</i> | QL (93 EA per 31 days) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | QL (62 EA per 31 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|-----------------------------|
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i> | QL (31 EA per 31 days) |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | |
| TRICYCLICS | |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | PA; HR |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | PA; HR |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i> | PA; HR |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | PA; HR |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | PA; HR |
| <i>doxepin hcl oral concentrate 10 mg/ml</i> | PA; HR |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | PA; HR |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | PA; HR |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | PA; HR |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i> | PA; HR |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i> | PA; HR |
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i> | PA; HR |
| ANTIEMETICS | |
| ANTIEMETICS, OTHER | |
| <i>hydroxyzine hcl oral tablet 10 mg</i> | PA; HR |
| <i>promethazine hcl oral syrup 6.25 mg/5ml</i> | PA; HR |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i> | PA; HR |
| <i>promethazine hcl rectal suppository 50 mg</i> | PA; HR |
| EMETOGENIC THERAPY ADJUNCTS | |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> | BD; QL (31 EA per 31 days) |
| <i>aprepitant oral capsule 80 & 125 mg</i> | BD; QL (12 EA per 31 days) |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | PA; QL (62 EA per 31 days) |
| <i>granisetron hcl oral tablet 1 mg</i> | BD; QL (62 EA per 31 days) |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> | |
| <i>ondansetron hcl oral solution 4 mg/5ml</i> | BD; QL (465 ML per 31 days) |
| <i>ondansetron hcl oral tablet 24 mg</i> | BD; QL (31 EA per 31 days) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | BD; QL (62 EA per 31 days) |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> | BD; QL (62 EA per 31 days) |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i> | |
| VARUBI ORAL TABLET 90 MG | BD; QL (4 EA per 28 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|----------------------------|
| ANTIFUNGALS | |
| ANTIFUNGALS | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | BD |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG | BD |
| <i>amphotericin b injection solution reconstituted 50 mg</i> | BD |
| <i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i> | BD |
| <i>ciclopirox external shampoo 1 %</i> | |
| <i>ciclopirox external solution 8 %</i> | |
| <i>ciclopirox olamine external cream 0.77 %</i> | |
| <i>ciclopirox olamine external suspension 0.77 %</i> | |
| <i>clotrimazole external cream 1 %</i> | |
| <i>clotrimazole external solution 1 %</i> | |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i> | |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i> | |
| <i>econazole nitrate external cream 1 %</i> | |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG | PA |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> | BD |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i> | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i> | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | |
| <i>itraconazole oral capsule 100 mg</i> | PA |
| JUBLIA EXTERNAL SOLUTION 10 % | |
| <i>ketoconazole external cream 2 %</i> | |
| <i>ketoconazole external shampoo 2 %</i> | |
| <i>ketoconazole oral tablet 200 mg</i> | |
| NOXAFIL ORAL SUSPENSION 40 MG/ML | QL (870 ML per 28 days) |
| NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG | QL (93 EA per 31 days) |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM | |
| <i>nystatin external cream 100000 unit/gm</i> | |
| <i>nystatin external ointment 100000 unit/gm</i> | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|-------------------------------|
| <i>nystatin external powder 100000 unit/gm</i> | |
| <i>nystatin oral tablet 500000 unit</i> | |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i> | |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM | |
| <i>terbinafine hcl oral tablet 250 mg</i> | |
| <i>voriconazole intravenous solution reconstituted 200 mg</i> | PA |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i> | PA |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | PA; QL (124 EA per 31 days) |
| ANTIGOUT AGENTS | |
| ANTIGOUT AGENTS | |
| <i>allopurinol oral tablet 100 mg</i> | |
| <i>colchicine oral capsule 0.6 mg</i> | |
| <i>colchicine oral tablet 0.6 mg</i> | |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i> | |
| <i>probenecid oral tablet 500 mg</i> | |
| ULORIC ORAL TABLET 40 MG, 80 MG | ST |
| ANTI-INFLAMMATORY AGENTS | |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | |
| <i>diclofenac potassium oral tablet 50 mg</i> | |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i> | |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i> | |
| <i>diflunisal oral tablet 500 mg</i> | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i> | |
| IBU ORAL TABLET 600 MG, 800 MG | |
| <i>ibuprofen oral suspension 100 mg/5ml</i> | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | |
| <i>indomethacin er oral capsule extended release 75 mg</i> | PA; HR |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | PA; HR |
| <i>ketorolac tromethamine oral tablet 10 mg</i> | PA; HR; QL (20 EA per 5 days) |
| <i>meloxicam oral tablet 15 mg</i> | QL (31 EA per 31 days) |
| <i>meloxicam oral tablet 7.5 mg</i> | QL (62 EA per 31 days) |

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| Drug | Requirements/Limits |
|--|----------------------------|
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | |
| <i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i> | |
| <i>naproxen oral suspension 125 mg/5ml</i> | |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | |
| ANTIMIGRAINE AGENTS | |
| ERGOT ALKALOIDS | |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> | |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | |
| SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS | |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i> | QL (9 EA per 28 days) |
| <i>sumatriptan nasal solution 20 mg/act</i> | QL (8 EA per 28 days) |
| <i>sumatriptan nasal solution 5 mg/act</i> | QL (32 EA per 28 days) |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | QL (9 EA per 28 days) |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i> | QL (5 ML per 31 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | QL (5 ML per 28 days) |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | QL (6 ML per 28 days) |
| ANTIMYASTHENIC AGENTS | |
| PARASYMPATHOMIMETICS | |
| <i>guanidine hcl oral tablet 125 mg</i> | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | |
| ANTIMYCOBACTERIALS | |
| ANTIMYCOBACTERIALS, OTHER | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | |
| ANTITUBERCULARS | |
| <i>isoniazid oral syrup 50 mg/5ml</i> | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | |
| PRIFTIN ORAL TABLET 150 MG | |
| <i>pyrazinamide oral tablet 500 mg</i> | |
| <i>rifabutin oral capsule 150 mg</i> | |

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| Drug | Requirements/Limits |
|--|--------------------------------|
| <i>rifampin intravenous solution reconstituted 600 mg</i> | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | |
| RIFATER ORAL TABLET 50-120-300 MG | |
| SIRTURO ORAL TABLET 100 MG | |
| TRECTOR ORAL TABLET 250 MG | |
| ANTINEOPLASTICS | |
| ALKYLATING AGENTS | |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | BD |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | |
| LEUKERAN ORAL TABLET 2 MG | |
| ANTIANGIOGENIC AGENTS | |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG | PA; LA; QL (31 EA per 31 days) |
| REVLIMID ORAL CAPSULE 20 MG | PA; QL (31 EA per 31 days) |
| THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG | PA; QL (31 EA per 31 days) |
| THALOMID ORAL CAPSULE 150 MG | PA; QL (62 EA per 31 days) |
| ANTIMETABOLITES | |
| <i>mercaptopurine oral tablet 50 mg</i> | |
| <i>methotrexate oral tablet 2.5 mg</i> | BD |
| <i>methotrexate sodium (pf) injection solution 50 mg/2ml</i> | BD |
| <i>methotrexate sodium injection solution 250 mg/10ml</i> | BD |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML | |
| TABLOID ORAL TABLET 40 MG | |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | BD |
| XATMEP ORAL SOLUTION 2.5 MG/ML | BD |
| ANTINEOPLASTICS | |
| <i>abiraterone acetate oral tablet 250 mg</i> | QL (124 EA per 31 days) |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML | PA; LA |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG | PA; QL (31 EA per 31 days) |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG | PA; QL (62 EA per 31 days) |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | PA; QL (31 EA per 31 days) |
| ALECENSA ORAL CAPSULE 150 MG | |
| ALUNBRIG ORAL TABLET 180 MG | PA; QL (31 EA per 31 days) |
| ALUNBRIG ORAL TABLET 30 MG | PA; QL (186 EA per 31 days) |

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| Drug | Requirements/Limits |
|--|---------------------------------|
| ALUNBRIG ORAL TABLET 90 MG | PA; QL (62 EA per 31 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | PA; QL (31 EA per 31 days) |
| <i>bexarotene oral capsule 75 mg</i> | |
| <i>bicalutamide oral tablet 50 mg</i> | QL (31 EA per 31 days) |
| BOSULIF ORAL TABLET 100 MG | PA; QL (124 EA per 31 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | PA; QL (31 EA per 31 days) |
| BRAFTOVI ORAL CAPSULE 50 MG | PA; LA; QL (279 EA per 31 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | PA; LA; QL (186 EA per 31 days) |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | |
| CALQUENCE ORAL CAPSULE 100 MG | PA; LA; QL (62 EA per 31 days) |
| CAPRELSA ORAL TABLET 100 MG | PA; QL (62 EA per 31 days) |
| CAPRELSA ORAL TABLET 300 MG | PA; QL (31 EA per 31 days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG | PA; QL (56 EA per 28 days) |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG | PA; QL (112 EA per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | PA; QL (84 EA per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | PA; QL (62 EA per 31 days) |
| COTELLIC ORAL TABLET 20 MG | PA; LA; QL (63 EA per 28 days) |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML | BD |
| EMCYT ORAL CAPSULE 140 MG | |
| ERIVEDGE ORAL CAPSULE 150 MG | QL (28 EA per 28 days) |
| ERLEADA ORAL TABLET 60 MG | LA |
| FARESTON ORAL TABLET 60 MG | QL (31 EA per 31 days) |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | PA |
| <i>flutamide oral capsule 125 mg</i> | |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | PA; QL (31 EA per 31 days) |
| <i>hydroxyurea oral capsule 500 mg</i> | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | PA |
| ICLUSIG ORAL TABLET 15 MG | PA; QL (62 EA per 31 days) |
| ICLUSIG ORAL TABLET 45 MG | PA; QL (31 EA per 31 days) |
| IDHIFA ORAL TABLET 100 MG | PA; QL (31 EA per 31 days) |
| IDHIFA ORAL TABLET 50 MG | PA; QL (62 EA per 31 days) |
| <i>imatinib mesylate oral tablet 100 mg</i> | PA; QL (186 EA per 31 days) |
| <i>imatinib mesylate oral tablet 400 mg</i> | PA; QL (62 EA per 31 days) |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | PA; QL (124 EA per 31 days) |

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| Drug | Requirements/Limits |
|---|-----------------------------|
| IMBRUVICA ORAL TABLET 140 MG | PA; QL (124 EA per 31 days) |
| IMBRUVICA ORAL TABLET 280 MG | PA; QL (62 EA per 31 days) |
| IMBRUVICA ORAL TABLET 420 MG, 560 MG | PA; QL (31 EA per 31 days) |
| INLYTA ORAL TABLET 1 MG | QL (186 EA per 31 days) |
| INLYTA ORAL TABLET 5 MG | QL (62 EA per 31 days) |
| INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML | BD |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | BD |
| IRESSA ORAL TABLET 250 MG | PA |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | PA; QL (62 EA per 31 days) |
| KISQALI 200 DOSE ORAL TABLET 200 MG | PA |
| KISQALI 400 DOSE ORAL TABLET 200 MG | PA |
| KISQALI 600 DOSE ORAL TABLET 200 MG | PA |
| KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG | PA |
| KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG | PA |
| KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG | PA |
| LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG | PA |
| LENVIMA 12 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (3) MG | PA |
| LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG | PA |
| LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG | PA |
| LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG | PA |
| LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG | PA |
| LENVIMA 4 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 MG | PA |
| LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG | PA |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i> | PA |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | PA |

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| Drug | Requirements/Limits |
|--|---------------------------------|
| LORBRENA ORAL TABLET 100 MG | PA; QL (31 EA per 31 days) |
| LORBRENA ORAL TABLET 25 MG | PA; QL (124 EA per 31 days) |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG | PA; QL (1 EA per 31 days) |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | PA; QL (1 EA per 90 days) |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | PA; QL (1 EA per 112 days) |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | PA; QL (1 EA per 112 days) |
| LYNPARZA ORAL CAPSULE 50 MG | PA |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | PA; LA |
| LYSODREN ORAL TABLET 500 MG | |
| MATULANE ORAL CAPSULE 50 MG | |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | PA; HR |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i> | PA; HR |
| MEKINIST ORAL TABLET 0.5 MG | PA; LA; QL (124 EA per 31 days) |
| MEKINIST ORAL TABLET 2 MG | PA; LA; QL (31 EA per 31 days) |
| MEKTOVI ORAL TABLET 15 MG | PA; LA; QL (186 EA per 31 days) |
| NERLYNX ORAL TABLET 40 MG | PA; LA; QL (186 EA per 31 days) |
| NEXAVAR ORAL TABLET 200 MG | PA; LA; QL (124 EA per 31 days) |
| <i>nilutamide oral tablet 150 mg</i> | QL (62 EA per 31 days) |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | PA |
| ODOMZO ORAL CAPSULE 200 MG | PA; LA |
| PANRETIN EXTERNAL GEL 0.1 % | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | PA |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | PA |
| RYDAPT ORAL CAPSULE 25 MG | PA; QL (248 EA per 31 days) |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | |
| SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG | PA; QL (62 EA per 31 days) |
| SPRYCEL ORAL TABLET 140 MG | PA; QL (31 EA per 31 days) |
| SPRYCEL ORAL TABLET 20 MG | PA; QL (93 EA per 31 days) |
| STIVARGA ORAL TABLET 40 MG | PA; QL (84 EA per 28 days) |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG | PA; QL (31 EA per 31 days) |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG | PA |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG | |
| TAFINLAR ORAL CAPSULE 50 MG | PA; LA; QL (186 EA per 31 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|---------------------------------|
| TAFINLAR ORAL CAPSULE 75 MG | PA; LA; QL (124 EA per 31 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | PA; LA |
| TALZENNA ORAL CAPSULE 0.25 MG | PA; QL (124 EA per 31 days) |
| TALZENNA ORAL CAPSULE 1 MG | PA; QL (31 EA per 31 days) |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i> | |
| TARCEVA ORAL TABLET 100 MG, 150 MG | PA; QL (31 EA per 31 days) |
| TARCEVA ORAL TABLET 25 MG | PA; QL (93 EA per 31 days) |
| TARGRETIN EXTERNAL GEL 1 % | |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | PA; QL (124 EA per 31 days) |
| TIBSOVO ORAL TABLET 250 MG | PA; LA; QL (62 EA per 31 days) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | |
| <i>tretinoin oral capsule 10 mg</i> | |
| TYKERB ORAL TABLET 250 MG | QL (186 EA per 31 days) |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | PA; LA |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | PA; QL (31 EA per 31 days) |
| VOTRIENT ORAL TABLET 200 MG | PA; QL (124 EA per 31 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | PA; QL (62 EA per 31 days) |
| XTANDI ORAL CAPSULE 40 MG | PA; QL (124 EA per 31 days) |
| YONSA ORAL TABLET 125 MG | PA; QL (124 EA per 31 days) |
| ZEJULA ORAL CAPSULE 100 MG | PA; QL (93 EA per 31 days) |
| ZELBORAF ORAL TABLET 240 MG | QL (248 EA per 31 days) |
| ZOLINZA ORAL CAPSULE 100 MG | QL (124 EA per 31 days) |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | |
| ZYKADIA ORAL CAPSULE 150 MG | QL (155 EA per 31 days) |
| ZYTIGA ORAL TABLET 500 MG | QL (124 EA per 31 days) |
| AROMATASE INHIBITORS, 3RD GENERATION | |
| <i>anastrozole oral tablet 1 mg</i> | QL (31 EA per 31 days) |
| <i>exemestane oral tablet 25 mg</i> | QL (62 EA per 31 days) |
| <i>letrozole oral tablet 2.5 mg</i> | QL (31 EA per 31 days) |
| TREATMENT ADJUNCTS | |
| <i>allopurinol oral tablet 300 mg</i> | |
| MESNEX ORAL TABLET 400 MG | |

