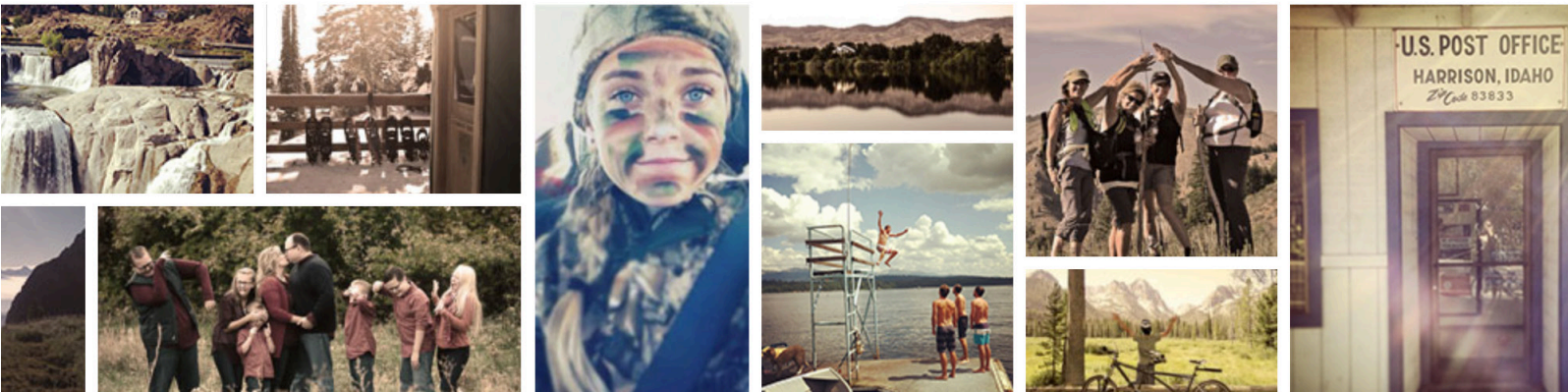




MHC Commercial Group Preferred Drug List



How to use the Preferred Drug List

The Preferred Drug List (PDL) is a summary of prescription drugs covered under your plan. This contains the most commonly prescribed drugs with their dosing and forms. This list is not a complete list and additional drugs may be covered. *Please note that the Preferred Drug List is subject to change as new drugs become available and therapeutic categories are reviewed and updated to provide the most effective and greatest value therapies available for our members.*

Your pharmacy benefit has four tiers and the tier is identified in the second column on the Preferred Drug List below. These tiers determine your out of pocket responsibility and will coincide with the copays and/or coinsurance shown on your benefit summary. In most cases, the drugs on the lower tiers will cost less.

- Tier 0: Preventive Drugs required by the Affordable Care Act (ACA)
- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics / Preferred Brands
- Tier 3: Non-Preferred Brands
- Tier 4: Specialty (Most specialty drugs require PA and must be filled at the Plan's designated Specialty Pharmacy)

If you have any questions about the Preferred Drug List or your pharmacy benefits please contact Pharmacy Customer Service at the number listed on the back of your ID Card. Pharmacy Customer Service is available 24 hours / 7 days a week / 365 days a year. You can also view additional information by logging into the pharmacy member portal. If you need assistance in registering for the portal, please contact Pharmacy Customer Service. The pharmacy member portal provides information such as how to find a pharmacy; look up drug information like benefit tier, limits, and drug interactions; shop for best price of a medication at different pharmacies; check the status of a prescription; print your drug filled history; and how to set up mail order.

HOW DRUGS ARE CHOSEN FOR THE PDL

Drugs approved by the U.S. Food and Drug Administration (FDA) are reviewed and considered for the PDL by the Pharmaceutical & Therapeutics (P&T) Committee utilizing the following criteria:

- a) The drug is efficacious and medically necessary for the treatment, maintenance, and/or prevention of a specific medical condition
- b) The PDL does not have other alternatives or similar drugs that could be used in its place
- c) The drug demonstrates a strong therapeutic outcome
- d) The drug demonstrates safety for medical use

As new drugs are approved by the FDA, they are reviewed within 180 days against similar drugs available on PDL before being considered for inclusion. New drugs with an FDA designation of 1P (FDA priority review – potential therapeutic gain) will automatically be reviewed for consideration for the Preferred Drug List. New drugs with an FDA designation of 1S (FDA standard review – no therapeutic gain) will not be reviewed for consideration until a provider/member requests or the next therapeutic class review is done.

In addition, therapeutic classes are reviewed on a regular basis to ensure the Preferred Drug List includes the most clinically and cost-effective medications.

Members will receive notices related to drug modifications at the point of sale when they present a prescription that is impacted by modifications to the PDL. Network pharmacies are required to communicate these messages regarding updates or changes to the program which may impact a member. In addition, members whose drugs have been removed from the PDL will receive written communication of change.

PREVENTIVE DRUGS

Certain medications are considered preventive under the Affordable Care Act (ACA). ACA preventive drugs are covered at 100 percent (no patient responsibility), although limits may apply. For more information about your preventive drug benefits, please contact Pharmacy Customer Service at the number listed on the back of your ID Card.

PRIOR AUTHORIZATION (PA)

To ensure appropriate utilization, some generic and brand medications and all specialty drugs require Prior Authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee establishes the Prior Authorization criteria. In order for a member to receive coverage for a medication requiring Prior Authorization, the

member or member's provider should contact Pharmacy Customer Service at the number listed on the back of your ID Card. Your provider will be required to complete a prior authorization form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If Prior Authorization is not received or medication is filled prior to approval, the cost of the medication will be full member responsibility. In addition, Prior Authorizations are not able to be back-dated.

QUANTITY LIMIT (QL)

Quantity Limit is a program that ensures members do not receive a prescription for a quantity that exceeds recommended Plan or safety limits. Limits are set because some medications have the potential to be abused, misused, shared, or have a manufacturer's limit on the recommended maximum dose. Quantity limits are based on FDA approved dosing schedules, current medical practices, evidence based clinical guidelines, and peer-reviewed medical literature related to a particular drug. Prior Authorization is required for any quantity limits that exceed Plan limits.

STEP THERAPY (ST)

Step Therapy is a program for prescription drugs that are taken on a regular basis to treat an ongoing medical condition. The program is developed around safety, cost, and a member's health. In Step Therapy, the covered drugs are arranged in a series of "steps". The program typically starts with generic drugs as the "first step." These generics are rigorously tested and approved by the FDA and allow you to have safe, effective treatment with medication that is more affordable. More expensive brand-name drugs are usually considered in the "second step" if your provider determines the "second step" products are medically necessary for your treatment. Step Therapy is developed under the guidance and direction of independent, licensed doctors, pharmacists, and other medical experts. They review the most current research on thousands of drugs tested and approved by the FDA for safety and efficacy. The first time you submit a prescription that is not for a first-step drug, your pharmacist will receive a message to tell you that the Plan requires Step Therapy. This means if you don't want to pay full price for your prescription drug, your doctor needs to write a new prescription for a "first-step" drug. With Step Therapy, if you've already tried and failed the "first-step" drug, can't take the "first-step" drug (because of an allergy, etc.), and/or your provider can show medical necessity for the second step products, your provider can submit a request for Prior Authorization review.

