

# Fallon Senior Plan Group 1

## 2019 Formulary (List of Covered Drugs)

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

Formulary ID: 00019396 Version:13

This formulary was updated on 05/23/2019. For more recent information or other questions, please contact Fallon Senior Plan at 1-800-325-5669, or, for TTY users, TRS 711, 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week), or visit [fallonhealth.org/seniorplan](http://fallonhealth.org/seniorplan).

**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 Fallon Health. When it refers to “plan” or “our plan,” it means Fallon Senior Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of May 23, 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, 2020, and from time to time during the year.

## What is the Fallon Senior Plan Group 1 Formulary?

A formulary is a list of covered drugs selected by Fallon Senior Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Fallon Senior Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Fallon Senior Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the Formulary (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 Fallon Senior Plan 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 or move a drug to a higher cost-sharing tier, 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 60-day supply of the drug.

The enclosed formulary is current as of May 23, 2019. To get updated information about the drugs covered by Fallon Senior Plan, please contact us. Our contact information appears on the front and back cover pages. All members will be mailed an update to their printed formulary that details all non-maintenance formulary changes when they occur. The formulary and any addenda will also be available online at [fallonhealth.org/seniorplan](http://fallonhealth.org/seniorplan).

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 3. 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 3. 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 107. 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?

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

## 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:** Fallon Senior Plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Senior Plan before you fill your prescriptions. If you don't get approval, Fallon Senior Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Fallon Senior Plan limits the amount of the drug that Fallon Senior Plan will cover. For example, Fallon Senior Plan provides 2 each per 1 day per prescription for JANUMET. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Fallon Senior Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Senior Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Senior Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Fallon Senior Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Fallon Senior Plan formulary?" on page iv 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 Fallon Senior Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Fallon Senior Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Fallon Senior Plan.
- You can ask Fallon Senior Plan to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Fallon Senior Plan Group 1 Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Fallon Senior Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Fallon Senior Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug 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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you are a current member being admitted to or discharged from a long-term care facility, you will be able to get an early refill on your medications if needed.

## **For more information**

For more detailed information about your Fallon Senior Plan prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Fallon Senior Plan, please contact us. Our contact information, along with the last date we 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>.

## Fallon Senior Plan Group 1 Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Fallon Senior Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

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

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

Abbreviation	Explanation
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information consult your <i>Pharmacy Directory</i> or call Customer Service at 1-800-325-5669 (TRS 711), Monday–Friday, 8 a.m.–8 p.m. (Oct. 1–March 31, seven days a week).
MO	Mail-Order Drug. This prescription drug is available through our mail-order service.
NEDS	Non Extended Day Supply. This drug is limited to a 30-day supply per prescription fill.
PA	Prior Authorization. Fallon Senior Plan requires your provider to get prior authorization for certain drugs. This means that you will need to get approval from Fallon Senior Plan before you fill your prescriptions. If you don't get approval, Fallon Senior Plan may not cover the drug.
QL	Quantity limit. For certain drugs, Fallon Senior Plan limits the amount of the drug that Fallon Senior Plan will cover. For example, Fallon Senior Plan provides 2 each per 1 day per prescription for JANUMET. This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, Fallon Senior Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Fallon Senior Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Fallon Senior Plan will then cover Drug B.

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<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Alpha-Galactosidase</b>		
<b>Alpha-Galactosidase</b>		
<b>GALAFOLD ORAL CAPSULE</b>	4	PA; MO; LA
<b>Analgesics</b>		
<b>Analgesics</b>		
<b>ALLZITAL ORAL TABLET</b>	4	MO
<b>BUPAP ORAL TABLET 50-300 MG</b>	4	MO
<b>BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE</b>	4	MO
<i>butalbital-acetaminophen oral tablet</i>	1	MO
<i>butalbital-apap-caff-cod oral capsule</i>	1	MO
<i>butalbital-apap-caffeine oral capsule</i>	1	MO
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	MO
<i>butalbital-aspirin-caffeine oral capsule</i>	1	MO
<b>ESGIC ORAL TABLET</b>	4	MO
<b>FIORICET ORAL CAPSULE</b>	4	MO
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	4	MO
<b>FIORINAL ORAL CAPSULE</b>	4	MO
<b>GRALISE ORAL TABLET</b>	4	PA; MO
<b>GRALISE STARTER ORAL</b>	4	PA; MO
<i>tencon oral tablet 50-325 mg</i>	1	MO
<i>zebutal oral capsule 50-325-40 mg</i>	1	MO
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<b>ARTHROTEC ORAL TABLET DELAYED RELEASE</b>	4	MO
<b>CAMBIA ORAL PACKET</b>	4	PA; MO
<b>CELEBREX ORAL CAPSULE</b>	4	PA; MO
<i>celecoxib oral capsule</i>	1	MO
<b>DAYPRO ORAL TABLET</b>	4	MO
<i>diclofenac potassium oral tablet</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	MO
<i>diclofenac sodium oral tablet delayed release</i>	1	MO
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	MO
<i>diflunisal oral tablet</i>	1	MO
<i>etodolac er oral tablet extended release 24 hour</i>	1	MO
<b>FELDENE ORAL CAPSULE</b>	4	MO
<i>fenoprofen calcium oral capsule 400 mg</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>fenoprofen calcium oral tablet</i>	2	MO
<b>FLECTOR TRANSDERMAL PATCH</b>	4	PA; MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<b>INDOCIN ORAL SUSPENSION</b>	4	MO
<i>indomethacin er oral capsule extended release</i>	1	MO
<i>indomethacin oral capsule</i>	1	MO
<i>ketoprofen er oral capsule extended release 24 hour</i>	2	MO
<i>ketoprofen oral capsule 25 mg</i>	1	MO
<i>ketorolac tromethamine oral tablet</i>	1	PA; MO
<i>meclofenamate sodium oral capsule</i>	1	MO
<i>mefenamic acid oral capsule</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO
<b>MOBIC ORAL TABLET</b>	4	MO
<i>nabumetone oral tablet</i>	1	MO
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG</b>	4	PA; MO
<i>naproxen dr oral tablet delayed release</i>	1	MO
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen sodium er oral tablet extended release 24 hour</i>	1	PA; MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>piroxicam oral capsule</i>	1	MO
<i>sulindac oral tablet</i>	1	MO
<b>TIVORBEX ORAL CAPSULE</b>	4	PA; MO
<i>tolmetin sodium oral capsule</i>	1	MO
<i>tolmetin sodium oral tablet 600 mg</i>	1	MO
<b>VIVLODEX ORAL CAPSULE 10 MG, 5 MG</b>	4	MO
<b>VIVLODEX ORAL CAPSULE 10 MG, 5 MG</b>	4	ST; MO
<b>ZIPSOR ORAL CAPSULE</b>	4	MO
<b>ZORVOLEX ORAL CAPSULE</b>	4	ST; MO
<b>Opioid Analgesics, Long-Acting</b>		
<b>BELBUCA BUCCAL FILM</b>	4	PA; MO
<b>CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<b>DOLOPHINE ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR</b>	4	MO
<b>DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR</b>	4	MO
<b>DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR</b>	4	MO
<b>DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR</b>	4	MO
<b>DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR</b>	4	MO
<b>EMBEDA ORAL CAPSULE EXTENDED RELEASE</b>	4	PA; MO
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	MO
<b>FENTANYL TRANSDERMAL PATCH 72 HOUR 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</b>	4	MO
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	2	PA; MO
<b>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT</b>	4	PA; MO
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG</b>	4	PA; MO
<i>levorphanol tartrate oral tablet</i>	2	MO
<i>methadone hcl oral solution</i>	2	MO
<i>methadone hcl oral tablet</i>	2	MO
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	1	MO
<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>	1	PA; MO
<i>morphine sulfate er oral capsule extended release 24 hour 40 mg</i>	2	PA; MO
<i>morphine sulfate er oral tablet extended release</i>	1	MO
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE</b>	4	MO
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	PA; MO
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	1	PA; MO; QL (2 EA per 1 day)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	4	PA; MO; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	1	PA; MO; QL (2 EA per 1 day)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	1	PA; MO
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	PA; MO
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1	MO
<b>ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT</b>	4	PA; MO
<b>Opioid Analgesics, Short-Acting</b>		
<b>ABSTRAL SUBLINGUAL TABLET SUBLINGUAL</b>	4	PA; MO
<i>acetaminophen-codeine #3 oral tablet</i>	1	MO
<i>acetaminophen-codeine oral solution</i>	1	MO
<i>acetaminophen-codeine oral tablet</i>	1	MO
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE</b>	4	PA; MO
<i>ascomp-codeine oral capsule</i>	1	MO
<i>butalbital-asa-caff-codeine oral capsule</i>	1	MO
<i>butorphanol tartrate nasal solution</i>	2	MO
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	MO
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	MO
<b>DILAUDID ORAL LIQUID</b>	4	MO
<b>DILAUDID ORAL TABLET</b>	4	MO
<i>duramorph injection solution</i>	1	B/D; MO
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (4 EA per 1 day); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (4 EA per 1 day)
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	4	PA; MO
<b>FIORINAL/CODEINE #3 ORAL CAPSULE</b>	4	MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	MO
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	MO
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl oral liquid</i>	2	MO
<i>hydromorphone hcl oral tablet</i>	2	MO
<b>LAZANDA NASAL SOLUTION</b>	4	PA; MO
<i>lorcet hd oral tablet</i>	1	MO
<i>lorcet oral tablet</i>	1	MO
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	MO
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	2	B/D; MO
<i>meperidine hcl oral solution</i>	2	MO
<i>meperidine hcl oral tablet</i>	2	MO
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	MO
<i>morphine sulfate oral solution</i>	1	MO
<i>morphine sulfate oral tablet</i>	1	MO
<b>NORCO ORAL TABLET</b>	4	MO
<b>NUCYNTA ORAL TABLET</b>	4	PA; MO
<b>OPANA ORAL TABLET</b>	4	PA; MO
<i>oxycodone hcl oral capsule</i>	2	MO
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	MO
<i>oxycodone hcl oral solution</i>	2	MO
<i>oxycodone hcl oral tablet</i>	2	MO
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	MO
<i>oxycodone-ibuprofen oral tablet</i>	2	MO
<i>oxymorphone hcl oral tablet</i>	1	PA; MO
<i>pentazocine-naloxone hcl oral tablet</i>	1	MO
<b>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	4	MO
<b>PRIMLEV ORAL TABLET</b>	4	MO
<b>ROXICODONE ORAL TABLET 15 MG, 30 MG</b>	4	MO
<b>SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	4	PA; MO
<i>tramadol hcl oral tablet</i>	1	MO
<i>tramadol-acetaminophen oral tablet</i>	1	MO
<b>TREZIX ORAL CAPSULE 320.5-30-16 MG</b>	4	MO
<b>TYLENOL WITH CODEINE #3 ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>TYLENOL WITH CODEINE #4 ORAL TABLET</b>	4	MO
<b>ULTRACET ORAL TABLET</b>	4	PA; MO
<b>ULTRAM ORAL TABLET</b>	4	MO
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine external ointment</i>	1	MO; QL (200 GM per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA; MO; QL (3 EA per 1 day)
<i>lidocaine hcl external solution</i>	1	MO
<i>lidocaine hcl urethral/mucosal external gel</i>	1	MO; QL (200 ML per 30 days)
<i>lidocaine viscous mouth/throat solution</i>	1	MO
<i>lidocaine-prilocaine external cream</i>	1	MO
<b>LIDODERM EXTERNAL PATCH</b>	4	PA; MO; QL (1 EA per 1 day)
<b>PLIAGLIS EXTERNAL CREAM</b>	4	MO
<b>ZTLIDO EXTERNAL PATCH</b>	4	PA; MO
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-Craving</b>		
<i>acamprosate calcium oral tablet delayed release</i>	2	MO
<b>ANTABUSE ORAL TABLET</b>	4	MO
<i>disulfiram oral tablet</i>	2	MO
<b>Opioid Dependence Treatments</b>		
<b>BUNAVAIL BUCCAL FILM</b>	4	MO
<i>buprenorphine hcl sublingual tablet sublingual</i>	1	MO
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	1	MO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	MO
<i>buprenorphine transdermal patch weekly</i>	2	PA; MO
<b>BUTRANS TRANSDERMAL PATCH WEEKLY</b>	4	PA; MO
<b>LUCEMYRA ORAL TABLET</b>	4	MO
<i>naltrexone hcl oral tablet</i>	1	MO
<b>SUBOXONE SUBLINGUAL FILM</b>	3	MO
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	B/D; MO
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG</b>	4	MO

Drug	Status	Requirements/Limits
<b>Opioid Reversal Agents</b>		
<b>EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML</b>	4	PA; MO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	MO
<i>naloxone hcl injection solution cartridge</i>	1	MO
<i>naloxone hcl injection solution prefilled syringe</i>	1	MO
<b>NARCAN NASAL LIQUID</b>	3	MO
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	MO
<b>CHANTIX CONTINUING MONTH PAK ORAL TABLET</b>	4	MO
<b>CHANTIX ORAL TABLET</b>	4	MO
<b>CHANTIX STARTING MONTH PAK ORAL TABLET</b>	4	MO
<b>NICOTROL INHALATION INHALER</b>	4	MO
<b>ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	MO
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	B/D; MO
<b>ARIKAYCE INHALATION SUSPENSION</b>	4	PA; MO; QL (8.4 ML per 1 day)
<i>gentak ophthalmic ointment</i>	1	MO
<i>gentamicin sulfate external cream</i>	1	MO
<i>gentamicin sulfate external ointment</i>	1	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	B/D; MO
<i>gentamicin sulfate ophthalmic solution</i>	1	MO
<i>neomycin sulfate oral tablet</i>	2	MO
<i>paromomycin sulfate oral capsule</i>	2	MO
<b>STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	4	B/D; MO
<i>tobramycin ophthalmic solution</i>	1	MO
<i>tobramycin sulfate injection solution 10 mg/ml</i>	1	B/D; MO
<b>TOBREX OPHTHALMIC OINTMENT</b>	3	MO
<b>TOBREX OPHTHALMIC SOLUTION</b>	4	MO
<b>Antibacterials, Other</b>		
<i>bacitracin ophthalmic ointment</i>	2	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>BACTROBAN EXTERNAL CREAM</b>	4	MO
<b>BACTROBAN NASAL NASAL OINTMENT</b>	4	MO; QL (1 GM per 30 days)
<b>CLEOCIN ORAL CAPSULE</b>	4	MO
<b>CLEOCIN ORAL SOLUTION RECONSTITUTED</b>	4	MO
<b>CLEOCIN VAGINAL CREAM</b>	4	MO
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	4	MO
<b>CLEOCIN-T EXTERNAL GEL</b>	4	MO
<b>CLEOCIN-T EXTERNAL LOTION</b>	4	MO
<b>CLEOCIN-T EXTERNAL SOLUTION</b>	4	MO
<b>CLEOCIN-T EXTERNAL SWAB</b>	4	MO
<b>CLINDAGEL EXTERNAL GEL</b>	4	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	MO
<i>clindamycin phosphate external foam</i>	2	PA; MO
<i>clindamycin phosphate external gel</i>	2	MO
<i>clindamycin phosphate external lotion</i>	2	MO
<i>clindamycin phosphate external solution</i>	1	MO
<i>clindamycin phosphate external swab</i>	1	MO
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	2	B/D; MO
<i>clindamycin phosphate vaginal cream</i>	2	MO
<b>CLINDESSE VAGINAL CREAM</b>	4	MO
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	B/D; MO
<b>CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<i>daptomycin intravenous solution reconstituted 350 mg</i>	2	B/D; MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	B/D; MO
<b>EVOCLIN EXTERNAL FOAM</b>	4	PA; MO
<i>firvanq oral solution reconstituted</i>	1	MO
<b>FLAGYL ORAL CAPSULE</b>	4	MO
<b>FLAGYL ORAL TABLET</b>	4	MO
<b>FURADANTIN ORAL SUSPENSION</b>	4	MO
<b>GLOBAL ALCOHOL PREP EASE PAD</b>	4	MO
<b>HIPREX ORAL TABLET</b>	4	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	5	PA; MO; NEDS



