

SecurityHealth PlanSM

Promises kept, plain and simple.®

2019

Abridged Formulary

(Partial List of Covered Drugs)



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

Ally Rx (HMO SNP)

This abridged formulary was updated on August 23, 2018. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Security Health Plan Customer Service at 1-877-998-0998 or, for TTY users, 711. We are open 7 days a week, 8 a.m. to 8 p.m., from Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., from April 1-Sept. 30.

Or visit <https://www.securityhealth.org/allyformulary>.

Y0117_MC-785-0367-C-09-18_C
Formulary ID 00019415, v.8

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 Security Health Plan. When it refers to “plan” or “our plan,” it means Ally Rx (HMO D-SNP).

This document includes a partial list of the drugs (formulary) for our plan which is current as of January 1, 2019. For a complete, 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.

Security Health Plan of Wisconsin, Inc., is an HMO, MSA and D-SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Security Health Plan depends on contract renewal.

This document is available in alternate formats. Call Customer Service at the number on the covers for more information.

What is the Ally Rx (HMO D-SNP) Abridged Formulary?

A formulary is a list of covered drugs selected by Security Health 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. Security Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Security Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Security Health Plan. For a complete listing of all prescription drugs covered by Security Health Plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 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 Ally Rx (HMO D-SNP) 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 new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary

or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by Security Health Plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page vii. 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 1. 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 38. 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?

Security Health 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:** Security Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Security Health Plan before you fill your prescriptions. If you don't get approval, Security Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Security Health Plan limits the amount of the drug that your Medicare Advantage plan will cover. For example, Security Health Plan provides 18 tablets per prescription for sumatriptan. This may be in addition to a standard 1-month or 3-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page vii. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization restriction. 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 Security Health 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 Security Health Plan formulary?" below on this page 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. This document includes only a partial list of covered drugs, so Security Health Plan may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Security Health 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 Security Health 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 Security Health Plan.
- You can ask Security Health 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 Security Health Plan Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Security Health 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, Security Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting

statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

There are times outside of your first 90 days of new membership when the prescription drug transition process will also apply. One of the more common examples would be if you experience a change in your level of care (for example, when you are discharged from a hospital to either your home or to a long-term care facility, or if you end your long-term care facility stay and return to your home). Security Health Plan will ensure you have an effective transition of care, including your medication therapy, anytime you experience a change in your level of care.

For more information

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

If you have questions about Security Health Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <https://www.medicare.gov>.

Discrimination is against the law

Security Health Plan of Wisconsin, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Security Health Plan of Wisconsin, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability or gender.

Security Health Plan of Wisconsin, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service. If you believe that Security Health Plan of Wisconsin, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or gender, you can file a grievance with Security Health Plan, Attn: Grievances, 1515 North Saint Joseph Avenue, Marshfield, WI 54449-8000. Phone: 715-221-9424 (TTY: 711). Fax: 715-221-9449. Email: shp.appeals.grievance@securityhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Security Health Plan is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. Phone: 1-800-368-1019 or 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language assistance services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-998-0998 (TTY: 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-998-0998 (TTY: 711).

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-998-0998 (TTY: 711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-998-0998 (TTY: 711)。

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-998-0998 (TTY: 711).

عربي (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-998-0998 (رقم هاتف الصم والبكم: 117).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-998-0998 (телетайп: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-998-0998 (TTY: 711) 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-998-0998 (TTY: 711).

Deitsch (Pennsylvania Dutch)

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-877-998-0998 (TTY: 711).

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-877-998-0998 (TTY: 711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-998-0998 (ATS : 711).

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-998-0998 (TTY: 711).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-998-0998 (TTY: 711) पर कॉल करें।

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-998-0998 (TTY: 711).

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-998-0998 (TTY: 711).

Oroomiffa (Oromo/Somalia)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-998-0998 (TTY: 711).

Large print – If you require materials in large print, please call 1-877-998-0998 (TTY: 711).

Ally Rx (HMO D-SNP) Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by Security Health Plan. If you have trouble finding your drug in the list, turn to the index that begins on page 38.

Remember: This is only a partial list of drugs covered by Security Health Plan. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

Requirements/Limits key:

PA = Prior authorization required

PA NS = Prior authorization required on new starts only

PA B vs. D = Prior authorization required for Part B vs. Part D coverage

HI = Home infusion coverage

This prescription drug may be covered under our medical benefit. For more information call Customer Service at 1-877-998-0998, 7 days a week, 8 a.m. to 8 p.m., from Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., from April 1-Sept. 30. TTY users should call 711.