AGE

Some medications have a minimum or maximum age limit requirement under the Plan. Only members within those limits are able to fill those medications.

BRAND-GENERIC PENALTY (Ancillary Charge)

A Brand-Generic penalty is applied if you receive a brand name drug, regardless of reason or medical necessity, or if your provider prescribes a brand name drug when a generic is available. A Brand-Generic Penalty is the difference in cost from the generic to the brand name drug. This penalty is in addition to the regular cost sharing outlined in your benefits summary. The Brand-Generic penalty does not apply towards Deductibles or Out-of-Pocket Maximum.

GENERIC MANDATORY PLAN

The Plan mandates generic drugs wherever available. If a brand-name drug is requested when a generic is available, the generic will be available without a Prior Authorization. If brand is still desired, Prior Authorization will be required, even if not indicated on the PDL below. If brand is approved through the PA process, the Brand-Generic penalty will still be applied.

MAIL ORDER

A 90 day supply of generic and brand name drugs (Tier 0, 1, 2, and 3) that is mailed directly to you through a designated Mail Order Pharmacy. Not all medications are available through Mail Order. Contact Pharmacy Customer Service at the number listed on the back of your ID Card for more information or to get started on the Mail Order program.

SPECIALTY PHARMACY

The Plan requires that all medications noted as Specialty drugs (Tier 4) be filled through the Plan's designated Specialty Pharmacies. In cases where drugs are available only through a limited distribution channel from the manufacturer, these drugs may be filled at other designated specialty pharmacies as directed by the Plan.

OFF-LABEL USE OF MEDICATIONS

The FDA requires that drugs used in the U.S. be safe and efficacious. The label information or package insert of a medication outlines drug use only for "approved" doses and specific therapies for a particular condition or disease state. The use of a drug for a disease state or condition not listed on the label, or in a dose or therapy not listed on the label, is considered to be a "non-approved" or "off-label" use of the drug. Off-label use of a medication is not covered unless it meets the Plan's off-label use policy. A Prior Authorization is required when a medication is used outside of its FDA indication, dosage, or treatment. Coverage will be reviewed under the off-label use policy and subject to the same conditions and limitations as any other prescription drug.

NON-FORMULARY (not covered) OR EXCEPTION REQUESTS FOR MEDICATIONS

For drugs that are not covered by the Plan or exception requests, you or your provider can request an exception review. Your provider will be required to complete a request for formulary exception form and provide clinical documentation to show why this medication is needed for treatment of your disease state or medical condition. A letter of medical necessity is also recommended. Your provider should also include in his/her letter your diagnosis and previous therapies that have failed. If exception request approval is not received or medication is filled prior to approval, the cost of the medication will be full member responsibility. Contact Pharmacy Customer Service at the number listed on the back of your ID Card for more information.

PAPER CLAIMS FILING LIMITS

Point-of-sale claims are generally submitted electronically at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted via a paper claim after being dispensed. The timely filing limit for paper claims submission is 90 days from the date of service for all original claims. Paper claims will be reimbursed off of what the contractual discount would have been if claim had processed through the system, so member will be responsible for any difference in paid cost.