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>linezolid oral suspension reconstituted</i>	5	PA; MO; NEDS
<i>linezolid oral tablet</i>	5	MO; QL (112 EA per 60 days); NEDS
<b>MACROBID ORAL CAPSULE</b>	4	MO
<b>MACRODANTIN ORAL CAPSULE</b>	4	MO
<i>mafenide acetate external packet</i>	1	MO
<i>methenamine hippurate oral tablet</i>	2	MO
<b>METROCREAM EXTERNAL CREAM</b>	4	MO
<b>METROGEL EXTERNAL GEL</b>	4	MO
<b>METROGEL-VAGINAL VAGINAL GEL</b>	4	MO
<b>METROLOTION EXTERNAL LOTION</b>	4	MO
<i>metronidazole external cream</i>	2	MO
<i>metronidazole external gel</i>	2	MO
<i>metronidazole external lotion</i>	2	MO
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	B/D; MO
<i>metronidazole oral capsule</i>	1	MO
<i>metronidazole oral tablet</i>	1	MO
<i>metronidazole vaginal gel</i>	2	MO
<b>MONUROL ORAL PACKET</b>	4	MO
<i>mupirocin calcium external cream</i>	2	MO
<i>mupirocin external ointment</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule</i>	2	PA; MO
<i>nitrofurantoin monohyd macro oral capsule</i>	2	PA; MO
<i>nitrofurantoin oral suspension</i>	2	PA; MO
<b>NORITATE EXTERNAL CREAM</b>	4	ST; MO
<i>polymyxin b sulfate injection solution reconstituted</i>	2	MO
<b>SILVADENE EXTERNAL CREAM</b>	4	MO
<i>silver sulfadiazine external cream</i>	1	MO
<b>SIVEXTRO ORAL TABLET</b>	4	PA; MO
<i>ssd external cream</i>	1	MO
<b>SULFAMYLON EXTERNAL CREAM</b>	4	MO
<b>SULFAMYLON EXTERNAL PACKET</b>	4	MO
<i>tigecycline intravenous solution reconstituted</i>	1	PA; MO
<i>trimethoprim oral tablet</i>	1	MO
<b>TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl intravenous solution reconstituted 10 gm</i>	1	B/D; MO
<i>vancomycin hcl intravenous solution reconstituted 250 mg, 750 mg</i>	2	B/D; MO
<i>vancomycin hcl oral capsule</i>	1	PA; MO
<i>vandazole vaginal gel</i>	1	MO
<b>XIFAXAN ORAL TABLET 200 MG</b>	4	MO; QL (3 EA per 1 day)
<b>XIFAXAN ORAL TABLET 550 MG</b>	4	PA; MO
<b>Beta-Lactam, Cephalosporins</b>		
<b>CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	MO
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension reconstituted</i>	1	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension reconstituted</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin sodium injection solution reconstituted 10 gm</i>	2	B/D; MO
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension reconstituted</i>	2	MO
<i>cefepime hcl injection solution reconstituted</i>	2	B/D; MO
<i>cefixime oral suspension reconstituted</i>	2	MO
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	2	B/D; MO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm</i>	2	B/D; MO
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	MO
<i>cefpodoxime proxetil oral tablet</i>	2	MO
<i>cefprozil oral suspension reconstituted</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
<i>ceftazidime injection solution reconstituted 1 gm</i>	2	B/D; MO
<i>ceftriaxone sodium injection solution reconstituted 500 mg</i>	2	B/D; MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection solution reconstituted 7.5 gm</i>	2	B/D; MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral capsule 750 mg</i>	2	MO
<i>cephalexin oral suspension reconstituted</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>cephalexin oral tablet</i>	1	MO
<b>SUPRAX ORAL CAPSULE</b>	4	MO
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<b>SUPRAX ORAL TABLET CHEWABLE</b>	4	MO
<b>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>Beta-Lactam, Other</b>		
<b>AZACTAM INJECTION SOLUTION RECONSTITUTED</b>	4	B/D; MO
<i>aztreonam injection solution reconstituted 1 gm</i>	1	MO
<i>doripenem intravenous solution reconstituted 500 mg</i>	2	B/D; MO
<i>ertapenem sodium injection solution reconstituted</i>	2	B/D; MO
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	B/D; MO
<b>INVANZ INJECTION SOLUTION RECONSTITUTED</b>	4	B/D; MO
<i>meropenem intravenous solution reconstituted</i>	2	B/D; MO
<b>Beta-Lactam, Penicillins</b>		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension reconstituted</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet chewable 125 mg</i>	2	MO
<i>amoxicillin oral tablet chewable 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	2	B/D; MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm, 3 (2-1) gm</i>	2	B/D; MO
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	4	MO
<b>BICILLIN C-R INTRAMUSCULAR SUSPENSION</b>	4	MO
<i>dicloxacillin sodium oral capsule</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	B/D; MO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	B/D; MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	B/D; MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	B/D; MO
<i>penicillin v potassium oral solution reconstituted</i>	1	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm</i>	2	B/D; MO
<b>Macrolides</b>		
<b>AZASITE OPHTHALMIC SOLUTION</b>	4	MO
<i>azithromycin intravenous solution reconstituted</i>	2	B/D; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension reconstituted</i>	2	MO
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	MO
<i>clarithromycin oral suspension reconstituted</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<b>DIFICID ORAL TABLET</b>	4	ST; MO
<i>e.e.s. 400 oral tablet</i>	2	MO
<b>E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<b>ERYGEL EXTERNAL GEL</b>	4	MO
<b>ERYPED 200 ORAL SUSPENSION RECONSTITUTED</b>	3	MO
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED</b>	3	MO
<b>ERY-TAB ORAL TABLET DELAYED RELEASE</b>	3	MO
<b>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	4	B/D; MO
<i>erythrocine stearate oral tablet 250 mg</i>	2	MO
<i>erythromycin base oral capsule delayed release particles</i>	2	MO
<i>erythromycin base oral tablet</i>	2	MO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>erythromycin ethylsuccinate oral tablet</i>	2	MO
<i>erythromycin external gel</i>	2	MO
<i>erythromycin external solution</i>	1	MO
<i>erythromycin ophthalmic ointment</i>	1	MO
<b>ZITHROMAX ORAL PACKET</b>	4	MO
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<b>ZITHROMAX ORAL TABLET 250 MG, 500 MG</b>	4	MO
<b>ZITHROMAX TRI-PAK ORAL TABLET</b>	4	MO
<b>ZITHROMAX Z-PAK ORAL TABLET</b>	4	MO
<b>Quinolones</b>		
<b>AVELOX ORAL TABLET</b>	4	MO
<b>BAXDELA ORAL TABLET</b>	4	PA; MO
<b>BESIVANCE OPHTHALMIC SUSPENSION</b>	4	MO
<b>CETRAXAL OTIC SOLUTION</b>	4	MO
<b>CILOXAN OPHTHALMIC OINTMENT</b>	3	MO
<b>CILOXAN OPHTHALMIC SOLUTION</b>	4	MO
<b>CIPRO ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<b>CIPRO ORAL TABLET 250 MG, 500 MG</b>	4	MO
<i>ciprofloxacin hcl ophthalmic solution</i>	2	MO
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	B/D; MO
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	2	MO
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	2	MO
<i>gatifloxacin ophthalmic solution</i>	2	MO
<b>LEVAQUIN ORAL TABLET 500 MG, 750 MG</b>	4	MO
<i>levofloxacin intravenous solution</i>	2	B/D; MO
<i>levofloxacin ophthalmic solution</i>	2	MO
<i>levofloxacin oral solution</i>	2	MO
<i>levofloxacin oral tablet</i>	1	MO
<b>MOXEZA OPHTHALMIC SOLUTION</b>	4	MO
<i>moxifloxacin hcl ophthalmic solution</i>	2	MO
<i>moxifloxacin hcl oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>OCUFLOX OPHTHALMIC SOLUTION</b>	4	MO
<i>ofloxacin ophthalmic solution</i>	2	MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	MO
<i>ofloxacin otic solution</i>	2	MO
<b>VIGAMOX OPHTHALMIC SOLUTION</b>	4	MO
<b>ZYMAXID OPHTHALMIC SOLUTION</b>	4	MO; QL (5 ML per 1 day)
<b>Sulfonamides</b>		
<b>AVC VAGINAL VAGINAL CREAM</b>	4	MO
<b>BACTRIM DS ORAL TABLET</b>	4	MO
<b>BACTRIM ORAL TABLET</b>	4	MO
<b>BLEPH-10 OPHTHALMIC SOLUTION</b>	4	MO
<b>KLARON EXTERNAL LOTION</b>	4	MO
<i>sulfacetamide sodium (acne) external lotion</i>	1	MO
<b>SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT</b>	4	MO
<i>sulfacetamide sodium ophthalmic solution</i>	1	MO
<b>SULFADIAZINE ORAL TABLET</b>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>Tetracyclines</b>		
<i>demeclocycline hcl oral tablet</i>	1	MO
<b>DORYX MPC ORAL TABLET DELAYED RELEASE</b>	4	MO
<b>DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG</b>	4	MO
<i>doxy 100 intravenous solution reconstituted</i>	2	B/D; MO
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule</i>	2	MO
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	MO
<i>doxycycline monohydrate oral tablet</i>	2	MO
<b>MINOCIN ORAL CAPSULE 50 MG</b>	4	MO
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 55 mg, 80 mg</i>	2	ST; MO
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	1	ST; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>minocycline hcl oral capsule</i>	2	MO
<i>minocycline hcl oral tablet</i>	2	MO
<i>tetracycline hcl oral capsule</i>	2	MO
<b>VIBRAMYCIN ORAL CAPSULE</b>	4	MO
<b>VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<b>VIBRAMYCIN ORAL SYRUP</b>	4	MO
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
<b>BRIVIACT ORAL SOLUTION</b>	4	PA; MO
<b>BRIVIACT ORAL TABLET</b>	5	PA; MO; NEDS
<b>KEPPRA ORAL SOLUTION</b>	4	MO
<b>KEPPRA ORAL TABLET</b>	4	MO
<b>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	MO
<i>levetiracetam oral solution</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO
<i>roweepra xr oral tablet extended release 24 hour</i>	1	MO
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE</b>	4	MO
<b>Calcium Channel Modifying Agents</b>		
<b>CELONTIN ORAL CAPSULE</b>	4	MO
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<b>ZARONTIN ORAL CAPSULE</b>	4	MO
<b>ZARONTIN ORAL SOLUTION</b>	4	MO
<b>ZONEGRAN ORAL CAPSULE</b>	4	MO
<i>zonisamide oral capsule</i>	1	MO
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clobazam oral suspension</i>	2	PA; MO
<i>clobazam oral tablet</i>	2	PA; MO
<i>clonazepam oral tablet</i>	1	MO
<i>clonazepam oral tablet dispersible</i>	2	MO
<b>DEPAKENE ORAL CAPSULE</b>	4	MO
<b>DEPAKENE ORAL SOLUTION</b>	4	MO
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DEPAKOTE ORAL TABLET DELAYED RELEASE</b>	4	MO
<b>DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE</b>	4	MO
<b>DIASTAT ACUDIAL RECTAL GEL</b>	4	MO
<b>DIASTAT PEDIATRIC RECTAL GEL</b>	4	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	MO
<b>EPIDIOLEX ORAL SOLUTION</b>	4	MO
<i>gabapentin oral capsule</i>	2	MO
<i>gabapentin oral solution 250 mg/5ml</i>	2	MO
<i>gabapentin oral tablet</i>	2	MO
<b>GABITRIL ORAL TABLET</b>	4	MO
<b>HORIZANT ORAL TABLET EXTENDED RELEASE</b>	4	ST; MO
<b>KLONOPIN ORAL TABLET</b>	4	MO
<b>MYSOLINE ORAL TABLET</b>	4	MO
<b>NEURONTIN ORAL CAPSULE</b>	4	MO
<b>NEURONTIN ORAL SOLUTION</b>	4	MO
<b>NEURONTIN ORAL TABLET</b>	4	MO
<b>ONFI ORAL SUSPENSION</b>	4	PA; MO
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	4	PA; MO
<i>phenobarbital oral elixir</i>	2	MO
<i>phenobarbital oral tablet</i>	2	MO
<i>primidone oral tablet</i>	1	MO
<b>SABRIL ORAL PACKET</b>	5	PA; MO; NEDS
<b>SABRIL ORAL TABLET</b>	5	PA; MO; NEDS
<i>tiagabine hcl oral tablet</i>	1	MO
<i>valproic acid oral capsule</i>	1	MO
<i>valproic acid oral solution</i>	1	MO
<i>vigabatrin oral packet</i>	5	PA; MO; NEDS
<b>VIGABATRIN ORAL TABLET</b>	5	PA; MO
<i>vigadrone oral packet</i>	5	PA; MO; NEDS
<b>Glutamate Reducing Agents</b>		
<i>felbamate oral suspension</i>	2	MO
<i>felbamate oral tablet</i>	2	MO
<b>FELBATOL ORAL SUSPENSION</b>	4	MO
<b>FELBATOL ORAL TABLET</b>	4	MO
<b>FYCOMPA ORAL SUSPENSION</b>	4	PA; MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>FYCOMPA ORAL TABLET</b>	4	PA; MO
<b>LAMICTAL ODT ORAL TABLET DISPERSIBLE</b>	4	MO
<b>LAMICTAL ORAL TABLET</b>	4	MO
<b>LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG</b>	4	MO
<b>LAMICTAL XR ORAL KIT</b>	4	MO
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 250 mg, 300 mg, 50 mg</i>	2	MO
<i>lamotrigine er oral tablet extended release 24 hour 25 mg</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	2	MO
<i>lamotrigine starter kit-blue oral kit</i>	2	MO
<i>lamotrigine starter kit-green oral kit</i>	2	MO
<i>lamotrigine starter kit-orange oral kit</i>	2	MO
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE</b>	4	MO
<b>TOPAMAX ORAL TABLET</b>	4	MO
<b>TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE</b>	4	MO
<i>topiramate er oral capsule er 24 hour sprinkle</i>	1	MO
<i>topiramate oral capsule sprinkle</i>	1	MO
<i>topiramate oral tablet</i>	1	MO
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<b>Sodium Channel Agents</b>		
<b>APTIOM ORAL TABLET</b>	4	PA; MO
<b>BANZEL ORAL SUSPENSION</b>	5	PA; MO; NEDS
<b>BANZEL ORAL TABLET 200 MG</b>	4	PA; MO
<b>BANZEL ORAL TABLET 400 MG</b>	5	PA; MO; NEDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	MO
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	MO
<i>carbamazepine oral suspension</i>	2	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet chewable</i>	2	MO
<b>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE</b>	3	MO
<b>DILANTIN ORAL CAPSULE</b>	3	MO
<b>DILANTIN ORAL SUSPENSION</b>	3	MO
<i>epitol oral tablet</i>	2	MO
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	4	MO
<i>oxcarbazepine oral suspension</i>	2	MO
<i>oxcarbazepine oral tablet</i>	2	MO
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	ST; MO
<b>PEGANONE ORAL TABLET</b>	4	MO
<b>PHENYTEK ORAL CAPSULE</b>	4	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	2	MO
<i>phenytoin oral tablet chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule</i>	2	MO
<b>TEGRETOL ORAL SUSPENSION</b>	4	MO
<b>TEGRETOL ORAL TABLET</b>	4	MO
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	MO
<b>TRILEPTAL ORAL SUSPENSION</b>	4	MO
<b>TRILEPTAL ORAL TABLET</b>	4	MO
<b>VIMPAT ORAL SOLUTION</b>	4	PA; MO
<b>VIMPAT ORAL TABLET</b>	4	PA; MO
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral tablet</i>	2	MO
<b>Cholinesterase Inhibitors</b>		
<b>ARICEPT ORAL TABLET</b>	4	MO
<i>donepezil hcl oral tablet</i>	2	MO
<i>donepezil hcl oral tablet dispersible</i>	2	MO
<b>EXELON TRANSDERMAL PATCH 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	2	MO
<i>galantamine hydrobromide oral solution</i>	2	MO
<i>galantamine hydrobromide oral tablet</i>	2	MO
<b>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>RAZADYNE ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>rivastigmine tartrate oral capsule</i>	1	MO
<i>rivastigmine transdermal patch 24 hour</i>	1	MO; QL (1 EA per 1 day)
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
<i>memantine hcl er oral capsule extended release 24 hour</i>	2	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution</i>	2	MO
<i>memantine hcl oral tablet</i>	2	MO
<b>NAMENDA ORAL TABLET</b>	4	MO
<b>NAMENDA TITRATION PAK ORAL TABLET</b>	4	MO
<b>NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<b>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	2	MO; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet</i>	2	MO
<b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg</i>	2	MO
<i>mirtazapine oral tablet dispersible 45 mg</i>	1	MO
<b>REMERON ORAL TABLET 15 MG, 30 MG</b>	4	MO
<b>REMERON SOLTAB ORAL TABLET DISPERSIBLE</b>	4	MO
<b>TRINTELLIX ORAL TABLET</b>	4	PA; MO
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	MO
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<b>Monoamine Oxidase Inhibitors</b>		
<b>EMSAM TRANSDERMAL PATCH 24 HOUR</b>	4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>MARPLAN ORAL TABLET</b>	3	MO
<b>NARDIL ORAL TABLET</b>	4	MO
<b>PARNATE ORAL TABLET</b>	4	MO
<i>phenelzine sulfate oral tablet</i>	2	MO
<i>tranylcypromine sulfate oral tablet</i>	1	MO
<b>Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)</b>		
<b>BRISDELLE ORAL CAPSULE</b>	4	MO
<b>CELEXA ORAL TABLET</b>	4	MO
<i>citalopram hydrobromide oral solution</i>	2	MO
<i>citalopram hydrobromide oral tablet</i>	1	MO
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	4	PA; MO
<b>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	2	MO; QL (1 EA per 1 day)
<b>EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	ST; MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK</b>	4	PA; MO
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	1	MO
<i>fluoxetine hcl oral capsule 40 mg</i>	2	MO
<i>fluoxetine hcl oral capsule delayed release</i>	2	MO; QL (12 EA per 84 days)
<i>fluoxetine hcl oral solution</i>	2	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	2	MO
<b>FLUOXETINE HCL ORAL TABLET 60 MG</b>	4	MO
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	MO
<i>fluvoxamine maleate oral tablet</i>	2	MO
<b>KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO; QL (1 EA per 1 day)
<b>LEXAPRO ORAL TABLET</b>	4	MO
<i>maprotiline hcl oral tablet</i>	2	MO
<i>nefazodone hcl oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	MO
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>PAXIL ORAL SUSPENSION</b>	4	MO
<b>PAXIL ORAL TABLET</b>	4	MO
<b>PEXEVA ORAL TABLET</b>	4	MO
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO; QL (1 EA per 1 day)
<b>PROZAC ORAL CAPSULE 10 MG, 20 MG</b>	4	MO
<b>PROZAC ORAL CAPSULE 40 MG</b>	4	PA; MO
<b>SARAFEM ORAL TABLET 10 MG, 20 MG</b>	4	PA; MO
<i>sertraline hcl oral concentrate</i>	1	MO
<i>sertraline hcl oral tablet</i>	1	MO
<b>SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG</b>	4	PA; MO
<i>trazodone hcl oral tablet</i>	1	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO
<b>VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 225 MG</b>	4	MO
<b>VIIBRYD ORAL TABLET</b>	4	PA; MO
<b>VIIBRYD STARTER PACK ORAL KIT</b>	4	PA; MO
<b>ZOLOFT ORAL TABLET</b>	4	MO
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet</i>	1	PA; MO
<b>AMOXAPINE ORAL TABLET</b>	4	MO
<b>ANAFRANIL ORAL CAPSULE</b>	4	MO
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	MO
<i>clomipramine hcl oral capsule</i>	2	MO
<i>desipramine hcl oral tablet</i>	2	MO
<i>doxepin hcl oral capsule</i>	2	PA; MO
<i>doxepin hcl oral concentrate</i>	2	PA; MO
<i>imipramine hcl oral tablet</i>	2	MO
<i>imipramine pamoate oral capsule</i>	2	MO
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	4	MO
<i>nortriptyline hcl oral capsule</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>nortriptyline hcl oral solution</i>	1	MO
<b>PAMELOR ORAL CAPSULE 10 MG, 50 MG, 75 MG</b>	4	MO
<i>perphenazine-amitriptyline oral tablet</i>	2	MO
<i>protriptyline hcl oral tablet</i>	1	MO
<b>SURMONTIL ORAL CAPSULE</b>	4	MO
<b>TOFRANIL ORAL TABLET</b>	4	MO
<i>trimipramine maleate oral capsule</i>	1	MO
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>meclizine hcl oral tablet</i>	1	MO
<i>phenadoz rectal suppository 12.5 mg</i>	2	MO
<i>promethazine hcl oral syrup</i>	1	MO
<i>promethazine hcl oral tablet</i>	1	MO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	MO
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	MO
<b>TIGAN ORAL CAPSULE</b>	4	MO
<b>TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR</b>	4	MO
<i>trimethobenzamide hcl oral capsule</i>	1	MO
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant oral capsule 125 mg</i>	2	MO; QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	2	MO; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	2	MO; QL (2 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	2	MO; QL (8 EA per 30 days)
<b>CESAMET ORAL CAPSULE</b>	4	PA; MO; QL (18 EA per 30 days)
<i>dronabinol oral capsule</i>	2	B/D; MO
<b>EMEND ORAL CAPSULE 125 MG</b>	4	MO; QL (4 EA per 30 days)
<b>EMEND ORAL CAPSULE 40 MG</b>	4	MO; QL (1 EA per 30 days)
<b>EMEND ORAL CAPSULE 80 MG</b>	4	MO; QL (8 EA per 30 days)
<b>EMEND ORAL SUSPENSION RECONSTITUTED</b>	4	MO; QL (6 EA per 30 days)
<b>EMEND TRI-PACK ORAL CAPSULE</b>	4	MO; QL (2 EA per 30 days)
<i>granisetron hcl oral tablet</i>	2	B/D; MO
<b>MARINOL ORAL CAPSULE</b>	4	MO; QL (3 EA per 30 days)
<i>ondansetron hcl oral solution</i>	2	PA; MO
<i>ondansetron hcl oral tablet</i>	2	PA; MO
<i>ondansetron oral tablet dispersible</i>	2	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SANCUSO TRANSDERMAL PATCH</b>	4	ST; MO; QL (4 EA per 30 days)
<b>SYNDROS ORAL SOLUTION</b>	4	B/D; MO
<b>VARUBI ORAL TABLET</b>	4	MO
<b>ZOFRAN ORAL TABLET 8 MG</b>	4	MO; QL (9 EA per 30 days)
<b>ZUPLENZ ORAL FILM</b>	4	ST; MO; QL (1 EA per 1 day)
<b>Antifungals</b>		
<b>Antifungals</b>		
<b>ABELCET INTRAVENOUS SUSPENSION</b>	4	B/D; MO
<b>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED</b>	4	B/D; MO
<b>AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>ANCOBON ORAL CAPSULE</b>	4	MO
<b>CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED</b>	5	B/D; MO; NEDS
<b>CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	5	B/D; MO; NEDS
<i>ciclopirox external gel</i>	2	MO
<i>ciclopirox external shampoo</i>	2	MO
<i>ciclopirox external solution</i>	2	MO
<i>ciclopirox olamine external cream</i>	2	MO
<i>ciclopirox olamine external suspension</i>	2	MO
<i>clotrimazole external cream</i>	2	MO
<i>clotrimazole external solution</i>	1	MO
<i>clotrimazole mouth/throat lozenge</i>	2	MO
<b>CRESEMBA ORAL CAPSULE</b>	4	ST; MO
<i>econazole nitrate external cream</i>	2	MO
<b>ERTACZO EXTERNAL CREAM</b>	4	MO
<b>EXELDERM EXTERNAL CREAM</b>	3	MO
<b>EXELDERM EXTERNAL SOLUTION</b>	3	MO
<b>EXTINA EXTERNAL FOAM</b>	4	PA; MO
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	2	B/D; MO
<i>fluconazole oral suspension reconstituted</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine oral capsule</i>	5	MO; NEDS
<i>griseofulvin microsize oral suspension</i>	2	MO
<i>griseofulvin microsize oral tablet</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet</i>	2	MO
<b>GYNAZOLE-1 VAGINAL CREAM</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>itraconazole oral capsule</i>	2	MO
<i>itraconazole oral solution</i>	2	MO
<b>KERYDIN EXTERNAL SOLUTION</b>	4	PA; MO
<i>ketoconazole external cream</i>	2	MO; QL (120 GM per 30 days)
<i>ketoconazole external foam</i>	2	PA; MO
<i>ketoconazole external shampoo 2 %</i>	2	MO
<i>ketoconazole oral tablet</i>	2	MO
<b>LOPROX EXTERNAL SHAMPOO</b>	4	MO
<b>MENTAX EXTERNAL CREAM</b>	3	MO
<i>miconazole 3 vaginal suppository</i>	2	MO
<i>naftifine hcl external cream 1 %</i>	2	MO
<i>naftifine hcl external cream 2 %</i>	1	MO
<b>NAFTIN EXTERNAL CREAM 2 %</b>	4	MO
<b>NAFTIN EXTERNAL GEL</b>	4	MO
<b>NATACYN OPHTHALMIC SUSPENSION</b>	4	MO
<b>NOXAFIL ORAL SUSPENSION</b>	4	MO
<b>NOXAFIL ORAL TABLET DELAYED RELEASE</b>	4	MO
<i>nyamyc external powder</i>	1	MO
<i>nystatin external cream</i>	2	MO
<i>nystatin external ointment</i>	2	MO
<i>nystatin external powder</i>	2	MO
<i>nystatin mouth/throat suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>nystatin-triamcinolone external cream</i>	2	MO
<i>nystatin-triamcinolone external ointment</i>	2	MO
<i>nystop external powder</i>	2	MO
<b>ORAVIG BUCCAL TABLET</b>	4	ST; MO
<i>oxiconazole nitrate external cream</i>	2	MO
<b>OXISTAT EXTERNAL CREAM</b>	3	MO
<b>OXISTAT EXTERNAL LOTION</b>	3	MO
<b>SPORANOX ORAL SOLUTION</b>	4	PA; MO
<i>terbinafine hcl oral tablet</i>	1	MO
<i>terconazole vaginal cream</i>	1	MO
<i>terconazole vaginal suppository</i>	1	MO
<i>voriconazole intravenous solution reconstituted</i>	1	PA; MO
<i>voriconazole oral suspension reconstituted</i>	1	MO
<i>voriconazole oral tablet</i>	5	MO; NEDS