LA = Limited access

This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-877-998-0998, 7 days a week, 8 a.m. to 8 p.m., from Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., from April 1-Sept. 30. TTY users should call 711.

QL = Quantity limit

NDS = Non-extended day supply (Limited to 30-day supply)

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Drug Name	Requirements/Limits
Analgesics	
Analgesics, Miscellaneous	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	
<i>fioricet oral capsule 50-300-40 mg</i>	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	
<i>lorcet hd oral tablet 10-325 mg</i>	
<i>lorcet plus oral tablet 7.5-325 mg</i>	
<i>morphine 10 mg/ml isecure syrg l/f, p/f, suv, inner 10 mg/ml</i>	HI
<i>morphine 4 mg/ml isecure syr l/f, inner, suv 4 mg/ml</i>	HI
<i>morphine 8 mg/ml isecure syrng l/f,p/f,suv,inner 8 mg/ml</i>	HI
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	HI
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	
MORPHINE ORAL TABLET 15 MG, 30 MG	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	QL (120 per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	QL (360 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	QL (7200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	QL (360 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	QL (90 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	
<i>phrenilin forte(with caffeine) oral capsule 50-300-40 mg</i>	QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i>	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	QL (90 per 30 days)
<i>tramadol oral tablet extended release 24 hr 200 mg</i>	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
<i>tramadol oral tablet extended release 24 hr 300 mg</i>	QL (30 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i>	
<i>vicodin hp oral tablet 10-300 mg</i>	
<i>vicodin oral tablet 5-300 mg</i>	
<i>zebutal oral capsule 50-325-40 mg</i>	
Nonsteroidal Anti-Inflammatory Agents	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	
<i>diclofenac sodium topical gel 1 %</i>	
<i>diclofenac sodium topical gel 3 %</i>	PA NSO
<i>ibu oral tablet 600 mg, 800 mg</i>	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	
<i>meloxicam oral tablet 15 mg</i>	QL (30 per 30 days)
<i>meloxicam oral tablet 7.5 mg</i>	QL (60 per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	
<i>naproxen oral suspension 125 mg/5 ml</i>	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	
Anesthetics	
Local Anesthetics	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	PA NSO; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	
<i>lidocaine viscous mucous membrane solution 2 %</i>	
Anti-Addiction/Substance Abuse Treatment Agents	
Anti-Addiction/Substance Abuse Treatment Agents	
<i>buprenorphine hcl sublingual tablet 2 mg</i>	QL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	QL (60 per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	QL (60 per 30 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	QL (90 per 30 days)
Antianxiety Agents	
Benzodiazepines	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	
<i>lorazepam oral concentrate 2 mg/ml</i>	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	QL (150 per 30 days)
Antibacterials	
Aminoglycosides	
<i>neomycin oral tablet 500 mg</i>	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	PA; QL (280 per 28 days); NDS
Antibacterials, Miscellaneous	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	
<i>metronidazole oral capsule 375 mg</i>	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	
XIFAXAN ORAL TABLET 200 MG	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	QL (84 per 28 days)
Cephalosporins	
<i>cefadroxil oral capsule 500 mg</i>	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	
<i>cefadroxil oral tablet 1 gram</i>	
<i>cefdinir oral capsule 300 mg</i>	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
Macrolides	
<i>azithromycin intravenous recon soln 500 mg</i>	HI
<i>azithromycin oral packet 1 gram</i>	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	
Miscellaneous B-Lactam Antibiotics	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PA; QL (84 per 28 days); NDS
INVANZ INJECTION RECON SOLN 1 GRAM	HI
Penicillins	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	
<i>ampicillin oral capsule 500 mg</i>	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	
Quinolones	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	
<i>levofloxacin intravenous solution 25 mg/ml</i>	HI
<i>levofloxacin oral solution 250 mg/10 ml</i>	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	
Sulfonamides	
<i>sulfadiazine oral tablet 500 mg</i>	

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Drug Name	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	
Tetracyclines	
<i>doxy-100 intravenous recon soln 100 mg</i>	HI
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	
Anticancer Agents	
Anticancer Agents	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	PA NSO; NDS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	PA NSO; QL (30 per 30 days); NDS
<i>anastrozole oral tablet 1 mg</i>	QL (30 per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	QL (30 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	
<i>exemestane oral tablet 25 mg</i>	QL (60 per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	
<i>letrozole oral tablet 2.5 mg</i>	QL (30 per 30 days)
LEUKERAN ORAL TABLET 2 MG	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	QL (1 per 168 days); NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	QL (1 per 30 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	QL (1 per 30 days); NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	
<i>mercaptopurine oral tablet 50 mg</i>	
<i>methotrexate sodium injection solution 25 mg/ml</i>	HI
<i>methotrexate sodium oral tablet 2.5 mg</i>	PA BvD
NEXAVAR ORAL TABLET 200 MG	PA NSO; QL (120 per 30 days); NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	QL (300 per 30 days); NDS
REVLIMID ORAL CAPSULE 10 MG, 5 MG	PA NSO; LA; QL (28 per 28 days); NDS