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CURRENT AS OF 1/1/2020

Status 0 = Zero Cost Share Preventive Drugs 1 = Preferred Generic 2 = Non-Preferred Generic, Preferred Brand 3 = Non-Preferred Brand 4 = Specialty Drugs Necessary Actions, Restrictions, or Limits on Use PA = Prior Authorization Required ST = Step Therapy Applies lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic Opioid Agonists		
ABSTRAL 100 MCG TAB SUBLINGUAL	3	PA; QL (120 EA per 30 days)
ABSTRAL 200 MCG TAB SUBLINGUAL	3	PA; QL (120 EA per 30 days)
ABSTRAL 300 MCG TAB SUBLINGUAL	3	PA; QL (120 EA per 30 days)
ABSTRAL 400 MCG TAB SUBLINGUAL	3	PA; QL (120 EA per 30 days)
ABSTRAL 600 MCG TAB SUBLINGUAL	3	PA; QL (120 EA per 30 days)
ABSTRAL 800 MCG TAB SUBLINGUAL	3	PA; QL (120 EA per 30 days)
ARYMO ER 15 MG TABLET	3	PA; QL (60 EA per 30 days)
ARYMO ER 30 MG TABLET	3	PA; QL (60 EA per 30 days)
ARYMO ER 60 MG TABLET	3	PA; QL (60 EA per 30 days)
<i>codeine sulfate 15 mg tablet</i>	1	QL (180 EA per 30 days)
<i>codeine sulfate 30 mg tablet</i>	1	QL (180 EA per 30 days)
<i>codeine sulfate 60 mg tablet</i>	1	QL (180 EA per 30 days)
<i>fentanyl 100 mcg/hr patch inner</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl 12 mcg/hr patch</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl 25 mcg/hr patch</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl 37.5 mcg/hr patch inner</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl 50 mcg/hr patch inner</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl 62.5 mcg/hr patch inner</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl 75 mcg/hr patch</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl 87.5 mcg/hr patch inner</i>	1	PA; QL (15 EA per 30 days)
<i>fentanyl cit 100 mcg buccal tb inner</i>	2	PA; QL (112 EA per 28 days)
<i>fentanyl cit 200 mcg buccal tb inner</i>	2	PA; QL (112 EA per 28 days)
<i>fentanyl cit 400 mcg buccal tb inner</i>	2	PA; QL (112 EA per 28 days)
<i>fentanyl cit 600 mcg buccal tb inner</i>	2	PA; QL (112 EA per 28 days)
<i>fentanyl cit 800 mcg buccal tb inner</i>	2	PA; QL (112 EA per 28 days)
<i>fentanyl cit ofc 1,200 mcg inner</i>	2	PA; QL (120 EA per 30 days)
<i>fentanyl cit ofc 1,600 mcg inner</i>	2	PA; QL (30 EA per 30 days)
<i>fentanyl citrate ofc 200 mcg inner</i>	2	PA; QL (120 EA per 30 days)
<i>fentanyl citrate ofc 400 mcg inner</i>	2	PA; QL (120 EA per 30 days)
<i>fentanyl citrate ofc 600 mcg inner</i>	2	PA; QL (120 EA per 30 days)
<i>fentanyl citrate ofc 800 mcg inner</i>	2	PA; QL (120 EA per 30 days)
<i>hydromorphone 0.5 mg/0.5 ml l/f, sub, inner</i>	1	QL (120 ML per 30 days)
<i>hydromorphone 1 mg/ml solution</i>	1	QL (120 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>hydromorphone 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>hydromorphone 4 mg tablet</i>	1	QL (90 EA per 30 days)
<i>hydromorphone 5 mg/5 ml soln</i>	1	QL (120 ML per 30 days)
<i>hydromorphone 8 mg tablet</i>	1	QL (90 EA per 30 days)
<i>hydromorphone hcl er 12 mg tab</i>	2	PA; QL (30 EA per 30 days)
<i>hydromorphone hcl er 16 mg tab</i>	2	PA; QL (30 EA per 30 days)
<i>hydromorphone hcl er 32 mg tab</i>	2	PA; QL (30 EA per 30 days)
<i>hydromorphone hcl er 8 mg tab</i>	2	PA; QL (30 EA per 30 days)
HYSINGLA ER 100 MG TABLET	3	PA; QL (30 EA per 30 days)
HYSINGLA ER 120 MG TABLET	3	PA; QL (30 EA per 30 days)
HYSINGLA ER 20 MG TABLET	3	PA; QL (60 EA per 30 days)
HYSINGLA ER 30 MG TABLET	3	PA; QL (60 EA per 30 days)
HYSINGLA ER 40 MG TABLET	3	PA; QL (60 EA per 30 days)
HYSINGLA ER 60 MG TABLET	3	PA; QL (30 EA per 30 days)
HYSINGLA ER 80 MG TABLET	3	PA; QL (30 EA per 30 days)
LAZANDA 100 MCG NASAL SPRAY	3	PA; QL (5 EA per 30 days)
LAZANDA 300 MCG NASAL SPRAY	3	PA; QL (5 EA per 30 days)
LAZANDA 400 MCG NASAL SPRAY	3	PA; QL (5 EA per 30 days)
<i>levorphanol 2 mg tablet</i>	1	QL (60 EA per 30 days)
<i>methadone 10 mg/5 ml solution</i>	1	PA; QL (240 ML per 30 days)
<i>methadone 10 mg/ml oral conc dlf, slf, unflavored</i>	1	PA; QL (60 ML per 30 days)
<i>methadone 40 mg tablet dispr disprsb</i>	1	PA; QL (30 EA per 30 days)
<i>methadone 5 mg/5 ml solution</i>	1	PA; QL (240 ML per 30 days)
<i>methadone hcl 10 mg tablet</i>	1	PA; QL (60 EA per 30 days)
<i>methadone hcl 10 mg/ml vial mdv</i>	1	PA; QL (240 ML per 30 days)
<i>methadone hcl 200 mg/20 ml vl mdv, latex-free</i>	1	PA; QL (240 ML per 30 days)
<i>methadone hcl 5 mg tablet</i>	1	PA; QL (60 EA per 30 days)
METHADONE INTENSOL 10 MG/ML	1	PA; QL (60 ML per 30 days)
METHADOSE 10 MG/ML ORAL CONC CHERRY	1	PA; QL (60 ML per 30 days)
<i>morphine sulf 10 mg/5 ml soln slf, alf</i>	1	QL (480 ML per 30 days)
<i>morphine sulf 100 mg/5 ml conc alf, slf</i>	1	QL (120 ML per 30 days)
<i>morphine sulf 20 mg/5 ml soln</i>	1	QL (480 ML per 30 days)
<i>morphine sulf er 100 mg tablet flc</i>	1	PA; QL (60 EA per 30 days)
<i>morphine sulf er 15 mg tablet</i>	1	PA; QL (90 EA per 30 days)
<i>morphine sulf er 200 mg tablet</i>	1	PA; QL (60 EA per 30 days)
<i>morphine sulf er 30 mg tablet</i>	1	PA; QL (60 EA per 30 days)
<i>morphine sulf er 60 mg tablet</i>	1	PA; QL (60 EA per 30 days)
<i>morphine sulfate er 10 mg cap</i>	2	PA; QL (60 EA per 30 days)
<i>morphine sulfate er 100 mg cap</i>	2	PA; QL (60 EA per 30 days)
<i>morphine sulfate er 120 mg cap</i>	2	PA; QL (30 EA per 30 days)
<i>morphine sulfate er 20 mg cap</i>	2	PA; QL (60 EA per 30 days)
<i>morphine sulfate er 30 mg cap</i>	2	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>morphine sulfate er 45 mg cap</i>	2	PA; QL (30 EA per 30 days)
<i>morphine sulfate er 50 mg cap</i>	2	PA; QL (60 EA per 30 days)
<i>morphine sulfate er 60 mg cap</i>	2	PA; QL (60 EA per 30 days)
<i>morphine sulfate er 75 mg cap</i>	2	PA; QL (30 EA per 30 days)
<i>morphine sulfate er 80 mg cap</i>	2	PA; QL (60 EA per 30 days)