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet</i>	1	MO
<i>colchicine oral tablet</i>	2	MO
<i>colchicine-probenecid oral tablet</i>	2	MO
<b>COLCRYS ORAL TABLET</b>	4	MO
<b>MITIGARE ORAL CAPSULE</b>	4	MO
<i>probenecid oral tablet</i>	1	MO
<b>ULORIC ORAL TABLET</b>	3	MO
<b>ZYLOPRIM ORAL TABLET 100 MG</b>	4	MO
<b>Anti-Inflammatory Agents</b>		
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>diclofenac sodium transdermal gel 3 %</i>	2	MO; QL (200 GM per 30 days)
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>flurbiprofen oral tablet</i>	1	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</b>	4	PA; MO; QL (1 ML per 30 days)
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML</b>	4	PA; MO; QL (2 ML per 30 days)
<b>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO; QL (4.5 ML per 90 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	1	PA; MO; QL (9 EA per 30 days)
<b>TREXIMET ORAL TABLET 85-500 MG</b>	4	PA; MO; QL (9 EA per 30 days)
<b>Ergot Alkaloids</b>		
<b>CAFERGOT ORAL TABLET</b>	4	MO
<i>dihydroergotamine mesylate nasal solution</i>	2	MO
<i>ergotamine-caffeine oral tablet</i>	2	MO
<b>MIGERGOT RECTAL SUPPOSITORY</b>	4	MO
<b>MIGRANAL NASAL SOLUTION</b>	4	MO
<b>Prophylactic</b>		
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	MO
<i>timolol maleate oral tablet</i>	1	MO
<b>Serotonin (5-Ht) 1B/1D Receptor Agonists</b>		
<i>almotriptan malate oral tablet</i>	1	ST; MO; QL (6 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>AMERGE ORAL TABLET</b>	4	ST; MO; QL (9 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	2	ST; MO
<b>FROVA ORAL TABLET</b>	4	ST; MO; QL (9 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	1	ST; MO; QL (9 EA per 30 days)
<b>IMITREX NASAL SOLUTION</b>	4	ST; MO; QL (6 EA per 30 days)
<b>IMITREX ORAL TABLET</b>	4	ST; MO; QL (9 EA per 30 days)
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML</b>	4	ST; MO; QL (2 ML per 30 days)
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML</b>	4	ST; MO; QL (2 ML per 30 days)
<b>IMITREX SUBCUTANEOUS SOLUTION</b>	4	MO; QL (2 ML per 30 days)
<b>MAXALT ORAL TABLET 10 MG</b>	4	ST; MO; QL (9 EA per 30 days)
<b>MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG</b>	4	ST; MO; QL (9 EA per 30 days)
<b>MAXALT-MLT ORAL TABLET DISPERSIBLE 5 MG</b>	4	MO; QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet</i>	2	MO; QL (27 EA per 90 days)
<b>ONZETRA XSAIL NASAL EXHALER POWDER</b>	4	ST; MO
<b>RELPAK ORAL TABLET 20 MG</b>	3	ST; MO; QL (6 EA per 30 days)
<b>RELPAK ORAL TABLET 40 MG</b>	4	ST; MO; QL (6 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1	MO; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1	MO; QL (9 EA per 30 days)
<i>sumatriptan nasal solution</i>	1	ST; MO; QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (27 EA per 90 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	ST; MO; QL (2 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	MO; QL (24 ML per 90 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	ST; MO; QL (2 ML per 30 days)
<b>ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	ST; MO; QL (2 ML per 30 days)
<i>zolmitriptan oral tablet</i>	1	MO; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1	MO; QL (6 EA per 30 days)
<b>ZOMIG NASAL SOLUTION</b>	4	ST; MO; QL (6 EA per 30 days)
<b>ZOMIG ORAL TABLET</b>	4	ST; MO; QL (6 EA per 30 days)

Drug	Status	Requirements/Limits
<b>ZOMIG ZMT ORAL TABLET DISPERSIBLE</b>	4	MO; QL (6 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<b>GUANIDINE HCL ORAL TABLET</b>	4	MO
<b>MESTINON ORAL SYRUP</b>	3	MO
<b>MESTINON ORAL TABLET</b>	4	MO
<b>MESTINON ORAL TABLET EXTENDED RELEASE</b>	4	MO
<i>pyridostigmine bromide er oral tablet extended release</i>	1	MO
<i>pyridostigmine bromide oral solution</i>	1	MO
<i>pyridostigmine bromide oral tablet</i>	1	MO
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<b>DAPSONE ORAL TABLET</b>	4	MO
<b>MYCOBUTIN ORAL CAPSULE</b>	4	MO
<i>rifabutin oral capsule</i>	1	MO
<b>Antituberculars</b>		
<i>ethambutol hcl oral tablet</i>	2	MO
<b>ISONIAZID ORAL SYRUP</b>	4	MO
<i>isoniazid oral tablet</i>	1	MO
<b>PASER ORAL PACKET</b>	4	MO
<b>PRIFTIN ORAL TABLET</b>	4	MO
<i>pyrazinamide oral tablet</i>	1	MO
<b>RIFADIN ORAL CAPSULE 150 MG</b>	4	MO
<b>RIFAMATE ORAL CAPSULE</b>	4	MO
<i>rifampin intravenous solution reconstituted</i>	1	B/D; MO
<i>rifampin oral capsule</i>	1	MO
<b>RIFATER ORAL TABLET</b>	4	MO
<b>SIRTURO ORAL TABLET</b>	5	PA; MO; NEDS
<b>TRECTOR ORAL TABLET</b>	4	MO
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule</i>	2	B/D; MO
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	4	MO
<b>LEUKERAN ORAL TABLET</b>	3	MO
<b>MATULANE ORAL CAPSULE</b>	5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>VALCHLOR EXTERNAL GEL 0.016 %</b>	5	PA; MO; NEDS
<b>VALCHLOR EXTERNAL GEL 0.016 %</b>	5	PA; MO; LA; NEDS
<b>Antiandrogens</b>		
<i>abiraterone acetate oral tablet</i>	5	PA; MO; NEDS
<i>bicalutamide oral tablet</i>	2	MO
<b>CASODEX ORAL TABLET</b>	4	MO
<b>ERLEADA ORAL TABLET</b>	5	PA; MO; NEDS
<i>flutamide oral capsule</i>	2	MO
<b>NILANDRON ORAL TABLET</b>	4	MO
<i>nilutamide oral tablet</i>	2	MO
<b>XTANDI ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>YONSA ORAL TABLET</b>	5	PA; MO; NEDS
<b>ZYTIGA ORAL TABLET</b>	5	PA; MO; NEDS
<b>Antiangiogenic Agents</b>		
<b>POMALYST ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>REVLIMID ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>THALOMID ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>Antiestrogens/Modifiers</b>		
<b>EMCYT ORAL CAPSULE</b>	3	MO
<b>FARESTON ORAL TABLET</b>	4	MO
<b>SOLTAMOX ORAL SOLUTION</b>	4	MO
<i>tamoxifen citrate oral tablet</i>	1	MO
<i>toremifene citrate oral tablet</i>	2	MO
<b>Antimetabolites</b>		
<b>DROXIA ORAL CAPSULE</b>	4	MO
<b>HYDREA ORAL CAPSULE</b>	4	MO
<i>hydroxyurea oral capsule</i>	2	MO
<b>LONSURF ORAL TABLET</b>	5	PA; MO; NEDS
<i>mercaptopurine oral tablet</i>	2	MO
<b>PURIXAN ORAL SUSPENSION</b>	4	MO
<b>TABLOID ORAL TABLET</b>	4	MO
<b>Antineoplastics</b>		
<b>FARYDAK ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>LYNPARZA ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>RUBRACA ORAL TABLET</b>	5	PA; MO; NEDS
<b>TALZENNA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ZEJULA ORAL CAPSULE</b>	5	PA; MO; LA; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Antineoplastics, Other</b>		
<b>COTELLIC ORAL TABLET</b>	5	PA; MO; NEDS
<b>GILOTRIF ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>IBRANCE ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG</b>	4	MO
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	2	MO
<b>NINLARO ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ODOMZO ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG</b>	5	PA; MO; NEDS
<b>SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>TAGRISSE ORAL TABLET</b>	5	PA; MO; NEDS
<b>VENCLEXTA ORAL TABLET 10 MG, 50 MG</b>	4	PA; MO; LA
<b>VENCLEXTA ORAL TABLET 100 MG</b>	5	PA; MO; LA; NEDS
<b>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>ZOLINZA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ZYKADIA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet</i>	1	MO
<b>ARIMIDEX ORAL TABLET</b>	4	MO
<b>AROMASIN ORAL TABLET</b>	4	MO
<i>exemestane oral tablet</i>	2	MO
<b>FEMARA ORAL TABLET</b>	4	MO
<i>letrozole oral tablet</i>	2	MO
<b>Enzyme Inhibitors</b>		
<b>COPIKTRA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>IDHIFA ORAL TABLET</b>	5	PA; MO; NEDS
<b>KISQALI 200 DOSE ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>KISQALI 400 DOSE ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>KISQALI 600 DOSE ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>TIBSOVO ORAL TABLET</b>	5	PA; MO; NEDS
<b>VERZENIO ORAL TABLET</b>	5	PA; MO; NEDS
<b>VITRAKVI ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>VITRAKVI ORAL SOLUTION</b>	5	PA; MO; NEDS
<b>XOSPATA ORAL TABLET</b>	5	PA; MO; NEDS
<b>ZYDELIG ORAL TABLET</b>	5	PA; MO; NEDS
<b>Molecular Target Inhibitors</b>		
<b>AFINITOR DISPERZ ORAL TABLET SOLUBLE</b>	5	PA; MO; NEDS
<b>AFINITOR ORAL TABLET</b>	5	PA; MO; NEDS
<b>ALECENSA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ALUNBRIG ORAL TABLET</b>	5	PA; MO; NEDS
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>BOSULIF ORAL TABLET</b>	5	PA; MO; NEDS
<b>BRAFTOVI ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>CABOMETYX ORAL TABLET 20 MG, 60 MG</b>	5	PA; MO; NEDS
<b>CABOMETYX ORAL TABLET 40 MG</b>	5	MO; NEDS
<b>CALQUENCE ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>CAPRELSA ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT</b>	5	PA; MO; LA; NEDS
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT</b>	5	PA; MO; LA; NEDS
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</b>	5	PA; MO; LA; NEDS
<b>DAURISMO ORAL TABLET</b>	5	PA; MO; NEDS
<b>ERIVEDGE ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ICLUSIG ORAL TABLET</b>	5	PA; MO; LA; NEDS
<i>imatinib mesylate oral tablet</i>	5	MO; NEDS
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	5	PA; MO; NEDS
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	5	PA; MO; LA; NEDS
<b>IMBRUVICA ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>INLYTA ORAL TABLET</b>	5	PA; MO; NEDS
<b>IRESSA ORAL TABLET</b>	5	PA; MO; NEDS
<b>JAKAFI ORAL TABLET</b>	5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA 12 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA 4 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LORBRENA ORAL TABLET</b>	5	PA; MO; NEDS
<b>MEKINIST ORAL TABLET</b>	5	PA; MO; NEDS
<b>MEKTOVI ORAL TABLET</b>	5	PA; MO; NEDS
<b>NERLYNX ORAL TABLET</b>	5	PA; MO; NEDS
<b>NEXAVAR ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>RYDAPT ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>SPRYCEL ORAL TABLET</b>	5	PA; MO; NEDS
<b>STIVARGA ORAL TABLET</b>	5	PA; MO; NEDS
<b>SUTENT ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>TAFINLAR ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>TARCEVA ORAL TABLET</b>	5	PA; MO; NEDS
<b>TASIGNA ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>TYKERB ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>VIZIMPRO ORAL TABLET</b>	5	PA; MO; NEDS
<b>VOTRIENT ORAL TABLET</b>	5	PA; MO; NEDS
<b>XALKORI ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>ZELBORAF ORAL TABLET</b>	5	PA; MO; NEDS
<b>Retinoids</b>		
<i>bexarotene oral capsule</i>	5	MO; NEDS
<b>PANRETIN EXTERNAL GEL</b>	4	MO
<b>TARGRETIN EXTERNAL GEL</b>	3	MO
<b>TARGRETIN ORAL CAPSULE</b>	4	MO
<i>tretinoin oral capsule</i>	5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Treatment Adjuncts</b>		
<b>MESNEX ORAL TABLET</b>	4	MO
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet</i>	1	MO
<b>ALBENZA ORAL TABLET</b>	3	MO
<b>BILTRICIDE ORAL TABLET</b>	4	MO
<i>ivermectin oral tablet</i>	2	MO
<i>praziquantel oral tablet</i>	2	MO
<b>STROMEKTOL ORAL TABLET</b>	4	MO
<b>Antiprotozoals</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<b>ALINIA ORAL TABLET</b>	4	MO
<i>atovaquone oral suspension</i>	2	MO
<i>atovaquone-proguanil hcl oral tablet</i>	2	MO
<i>chloroquine phosphate oral tablet</i>	2	MO
<b>COARTEM ORAL TABLET</b>	4	MO
<b>DARAPRIM ORAL TABLET</b>	4	MO
<i>hydroxychloroquine sulfate oral tablet</i>	2	MO
<b>KRINTAFEL ORAL TABLET</b>	4	MO
<b>MALARONE ORAL TABLET</b>	4	MO
<i>mefloquine hcl oral tablet</i>	2	MO
<b>MEPRON ORAL SUSPENSION</b>	4	MO
<b>NEBUPENT INHALATION SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>PENTAM INJECTION SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>PLAQUENIL ORAL TABLET</b>	4	MO
<b>PRIMAQUINE PHOSPHATE ORAL TABLET</b>	4	MO
<i>quinine sulfate oral capsule</i>	1	MO
<i>tinidazole oral tablet</i>	1	MO
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet 1 mg</i>	1	MO
<b>Pediculicides/Scabicides</b>		
<b>EURAX EXTERNAL CREAM</b>	4	MO
<b>EURAX EXTERNAL LOTION</b>	4	MO
<i>lindane external shampoo</i>	2	MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>malathion external lotion</i>	2	PA; MO
<i>permethrin external cream</i>	2	MO
<b>SKLICE EXTERNAL LOTION</b>	4	MO
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet</i>	1	PA; MO
<i>trihexyphenidyl hcl oral elixir</i>	1	MO
<i>trihexyphenidyl hcl oral tablet</i>	1	MO
<b>Antiparkinson Agents, Other</b>		
<b>COMTAN ORAL TABLET</b>	4	MO
<i>entacapone oral tablet</i>	2	MO
<i>osmolex er oral tablet extended release 24 hour</i>	4	PA; MO; QL (30 EA per 30 days)
<b>TASMAR ORAL TABLET 100 MG</b>	4	MO
<i>tolcapone oral tablet</i>	5	MO; NEDS
<b>Dopamine Agonists</b>		
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	5	PA; MO; LA; NEDS
<i>bromocriptine mesylate oral capsule</i>	2	MO
<i>bromocriptine mesylate oral tablet</i>	2	MO
<b>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO; QL (30 EA per 30 days)
<b>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>MIRAPEX ORAL TABLET</b>	4	MO
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>	4	PA; MO
<b>PARLODEL ORAL CAPSULE</b>	4	MO
<b>PARLODEL ORAL TABLET</b>	4	MO
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1	MO
<i>pramipexole dihydrochloride oral tablet</i>	1	MO
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG</b>	4	MO
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1	MO
<i>ropinirole hcl oral tablet</i>	1	MO
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	2	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	MO
<b>LODOSYN ORAL TABLET</b>	4	MO
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE</b>	4	PA; MO
<b>SINEMET CR ORAL TABLET EXTENDED RELEASE</b>	4	MO
<b>SINEMET ORAL TABLET</b>	4	MO
<b>STALEVO 100 ORAL TABLET</b>	4	MO
<b>STALEVO 125 ORAL TABLET</b>	4	MO
<b>STALEVO 150 ORAL TABLET</b>	4	MO
<b>STALEVO 200 ORAL TABLET</b>	4	MO
<b>STALEVO 50 ORAL TABLET</b>	4	MO
<b>STALEVO 75 ORAL TABLET</b>	4	MO
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<b>AZILECT ORAL TABLET</b>	4	MO
<i>rasagiline mesylate oral tablet 0.5 mg</i>	1	MO
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO
<b>ZELAPAR ORAL TABLET DISPERSIBLE</b>	4	MO
<b>Antipsychotics</b>		
<b>1St Generation/Typical</b>		
<i>chlorpromazine hcl oral tablet</i>	2	MO
<i>compro rectal suppository</i>	2	MO
<i>fluphenazine decanoate injection solution</i>	2	B/D; MO
<b>FLUPHENAZINE HCL INJECTION SOLUTION</b>	4	B/D; MO
<b>FLUPHENAZINE HCL ORAL CONCENTRATE</b>	4	MO
<b>FLUPHENAZINE HCL ORAL ELIXIR</b>	4	MO
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	B/D; MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	B/D; MO
<i>haloperidol lactate oral concentrate</i>	2	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	MO
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>loxapine succinate oral capsule</i>	2	MO
<i>molindone hcl oral tablet</i>	2	MO
<i>perphenazine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	2	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	1	MO
<i>thioridazine hcl oral tablet</i>	1	MO
<i>thiothixene oral capsule</i>	1	MO
<i>trifluoperazine hcl oral tablet</i>	1	MO
<b>2Nd Generation/Atypical</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG</b>	5	B/D; MO; NEDS
<b>ABILIFY ORAL TABLET</b>	4	PA; MO
<i>aripiprazole oral solution</i>	2	B/D; MO
<i>aripiprazole oral tablet</i>	2	MO
<i>aripiprazole oral tablet dispersible</i>	2	MO
<b>FANAPT ORAL TABLET</b>	4	PA; MO
<b>FANAPT TITRATION PACK ORAL TABLET</b>	4	PA; MO
<b>GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	4	B/D; MO
<b>GEODON ORAL CAPSULE</b>	4	MO
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO; QL (1 EA per 1 day)
<b>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	PA; MO
<b>INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	PA; MO
<b>LATUDA ORAL TABLET</b>	4	PA; MO
<b>NUPLAZID ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>NUPLAZID ORAL TABLET 10 MG</b>	5	PA; MO; NEDS
<i>olanzapine intramuscular solution reconstituted</i>	2	B/D; MO
<i>olanzapine oral tablet</i>	2	MO
<i>olanzapine oral tablet dispersible</i>	2	MO
<i>paliperidone er oral tablet extended release 24 hour</i>	2	PA; MO
<i>quetiapine fumarate oral tablet</i>	1	MO
<b>REXULTI ORAL TABLET</b>	5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG</b>	4	B/D; MO
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MG</b>	5	B/D; MO; NEDS
<b>RISPERDAL ORAL SOLUTION</b>	4	MO; QL (2 ML per 1 day)
<b>RISPERDAL ORAL TABLET</b>	4	MO; QL (2 EA per 1 day)
<i>risperidone oral solution</i>	1	MO; QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	1	MO; QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	1	MO; QL (2 EA per 1 day)
<b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL</b>	4	PA; MO
<b>SEROQUEL ORAL TABLET</b>	4	MO
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG</b>	4	MO; QL (1 EA per 1 day)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG</b>	4	MO; QL (2 EA per 1 day)
<b>VRAYLAR ORAL CAPSULE</b>	5	PA; MO; QL (1 EA per 1 day); NEDS
<b>VRAYLAR ORAL CAPSULE THERAPY PACK</b>	4	PA; MO
<b>ZYPREXA ORAL TABLET</b>	4	MO
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG</b>	4	B/D; MO
<b>ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE</b>	4	MO
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet</i>	2	MO
<i>clozapine oral tablet dispersible</i>	2	MO
<b>CLOZARIL ORAL TABLET</b>	4	MO
<b>FAZACLO ORAL TABLET DISPERSIBLE</b>	4	MO
<b>VERSACLOZ ORAL SUSPENSION</b>	4	MO
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet</i>	2	MO
<b>DANTRIUM ORAL CAPSULE 25 MG, 50 MG</b>	4	MO
<i>dantrolene sodium oral capsule</i>	2	MO
<i>tizanidine hcl oral capsule</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>tizanidine hcl oral tablet</i>	1	MO
<b>ZANAFLEX ORAL CAPSULE</b>	4	MO
<b>ZANAFLEX ORAL TABLET</b>	4	MO
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
<b>PREVYMIS ORAL TABLET</b>	5	MO; NEDS
<i>valganciclovir hcl oral solution reconstituted</i>	1	MO
<i>valganciclovir hcl oral tablet</i>	1	MO
<b>ZIRGAN OPHTHALMIC GEL</b>	4	MO
<b>Anti-Hepatitis B (Hbv) Agents</b>		
<i>adefovir dipivoxil oral tablet</i>	5	PA; MO; NEDS
<b>BARACLUDE ORAL SOLUTION</b>	4	PA; MO
<i>entecavir oral tablet 0.5 mg</i>	5	PA; MO; NEDS
<i>entecavir oral tablet 1 mg</i>	5	B/D; MO; NEDS
<b>EPIVIR HBV ORAL SOLUTION</b>	3	MO
<b>EPIVIR HBV ORAL TABLET</b>	4	MO
<b>INTRON A INJECTION SOLUTION 6000000 UNIT/ML</b>	3	PA; MO
<b>INTRON A INJECTION SOLUTION RECONSTITUTED</b>	3	PA; MO
<i>lamivudine oral tablet 100 mg</i>	2	MO
<b>VEMLIDY ORAL TABLET</b>	4	MO
<b>Anti-Hepatitis C (Hcv) Agents</b>		
<b>DAKLINZA ORAL TABLET 30 MG, 60 MG</b>	5	PA; MO; NEDS
<b>EPCLUSA ORAL TABLET</b>	5	PA; MO; NEDS
<b>HARVONI ORAL TABLET</b>	5	PA; MO; NEDS
<b>LEDIPASVIR-SOFOSBUVIR ORAL TABLET</b>	5	PA; MO; NEDS
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; MO; NEDS
<b>SOVALDI ORAL TABLET</b>	5	PA; MO; NEDS
<b>VIEKIRA PAK ORAL TABLET THERAPY PACK</b>	4	PA; MO
<b>ZEPATIER ORAL TABLET</b>	5	PA; MO; NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting</b>		
<b>MAVYRET ORAL TABLET</b>	5	PA; MO; NEDS
<b>VOSEVI ORAL TABLET</b>	5	PA; MO; NEDS
<b>Anti-Hepatitis C (Hcv) Agents, Other</b>		
<b>PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML</b>	5	MO; NEDS
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>REBETOL ORAL SOLUTION</b>	4	MO
<i>ribasphere oral capsule</i>	1	MO
<i>ribasphere oral tablet 600 mg</i>	5	MO; NEDS
<b>RIBASPHERE RIBAPAK ORAL TABLET 600 MG</b>	4	MO
<b>RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 400 &amp; 600 MG</b>	4	PA; MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<b>Antiherpetic Agents</b>		
<i>acyclovir external cream</i>	2	PA; MO
<i>acyclovir external ointment</i>	1	PA; MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension</i>	2	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	2	B/D; MO
<b>DENAVIR EXTERNAL CREAM</b>	4	ST; MO
<i>famciclovir oral tablet</i>	2	MO
<i>trifluridine ophthalmic solution</i>	1	MO
<i>valacyclovir hcl oral tablet</i>	1	MO
<b>VALTREX ORAL TABLET</b>	4	MO
<b>VIROPTIC OPHTHALMIC SOLUTION</b>	4	MO
<b>ZOVIRAX EXTERNAL CREAM</b>	4	PA; MO
<b>ZOVIRAX EXTERNAL OINTMENT</b>	4	PA; MO
<b>ZOVIRAX ORAL CAPSULE</b>	4	MO
<b>ZOVIRAX ORAL SUSPENSION</b>	4	MO
<b>ZOVIRAX ORAL TABLET 800 MG</b>	4	MO
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
<b>BIKTARVY ORAL TABLET</b>	5	MO; NEDS
<b>GENVOYA ORAL TABLET</b>	5	MO; NEDS
<b>ISENTRESS HD ORAL TABLET</b>	5	MO; NEDS
<b>ISENTRESS ORAL PACKET</b>	3	MO
<b>ISENTRESS ORAL TABLET</b>	5	MO; NEDS
<b>ISENTRESS ORAL TABLET CHEWABLE</b>	3	MO
<b>STRIBILD ORAL TABLET</b>	5	MO; NEDS
<b>SYMTUZA ORAL TABLET</b>	5	MO; NEDS
<b>TIVICAY ORAL TABLET 10 MG, 25 MG</b>	4	MO
<b>TIVICAY ORAL TABLET 50 MG</b>	5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
<b>ATRIPLA ORAL TABLET</b>	5	MO; NEDS
<b>COMPLERA ORAL TABLET</b>	5	MO; NEDS
<b>EDURANT ORAL TABLET</b>	5	MO; NEDS
<i>efavirenz oral tablet</i>	1	MO
<b>INTELENCE ORAL TABLET 100 MG, 200 MG</b>	5	MO; NEDS
<b>INTELENCE ORAL TABLET 25 MG</b>	4	MO
<i>nevirapine er oral tablet extended release 24 hour</i>	2	MO
<i>nevirapine oral suspension</i>	1	MO
<i>nevirapine oral tablet</i>	2	MO
<b>ODEFSEY ORAL TABLET</b>	5	MO; NEDS
<b>PIFELTRO ORAL TABLET</b>	4	MO
<b>RESCRIPTOR ORAL TABLET 200 MG</b>	3	MO
<b>SUSTIVA ORAL CAPSULE</b>	3	MO
<b>SUSTIVA ORAL TABLET</b>	3	MO
<b>VIRAMUNE ORAL SUSPENSION</b>	4	MO
<b>VIRAMUNE ORAL TABLET</b>	4	MO
<b>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG</b>	4	MO
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<b>SYMFI ORAL TABLET</b>	5	MO; NEDS
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir sulfate oral solution</i>	1	MO
<i>abacavir sulfate oral tablet</i>	2	MO
<i>abacavir sulfate-lamivudine oral tablet</i>	5	MO; NEDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	MO; NEDS
<b>CIMDUO ORAL TABLET</b>	3	MO
<b>COMBIVIR ORAL TABLET</b>	4	MO
<b>DELSTRIGO ORAL TABLET</b>	4	MO
<b>DESCOVY ORAL TABLET</b>	5	MO; NEDS
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	2	MO
<b>DOVATO ORAL TABLET</b>	5	MO; NEDS
<i>efavirenz oral capsule</i>	1	MO
<b>EMTRIVA ORAL CAPSULE</b>	4	MO
<b>EMTRIVA ORAL SOLUTION</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>EPIVIR ORAL SOLUTION</b>	4	MO
<b>EPIVIR ORAL TABLET</b>	4	MO
<b>EPZICOM ORAL TABLET</b>	4	MO
<b>JULUCA ORAL TABLET</b>	5	MO; NEDS
<i>lamivudine oral solution</i>	2	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	MO
<i>lamivudine-zidovudine oral tablet</i>	2	MO
<b>RETROVIR ORAL CAPSULE</b>	4	MO
<b>RETROVIR ORAL SYRUP</b>	4	MO
<i>stavudine oral capsule</i>	1	MO
<b>SYMFI LO ORAL TABLET</b>	4	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	5	MO; NEDS
<b>TRIUMEQ ORAL TABLET</b>	5	MO; NEDS
<b>TRIZIVIR ORAL TABLET</b>	4	MO
<b>TRUVADA ORAL TABLET</b>	5	MO; NEDS
<b>VIDEX EC ORAL CAPSULE DELAYED RELEASE</b>	4	MO
<b>VIDEX ORAL SOLUTION RECONSTITUTED 4 GM</b>	4	MO
<b>VIREAD ORAL POWDER</b>	3	MO
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	3	MO
<b>VIREAD ORAL TABLET 300 MG</b>	5	MO; NEDS
<b>ZIAGEN ORAL SOLUTION</b>	3	MO
<b>ZIAGEN ORAL TABLET</b>	4	MO
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
<b>Anti-Hiv Agents, Other</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	MO; NEDS
<b>SELZENTRY ORAL SOLUTION</b>	5	MO; NEDS
<b>SELZENTRY ORAL TABLET 150 MG, 300 MG</b>	5	MO; NEDS
<b>SELZENTRY ORAL TABLET 25 MG, 75 MG</b>	4	MO
<b>TYBOST ORAL TABLET</b>	4	MO
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
<b>APTIVUS ORAL CAPSULE</b>	5	MO; NEDS
<b>APTIVUS ORAL SOLUTION</b>	5	MO; NEDS