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Drug Name	Requirements/Limits
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG	PA NSO; LA; QL (21 per 28 days); NDS
REVLIMID ORAL CAPSULE 2.5 MG	PA NSO; LA; QL (30 per 30 days); NDS
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG	PA NSO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG	PA NSO; QL (90 per 30 days); NDS
SPRYCEL ORAL TABLET 80 MG	PA NSO; QL (60 per 30 days); NDS
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	PA NSO; QL (28 per 28 days); NDS
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	
TARCEVA ORAL TABLET 100 MG, 150 MG	PA NSO; QL (30 per 30 days); NDS
TARCEVA ORAL TABLET 25 MG	PA NSO; QL (90 per 30 days); NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	PA NSO; QL (120 per 30 days); NDS
TASIGNA ORAL CAPSULE 50 MG	PA NSO; QL (420 per 30 days); NDS
VOTRIENT ORAL TABLET 200 MG	PA NSO; QL (120 per 30 days); NDS
XTANDI ORAL CAPSULE 40 MG	PA NSO; QL (120 per 30 days); NDS
ZYTIGA ORAL TABLET 250 MG	PA NSO; QL (90 per 30 days); NDS
ZYTIGA ORAL TABLET 500 MG	PA NSO; QL (60 per 30 days); NDS
Anticholinergic Agents	
Antimuscarinics/Antispasmodics	
<i>propantheline oral tablet 15 mg</i>	
Anticonvulsants	
Anticonvulsants	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	
<i>carbamazepine oral tablet 200 mg</i>	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	
<i>carbamazepine oral tablet, chewable 100 mg</i>	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	
<i>epitol oral tablet 200 mg</i>	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	QL (270 per 30 days)

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Drug Name	Requirements/Limits
<i>gabapentin oral solution 250 mg/5 ml</i>	
<i>gabapentin oral tablet 600 mg</i>	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	
<i>levetiracetam oral solution 100 mg/ml</i>	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 300 MG, 50 MG, 75 MG	QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG	QL (60 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	QL (900 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	QL (360 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	QL (120 per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	
<i>topiramate oral tablet 100 mg, 50 mg</i>	QL (120 per 30 days)
<i>topiramate oral tablet 200 mg</i>	QL (60 per 30 days)
<i>topiramate oral tablet 25 mg</i>	QL (90 per 30 days)
Antidementia Agents	
Antidementia Agents	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	QL (180 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	QL (60 per 30 days)
Antidepressants	
Antidepressants	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	

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Drug Name	Requirements/Limits
<i>bupropion hcl oral tablet 100 mg</i>	QL (120 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 12 hr 100 mg, 150 mg</i>	QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 12 hr 200 mg</i>	QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	
<i>citalopram oral tablet 10 mg, 20 mg</i>	QL (45 per 30 days)
<i>citalopram oral tablet 40 mg</i>	QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	QL (90 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	QL (150 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	QL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	
<i>sertraline oral concentrate 20 mg/ml</i>	QL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	QL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	QL (120 per 30 days)
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	
Antidiabetic Agents	
Antidiabetic Agents, Miscellaneous	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	PA; QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	PA; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG	PA; QL (4 per 28 days)

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Drug Name	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	PA; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	PA; QL (1.2 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	QL (30 per 30 days)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	QL (30 per 30 days)
TRADJENTA ORAL TABLET 5 MG	QL (30 per 30 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	PA; QL (9 per 30 days)
Insulins	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	
Sulfonylureas	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	
<i>glipizide oral tablet 10 mg, 5 mg</i>	