<i>morphine sulfate er 90 mg cap</i>	2	PA; QL (30 EA per 30 days)
<i>morphine sulfate ir 15 mg tab</i>	1	QL (180 EA per 30 days)
<i>morphine sulfate ir 30 mg tab</i>	1	QL (90 EA per 30 days)
NUCYNTA 100 MG TABLET	3	PA; QL (90 EA per 30 days)
NUCYNTA 50 MG TABLET	3	PA; QL (90 EA per 30 days)
NUCYNTA 75 MG TABLET	3	PA; QL (90 EA per 30 days)
NUCYNTA ER 100 MG TABLET	3	PA; QL (60 EA per 30 days)
NUCYNTA ER 150 MG TABLET	3	PA; QL (60 EA per 30 days)
NUCYNTA ER 200 MG TABLET	3	PA; QL (60 EA per 30 days)
NUCYNTA ER 250 MG TABLET	3	PA; QL (60 EA per 30 days)
NUCYNTA ER 50 MG TABLET	3	PA; QL (60 EA per 30 days)
<i>oxycodone hcl 10 mg tablet</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl 100 mg/5 ml conc</i>	1	QL (90 ML per 30 days)
<i>oxycodone hcl 15 mg tablet</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl 20 mg tablet</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl 30 mg tablet</i>	1	QL (90 EA per 30 days)
<i>oxycodone hcl 5 mg capsule</i>	1	QL (240 EA per 30 days)
<i>oxycodone hcl 5 mg tablet</i>	1	QL (240 EA per 30 days)
<i>oxycodone hcl 5 mg/5 ml soln inner</i>	1	QL (1800 ML per 30 days)
<i>oxycodone hcl er 10 mg tablet</i>	1	PA; QL (60 EA per 30 days)
<i>oxycodone hcl er 15 mg tablet</i>	2	PA; QL (60 EA per 30 days)
<i>oxycodone hcl er 20 mg tablet</i>	1	PA; QL (60 EA per 30 days)
<i>oxycodone hcl er 30 mg tablet</i>	2	PA; QL (60 EA per 30 days)
<i>oxycodone hcl er 40 mg tablet</i>	2	PA; QL (60 EA per 30 days)
<i>oxycodone hcl er 60 mg tablet</i>	2	PA; QL (60 EA per 30 days)
<i>oxycodone hcl er 80 mg tablet</i>	2	PA; QL (60 EA per 30 days)
OXYCONTIN ER 10 MG TABLET REFORMULATED	3	PA; QL (60 EA per 30 days)
OXYCONTIN ER 15 MG TABLET REFORMULATED	3	PA; QL (60 EA per 30 days)
OXYCONTIN ER 20 MG TABLET REFORMULATED	3	PA; QL (60 EA per 30 days)
OXYCONTIN ER 30 MG TABLET REFORMULATED	3	PA; QL (60 EA per 30 days)
OXYCONTIN ER 40 MG TABLET REFORMULATED	3	PA; QL (60 EA per 30 days)
OXYCONTIN ER 60 MG TABLET REFORMULATED	3	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
OXYCONTIN ER 80 MG TABLET REFORMULATED	3	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl 10 mg tablet</i>	1	QL (90 EA per 30 days)
<i>oxymorphone hcl 5 mg tablet</i>	1	QL (60 EA per 30 days)
<i>oxymorphone hcl er 10 mg tab</i>	1	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er 15 mg tab</i>	2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er 20 mg tab</i>	2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er 30 mg tab</i>	2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er 40 mg tab</i>	2	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er 5 mg tablet</i>	1	PA; QL (60 EA per 30 days)
<i>oxymorphone hcl er 7.5 mg tab</i>	1	PA; QL (60 EA per 30 days)
SUBSYS 1,200 MCG SPRAY	3	PA; QL (120 EA per 30 days)
SUBSYS 1,600 MCG SPRAY	3	PA; QL (30 EA per 30 days)
SUBSYS 100 MCG SPRAY INNER	3	PA; QL (120 EA per 30 days)
SUBSYS 200 MCG SPRAY INNER	3	PA; QL (120 EA per 30 days)
SUBSYS 400 MCG SPRAY INNER	3	PA; QL (120 EA per 30 days)
SUBSYS 600 MCG SPRAY INNER	3	PA; QL (120 EA per 30 days)
SUBSYS 800 MCG SPRAY INNER	3	PA; QL (120 EA per 30 days)
<i>tramadol er 100 mg tablet coated</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol er 200 mg tablet</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol er 300 mg tablet coated</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol hcl 50 mg tablet flc</i>	1	QL (240 EA per 30 days)
<i>tramadol hcl er 100 mg capsule</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol hcl er 100 mg tablet coated</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol hcl er 150 mg capsule</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol hcl er 200 mg capsule</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol hcl er 200 mg tablet</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol hcl er 300 mg capsule</i>	1	PA; QL (30 EA per 30 days)
<i>tramadol hcl er 300 mg tablet</i>	1	PA; QL (30 EA per 30 days)
ZOXYDRO ER 10 MG CAPSULE	3	PA; QL (60 EA per 30 days)
ZOXYDRO ER 15 MG CAPSULE	3	PA; QL (60 EA per 30 days)
ZOXYDRO ER 20 MG CAPSULE	3	PA; QL (60 EA per 30 days)
ZOXYDRO ER 30 MG CAPSULE	3	PA; QL (60 EA per 30 days)
ZOXYDRO ER 40 MG CAPSULE	3	PA; QL (60 EA per 30 days)
ZOXYDRO ER 50 MG CAPSULE	3	PA; QL (60 EA per 30 days)
Analgesic Opioid Codeine Combinations		
<i>acetaminophen-cod #2 tablet</i>	1	QL (240 EA per 30 days)
<i>acetaminophen-cod #3 tablet</i>	1	QL (240 EA per 30 days)
<i>acetaminophen-cod #4 tablet</i>	1	QL (180 EA per 30 days)
<i>acetaminophen-codeine 120 mg-12 mg/5 ml solution</i>	1	QL (450 ML per 30 days)
<i>acetaminophen-codeine 300-30 mg/12.5 ml 12.5 ml cup, inner</i>	1	QL (450 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>asa-butalb-caff-cod #3 capsule</i>	2	QL (180 EA per 30 days)
<i>butalb-acetaminoph-caff-codein</i>	1	QL (180 EA per 30 days)
BUTALBITAL COMP-CODEINE #3 CAP CAPSULE	2	QL (180 EA per 30 days)
<i>butalbital-caff-acetaminophen-cod cap</i>	1	QL (180 EA per 30 days)
Analgesic Opioid Dihydrocodeine Combinations		
<i>acetaminophen-caffeine-dihydrocodeine 320.5-30-16 mg capsule</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic,Xanthine		
<i>acetaminophen-caffeine-dihydrocodeine 320.5-30-16 mg capsule</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations		
<i>hydrocodone-acetaminophen 10-300 mg tablet</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen 10-325 mg tablet</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen 2.5-325 mg tablet</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen 5-300 mg tablet</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen 5-325 mg tablet</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen 7.5-300 mg tablet</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg tablet</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution inner</i>	1	QL (450 ML per 30 days)