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>atazanavir sulfate oral capsule</i>	5	MO; NEDS
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	3	MO
<b>EVOTAZ ORAL TABLET</b>	5	MO; NEDS
<b>FOSAMPRENAVIR CALCIUM ORAL TABLET</b>	5	MO; NEDS
<b>INVIRASE ORAL TABLET</b>	5	MO; NEDS
<b>KALETRA ORAL SOLUTION</b>	3	MO
<b>KALETRA ORAL TABLET 100-25 MG</b>	3	MO
<b>KALETRA ORAL TABLET 200-50 MG</b>	5	MO; NEDS
<b>LEXIVA ORAL SUSPENSION</b>	4	MO
<b>LEXIVA ORAL TABLET</b>	5	MO; NEDS
<i>lopinavir-ritonavir oral solution</i>	2	MO
<b>NORVIR ORAL PACKET</b>	3	MO
<b>NORVIR ORAL SOLUTION</b>	3	MO
<b>NORVIR ORAL TABLET</b>	3	MO
<b>PREZCOBIX ORAL TABLET</b>	5	MO; NEDS
<b>PREZISTA ORAL SUSPENSION</b>	4	MO
<b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>	4	MO
<b>PREZISTA ORAL TABLET 600 MG, 800 MG</b>	5	MO; NEDS
<b>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>	5	MO; NEDS
<b>REYATAZ ORAL PACKET</b>	4	MO
<i>ritonavir oral tablet</i>	1	MO
<b>VIRACEPT ORAL TABLET 250 MG</b>	3	MO
<b>VIRACEPT ORAL TABLET 625 MG</b>	5	MO; NEDS
<b>Anti-Influenza Agents</b>		
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral syrup</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
<b>FLUMADINE ORAL TABLET</b>	4	PA; MO
<i>oseltamivir phosphate oral capsule</i>	2	MO; QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	MO; QL (25 ML per 1 day)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	MO
<i>rimantadine hcl oral tablet</i>	1	MO
<b>TAMIFLU ORAL CAPSULE</b>	4	MO; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML</b>	4	MO
<b>XOFLUZA ORAL TABLET THERAPY PACK</b>	4	MO
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl oral tablet</i>	2	MO
<i>hydroxyzine hcl oral syrup</i>	2	PA; MO
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>meprobamate oral tablet</i>	2	MO
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	2	MO
<i>alprazolam er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>	1	MO; QL (1 EA per 1 day)
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE</b>	4	MO
<i>alprazolam oral tablet</i>	1	MO
<i>alprazolam oral tablet dispersible</i>	1	MO
<b>ATIVAN ORAL TABLET</b>	4	MO
<i>chlordiazepoxide hcl oral capsule</i>	1	MO
<i>clorazepate dipotassium oral tablet</i>	2	MO
<i>diazepam intensol oral concentrate</i>	1	MO
<i>diazepam oral solution 5 mg/5ml</i>	2	MO
<i>diazepam oral tablet</i>	1	MO
<i>estazolam oral tablet</i>	2	MO; QL (1 EA per 1 day)
<b>HALCION ORAL TABLET</b>	4	PA; MO
<i>lorazepam oral concentrate</i>	2	MO
<i>lorazepam oral tablet</i>	1	MO
<i>oxazepam oral capsule</i>	2	MO
<b>TRANXENE-T ORAL TABLET 7.5 MG</b>	4	MO
<i>triazolam oral tablet</i>	1	MO
<b>VALIUM ORAL TABLET</b>	4	MO
<b>XANAX ORAL TABLET</b>	4	MO
<b>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)

Drug	Status	Requirements/Limits
<b>Ssr/s/Snr/s (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)</b>		
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	MO
<i>paroxetine hcl oral tablet</i>	1	MO
<i>venlafaxine hcl oral tablet</i>	1	MO
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG</b>	5	B/D; MO; NEDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	2	MO
<i>ziprasidone hcl oral capsule</i>	1	MO
<b>Mood Stabilizers</b>		
<i>divalproex sodium oral tablet delayed release</i>	2	MO
<b>LAMICTAL STARTER ORAL KIT</b>	4	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	2	MO
<i>lithium carbonate er oral tablet extended release</i>	2	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<b>LITHIUM ORAL SOLUTION</b>	4	MO
<b>LITHOBID ORAL TABLET EXTENDED RELEASE</b>	4	MO
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet</i>	2	MO; QL (3 EA per 1 day)
<b>ACTOPLUS MET ORAL TABLET</b>	4	MO; QL (2 EA per 1 day)
<b>ACTOS ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT</b>	4	PA; MO
<b>ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<i>alogliptin benzoate oral tablet</i>	1	PA; MO
<i>alogliptin-metformin hcl oral tablet</i>	1	PA; MO
<i>alogliptin-pioglitazone oral tablet</i>	1	PA; MO
<b>AMARYL ORAL TABLET</b>	4	MO
<b>AVANDIA ORAL TABLET 2 MG, 4 MG</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR</b>	3	MO
<b>BYDUREON SUBCUTANEOUS PEN-INJECTOR</b>	3	MO
<b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<i>chlorpropamide oral tablet</i>	1	MO
<b>CYCLOSET ORAL TABLET</b>	4	MO
<b>DUETACT ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>FARXIGA ORAL TABLET</b>	3	MO
<i>glimepiride oral tablet</i>	1	MO
<i>glipizide er oral tablet extended release 24 hour</i>	2	MO
<i>glipizide oral tablet</i>	1	MO
<i>glipizide-metformin hcl oral tablet</i>	2	MO
<b>GLUCOPHAGE ORAL TABLET</b>	4	MO
<b>GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>GLUCOTROL ORAL TABLET</b>	4	MO
<b>GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>glyburide micronized oral tablet</i>	2	PA; MO
<i>glyburide oral tablet</i>	2	PA; MO
<i>glyburide-metformin oral tablet</i>	2	PA; MO; QL (4 EA per 1 day)
<b>GLYNASE ORAL TABLET</b>	4	MO
<b>GLYSET ORAL TABLET</b>	4	MO
<b>GLYXAMBI ORAL TABLET</b>	4	PA; MO
<b>INVOKAMET ORAL TABLET</b>	4	PA; ST; MO
<b>INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<b>INVOKANA ORAL TABLET</b>	4	PA; ST; MO
<b>JANUMET ORAL TABLET</b>	3	MO; QL (2 EA per 1 day)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	MO; QL (2 EA per 1 day)
<b>JANUVIA ORAL TABLET</b>	3	MO; QL (1 EA per 1 day)
<b>JARDIANCE ORAL TABLET</b>	3	MO
<b>JENTADUETO ORAL TABLET</b>	3	MO; QL (2 EA per 1 day)
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	MO; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>KAZANO ORAL TABLET</b>	4	PA; MO
<b>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO; QL (1 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	MO
<i>metformin hcl oral tablet</i>	1	MO
<i>migliitol oral tablet</i>	1	MO
<i>nateglinide oral tablet</i>	2	MO
<b>NESINA ORAL TABLET</b>	4	PA; MO
<b>ONGLYZA ORAL TABLET</b>	4	PA; MO
<b>OSENI ORAL TABLET</b>	4	PA; MO
<b>OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<i>pioglitazone hcl oral tablet</i>	2	MO
<i>pioglitazone hcl-glimepiride oral tablet</i>	2	MO
<i>pioglitazone hcl-metformin hcl oral tablet</i>	2	MO
<b>PRANDIN ORAL TABLET 1 MG</b>	4	MO; QL (4 EA per 1 day)
<b>PRANDIN ORAL TABLET 2 MG</b>	4	MO; QL (8 EA per 1 day)
<b>PRECOSE ORAL TABLET</b>	4	MO; QL (3 EA per 1 day)
<b>QTERN ORAL TABLET</b>	4	ST; MO
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (4 EA per 1 day)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (8 EA per 1 day)
<i>repaglinide-metformin hcl oral tablet</i>	1	MO; QL (3 EA per 1 day)
<b>RIOMET ORAL SOLUTION</b>	4	MO
<b>SEGLUROMET ORAL TABLET</b>	4	PA; MO
<b>STARLIX ORAL TABLET</b>	4	MO
<b>STEGLATRO ORAL TABLET</b>	4	PA; MO
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>SYNJARDY ORAL TABLET</b>	3	MO
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	MO
<i>tolazamide oral tablet</i>	1	MO
<b>TOLBUTAMIDE ORAL TABLET</b>	4	MO
<b>TRADJENTA ORAL TABLET</b>	3	MO; QL (1 EA per 1 day)
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	MO
<b>Glycemic Agents</b>		
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>	3	MO
<b>GLUCAGON EMERGENCY INJECTION KIT</b>	3	MO
<b>PROGLYCEM ORAL SUSPENSION</b>	4	MO
<b>Insulins</b>		
<b>ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>ADMELOG SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>AFREZZA INHALATION POWDER 12 UNIT, 4 &amp; 8 &amp; 12 UNIT, 4 (90) &amp; 8 (90) UNIT, 4 UNIT, 8 UNIT</b>	4	PA; MO
<b>APIDRA INJECTION SOLUTION</b>	4	PA; MO
<b>APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	MO
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION</b>	3	MO
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	MO
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</b>	3	MO
<b>HUMALOG SUBCUTANEOUS SOLUTION</b>	3	MO
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR</b>	3	MO
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>	3	MO
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	MO
<b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>	3	MO
<b>HUMULIN R INJECTION SOLUTION</b>	3	MO
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</b>	3	MO
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR</b>	3	MO
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>LANTUS SUBCUTANEOUS SOLUTION</b>	3	MO
<b>LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>LEVEMIR SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR</b>	4	PA; MO
<b>NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION</b>	4	PA; MO
<b>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</b>	4	PA; MO
<b>NOVOLOG SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	ST; MO
<b>TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR</b>	3	MO
<b>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	MO
<b>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>TRESIBA SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO