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Drug Name	Requirements/Limits
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	
Antifungals	
Antifungals	
<i>clotrimazole mucous membrane troche 10 mg</i>	
<i>clotrimazole topical cream 1 %</i>	
<i>clotrimazole topical solution 1 %</i>	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	
<i>ketoconazole oral tablet 200 mg</i>	
<i>ketoconazole topical cream 2 %</i>	
<i>ketoconazole topical shampoo 2 %</i>	
<i>nyamyc topical powder 100,000 unit/gram</i>	
<i>nystatin oral suspension 100,000 unit/ml</i>	
<i>nystatin oral tablet 500,000 unit</i>	
<i>nystatin topical cream 100,000 unit/gram</i>	
<i>nystatin topical ointment 100,000 unit/gram</i>	
<i>nystatin topical powder 100,000 unit/gram</i>	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	
<i>nystop topical powder 100,000 unit/gram</i>	
<i>terbinafine hcl oral tablet 250 mg</i>	QL (90 per 365 days)
Antigout Agents	
Antigout Agents, Other	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	
ULORIC ORAL TABLET 40 MG, 80 MG	QL (30 per 30 days)
Antihistamines	
Antihistamines	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	
<i>levocetirizine oral tablet 5 mg</i>	QL (30 per 30 days)
Anti-Infectives (Skin And Mucous Membrane)	
Anti-Infectives (Skin And Mucous Membrane)	
<i>metronidazole vaginal gel 0.75 %</i>	

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Drug Name	Requirements/Limits
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	
<i>terconazole vaginal suppository 80 mg</i>	
Antimigraine Agents	
Antimigraine Agents	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	QL (18 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	QL (8 per 30 days)
Antimycobacterials	
Antimycobacterials	
<i>dapsone oral tablet 100 mg, 25 mg</i>	
<i>isoniazid oral solution 50 mg/5 ml</i>	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	
<i>rifampin intravenous recon soln 600 mg</i>	
<i>rifampin oral capsule 150 mg, 300 mg</i>	
Antinausea Agents	
Antinausea Agents	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	PA BvD; QL (90 per 30 days)
<i>phenadoz rectal suppository 12.5 mg</i>	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	
Antiparasite Agents	
Antiparasite Agents	
ALBENZA ORAL TABLET 200 MG	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	
<i>hydroxychloroquine oral tablet 200 mg</i>	
<i>mefloquine oral tablet 250 mg</i>	
Antiparkinsonian Agents	
Antiparkinsonian Agents	

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Drug Name	Requirements/Limits
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	
Antipsychotic Agents	
Antipsychotic Agents	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	QL (30 per 30 days); NDS
LATUDA ORAL TABLET 80 MG	QL (60 per 30 days); NDS
<i>olanzapine intramuscular recon soln 10 mg</i>	
<i>olanzapine oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	QL (30 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 5 mg</i>	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i>	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i>	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	QL (120 per 30 days)
<i>risperidone oral solution 1 mg/ml</i>	QL (240 per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	QL (120 per 30 days)

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Drug Name	Requirements/Limits
<i>risperidone oral tablet, disintegrating 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	QL (120 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	QL (540 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	QL (60 per 30 days)
Antivirals (Systemic)	
Antiretrovirals	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	QL (30 per 30 days); NDS
ATRIPLA ORAL TABLET 600-200-300 MG	QL (30 per 30 days); NDS
COMPLERA ORAL TABLET 200-25-300 MG	QL (30 per 30 days); NDS
EPZICOM ORAL TABLET 600-300 MG	QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG	QL (120 per 30 days); NDS
INTELENCE ORAL TABLET 200 MG	QL (60 per 30 days); NDS
INTELENCE ORAL TABLET 25 MG	QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	QL (300 per 30 days)
ISENTRESS ORAL TABLET 400 MG	QL (120 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	QL (180 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	QL (720 per 30 days)
KALETRA ORAL TABLET 100-25 MG	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	QL (150 per 30 days); NDS
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	QL (60 per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	QL (480 per 30 days)
NORVIR ORAL CAPSULE 100 MG	QL (360 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	QL (360 per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	QL (480 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	QL (360 per 30 days); NDS
PREZISTA ORAL TABLET 150 MG	QL (240 per 30 days); NDS
PREZISTA ORAL TABLET 600 MG	QL (60 per 30 days); NDS
PREZISTA ORAL TABLET 75 MG	QL (480 per 30 days); NDS
PREZISTA ORAL TABLET 800 MG	QL (30 per 30 days); NDS
<i>ritonavir oral tablet 100 mg</i>	QL (360 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	QL (30 per 30 days); NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	QL (30 per 30 days); NDS
Antivirals, Miscellaneous	