LORTAB 10 MG-300 MG/15 ML ELXR	3	QL (450 ML per 30 days)
Analgesic Opioid Hydrocodone And Nsaid Combinations		
<i>hydrocodone-ibuprofen 10-200</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-ibuprofen 5-200 mg</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-ibuprofen 7.5-200 flc</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Hydrocodone Combinations		
<i>hydrocodone-acetaminophen 10-300 mg tablet</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen 10-325 mg tablet</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen 2.5-325 mg tablet</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen 5-300 mg tablet</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen 5-325 mg tablet</i>	1	QL (240 EA per 30 days)
<i>hydrocodone-acetaminophen 7.5-300 mg tablet</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg tablet</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution inner</i>	1	QL (450 ML per 30 days)
<i>hydrocodone-ibuprofen 10-200</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-ibuprofen 5-200 mg</i>	1	QL (120 EA per 30 days)
<i>hydrocodone-ibuprofen 7.5-200 flc</i>	1	QL (120 EA per 30 days)
LORTAB 10 MG-300 MG/15 ML ELXR	3	QL (450 ML per 30 days)
Analgesic Opioid Oxycodone And Non-Salicylate Combinations		
<i>oxycodone-acetaminophen 10-325 mg tablet</i>	1	QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>oxycodone-acetaminophen 2.5-325 mg tablet</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen 7.5-325 mg tablet</i>	1	QL (180 EA per 30 days)
Analgesic Opioid Oxycodone And Nsaid Combinations		
<i>oxycodone-ibuprofen 5-400 tab</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Oxycodone And Salicylate Combinations		
<i>oxycodone-aspirin 4.8355-325 mg tablet</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Oxycodone Combinations		
<i>oxycodone-acetaminophen 10-325 mg tablet</i>	1	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen 2.5-325 mg tablet</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen 5-325 mg tab</i>	1	QL (240 EA per 30 days)
<i>oxycodone-acetaminophen 7.5-325 mg tablet</i>	1	QL (180 EA per 30 days)
<i>oxycodone-aspirin 4.8355-325 mg tablet</i>	1	QL (120 EA per 30 days)
<i>oxycodone-ibuprofen 5-400 tab</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Partial-Mixed Agonists		
BELBUCA 150 MCG FILM INNER	3	QL (60 EA per 30 days)
BELBUCA 300 MCG FILM INNER	3	QL (60 EA per 30 days)
BELBUCA 450 MCG FILM INNER	3	QL (60 EA per 30 days)
BELBUCA 600 MCG FILM INNER	3	QL (60 EA per 30 days)
BELBUCA 75 MCG FILM INNER	3	QL (60 EA per 30 days)
BELBUCA 750 MCG FILM INNER	3	QL (60 EA per 30 days)
BELBUCA 900 MCG FILM INNER	3	QL (60 EA per 30 days)
<i>buprenorphine 10 mcg/1hr patch</i>	2	QL (4 EA per 28 days)
<i>buprenorphine 15 mcg/1hr patch inner</i>	2	QL (4 EA per 28 days)
<i>buprenorphine 20 mcg/1hr patch inner</i>	2	QL (4 EA per 28 days)
<i>buprenorphine 5 mcg/1hr patch</i>	2	QL (4 EA per 28 days)
<i>buprenorphine 7.5 mcg/1hr patch</i>	2	QL (4 EA per 28 days)
<i>butorphanol 10 mg/ml spray</i>	1	QL (2.5 ML per 30 days)
<i>pentazocine-naloxone tablet</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Tramadol And Non-Salicylate Combinations		
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	QL (120 EA per 30 days)
Analgesic Opioid Tramadol Combinations		
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	1	QL (120 EA per 30 days)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations		
<i>butalbital-acetaminophen 50-300 mg tab</i>	1	
<i>butalbital-acetaminophen 50-325 mg tab</i>	1	
<i>butalbital-acetaminophen-caffeine 50-300-40 mg capsule</i>	1	
<i>butalbital-acetaminophen-caffeine 50-325-40 mg capsule</i>	1	
MARTEN-TAB 325-50 TABLET	1	
TENCON 50-325 MG TABLET	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VANATOL LQ ORAL SOLUTION	3	
VANATOL S ORAL SOLUTION	3	
Anti-Inflammatory - Interleukin-1 Beta Blockers		
ILARIS 150 MG/ML VIAL	4	PA; QL (1 ML per 56 days)
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective		
ENBREL 25 MG KIT OUTER, MDV	4	PA; QL (16 EA per 28 days)
ENBREL 25 MG/0.5 ML SYRINGE INNER, P/F, SUV	4	PA; QL (8 ML per 28 days)
ENBREL 50 MG/ML MINI CARTRIDGE INNER, P/F, SUV	4	PA
ENBREL 50 MG/ML SURECLICK P/F,SUV, INNER	4	PA; QL (8 ML per 28 days)
ENBREL 50 MG/ML SYRINGE INNER, P/F, SUV	4	PA; QL (8 ML per 28 days)
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel		
CIMZIA 200 MG VIAL KIT	4	PA; QL (1 EA per 28 days)
CIMZIA 2X200 MG/ML SYRINGE KIT	4	PA; QL (3 EA per 30 days)
CIMZIA 2X200 MG/ML(X3)START KT	4	PA; QL (3 EA per 30 days)
HUMIRA 10 MG/0.2 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA 20 MG/0.4 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE P/F, SUV	4	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SYRINGE	4	PA; QL (6 EA per 28 days)
HUMIRA PEN 40 MG/0.8 ML NFRS, SUV, P/F	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HS STARTER 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML LATEX-FREE, SUV, P/F	4	PA; QL (2 EA per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR	4	PA; QL (1 ML per 28 days)
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents		
CIMZIA 200 MG VIAL KIT	4	PA; QL (1 EA per 28 days)
CIMZIA 2X200 MG/ML SYRINGE KIT	4	PA; QL (3 EA per 30 days)
CIMZIA 2X200 MG/ML(X3)START KT	4	PA; QL (3 EA per 30 days)
ENBREL 25 MG KIT OUTER, MDV	4	PA; QL (16 EA per 28 days)
ENBREL 25 MG/0.5 ML SYRINGE INNER, P/F, SUV	4	PA; QL (8 ML per 28 days)
ENBREL 50 MG/ML MINI CARTRIDGE INNER, P/F, SUV	4	PA
ENBREL 50 MG/ML SURECLICK P/F,SUV, INNER	4	PA; QL (8 ML per 28 days)