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| Drug | Requirements/Limits |
|--|----------------------------|
| ANTIPARASITICS | |
| ANTHELMINTICS | |
| ALBENZA ORAL TABLET 200 MG | |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i> | |
| EMVERM ORAL TABLET CHEWABLE 100 MG | |
| <i>ivermectin oral tablet 3 mg</i> | |
| ANTIPROTOZOALS | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML | QL (155 ML per 31 days) |
| ALINIA ORAL TABLET 500 MG | QL (41 EA per 31 days) |
| <i>atovaquone oral suspension 750 mg/5ml</i> | |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | |
| COARTEM ORAL TABLET 20-120 MG | |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> | |
| <i>mefloquine hcl oral tablet 250 mg</i> | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG | BD |
| PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG | |
| <i>primaquine phosphate oral tablet 26.3 mg</i> | |
| <i>quinine sulfate oral capsule 324 mg</i> | PA; QL (44 EA per 7 days) |
| PEDICULICIDES/SCABICIDES | |
| EURAX EXTERNAL CREAM 10 % | |
| EURAX EXTERNAL LOTION 10 % | |
| <i>lindane external shampoo 1 %</i> | |
| <i>malathion external lotion 0.5 %</i> | |
| <i>permethrin external cream 5 %</i> | |
| ANTIPARKINSON AGENTS | |
| ANTICHOLINERGICS | |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i> | PA; HR |
| <i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i> | PA; HR |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i> | PA; HR |
| ANTIPARKINSON AGENTS, OTHER | |
| <i>amantadine hcl oral capsule 100 mg</i> | |
| <i>amantadine hcl oral syrup 50 mg/5ml</i> | |
| <i>amantadine hcl oral tablet 100 mg</i> | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>entacapone oral tablet 200 mg</i> | QL (310 EA per 31 days) |
| DOPAMINE AGONISTS | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML | PA; QL (62 ML per 28 days) |
| <i>bromocriptine mesylate oral capsule 5 mg</i> | |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i> | |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | QL (31 EA per 31 days) |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i> | QL (93 EA per 31 days) |
| <i>pramipexole dihydrochloride oral tablet 0.75 mg</i> | QL (186 EA per 31 days) |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | |
| DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS | |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i> | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | ST |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS | |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i> | QL (31 EA per 31 days) |
| <i>selegiline hcl oral capsule 5 mg</i> | |
| <i>selegiline hcl oral tablet 5 mg</i> | |
| ANTIPSYCHOTICS | |
| 1ST GENERATION/TYPICAL | |
| <i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i> | BD |
| <i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i> | |
| COMPRO RECTAL SUPPOSITORY 25 MG | |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | |

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| Drug | Requirements/Limits |
|--|----------------------------|
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i> | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i> | |
| <i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i> | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | |
| <i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i> | |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | |
| <i>prochlorperazine rectal suppository 25 mg</i> | |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | PA; HR |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | |
| 2ND GENERATION/ATYPICAL | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | QL (1 EA per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | QL (1 EA per 26 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | QL (750 ML per 30 days) |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i> | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | ST; QL (62 EA per 31 days) |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | ST; QL (62 EA per 31 days) |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG | ST; QL (18 EA per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 39 MG/0.25ML, 78 MG/0.5ML | QL (1 ML per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 234 MG/1.5ML | QL (2 ML per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML | QL (0.875 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION 410 MG/1.315ML | QL (1.315 ML per 90 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|-----------------------------|
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION 546 MG/1.75ML | QL (1.75 ML per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION 819 MG/2.625ML | QL (2.625 ML per 90 days) |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | QL (31 EA per 31 days) |
| LATUDA ORAL TABLET 80 MG | QL (62 EA per 31 days) |
| NUPLAZID ORAL CAPSULE 34 MG | PA; LA |
| NUPLAZID ORAL TABLET 10 MG | PA; LA |
| NUPLAZID ORAL TABLET 17 MG | PA |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i> | QL (62 EA per 31 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i> | QL (31 EA per 31 days) |
| <i>olanzapine oral tablet 20 mg</i> | QL (62 EA per 31 days) |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> | QL (31 EA per 31 days) |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i> | QL (31 EA per 31 days) |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i> | QL (62 EA per 31 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i> | QL (93 EA per 31 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i> | QL (31 EA per 31 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i> | QL (62 EA per 31 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i> | QL (124 EA per 31 days) |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | QL (31 EA per 31 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG | QL (2 EA per 28 days) |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 37.5 MG, 50 MG | QL (4 EA per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> | |
| <i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | QL (62 EA per 31 days) |
| <i>risperidone oral tablet 0.5 mg</i> | QL (124 EA per 31 days) |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG | ST; QL (62 EA per 31 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG | ST; QL (124 EA per 31 days) |
| VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG | ST; QL (62 EA per 31 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|----------------------------|
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | ST; QL (7 EA per 28 days) |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | QL (62 EA per 31 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | ST; QL (2 EA per 28 days) |
| TREATMENT-RESISTANT | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | |
| ANTIVIRALS | |
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS | |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i> | |
| <i>valganciclovir hcl oral tablet 450 mg</i> | |
| ZIRGAN OPHTHALMIC GEL 0.15 % | |
| ANTIHEPATITIS AGENTS | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | PA |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | PA |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML | PA |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML | PA |
| RIBASPHERE ORAL CAPSULE 200 MG | |
| RIBASPHERE ORAL TABLET 200 MG, 400 MG, 600 MG | |
| ANTIHEPATITIS C (HCV) AGENTS, OTHER | |
| <i>adefovir dipivoxil oral tablet 10 mg</i> | |
| <i>ribavirin oral capsule 200 mg</i> | |
| <i>ribavirin oral tablet 200 mg</i> | |
| ANTI-HEPATITIS C(HCV) AGENTS, DIRECT ACTING | |
| MAVYRET ORAL TABLET 100-40 MG | PA |
| VOSEVI ORAL TABLET 400-100-100 MG | PA |
| ANTIHERPETIC AGENTS | |
| <i>acyclovir oral capsule 200 mg</i> | |
| <i>acyclovir oral suspension 200 mg/5ml</i> | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | BD |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | |

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| Drug | Requirements/Limits |
|--|----------------------------|
| <i>valacyclovir hcl oral tablet 1 gm</i> | QL (93 EA per 31 days) |
| <i>valacyclovir hcl oral tablet 500 mg</i> | QL (62 EA per 31 days) |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS | |
| EDURANT ORAL TABLET 25 MG | QL (31 EA per 31 days) |
| <i>efavirenz oral capsule 200 mg</i> | QL (124 EA per 31 days) |
| <i>efavirenz oral capsule 50 mg</i> | QL (496 EA per 31 days) |
| <i>efavirenz oral tablet 600 mg</i> | QL (31 EA per 31 days) |
| INTELENCE ORAL TABLET 100 MG, 25 MG | QL (124 EA per 31 days) |
| INTELENCE ORAL TABLET 200 MG | QL (62 EA per 31 days) |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg</i> | QL (93 EA per 31 days) |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | QL (31 EA per 31 days) |
| <i>nevirapine oral tablet 200 mg</i> | QL (62 EA per 31 days) |
| PIFELTRO ORAL TABLET 100 MG | QL (31 EA per 31 days) |
| RESCRIPTOR ORAL TABLET 100 MG | QL (372 EA per 31 days) |
| RESCRIPTOR ORAL TABLET 200 MG | QL (186 EA per 31 days) |
| VIRAMUNE ORAL SUSPENSION 50 MG/5ML | QL (1240 ML per 31 days) |
| ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS | |
| <i>abacavir sulfate oral solution 20 mg/ml</i> | QL (995 ML per 31 days) |
| <i>abacavir sulfate oral tablet 300 mg</i> | QL (62 EA per 31 days) |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i> | QL (31 EA per 31 days) |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> | QL (62 EA per 31 days) |
| CIMDUO ORAL TABLET 300-300 MG | QL (31 EA per 31 days) |
| DESCOVY ORAL TABLET 200-25 MG | |
| <i>didanosine oral capsule delayed release 200 mg</i> | QL (62 EA per 31 days) |
| <i>didanosine oral capsule delayed release 250 mg, 400 mg</i> | QL (31 EA per 31 days) |
| EMTRIVA ORAL CAPSULE 200 MG | QL (31 EA per 31 days) |
| EMTRIVA ORAL SOLUTION 10 MG/ML | QL (705 ML per 28 days) |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | |
| EVOTAZ ORAL TABLET 300-150 MG | |
| JULUCA ORAL TABLET 50-25 MG | QL (31 EA per 31 days) |
| <i>lamivudine oral solution 10 mg/ml</i> | QL (992 ML per 31 days) |
| <i>lamivudine oral tablet 100 mg</i> | |
| <i>lamivudine oral tablet 150 mg</i> | QL (62 EA per 31 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|----------------------------|
| <i>lamivudine oral tablet 300 mg</i> | QL (31 EA per 31 days) |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | QL (62 EA per 31 days) |
| PREZCOBIX ORAL TABLET 800-150 MG | |
| <i>stavudine oral capsule 15 mg, 20 mg</i> | QL (124 EA per 31 days) |
| <i>stavudine oral capsule 30 mg, 40 mg</i> | QL (62 EA per 31 days) |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | QL (31 EA per 31 days) |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | QL (31 EA per 31 days) |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG | QL (93 EA per 31 days) |
| VIDEX ORAL SOLUTION RECONSTITUTED 4 GM | QL (1240 ML per 31 days) |
| VIREAD ORAL POWDER 40 MG/GM | QL (248 GM per 31 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | QL (31 EA per 31 days) |
| ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML | QL (2480 ML per 31 days) |
| <i>zidovudine oral capsule 100 mg</i> | QL (186 EA per 31 days) |
| <i>zidovudine oral syrup 50 mg/5ml</i> | QL (1736 ML per 28 days) |
| <i>zidovudine oral tablet 300 mg</i> | QL (62 EA per 31 days) |
| ANTI-HIV AGENTS, OTHER | |
| ATRIPLA ORAL TABLET 600-200-300 MG | QL (31 EA per 31 days) |
| BIKTARVY ORAL TABLET 50-200-25 MG | QL (31 EA per 31 days) |
| COMPLERA ORAL TABLET 200-25-300 MG | QL (31 EA per 31 days) |
| DELSTRIGO ORAL TABLET 100-300-300 MG | QL (31 EA per 31 days) |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | QL (62 EA per 31 days) |
| ISENTRESS HD ORAL TABLET 600 MG | QL (62 EA per 31 days) |
| ISENTRESS ORAL PACKET 100 MG | QL (62 EA per 31 days) |
| ISENTRESS ORAL TABLET 400 MG | QL (124 EA per 31 days) |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG | QL (186 EA per 31 days) |
| ODEFSEY ORAL TABLET 200-25-25 MG | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | QL (1860 ML per 31 days) |
| SELZENTRY ORAL TABLET 150 MG | QL (248 EA per 31 days) |
| SELZENTRY ORAL TABLET 25 MG, 300 MG | QL (124 EA per 31 days) |
| SELZENTRY ORAL TABLET 75 MG | QL (62 EA per 31 days) |
| STRIBILD ORAL TABLET 150-150-200-300 MG | QL (31 EA per 31 days) |
| SYMFI LO ORAL TABLET 400-300-300 MG | QL (31 EA per 31 days) |
| SYMFI ORAL TABLET 600-300-300 MG | QL (31 EA per 31 days) |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | QL (31 EA per 31 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|----------------------------|
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | QL (62 EA per 31 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | |
| TYBOST ORAL TABLET 150 MG | |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS | |
| APTIVUS ORAL CAPSULE 250 MG | QL (124 EA per 31 days) |
| APTIVUS ORAL SOLUTION 100 MG/ML | QL (295 ML per 28 days) |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg</i> | QL (62 EA per 31 days) |
| <i>atazanavir sulfate oral capsule 300 mg</i> | QL (31 EA per 31 days) |
| CRIXIVAN ORAL CAPSULE 200 MG | QL (465 EA per 31 days) |
| CRIXIVAN ORAL CAPSULE 400 MG | QL (279 EA per 31 days) |
| <i>fosamprenavir calcium oral tablet 700 mg</i> | QL (124 EA per 31 days) |
| INVIRASE ORAL CAPSULE 200 MG | QL (310 EA per 31 days) |
| INVIRASE ORAL TABLET 500 MG | QL (124 EA per 31 days) |
| KALETRA ORAL TABLET 100-25 MG | QL (310 EA per 31 days) |
| KALETRA ORAL TABLET 200-50 MG | QL (155 EA per 31 days) |
| LEXIVA ORAL SUSPENSION 50 MG/ML | QL (1628 ML per 28 days) |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i> | |
| NORVIR ORAL PACKET 100 MG | QL (372 EA per 31 days) |
| NORVIR ORAL SOLUTION 80 MG/ML | QL (496 ML per 31 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | QL (372 ML per 31 days) |
| PREZISTA ORAL TABLET 150 MG | QL (248 EA per 31 days) |
| PREZISTA ORAL TABLET 600 MG | QL (62 EA per 31 days) |
| PREZISTA ORAL TABLET 75 MG | QL (496 EA per 31 days) |
| PREZISTA ORAL TABLET 800 MG | QL (31 EA per 31 days) |
| REYATAZ ORAL PACKET 50 MG | QL (186 EA per 31 days) |
| <i>ritonavir oral tablet 100 mg</i> | QL (372 EA per 31 days) |
| VIRACEPT ORAL TABLET 250 MG | QL (310 EA per 31 days) |
| VIRACEPT ORAL TABLET 625 MG | QL (124 EA per 31 days) |
| ANTI-INFLUENZA AGENTS | |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i> | |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i> | QL (540 ML per 31 days) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER | |
| <i>rimantadine hcl oral tablet 100 mg</i> | |
| XOFLUZA ORAL TABLET THERAPY PACK 20 (2) MG, 40 (2) MG | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|----------------------------|
| ANXIOLYTICS | |
| ANXIOLYTICS, OTHER | |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i> | PA; HR |
| <i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i> | PA; HR |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | PA; HR |
| BENZODIAZEPINES | |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i> | QL (124 EA per 31 days) |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | QL (310 ML per 31 days) |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg</i> | QL (124 EA per 31 days) |
| <i>alprazolam oral tablet 1 mg</i> | QL (248 EA per 31 days) |
| <i>alprazolam oral tablet 2 mg</i> | QL (155 EA per 31 days) |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | QL (186 EA per 31 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | QL (124 EA per 31 days) |
| <i>clorazepate dipotassium oral tablet 15 mg</i> | QL (186 EA per 31 days) |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i> | QL (744 EA per 31 days) |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i> | QL (372 EA per 31 days) |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML | QL (248 ML per 31 days) |
| <i>diazepam oral solution 5 mg/5ml</i> | QL (1240 ML per 31 days) |
| <i>diazepam oral tablet 10 mg</i> | QL (124 EA per 31 days) |
| <i>diazepam oral tablet 2 mg</i> | QL (620 EA per 31 days) |
| <i>diazepam oral tablet 5 mg</i> | QL (248 EA per 31 days) |
| <i>lorazepam oral concentrate 2 mg/ml</i> | QL (248 ML per 31 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | QL (155 EA per 31 days) |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | QL (124 EA per 31 days) |
| BIPOLAR AGENTS | |
| MOOD STABILIZERS | |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i> | |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i> | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | |
| <i>lithium carbonate oral tablet 300 mg</i> | |
| <i>lithium oral solution 8 meq/5ml</i> | |
| BLOOD GLUCOSE REGULATORS | |
| ANTIDIABETIC AGENTS | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|----------------------------|
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | QL (93 EA per 31 days) |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | |
| <i>global alcohol prep ease pad 70 %</i> | |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG | QL (62 EA per 31 days) |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG | QL (62 EA per 31 days) |
| INVOKANA ORAL TABLET 100 MG, 300 MG | QL (31 EA per 31 days) |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | QL (62 EA per 31 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG | QL (62 EA per 31 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | QL (31 EA per 31 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | QL (31 EA per 31 days) |
| KORLYM ORAL TABLET 300 MG | PA |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> | QL (124 EA per 31 days) |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> | QL (62 EA per 31 days) |
| <i>metformin hcl oral tablet 1000 mg, 850 mg</i> | QL (62 EA per 31 days) |
| <i>metformin hcl oral tablet 500 mg</i> | QL (124 EA per 31 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | |
| OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE | |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> | QL (31 EA per 31 days) |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i> | |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i> | |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | |
| SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | ST |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML | |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML | |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG | QL (62 EA per 31 days) |
| SYNJARDY ORAL TABLET 5-500 MG | QL (124 EA per 31 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|----------------------------|
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG | QL (31 EA per 31 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG | QL (62 EA per 31 days) |
| <i>tolazamide oral tablet 250 mg, 500 mg</i> | |
| <i>tolbutamide oral tablet 500 mg</i> | |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML | |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML | |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100- 3.6 UNIT-MG/ML | ST |
| GLYCEMIC AGENTS | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG | |
| GLUCAGON EMERGENCY INJECTION KIT 1 MG | |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML | |
| INSULINS | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML | |
| FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML | |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML | |
| LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | |
| BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS | |
| ANTICOAGULANTS | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | |
| ELIQUIS STARTER PACK ORAL TABLET 5 MG | |
| <i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i> | QL (31 ML per 31 days) |
| <i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i> | QL (24 ML per 31 days) |
| <i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i> | QL (9 ML per 31 days) |
| <i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i> | QL (12 ML per 31 days) |
| <i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i> | QL (18 ML per 31 days) |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i> | PA |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG | ST |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | |
| BLOOD FORMATION MODIFIERS | |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | PA |
| LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|----------------------------|
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | PA |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | PA |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | PA |
| PROMACTA ORAL TABLET 12.5 MG | PA; QL (62 EA per 31 days) |
| PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG | PA; QL (31 EA per 31 days) |
| <i>tranexamic acid oral tablet 650 mg</i> | |
| PLATELET MODIFYING AGENTS | |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i> | |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i> | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | |
| <i>clopidogrel bisulfate oral tablet 75 mg</i> | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | |
| CARDIOVASCULAR AGENTS | |
| ALPHA-ADRENERGIC AGONISTS | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | |
| <i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> | QL (4 EA per 28 days) |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> | QL (4 EA per 28 days) |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i> | |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | |
| ALPHA-ADRENERGIC BLOCKING AGENTS | |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | |
| <i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i> | QL (62 EA per 31 days) |
| <i>candesartan cilexetil oral tablet 32 mg</i> | QL (31 EA per 31 days) |
| <i>eprosartan mesylate oral tablet 600 mg</i> | QL (31 EA per 31 days) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | QL (31 EA per 31 days) |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> | QL (31 EA per 31 days) |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i> | QL (31 EA per 31 days) |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> | QL (31 EA per 31 days) |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS | |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i> | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i> | |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | |
| ANTIARRHYTHMICS | |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i> | |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i> | |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i> | |
| MULTAQ ORAL TABLET 400 MG | |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG | |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i> | |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i> | |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i> | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | |
| ANTIHYPERTENSIVE COMBINATIONS | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | QL (31 EA per 31 days) |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> | QL (31 EA per 31 days) |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | QL (31 EA per 31 days) |