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i>	
Hcv Antivirals	
EPCLUSA ORAL TABLET 400-100 MG	PA; QL (30 per 30 days); NDS
HARVONI ORAL TABLET 90-400 MG	PA; QL (28 per 28 days); NDS
MAVYRET ORAL TABLET 100-40 MG	PA; QL (84 per 28 days); NDS
VOSEVI ORAL TABLET 400-100-100 MG	PA; QL (30 per 30 days); NDS
Interferons	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	PA NSO; NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	QL (2 per 28 days); NDS
Nucleosides And Nucleotides	
<i>acyclovir oral capsule 200 mg</i>	
<i>acyclovir oral suspension 200 mg/5 ml</i>	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	QL (120 per 30 days)
Blood Products/Modifiers/Volume Expanders	
Anticoagulants	
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	
XARELTO ORAL TABLET 10 MG, 20 MG	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	QL (42 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	QL (51 per 30 days)
Blood Formation Modifiers	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	PA; QL (1.2 per 28 days); NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	PA; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	PA; NDS

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	PA BvD; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	PA BvD; QL (24 per 28 days); NDS
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	PA BvD; QL (12 per 28 days); NDS
Hematologic Agents, Miscellaneous	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	
<i>tranexamic acid oral tablet 650 mg</i>	QL (30 per 5 days)
Platelet-Aggregation Inhibitors	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	
<i>clopidogrel oral tablet 75 mg</i>	QL (30 per 30 days)
Caloric Agents	
Caloric Agents	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD; HI
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	PA BvD; HI
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD; HI
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	PA BvD; HI
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	HI
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	HI
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	PA BvD; HI
NUTRILIPID INTRAVENOUS EMULSION 20 %	PA BvD; HI
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	PA BvD; HI
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	PA BvD; HI
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD; HI
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	PA BvD; HI
Cardiovascular Agents	
Alpha-Adrenergic Agents	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	
Angiotensin Ii Receptor Antagonists	

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Drug Name	Requirements/Limits
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	QL (30 per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	QL (60 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	QL (60 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	QL (30 per 30 days)
Angiotensin-Converting Enzyme Inhibitors	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	
Antiarrhythmic Agents	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	
Beta-Adrenergic Blocking Agents	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	QL (60 per 30 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	
Calcium-Channel Blocking Agents	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg</i>	QL (60 per 30 days)
<i>cartia xt oral capsule,extended release 24hr 300 mg</i>	QL (30 per 30 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i>	QL (30 per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	

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Drug Name	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg</i>	QL (60 per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 300 mg</i>	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	QL (60 per 30 days)
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg</i>	QL (60 per 30 days)
<i>taztia xt oral capsule,extended release 24 hr 300 mg, 360 mg</i>	QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg</i>	QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 200 mg</i>	QL (60 per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	QL (60 per 30 days)
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	
Cardiovascular Agents, Miscellaneous	
<i>digitek oral tablet 125 mcg</i>	QL (30 per 30 days)
<i>digitek oral tablet 250 mcg</i>	
<i>digox oral tablet 125 mcg</i>	QL (30 per 30 days)
<i>digox oral tablet 250 mcg</i>	
DIGOXIN ORAL SOLUTION 50 MCG/ML	
<i>digoxin oral tablet 125 mcg</i>	QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	QL (30 per 30 days)
Dihydropyridines	
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	QL (60 per 30 days)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>amlodipine-benazepril oral capsule 10-20 mg, 2.5-10 mg</i>	QL (60 per 30 days)
<i>amlodipine-benazepril oral capsule 10-40 mg</i>	QL (30 per 30 days)
<i>amlodipine-benazepril oral capsule 5-10 mg, 5-20 mg, 5-40 mg</i>	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	QL (60 per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	QL (60 per 30 days)
Diuretics	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	
<i>furosemide injection solution 10 mg/ml</i>	HI

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
<i>furosemide injection syringe 10 mg/ml</i>	HI
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	
Dyslipidemics	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	QL (60 per 30 days)
<i>atorvastatin oral tablet 80 mg</i>	QL (30 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	QL (60 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	QL (60 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	QL (60 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	QL (60 per 30 days)
<i>simvastatin oral tablet 80 mg</i>	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	
Vasodilators	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	
NITRO-BID TRANSDERMAL OINTMENT 2 %	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	QL (30 per 30 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i>	QL (60 per 30 days)
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	
Central Nervous System Agents	
Central Nervous System Agents	

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Drug Name	Requirements/Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	PA; QL (30 per 30 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	PA; QL (12 per 28 days); NDS
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	QL (180 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	QL (120 per 30 days)
<i>dextroamphetamine oral capsule, extended release 5 mg</i>	QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	QL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	QL (150 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	PA; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	PA; QL (12 per 28 days); NDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	
<i>lithium carbonate oral tablet 300 mg</i>	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	
<i>metadate er oral tablet extended release 20 mg</i>	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg</i>	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 30 mg, 40 mg, 60 mg</i>	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	QL (180 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	QL (30 per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	
<i>zenzedi oral tablet 10 mg</i>	QL (180 per 30 days)