ENBREL 50 MG/ML SYRINGE INNER, P/F, SUV	4	PA; QL (8 ML per 28 days)
HUMIRA 10 MG/0.2 ML SYRINGE	4	PA; QL (2 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
HUMIRA 20 MG/0.4 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE P/F, SUV	4	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SYRINGE	4	PA; QL (6 EA per 28 days)
HUMIRA PEN 40 MG/0.8 ML NFRS, SUV, P/F	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HS STARTER 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML LATEX-FREE, SUV, P/F	4	PA; QL (2 EA per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR	4	PA; QL (1 ML per 28 days)
Dmard - Antimalarials		
<i>hydroxychloroquine 200 mg tab</i>	1	
Dmard - Antimetabolites		
<i>methotrexate 2.5 mg tablet</i>	1	
OTREXUP 10 MG/0.4 ML AUTO-INJ P/F, INNER, SDV	3	PA
OTREXUP 12.5 MG/0.4 ML AUTOINJ L/F, P/F, INNER, SDV	3	PA
OTREXUP 15 MG/0.4 ML AUTO-INJ P/F, INNER, SDV	3	PA
OTREXUP 17.5 MG/0.4 ML AUTOINJ L/F, P/F, INNER, SDV	3	PA
OTREXUP 20 MG/0.4 ML AUTO-INJ P/F, INNER, SDV	3	PA
OTREXUP 22.5 MG/0.4 ML AUTOINJ L/F, P/F, INNER, SDV	3	PA
OTREXUP 25 MG/0.4 ML AUTO-INJ P/F, INNER, SDV	3	PA
RASUVO 10 MG/0.2 ML AUTOINJ P/F, INNER, L/F, SUV	2	PA
RASUVO 12.5 MG/0.25 ML AUTOINJ P/F, INNER, L/F, SUV	2	PA
RASUVO 15 MG/0.3 ML AUTOINJ P/F, INNER, L/F, SUV	2	PA
RASUVO 17.5 MG/0.35 ML AUTOINJ P/F, INNER, L/F, SUV	2	PA
RASUVO 20 MG/0.4 ML AUTOINJ P/F, INNER, L/F, SUV	2	PA
RASUVO 22.5 MG/0.45 ML AUTOINJ P/F, INNER, L/F, SUV	2	PA
RASUVO 25 MG/0.5 ML AUTOINJ P/F, INNER, L/F, SUV	2	PA
RASUVO 30 MG/0.6 ML AUTOINJ P/F, INNER, L/F, SUV	2	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
RASUVO 7.5 MG/0.15 ML AUTOINJ P/F, INNER, L/F, SUV	2	PA
Dmard - Antinflammatory, Select. Costimulation Modulator, T-Cell Inhib.		
ORENCIA 125 MG/ML SYRINGE LATEX-FREE, SDV	4	PA
ORENCIA CLICKJECT 125 MG/ML	4	PA
Dmard - Gold Compounds		
RIDAURA 3 MG CAPSULE	3	
Dmard - Immunosuppressives		
<i>azathioprine 50 mg tablet</i>	1	
<i>cyclophosphamide 25 mg capsule</i>	1	
<i>cyclophosphamide 50 mg capsule</i>	1	
<i>cyclosporine 100 mg capsule</i>	2	
<i>cyclosporine 25 mg capsule outer</i>	2	
<i>cyclosporine modified 100 mg softgel, inner</i>	1	QL (90 EA per 30 days)
<i>cyclosporine modified 100 mg/ml</i>	1	QL (90 ML per 30 days)
<i>cyclosporine modified 25 mg inner, softgel</i>	1	QL (90 EA per 30 days)
<i>cyclosporine modified 50 mg softgel, inner</i>	2	QL (120 EA per 30 days)
GENGRAF 50 MG CAPSULE	2	QL (120 EA per 30 days)
<i>mycophenolate 200 mg/ml susp</i>	2	
<i>mycophenolate 250 mg capsule</i>	1	
<i>mycophenolate 500 mg tablet flc</i>	1	
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET 100 MG/0.67 ML SYRINGE INNER, SUV	4	PA; QL (28 ML per 28 days)
Dmard - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody		
ACTEMRA 162 MG/0.9 ML SYRINGE	4	PA
ACTEMRA 200 MG/10 ML VIAL	4	PA
ACTEMRA 400 MG/20 ML VIAL	4	PA
ACTEMRA 80 MG/4 ML VIAL	4	PA
Dmard - Janus Kinase (Jak) Inhibitors		
OLUMIANT 2 MG TABLET	4	PA; QL (30 EA per 30 days)
XELJANZ 5 MG TABLET	4	PA; QL (60 EA per 30 days)
XELJANZ XR 11 MG TABLET	4	PA; QL (30 EA per 30 days)
Dmard - Other		
CUPRIMINE 250 MG CAPSULE	3	
DEPEN 250 MG TITRATAB	4	PA
<i>minocycline 100 mg capsule</i>	1	
<i>minocycline 50 mg capsule</i>	1	
<i>minocycline 75 mg capsule</i>	1	
<i>minocycline hcl 100 mg tablet</i>	1	
<i>minocycline hcl 50 mg tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>minocycline hcl 75 mg tablet</i>	1	
<i>sulfasalazine 500 mg tablet</i>	1	
<i>sulfasalazine dr 500 mg tab</i>	1	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors		
OTEZLA 28 DAY STARTER PACK	4	PA; QL (60 EA per 30 days)
OTEZLA 30 MG TABLET	4	PA; QL (60 EA per 30 days)
OTEZLA STARTER PACK	4	PA; QL (60 EA per 30 days)
Dmard - Pyrimidine Synthesis Inhibitors		
<i>leflunomide 10 mg tablet</i>	1	QL (30 EA per 30 days)
<i>leflunomide 20 mg tablet</i>	1	QL (30 EA per 30 days)
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab		
BENLYSTA 120 MG VIAL	4	PA
BENLYSTA 200 MG/ML AUTOINJECT SDV,P/F,L/F,INNER	4	PA; QL (4 ML per 28 days)
BENLYSTA 200 MG/ML SYRINGE SDV,P/F,L/F,INNER	4	PA; QL (4 ML per 28 days)
BENLYSTA 400 MG VIAL	4	PA
Nsaid Analgesic And Prostaglandin Analog Combinations		
<i>diclofenac-misoprost 50-0.2 tb</i>	1	
<i>diclofenac-misoprost 50-200 tb</i>	1	
<i>diclofenac-misoprost 75-0.2 tb</i>	1	
<i>diclofenac-misoprost 75-200 tb flc</i>	1	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors		
<i>celecoxib 100 mg capsule</i>	1	
<i>celecoxib 200 mg capsule</i>	1	QL (60 EA per 30 days)
<i>celecoxib 400 mg capsule</i>	1	QL (60 EA per 30 days)
<i>celecoxib 50 mg capsule</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives		
<i>meclofenamate 50 mg capsule</i>	1	
<i>mefenamic acid 250 mg capsule</i>	2	
Nsaid Analgesics (Cox Non-Specific) - Other		
<i>ketorolac 10 mg tablet flc</i>	1	QL (20 EA Max Qty Per Fill Retail)
<i>ketorolac 60 mg/2 ml carpupject sdv,latex-free,inner</i>	1	QL (4 ML per 28 days)
<i>ketorolac 60 mg/2 ml syringe suv</i>	1	QL (4 ML per 28 days)
<i>ketorolac 60 mg/2 ml vial sdv, 25's,latex-free</i>	1	QL (4 ML per 28 days)
<i>nabumetone 500 mg tablet</i>	1	
<i>nabumetone 750 mg tablet</i>	1	
<i>sulindac 150 mg tablet</i>	1	
<i>sulindac 200 mg tablet</i>	1	
<i>tolmetin sodium 200 mg tab</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>tolmetin sodium 400 mg cap</i>	1	
<i>tolmetin sodium 600 mg tab</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives		
<i>meloxicam 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>meloxicam 7.5 mg tablet</i>	1	QL (30 EA per 30 days)
<i>meloxicam 7.5 mg/5 ml susp</i>	1	
<i>piroxicam 10 mg capsule</i>	1	
<i>piroxicam 20 mg capsule</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives		
CAMBIA 50 MG POWDER PACKET INNER	3	QL (9 EA per 30 days)