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| Drug | Requirements/Limits |
|--|----------------------------|
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | QL (31 EA per 31 days) |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i> | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | QL (31 EA per 31 days) |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | QL (62 EA per 31 days) |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | |
| <i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i> | |
| <i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i> | |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> | QL (31 EA per 31 days) |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | QL (31 EA per 31 days) |
| <i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i> | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> | QL (31 EA per 31 days) |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> | QL (31 EA per 31 days) |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | QL (31 EA per 31 days) |
| BETA-ADRENERGIC BLOCKING AGENTS | |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i> | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i> | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG | QL (31 EA per 31 days) |
| BYSTOLIC ORAL TABLET 20 MG | QL (62 EA per 31 days) |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i> | |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | QL (62 EA per 31 days) |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> | |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i> | |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | |
| SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG | |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i> | |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | |
| CALCIUM CHANNEL BLOCKING AGENTS | |
| AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG | QL (62 EA per 31 days) |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i> | QL (31 EA per 31 days) |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG | QL (186 EA per 31 days) |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG | QL (31 EA per 31 days) |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | QL (31 EA per 31 days) |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | QL (31 EA per 31 days) |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i> | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | QL (62 EA per 31 days) |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | QL (31 EA per 31 days) |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | |

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| Drug | Requirements/Limits |
|--|--------------------------------|
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i> | |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | QL (62 EA per 31 days) |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | QL (62 EA per 31 days) |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | |
| <i>nimodipine oral capsule 30 mg</i> | |
| <i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG | QL (62 EA per 31 days) |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG | QL (31 EA per 31 days) |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg</i> | QL (31 EA per 31 days) |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 360 mg</i> | QL (62 EA per 31 days) |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i> | |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i> | |
| CARDIOVASCULAR AGENTS, OTHER | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT | PA |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | PA |
| DEMSEER ORAL CAPSULE 250 MG | |
| DIGITEK ORAL TABLET 125 MCG | QL (31 EA per 31 days) |
| DIGITEK ORAL TABLET 250 MCG | PA; HR; QL (31 EA per 31 days) |
| DIGOX ORAL TABLET 125 MCG | QL (31 EA per 31 days) |
| DIGOX ORAL TABLET 250 MCG | PA; HR; QL (31 EA per 31 days) |
| <i>digoxin oral solution 0.05 mg/ml</i> | PA; HR |
| <i>digoxin oral tablet 125 mcg</i> | QL (31 EA per 31 days) |
| <i>digoxin oral tablet 250 mcg</i> | PA; HR; QL (31 EA per 31 days) |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | PA |
| FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML | PA |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG | PA |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>pentoxifylline er oral tablet extended release 400 mg</i> | |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG | |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML | PA; LA |
| DIURETICS, CARBONIC ANHYDRASE INHIBITORS | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | |
| DIURETICS, LOOP | |
| <i>bumetanide injection solution 0.25 mg/ml</i> | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | |
| <i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i> | |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | |
| DIURETICS, POTASSIUM-SPARING | |
| <i>amiloride hcl oral tablet 5 mg</i> | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | |
| DIURETICS, THIAZIDE | |
| <i>chlorothiazide oral tablet 250 mg, 500 mg</i> | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | |
| <i>methyclothiazide oral tablet 5 mg</i> | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | QL (31 EA per 31 days) |
| <i>fenofibrate oral capsule 150 mg</i> | QL (31 EA per 31 days) |
| <i>fenofibrate oral capsule 50 mg</i> | QL (62 EA per 31 days) |
| <i>fenofibrate oral tablet 145 mg, 160 mg</i> | QL (31 EA per 31 days) |
| <i>fenofibrate oral tablet 48 mg, 54 mg</i> | QL (62 EA per 31 days) |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i> | QL (31 EA per 31 days) |
| <i>gemfibrozil oral tablet 600 mg</i> | QL (62 EA per 31 days) |

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| Drug | Requirements/Limits |
|--|----------------------------|
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS | |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | QL (31 EA per 31 days) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | ST; QL (31 EA per 31 days) |
| <i>lovastatin oral tablet 10 mg, 20 mg</i> | QL (31 EA per 31 days) |
| <i>lovastatin oral tablet 40 mg</i> | QL (62 EA per 31 days) |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | QL (31 EA per 31 days) |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | QL (31 EA per 31 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i> | QL (31 EA per 31 days) |
| DYSLIPIDEMICS, OTHER | |
| <i>cholestyramine light oral powder 4 gm/dose</i> | |
| <i>cholestyramine oral packet 4 gm</i> | |
| <i>colestipol hcl oral packet 5 gm</i> | |
| <i>colestipol hcl oral tablet 1 gm</i> | |
| <i>ezetimibe oral tablet 10 mg</i> | QL (31 EA per 31 days) |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG | PA |
| KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | PA; QL (4 ML per 28 days) |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | |
| NIACOR ORAL TABLET 500 MG | |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i> | |
| PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML | PA |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | PA |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | PA |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | PA |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM | |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS | |
| <i>isosorbide dinitrate er oral tablet extended release 40 mg</i> | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | |

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| Drug | Requirements/Limits |
|--|----------------------------|
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i> | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i> | QL (31 EA per 31 days) |
| <i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i> | QL (62 EA per 31 days) |
| VASODILATORS, DIRECT-ACTING ARTERIAL | |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | |
| CENTRAL NERVOUS SYSTEM AGENTS | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES | |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | QL (31 EA per 31 days) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | QL (93 EA per 31 days) |
| <i>amphetamine-dextroamphetamine oral tablet 30 mg</i> | QL (62 EA per 31 days) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i> | QL (186 EA per 31 days) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i> | QL (124 EA per 31 days) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i> | QL (372 EA per 31 days) |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> | QL (186 EA per 31 days) |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> | QL (155 EA per 31 days) |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES | |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i> | QL (93 EA per 31 days) |
| <i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i> | QL (31 EA per 31 days) |
| <i>dexmethylphenidate hcl oral tablet 10 mg</i> | QL (62 EA per 31 days) |
| <i>dexmethylphenidate hcl oral tablet 2.5 mg</i> | QL (248 EA per 31 days) |
| <i>dexmethylphenidate hcl oral tablet 5 mg</i> | QL (124 EA per 31 days) |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i> | PA |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG | QL (93 EA per 31 days) |

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| Drug | Requirements/Limits |
|---|--------------------------------|
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i> | QL (93 EA per 31 days) |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i> | QL (930 ML per 31 days) |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i> | QL (1860 ML per 31 days) |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | QL (93 EA per 31 days) |
| CENTRAL NERVOUS SYSTEM, OTHER | |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | PA; QL (120 EA per 30 days) |
| NUEDEXTA ORAL CAPSULE 20-10 MG | PA; QL (62 EA per 31 days) |
| <i>riluzole oral tablet 50 mg</i> | |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | |
| XYREM ORAL SOLUTION 500 MG/ML | LA; QL (558 ML per 31 days) |
| FIBROMYALGIA AGENTS | |
| <i>duloxetine hcl oral capsule delayed release particles 60 mg</i> | QL (62 EA per 31 days) |
| LYRICA ORAL CAPSULE 100 MG | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | |
| MULTIPLE SCLEROSIS AGENTS | |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | PA; LA; QL (31 EA per 31 days) |
| AVONEX INTRAMUSCULAR KIT 30 MCG | PA; QL (4 EA per 28 days) |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | PA; QL (4 EA per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | PA; QL (4 EA per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | PA |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i> | PA; QL (62 EA per 31 days) |
| GILENYA ORAL CAPSULE 0.5 MG | PA; QL (31 EA per 31 days) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> | PA; QL (31 ML per 31 days) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> | PA; QL (12 ML per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML | PA; QL (2 ML per 365 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML | PA; QL (2 ML per 365 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML | PA; QL (1 ML per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | PA; QL (1 ML per 28 days) |
| TECFIDERA ORAL 120 & 240 MG | PA; QL (62 EA per 31 days) |

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| Drug | Requirements/Limits |
|--|----------------------------|
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG | PA; QL (62 EA per 31 days) |
| DENTAL AND ORAL AGENTS | |
| DENTAL AND ORAL AGENTS | |
| <i>cevimeline hcl oral capsule 30 mg</i> | |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> | |
| <i>clotrimazole mouth/throat lozenge 10 mg</i> | |
| <i>lidocaine viscous mouth/throat solution 2 %</i> | |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i> | |
| ORAVIG BUCCAL TABLET 50 MG | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i> | |
| DERMATOLOGICAL AGENTS | |
| DERMATOLOGICAL AGENTS | |
| ABSORICA ORAL CAPSULE 25 MG, 35 MG | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | |
| <i>acyclovir external ointment 5 %</i> | |
| <i>adapalene external cream 0.1 %</i> | |
| <i>adapalene external gel 0.1 %, 0.3 %</i> | |
| <i>alclometasone dipropionate external cream 0.05 %</i> | |
| <i>alclometasone dipropionate external ointment 0.05 %</i> | |
| <i>amcinonide external cream 0.1 %</i> | |
| <i>amcinonide external lotion 0.1 %</i> | |
| <i>amcinonide external ointment 0.1 %</i> | |
| <i>ammonium lactate external cream 12 %</i> | |
| <i>ammonium lactate external lotion 12 %</i> | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | |
| <i>benzoyl peroxide-erythromycin external gel 5-3 %</i> | |
| <i>betamethasone dipropionate aug external cream 0.05 %</i> | |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i> | |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i> | |
| <i>betamethasone dipropionate external cream 0.05 %</i> | |
| <i>betamethasone dipropionate external lotion 0.05 %</i> | |
| <i>betamethasone dipropionate external ointment 0.05 %</i> | |
| <i>betamethasone valerate external cream 0.1 %</i> | |

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| Drug | Requirements/Limits |
|---|-----------------------------|
| <i>betamethasone valerate external lotion 0.1 %</i> | |
| <i>betamethasone valerate external ointment 0.1 %</i> | |
| <i>calcipotriene external cream 0.005 %</i> | |
| <i>calcipotriene external ointment 0.005 %</i> | |
| <i>calcipotriene external solution 0.005 %</i> | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i> | |
| <i>clobetasol prop emollient base external cream 0.05 %</i> | |
| <i>clobetasol propionate external foam 0.05 %</i> | |
| <i>clobetasol propionate external gel 0.05 %</i> | |
| <i>clobetasol propionate external lotion 0.05 %</i> | |
| <i>clobetasol propionate external ointment 0.05 %</i> | |
| <i>clobetasol propionate external shampoo 0.05 %</i> | |
| <i>clobetasol propionate external solution 0.05 %</i> | |
| COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | PA |
| COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | PA |
| <i>desonide external ointment 0.05 %</i> | |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i> | |
| <i>desoximetasone external gel 0.05 %</i> | |
| <i>desoximetasone external ointment 0.05 %, 0.25 %</i> | |
| <i>diclofenac sodium transdermal gel 1 %</i> | PA |
| <i>diclofenac sodium transdermal gel 3 %</i> | PA; QL (100 GM per 31 days) |
| <i>diflorasone diacetate external cream 0.05 %</i> | |
| <i>diflorasone diacetate external ointment 0.05 %</i> | |
| ELIDEL EXTERNAL CREAM 1 % | ST |
| EUCRISA EXTERNAL OINTMENT 2 % | ST |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i> | |
| <i>fluocinolone acetonide external ointment 0.025 %</i> | |
| <i>fluocinolone acetonide external solution 0.01 %</i> | |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i> | |
| <i>fluocinonide external cream 0.1 %</i> | |
| <i>fluocinonide external gel 0.05 %</i> | |
| <i>fluocinonide external ointment 0.05 %</i> | |
| <i>fluocinonide external solution 0.05 %</i> | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>fluorouracil external cream 5 %</i> | |
| <i>fluorouracil external solution 2 %, 5 %</i> | |
| <i>fluticasone propionate external cream 0.05 %</i> | |
| <i>fluticasone propionate external ointment 0.005 %</i> | |
| HALOG EXTERNAL CREAM 0.1 % | |
| HALOG EXTERNAL OINTMENT 0.1 % | |
| <i>hydrocortisone butyrate external cream 0.1 %</i> | |
| <i>hydrocortisone butyrate external ointment 0.1 %</i> | |
| <i>hydrocortisone butyrate external solution 0.1 %</i> | |
| <i>hydrocortisone external cream 1 %, 2.5 %</i> | |
| <i>hydrocortisone external lotion 2.5 %</i> | |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i> | |
| <i>hydrocortisone rectal enema 100 mg/60ml</i> | |
| <i>hydrocortisone valerate external cream 0.2 %</i> | |
| <i>hydrocortisone valerate external ointment 0.2 %</i> | |
| <i>imiquimod external cream 5 %</i> | |
| <i>methoxsalen rapid oral capsule 10 mg</i> | |
| <i>mometasone furoate external cream 0.1 %</i> | |
| <i>mometasone furoate external ointment 0.1 %</i> | |
| PICATO EXTERNAL GEL 0.015 % | QL (3 EA per 28 days) |
| PICATO EXTERNAL GEL 0.05 % | QL (2 EA per 28 days) |
| <i>podofilox external solution 0.5 %</i> | |
| <i>prednicarbate external cream 0.1 %</i> | |
| <i>prednicarbate external ointment 0.1 %</i> | |
| PROCTO-MED HC RECTAL CREAM 2.5 % | |
| PROCTO-PAK RECTAL CREAM 1 % | |
| PROCTOSOL HC RECTAL CREAM 2.5 % | |
| PROCTOZONE-HC RECTAL CREAM 2.5 % | |
| REGANEX EXTERNAL GEL 0.01 % | PA; QL (31 GM per 31 days) |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | |
| <i>selenium sulfide external lotion 2.5 %</i> | |
| <i>silver sulfadiazine external cream 1 %</i> | |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | PA |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | PA |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i> | ST |