Drug	Status	Requirements/Limits
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
<b>ARIXTRA SUBCUTANEOUS SOLUTION</b>	4	MO
<b>BEVYXXA ORAL CAPSULE</b>	4	MO; QL (1 EA per 42 days)
<b>COUMADIN ORAL TABLET</b>	4	MO
<b>ELIQUIS ORAL TABLET</b>	3	MO
<b>ELIQUIS STARTER PACK ORAL TABLET</b>	3	MO
<i>enoxaparin sodium subcutaneous solution</i>	2	MO
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	MO; NEDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	MO
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML</b>	5	MO; NEDS
<b>FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML</b>	3	MO
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	B/D; MO
<i>jantoven oral tablet</i>	1	MO
<b>LOVENOX SUBCUTANEOUS SOLUTION</b>	4	MO
<b>PRADAXA ORAL CAPSULE</b>	4	MO
<b>SAVAYSA ORAL TABLET</b>	4	PA; MO
<i>warfarin sodium oral tablet</i>	1	MO
<b>XARELTO ORAL TABLET</b>	3	MO
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</b>	3	MO
<b>Blood Formation Modifiers</b>		
<b>AGRYLIN ORAL CAPSULE</b>	4	MO
<i>anagrelide hcl oral capsule</i>	2	MO
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	4	PA; MO
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 300 MCG/ML</b>	5	PA; MO; NEDS
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML</b>	4	PA; MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML</b>	5	PA; MO; NEDS
<b>DOPTELET ORAL TABLET 20 MG</b>	4	PA; MO; QL (15 EA per 5 days)
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	4	PA; MO
<b>GRANIX SUBCUTANEOUS SOLUTION</b>	3	
<b>GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	MO
<b>LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED</b>	5	B/D; MO; NEDS
<b>MULPLETA ORAL TABLET</b>	4	PA; MO; QL (7 EA per 30 days)
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	B/D; MO; NEDS
<b>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</b>	5	B/D; MO; NEDS
<b>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE</b>	5	B/D; MO; NEDS
<b>NIVESTYM INJECTION SOLUTION</b>	4	MO
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE</b>	4	MO
<b>PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	3	PA; MO
<b>PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML</b>	5	PA; MO; NEDS
<b>PROMACTA ORAL PACKET</b>	5	PA; MO; NEDS
<b>PROMACTA ORAL TABLET</b>	5	PA; MO; NEDS
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	3	PA; MO
<b>RETACRIT INJECTION SOLUTION 40000 UNIT/ML</b>	5	PA; MO; NEDS
<b>TAVALISSE ORAL TABLET</b>	4	PA; MO; LA; QL (60 EA per 30 days)
<b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE</b>	5	B/D; MO; NEDS
<b>Hemostasis Agents</b>		
<b>LYSTEDA ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<i>tranexamic acid oral tablet</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Platelet Modifying Agents</b>		
<b>AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	4	MO
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	2	MO
<b>BRILINTA ORAL TABLET</b>	4	MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO
<i>dipyridamole oral tablet</i>	2	MO
<b>EFFIENT ORAL TABLET</b>	4	MO
<b>PLAVIX ORAL TABLET 75 MG</b>	4	MO
<i>prasugrel hcl oral tablet</i>	2	MO
<b>ZONTIVITY ORAL TABLET</b>	4	MO
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agonists</b>		
<b>CATAPRES ORAL TABLET</b>	4	MO
<b>CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY</b>	4	MO
<b>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY</b>	4	MO
<b>CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY</b>	4	MO
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	PA; MO
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	2	MO
<i>guanfacine hcl oral tablet</i>	2	MO
<i>methyldopa oral tablet</i>	2	MO
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	MO
<i>midodrine hcl oral tablet</i>	2	MO
<b>Alpha-Adrenergic Blocking Agents</b>		
<b>DIBENZYLINE ORAL CAPSULE</b>	4	MO
<b>MINIPRESS ORAL CAPSULE</b>	4	MO
<i>phenoxybenzamine hcl oral capsule</i>	2	MO
<i>prazosin hcl oral capsule</i>	1	MO
<b>Angiotensin II Receptor Antagonists</b>		
<b>ATACAND HCT ORAL TABLET</b>	4	MO
<b>ATACAND ORAL TABLET</b>	4	MO
<b>AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>AVAPRO ORAL TABLET</b>	4	MO
<b>BENICAR HCT ORAL TABLET</b>	3	MO
<b>BENICAR ORAL TABLET</b>	3	MO
<i>candesartan cilexetil oral tablet</i>	1	MO
<i>candesartan cilexetil-hctz oral tablet</i>	1	MO
<b>COZAAR ORAL TABLET</b>	4	MO
<b>DIOVAN HCT ORAL TABLET</b>	4	MO
<b>DIOVAN ORAL TABLET</b>	4	MO
<b>EDARBI ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>EDARBYCLOR ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>ENTRESTO ORAL TABLET</b>	4	MO
<i>eprosartan mesylate oral tablet</i>	1	MO
<b>HYZAAR ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<i>irbesartan oral tablet</i>	2	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>losartan potassium oral tablet</i>	1	MO
<i>losartan potassium-hctz oral tablet</i>	1	MO; QL (1 EA per 1 day)
<b>MICARDIS HCT ORAL TABLET</b>	4	MO
<b>MICARDIS ORAL TABLET</b>	4	MO
<i>olmesartan medoxomil oral tablet</i>	2	MO
<i>olmesartan medoxomil-hctz oral tablet</i>	2	MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	1	MO
<i>telmisartan-hctz oral tablet</i>	1	MO
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<b>ACCUPRIL ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>ACCURETIC ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>ALTACE ORAL CAPSULE</b>	4	MO
<i>benazepril hcl oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	2	MO
<i>captopril oral tablet</i>	2	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	2	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>fosinopril sodium oral tablet</i>	2	MO
<i>fosinopril sodium-hctz oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>lisinopril oral tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	4	MO
<i>moexipril hcl oral tablet</i>	2	MO
<i>perindopril erbumine oral tablet</i>	2	MO
<b>PRINIVIL ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>QBRELIS ORAL SOLUTION</b>	4	PA; MO
<i>quinapril hcl oral tablet</i>	1	MO; QL (2 EA per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO; QL (1 EA per 1 day)
<i>ramipril oral capsule</i>	1	MO
<b>TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG</b>	4	MO
<i>trandolapril oral tablet</i>	1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	MO
<b>VASERETIC ORAL TABLET</b>	4	MO
<b>VASOTEC ORAL TABLET</b>	4	MO
<b>ZESTORETIC ORAL TABLET</b>	4	MO
<b>ZESTRIL ORAL TABLET</b>	4	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet</i>	2	MO
<b>BETAPACE AF ORAL TABLET 120 MG, 160 MG</b>	4	MO
<b>BETAPACE AF ORAL TABLET 80 MG</b>	4	PA; MO
<i>disopyramide phosphate oral capsule</i>	2	MO
<i>dofetilide oral capsule</i>	2	MO
<i>flecainide acetate oral tablet</i>	2	MO
<i>mexiletine hcl oral capsule</i>	2	MO
<b>MULTAQ ORAL TABLET</b>	4	PA; MO
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	3	MO
<b>NORPACE ORAL CAPSULE</b>	4	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1	MO
<i>propafenone hcl oral tablet</i>	1	MO
<i>quinidine gluconate er oral tablet extended release</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	4	PA; MO
<i>sorine oral tablet</i>	1	MO
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg</i>	2	MO
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	MO
<b>TIKOSYN ORAL CAPSULE</b>	4	MO
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule</i>	2	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>betaxolol hcl oral tablet</i>	1	MO
<i>bisoprolol fumarate oral tablet</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<b>BYSTOLIC ORAL TABLET</b>	4	ST; MO; QL (1 EA per 1 day)
<i>carvedilol oral tablet</i>	1	MO
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	1	MO
<b>COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	MO
<b>COREG ORAL TABLET</b>	4	MO
<b>CORGARD ORAL TABLET</b>	4	MO
<b>CORZIDE ORAL TABLET</b>	4	MO
<b>DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<b>INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>labetalol hcl oral tablet</i>	2	MO
<b>LOPRESSOR HCT ORAL TABLET 50-25 MG</b>	4	MO
<b>LOPRESSOR ORAL TABLET 100 MG</b>	4	MO
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>pindolol oral tablet</i>	2	MO
<i>propranolol hcl er oral capsule extended release 24 hour</i>	1	MO
<i>propranolol hcl oral solution</i>	1	MO
<i>propranolol hcl oral tablet</i>	1	MO
<i>propranolol-hctz oral tablet</i>	1	MO
<b>TENORETIC 100 ORAL TABLET</b>	4	MO
<b>TENORETIC 50 ORAL TABLET</b>	4	MO
<b>TENORMIN ORAL TABLET</b>	4	MO
<b>TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1.5 EA per 1 day)
<b>ZIAC ORAL TABLET</b>	4	MO
<b>Calcium Channel Blocking Agents</b>		
<b>ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	MO
<i>amlodipine besylate oral tablet</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet</i>	1	MO; QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet</i>	1	MO; QL (1 EA per 1 day)
<i>amlodipine-valsartan-hctz oral tablet</i>	1	MO; QL (1 EA per 1 day)
<b>AZOR ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG</b>	4	MO; QL (1 EA per 1 day)
<b>CALAN ORAL TABLET 120 MG</b>	4	MO
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG</b>	4	MO
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</b>	4	MO
<i>cartia xt oral capsule extended release 24 hour</i>	2	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl oral tablet</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour</i>	2	MO
<b>EXFORGE HCT ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>EXFORGE ORAL TABLET</b>	4	PA; MO; QL (1 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour</i>	2	MO
<i>isradipine oral capsule</i>	2	MO
<b>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG</b>	4	MO
<i>matzim la oral tablet extended release 24 hour</i>	2	MO
<i>nicardipine hcl oral capsule</i>	2	MO
<i>nifedipine er oral tablet extended release 24 hour</i>	2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	MO
<i>nifedipine oral capsule</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO
<i>nisoldipine er oral tablet extended release 24 hour</i>	1	MO
<b>NORVASC ORAL TABLET</b>	4	MO
<b>PROCARDIA ORAL CAPSULE</b>	4	MO
<b>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG</b>	4	MO
<i>taztia xt oral capsule extended release 24 hour</i>	1	MO
<b>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>TRIBENZOR ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-5 MG</b>	4	MO
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	MO
<i>verapamil hcl er oral tablet extended release</i>	1	MO
<i>verapamil hcl oral tablet</i>	1	MO
<b>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<b>Cardiovascular Agents</b>		
<i>amlodipine-olmesartan oral tablet</i>	1	MO
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren fumarate oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>BYVALSON ORAL TABLET</b>	4	MO; QL (30 EA per 30 days)
<b>CORLANOR ORAL TABLET</b>	4	PA; MO
<b>DEMSEER ORAL CAPSULE</b>	4	MO
<i>digitek oral tablet</i>	1	MO
<i>digox oral tablet</i>	2	MO
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO
<i>digoxin oral tablet 250 mcg</i>	2	PA; MO
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG</b>	4	MO
<b>NORTHERA ORAL CAPSULE</b>	4	PA; MO
<i>pentoxifylline er oral tablet extended release</i>	2	MO
<b>PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	5	PA; MO; NEDS
<b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	MO
<i>ranolazine er oral tablet extended release 12 hour</i>	1	PA; MO
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE</b>	5	PA; MO; NEDS
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	PA; MO; NEDS
<b>TEKTURNA HCT ORAL TABLET</b>	4	MO
<b>TEKTURNA ORAL TABLET</b>	4	MO
<b>VECAMYL ORAL TABLET</b>	4	MO
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral tablet</i>	2	MO
<i>methazolamide oral tablet</i>	2	MO
<b>Diuretics, Loop</b>		
<i>bumetanide oral tablet</i>	1	MO
<b>EDECRIN ORAL TABLET</b>	3	MO
<i>ethacrynic acid oral tablet</i>	2	MO
<i>furosemide injection solution 10 mg/ml</i>	2	B/D; MO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<b>LASIX ORAL TABLET 20 MG, 80 MG</b>	4	MO
<i>toremide oral tablet</i>	1	MO
<b>Diuretics, Potassium-Sparing</b>		
<b>ALDACTAZIDE ORAL TABLET</b>	4	MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ALDACTONE ORAL TABLET</b>	4	MO
<i>amiloride hcl oral tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	MO
<b>DYAZIDE ORAL CAPSULE</b>	4	MO
<b>DYRENIUM ORAL CAPSULE</b>	4	MO
<i>eplerenone oral tablet</i>	2	MO
<b>INSPIRA ORAL TABLET</b>	4	MO
<b>MAXZIDE ORAL TABLET</b>	4	MO
<b>MAXZIDE-25 ORAL TABLET</b>	4	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hctz oral tablet</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet</i>	1	MO
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide oral tablet</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<b>DIURIL ORAL SUSPENSION</b>	4	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<b>METHYCLOTHIAZIDE ORAL TABLET</b>	4	MO
<i>metolazone oral tablet</i>	2	MO
<b>Dyslipidemics</b>		
<i>colesevelam hcl oral packet</i>	2	MO
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<b>ANTARA ORAL CAPSULE 30 MG, 90 MG</b>	4	MO
<i>fenofibrate micronized oral capsule</i>	2	MO
<b>FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG</b>	4	MO
<i>fenofibrate oral tablet</i>	2	MO
<i>fenofibric acid oral capsule delayed release</i>	2	MO
<i>fenofibric acid oral tablet</i>	2	MO
<b>FENOGLIDE ORAL TABLET</b>	4	MO
<b>FIBRICOR ORAL TABLET</b>	4	MO
<i>gemfibrozil oral tablet</i>	2	MO
<b>LIPOFEN ORAL CAPSULE</b>	4	MO
<b>LOPID ORAL TABLET</b>	4	MO
<b>TRICOR ORAL TABLET</b>	4	MO
<b>TRIGLIDE ORAL TABLET 160 MG</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>TRILIPIX ORAL CAPSULE DELAYED RELEASE</b>	4	MO
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>		
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>atorvastatin calcium oral tablet</i>	1	MO
<b>CRESTOR ORAL TABLET</b>	4	ST; MO; QL (1 EA per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	2	MO
<i>fluvastatin sodium oral capsule</i>	2	MO
<b>LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	MO
<b>LIPITOR ORAL TABLET</b>	4	MO; QL (1.5 EA per 1 day)
<b>LIVALO ORAL TABLET</b>	4	ST; MO; QL (1 EA per 1 day)
<i>lovastatin oral tablet</i>	2	MO
<b>PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG</b>	4	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	1	MO; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet</i>	1	MO; QL (1 EA per 1 day)
<i>simvastatin oral tablet</i>	1	MO; QL (1.5 EA per 1 day)
<b>ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG</b>	4	MO; QL (1.5 EA per 1 day)
<b>ZYPITAMAG ORAL TABLET</b>	4	ST; MO
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral powder</i>	2	MO
<i>cholestyramine oral packet</i>	2	MO
<i>colesevelam hcl oral tablet</i>	2	MO
<b>COLESTID ORAL PACKET</b>	4	MO
<b>COLESTID ORAL TABLET</b>	4	MO
<i>colestipol hcl oral packet</i>	2	MO
<i>colestipol hcl oral tablet</i>	2	MO
<i>ezetimibe oral tablet</i>	2	MO
<i>ezetimibe-simvastatin oral tablet</i>	2	MO
<b>JUXTAPID ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>LOVAZA ORAL CAPSULE</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	MO
<i>niacor oral tablet</i>	2	MO
<b>NIASPAN ORAL TABLET EXTENDED RELEASE</b>	4	MO
<i>omega-3-acid ethyl esters oral capsule</i>	2	MO
<i>prevalite oral packet</i>	1	MO
<b>QUESTRAN LIGHT ORAL POWDER</b>	4	MO
<b>QUESTRAN ORAL PACKET</b>	4	MO
<b>VYTORIN ORAL TABLET</b>	4	MO
<b>WELCHOL ORAL PACKET</b>	4	MO
<b>WELCHOL ORAL TABLET</b>	4	MO
<b>ZETIA ORAL TABLET</b>	4	MO
<b>Vasodilators, Direct-Acting Arterial</b>		
<i>hydralazine hcl oral tablet</i>	2	MO
<i>minoxidil oral tablet</i>	2	MO
<b>Vasodilators, Direct-Acting Arterial/Venous</b>		
<b>BIDIL ORAL TABLET</b>	4	MO
<b>GONITRO SUBLINGUAL PACKET</b>	4	MO
<b>ISORDIL TITRADOSE ORAL TABLET</b>	4	MO
<i>isosorbide dinitrate er oral tablet extended release</i>	2	MO
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	2	MO
<i>minitran transdermal patch 24 hour</i>	2	MO
<b>NITRO-BID TRANSDERMAL OINTMENT</b>	4	MO
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR</b>	4	MO
<i>nitroglycerin sublingual tablet sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual solution</i>	2	MO
<b>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL</b>	3	MO
<b>RECTIV RECTAL OINTMENT</b>	4	MO

Drug	Status	Requirements/Limits
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<b>ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG</b>	4	MO
<b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (2 EA per 1 day)
<b>ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE</b>	4	MO
<b>ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE</b>	4	MO
<i>amphetamine sulfate oral tablet</i>	2	MO
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	2	MO
<i>amphetamine-dextroamphetamine oral tablet</i>	2	MO
<b>DESOXYN ORAL TABLET</b>	4	MO
<b>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	MO
<i>dextroamphetamine sulfate oral tablet</i>	2	MO
<b>EVEKEO ORAL TABLET</b>	4	MO
<i>methamphetamine hcl oral tablet</i>	1	MO
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	2	MO
<b>PROCENTRA ORAL SOLUTION</b>	4	MO
<b>VYVANSE ORAL CAPSULE</b>	4	PA; MO
<i>zenzedi oral tablet</i>	1	MO
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<b>APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>atomoxetine hcl oral capsule</i>	2	PA; MO
<b>CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG</b>	4	MO; QL (1 EA per 1 day)
<b>CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG</b>	4	MO; QL (2 EA per 1 day)
<b>COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE</b>	4	PA; MO
<b>DAYTRANA TRANSDERMAL PATCH</b>	4	PA; MO
<i>dexamethylphenidate hcl er oral capsule extended release 24 hour</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hcl oral tablet</i>	2	MO
<b>FOCALIN ORAL TABLET</b>	4	MO
<b>FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 30 MG, 40 MG, 5 MG</b>	4	MO; QL (1 EA per 1 day)
<b>FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 35 MG</b>	4	MO
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	PA; MO
<b>INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	PA; MO
<i>metadate er oral tablet extended release 20 mg</i>	2	MO
<b>METHYLIN ORAL SOLUTION</b>	4	MO
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	2	MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg, 72 mg</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg, 54 mg</i>	2	MO
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet chewable</i>	2	MO
<b>MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	ST; MO
<b>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE</b>	4	MO
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED</b>	4	PA; MO
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG</b>	4	MO
<b>RITALIN ORAL TABLET</b>	4	MO
<b>STRATTERA ORAL CAPSULE</b>	4	PA; MO
<b>Central Nervous System Agents</b>		
<b>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE</b>	4	PA; MO