<i>diclofenac pot 50 mg tablet flc</i>	1	
<i>diclofenac sod dr 25 mg tab</i>	1	
<i>diclofenac sod dr 50 mg tab</i>	1	
<i>diclofenac sod dr 75 mg tab</i>	1	
<i>diclofenac sod ec 25 mg tab</i>	1	
<i>diclofenac sod ec 50 mg tab</i>	1	
<i>diclofenac sod ec 75 mg tab u-d,inner,10x10</i>	1	
<i>diclofenac sod er 100 mg tab</i>	1	
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives		
EC-NAPROXEN DR 375 MG TABLET	1	
EC-NAPROXEN DR 500 MG TABLET	1	
<i>fenoprofen 200 mg capsule</i>	1	
<i>fenoprofen 400 mg capsule</i>	1	
<i>fenoprofen 600 mg tablet</i>	1	
<i>flurbiprofen 100 mg tablet</i>	1	
<i>flurbiprofen 50 mg tablet</i>	1	
IBU 400 MG TABLET	1	
IBU 600 MG TABLET	1	
IBU 800 MG TABLET	1	
<i>ibuprofen 100 mg/5 ml susp outer (rx)</i>	1	
<i>ibuprofen 400 mg tablet flc</i>	1	
<i>ibuprofen 600 mg tablet</i>	1	
<i>ibuprofen 800 mg tablet</i>	1	
<i>ketoprofen 50 mg capsule</i>	1	
<i>ketoprofen 75 mg capsule</i>	1	
<i>ketoprofen er 200 mg capsule</i>	2	
<i>naproxen 125 mg/5 ml suspen</i>	1	
<i>naproxen 250 mg tablet</i>	1	
<i>naproxen 375 mg tablet</i>	1	
<i>naproxen 500 mg kit outer,w/ez pill cup</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>naproxen 500 mg tablet</i>	1	
<i>naproxen dr 375 mg tablet</i>	1	
<i>naproxen dr 500 mg tablet</i>	1	
<i>naproxen sod cr 375 mg tablet</i>	1	
<i>naproxen sodium 275 mg tab</i>	1	
<i>naproxen sodium 550 mg tab flc</i>	1	
<i>naproxen sodium ds 550 mg tab</i>	1	
<i>oxaprozin 600 mg caplet caplet, flc</i>	1	
<i>oxaprozin 600 mg tablet</i>	1	
Nsaid Analgesics (Cyclooxygenase Inhibitors-Non-Selective)		
CAMBIA 50 MG POWDER PACKET INNER	3	QL (9 EA per 30 days)
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives		
<i>etodolac 200 mg capsule</i>	1	
<i>etodolac 300 mg capsule</i>	1	
<i>etodolac 400 mg tablet</i>	1	
<i>etodolac 500 mg tablet</i>	1	
<i>etodolac er 400 mg tablet</i>	1	
<i>etodolac er 500 mg tablet</i>	1	
<i>etodolac er 600 mg tablet</i>	1	
<i>indomethacin 25 mg capsule</i>	1	QL (120 EA per 30 days)
<i>indomethacin 50 mg capsule</i>	1	
<i>indomethacin er 75 mg capsule</i>	1	
Salicylate Analgesic And Sedative Combinations		
<i>butalbital-asa-caffeine cap capsule</i>	1	
Salicylate Analgesic Combinations		
<i>choline mag trisal liquid</i>	1	
Salicylate Analgesics		
ADULT ASPIRIN EC 81 MG TABLET	0	
ADULT ASPIRIN REGIMEN EC 81 MG	0	
ADULT LOW DOSE ASA EC 81 MG TB	0	
ASPIR EC 81 MG TABLET	0	
<i>aspirin 325 mg tablet</i>	0	
<i>aspirin 81 mg chewable tablet low dose, orange</i>	0	
<i>aspirin ec 325 mg tablet</i>	0	
<i>aspirin ec 81 mg tablet</i>	0	
ASPIR-LOW EC 81 MG TABLET	0	
ASPIR-TRIN EC 325 MG TABLET	0	
BAYER ASPIRIN 325 MG CAPLET	0	
<i>bayer aspirin 325 mg tablet coated</i>	0	
CHILD ASPIRIN 81 MG CHEW TAB TAB CHEW,CHILDREN'S	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CHILD ASPIRIN 81 MG TAB CHEW	0	
<i>cvs aspirin 325 mg caplet coated caplet</i>	0	
<i>cvs aspirin 325 mg tablet</i>	0	
<i>cvs aspirin 81 mg chewable tab</i>	0	
<i>cvs aspirin ec 325 mg tablet</i>	0	
<i>cvs aspirin ec 81 mg tablet</i>	0	
<i>diflunisal 500 mg tablet</i>	1	
ECOTRIN EC 325 MG TABLET SAFETY COATED	0	
ECOTRIN EC 81 MG TABLET SFTY COATED,LOW STR	0	
ECPIRIN EC 325 MG TABLET	0	
<i>eq aspirin 325 mg tablet coated</i>	0	
<i>eq aspirin 81 mg chewable tab low dose, outer</i>	0	
<i>eq aspirin ec 325 mg tablet safety- coated</i>	0	
<i>eq aspirin ec 81 mg tablet adult low dose</i>	0	
<i>eql aspirin 325 mg tablet</i>	0	
<i>eql aspirin 81 mg chewable tab</i>	0	
<i>eql aspirin ec 325 mg tablet</i>	0	
<i>eql aspirin ec 81 mg tablet</i>	0	
<i>gnp aspirin 325 mg tablet micro-thin coat,nalf</i>	0	
<i>gnp aspirin 81 mg chewable tab</i>	0	
<i>gnp aspirin ec 325 mg tablet</i>	0	
<i>gnp aspirin ec 81 mg tablet</i>	0	
GNP LITE COAT ASA 325 MG TAB CAFFEINE FREE,NA/F	0	
<i>gs aspirin 325 mg tablet</i>	0	
<i>gs aspirin 81 mg chewable tab</i>	0	
<i>gs aspirin ec 325 mg tablet</i>	0	
<i>gs aspirin ec 81 mg tablet</i>	0	
<i>hm aspirin 325 mg tablet</i>	0	
<i>hm aspirin 81 mg chewable tab adlt low dose,orange</i>	0	
<i>hm aspirin ec 325 mg tablet reg strength</i>	0	
<i>hm aspirin ec 81 mg tablet low dose</i>	0	
<i>kro aspirin 325 mg tablet for adults, coated</i>	0	
<i>kro aspirin 81 mg chewable tab low dose,gluten free</i>	0	
<i>kro aspirin ec 325 mg tablet gluten-free, reg str</i>	0	
<i>kro aspirin ec 81 mg tablet gluten free,low dose</i>	0	
LITE COAT ASPIRIN 325 MG TAB CAFFEINE FREE,NA/F	0	
LOW DOSE ASPIRIN EC 81 MG TAB	0	
<i>pub aspirin 325 mg tablet caffeine free</i>	0	
<i>pub aspirin 81 mg chewable tab low strength</i>	0	
<i>qc aspirin 325 mg tablet</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>qc aspirin 81 mg chewable tab</i>	0	
<i>qc aspirin ec 325 mg tablet</i>	0	
<i>qc aspirin ec 81 mg tablet</i>	0	
QC LO-DOSE ASPIRIN EC 81 MG TB	0	
<i>ra aspirin 325 mg tablet lightly coated</i>	0	
<i>ra aspirin 81 mg chewable tab</i>	0	
<i>ra aspirin ec 325 mg tablet regular strength</i>	0	
<i>ra aspirin ec 81 mg tablet</i>	0	
RA CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S, ORANGE	0	
<i>salsalate 500 mg tablet</i>	1	
<i>salsalate 750 mg tablet</i>	1	
<i>sb aspirin 325 mg tablet</i>	0	
<i>sb aspirin ec 81 mg tablet low dose,sfty coated</i>	0	
SB CHILD ASPIRIN 81 MG CHW TAB	0	
<i>sm aspirin 325 mg tablet</i>	0	
<i>sm aspirin 81 mg chewable tab adult low strength</i>	0	
<i>sm aspirin ec 325 mg tablet</i>	0	
<i>sm aspirin ec 81 mg tablet</i>	0	
SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S	0	
ST. JOSEPH ASPIRIN EC 81 MG TB	0	
Anesthetics		
General Anesthetic - Parenteral, Benzodiazepines		
<i>midazolam hcl 10 mg/2 ml vial suv ,plf</i>	1	
<i>midazolam hcl 25 mg/5 ml vial latex-free,outer,mdv</i>	1	
<i>midazolam hcl 5 mg/ml vial fliptop,10's, llf</i>	1	
<i>midazolam hcl 50 mg/10 ml vial inner, latex-free</i>	1	