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Drug Name	Requirements/Limits
<i>zenzedi oral tablet 5 mg</i>	QL (150 per 30 days)
Contraceptives	
Contraceptives	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	QL (91 per 30 days)
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg</i>	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	
<i>loryna (28) oral tablet 3-0.02 mg</i>	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	

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Drug Name	Requirements/Limits
<i>marlissa oral tablet 0.15-0.03 mg</i>	
<i>melodetta 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	
<i>mili oral tablet 0.25-35 mg-mcg</i>	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	
<i>nikki (28) oral tablet 3-0.02 mg</i>	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	
<i>ocella oral tablet 3-0.03 mg</i>	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	
<i>portia oral tablet 0.15-0.03 mg</i>	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	
<i>quasense oral tablets, dose pack, 3 month 0.15 mg-30 mcg</i>	
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg</i>	QL (91 per 90 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	
<i>syeda oral tablet 3-0.03 mg</i>	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	
<i>vestura (28) oral tablet 3-0.02 mg</i>	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	
<i>zarah oral tablet 3-0.03 mg</i>	

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Drug Name	Requirements/Limits
Dental And Oral Agents	
Dental And Oral Agents	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	
<i>periogard mucous membrane mouthwash 0.12 %</i>	
<i>triamcinolone acetonide dental paste 0.1 %</i>	
Dermatological Agents	
Dermatological Agents, Other	
<i>ammonium lactate topical cream 12 %</i>	
<i>ammonium lactate topical lotion 12 %</i>	
<i>amneestem oral capsule 10 mg, 20 mg, 40 mg</i>	
AZELEX TOPICAL CREAM 20 %	
<i>calcipotriene scalp solution 0.005 %</i>	QL (60 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	QL (120 per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	
FINACEA TOPICAL FOAM 15 %	
FINACEA TOPICAL GEL 15 %	
<i>fluorouracil topical cream 0.5 %, 5 %</i>	
<i>fluorouracil topical solution 2 %, 5 %</i>	
<i>imiquimod topical cream in packet 5 %</i>	QL (12 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	
TOLAK TOPICAL CREAM 4 %	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	QL (7.5 per 28 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	QL (28 per 28 days)
Dermatological Antibacterials	
<i>clindamycin phosphate topical foam 1 %</i>	
<i>clindamycin phosphate topical gel 1 %</i>	
<i>clindamycin phosphate topical lotion 1 %</i>	
<i>clindamycin phosphate topical solution 1 %</i>	
<i>clindamycin phosphate topical swab 1 %</i>	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	
<i>metronidazole topical cream 0.75 %</i>	
<i>metronidazole topical gel 0.75 %, 1 %</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
<i>metronidazole topical lotion 0.75 %</i>	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	
<i>silver sulfadiazine topical cream 1 %</i>	
<i>ssd topical cream 1 %</i>	
Dermatological Anti-Inflammatory Agents	
<i>ala-cort topical cream 1 %, 2.5 %</i>	
<i>clobetasol scalp solution 0.05 %</i>	
<i>clobetasol topical cream 0.05 %</i>	
<i>clobetasol topical foam 0.05 %</i>	
<i>clobetasol topical gel 0.05 %</i>	
<i>clobetasol topical lotion 0.05 %</i>	
<i>clobetasol topical ointment 0.05 %</i>	
<i>clobetasol topical shampoo 0.05 %</i>	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	
<i>desonide topical cream 0.05 %</i>	
<i>desonide topical lotion 0.05 %</i>	
<i>desonide topical ointment 0.05 %</i>	
<i>fluocinonide topical cream 0.1 %</i>	
<i>fluocinonide topical gel 0.05 %</i>	
<i>fluocinonide topical ointment 0.05 %</i>	
<i>fluocinonide topical solution 0.05 %</i>	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	
<i>hydrocortisone topical lotion 2.5 %</i>	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	
<i>mometasone topical cream 0.1 %</i>	
<i>mometasone topical ointment 0.1 %</i>	
<i>mometasone topical solution 0.1 %</i>	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	
<i>procto-pak topical cream with perineal applicator 1 %</i>	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	
<i>triderm topical cream 0.1 %</i>	
<i>tridesilon topical cream 0.05 %</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
Dermatological Retinoids	
<i>adapalene 0.3% gel pump 0.3 %</i>	PA
<i>adapalene topical cream 0.1 %</i>	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i>	PA
<i>avita topical cream 0.025 %</i>	PA
<i>avita topical gel 0.025 %</i>	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	PA
Scabicides And Pediculicides	
<i>malathion topical lotion 0.5 %</i>	
<i>permethrin topical cream 5 %</i>	
Devices	
Devices	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	
VGO 40 DISPOSABLE DEVICE	
Enzyme Replacement/Modifiers	
Enzyme Replacement/Modifiers	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200-24,600 UNIT	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750-30,250 UNIT	
PULMOZYME INHALATION SOLUTION 1 MG/ML	PA; QL (150 per 30 days); NDS
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000 -27,000 UNIT, 5,000-17,000- 24,000 UNIT	