Drug	Status	Requirements/Limits
<b>Central Nervous System Agents, Other</b>		
<b>AUSTEDO ORAL TABLET</b>	4	PA; MO
<b>Central Nervous System, Other</b>		
<b>HETLIOZ ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG</b>	4	MO
<b>NUEDEXTA ORAL CAPSULE</b>	4	PA; MO
<b>RILUTEK ORAL TABLET</b>	4	MO
<i>riluzole oral tablet</i>	1	MO
<i>tetrabenazine oral tablet</i>	5	PA; MO; NEDS
<b>TIGLUTIK ORAL SUSPENSION</b>	4	PA; MO; QL (20 ML per 1 day)
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	MO
<b>LYRICA ORAL CAPSULE</b>	4	PA; MO
<b>LYRICA ORAL SOLUTION</b>	4	PA; MO
<b>SAVELLA ORAL TABLET</b>	3	MO
<b>SAVELLA TITRATION PACK ORAL</b>	3	MO
<b>Multiple Sclerosis Agents</b>		
<b>AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	5	PA; MO; NEDS
<b>AUBAGIO ORAL TABLET</b>	5	MO; NEDS
<b>AVONEX INTRAMUSCULAR KIT</b>	5	MO; NEDS
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	5	MO; NEDS
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	5	MO; NEDS
<b>BETASERON SUBCUTANEOUS KIT</b>	5	MO; NEDS
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	4	MO
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	3	MO
<b>DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	5	PA; MO; NEDS
<b>EXTAVIA SUBCUTANEOUS KIT</b>	4	PA; MO
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	5	MO; NEDS
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	5	MO; NEDS
<i>glatopa subcutaneous solution prefilled syringe</i>	5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN- INJECTOR</b>	4	MO
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	MO
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	MO
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	MO; NEDS
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR</b>	5	MO; NEDS
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	MO; NEDS
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	MO; NEDS
<b>TECFIDERA ORAL</b>	5	MO; NEDS
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE</b>	5	MO; NEDS
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl oral capsule</i>	2	MO
<i>chlorhexidine gluconate mouth/throat solution</i>	1	MO
<b>EVOXAC ORAL CAPSULE</b>	4	MO
<i>pilocarpine hcl oral tablet</i>	2	MO
<b>SALAGEN ORAL TABLET</b>	4	MO
<i>triamcinolone acetonide mouth/throat paste</i>	1	MO
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<b>ACANYA EXTERNAL GEL</b>	4	ST; MO
<i>acitretin oral capsule 10 mg, 25 mg</i>	1	MO
<i>acitretin oral capsule 17.5 mg</i>	5	MO; NEDS
<b>ACZONE EXTERNAL GEL 5 %</b>	4	PA; MO
<i>adapalene external cream</i>	1	MO
<i>adapalene external gel</i>	2	MO
<i>adapalene external solution</i>	2	MO
<b>ALDARA EXTERNAL CREAM</b>	4	MO; QL (48 EA per 365 days)
<b>ALTRENO EXTERNAL LOTION</b>	4	PA; MO
<i>ammonium lactate external cream</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ammonium lactate external lotion</i>	2	MO
<i>amnesteem oral capsule</i>	1	MO
<b>ATRALIN EXTERNAL GEL</b>	4	PA; MO
<i>avita external cream</i>	1	PA; MO
<i>avita external gel</i>	1	PA; MO
<b>AZELEX EXTERNAL CREAM</b>	4	MO
<b>BENZAOLIN WITH PUMP EXTERNAL GEL</b>	4	ST; MO
<b>BENZAMYCIN EXTERNAL GEL</b>	4	MO
<i>benzoyl peroxide-erythromycin external gel</i>	1	MO
<i>calcipotriene external cream</i>	2	MO; QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	2	MO; QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	2	MO; QL (120 ML per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	1	PA; MO
<b>CALCITRIOL EXTERNAL OINTMENT</b>	4	PA; MO
<b>CARAC EXTERNAL CREAM</b>	4	MO
<i>claravis oral capsule</i>	2	MO
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	2	PA; MO
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	ST; MO
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	PA; MO
<i>clindamycin-tretinoin external gel</i>	1	PA; MO
<i>clotrimazole-betamethasone external cream</i>	2	MO
<i>clotrimazole-betamethasone external lotion</i>	2	MO
<b>CONDYLOX EXTERNAL GEL</b>	4	MO
<b>CORTISPORIN EXTERNAL CREAM</b>	4	MO
<b>CORTISPORIN EXTERNAL OINTMENT</b>	4	MO
<b>COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; MO
<i>dapsone external gel</i>	1	PA; MO
<i>diclofenac epolamine transdermal patch</i>	2	PA; MO
<i>diclofenac sodium transdermal gel 1 %</i>	2	MO; QL (960 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	1	MO
<b>DIFFERIN EXTERNAL CREAM</b>	4	MO
<b>DIFFERIN EXTERNAL GEL</b>	4	MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DIFFERIN EXTERNAL LOTION</b>	4	MO
<b>DOVONEX EXTERNAL CREAM</b>	4	PA; MO
<i>doxepin hcl external cream</i>	1	MO
<b>DUAC EXTERNAL GEL</b>	4	ST; MO
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>EFUDEX EXTERNAL CREAM</b>	4	MO
<b>ELIDEL EXTERNAL CREAM</b>	4	MO
<b>EPIDUO EXTERNAL GEL</b>	4	ST; MO
<b>EPIDUO FORTE EXTERNAL GEL</b>	4	ST; MO
<b>EUCRISA EXTERNAL OINTMENT</b>	4	PA; MO
<b>FABIOR EXTERNAL FOAM</b>	4	PA; MO
<b>FINACEA EXTERNAL FOAM</b>	4	MO
<b>FINACEA EXTERNAL GEL</b>	4	MO
<i>fluorouracil external cream</i>	2	MO
<i>fluorouracil external solution</i>	2	MO
<b>ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO; QL (1 ML per 84 days)
<i>imiquimod external cream</i>	2	MO
<i>imiquimod pump external cream</i>	2	MO
<b>LOTRISONE EXTERNAL CREAM</b>	4	MO
<i>methoxsalen rapid oral capsule</i>	2	MO
<b>MIRVASO EXTERNAL GEL</b>	4	ST; MO
<i>myorisan oral capsule</i>	1	MO
<b>ORACEA ORAL CAPSULE DELAYED RELEASE</b>	4	MO
<b>OXSORALEN ULTRA ORAL CAPSULE</b>	4	MO
<b>PENNSAID TRANSDERMAL SOLUTION 2 %</b>	4	MO
<b>PICATO EXTERNAL GEL</b>	4	ST; MO
<i>pimecrolimus external cream</i>	2	MO
<i>podofilox external solution</i>	2	MO
<b>PROTOPIC EXTERNAL OINTMENT</b>	4	MO
<b>PRUDOXIN EXTERNAL CREAM</b>	4	MO
<b>REGRANEX EXTERNAL GEL</b>	4	PA; MO
<b>RETIN-A EXTERNAL CREAM</b>	4	PA; MO
<b>RETIN-A EXTERNAL GEL</b>	4	PA; MO
<b>RETIN-A MICRO EXTERNAL GEL</b>	4	PA; MO
<b>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %</b>	4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SANTYL EXTERNAL OINTMENT</b>	3	MO; QL (100 GM per 30 days)
<i>selenium sulfide external lotion</i>	1	MO
<b>SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>SOOLANTRA EXTERNAL CREAM</b>	4	MO
<b>SORIATANE ORAL CAPSULE 10 MG, 25 MG</b>	4	MO
<b>SORILUX EXTERNAL FOAM</b>	4	PA; MO
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	4	PA; MO
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>TACLONEX EXTERNAL OINTMENT</b>	4	PA; MO
<b>TACLONEX EXTERNAL SUSPENSION</b>	4	PA; MO
<i>tacrolimus external ointment</i>	1	MO
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; MO
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<i>tazarotene external cream</i>	1	MO
<b>TAZORAC EXTERNAL CREAM</b>	4	MO
<b>TAZORAC EXTERNAL GEL</b>	4	MO
<b>TOLAK EXTERNAL CREAM</b>	4	MO
<b>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<i>tretinoin external cream</i>	1	PA; MO
<i>tretinoin external gel</i>	1	PA; MO
<i>tretinoin microsphere external gel</i>	1	PA; MO
<b>VECTICAL EXTERNAL OINTMENT</b>	4	PA; MO
<b>VEREGEN EXTERNAL OINTMENT</b>	4	ST; MO
<b>VOLTAREN TRANSDERMAL GEL</b>	4	MO
<i>zenatane oral capsule</i>	1	MO
<b>ZIANA EXTERNAL GEL</b>	4	ST; MO
<b>ZONALON EXTERNAL CREAM</b>	4	MO
<b>ZYCLARA PUMP EXTERNAL CREAM</b>	4	MO
<b>Electrolytes/Minerals/ Metals/ Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
<i>aminosyn ii/electrolytes intravenous solution</i>	2	B/D; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>dextrose intravenous solution 10 %, 5 %</i>	2	B/D; MO
<b>DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %</b>	4	B/D; MO
<i>dextrose-nacl intravenous solution 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	B/D; MO
<i>kcl in dextrose-nacl intravenous solution 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%</i>	2	B/D; MO
<i>klor-con 10 oral tablet extended release</i>	2	MO
<i>klor-con m10 oral tablet extended release</i>	2	MO
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE</b>	4	MO
<i>klor-con m20 oral tablet extended release</i>	2	MO
<i>klor-con oral packet 20 meq</i>	2	MO
<i>klor-con oral tablet extended release</i>	2	MO
<i>klor-con sprinkle oral capsule extended release 8 meq</i>	2	MO
<i>magnesium sulfate injection solution 50 %</i>	2	B/D; MO
<i>potassium chloride crys er oral tablet extended release</i>	2	MO
<i>potassium chloride er oral capsule extended release</i>	2	MO
<i>potassium chloride er oral tablet extended release</i>	2	MO
<i>potassium chloride intravenous solution 20 meq/100ml, 40 meq/100ml</i>	1	B/D; MO
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release</i>	1	MO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 5 %</i>	1	B/D; MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO
<i>tpn electrolytes intravenous solution</i>	1	B/D; MO
<b>TRAVASOL INTRAVENOUS SOLUTION</b>	4	B/D; MO
<b>Electrolyte/Mineral/Metal Modifiers</b>		
<b>CARBAGLU ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	4	MO
<b>DEPEN TITRATABS ORAL TABLET</b>	5	MO; NEDS
<b>EXJADE ORAL TABLET SOLUBLE 125 MG</b>	4	MO
<b>EXJADE ORAL TABLET SOLUBLE 250 MG, 500 MG</b>	5	MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>kionex oral suspension</i>	2	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<b>SYPRINE ORAL CAPSULE</b>	5	MO; NEDS
<i>trientine hcl oral capsule</i>	5	MO; NEDS
<b>Phosphate Binders</b>		
<i>calcium acetate (phos binder) oral capsule</i>	2	MO
<i>calcium acetate (phos binder) oral tablet</i>	1	MO
<b>RENVELA ORAL PACKET</b>	3	MO
<b>RENVELA ORAL TABLET</b>	3	MO
<i>sevelamer carbonate oral packet</i>	1	MO
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
<b>BUPHENYL ORAL TABLET</b>	5	MO; NEDS
<b>CERDELGA ORAL CAPSULE</b>	4	PA; MO
<i>miglustat oral capsule</i>	5	MO; LA; NEDS
<i>nityr oral tablet</i>	4	PA; MO; LA
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT</b>	4	MO
<b>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 8000 UNIT</b>	4	MO
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	MO
<b>SUCRAID ORAL SOLUTION</b>	4	MO
<b>VIOKACE ORAL TABLET</b>	4	MO
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT</b>	4	MO
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<b>CUVPOSA ORAL SOLUTION</b>	4	PA; MO
<i>dicyclomine hcl oral capsule</i>	1	MO
<i>dicyclomine hcl oral solution</i>	2	MO
<i>dicyclomine hcl oral tablet</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>methscopolamine bromide oral tablet</i>	2	MO
<b>PROPANTHELINE BROMIDE ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Gastrointestinal Agents</b>		
<b>XERMELO ORAL TABLET</b>	4	PA; MO
<b>Gastrointestinal Agents, Other</b>		
<b>ACTIGALL ORAL CAPSULE</b>	4	MO
<b>CHENODAL ORAL TABLET</b>	4	MO
<b>CHOLBAM ORAL CAPSULE</b>	4	PA; MO; LA
<i>cromolyn sodium oral concentrate</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	2	MO
<i>diphenoxylate-atropine oral tablet</i>	2	MO
<b>ENDARI ORAL PACKET</b>	4	PA; MO; QL (6 EA per 1 day)
<b>GASTROCROM ORAL CONCENTRATE</b>	4	MO
<b>GATTEX SUBCUTANEOUS KIT</b>	5	PA; MO; NEDS
<b>LOMOTIL ORAL TABLET</b>	4	MO
<i>loperamide hcl oral capsule</i>	2	MO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	1	ST; MO
<b>MOVANTI ORAL TABLET</b>	4	PA; MO
<b>MYTESI ORAL TABLET DELAYED RELEASE</b>	4	PA; MO
<b>OCALIVA ORAL TABLET</b>	4	PA; MO
<b>OSMOPREP ORAL TABLET</b>	4	MO
<b>PYLERA ORAL CAPSULE</b>	4	PA; MO; QL (120 EA per 10 days)
<b>RELISTOR ORAL TABLET</b>	4	PA; MO
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	5	PA; MO; NEDS
<b>SYMPROIC ORAL TABLET</b>	4	PA; MO
<b>URSO 250 ORAL TABLET</b>	4	MO
<b>URSO FORTE ORAL TABLET</b>	4	MO
<i>ursodiol oral capsule</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl oral solution</i>	2	MO
<i>cimetidine oral tablet</i>	2	MO
<i>famotidine oral suspension reconstituted</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO
<i>nizatidine oral capsule</i>	1	MO
<i>nizatidine oral solution</i>	1	MO
<b>PEPCID ORAL TABLET 40 MG</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>ranitidine hcl oral capsule</i>	1	MO
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO
<b>Irritable Bowel Syndrome Agents</b>		
<i>alose tron hcl oral tablet</i>	2	PA; MO; QL (2 EA per 1 day)
<b>AMITIZA ORAL CAPSULE</b>	3	MO
<b>LINZESS ORAL CAPSULE</b>	4	PA; MO
<b>VIBERZI ORAL TABLET</b>	4	PA; MO
<b>Laxatives</b>		
<b>COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM</b>	4	MO
<i>constulose oral solution</i>	1	MO
<i>enulose oral solution</i>	2	MO
<i>gavilyte-c oral solution reconstituted</i>	2	MO
<i>gavilyte-g oral solution reconstituted</i>	2	MO
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	MO
<i>generlac oral solution</i>	1	MO
<b>GOLYTELY ORAL SOLUTION RECONSTITUTED</b>	4	MO
<b>KRISTALOSE ORAL PACKET</b>	3	MO
<i>lactulose oral packet</i>	2	MO
<i>lactulose oral solution 10 gm/15ml</i>	2	MO
<b>MOVIPREP ORAL SOLUTION RECONSTITUTED</b>	4	MO
<b>NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED</b>	4	MO
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	MO
<b>PREPOPIK ORAL PACKET</b>	4	MO
<b>SUPREP BOWEL PREP KIT ORAL SOLUTION</b>	4	MO
<i>trilyte oral solution reconstituted</i>	1	MO
<b>Protectants</b>		
<b>CARAFATE ORAL SUSPENSION</b>	4	MO
<b>CARAFATE ORAL TABLET</b>	4	MO
<b>CYTOTEC ORAL TABLET</b>	4	MO
<i>misoprostol oral tablet</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO

Drug	Status	Requirements/Limits
<b>Proton Pump Inhibitors</b>		
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE</b>	3	MO
<i>esomeprazole magnesium oral capsule delayed release</i>	1	MO; QL (1 EA per 1 day)
<i>lansoprazole oral capsule delayed release</i>	1	MO
<i>lansoprazole oral tablet dispersible</i>	1	PA; MO
<i>omeprazole oral capsule delayed release 10 mg</i>	2	MO; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 20 mg</i>	2	MO; QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 40 mg</i>	2	MO
<i>pantoprazole sodium oral tablet delayed release</i>	2	MO; QL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	1	PA; MO; QL (1 EA per 1 day)
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG</b>	5	PA; MO; LA; NEDS
<b>BUPHENYL ORAL POWDER 3 GM/TSP</b>	4	MO
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	3	MO
<b>CYSTADANE ORAL POWDER</b>	4	MO; LA
<b>CYSTAGON ORAL CAPSULE</b>	4	MO
<b>KUVAN ORAL PACKET</b>	5	PA; MO; NEDS
<b>KUVAN ORAL TABLET SOLUBLE</b>	5	PA; MO; NEDS
<b>ORFADIN ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>ORFADIN ORAL SUSPENSION</b>	5	PA; MO; NEDS
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO; LA; QL (2 ML per 30 days)
<b>RAVICTI ORAL LIQUID</b>	5	MO; NEDS
<i>sodium phenylbutyrate oral tablet</i>	5	MO; NEDS
<b>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>ZAVESCA ORAL CAPSULE</b>	5	MO; LA; NEDS
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 3000-14000 UNIT</b>	4	MO
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	ST; MO; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	ST; MO
<b>DETROL ORAL TABLET</b>	4	ST; MO
<b>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG</b>	4	MO
<b>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	ST; MO; QL (1 EA per 1 day)
<i>flavoxate hcl oral tablet</i>	2	MO
<b>GELNIQUE PUMP TRANSDERMAL GEL</b>	4	ST; MO
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet</i>	1	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	MO
<i>tolterodine tartrate oral tablet</i>	1	MO
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	ST; MO
<i>trospium chloride er oral capsule extended release 24 hour</i>	1	MO
<i>trospium chloride oral tablet</i>	1	MO
<b>VESICARE ORAL TABLET</b>	4	MO
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	MO; QL (1 EA per 1 day)
<b>AVODART ORAL CAPSULE</b>	4	MO
<b>CARDURA ORAL TABLET</b>	4	MO
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet</i>	2	MO
<i>dutasteride oral capsule</i>	2	MO
<i>dutasteride-tamsulosin hcl oral capsule</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; QL (1 EA per 1 day)
<b>FLOMAX ORAL CAPSULE</b>	4	MO
<b>JALYN ORAL CAPSULE</b>	4	MO
<b>PROSCAR ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>RAPAFLO ORAL CAPSULE</b>	4	ST; MO
<i>silodosin oral capsule</i>	2	ST; MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>tamsulosin hcl oral capsule</i>	1	MO
<i>terazosin hcl oral capsule</i>	1	MO
<b>UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO; QL (1 EA per 1 day)
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet</i>	1	MO
<b>CIALIS ORAL TABLET 2.5 MG, 5 MG</b>	4	PA; MO; QL (4 EA per 30 days)
<b>ELMIRON ORAL CAPSULE</b>	3	MO
<b>JYNARQUE ORAL TABLET THERAPY PACK</b>	5	PA; MO; LA; NEDS
<b>LITHOSTAT ORAL TABLET</b>	4	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	MO; QL (4 EA per 30 days)
<b>THIOLA ORAL TABLET</b>	4	MO
<b>URECHOLINE ORAL TABLET</b>	4	MO
<b>Phosphate Binders</b>		
<b>AURYXIA ORAL TABLET</b>	4	PA; MO
<b>FOSRENOL ORAL PACKET</b>	4	ST; MO
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG</b>	4	ST; MO
<i>lanthanum carbonate oral tablet chewable</i>	2	ST; MO
<b>PHOSLYRA ORAL SOLUTION</b>	4	MO
<b>RENAGEL ORAL TABLET 800 MG</b>	3	MO
<i>sevelamer carbonate oral tablet</i>	1	MO
<i>sevelamer hcl oral tablet 800 mg</i>	1	MO
<b>VELPHORO ORAL TABLET CHEWABLE</b>	4	PA; MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Glucocorticoids/Mineralocorticoids</b>		
<b>ENSTILAR EXTERNAL FOAM</b>	4	PA; MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>ala-cort external cream 1 %</i>	2	MO
<i>alclometasone dipropionate external cream</i>	2	MO
<i>alclometasone dipropionate external ointment</i>	2	MO
<i>amcinonide external cream</i>	1	MO
<i>amcinonide external lotion</i>	2	MO
<b>AMCINONIDE EXTERNAL OINTMENT</b>	4	MO
<b>ANUSOL-HC RECTAL CREAM</b>	4	MO
<i>betamethasone dipropionate aug external cream</i>	2	MO
<i>betamethasone dipropionate aug external gel</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate aug external lotion</i>	2	MO
<i>betamethasone dipropionate aug external ointment</i>	2	MO
<i>betamethasone dipropionate external cream</i>	2	MO
<i>betamethasone dipropionate external lotion</i>	2	MO
<i>betamethasone dipropionate external ointment</i>	2	MO
<i>betamethasone valerate external cream</i>	2	MO
<i>betamethasone valerate external foam</i>	2	ST; MO
<i>betamethasone valerate external lotion</i>	2	MO
<i>betamethasone valerate external ointment</i>	2	MO
<b>CAPEX EXTERNAL SHAMPOO</b>	4	MO
<i>clobetasol prop emollient base external cream</i>	2	MO
<i>clobetasol propionate emulsion external foam</i>	2	MO
<i>clobetasol propionate external cream</i>	2	MO
<i>clobetasol propionate external foam</i>	2	MO
<i>clobetasol propionate external gel</i>	2	MO; QL (60 GM per 30 days)
<i>clobetasol propionate external liquid</i>	2	MO; QL (180 ML per 30 days)
<i>clobetasol propionate external lotion</i>	2	MO; QL (180 ML per 30 days)
<i>clobetasol propionate external ointment</i>	2	MO; QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	2	MO; QL (180 ML per 30 days)
<i>clobetasol propionate external solution</i>	2	MO; QL (59 ML per 30 days)
<i>clocortolone pivalate pump external cream</i>	1	MO
<b>CORTEF ORAL TABLET</b>	4	MO
<i>cortisone acetate oral tablet</i>	2	MO
<i>desonide external cream</i>	2	MO
<i>desonide external lotion</i>	2	MO
<i>desonide external ointment</i>	2	MO
<i>desoximetasone external cream</i>	2	MO
<i>desoximetasone external gel</i>	2	MO
<i>desoximetasone external liquid</i>	2	PA; MO; QL (180 ML per 30 days)
<i>desoximetasone external ointment</i>	2	MO
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</b>	4	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<b>DEXAMETHASONE ORAL TABLET 1 MG</b>	4	MO
<i>dexamethasone oral tablet therapy pack</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DEXPAK 13 DAY ORAL TABLET THERAPY PACK</b>	4	MO
<i>diflorasone diacetate external cream</i>	2	MO
<i>diflorasone diacetate external ointment</i>	2	MO
<b>ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	4	MO; QL (3 EA per 1 day)
<i>fludrocortisone acetate oral tablet</i>	2	MO
<i>fluocinolone acetonide external cream</i>	2	MO
<i>fluocinolone acetonide external ointment</i>	2	MO
<i>fluocinolone acetonide external solution</i>	2	MO
<i>fluocinolone acetonide scalp external oil</i>	2	MO
<i>fluocinonide external cream 0.1 %</i>	2	MO; QL (60 GM per 30 days)
<i>fluocinonide external gel</i>	2	MO; QL (60 GM per 30 days)
<i>fluocinonide external ointment</i>	2	MO
<i>fluocinonide external solution</i>	2	MO; QL (60 ML per 30 days)
<i>flurandrenolide external cream</i>	1	MO; QL (240 GM per 30 days)
<i>flurandrenolide external lotion</i>	1	MO; QL (240 ML per 30 days)
<i>flurandrenolide external ointment</i>	1	MO; QL (180 GM per 30 days)
<i>fluticasone propionate external cream</i>	2	MO
<i>fluticasone propionate external lotion</i>	2	MO
<i>fluticasone propionate external ointment</i>	2	MO
<i>halobetasol propionate external cream</i>	2	MO
<i>halobetasol propionate external ointment</i>	2	MO
<b>HALOG EXTERNAL CREAM</b>	3	MO
<b>HALOG EXTERNAL OINTMENT</b>	3	MO
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	1	MO
<i>hydrocortisone butyrate external cream</i>	2	MO
<i>hydrocortisone butyrate external lotion</i>	2	MO; QL (180 ML per 30 days)
<i>hydrocortisone butyrate external ointment</i>	2	MO
<i>hydrocortisone butyrate external solution</i>	2	MO
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone external lotion 2.5 %</i>	2	MO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate external cream</i>	2	MO
<i>hydrocortisone valerate external ointment</i>	2	MO
<b>MEDROL ORAL TABLET</b>	4	MO
<b>MEDROL ORAL TABLET THERAPY PACK</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>methylprednisolone oral tablet</i>	2	MO
<i>methylprednisolone oral tablet therapy pack</i>	2	MO
<b>MILLIPRED ORAL TABLET</b>	4	MO
<i>mometasone furoate external cream</i>	2	MO
<i>mometasone furoate external ointment</i>	2	MO
<i>mometasone furoate external solution</i>	2	MO
<b>ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG, 30 MG</b>	4	MO
<i>prednicarbate external cream</i>	1	MO
<i>prednicarbate external ointment</i>	1	MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	MO
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1	MO
<b>PREDNISONE INTENSOL ORAL CONCENTRATE</b>	4	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablet therapy pack</i>	1	MO
<i>procto-med hc rectal cream</i>	1	MO
<i>proctosol hc rectal cream</i>	1	MO
<i>proctozone-hc rectal cream</i>	1	MO
<b>RAYOS ORAL TABLET DELAYED RELEASE</b>	4	MO
<b>TEXACORT EXTERNAL SOLUTION</b>	4	MO
<i>triamcinolone acetonide external aerosol solution</i>	1	MO
<i>triamcinolone acetonide external cream</i>	1	MO
<i>triamcinolone acetonide external lotion</i>	1	MO
<i>triamcinolone acetonide external ointment</i>	1	MO
<i>triderm external cream 0.1 %</i>	1	MO
<b>UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	ST; MO
<b>UCERIS RECTAL FOAM</b>	4	PA; MO
<b>VERIPRED 20 ORAL SOLUTION</b>	4	MO