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| Drug | Requirements/Limits |
|--|----------------------------|
| <i>tazarotene external cream 0.1 %</i> | PA |
| TAZORAC EXTERNAL CREAM 0.05 % | PA |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 % | PA |
| TOLAK EXTERNAL CREAM 4 % | |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i> | |
| <i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i> | |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i> | |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i> | |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | |
| UCERIS RECTAL FOAM 2 MG/ACT | ST |
| VALCHLOR EXTERNAL GEL 0.016 % | |
| ELECTROLYTES/MINERALS/METALS/VITAMINS | |
| ELECTROLYTE/MINERAL REPLACEMENT | |
| <i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i> | |
| <i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 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-%-%</i> | |
| <i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i> | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ | |
| <i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i> | |
| NORMOSOL-M IN D5W INTRAVENOUS SOLUTION | |
| NORMOSOL-R IN D5W INTRAVENOUS SOLUTION | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i> | |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i> | |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i> | |
| <i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i> | |
| <i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i> | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i> | |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i> | |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION | |
| ELECTROLYTE/MINERAL/METAL MODIFIERS | |
| EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG | PA |
| FERRIPROX ORAL SOLUTION 100 MG/ML | |
| FERRIPROX ORAL TABLET 500 MG | |
| KIONEX ORAL SUSPENSION 15 GM/60ML | |
| SAMSCA ORAL TABLET 15 MG, 30 MG | PA; QL (62 EA per 31 days) |
| <i>sodium polystyrene sulfonate oral powder</i> | |
| SPS ORAL SUSPENSION 15 GM/60ML | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | |
| NUTRIENTS | |
| AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 % | BD |
| AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 % | BD |
| AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %, 8.5 % | BD |
| AMINOSYN-HBC INTRAVENOUS SOLUTION 7 % | BD |
| AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 % | BD |
| AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 % | BD |
| CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 % | BD |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 % | BD |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % | BD |
| CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 % | BD |
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % | BD |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % | BD |
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % | BD |
| CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 % | BD |

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| Drug | Requirements/Limits |
|---|----------------------------|
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % | BD |
| CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 % | BD |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % | BD |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % | BD |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % | BD |
| CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 % | BD |
| <i>dextrose intravenous solution 10 %, 5 %</i> | |
| FREAMINE HBC INTRAVENOUS SOLUTION 6.9 % | BD |
| HEPATAMINE INTRAVENOUS SOLUTION 8 % | BD |
| NEPHRAMINE INTRAVENOUS SOLUTION 5.4 % | BD |
| <i>nutrilipid intravenous emulsion 20 %</i> | BD |
| PREMASOL INTRAVENOUS SOLUTION 10 %, 6 % | BD |
| PROCALAMINE INTRAVENOUS SOLUTION 3 % | BD |
| PROSOL INTRAVENOUS SOLUTION 20 % | BD |
| TRAVASOL INTRAVENOUS SOLUTION 10 % | BD |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | BD |
| GASTROINTESTINAL AGENTS | |
| ANTISPASMODICS, GASTROINTESTINAL | |
| <i>dicyclomine hcl oral capsule 10 mg</i> | |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i> | |
| <i>dicyclomine hcl oral tablet 20 mg</i> | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | |
| <i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i> | |
| <i>propantheline bromide oral tablet 15 mg</i> | |
| DIGESTIVE ENZYMES | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT | |
| <i>ursodiol oral capsule 300 mg</i> | |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000- 79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | |
| GASTROINTESTINAL AGENTS, OTHER | |

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| Drug | Requirements/Limits |
|--|----------------------------|
| <i>amoxicill-clarithro-lansopraz oral</i> | |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i> | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i> | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | |
| <i>enulose oral solution 10 gm/15ml</i> | |
| GATTEX SUBCUTANEOUS KIT 5 MG | |
| <i>generlac oral solution 10 gm/15ml</i> | |
| <i>loperamide hcl oral capsule 2 mg</i> | |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i> | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | QL (31 EA per 31 days) |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS | |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i> | |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | |
| <i>ranitidine hcl oral capsule 150 mg, 300 mg</i> | |
| <i>ranitidine hcl oral syrup 75 mg/5ml</i> | |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i> | |
| IRRITABLE BOWEL SYNDROME AGENTS | |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i> | QL (62 EA per 31 days) |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | QL (62 EA per 31 days) |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM | |
| <i>balsalazide disodium oral capsule 750 mg</i> | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | QL (31 EA per 31 days) |
| <i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i> | |
| <i>mesalamine rectal enema 4 gm</i> | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG | |
| <i>sulfasalazine oral tablet 500 mg</i> | |
| <i>sulfasalazine oral tablet delayed release 500 mg</i> | |
| LAXATIVES | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM | |

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| Drug | Requirements/Limits |
|--|--------------------------------|
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM | |
| <i>lactulose oral solution 10 gm/15ml</i> | |
| <i>peg 3350/electrolytes oral solution reconstituted 240 gm</i> | |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> | |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i> | |
| <i>polyethylene glycol 3350 oral powder</i> | |
| PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML | |
| TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM | |
| PROTECTANTS | |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG | ST |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | |
| <i>sucralfate oral tablet 1 gm</i> | |
| PROTON PUMP INHIBITORS | |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i> | |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i> | |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> | |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i> | |
| GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT | |
| ENZYME REPLACEMENT/ MODIFIERS | |
| CARBAGLU ORAL TABLET 200 MG | |
| CYSTADANE ORAL POWDER | |
| GALAFOLD ORAL CAPSULE 123 MG | PA; LA; QL (15 EA per 30 days) |
| KUVAN ORAL PACKET 100 MG, 500 MG | PA |
| KUVAN ORAL TABLET SOLUBLE 100 MG | PA |
| <i>levocarnitine oral solution 1 gm/10ml</i> | |
| <i>levocarnitine oral tablet 330 mg</i> | |
| <i>miglustat oral capsule 100 mg</i> | PA; QL (93 EA per 31 days) |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG | |
| ORFADIN ORAL SUSPENSION 4 MG/ML | LA |
| RAVICTI ORAL LIQUID 1.1 GM/ML | |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i> | |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> | |

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| Drug | Requirements/Limits |
|---|--------------------------------|
| XURIDEN ORAL PACKET 2 GM | PA |
| GENITOURINARY AGENTS | |
| ANTISPASMODICS, URINARY | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | PA; HR; QL (62 EA per 31 days) |
| <i>oxybutynin chloride oral syrup 5 mg/5ml</i> | PA; HR |
| <i>oxybutynin chloride oral tablet 5 mg</i> | PA; HR |
| <i>trospium chloride er oral capsule extended release 24 hour 60 mg</i> | |
| <i>trospium chloride oral tablet 20 mg</i> | |
| BENIGN PROSTATIC HYPERTROPHY AGENTS | |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> | QL (31 EA per 31 days) |
| <i>dutasteride oral capsule 0.5 mg</i> | QL (31 EA per 31 days) |
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i> | QL (31 EA per 31 days) |
| <i>finasteride oral tablet 5 mg</i> | QL (31 EA per 31 days) |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG | QL (31 EA per 31 days) |
| <i>tamsulosin hcl oral capsule 0.4 mg</i> | QL (62 EA per 31 days) |
| GENITOURINARY AGENTS, OTHER | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | |
| <i>sodium chloride irrigation solution 0.9 %</i> | |
| PHOSPHATE BINDERS | |
| AURYXIA ORAL TABLET 1 GM 210 MG(Fe) | PA |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i> | |
| <i>calcium acetate (phos binder) oral tablet 667 mg</i> | |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i> | |
| <i>sevelamer carbonate oral tablet 800 mg</i> | |
| VELPHORO ORAL TABLET CHEWABLE 500 MG | |
| VAGINAL PRODUCTS | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | |
| <i>estradiol vaginal cream 0.1 mg/gm</i> | |
| <i>estradiol vaginal tablet 10 mcg</i> | |
| INTRAROSA VAGINAL INSERT 6.5 MG | PA |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>metronidazole vaginal gel 0.75 %</i> | |
| <i>miconazole 3 vaginal suppository 200 mg</i> | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | |
| <i>terconazole vaginal suppository 80 mg</i> | |
| YUVAFEM VAGINAL TABLET 10 MCG | |
| HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL) | |
| GLUCOCORTICOIDS/MINERALOCORTICOIDS | |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i> | ST |
| <i>budesonide oral capsule delayed release particles 3 mg</i> | |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML | |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i> | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i> | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i> | |
| <i>prednisolone oral solution 15 mg/5ml</i> | |
| <i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i> | |
| <i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i> | |
| PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML | |
| <i>prednisone oral solution 5 mg/5ml</i> | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i> | |
| HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS) | |
| ANABOLIC STEROIDS | |
| ANADROL-50 ORAL TABLET 50 MG | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | PA; QL (62 EA per 31 days) |
| ANDROGENS | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | |

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| Drug | Requirements/Limits |
|--|----------------------------|
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i> | |
| <i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i> | |
| <i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i> | PA |
| CONTRACEPTIVES | |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG | |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> | |
| AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG | |
| APRI ORAL TABLET 0.15-30 MG-MCG | |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG | |
| ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG | |
| AUBRA ORAL TABLET 0.1-20 MG-MCG | |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG | |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | |
| BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG | |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | |
| CAMILA ORAL TABLET 0.35 MG | |
| CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG | |
| CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG | |
| CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG | |
| CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | |
| CYRED EQ ORAL TABLET 0.15-30 MG-MCG | |
| DEBLITANE ORAL TABLET 0.35 MG | |
| DELYLA ORAL TABLET 0.1-20 MG-MCG | |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i> | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | |
| EMOQUETTE ORAL TABLET 0.15-30 MG-MCG | |
| ENPRESSE-28 ORAL TABLET | |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | |
| ERRIN ORAL TABLET 0.35 MG | |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| FALMINA ORAL TABLET 0.1-20 MG-MCG | |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG | |
| GIANVI ORAL TABLET 3-0.02 MG | |
| INCASSIA ORAL TABLET 0.35 MG | |
| INTROVALE ORAL TABLET 0.15-0.03 MG | |
| ISIBLOOM ORAL TABLET 0.15-30 MG-MCG | |
| JOLIVETTE ORAL TABLET 0.35 MG | |
| JULEBER ORAL TABLET 0.15-30 MG-MCG | |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG | |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG | |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG | |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG | |
| KELNOR 1/50 ORAL TABLET 1-50 MG-MCG | |
| KURVELO ORAL TABLET 0.15-30 MG-MCG | |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG | |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG | |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG | |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG | |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | |
| LEVONEST ORAL TABLET | |
| <i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i> | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i> | |
| <i>levonorg-eth estrad triphasic oral tablet</i> | |
| LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG | |
| LORYNA ORAL TABLET 3-0.02 MG | |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | |
| LUTERA ORAL TABLET 0.1-20 MG-MCG | |
| LYZA ORAL TABLET 0.35 MG | |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i> | |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i> | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> | |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG | |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG | |
| MILI ORAL TABLET 0.25-35 MG-MCG | |
| MONONESSA ORAL TABLET 0.25-35 MG-MCG | |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | |
| NIKKI ORAL TABLET 3-0.02 MG | |
| NORA-BE ORAL TABLET 0.35 MG | |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i> | |
| <i>norethindrone oral tablet 0.35 mg</i> | |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> | |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i> | |
| NORLYROC ORAL TABLET 0.35 MG | |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG | |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | |
| OCELLA ORAL TABLET 3-0.03 MG | |
| OGESTREL ORAL TABLET 0.5-50 MG-MCG | |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | |
| PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG | |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG | |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG | |
| QUASENSE ORAL TABLET 0.15-0.03 MG | |
| RECLIPSEN ORAL TABLET 0.15-30 MG-MCG | |
| SETLAKIN ORAL TABLET 0.15-0.03 MG | |
| SHAROBEL ORAL TABLET 0.35 MG | |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG | |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | |
| SYEDA ORAL TABLET 3-0.03 MG | |
| TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG | |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|----------------------------|
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | |
| TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | |
| TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | |
| TRIVORA (28) ORAL TABLET | |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG | |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG | |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | |
| ZARAH ORAL TABLET 3-0.03 MG | |
| ZENCHENT ORAL TABLET 0.4-35 MG-MCG | |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG | |
| ESTROGENS | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | PA; HR |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | PA; HR |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | PA; HR |
| <i>estropipate oral tablet 0.75 mg</i> | PA; HR |
| JINTELI ORAL TABLET 1-5 MG-MCG | PA; HR |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | PA; HR |
| MIMVEY LO ORAL TABLET 0.5-0.1 MG | PA; HR |
| MIMVEY ORAL TABLET 1-0.5 MG | PA; HR |
| <i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i> | PA; HR |
| OSPHENA ORAL TABLET 60 MG | PA |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | PA; HR |
| PREMPHASE ORAL TABLET 0.625-5 MG | PA; HR |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | PA; HR |
| PROGESTINS | |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i> | |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | PA; HR |
| <i>norethindrone acetate oral tablet 5 mg</i> | |

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| Drug | Requirements/Limits |
|--|--------------------------------|
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY) | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY) | |
| <i>cabergoline oral tablet 0.5 mg</i> | |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i> | |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i> | |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | PA |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | PA |
| 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 | |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | |
| 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 | |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i> | |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY) | |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY) | |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | PA; QL (1 EA per 28 days) |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | PA; LA; QL (62 ML per 31 days) |

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| Drug | Requirements/Limits |
|---|-----------------------------|
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML | PA |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG | PA; QL (62 EA per 31 days) |
| SYNAREL NASAL SOLUTION 2 MG/ML | PA |
| HORMONAL AGENTS, SUPPRESSANT (THYROID) | |
| ANTITHYROID AGENTS | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | |
| <i>propylthiouracil oral tablet 50 mg</i> | |
| IMMUNOLOGICAL AGENTS | |
| IMMUNE SUPPRESSANTS | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG | BD |
| AZASAN ORAL TABLET 100 MG, 75 MG | BD |
| <i>azathioprine oral tablet 50 mg</i> | BD |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | BD |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | BD |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | BD |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | BD |
| GENGRAF ORAL SOLUTION 100 MG/ML | BD |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | BD |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i> | BD |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | BD |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i> | BD |
| RAPAMUNE ORAL SOLUTION 1 MG/ML | BD |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | BD |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | BD |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | BD |
| ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG, 1 MG | BD; QL (62 EA per 31 days) |
| ZORTRESS ORAL TABLET 0.5 MG | BD; QL (124 EA per 31 days) |
| IMMUNIZING AGENTS, PASSIVE | |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML | BD |

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| Drug | Requirements/Limits |
|---|----------------------------|
| CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM | BD |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML | BD |
| GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML | BD |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM | BD |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML | BD |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML | BD |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML | BD |
| IMMUNOMODULATORS | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | PA |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG | PA |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | PA |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | PA |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | PA |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | PA |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | PA |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML | PA |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | QL (31 EA per 31 days) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML | PA |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML | PA |
| XELJANZ ORAL TABLET 10 MG, 5 MG | PA |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | PA |
| VACCINES | |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|----------------------------|
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | |
| <i>bcg vaccine injection injectable</i> | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE) | |
| DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5 | |
| <i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i> | BD |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML | BD |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML | |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | |
| IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML | BD |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | |
| IPOLE INJECTION INJECTABLE | |
| IXIARO INTRAMUSCULAR SUSPENSION | |
| KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML | |
| MENACTRA INTRAMUSCULAR INJECTABLE | |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | |
| M-M-R II SUBCUTANEOUS INJECTABLE | |
| PEDIARIX INTRAMUSCULAR SUSPENSION | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | |
| PROQUAD SUBCUTANEOUS INJECTABLE | |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | |
| QUADRACEL INTRAMUSCULAR SUSPENSION | |
| RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML | BD |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | |

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| Drug | Requirements/Limits |
|---|-----------------------------|
| ROTATEQ ORAL SOLUTION | |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG, 50 MCG/0.5ML | |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU | BD |
| <i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i> | BD |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | |
| TWINRIX INTRAMUSCULAR SUSPENSION 720-20 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE) | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML | |
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML | |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML | |
| YF-VAX SUBCUTANEOUS INJECTABLE | |
| ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML | |
| METABOLIC BONE DISEASE AGENTS | |
| HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) | |
| <i>paricalcitol oral capsule 4 mcg</i> | BD |
| SENSIPAR ORAL TABLET 30 MG | BD; QL (31 EA per 31 days) |
| SENSIPAR ORAL TABLET 60 MG | BD; QL (62 EA per 31 days) |
| SENSIPAR ORAL TABLET 90 MG | BD; QL (124 EA per 31 days) |
| METABOLIC BONE DISEASE AGENTS | |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i> | |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i> | BD; QL (4 ML per 28 days) |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | BD |
| <i>calcitriol oral solution 1 mcg/ml</i> | BD |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | |
| <i>ibandronate sodium oral tablet 150 mg</i> | |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG | PA |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> | BD |
| PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML | ST |
| <i>raloxifene hcl oral tablet 60 mg</i> | |

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| Drug | Requirements/Limits |
|---|---------------------------------|
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | PA |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML | PA |
| MISCELLANEOUS | |
| MISCELLANEOUS | |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML | |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML | |
| <i>cvs gauze sterile pad 2"x2"</i> | |
| DEPEN TITRATABS ORAL TABLET 250 MG | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | |
| ENDARI ORAL PACKET 5 GM | PA; LA; QL (186 EA per 31 days) |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | |
| <i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i> | |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | |
| <i>trientine hcl oral capsule 250 mg</i> | PA |
| OPHTHALMIC AGENTS | |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS | |
| <i>latanoprost ophthalmic solution 0.005 %</i> | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | |
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % | |
| OPHTHALMIC AGENTS, OTHER | |
| <i>atropine sulfate ophthalmic solution 1 %</i> | |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i> | |
| RESTASIS OPHTHALMIC EMULSION 0.05 % | QL (62 EA per 31 days) |
| OPHTHALMIC ANTI INFECTIVES | |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i> | |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % | |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i> | |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i> | |
| <i>gatifloxacin ophthalmic solution 0.5 %</i> | |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i> | |
| <i>levofloxacin ophthalmic solution 0.5 %</i> | |

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| Drug | Requirements/Limits |
|--|----------------------------|
| MOXEZA OPHTHALMIC SOLUTION 0.5 % | |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i> | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | |
| <i>ofloxacin ophthalmic solution 0.3 %</i> | |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i> | |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i> | |
| <i>tobramycin ophthalmic solution 0.3 %</i> | |
| <i>trifluridine ophthalmic solution 1 %</i> | |
| OPHTHALMIC ANTI-ALLERGY AGENTS | |
| <i>azelastine hcl ophthalmic solution 0.05 %</i> | |
| BEPREVE OPHTHALMIC SOLUTION 1.5 % | |
| <i>cromolyn sodium ophthalmic solution 4 %</i> | |
| <i>epinastine hcl ophthalmic solution 0.05 %</i> | |
| <i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i> | |
| PAZEO OPHTHALMIC SOLUTION 0.7 % | |
| OPHTHALMIC ANTIGLAUCOMA AGENTS | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i> | |
| AZOPT OPHTHALMIC SUSPENSION 1 % | |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i> | |
| <i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i> | |
| <i>carteolol hcl ophthalmic solution 1 %</i> | |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % | |
| <i>dorzolamide hcl ophthalmic solution 2 %</i> | |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i> | |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | |
| <i>metipranolol ophthalmic solution 0.3 %</i> | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % | |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> | |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i> | |

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| Drug | Requirements/Limits |
|--|----------------------------|
| OPHTHALMIC ANTI-INFLAMMATORIES | |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i> | |
| BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % | |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % | |
| BROMSITE OPHTHALMIC SOLUTION 0.075 % | |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | PA |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i> | |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i> | |
| DUREZOL OPHTHALMIC EMULSION 0.05 % | |
| <i>fluorometholone ophthalmic suspension 0.1 %</i> | |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i> | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i> | |
| LOTEMAX OPHTHALMIC GEL 0.5 % | |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | |
| LOTEMAX OPHTHALMIC SUSPENSION 0.5 % | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i> | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i> | |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i> | |
| PROLENSA OPHTHALMIC SOLUTION 0.07 % | |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i> | |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i> | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | |
| OTIC AGENTS | |
| OTIC AGENTS | |
| <i>acetic acid otic solution 2 %</i> | |
| CIPRODEX OTIC SUSPENSION 0.3-0.1 % | |
| <i>ciprofloxacin hcl otic solution 0.2 %</i> | |
| <i>fluocinolone acetonide otic oil 0.01 %</i> | |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i> | |
| <i>neomycin-polymyxin-hc otic solution 1 %</i> | |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i> | |
| <i>ofloxacin otic solution 0.3 %</i> | |
| RESPIRATORY TRACT AGENTS | |

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| Drug | Requirements/Limits |
|---|----------------------------|
| ANTIHISTAMINES | |
| <i>cetirizine hcl oral solution 1 mg/ml</i> | QL (310 ML per 31 days) |
| <i>clemastine fumarate oral tablet 2.68 mg</i> | |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i> | |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> | |
| <i>promethazine vc plain oral solution 6.25-5 mg/5ml</i> | PA; HR |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i> | PA; HR |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | QL (31 EA per 28 days) |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i> | BD |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST | QL (62 EA per 28 days) |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | QL (24 GM per 28 days) |
| FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT | QL (11 GM per 28 days) |
| ANTILEUKOTRIENES | |
| <i>montelukast sodium oral packet 4 mg</i> | QL (31 EA per 31 days) |
| <i>montelukast sodium oral tablet 10 mg</i> | QL (31 EA per 31 days) |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i> | QL (31 EA per 31 days) |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | QL (62 EA per 31 days) |
| BRONCHODILATORS, ANTICHOLINERGIC | |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | BD |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG | QL (31 EA per 28 days) |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | QL (4 GM per 28 days) |
| BRONCHODILATORS, SYMPATHOMIMETIC | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | QL (62 EA per 28 days) |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | QL (12 GM per 28 days) |
| <i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i> | |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i> | BD |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|--|----------------------------|
| <i>albuterol sulfate oral syrup 2 mg/5ml</i> | |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH | QL (62 EA per 28 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH | QL (62 EA per 28 days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | QL (4 GM per 28 days) |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i> | |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i> | QL (1 EA per 30 days) |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i> | BD |
| PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT | QL (27 GM per 31 days) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT | QL (3 EA per 31 days) |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE | QL (62 EA per 28 days) |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | QL (4 GM per 28 days) |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i> | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH | ST; QL (62 EA per 28 days) |
| NASAL AGENTS | |
| <i>azelastine hcl nasal solution 0.1 %, 0.15 %</i> | |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i> | QL (50 ML per 31 days) |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i> | QL (32 GM per 30 days) |
| <i>ipratropium bromide nasal solution 0.03 %</i> | QL (62 ML per 31 days) |
| <i>ipratropium bromide nasal solution 0.06 %</i> | QL (31 ML per 31 days) |
| <i>olopatadine hcl nasal solution 0.6 %</i> | |
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | QL (31 EA per 31 days) |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i> | |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i> | |
| <i>theophylline oral solution 80 mg/15ml</i> | |

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| Drug | Requirements/Limits |
|--|-----------------------------|
| PULMONARY ANTIHYPERTENSIVES | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | PA |
| LETAIRIS ORAL TABLET 10 MG, 5 MG | PA |
| OPSUMIT ORAL TABLET 10 MG | PA |
| <i>sildenafil citrate oral tablet 20 mg</i> | PA; QL (93 EA per 31 days) |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | PA |
| TRACLEER ORAL TABLET SOLUBLE 32 MG | PA |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | PA; LA |
| UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG | PA; LA |
| PULMONARY FIBROSIS AGENTS | |
| ESBRIET ORAL CAPSULE 267 MG | PA |
| ESBRIET ORAL TABLET 267 MG, 801 MG | PA |
| OFEV ORAL CAPSULE 100 MG, 150 MG | |
| RESPIRATORY TRACT AGENTS, OTHER | |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i> | BD |
| ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH | QL (13 EA per 28 days) |
| ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH | QL (13 EA per 28 days) |
| ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH | QL (13 EA per 28 days) |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT | QL (26 GM per 28 days) |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i> | BD |
| KALYDECO ORAL PACKET 50 MG, 75 MG | PA |
| KALYDECO ORAL TABLET 150 MG | PA |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG | PA; LA |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | BD |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | BD; QL (155 ML per 31 days) |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG | PA; LA |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> | BD |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | PA |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

| Drug | Requirements/Limits |
|---|---------------------------------|
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | PA |
| SKELETAL MUSCLE RELAXANTS | |
| SKELETAL MUSCLE RELAXANTS | |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> | |
| <i>chlorzoxazone oral tablet 500 mg</i> | PA; HR |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> | PA; HR; QL (93 EA per 31 days) |
| <i>cyclobenzaprine hcl oral tablet 7.5 mg</i> | PA; HR; QL (186 EA per 31 days) |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i> | |
| SLEEP DISORDER AGENTS | |
| BENZODIAZEPINES | |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> | QL (31 EA per 31 days) |
| <i>temazepam oral capsule 7.5 mg</i> | QL (124 EA per 31 days) |
| <i>triazolam oral tablet 0.125 mg</i> | QL (31 EA per 31 days) |
| <i>triazolam oral tablet 0.25 mg</i> | QL (62 EA per 31 days) |
| GABA RECEPTOR MODULATORS | |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | PA; HR; QL (93 EA per 365 days) |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i> | PA; HR; QL (31 EA per 31 days) |
| SLEEP DISORDERS, OTHER | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | QL (31 EA per 31 days) |
| HETLIOZ ORAL CAPSULE 20 MG | PA; QL (31 EA per 31 days) |
| <i>modafinil oral tablet 100 mg, 200 mg</i> | PA; QL (62 EA per 31 days) |
| SILENOR ORAL TABLET 3 MG, 6 MG | QL (31 EA per 31 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 1 of the introduction. Formulary ID: 19517, Ver. 7 Last updated 01/04/2019 Effective Date: 02/01/2019

Alphabetical Listing

| | | |
|---|--------|--|
| A | | |
| abacavir sulfate..... | 28 | |
| abacavir sulfate-lamivudine ... | 28 | |
| abacavir-lamivudine-zidovudine | 28 | |
| ABELCET..... | 15 | |
| ABILIFY MAINTENA..... | 25 | |
| abiraterone acetate..... | 18 | |
| ABSORICA..... | 44 | |
| acamprosate calcium..... | 3 | |
| acarbose..... | 32 | |
| acebutolol hcl..... | 37 | |
| acetaminophen-codeine..... | 2 | |
| acetaminophen-codeine #3..... | 2 | |
| acetazolamide..... | 40 | |
| acetic acid..... | 65 | |
| acetylcysteine..... | 68 | |
| acitretin..... | 44 | |
| ACTHIB..... | 61 | |
| ACTIMMUNE..... | 18 | |
| acyclovir..... | 27, 44 | |
| acyclovir sodium..... | 27 | |
| ADACEL..... | 61 | |
| adapalene..... | 44 | |
| adefovir dipivoxil..... | 27 | |
| ADEMPAS..... | 68 | |
| ADVAIR DISKUS..... | 66 | |
| ADVAIR HFA..... | 66 | |
| AFEDITAB CR..... | 38 | |
| AFINITOR..... | 18 | |
| AFINITOR DISPERZ..... | 18 | |
| ALBENZA..... | 23 | |
| albuterol sulfate..... | 66, 67 | |
| albuterol sulfate er..... | 66 | |
| alclometasone dipropionate.... | 44 | |
| ALECENSA..... | 18 | |
| alendronate sodium..... | 62 | |
| alfuzosin hcl er..... | 52 | |
| ALINIA..... | 23 | |
| allopurinol..... | 16, 22 | |
| alosetron hcl..... | 50 | |
| ALPHAGAN P..... | 64 | |
| alprazolam..... | 31 | |
| alprazolam er..... | 31 | |
| ALPRAZOLAM INTENSOL | 31 | |
| ALTAVERA..... | 54 | |
| ALUNBRIG..... | 18, 19 | |
| alyacen 1/35..... | 54 | |
| amantadine hcl..... | 23 | |
| AMBISOME..... | 15 | |
| amcinonide..... | 44 | |
| AMETHIA..... | 54 | |
| amikacin sulfate..... | 4 | |
| amiloride hcl..... | 40 | |
| amiloride-hydrochlorothiazide | 36 | |
| AMINOSYN II..... | 48 | |
| AMINOSYN II/ELECTROLYTES..... | 48 | |
| AMINOSYN/ELECTROLYTE S..... | 48 | |
| AMINOSYN-HBC..... | 48 | |
| AMINOSYN-PF..... | 48 | |
| AMINOSYN-RF..... | 48 | |
| amiodarone hcl..... | 36 | |
| AMITIZA..... | 50 | |
| amitriptyline hcl..... | 14 | |
| amlodipine besy-benazepril hcl | 36 | |
| amlodipine besylate..... | 38 | |
| amlodipine besylate-valsartan | 36 | |
| amlodipine-atorvastatin..... | 39 | |
| amlodipine-olmesartan..... | 36 | |
| amlodipine-valsartan-hctz..... | 36 | |
| ammonium lactate..... | 44 | |
| AMNESTEEM..... | 44 | |
| amoxapine..... | 14 | |
| amoxicill-clarithro-lansopraz | .50 | |
| amoxicillin..... | 6, 7 | |
| amoxicillin-pot clavulanate..... | 7 | |
| amphetamine-dextroamphet er | 42 | |
| amphetamine- dextroamphetamine..... | 42 | |
| amphotericin b..... | 15 | |
| ampicillin..... | 7 | |
| ampicillin sodium..... | 7 | |
| ampicillin-sulbactam sodium ... | 7 | |
| ANADROL-50..... | 53 | |
| anagrelide hcl..... | 35 | |
| anastrozole..... | 22 | |
| ANORO ELLIPTA..... | 67 | |
| APOKYN..... | 24 | |
| apraclonidine hcl..... | 64 | |
| aprepitant..... | 14 | |
| APRI..... | 54 | |
| APRISO..... | 50 | |
| APTIOM..... | 10, 11 | |
| APTIVUS..... | 30 | |
| ARANELLE..... | 54 | |
| ARCALYST..... | 60 | |
| ARIKAYCE..... | 4 | |
| aripiprazole..... | 25 | |
| ARNUITY ELLIPTA..... | 66 | |
| ASCOMP-CODEINE..... | 2 | |
| ASHLYNA..... | 54 | |
| ASMANEX 120 METERED DOSES..... | 68 | |
| ASMANEX 30 METERED DOSES..... | 68 | |
| ASMANEX 60 METERED DOSES..... | 68 | |
| ASMANEX HFA..... | 68 | |
| aspirin-dipyridamole er..... | 35 | |
| ASSURE ID INSULIN SAFETY SYR..... | 63 | |
| ASTAGRAF XL..... | 59 | |
| atazanavir sulfate..... | 30 | |
| atenolol..... | 37 | |
| atenolol-chlorthalidone..... | 37 | |
| atomoxetine hcl..... | 42 | |
| atorvastatin calcium..... | 41 | |
| atovaquone..... | 23 | |
| atovaquone-proguanil hcl..... | 23 | |
| ATRIPLA..... | 29 | |
| atropine sulfate..... | 63 | |
| AUBAGIO..... | 43 | |
| AUBRA..... | 54 | |
| AURYXIA..... | 52 | |
| AUSTEDO..... | 43 | |
| AVIANE..... | 54 | |
| AVONEX..... | 43 | |
| AVONEX PEN..... | 43 | |
| AVONEX PREFILLED..... | 43 | |
| AZASAN..... | 59 | |
| azathioprine..... | 59 | |
| azelastine hcl..... | 64, 67 | |
| azithromycin..... | 7 | |
| AZOPT..... | 64 | |
| aztreonam..... | 6 | |
| B | | |
| bacitracin..... | 63 | |
| bacitracin-polymyxin b..... | 63 | |
| bacitra-neomycin-polymyxin-hc | 65 | |
| baclofen..... | 69 | |
| balsalazide disodium..... | 50 | |
| BALZIVA..... | 54 | |