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Drug Name	Requirements/Limits
Eye, Ear, Nose, Throat Agents	
Eye, Ear, Nose, Throat Agents, Miscellaneous	
<i>atropine ophthalmic (eye) drops 1 %</i>	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	QL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	
Eye, Ear, Nose, Throat Anti-Infectives Agents	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	
<i>ofloxacin otic (ear) drops 0.3 %</i>	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	
<i>fluticasone nasal spray,suspension 50 mcg/actuation</i>	QL (16 per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	

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Drug Name	Requirements/Limits
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	QL (60 per 30 days)
Gastrointestinal Agents	
Antiulcer Agents And Acid Suppressants	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	
<i>famotidine oral tablet 20 mg, 40 mg</i>	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	QL (60 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	QL (60 per 30 days)
<i>ranitidine hcl oral syrup 15 mg/ml</i>	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	
Gastrointestinal Agents, Other	
<i>constulose oral solution 10 gram/15 ml</i>	
<i>dicyclomine oral capsule 10 mg</i>	
<i>dicyclomine oral solution 10 mg/5 ml</i>	
<i>dicyclomine oral tablet 20 mg</i>	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	
<i>enulose oral solution 10 gram/15 ml</i>	
<i>generlac oral solution 10 gram/15 ml</i>	
<i>lactulose oral solution 10 gram/15 ml</i>	
<i>loperamide oral capsule 2 mg</i>	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	
<i>ursodiol oral capsule 300 mg</i>	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	
Laxatives	
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	
<i>gavilyte-n oral recon soln 420 gram</i>	

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Drug Name	Requirements/Limits
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram</i>	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	
Phosphate Binders	
<i>calcium acetate oral capsule 667 mg</i>	
<i>calcium acetate oral tablet 667 mg</i>	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	
<i>sevelamer carbonate oral tablet 800 mg</i>	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	
Genitourinary Agents	
Antispasmodics, Urinary	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	
<i>oxybutynin chloride oral tablet 5 mg</i>	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	QL (30 per 30 days)
<i>tropium oral capsule, extended release 24hr 60 mg</i>	QL (30 per 30 days)
<i>tropium oral tablet 20 mg</i>	QL (60 per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	QL (30 per 30 days)
Genitourinary Agents, Miscellaneous	
<i>finasteride oral tablet 5 mg</i>	QL (30 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	QL (60 per 30 days)
Heavy Metal Antagonists	
Heavy Metal Antagonists	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	PA; LA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	PA; NDS
FERRIPROX ORAL TABLET 500 MG	PA; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	PA; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying	

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Drug Name	Requirements/Limits
Androgens	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	PA NSO; QL (60 per 30 days)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24 HR	PA NSO; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	PA NSO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	PA NSO; QL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	PA NSO; QL (150 per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	PA NSO
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	PA NSO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	PA NSO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	PA NSO; QL (300 per 30 days)
Estrogens And Antiestrogens	
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	QL (8 per 28 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr</i>	
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	
<i>estradiol vaginal tablet 10 mcg</i>	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	QL (1 per 90 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	
<i>yuvafem vaginal tablet 10 mcg</i>	
Glucocorticoids/Mineralocorticoids	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	
<i>prednisone oral solution 5 mg/5 ml</i>	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	PA BvD
Pituitary	
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PA; NDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PA; NDS
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	
Progestins	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	QL (0.65 per 90 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	
Thyroid And Antithyroid Agents	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	
Immunological Agents	
Immunological Agents	
<i>azathioprine oral tablet 50 mg</i>	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PA; NDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PA BvD