Drug	Status	Requirements/Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>DDAVP NASAL SOLUTION</b>	4	MO
<b>DDAVP ORAL TABLET</b>	4	MO
<b>DDAVP RHINAL TUBE NASAL SOLUTION</b>	4	MO
<i>desmopressin ace spray refrig nasal solution</i>	2	MO
<i>desmopressin acetate oral tablet</i>	2	MO
<b>EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG</b>	4	PA; MO; QL (2 EA per 1 day)
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<b>GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<b>HP ACTHAR INJECTION GEL</b>	4	PA; MO
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG</b>	5	PA; MO; NEDS
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG</b>	3	PA; MO
<b>INCRELEX SUBCUTANEOUS SOLUTION</b>	5	PA; MO; LA; NEDS
<b>NORDITROPIN FLEXP SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>OMNITROPE SUBCUTANEOUS SOLUTION</b>	4	PA; MO
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<b>ORILISSA ORAL TABLET 150 MG</b>	4	PA; MO; QL (30 EA per 30 days)
<b>ORILISSA ORAL TABLET 200 MG</b>	4	PA; MO; QL (60 EA per 30 days)
<b>SAIZEN INJECTION SOLUTION RECONSTITUTED</b>	5	PA; MO; LA; NEDS
<b>SAIZENPREP INJECTION SOLUTION RECONSTITUTED</b>	5	PA; MO; LA; NEDS
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>	4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>STIMATE NASAL SOLUTION</b>	4	MO
<b>ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; MO
<b>ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<b>KORLYM ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Anabolic Steroids</b>		
<b>ANADROL-50 ORAL TABLET</b>	5	PA; MO; NEDS
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO; NEDS
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
<b>Androgens</b>		
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR</b>	4	ST; MO; QL (1 EA per 1 day)
<b>ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)</b>	4	ST; MO
<b>ANDROGEL TRANSDERMAL GEL</b>	4	ST; MO
<i>danazol oral capsule</i>	2	MO
<b>FORTESTA TRANSDERMAL GEL</b>	4	ST; MO
<b>METHITEST ORAL TABLET</b>	4	MO
<i>methyltestosterone oral capsule</i>	2	MO
<b>STRIANT BUCCAL</b>	4	ST; MO
<b>TESTIM TRANSDERMAL GEL</b>	4	ST; MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	B/D; MO
<i>testosterone enanthate intramuscular solution</i>	1	B/D; MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	MO
<i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%)</i>	2	MO
<b>VOGELXO PUMP TRANSDERMAL GEL</b>	4	ST; MO
<b>VOGELXO TRANSDERMAL GEL</b>	4	ST; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Estrogens</b>		
<b>ACTIVELLA ORAL TABLET</b>	4	MO
<b>ALORA TRANSDERMAL PATCH TWICE WEEKLY</b>	4	MO; QL (8 EA per 28 days)
<i>altavera oral tablet</i>	2	MO
<i>alyacen 1/35 oral tablet</i>	1	MO
<i>amethia lo oral tablet</i>	1	MO
<i>amethia oral tablet</i>	2	MO
<b>ANGELIQ ORAL TABLET</b>	4	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle oral tablet</i>	2	MO
<i>ashlyna oral tablet</i>	1	MO
<i>aubra oral tablet</i>	1	MO
<i>aviane oral tablet</i>	2	MO
<i>balziva oral tablet</i>	2	MO
<b>BEYAZ ORAL TABLET</b>	4	PA; MO
<i>blisovi 24 fe oral tablet</i>	1	MO
<i>blisovi fe 1.5/30 oral tablet</i>	1	MO
<i>briellyn oral tablet</i>	2	MO
<i>camrese lo oral tablet</i>	1	MO
<i>caziant oral tablet</i>	1	MO
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>	4	MO
<b>CLIMARA TRANSDERMAL PATCH WEEKLY</b>	4	MO; QL (4 EA per 28 days)
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</b>	4	MO
<i>cryselle-28 oral tablet</i>	2	MO
<i>cyclafem 1/35 oral tablet</i>	2	MO
<i>cyclafem 7/7/7 oral tablet</i>	2	MO
<i>delyla oral tablet</i>	1	MO
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	MO
<b>DIVIGEL TRANSDERMAL GEL 1 MG/GM</b>	4	MO
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	PA; MO
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	MO
<b>DUAVEE ORAL TABLET</b>	4	MO
<b>ELESTRIN TRANSDERMAL GEL</b>	4	MO
<i>emoquette oral tablet</i>	2	MO
<i>enpresse-28 oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	MO
<i>estarylla oral tablet</i>	2	MO
<b>ESTRACE ORAL TABLET 1 MG, 2 MG</b>	4	MO
<b>ESTRACE VAGINAL CREAM</b>	3	MO
<i>estradiol oral tablet</i>	1	MO
<i>estradiol transdermal patch twice weekly</i>	2	MO; QL (24 EA per 84 days)
<i>estradiol transdermal patch weekly</i>	2	MO
<i>estradiol vaginal cream</i>	1	MO
<i>estradiol-norethindrone acet oral tablet</i>	2	MO
<b>ESTRING VAGINAL RING</b>	4	MO
<b>EVAMIST TRANSDERMAL SOLUTION</b>	4	MO
<i>falmina oral tablet</i>	1	MO
<i>fayosim oral tablet</i>	1	MO
<b>FEMHRT LOW DOSE ORAL TABLET</b>	4	MO
<b>FEMRING VAGINAL RING</b>	4	MO
<i>fyavolv oral tablet</i>	1	MO
<b>GENERESS FE ORAL TABLET CHEWABLE</b>	4	MO
<i>gianvi oral tablet</i>	2	MO
<b>INTRAROSA VAGINAL INSERT</b>	4	ST; MO
<i>introvale oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	2	MO
<i>juleber oral tablet</i>	1	MO
<i>junel 1.5/30 oral tablet</i>	2	MO
<i>junel 1/20 oral tablet</i>	2	MO
<i>junel fe 1.5/30 oral tablet</i>	2	MO
<i>junel fe 1/20 oral tablet</i>	2	MO
<i>junel fe 24 oral tablet</i>	2	MO
<i>kaitlib fe oral tablet chewable</i>	1	MO
<i>kariva oral tablet</i>	2	MO
<i>kelnor 1/35 oral tablet</i>	2	MO
<i>kurvelo oral tablet</i>	2	MO
<i>larin 1.5/30 oral tablet</i>	1	MO
<i>larin 1/20 oral tablet</i>	1	MO
<i>larin fe 1.5/30 oral tablet</i>	1	MO
<i>larin fe 1/20 oral tablet</i>	1	MO
<i>layolis fe oral tablet chewable</i>	1	MO
<i>leena oral tablet</i>	2	MO
<i>lessina oral tablet</i>	2	MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>levonest oral tablet</i>	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg</i>	2	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	MO; QL (1 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	MO
<i>levora 0.15/30 (28) oral tablet</i>	2	MO
<b>LO LOESTRIN FE ORAL TABLET</b>	4	ST; MO
<b>LOESTRIN 1.5/30 (21) ORAL TABLET</b>	4	MO
<b>LOESTRIN 1/20 (21) ORAL TABLET</b>	4	MO
<b>LOESTRIN FE 1.5/30 ORAL TABLET</b>	4	MO
<b>LOESTRIN FE 1/20 ORAL TABLET</b>	4	MO
<i>loryna oral tablet</i>	1	MO
<b>LOSEASONIQUE ORAL TABLET</b>	4	MO
<i>low-ogestrel oral tablet</i>	2	MO
<i>lutra oral tablet</i>	1	MO
<i>marlissa oral tablet</i>	1	MO
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>	3	MO
<b>MENOSTAR TRANSDERMAL PATCH WEEKLY</b>	4	MO
<i>mibelas 24 fe oral tablet chewable</i>	1	MO
<i>microgestin 1.5/30 oral tablet</i>	2	MO
<i>microgestin 1/20 oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 oral tablet</i>	1	MO
<i>microgestin fe 1/20 oral tablet</i>	1	MO
<i>mimvey lo oral tablet</i>	1	MO
<i>mimvey oral tablet</i>	1	MO
<b>MINASTRIN 24 FE ORAL TABLET CHEWABLE</b>	4	MO
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY</b>	4	MO; QL (8 EA per 28 days)
<i>mononessa oral tablet</i>	2	MO
<b>NATAZIA ORAL TABLET</b>	4	PA; MO
<i>necon 0.5/35 (28) oral tablet</i>	2	MO
<i>nikki oral tablet</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>norethindrone-eth estradiol oral tablet</i>	2	MO
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 oral tablet</i>	2	MO
<b>NUVARING VAGINAL RING</b>	4	MO
<i>ocella oral tablet</i>	2	MO
<b>OGESTREL ORAL TABLET</b>	4	ST; MO
<i>orsythia oral tablet</i>	2	MO
<b>ORTHO TRI-CYCLEN LO ORAL TABLET</b>	4	MO
<b>ORTHO-NOVUM 1/35 (28) ORAL TABLET</b>	4	MO
<b>ORTHO-NOVUM 7/7/7 (28) ORAL TABLET</b>	4	MO
<i>pimtrea oral tablet</i>	1	MO
<i>pirmella 1/35 oral tablet</i>	1	MO
<i>portia-28 oral tablet</i>	2	MO
<b>PREFEST ORAL TABLET</b>	4	MO
<b>PREMARIN ORAL TABLET</b>	4	MO
<b>PREMARIN VAGINAL CREAM</b>	3	MO
<b>PREMPHASE ORAL TABLET</b>	4	MO
<b>PREMPRO ORAL TABLET</b>	4	MO
<i>previfem oral tablet</i>	1	MO
<b>QUARTETTE ORAL TABLET</b>	4	MO
<i>reclipsen oral tablet</i>	1	MO
<i>rivelsa oral tablet</i>	1	MO
<b>SAFYRAL ORAL TABLET</b>	4	PA; MO
<b>SEASONIQUE ORAL TABLET</b>	4	MO; QL (1 EA per 91 days)
<i>sprintec 28 oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	MO
<i>syeda oral tablet</i>	1	MO
<i>tarina fe 1/20 oral tablet</i>	1	MO
<i>tri-estarylla oral tablet</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>tri-legest fe oral tablet</i>	1	MO
<i>tri-lo-estarylla oral tablet</i>	1	MO
<i>tri-lo-sprintec oral tablet</i>	1	MO
<i>tri-previfem oral tablet</i>	1	MO
<i>tri-sprintec oral tablet</i>	1	MO
<i>trivora (28) oral tablet</i>	1	MO
<b>TYDEMY ORAL TABLET</b>	2	PA; MO
<b>VAGIFEM VAGINAL TABLET 10 MCG</b>	4	MO
<i>velivet oral tablet</i>	1	MO
<i>vienva oral tablet</i>	1	MO
<b>VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY</b>	4	MO; QL (8 EA per 28 days)
<i>vyfemla oral tablet</i>	1	MO
<i>wymzya fe oral tablet chewable</i>	1	MO
<i>xulane transdermal patch weekly</i>	1	ST; MO
<b>YASMIN 28 ORAL TABLET</b>	4	MO
<b>YAZ ORAL TABLET</b>	4	MO
<i>yuvafem vaginal tablet</i>	1	MO
<i>zarah oral tablet</i>	1	MO
<i>zovia 1/35e (28) oral tablet</i>	1	MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>BIJUVA ORAL CAPSULE</b>	4	MO
<i>cyred eq oral tablet</i>	2	MO
<i>hailey 24 fe oral tablet</i>	2	MO
<i>incassia oral tablet</i>	2	MO
<i>kelnor 1/50 oral tablet</i>	2	MO
<i>mili oral tablet</i>	1	MO
<i>tarina 24 fe oral tablet</i>	2	MO
<i>tri-mili oral tablet</i>	1	MO
<i>tri-vylibra oral tablet</i>	1	MO
<i>vylibra oral tablet</i>	1	MO
<b>Progestins</b>		
<b>AYGESTIN ORAL TABLET</b>	4	MO
<i>camila oral tablet</i>	2	MO
<b>CRINONE VAGINAL GEL</b>	4	PA; MO
<i>deblitane oral tablet</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML</b>	4	MO; QL (1 ML per 90 days)
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	3	PA; MO; QL (1 ML per 90 days)
<i>errin oral tablet</i>	2	MO
<i>jolivette oral tablet</i>	2	MO
<i>lyza oral tablet</i>	1	MO
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	MO; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	MO; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	2	MO
<i>megestrol acetate oral tablet</i>	2	MO
<i>nora-be oral tablet</i>	2	MO
<i>norethindrone acetate oral tablet</i>	2	MO
<i>norethindrone oral tablet</i>	2	MO
<i>norlyroc oral tablet</i>	1	MO
<b>ORTHO MICRONOR ORAL TABLET</b>	4	MO
<i>progesterone micronized oral capsule</i>	1	MO
<b>PROMETRIUM ORAL CAPSULE</b>	4	MO
<b>PROVERA ORAL TABLET</b>	4	MO
<i>sharobel oral tablet</i>	1	MO
<b>Selective Estrogen Receptor Modifying Agents</b>		
<b>EVISTA ORAL TABLET</b>	4	MO
<b>OSPHENA ORAL TABLET</b>	4	MO
<i>raloxifene hcl oral tablet</i>	1	MO; QL (1 EA per 1 day)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>CYTOMEL ORAL TABLET</b>	4	MO
<i>levo-t oral tablet</i>	1	MO
<i>levothyroxine sodium oral tablet</i>	1	MO
<i>levoxyl oral tablet</i>	1	MO
<i>liothyronine sodium oral tablet</i>	2	MO
<b>SYNTHROID ORAL TABLET</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</b>	3	MO
<b>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</b>	3	MO
<b>THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)</b>	3	MO
<b>THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)</b>	3	MO
<b>THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)</b>	3	MO
<b>TIROSINT ORAL CAPSULE</b>	4	MO; QL (1 EA per 1 day)
<b>TIROSINT-SOL ORAL SOLUTION</b>	4	MO; QL (30 ML per 30 days)
<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</i>	1	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>LYSODREN ORAL TABLET</b>	3	MO
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline oral tablet</i>	2	MO; QL (96 EA per 90 days)
<b>ELIGARD SUBCUTANEOUS KIT</b>	4	B/D; MO
<i>leuprolide acetate injection kit</i>	2	MO
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT</b>	5	B/D; MO; NEDS
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT</b>	5	B/D; MO; NEDS
<b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT</b>	5	B/D; MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	B/D; MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	B/D; MO; NEDS
<b>SANDOSTATIN INJECTION SOLUTION 500 MCG/ML</b>	4	PA; MO
<b>SIGNIFOR SUBCUTANEOUS SOLUTION</b>	5	PA; MO; LA; NEDS
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION</b>	5	PA; MO; NEDS
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	B/D; MO; LA; NEDS
<b>SYNAREL NASAL SOLUTION</b>	4	MO

Drug	Status	Requirements/Limits
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet</i>	2	MO
<i>propylthiouracil oral tablet</i>	1	MO
<b>TAPAZOLE ORAL TABLET</b>	4	MO
<b>Immunological Agents</b>		
<b>Angioedema (Hae) Agents</b>		
<b>TAKHZYRO SUBCUTANEOUS SOLUTION</b>	4	PA; MO; QL (4 ML per 28 days)
<b>Angioedema Agents</b>		
<b>CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>FIRAZYR SUBCUTANEOUS SOLUTION</b>	5	PA; MO; NEDS
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>Immune Suppressants</b>		
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	MO
<b>AZASAN ORAL TABLET</b>	4	B/D; MO
<i>azathioprine oral tablet</i>	2	B/D; MO
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	PA; MO; NEDS
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>CELLCEPT ORAL CAPSULE</b>	4	MO
<b>CELLCEPT ORAL SUSPENSION RECONSTITUTED</b>	4	B/D; MO
<b>CELLCEPT ORAL TABLET</b>	4	MO
<b>CIMZIA PREFILLED SUBCUTANEOUS KIT</b>	4	PA; MO
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	4	PA; MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	2	B/D; MO
<b>CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG</b>	4	B/D; MO
<i>cyclosporine modified oral solution</i>	2	B/D; MO
<i>cyclosporine oral capsule</i>	2	B/D; MO
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; QL (24 ML per 84 days); NEDS
<b>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; MO; QL (8 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	PA; MO; QL (24 ML per 84 days); NEDS
<b>ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	MO
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D; MO
<i>gengraf oral solution</i>	2	B/D; MO
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML</b>	5	PA; MO; QL (3 EA per 28 days); NEDS
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML &amp; 40MG/0.4ML</b>	5	PA; MO; QL (2 EA per 28 days); NEDS
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML</b>	5	PA; MO; QL (2 EA per 28 days); NEDS
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	5	PA; MO; QL (6 EA per 28 days); NEDS
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	5	PA; MO; QL (6 EA per 28 days); NEDS
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML</b>	5	PA; MO; QL (3 EA per 28 days); NEDS
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	5	PA; MO; QL (4 EA per 28 days); NEDS
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML &amp; 40MG/0.4ML</b>	5	PA; MO; QL (3 EA per 28 days); NEDS
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML</b>	5	PA; MO; QL (2 EA per 28 days); NEDS
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML</b>	5	PA; MO; QL (4 EA per 28 days); NEDS
<b>IMURAN ORAL TABLET</b>	4	MO
<b>INGREZZA ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; LA; NEDS
<i>methotrexate oral tablet</i>	2	MO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	B/D; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium injection solution 250 mg/10ml</i>	2	B/D; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D; MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	B/D; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D; MO
<i>mycophenolate sodium oral tablet delayed release</i>	2	B/D; MO
<b>MYFORTIC ORAL TABLET DELAYED RELEASE</b>	4	ST; MO
<b>NEORAL ORAL CAPSULE 100 MG</b>	4	B/D; MO
<b>NEORAL ORAL CAPSULE 25 MG</b>	4	MO
<b>NEORAL ORAL SOLUTION</b>	4	MO
<b>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	5	PA; MO; NEDS
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS
<b>OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML</b>	4	PA; MO
<b>PROGRAF ORAL CAPSULE</b>	4	MO
<b>PROGRAF ORAL PACKET</b>	4	B/D; MO
<b>RAPAMUNE ORAL SOLUTION</b>	3	B/D; MO
<b>RAPAMUNE ORAL TABLET</b>	4	B/D; MO
<b>RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML</b>	4	PA; MO
<b>SANDIMMUNE ORAL CAPSULE</b>	4	MO
<b>SANDIMMUNE ORAL SOLUTION</b>	4	B/D; MO
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; MO
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<i>sirolimus oral solution</i>	1	B/D; MO
<i>sirolimus oral tablet</i>	1	B/D; MO
<i>tacrolimus oral capsule</i>	1	B/D; MO
<b>TREXALL ORAL TABLET</b>	4	B/D; MO
<b>XATMEP ORAL SOLUTION</b>	4	B/D; MO
<b>XELJANZ ORAL TABLET 10 MG</b>	5	PA; MO; NEDS



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	5	PA; MO; NEDS
<b>ZORTRESS ORAL TABLET 0.25 MG</b>	4	B/D; MO
<b>ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG</b>	5	B/D; MO; NEDS
<b>Immunizing Agents, Passive</b>		
<b>GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML</b>	5	PA; MO; NEDS
<b>Immunomodulators</b>		
<b>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; MO
<b>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>	5	PA; MO; LA; NEDS
<b>ARAVA ORAL TABLET</b>	4	MO
<b>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<i>leflunomide oral tablet</i>	2	MO
<b>OLUMIANT ORAL TABLET</b>	4	PA; MO; QL (30 EA per 30 days)
<b>OTEZLA ORAL TABLET</b>	5	PA; MO; NEDS
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>RIDAURA ORAL CAPSULE</b>	3	MO
<b>XELJANZ ORAL TABLET 5 MG</b>	5	PA; MO; NEDS
<b>Vaccines</b>		
<b>ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	MO
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	4	MO
<b>BCG VACCINE INJECTION INJECTABLE</b>	4	MO
<b>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	MO
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5</b>	3	MO
<b>DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>ENGERIX-B INJECTION SUSPENSION</b>	4	B/D; MO
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</b>	4	MO
<b>HIBERIX INJECTION SOLUTION RECONSTITUTED</b>	4	MO
<b>IMOVAX RABIES INTRAMUSCULAR INJECTABLE</b>	4	MO
<b>INFANRIX INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>IPOL INJECTION INJECTABLE</b>	3	MO
<b>IXIARO INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>KINRIX INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>MENACTRA INTRAMUSCULAR INJECTABLE</b>	4	MO
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	4	MO
<b>M-M-R II SUBCUTANEOUS INJECTABLE</b>	3	MO
<b>PEDIARIX INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	4	MO
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	4	MO
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	3	B/D; MO
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	4	MO
<b>ROTATEQ ORAL SOLUTION</b>	4	MO
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	4	MO; QL (2 EA per 365 days)
<b>TDVAX INTRAMUSCULAR SUSPENSION</b>	4	MO
<b>TENIVAC INTRAMUSCULAR INJECTABLE</b>	4	MO
<b>TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	4	MO
<b>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	MO

Drug	Status	Requirements/Limits
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	4	MO
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</b>	3	MO
<b>VARIVAX SUBCUTANEOUS INJECTABLE</b>	3	MO
<b>VARIZIG INTRAMUSCULAR SOLUTION</b>	5	MO; NEDS
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	4	MO
<b>ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	4	MO; QL (1 EA per 365 days)
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	MO
<b>ASACOL HD ORAL TABLET DELAYED RELEASE</b>	4	MO
<i>balsalazide disodium oral capsule</i>	2	MO
<b>CANASA RECTAL SUPPOSITORY</b>	4	MO
<b>DELZICOL ORAL CAPSULE DELAYED RELEASE</b>	3	MO
<b>DIPENTUM ORAL CAPSULE</b>	4	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	2	MO
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine rectal suppository</i>	2	MO
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE</b>	4	MO
<b>ROWASA RECTAL KIT</b>	4	MO
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	2	ST; MO
<i>budesonide oral capsule delayed release particles</i>	5	MO; NEDS
<i>colocort rectal enema</i>	2	MO
<i>hydrocortisone oral tablet</i>	2	MO
<i>hydrocortisone rectal enema</i>	2	MO
<b>ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG</b>	4	MO
<i>procto-pak rectal cream</i>	1	MO
<b>Sulfonamides</b>		
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet delayed release</i>	1	MO

Drug	Status	Requirements/Limits
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<b>ACTONEL ORAL TABLET 150 MG</b>	4	MO; QL (1 EA per 28 days)
<b>ACTONEL ORAL TABLET 35 MG</b>	4	MO; QL (4 EA per 28 days)
<b>ACTONEL ORAL TABLET 5 MG</b>	4	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral solution</i>	1	MO
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	MO; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (12 EA per 84 days)
<i>alendronate sodium oral tablet 40 mg</i>	2	MO; QL (1 EA per 1 day)
<b>ATELVIA ORAL TABLET DELAYED RELEASE</b>	4	MO; QL (4 EA per 28 days)
<b>BINOSTO ORAL TABLET EFFERVESCENT</b>	4	ST; MO
<b>BONIVA ORAL TABLET 150 MG</b>	4	ST; MO; QL (1 EA per 28 days)
<i>calcitonin (salmon) nasal solution</i>	2	MO
<i>calcitriol oral capsule</i>	2	B/D; MO
<i>calcitriol oral solution</i>	2	B/D; MO
<i>doxercalciferol oral capsule</i>	2	B/D; MO
<i>etidronate disodium oral tablet</i>	2	MO
<b>FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML</b>	5	PA; MO; NEDS
<b>FOSAMAX ORAL TABLET 70 MG</b>	4	MO; QL (4 EA per 28 days)
<b>FOSAMAX PLUS D ORAL TABLET</b>	3	MO; QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet</i>	2	MO; QL (1 EA per 28 days)
<i>paricalcitol oral capsule</i>	2	PA; MO
<b>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; MO
<b>RAYALDEE ORAL CAPSULE EXTENDED RELEASE</b>	4	MO
<i>risedronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	MO; QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1	MO; QL (12 EA per 84 days)
<i>risedronate sodium oral tablet delayed release</i>	1	MO; QL (4 EA per 28 days)
<b>ROCALTROL ORAL CAPSULE</b>	4	MO
<b>ROCALTROL ORAL SOLUTION</b>	4	MO
<b>SENSIPAR ORAL TABLET 30 MG</b>	3	B/D; MO
<b>SENSIPAR ORAL TABLET 60 MG, 90 MG</b>	5	B/D; MO; NEDS
<b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; MO
<b>XGEVA SUBCUTANEOUS SOLUTION</b>	5	PA; MO; NEDS