| | | | | | |
|--------------------------------|--------|----------------------------------|--------|--------------------------------|-----------|
| BANZEL | 11 | buprenorphine hcl..... | 3 | cefuroxime sodium | 6 |
| BARACLUDE | 27 | buprenorphine hcl-naloxone hcl | | celecoxib..... | 16 |
| bcg vaccine..... | 61 | ..... | 3 | CELONTIN | 9 |
| BELSOMRA | 69 | bupropion hcl..... | 12 | cephalexin..... | 6 |
| benazepril hcl | 36 | bupropion hcl er (smoking det) | 4 | cetirizine hcl | 66 |
| benazepril-hydrochlorothiazide | | bupropion hcl er (sr)..... | 12 | cevimeline hcl..... | 44 |
| ..... | 37 | bupropion hcl er (xl)..... | 12 | CHANTIX | 4 |
| BENLYSTA | 59 | buspironone hcl | 31 | CHANTIX CONTINUING | |
| benznidazole..... | 23 | butalbital-apap-caff-cod | 2 | MONTH PAK | 4 |
| benzoyl peroxide-erythromycin | | BYSTOLIC | 38 | CHANTIX STARTING | |
| ..... | 44 | C | | MONTH PAK | 4 |
| benztropine mesylate..... | 23 | cabergoline | 58 | chlordiazepoxide hcl..... | 31 |
| BEPREVE | 64 | CABOMETYX..... | 19 | chlorhexidine gluconate..... | 44 |
| BESIVANCE | 63 | calcipotriene | 45 | chloroquine phosphate..... | 23 |
| betamethasone dipropionate... | 44 | calcitonin (salmon) | 62 | chlorothiazide | 40 |
| betamethasone dipropionate aug | | calcitriol..... | 62 | chlorpromazine hcl | 24 |
| ..... | 44 | calcium acetate (phos binder). | 52 | chlorthalidone..... | 40 |
| betamethasone valerate | 44, 45 | CALQUENCE..... | 19 | chlorzoxazone..... | 69 |
| BETASERON | 43 | CAMILA | 54 | cholestyramine..... | 41 |
| betaxolol hcl | 38, 64 | candesartan cilexetil | 35 | cholestyramine light | 41 |
| bethanechol chloride | 52 | candesartan cilexetil-hctz | 37 | ciclopirox..... | 15 |
| bexarotene | 19 | CAPRELSA..... | 19 | ciclopirox olamine..... | 15 |
| BEXSERO..... | 61 | captopril..... | 36 | cilostazol..... | 35 |
| bicalutamide | 19 | captopril-hydrochlorothiazide | 37 | CIMDUO..... | 28 |
| BICILLIN C-R | 7 | CARBAGLU | 51 | CINRYZE..... | 39 |
| BICILLIN C-R 900/300..... | 7 | carbamazepine..... | 11 | CIPRODEX | 65 |
| BICILLIN L-A | 7 | carbamazepine er..... | 11, 31 | ciprofloxacin..... | 8 |
| BIKTARVY | 29 | carbidopa-levodopa | 24 | ciprofloxacin hcl..... | 8, 63, 65 |
| bisoprolol fumarate | 38 | carbidopa-levodopa er | 24 | ciprofloxacin in d5w..... | 8 |
| bisoprolol-hydrochlorothiazide | | carbidopa-levodopa-entacapone | | citalopram hydrobromide | 13 |
| ..... | 37 | ..... | 24 | CLARAVIS | 45 |
| BIVIGAM | 59 | CARIMUNE NF..... | 60 | clarithromycin..... | 7, 8 |
| BLEPHAMIDE | 65 | carteolol hcl | 64 | clarithromycin er | 7 |
| BLEPHAMIDE S.O.P..... | 65 | CARTIA XT..... | 38 | clemastine fumarate..... | 66 |
| BLISOVI FE 1.5/30 | 54 | carvedilol | 38 | CLENPIQ | 50 |
| BLISOVI FE 1/20 | 54 | caspofungin acetate | 15 | clindamycin hcl | 4 |
| BOOSTRIX..... | 61 | CAYSTON | 6 | clindamycin palmitate hcl..... | 4 |
| BOSULIF | 19 | CAZIENT | 54 | clindamycin phos-benzoyl perox | |
| BRAFTOVI..... | 19 | cefaclor | 5 | ..... | 45 |
| BREO ELLIPTA | 67 | cefadroxil..... | 5 | clindamycin phosphate ... | 4, 5, 52 |
| briellyn | 54 | cefazolin sodium..... | 5 | clindamycin phosphate in d5w . | 5 |
| BRILINTA | 35 | cefdinir..... | 6 | CLINIMIX E/DEXTROSE | |
| brimonidine tartrate | 64 | cefepime hcl | 6 | (2.75/10) | 48 |
| BRIVIACT..... | 11 | cefotaxime sodium | 6 | CLINIMIX E/DEXTROSE | |
| bromocriptine mesylate | 24 | cefoxitin sodium..... | 6 | (2.75/5) | 48 |
| BROMSITE..... | 65 | cefpodoxime proxetil..... | 6 | CLINIMIX E/DEXTROSE | |
| budesonide..... | 53, 66 | cefprozil..... | 6 | (4.25/10) | 48 |
| budesonide er..... | 53 | ceftazidime | 6 | CLINIMIX E/DEXTROSE | |
| bumetanide | 40 | ceftriaxone sodium | 6 | (4.25/25) | 48 |
| buprenorphine..... | 3 | cefuroxime axetil..... | 6 | | |

| | | | | | |
|--|--------|--|------------|----------------------------------|------------|
| CLINIMIX E/DEXTROSE (4.25/5)..... | 48 | CORLANOR..... | 39 | dextroamphetamine sulfate..... | 42 |
| CLINIMIX E/DEXTROSE (5/15)..... | 48 | COSENTYX 300 DOSE..... | 45 | dextroamphetamine sulfate er. | 42 |
| CLINIMIX E/DEXTROSE (5/20)..... | 48 | COSENTYX SENSOREADY 300 DOSE..... | 45 | dextrose..... | 49 |
| CLINIMIX E/DEXTROSE (5/25)..... | 48 | COTELLIC..... | 19 | dextrose-nacl..... | 47 |
| CLINIMIX/DEXTROSE (4.25/10)..... | 49 | CREON..... | 49 | DIASTAT ACUDIAL..... | 9 |
| CLINIMIX/DEXTROSE (4.25/25)..... | 49 | CRIVAN..... | 30 | DIASTAT PEDIATRIC..... | 9 |
| CLINIMIX/DEXTROSE (4.25/5)..... | 49 | cromolyn sodium..... | 50, 64, 68 | diazepam..... | 9, 31 |
| CLINIMIX/DEXTROSE (5/15) | 49 | CRYSSELLE-28..... | 54 | DIAZEPAM INTENSOL..... | 31 |
| CLINIMIX/DEXTROSE (5/20) | 49 | cvx gauze sterile..... | 63 | diclofenac potassium..... | 16 |
| CLINIMIX/DEXTROSE (5/25) | 49 | CYCLAFEM 1/35..... | 54 | diclofenac sodium..... | 16, 45, 65 |
| clobazam..... | 9 | CYCLAFEM 7/7/7..... | 54 | diclofenac sodium er..... | 16 |
| clobetasol prop emollient base | 45 | cyclobenzaprine hcl..... | 69 | dicloxacillin sodium..... | 7 |
| clobetasol propionate..... | 45 | cyclophosphamide..... | 18 | dicyclomine hcl..... | 49 |
| clomipramine hcl..... | 14 | cyclosporine..... | 59 | didanosine..... | 28 |
| clonazepam..... | 9 | cyclosporine modified..... | 59 | diflorasone diacetate..... | 45 |
| clonidine..... | 35 | CYRED EQ..... | 54 | diflunisal..... | 16 |
| clonidine hcl..... | 35 | CYSTADANE..... | 51 | DIGITEK..... | 39 |
| clopidogrel bisulfate..... | 35 | CYSTAGON..... | 52 | DIGOX..... | 39 |
| clorazepate dipotassium..... | 31 | CYSTARAN..... | 65 | digoxin..... | 39 |
| clotrimazole..... | 15, 44 | D | | dihydroergotamine mesylate .. | 17 |
| clotrimazole-betamethasone... | 15 | dalfampridine er..... | 43 | DILANTIN..... | 11 |
| clozapine..... | 27 | DALIRESP..... | 67 | diltiazem hcl..... | 38 |
| COARTEM..... | 23 | danazol..... | 53 | diltiazem hcl er..... | 38 |
| colchicine..... | 16 | dapsone..... | 17 | diltiazem hcl er beads..... | 38 |
| colchicine-probenecid..... | 16 | DAPTACEL..... | 61 | diltiazem hcl er coated beads.. | 38 |
| colestipol hcl..... | 41 | daptomycin..... | 5 | dilt-xr..... | 38 |
| colistimethate sodium (cba) | 5 | DEBLITANE..... | 54 | diphenoxylate-atropine..... | 50 |
| COMBIGAN..... | 64 | DELSTRIGO..... | 29 | diphtheria-tetanus toxoids dt .. | 61 |
| COMBIVENT RESPIMAT ... | 67 | DELYLA..... | 54 | dipyridamole..... | 35 |
| COMETRIQ (100 MG DAILY DOSE)..... | 19 | DEMSEER..... | 39 | disulfiram..... | 3 |
| COMETRIQ (140 MG DAILY DOSE)..... | 19 | DEPEN TITRATABS..... | 63 | divalproex sodium..... | 10 |
| COMETRIQ (60 MG DAILY DOSE)..... | 19 | DEPO-ESTRADIOL..... | 57 | divalproex sodium er..... | 10 |
| COMFORT ASSIST INSULIN SYRINGE..... | 63 | DEPO-PROVERA..... | 19 | dofetilide..... | 36 |
| COMPLERA..... | 29 | DESCOVY..... | 28 | donepezil hcl..... | 11, 12 |
| COMPRO..... | 24 | desipramine hcl..... | 14 | doripenem..... | 6 |
| COPIKTRA..... | 19 | desmopressin ace spray refrig | 58 | dorzolamide hcl..... | 64 |
| | | desmopressin acetate..... | 58 | dorzolamide hcl-timolol mal .. | 64 |
| | | desogestrel-ethinyl estradiol... | 54 | doxazosin mesylate..... | 35 |
| | | desonide..... | 45 | doxepin hcl..... | 14 |
| | | desoximetasone..... | 45 | doxercalciferol..... | 62 |
| | | desvenlafaxine er..... | 13 | DOXY 100..... | 8 |
| | | desvenlafaxine succinate er ... | 13 | doxycycline hyclate..... | 8 |
| | | dexamethasone..... | 53 | doxycycline monohydrate..... | 8 |
| | | DEXAMETHASONE INTENSOL..... | 53 | dronabinol..... | 14 |
| | | dexamethasone sodium phosphate..... | 65 | drosiprenone-ethinyl estradiol | 54 |
| | | DEXILANT..... | 51 | DROXIA..... | 63 |
| | | dexmethylphenidate hcl..... | 42 | duloxetine hcl..... | 13, 43 |
| | | | | duramorph..... | 2 |
| | | | | DUREZOL..... | 65 |
| | | | | dutasteride..... | 52 |

| | | | | | |
|---------------------------------|-------|----------------------------------|--------|---------------------------------|--------|
| dutasteride-tamsulosin hcl..... | 52 | escitalopram oxalate..... | 13 | flucytosine | 15 |
| E | | esomeprazole magnesium..... | 51 | fludrocortisone acetate..... | 53 |
| econazole nitrate..... | 15 | ESTARYLLA..... | 54 | flunisolide..... | 67 |
| EDURANT..... | 28 | estradiol | 52, 57 | fluocinolone acetonide..... | 45, 65 |
| efavirenz..... | 28 | estradiol valerate..... | 57 | fluocinolone acetonide scalp .. | 45 |
| ELIDEL..... | 45 | estradiol-norethindrone acet... | 57 | fluocinonide..... | 45 |
| ELIQUIS | 34 | estropipate | 57 | fluorometholone | 65 |
| ELIQUIS STARTER PACK.. | 34 | ethambutol hcl | 17 | fluorouracil | 46 |
| EMCYT..... | 19 | ethosuximide | 9 | fluoxetine hcl..... | 13 |
| EMOQUETTE | 54 | ethynodiol diac-eth estradiol .. | 54 | fluphenazine decanoate | 24 |
| EMSAM..... | 12 | etodolac | 16 | fluphenazine hcl..... | 24, 25 |
| EMTRIVA..... | 28 | EUCRISA..... | 45 | flurazepam hcl | 9 |
| EMVERM | 23 | EURAX | 23 | flurbiprofen..... | 16 |
| enalapril maleate | 36 | EVOTAZ..... | 28 | flurbiprofen sodium | 65 |
| enalapril-hydrochlorothiazide | 37 | EXEL COMFORT POINT PEN | | flutamide..... | 19 |
| ENBREL | 60 | NEEDLE | 63 | fluticasone propionate | 46, 67 |
| ENBREL SURECLICK..... | 60 | exemestane | 22 | fluticasone-salmeterol..... | 67 |
| ENDARI..... | 63 | EXJADE..... | 48 | fluvoxamine maleate | 13 |
| ENDOCET | 2 | ezetimibe | 41 | fluvoxamine maleate er | 13 |
| ENGERIX-B | 61 | F | | fondaparinux sodium..... | 34 |
| enoxaparin sodium | 34 | FALMINA..... | 55 | fosamprenavir calcium | 30 |
| ENPRESSE-28..... | 54 | famciclovir..... | 27 | fosinopril sodium..... | 36 |
| ENSKYCE | 54 | famotidine..... | 50 | fosinopril sodium-hctz..... | 37 |
| entacapone..... | 24 | FANAPT | 25 | FRAGMIN..... | 34 |
| entecavir | 27 | FANAPT TITRATION PACK | | FREAMINE HBC | 49 |
| ENTRESTO | 39 | ..... | 25 | furosemide | 40 |
| enulose..... | 50 | FARESTON | 19 | FUZEON | 29 |
| EPIDIOLEX..... | 9 | FARYDAK..... | 19 | FYCOMPA..... | 10 |
| epinastine hcl..... | 64 | felbamate | 10 | G | |
| epinephrine..... | 67 | felodipine er..... | 38 | gabapentin..... | 10 |
| EPITOL | 11 | FEMYNOR | 55 | GALAFOLD..... | 51 |
| EPIVIR HBV..... | 28 | fenofibrate | 40 | galantamine hydrobromide..... | 12 |
| eplerenone | 40 | fenofibrate micronized | 40 | galantamine hydrobromide er. | 12 |
| EPOGEN | 34 | fenofibric acid..... | 40 | GAMMAGARD..... | 60 |
| eprosartan mesylate | 35 | fenfentanyl..... | 2 | GAMMAGARD S/D LESS IGA | |
| ERAXIS | 15 | fenfentanyl citrate..... | 2 | ..... | 60 |
| ergoloid mesylates..... | 11 | FERRIPROX..... | 48 | GAMMAKED | 60 |
| ergotamine-caffeine..... | 17 | FETZIMA..... | 13 | GAMMAPLEX | 60 |
| ERIVEDGE..... | 19 | FETZIMA TITRATION | 13 | GAMUNEX-C..... | 60 |
| ERLEADA | 19 | FIASP | 33 | GARDASIL 9..... | 61 |
| ERRIN..... | 54 | FIASP FLEXTOUCH | 33 | gatifloxacin..... | 63 |
| ertapenem sodium | 6 | finasteride | 52 | GATTEX | 50 |
| ERY-TAB..... | 8 | FIRAZYR..... | 39 | GAVILYTE-C..... | 50 |
| ERYTHROCIN | | FLEBOGAMMA DIF..... | 60 | GAVILYTE-G..... | 50 |
| LACTOBIONATE..... | 8 | flecainide acetate | 36 | GAVILYTE-N WITH FLAVOR | |
| ERYTHROCIN STEARATE.. | 8 | FLOVENT DISKUS | 66 | PACK | 51 |
| erythromycin | 8, 63 | FLOVENT HFA..... | 66 | gemfibrozil | 40 |
| erythromycin base | 8 | fluconazole | 15 | generlac..... | 50 |
| erythromycin ethylsuccinate .. | 8 | fluconazole in sodium chloride | | GENGRAF | 59 |
| ESBRIET..... | 68 | ..... | 15 | gentamicin in saline..... | 4 |