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Drug Name	Requirements/Limits
<i>cyclosporine modified oral solution 100 mg/ml</i>	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	PA; QL (4.08 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	PA; QL (8 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	PA; QL (8 per 28 days); NDS
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	PA BvD
<i>gengraf oral capsule 100 mg, 25 mg</i>	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	PA BvD
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PA; QL (6 per 28 days); NDS
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	PA; QL (3 per 28 days); NDS
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	PA; QL (2 per 28 days); NDS
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; QL (6 per 28 days); NDS
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PA; QL (6 per 28 days); NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	PA; QL (6 per 28 days); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML	PA; QL (2 per 28 days); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	PA; QL (6 per 28 days); NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	QL (30 per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PA BvD
Vaccines	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	

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Drug Name	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	PA BvD
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	PA BvD
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	QL (1 per 365 days); AGE (Min 49 Years)
Inflammatory Bowel Disease Agents	
Inflammatory Bowel Disease Agents	
CANASA RECTAL SUPPOSITORY 1,000 MG	QL (30 per 30 days)
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	
<i>mesalamine rectal enema 4 gram/60 ml</i>	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	QL (150 per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	QL (300 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	
Irrigating Solutions	
Irrigating Solutions	

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Drug Name	Requirements/Limits
<i>sodium chloride irrigation solution 0.9 %</i>	
Metabolic Bone Disease Agents	
Metabolic Bone Disease Agents	
<i>alendronate oral solution 70 mg/75 ml</i>	
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	QL (4 per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	
<i>calcitriol oral solution 1 mcg/ml</i>	
<i>ibandronate oral tablet 150 mg</i>	QL (1 per 28 days)
SENSIPAR ORAL TABLET 30 MG, 90 MG	PA BvD; QL (120 per 30 days); NDS
SENSIPAR ORAL TABLET 60 MG	PA BvD; QL (90 per 30 days); NDS
Miscellaneous Therapeutic Agents	
Miscellaneous Therapeutic Agents	
ELMIRON ORAL CAPSULE 100 MG	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	
<i>pyridostigmine bromide oral tablet 60 mg</i>	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	
Ophthalmic Agents	
Antiglaucoma Agents	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	QL (10 per 30 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	QL (5 per 25 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	QL (2.5 per 25 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	
Replacement Preparations	
Replacement Preparations	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	HI
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	HI
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	HI
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	HI
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	HI
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	HI
Respiratory Tract Agents	
Anti-Inflammatories, Inhaled Corticosteroids	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	QL (12 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	
Antileukotrienes	
<i>montelukast oral tablet 10 mg</i>	QL (30 per 30 days)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	QL (30 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	QL (60 per 30 days)
Bronchodilators	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	QL (25.8 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	QL (4 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PA BvD
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	QL (30 per 30 days)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	QL (36 per 30 days)
Respiratory Tract Agents, Other	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	QL (30 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	QL (6 per 28 days); NDS
Skeletal Muscle Relaxants	
Skeletal Muscle Relaxants	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	PA; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	PA; AGE (Max 64 Years)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PA; AGE (Max 64 Years)
Sleep Disorder Agents	
Sleep Disorder Agents	
<i>modafinil oral tablet 100 mg</i>	PA; QL (90 per 30 days)
<i>modafinil oral tablet 200 mg</i>	PA; QL (60 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg</i>	QL (30 per 30 days)
<i>zolpidem oral tablet 5 mg</i>	QL (60 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg</i>	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 6.25 mg</i>	QL (60 per 30 days)
Vasodilating Agents	

You can find information on what the symbols and abbreviations in this table mean by going to page vii in the introduction pages of this document

Drug Name	Requirements/Limits
Vasodilating Agents	
ADCIRCA ORAL TABLET 20 MG	PA; QL (60 per 30 days); NDS
CIALIS ORAL TABLET 2.5 MG, 5 MG	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	PA; QL (180 per 30 days); NDS
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	PA; QL (90 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	LA; QL (60 per 30 days); NDS
Vitamins And Minerals	
Vitamins And Minerals	
FLUORIDE (SODIUM) ORAL TABLET 1 MG (2.2 MG SOD. FLUORIDE)	
LUDENT FLUORIDE 1 MG TAB CHEW D/F, S/F, CHEWABLE (OTC) 1 MG (2.2 MG SOD. FLUORIDE)	
<i>pnv prenatal plus multivit tab s/f, gluten-free 27 mg iron- 1 mg</i>	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	

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www.securityhealth.org/medicare19

This abridged formulary was updated on August 23, 2018. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Security Health Plan Customer Service at 1-877-998-0998 or, for TTY users, 711. We are open 7 days a week, 8 a.m. to 8 p.m., from Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., from April 1-Sept. 30. Or visit <https://www.securityhealth.org/medicare19>.