Drug	Status	Requirements/Limits
ZEMPLAR ORAL CAPSULE 2 MCG	4	ST; MO
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	4	MO
CARNITOR ORAL SOLUTION	4	MO
CARNITOR ORAL TABLET	4	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	4	MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	4	MO
FERRIPROX ORAL SOLUTION	4	PA; MO; LA
FERRIPROX ORAL TABLET	5	PA; MO; LA; NEDS
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D; MO
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	3	PA; MO
KEVEYIS ORAL TABLET	5	PA; MO; LA; NEDS
<i>levocarnitine oral solution</i>	2	B/D; MO
<i>levocarnitine oral tablet</i>	2	B/D; MO
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; MO; LA
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; MO; NEDS
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	4	PA; MO
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	4	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	4	MO
XURIDEN ORAL PACKET	4	PA; MO; LA
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Prostaglandin And Prostanoid Analogs</b>		
COMBIGAN OPHTHALMIC SOLUTION	3	MO
<i>latanoprost ophthalmic solution</i>	2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
TRAVATAN Z OPHTHALMIC SOLUTION	3	MO
XALATAN OPHTHALMIC SOLUTION	4	MO
ZIOPTAN OPHTHALMIC SOLUTION	4	PA; MO
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate ophthalmic solution</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	MO
<b>CYSTARAN OPHTHALMIC SOLUTION</b>	5	PA; MO; LA; NEDS
<b>LACRISERT OPHTHALMIC INSERT</b>	4	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	MO
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	MO
<b>POLYTRIM OPHTHALMIC SOLUTION</b>	4	MO
<i>proparacaine hcl ophthalmic solution</i>	1	MO
<b>RESTASIS OPHTHALMIC EMULSION</b>	3	MO
<b>Ophthalmic Anti-Allergy Agents</b>		
<b>ALOCRIL OPHTHALMIC SOLUTION</b>	4	MO
<i>azelastine hcl ophthalmic solution</i>	2	MO
<b>BEPREVE OPHTHALMIC SOLUTION</b>	4	MO
<i>cromolyn sodium ophthalmic solution</i>	1	MO
<b>ELESTAT OPHTHALMIC SOLUTION</b>	4	MO
<b>EMADINE OPHTHALMIC SOLUTION</b>	4	MO
<i>epinastine hcl ophthalmic solution</i>	2	MO
<b>LASTACFT OPHTHALMIC SOLUTION</b>	4	MO
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	2	MO
<b>PATADAY OPHTHALMIC SOLUTION</b>	4	MO
<b>PATANOL OPHTHALMIC SOLUTION</b>	4	MO
<b>PAZEO OPHTHALMIC SOLUTION</b>	4	MO; QL (2.5 ML per 30 days)
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	MO
<b>ALPHAGAN P OPHTHALMIC SOLUTION</b>	3	MO
<i>apraclonidine hcl ophthalmic solution</i>	2	MO
<b>AZOPT OPHTHALMIC SUSPENSION</b>	3	MO
<i>betaxolol hcl ophthalmic solution</i>	1	MO
<b>BETIMOL OPHTHALMIC SOLUTION</b>	3	MO
<b>BETOPTIC-S OPHTHALMIC SUSPENSION</b>	3	MO
<i>brimonidine tartrate ophthalmic solution</i>	2	MO
<i>carteolol hcl ophthalmic solution</i>	2	MO
<b>COSOPT OPHTHALMIC SOLUTION</b>	4	MO
<b>COSOPT PF OPHTHALMIC SOLUTION</b>	4	MO
<i>dorzolamide hcl ophthalmic solution</i>	2	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	2	MO
<b>IOPIDINE OPHTHALMIC SOLUTION 0.5 %</b>	4	MO
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>	3	MO
<b>ISOPTO CARPINE OPHTHALMIC SOLUTION</b>	4	MO
<b>ISTALOL OPHTHALMIC SOLUTION</b>	4	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	MO
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED</b>	4	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
<b>SIMBRINZA OPHTHALMIC SUSPENSION</b>	3	MO
<i>timolol maleate ophthalmic gel forming solution</i>	1	MO
<i>timolol maleate ophthalmic solution</i>	1	MO
<b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION</b>	4	MO
<b>TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION</b>	4	MO
<b>TRUSOPT OPHTHALMIC SOLUTION</b>	4	MO
<b>Ophthalmic Anti-Inflammatories</b>		
<b>ACULAR LS OPHTHALMIC SOLUTION</b>	4	MO
<b>ACULAR OPHTHALMIC SOLUTION</b>	4	MO
<b>ACUVAIL OPHTHALMIC SOLUTION</b>	4	MO
<b>ALOMIDE OPHTHALMIC SOLUTION</b>	4	MO
<b>ALREX OPHTHALMIC SUSPENSION</b>	3	MO
<b>BLEPHAMIDE OPHTHALMIC SUSPENSION</b>	3	MO
<b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT</b>	3	MO
<b>BROMSITE OPHTHALMIC SOLUTION</b>	4	MO; QL (5 ML per 1 day)
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	MO
<i>diclofenac sodium ophthalmic solution</i>	2	MO
<b>DUREZOL OPHTHALMIC EMULSION</b>	4	MO
<b>FLAREX OPHTHALMIC SUSPENSION</b>	4	MO
<i>fluorometholone ophthalmic suspension</i>	2	MO
<i>flurbiprofen sodium ophthalmic solution</i>	2	MO
<b>FML FORTE OPHTHALMIC SUSPENSION</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>FML LIQUIFILM OPHTHALMIC SUSPENSION</b>	4	MO
<b>FML OPHTHALMIC OINTMENT</b>	3	MO
<b>ILEVRO OPHTHALMIC SUSPENSION</b>	4	MO
<b>INVELTYS OPHTHALMIC SUSPENSION</b>	4	MO
<i>ketorolac tromethamine ophthalmic solution</i>	2	MO
<b>LOTEMAX OPHTHALMIC GEL</b>	4	MO
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	4	MO
<b>LOTEMAX OPHTHALMIC SUSPENSION</b>	4	MO
<b>LOTEMAX SM OPHTHALMIC GEL</b>	4	MO
<b>MAXIDEX OPHTHALMIC SUSPENSION</b>	3	MO
<b>MAXITROL OPHTHALMIC OINTMENT</b>	4	MO
<b>MAXITROL OPHTHALMIC SUSPENSION</b>	4	MO
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	MO
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	MO
<b>NEVANAC OPHTHALMIC SUSPENSION</b>	4	MO
<b>OMNIPRED OPHTHALMIC SUSPENSION</b>	4	MO
<b>PRED FORTE OPHTHALMIC SUSPENSION</b>	4	MO
<b>PRED MILD OPHTHALMIC SUSPENSION</b>	4	MO
<b>PRED-G OPHTHALMIC SUSPENSION</b>	3	MO
<b>PRED-G S.O.P. OPHTHALMIC OINTMENT</b>	3	MO
<i>prednisolone acetate ophthalmic suspension</i>	1	MO
<b>PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION</b>	4	MO
<b>PROLENSA OPHTHALMIC SOLUTION</b>	4	MO
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	MO
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	3	MO
<b>TOBRADEX OPHTHALMIC SUSPENSION</b>	4	MO
<b>TOBRADEX ST OPHTHALMIC SUSPENSION</b>	4	MO
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	MO
<b>XIIDRA OPHTHALMIC SOLUTION</b>	4	PA; MO; QL (2 EA per 1 day)
<b>ZYLET OPHTHALMIC SUSPENSION</b>	4	MO
<b>Ophthalmic Prostaglandin And Prostanoid Analogs</b>		
<b>RHOPRESSA OPHTHALMIC SOLUTION</b>	4	PA; MO



<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>VYZULTA OPHTHALMIC SOLUTION</b>	4	ST; MO; QL (5 ML per 30 days)
<b>Otic Agents</b>		
<b>Antibacterials, Other</b>		
<b>OTOVEL OTIC SOLUTION</b>	4	MO; QL (14 EA per 1 day)
<b>Otic Agents</b>		
<i>acetic acid otic solution</i>	2	MO
<b>CIPRO HC OTIC SUSPENSION</b>	3	MO
<b>CIPRODEX OTIC SUSPENSION</b>	4	MO
<b>COLY-MYCIN S OTIC SUSPENSION</b>	4	MO
<i>fluocinolone acetonide otic oil</i>	2	MO
<i>hydrocortisone-acetic acid otic solution</i>	2	MO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	MO
<i>neomycin-polymyxin-hc otic suspension</i>	2	MO
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anticholinergics</b>		
<b>BEVESPI AEROSPHERE INHALATION AEROSOL</b>	4	MO
<b>Antihistamines</b>		
<b>ASTEPRO NASAL SOLUTION 0.15 %</b>	4	MO
<i>azelastine hcl nasal solution 0.1 %</i>	2	MO
<i>azelastine hcl nasal solution 0.15 %</i>	1	MO
<i>carbinoxamine maleate oral solution</i>	1	MO
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	MO
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	MO
<i>cyproheptadine hcl oral syrup</i>	1	MO
<i>cyproheptadine hcl oral tablet</i>	2	MO
<b>DYMISTA NASAL SUSPENSION</b>	4	ST; MO
<i>hydroxyzine pamoate oral capsule</i>	2	PA; MO
<i>levocetirizine dihydrochloride oral tablet</i>	2	MO; QL (1 EA per 1 day)
<i>olopatadine hcl nasal solution</i>	2	MO
<b>PATANASE NASAL SOLUTION</b>	4	MO
<b>RYVENT ORAL TABLET</b>	4	MO
<b>SEMPREX-D ORAL CAPSULE</b>	3	MO
<b>VISTARIL ORAL CAPSULE</b>	4	MO
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>ADVAIR HFA INHALATION AEROSOL</b>	3	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO; QL (1 EA per 30 days)
<b>AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO; QL (1 EA per 30 days)
<b>AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO; QL (1 EA per 30 days)
<b>ALVESCO INHALATION AEROSOL SOLUTION</b>	4	PA; MO
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO
<b>ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO
<b>ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	4	PA; MO
<b>ASMANEX HFA INHALATION AEROSOL</b>	4	PA; MO
<b>BECONASE AQ NASAL SUSPENSION</b>	4	ST; MO
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	2	B/D; MO; QL (4 ML per 1 day)
<i>budesonide inhalation suspension 0.5 mg/2ml, 1 mg/2ml</i>	2	B/D; MO
<b>DULERA INHALATION AEROSOL</b>	4	PA; MO
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>FLOVENT HFA INHALATION AEROSOL</b>	3	MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	MO
<i>fluticasone propionate nasal suspension</i>	2	MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	MO
<i>mometasone furoate nasal suspension</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>NASONEX NASAL SUSPENSION</b>	3	MO
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>OMNARIS NASAL SUSPENSION</b>	4	ST; MO
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML</b>	4	PA; MO
<b>PULMICORT INHALATION SUSPENSION 1 MG/2ML</b>	4	B/D; MO
<b>QNASL CHILDRENS NASAL AEROSOL SOLUTION</b>	4	MO
<b>QNASL NASAL AEROSOL SOLUTION</b>	4	MO
<b>QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED</b>	3	MO
<b>ZETONNA NASAL AEROSOL SOLUTION</b>	4	MO
<b>Antileukotrienes</b>		
<b>ACCOLATE ORAL TABLET</b>	4	MO; QL (2 EA per 1 day)
<i>montelukast sodium oral packet</i>	2	MO
<i>montelukast sodium oral tablet</i>	2	MO
<i>montelukast sodium oral tablet chewable</i>	2	MO
<b>SINGULAIR ORAL PACKET</b>	4	MO
<b>SINGULAIR ORAL TABLET</b>	4	MO
<b>SINGULAIR ORAL TABLET CHEWABLE</b>	4	MO
<i>zafirlukast oral tablet</i>	1	MO; QL (2 EA per 1 day)
<i>zileuton er oral tablet extended release 12 hour</i>	1	MO; QL (4 EA per 1 day)
<b>ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	4	MO; QL (4 EA per 1 day)
<b>ZYFLO ORAL TABLET</b>	4	ST; MO
<b>Bronchodilators, Anticholinergic</b>		
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	4	MO
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</b>	3	MO
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<i>ipratropium bromide inhalation solution</i>	2	B/D; MO
<i>ipratropium bromide nasal solution</i>	2	MO
<i>ipratropium-albuterol inhalation solution</i>	2	B/D; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SEEBRI NEOHALER INHALATION CAPSULE</b>	4	PA; MO
<b>SPIRIVA HANDIHALER INHALATION CAPSULE</b>	3	MO
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION</b>	3	MO
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT</b>	4	PA; MO
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	2	MO
<i>albuterol sulfate hfa inhalation aerosol solution</i>	1	MO
<i>albuterol sulfate inhalation nebulization solution</i>	2	B/D; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>ARCAPTA NEOHALER INHALATION CAPSULE</b>	4	MO
<b>BROVANA INHALATION NEBULIZATION SOLUTION</b>	4	ST; MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	MO
<b>EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	3	MO
<b>EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	3	MO
<i>levalbuterol hcl inhalation nebulization solution</i>	2	B/D; MO
<i>levalbuterol tartrate inhalation aerosol</i>	2	MO
<i>metaproterenol sulfate oral syrup</i>	2	MO
<b>METAPROTERENOL SULFATE ORAL TABLET</b>	4	MO
<b>PERFORMIST INHALATION NEBULIZATION SOLUTION</b>	4	ST; MO
<b>PROAIR HFA INHALATION AEROSOL SOLUTION</b>	3	MO
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>PROVENTIL HFA INHALATION AEROSOL SOLUTION</b>	4	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</b>	4	MO
<i>terbutaline sulfate oral tablet</i>	1	MO
<b>UTIBRON NEOHALER INHALATION CAPSULE</b>	4	MO
<b>VENTOLIN HFA INHALATION AEROSOL SOLUTION</b>	4	MO
<b>XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION</b>	4	PA; ST; MO
<b>XOPENEX HFA INHALATION AEROSOL</b>	4	MO
<b>XOPENEX INHALATION NEBULIZATION SOLUTION</b>	4	PA; ST; MO
<b>Cystic Fibrosis Agents</b>		
<b>BETHKIS INHALATION NEBULIZATION SOLUTION</b>	4	MO
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>	5	PA; MO; NEDS
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>	5	PA; MO; LA; NEDS
<b>KALYDECO ORAL PACKET 50 MG, 75 MG</b>	5	PA; MO; LA; NEDS
<b>KALYDECO ORAL TABLET</b>	5	PA; MO; NEDS
<b>ORKAMBI ORAL PACKET</b>	5	PA; MO; LA; NEDS
<b>ORKAMBI ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>PULMOZYME INHALATION SOLUTION</b>	5	B/D; MO; NEDS
<b>SYMDEKO ORAL TABLET THERAPY PACK</b>	4	PA; MO
<b>TOBI INHALATION NEBULIZATION SOLUTION</b>	4	B/D; MO
<b>TOBI PODHALER INHALATION CAPSULE</b>	5	MO; NEDS
<i>tobramycin inhalation nebulization solution</i>	5	B/D; MO; NEDS
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	2	B/D; MO
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<b>DALIRESP ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	MO
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<i>theophylline er oral tablet extended release 24 hour</i>	1	MO
<i>theophylline oral solution</i>	1	MO
<b>Pulmonary Antihypertensives</b>		
<b>ADCIRCA ORAL TABLET</b>	5	PA; MO; NEDS
<b>ADEMPAS ORAL TABLET</b>	5	PA; MO; NEDS
<b>LETAIRIS ORAL TABLET</b>	5	PA; MO; NEDS
<b>OPSUMIT ORAL TABLET</b>	5	PA; MO; NEDS
<b>ORENTRAM ORAL TABLET EXTENDED RELEASE</b>	4	PA; MO
<b>REVATIO ORAL SUSPENSION RECONSTITUTED</b>	5	PA; MO; NEDS
<b>REVATIO ORAL TABLET</b>	4	PA; MO
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; MO
<b>TRACLEER ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>TRACLEER ORAL TABLET SOLUBLE</b>	5	PA; MO; LA; NEDS
<b>UPTRAVI ORAL TABLET</b>	5	PA; MO; NEDS
<b>UPTRAVI ORAL TABLET THERAPY PACK</b>	5	PA; MO; NEDS
<b>VENTAVIS INHALATION SOLUTION</b>	5	PA; MO; NEDS
<b>Pulmonary Fibrosis Agents</b>		
<b>ESBRIET ORAL CAPSULE</b>	4	PA; MO
<b>ESBRIET ORAL TABLET</b>	5	PA; MO; NEDS
<b>OFEV ORAL CAPSULE</b>	5	PA; MO; NEDS
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution</i>	2	B/D; MO
<b>LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION</b>	4	PA; MO
<i>promethazine-phenylephrine oral syrup</i>	1	MO
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION</b>	4	MO
<b>SYMBICORT INHALATION AEROSOL</b>	3	MO
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; MO; LA; NEDS
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	MO
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	5	PA; MO; NEDS

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<b>AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	4	PA; MO
<i>carisoprodol oral tablet</i>	1	PA; MO
<i>carisoprodol-aspirin oral tablet</i>	1	MO
<i>chlorzoxazone oral tablet 500 mg</i>	1	MO
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	2	PA; MO
<i>cyclobenzaprine hcl oral tablet 10 mg, 7.5 mg</i>	1	PA; MO
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	2	PA; MO
<b>FEXMID ORAL TABLET</b>	4	MO
<b>LORZONE ORAL TABLET</b>	4	MO
<i>metaxalone oral tablet 800 mg</i>	1	MO
<i>methocarbamol oral tablet</i>	1	PA; MO
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	2	MO
<b>SKELAXIN ORAL TABLET</b>	4	MO
<b>SOMA ORAL TABLET</b>	4	MO
<b>Sleep Disorder Agents</b>		
<b>Gaba Receptor Modulators</b>		
<b>AMBIEN ORAL TABLET</b>	4	MO; QL (1 EA per 1 day)
<b>EDLUAR SUBLINGUAL TABLET SUBLINGUAL</b>	4	PA; MO; QL (9 EA per 30 days)
<i>eszopiclone oral tablet</i>	2	PA; MO
<i>flurazepam hcl oral capsule</i>	1	MO
<b>LUNESTA ORAL TABLET</b>	4	ST; MO; QL (30 EA per 30 days)
<b>RESTORIL ORAL CAPSULE</b>	4	MO
<i>temazepam oral capsule</i>	1	MO
<i>zaleplon oral capsule</i>	1	PA; MO; QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	1	PA; MO; QL (9 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	1	PA; MO; QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	1	PA; MO
<b>Sleep Disorders, Other</b>		
<i>armodafinil oral tablet</i>	1	PA; MO
<b>BELSOMRA ORAL TABLET</b>	4	ST; MO; QL (30 EA per 30 days)
<b>BUTISOL SODIUM ORAL TABLET 30 MG</b>	3	MO
<i>modafinil oral tablet</i>	2	PA; MO; QL (1 EA per 1 day)
<b>NUVIGIL ORAL TABLET</b>	4	PA; MO

<b>Drug</b>	<b>Status</b>	<b>Requirements/Limits</b>
<b>PROVIGIL ORAL TABLET</b>	4	PA; MO; QL (1 EA per 1 day)
<b>ROZEREM ORAL TABLET</b>	4	PA; MO
<b>SILENOR ORAL TABLET</b>	4	MO
<b>XYREM ORAL SOLUTION</b>	5	PA; MO; LA; NEDS
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<b>Electrolyte/Mineral Modifiers</b>		
<b>CHEMET ORAL CAPSULE</b>	3	MO
<b>JADENU ORAL TABLET</b>	4	MO
<b>LOKELMA ORAL PACKET</b>	4	ST; MO
<b>SAMSCA ORAL TABLET</b>	4	PA; MO
<i>sps oral suspension</i>	1	MO
<b>VELTASSA ORAL PACKET</b>	3	MO
<b>Electrolyte/Mineral Replacement</b>		
<b>K-TAB ORAL TABLET EXTENDED RELEASE</b>	4	MO
<b>UROCIT-K 10 ORAL TABLET EXTENDED RELEASE</b>	4	MO
<b>UROCIT-K 15 ORAL TABLET EXTENDED RELEASE</b>	4	MO
<b>UROCIT-K 5 ORAL TABLET EXTENDED RELEASE</b>	4	MO
<b>Vitamins</b>		
<i>prenatal oral tablet 27-1 mg</i>	1	MO



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