| | | | | | |
|----------------------------------|--------|--------------------------------|--------|---------------------------------|--------|
| gentamicin sulfate | 4, 63 | hydroxychloroquine sulfate.... | 23 | isosorbide mononitrate er | 42 |
| GEODON | 25 | hydroxyurea..... | 19 | isradipine | 38 |
| GIANVI..... | 55 | hydroxyzine hcl | 14, 31 | itraconazole..... | 15 |
| GILENYA | 43 | hydroxyzine pamoate | 31 | ivermectin..... | 23 |
| GILOTRIF..... | 19 | I | | IXIARO | 61 |
| glatiramer acetate | 43 | ibandronate sodium | 62 | J | |
| GLEOSTINE..... | 18 | IBRANCE | 19 | JAKAFI | 20 |
| glimepiride | 32 | IBU | 16 | JANTOVEN | 34 |
| glipizide..... | 32 | ibuprofen | 16 | JANUMET | 32 |
| glipizide er..... | 32 | ICLUSIG | 19 | JANUMET XR..... | 32 |
| glipizide-metformin hcl..... | 32 | IDHIFA | 19 | JANUVIA..... | 32 |
| global alcohol prep ease | 32 | ILEVRO | 65 | JARDIANCE..... | 32 |
| GLUCAGEN HYPOKIT | 33 | imatinib mesylate | 19 | JINTELI..... | 57 |
| GLUCAGON EMERGENCY | 33 | IMBRUVICA | 19, 20 | JOLIVETTE | 55 |
| glycopyrrolate..... | 49 | imipenem-cilastatin | 6 | JUBLIA | 15 |
| granisetron hcl..... | 14 | imipramine hcl..... | 14 | JULEBER..... | 55 |
| griseofulvin microsize..... | 15 | imipramine pamoate..... | 14 | JULUCA..... | 28 |
| griseofulvin ultramicrosize..... | 15 | imiquimod | 46 | JUNEL 1.5/30..... | 55 |
| guanfacine hcl | 35 | IMOVAX RABIES | 61 | JUNEL 1/20..... | 55 |
| guanfacine hcl er | 42 | INCASSIA..... | 55 | JUNEL FE 1.5/30 | 55 |
| guanidine hcl | 17 | INCRELEX | 58 | JUNEL FE 1/20 | 55 |
| H | | indapamide | 40 | JUXTAPID | 41 |
| HALOG..... | 46 | indomethacin | 16 | K | |
| haloperidol..... | 25 | indomethacin er | 16 | KALETRA | 30 |
| haloperidol decanoate..... | 25 | INFANRIX..... | 61 | KALYDECO | 68 |
| haloperidol lactate | 25 | INLYTA | 20 | KARIVA..... | 55 |
| HAVRIX | 61 | INTELENCE..... | 28 | kcl in dextrose-nacl..... | 47 |
| heparin sodium (porcine) | 34 | INTRAROSA | 52 | kcl-lactated ringers-d5w | 47 |
| HEPATAMINE..... | 49 | INTRON A..... | 20 | KELNOR 1/35..... | 55 |
| HETLIOZ..... | 69 | INTROVALE | 55 | KELNOR 1/50..... | 55 |
| HIBERIX..... | 61 | INVEGA SUSTENNA..... | 25 | ketoconazole | 15 |
| HUMIRA..... | 60 | INVEGA TRINZA | 25, 26 | ketorolac tromethamine | 16, 65 |
| HUMIRA PEDIATRIC | | INVIRASE | 30 | KINRIX | 61 |
| CROHNS START | 60 | INVOKAMET..... | 32 | KIONEX..... | 48 |
| HUMIRA PEN | 60 | INVOKAMET XR | 32 | KISQALI 200 DOSE..... | 20 |
| HUMIRA PEN-CD/UC/HS | | INVOKANA | 32 | KISQALI 400 DOSE..... | 20 |
| STARTER | 60 | IPOL | 61 | KISQALI 600 DOSE..... | 20 |
| HUMIRA PEN-PS/UV/ADOL | | ipratropium bromide..... | 66, 67 | KISQALI FEMARA 200 DOSE | |
| HS START | 60 | ipratropium-albuterol..... | 67 | ..... | 20 |
| hydralazine hcl | 42 | irbesartan | 35 | KISQALI FEMARA 400 DOSE | |
| hydrochlorothiazide..... | 40 | irbesartan-hydrochlorothiazide |  | ..... | 20 |
| hydrocodone-acetaminophen ... | 2 | ..... | 37 | KISQALI FEMARA 600 DOSE | |
| hydrocodone-ibuprofen | 2 | IRESSA | 20 | ..... | 20 |
| hydrocortisone..... | 46, 53 | ISENTRESS | 29 | KLOR-CON | 47 |
| hydrocortisone butyrate..... | 46 | ISENTRESS HD | 29 | KLOR-CON 10 | 47 |
| hydrocortisone valerate | 46 | ISIBLOOM..... | 55 | KLOR-CON M10..... | 47 |
| hydrocortisone-acetic acid..... | 65 | isoniazid..... | 17 | KLOR-CON M15..... | 47 |
| hydromorphone hcl | 2, 3 | isosorbide dinitrate | 41 | KLOR-CON M20..... | 47 |
| hydromorphone hcl er | 2 | isosorbide dinitrate er | 41 | KORLYM..... | 32 |
| hydromorphone hcl pf | 3 | isosorbide mononitrate | 42 | KURVELO..... | 55 |

| | | | | | |
|-----------------------------|--------|----------------------------------|--------|--------------------------------|-----------|
| KUVAN | 51 | levocetirizine dihydrochloride | 66 | LYRICA | 9, 10, 43 |
| KYNAMRO | 41 | levofloxacin | 8, 63 | LYSODREN | 21 |
| L | | levofloxacin in d5w | 8 | LYZA | 55 |
| labetalol hcl | 38 | LEVONEST | 55 | M | |
| lactulose | 51 | levonorgest-eth estrad 91-day | 55 | magnesium sulfate | 47 |
| lamivudine | 28, 29 | levonorgestrel-ethinyl estrad .. | 55 | malathion | 23 |
| lamivudine-zidovudine | 29 | levonorg-eth estrad triphasic .. | 55 | maprotiline hcl | 12 |
| lamotrigine | 10 | LEVORA 0.15/30 (28) | 55 | marlissa | 55 |
| lamotrigine er | 10 | levorphanol tartrate | 3 | MARPLAN | 12 |
| lansoprazole | 51 | LEVO-T | 58 | MATULANE | 21 |
| LANTUS | 33 | levothyroxine sodium | 58 | MATZIM LA | 39 |
| LANTUS SOLOSTAR | 33 | LEVOXYL | 58 | MAVYRET | 27 |
| LARIN 1.5/30 | 55 | LEXIVA | 30 | meclizine hcl | 14 |
| LARIN 1/20 | 55 | lidocaine | 3 | medroxyprogesterone acetate | 55, |
| LARIN FE 1.5/30 | 55 | lidocaine hcl | 3 | 56, 57 | |
| LARIN FE 1/20 | 55 | lidocaine viscous | 44 | mefloquine hcl | 23 |
| LARISSIA | 55 | lidocaine-prilocaine | 3 | megestrol acetate | 21, 57 |
| latanoprost | 63 | lindane | 23 | MEKINIST | 21 |
| LATUDA | 26 | linezolid | 5 | MEKTOVI | 21 |
| LEENA | 55 | LINZESS | 50 | meloxicam | 16 |
| leflunomide | 60 | liothyronine sodium | 58 | memantine hcl | 12 |
| LENVIMA 10 MG DAILY | | lisinopril | 36 | memantine hcl er | 11 |
| DOSE | 20 | lisinopril-hydrochlorothiazide | 37 | MENACTRA | 61 |
| LENVIMA 12 MG DAILY | | lithium | 31 | MENEST | 57 |
| DOSE | 20 | lithium carbonate | 31 | MENVEO | 61 |
| LENVIMA 14 MG DAILY | | lithium carbonate er | 31 | mercaptopurine | 18 |
| DOSE | 20 | LIVALO | 41 | meropenem | 6 |
| LENVIMA 18 MG DAILY | | LONSURF | 20 | mesalamine | 50 |
| DOSE | 20 | loperamide hcl | 50 | MESNEX | 22 |
| LENVIMA 20 MG DAILY | | lopinavir-ritonavir | 30 | METADATE ER | 42 |
| DOSE | 20 | lorazepam | 31 | metformin hcl | 32 |
| LENVIMA 24 MG DAILY | | LORBRENA | 21 | metformin hcl er | 32 |
| DOSE | 20 | LORYNA | 55 | methadone hcl | 2 |
| LENVIMA 4 MG DAILY | | losartan potassium | 35 | methazolamide | 40 |
| DOSE | 20 | losartan potassium-hctz | 37 | methenamine hippurate | 5 |
| LENVIMA 8 MG DAILY | | LOTEMAX | 65 | methimazole | 59 |
| DOSE | 20 | lovastatin | 41 | methotrexate | 18 |
| LESSINA | 55 | LOW-OGESTREL | 55 | methotrexate sodium | 18 |
| LETAIRIS | 68 | loxapine succinate | 25 | methotrexate sodium (pf) | 18 |
| letrozole | 22 | LUMIGAN | 63 | methoxsalen rapid | 46 |
| leucovorin calcium | 20 | LUPRON DEPOT (1-MONTH) | | methscopolamine bromide | 49 |
| LEUKERAN | 18 | ..... | 21 | methylclothiazide | 40 |
| LEUKINE | 34 | LUPRON DEPOT (3-MONTH) | | methylphenidate hcl | 43 |
| leuprolide acetate | 20 | ..... | 21, 58 | methylphenidate hcl er | 43 |
| LEVEMIR | 33 | LUPRON DEPOT (4-MONTH) | | methylprednisolone | 53 |
| LEVEMIR FLEXTOUCH | 33 | ..... | 21 | metipranolol | 64 |
| levetiracetam | 9 | LUPRON DEPOT (6-MONTH) | | metoclopramide hcl | 50 |
| levetiracetam er | 9 | ..... | 21 | metolazone | 40 |
| levobunolol hcl | 64 | LUTERA | 55 | metoprolol succinate er | 38 |
| levocarnitine | 51 | LYNPARZA | 21 | metoprolol tartrate | 38 |

| | | | | | |
|--------------------------------------|-------|------------------------------------|----|-----------------------------------|------------|
| metoprolol-hydrochlorothiazide | 37 | naproxen dr..... | 17 | NORLYROC | 56 |
| metronidazole..... | 5, 53 | naproxen sodium | 17 | NORMOSOL-M IN D5W | 47 |
| metronidazole in nacl | 5 | naratriptan hcl..... | 17 | NORMOSOL-R IN D5W..... | 47 |
| mexiletine hcl | 36 | NARCAN | 4 | NORMOSOL-R PH 7.4..... | 47 |
| miconazole 3 | 53 | NATACYN | 64 | NORTHERA | 39 |
| MICROGESTIN 1.5/30 | 56 | nateglinide | 32 | NORTREL 0.5/35 (28)..... | 56 |
| MICROGESTIN 1/20 | 56 | NATPARA | 62 | NORTREL 1/35 (21)..... | 56 |
| MICROGESTIN FE 1.5/30..... | 56 | NEBUPENT | 23 | NORTREL 1/35 (28)..... | 56 |
| MICROGESTIN FE 1/20..... | 56 | NECON 0.5/35 (28) | 56 | NORTREL 7/7/7 | 56 |
| midodrine hcl..... | 35 | nefazodone hcl..... | 12 | nortriptyline hcl | 14 |
| miglustat | 51 | neomycin sulfate..... | 4 | NORVIR..... | 30 |
| MILI | 56 | neomycin-bacitracin zn- | | NOVOLIN 70/30..... | 33 |
| MIMVEY | 57 | polymyx..... | 64 | NOVOLIN N | 33 |
| MIMVEY LO..... | 57 | neomycin-polymyxin-dexameth | | NOVOLIN R | 33 |
| minocycline hcl | 8 | ..... | 65 | NOVOLOG | 34 |
| minoxidil | 42 | neomycin-polymyxin- | | NOVOLOG FLEXPEN..... | 33 |
| mirtazapine | 12 | gramicidin..... | 64 | NOVOLOG MIX 70/30 | 33 |
| misoprostol..... | 51 | neomycin-polymyxin-hc | 65 | NOVOLOG MIX 70/30 | |
| M-M-R II..... | 61 | NEPHRAMINE..... | 49 | FLEXPEN..... | 33 |
| modafinil | 69 | NERLYNX | 21 | NOVOLOG PENFILL | 33 |
| moexipril hcl | 36 | NEUPOGEN | 35 | NOXAFIL..... | 15 |
| moexipril-hydrochlorothiazide | | NEUPRO | 24 | NUEDEXTA | 43 |
| ..... | 37 | nevirapine | 28 | NUPLAZID | 26 |
| molindone hcl..... | 25 | nevirapine er..... | 28 | nutrilipid | 49 |
| mometasone furoate | 46 | NEXAVAR | 21 | NYAMYC | 15 |
| MONONESSA..... | 56 | niacin er (antihyperlipidemic) 41 | | nystatin | 15, 16, 44 |
| montelukast sodium..... | 66 | NIACOR..... | 41 | nystatin-triamcinolone..... | 16 |
| MONUROL..... | 5 | nicardipine hcl | 39 | NYSTOP..... | 16 |
| morphine sulfate..... | 3 | NICOTROL..... | 4 | O | |
| morphine sulfate (concentrate). 3 | | nifedipine..... | 39 | OCELLA | 56 |
| morphine sulfate er..... | 2 | nifedipine er..... | 39 | octreotide acetate | 58 |
| morphine sulfate er beads..... | 2 | nifedipine er osmotic release.. 39 | | ODEFSEY | 29 |
| MOVANTIK | 50 | NIKKI..... | 56 | ODOMZO..... | 21 |
| MOXEZA..... | 64 | nilutamide..... | 21 | OFEV..... | 68 |
| moxifloxacin hcl..... | 64 | nimodipine..... | 39 | ofloxacin..... | 64, 65 |
| MULTAQ..... | 36 | NINLARO | 21 | OGESTREL..... | 56 |
| mupirocin | 5 | nisoldipine er | 39 | olanzapine..... | 26 |
| mycophenolate mofetil..... | 59 | NITRO-BID..... | 42 | olmesartan medoxomil | 36 |
| mycophenolate sodium..... | 59 | nitrofurantoin..... | 5 | olmesartan medoxomil-hctz ... 37 | |
| MYRBETRIQ | 52 | nitrofurantoin macrocrystal | 5 | olmesartan-amlodipine-hctz ... 37 | |
| N | | nitrofurantoin monohyd macro. 5 | | olopatadine hcl..... | 64, 67 |
| nabumetone | 17 | nitroglycerin | 42 | omega-3-acid ethyl esters | 41 |
| nadolol..... | 38 | NORA-BE | 56 | omeprazole | 51 |
| nadolol-bendroflumethiazide . 37 | | NORDITROPIN FLEXPRO .. 58 | | ondansetron..... | 14 |
| nafticillin sodium..... | 7 | norethindrone..... | 56 | ondansetron hcl..... | 14 |
| naloxone hcl | 4 | norethindrone acetate | 57 | OPSUMIT..... | 68 |
| naltrexone hcl | 3 | norethindrone acet-ethinyl est 56 | | ORAVIG..... | 44 |
| NAMZARIC..... | 11 | norethindrone-eth estradiol.... 57 | | ORFADIN | 51 |
| naproxen..... | 17 | norgestimate-eth estradiol | 56 | ORKAMBI | 68 |
| | | norgestim-eth estrad triphasic 56 | | ORSYTHIA | 56 |

| | | | | | |
|----------------------------------|-------|------------------------------------|--------|-------------------------------|----|
| oseltamivir phosphate..... | 30 | PIFELTRO | 28 | PROAIR HFA | 67 |
| OSPHENA | 57 | pilocarpine hcl | 44, 63 | PROAIR RESPICLICK..... | 67 |
| oxacillin sodium | 7 | pimozide | 25 | probenecid | 16 |
| oxandrolone..... | 53 | PIMTREA | 56 | PROCALAMINE | 49 |
| oxazepam..... | 31 | pindolol..... | 38 | prochlorperazine | 25 |
| oxcarbazepine..... | 9, 11 | pioglitazone hcl | 32 | prochlorperazine maleate..... | 25 |
| OXTELLAR XR | 11 | pioglitazone hcl-glimepiride...32 | | PROCRIT | 35 |
| oxybutynin chloride..... | 52 | pioglitazone hcl-metformin hcl | | PROCTO-MED HC..... | 46 |
| oxybutynin chloride er | 52 | ..... | 32 | PROCTO-PAK..... | 46 |
| oxycodone hcl | 3 | piperacillin sod-tazobactam so .7 | | PROCTOSOL HC | 46 |
| oxycodone hcl er | 2 | PIRMELLA 1/35 | 56 | PROCTOZONE-HC..... | 46 |
| oxycodone-acetaminophen..... | 3 | piroxicam..... | 17 | progesterone micronized | 58 |
| oxycodone-aspirin | 3 | PLEGRIDY | 43 | PROGLYCEM | 33 |
| oxycodone-ibuprofen | 3 | PLEGRIDY STARTER PACK | | PROLASTIN-C | 68 |
| OZEMPIC | 32 | ..... | 43 | PROLENSA | 65 |
| P | | podofilox | 46 | PROLIA..... | 62 |
| PACERONE..... | 36 | polyethylene glycol 3350 | 51 | PROMACTA..... | 35 |
| paliperidone er..... | 26 | polymyxin b-trimethoprim | 64 | promethazine hcl | 14 |
| PANRETIN | 21 | POMALYST | 21 | promethazine vc plain..... | 66 |
| pantoprazole sodium | 51 | PORTIA-28 | 56 | promethazine-phenylephrine .. | 66 |
| paricalcitol..... | 62 | potassium chloride..... | 48 | propafenone hcl | 36 |
| paromomycin sulfate | 4 | potassium chloride crys er..... | 47 | propafenone hcl er | 36 |
| paroxetine hcl | 13 | potassium chloride er..... | 47 | propantheline bromide..... | 49 |
| paroxetine hcl er | 13 | potassium chloride in dextrose | | proparacaine hcl..... | 63 |
| PASER | 8 | ..... | 47 | propranolol hcl..... | 38 |
| PAXIL | 13 | potassium chloride in nacl..... | 47 | propranolol hcl er | 38 |
| PAZEO | 64 | potassium citrate er..... | 52 | propranolol-hctz | 37 |
| PEDIARIX | 61 | PRADAXA..... | 34 | propylthiouracil | 59 |
| PEDVAX HIB..... | 61 | PRALUENT | 41 | PROQUAD..... | 61 |
| peg 3350/electrolytes..... | 51 | pramipexole dihydrochloride .24 | | PROSOL..... | 49 |
| peg 3350-kcl-na bicarb-nacl...51 | | pravastatin sodium..... | 41 | protriptyline hcl | 14 |
| peg-3350/electrolytes | 51 | prazosin hcl..... | 35 | PULMOZYME..... | 68 |
| PEGANONE | 11 | prednicarbate | 46 | PURIXAN | 18 |
| PEGASYS | 27 | prednisolone | 53 | pyrazinamide | 17 |
| PEGASYS PROCLICK | 27 | prednisolone sodium phosphate | | pyridostigmine bromide..... | 17 |
| penicillin g potassium..... | 7 | ..... | 53, 65 | Q | |
| penicillin v potassium..... | 7 | prednisone | 53 | QUADRACEL | 61 |
| PENTAM | 23 | PREDNISONE INTENSOL...53 | | QUASENSE | 56 |
| PENTASA..... | 50 | preferred plus insulin syringe .63 | | quetiapine fumarate | 26 |
| pentazocine-naloxone hcl..... | 3 | PREMARIN | 57 | quetiapine fumarate er | 26 |
| pentoxifylline er | 40 | PREMASOL..... | 49 | quinapril hcl..... | 36 |
| perindopril erbumine | 36 | PREMPHASE | 57 | quinapril-hydrochlorothiazide | 37 |
| permethrin | 23 | PREMPRO | 57 | quinidine gluconate er | 36 |
| perphenazine..... | 25 | PREPOPIK | 51 | quinidine sulfate | 36 |
| phenelzine sulfate..... | 12 | PREVIFEM | 56 | quinine sulfate | 23 |
| phenobarbital..... | 9 | PREZCOBIX..... | 29 | R | |
| phenytoin..... | 11 | PREZISTA | 30 | RABAVERT..... | 61 |
| phenytoin sodium extended.... | 11 | PRIFTIN..... | 17 | raloxifene hcl | 62 |
| PHOSPHOLINE IODIDE..... | 64 | primaquine phosphate..... | 23 | ramipril | 36 |
| PICATO | 46 | primidone..... | 10 | RANEXA | 40 |

| | | | | | |
|----------------------------|----|-----------------------------------|--------|------------------------------------|--------|
| ranitidine hcl..... | 50 | SAVELLA TITRATION PACK | 43 | sulfacetamide sodium | 64 |
| RAPAFLO..... | 52 | ..... | 43 | sulfacetamide sodium (acne) | 8 |
| RAPAMUNE | 59 | scopolamine..... | 14 | sulfacetamide-prednisolone | 65 |
| rasagiline mesylate | 24 | selegiline hcl..... | 24 | sulfadiazine..... | 8 |
| RAVICTI..... | 51 | selenium sulfide..... | 46 | sulfamethoxazole-trimethoprim | 8 |
| RECLIPSEN..... | 56 | SELZENTRY | 29 | sulfasalazine | 50 |
| RECOMBIVAX HB | 61 | SENSIPAR | 62 | sulindac..... | 17 |
| REGRANEX | 46 | SEREVENT DISKUS | 67 | sumatriptan | 17 |
| RELENZA DISKHALER..... | 30 | sertraline hcl | 13 | sumatriptan succinate | 17 |
| RELI-ON INSULIN SYRINGE | | SETLAKIN | 56 | sumatriptan succinate refill..... | 17 |
| ..... | 63 | sevelamer carbonate | 52 | SUPRAX | 6 |
| repaglinide..... | 32 | SHAROBEL..... | 56 | SUPREP BOWEL PREP KIT | 51 |
| REPATHA | 41 | SHINGRIX..... | 62 | SUTENT..... | 21 |
| REPATHA PUSHTRONEX | | SIGNIFOR..... | 58 | SYEDA..... | 56 |
| SYSTEM..... | 41 | sildenafil citrate | 68 | SYLATRON..... | 21 |
| REPATHA SURECLICK | 41 | SILENOR | 69 | SYMDEKO | 68 |
| RESCRIPTOR..... | 28 | silver sulfadiazine..... | 46 | SYMFI..... | 29 |
| RESTASIS | 63 | SIMBRINZA | 64 | SYMFI LO..... | 29 |
| REVLIMID | 18 | SIMPONI..... | 60 | SYMLINPEN 120 | 32 |
| REXULTI..... | 26 | simvastatin..... | 41 | SYMLINPEN 60 | 32 |
| REYATAZ..... | 30 | sirolimus | 59 | SYMTUZA..... | 29 |
| RIBASPHERE | 27 | SIRTURO..... | 18 | SYNAREL..... | 59 |
| ribavirin | 27 | SIVEXTRO | 5 | SYNJARDY | 32 |
| rifabutin | 17 | sodium chloride..... | 48, 52 | SYNJARDY XR..... | 33 |
| rifampin | 18 | sodium phenylbutyrate | 51 | SYNRIBO..... | 21 |
| RIFATER | 18 | sodium polystyrene sulfonate..... | 48 | T | |
| riluzole..... | 43 | SOLQUA | 32 | TABLOID..... | 18 |
| rimantadine hcl..... | 30 | SOLTAMOX..... | 21 | tacrolimus | 46, 59 |
| RISPERDAL CONSTA | 26 | SOMATULINE DEPOT | 59 | TAFINLAR | 21, 22 |
| risperidone..... | 26 | SOMAVERT | 59 | TAGRISSE..... | 22 |
| ritonavir | 30 | SORINE..... | 38 | TAKHZYRO | 40 |
| rivastigmine..... | 12 | sotalol hcl | 38 | TALZENNA..... | 22 |
| rivastigmine tartrate..... | 12 | sotalol hcl (af)..... | 38 | tamoxifen citrate..... | 22 |
| ropinirole hcl | 24 | SPIRIVA HANDIHALER | 66 | tamsulosin hcl..... | 52 |
| rosuvastatin calcium..... | 41 | SPIRIVA RESPIMAT..... | 66 | TARCEVA | 22 |
| ROTARIX | 61 | spironolactone | 40 | TARGRETIN | 22 |
| ROTATEQ..... | 62 | spironolactone-hctz | 37 | TARINA FE 1/20 | 56 |
| ROWEEPRA..... | 9 | SPRINTEC 28 | 56 | TASIGNA..... | 22 |
| ROWEEPRA XR | 9 | SPRITAM..... | 9 | tazarotene..... | 47 |
| RUBRACA..... | 21 | SPRYCEL | 21 | TAZORAC | 47 |
| RYDAPT..... | 21 | SPS | 48 | TAZTIA XT | 39 |
| RYTARY | 24 | SRONYX..... | 56 | TECFIDERA | 43, 44 |
| S | | stavudine..... | 29 | TEFLARO | 6 |
| SABRIL..... | 10 | STELARA..... | 46 | telmisartan | 36 |
| SAMSCA | 48 | STIOLTO RESPIMAT..... | 67 | telmisartan-amlodipine | 37 |
| SANDIMMUNE | 59 | STIVARGA..... | 21 | telmisartan-hctz | 37 |
| SANTYL | 46 | streptomycin sulfate | 4 | temazepam..... | 69 |
| SAPHRIS | 26 | STRIBILD | 29 | TENIVAC..... | 62 |
| SAVELLA..... | 43 | SUBOXONE | 4 | tenofovir disoproxil fumarate..... | 29 |
| | | sucralfate | 51 | terazosin hcl..... | 35 |

| | | | | | |
|---------------------------------|--------|-------------------------------|--------|-------------------------|--------|
| terbinafine hcl..... | 16 | triazolam..... | 69 | VELPHORO..... | 52 |
| terbutaline sulfate..... | 67 | trientine hcl..... | 63 | VELTASSA..... | 48 |
| terconazole..... | 53 | trifluoperazine hcl..... | 25 | VENCLEXTA..... | 22 |
| testosterone..... | 54 | trifluridine..... | 64 | VENCLEXTA STARTING | |
| testosterone cypionate..... | 54 | trihexyphenidyl hcl..... | 23 | PACK..... | 22 |
| testosterone enanthate..... | 54 | TRI-LEGEST FE..... | 56 | venlafaxine hcl..... | 14 |
| tetanus-diphtheria toxoids td.. | 62 | TRILYTE..... | 51 | venlafaxine hcl er..... | 13, 14 |
| tetrabenazine..... | 43 | trimethoprim..... | 5 | verapamil hcl..... | 39 |
| tetracycline hcl..... | 9 | TRI-MILI..... | 57 | verapamil hcl er..... | 39 |
| THALOMID..... | 18 | trimipramine maleate..... | 14 | VERZENIO..... | 22 |
| theophylline..... | 67 | TRINESSA (28)..... | 57 | VICODIN..... | 3 |
| theophylline er..... | 67 | TRINTELLIX..... | 12 | VICODIN ES..... | 3 |
| thioridazine hcl..... | 25 | TRI-PREVIFEM..... | 57 | VICTOZA..... | 33 |
| thiothixene..... | 25 | TRI-SPRINTEC..... | 57 | VIDEX..... | 29 |
| tiagabine hcl..... | 10 | TRIUMEQ..... | 30 | VIDEX EC..... | 29 |
| TIBSOVO..... | 22 | TRIVORA (28)..... | 57 | VIENVA..... | 57 |
| tigecycline..... | 5 | TRI-VYLIBRA..... | 57 | vigabatrin..... | 10 |
| timolol maleate..... | 38, 64 | TROKENDI XR..... | 10 | VIIBRYD..... | 12 |
| TIVICAY..... | 30 | TROPHAMINE..... | 49 | VIIBRYD STARTER PACK.. | 12 |
| tizanidine hcl..... | 69 | tropium chloride..... | 52 | VIMPAT..... | 11 |
| TOBI PODHALER..... | 4 | tropium chloride er..... | 52 | VIRACEPT..... | 30 |
| tobramycin..... | 64, 68 | TRULICITY..... | 33 | VIRAMUNE..... | 28 |
| tobramycin sulfate..... | 4 | TRUMENBA..... | 62 | VIREAD..... | 29 |
| tobramycin-dexamethasone.... | 65 | TRUVADA..... | 29 | VIZIMPRO..... | 22 |
| TOLAK..... | 47 | TWINRIX..... | 62 | voriconazole..... | 16 |
| tolazamide..... | 33 | TYBOST..... | 30 | VOSEVI..... | 27 |
| tolbutamide..... | 33 | TYKERB..... | 22 | VOTRIENT..... | 22 |
| topiramate..... | 10 | TYMLOS..... | 63 | VRAYLAR..... | 26, 27 |
| topiramate er..... | 10 | TYPHIM VI..... | 62 | VYFEMLA..... | 57 |
| torsemide..... | 40 | U | | VYLIBRA..... | 57 |
| TOUJEO MAX SOLOSTAR.. | 34 | UCERIS..... | 47 | W | |
| TOUJEO SOLOSTAR..... | 34 | ULORIC..... | 16 | warfarin sodium..... | 34 |
| TPN ELECTROLYTES..... | 48 | UNITHROID..... | 58 | X | |
| TRACLEER..... | 68 | UPTRAVI..... | 68 | XALKORI..... | 22 |
| tramadol hcl..... | 3 | ursodiol..... | 49, 50 | XARELTO..... | 34 |
| tramadol-acetaminophen..... | 3 | V | | XARELTO STARTER PACK | |
| trandolapril..... | 36 | valacyclovir hcl..... | 28 | ..... | 34 |
| tranexamic acid..... | 35 | VALCHLOR..... | 47 | XATMEP..... | 18 |
| tranylcypramine sulfate..... | 13 | valganciclovir hcl..... | 27 | XELJANZ..... | 60 |
| TRAVASOL..... | 49 | valproate sodium..... | 10 | XELJANZ XR..... | 60 |
| TRAVATAN Z..... | 63 | valproic acid..... | 10 | XGEVA..... | 63 |
| trazodone hcl..... | 12 | valsartan..... | 36 | XIFAXAN..... | 5 |
| TRECTOR..... | 18 | valsartan-hydrochlorothiazide | 37 | XOFLUZA..... | 30 |
| TRELEGY ELLIPTA..... | 67 | vancomycin hcl..... | 5 | XOLAIR..... | 68, 69 |
| TRELSTAR MIXJECT..... | 22 | VAQTA..... | 62 | XTANDI..... | 22 |
| TRESIBA FLEXTOUCH..... | 34 | VARIVAX..... | 62 | XULTOPHY..... | 33 |
| tretinoin..... | 22, 47 | VARIZIG..... | 62 | XURIDEN..... | 52 |
| TREXALL..... | 18 | VARUBI..... | 14 | XYREM..... | 43 |
| triamcinolone acetonide ... | 44, 47 | VASCEPA..... | 41 | Y | |
| triamterene-hctz..... | 37 | VELIVET..... | 57 | YF-VAX..... | 62 |

| | | | | | |
|------------------|----|------------------------|----|------------------------|----|
| YONSA | 22 | ZENPEP | 49 | ZOSTAVAX..... | 62 |
| YUVAFEM | 53 | ZERIT | 29 | ZOVIA 1/35E (28) | 57 |
| Z | | zidovudine | 29 | ZYDELIG..... | 22 |
| zafirlukast..... | 66 | ziprasidone hcl..... | 27 | ZYKADIA | 22 |
| zaleplon | 69 | ZIRGAN | 27 | ZYLET | 65 |
| ZARAH | 57 | ZOLINZA..... | 22 | ZYPREXA RELPREVV | 27 |
| ZEJULA | 22 | zolpidem tartrate..... | 69 | ZYTIGA | 22 |
| ZELBORAF | 22 | zonisamide..... | 10 | | |
| ZENCHENT..... | 57 | ZORTRESS | 59 | | |

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