Local Anesthetic - Amides		
<i>lidocaine 5% ointment</i>	1	
<i>lidocaine hcl 4% solution</i>	1	
Anorectal Preparations		
Anorectal - Glucocorticoids		
ANUCORT-HC 25 MG SUPPOSITORY	2	
ANUSOL-HC 2.5% CREAM	1	
ANUSOL-HC 25 MG SUPPOSITORY	2	
HEMMOREX-HC 25 MG SUPPOSITORY	2	
<i>hydrocortisone 1% cream</i>	1	
<i>hydrocortisone ac 25 mg supp</i>	2	
<i>hydrocortisone ac 30 mg supp</i>	2	
PROCTO-MED HC 2.5% CREAM	1	
PROCTOSOL-HC 2.5% CREAM	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PROCTOZONE-HC 2.5% CREAM	1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb		
<i>hydrocort-pramoxine 1%-1% crm</i>	1	
<i>hydrocort-pramoxine 2.5%-1% cm inner</i>	1	
<i>lidocaine-hc 3-0.5% cream 14 applicators</i>	1	
Antidotes And Other Reversal Agents		
Antidote - Acetaminophen Poisoning		
<i>acetylcysteine 10% vial plf, latex-free</i>	1	
<i>acetylcysteine 20% vial inner</i>	1	
CETYLEV 2.5 GM EFF TABLET INNER	3	
CETYLEV 500 MG EFF TABLET INNER	3	
Antidote - Radioactive Agents		
RADIOGARDASE 0.5 GM CAPSULE	2	
Antidote Others		
GALZIN 25 MG CAPSULE	3	
GALZIN 50 MG CAPSULE	3	
RADIOGARDASE 0.5 GM CAPSULE	2	
Chelating Agents - Copper		
CUPRIMINE 250 MG CAPSULE	3	
DEPEN 250 MG TITRATAB	4	PA
<i>trientine hcl 250 mg capsule</i>	4	PA
Chelating Agents - Iron		
<i>deferasirox 125 mg tb for susp</i>	4	PA
<i>deferasirox 250 mg tb for susp</i>	4	PA
<i>deferasirox 500 mg tb for susp</i>	4	PA
FERRIPROX 100 MG/ML SOLUTION	4	PA
FERRIPROX 500 MG TABLET	4	PA
JADENU 180 MG TABLET	4	PA
Chelating Agents - Lead Poisoning		
CHEMET 100 MG CAPSULE	3	PA
Mu-Opioid Receptor Antagonists, Peripherally-Acting		
ENTEREG 12 MG CAPSULE U-D	3	PA
MOVANTIK 12.5 MG TABLET	3	PA; QL (30 EA per 30 days)
MOVANTIK 25 MG TABLET	3	PA; QL (30 EA per 30 days)
SYMPROIC 0.2 MG TABLET	3	PA; QL (30 EA per 30 days)
Opioid Reversal Agents - Opioid Antagonists		
<i>naloxone 0.4 mg/ml carpuject inner, llf, plf, suv</i>	1	
<i>naloxone 0.4 mg/ml vial sdv,inner,latex-free</i>	1	
<i>naloxone 2 mg/2 ml syringe latex-free, plf,svd</i>	1	
<i>naloxone 4 mg/10 ml vial inner,mdv,latex-free</i>	1	
<i>naltrexone 50 mg tablet flc</i>	1	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
NARCAN 4 MG NASAL SPRAY	1	QL (2 EA per 30 days)
Anti-Infective Agents		
Amebicides		
<i>paromomycin 250 mg capsule</i>	1	
Aminoglycoside Antibiotic		
<i>gentamicin 40 mg/ml vial 25's,mdv,latex-free</i>	3	
<i>gentamicin 80 mg/2 ml vial sdv, outer</i>	3	
<i>gentamicin 800 mg/20 ml vial latex-free,mdv</i>	3	
<i>neomycin 500 mg tablet</i>	1	
Aminopenicillin Antibiotic		
<i>amoxicillin 125 mg tab chew</i>	1	
<i>amoxicillin 125 mg/5 ml susp</i>	1	
<i>amoxicillin 200 mg/5 ml susp</i>	1	
<i>amoxicillin 250 mg capsule</i>	1	
<i>amoxicillin 250 mg tab chew</i>	1	
<i>amoxicillin 250 mg/5 ml susp</i>	1	
<i>amoxicillin 400 mg/5 ml susp</i>	1	
<i>amoxicillin 500 mg capsule</i>	1	
<i>amoxicillin 500 mg tablet</i>	1	
<i>amoxicillin 875 mg tablet</i>	1	
<i>ampicillin 250 mg capsule</i>	1	
<i>ampicillin 500 mg capsule</i>	1	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations		
<i>amox-clav 200-28.5 mg tab chew</i>	1	
<i>amox-clav 200-28.5 mg/5 ml sus</i>	1	
<i>amox-clav 250-125 mg tablet</i>	1	
<i>amox-clav 250-62.5 mg/5 ml sus</i>	1	
<i>amox-clav 400-57 mg tab chew</i>	1	
<i>amox-clav 400-57 mg/5 ml susp</i>	1	
<i>amox-clav 500-125 mg tablet</i>	1	
<i>amox-clav 600-42.9 mg/5 ml sus</i>	1	
<i>amox-clav 875-125 mg tablet flc</i>	1	
<i>amox-clav er 1,000-62.5 mg tab flc, 7 day pack</i>	2	
AUGMENTIN 125-31.25 MG/5 ML	3	
Anthelmintic Agents - Benzimidazole Derivatives		
<i>albendazole 200 mg tablet</i>	2	QL (120 EA per 30 days)
EMVERM 100 MG TABLET CHEW	3	PA; QL (6 EA per 3 days)
Anthelmintic Agents - Macrocyclic Lactones		
<i>ivermectin 3 mg tablet</i>	1	
Anthelmintic Agents Other		
<i>ivermectin 3 mg tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>praziquantel 600 mg tablet</i>	2	
Antibacterial Folate Antagonist - Other Combinations		
<i>sulfamethoxazole-tmp ds tablet</i>	1	
<i>sulfamethoxazole-tmp ss tablet</i>	1	
<i>sulfamethoxazole-tmp susp cherry</i>	1	
Antibacterial Folate Antagonist Others		
<i>trimethoprim 100 mg tablet</i>	1	
Antibacterial Nitrofurantoin Derivatives		
<i>nitrofurantoin 25 mg/5 ml susp</i>	1	
<i>nitrofurantoin mcr 100 mg cap</i>	1	
<i>nitrofurantoin mcr 25 mg cap</i>	1	
<i>nitrofurantoin mcr 50 mg cap</i>	1	
<i>nitrofurantoin mono-mcr 100 mg</i>	1	
Antibacterial Other		
MONUROL 3 GM SACHET OUTER	3	
Antifungal - Allylamines		
<i>terbinafine hcl 250 mg tablet</i>	1	QL (30 EA per 30 days)
Antifungal - Amphoteric Polyene Macrolides		
<i>nystatin 500,000 unit oral tab oral</i>	1	
Antifungal - Fluorinated Pyrimidine-Type Agents		
<i>flucytosine 250 mg capsule</i>	1	
<i>flucytosine 500 mg capsule</i>	1	
Antifungal - Imidazoles		
<i>ketoconazole 200 mg tablet</i>	1	
ORAVIG 50 MG BUCCAL TABLET	3	QL (14 EA per 14 days)
Antifungal - Triazoles		
CRESEMBA 186 MG CAPSULE	4	PA; QL (68 EA per 30 days)
<i>fluconazole 10 mg/ml susp</i>	1	
<i>fluconazole 100 mg tablet</i>	1	
<i>fluconazole 150 mg tablet 12's</i>	1	QL (180 EA per 30 days)
<i>fluconazole 200 mg tablet</i>	1	
<i>fluconazole 40 mg/ml susp</i>	1	
<i>fluconazole 50 mg tablet</i>	1	
<i>itraconazole 100 mg capsule inner</i>	1	
NOXAFIL 40 MG/ML SUSPENSION	4	PA; QL (105 ML per 30 days)
NOXAFIL DR 100 MG TABLET	4	PA; QL (31 EA per 30 days)
<i>voriconazole 200 mg tablet flc</i>	2	QL (60 EA per 30 days)
<i>voriconazole 40 mg/ml susp</i>	1	
<i>voriconazole 50 mg tablet</i>	1	QL (120 EA per 30 days)
Antifungal Other		
<i>flucytosine 250 mg capsule</i>	1	
<i>flucytosine 500 mg capsule</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>griseofulvin 125 mg/5 ml susp</i>	1	
<i>griseofulvin micro 500 mg tab</i>	2	QL (30 EA per 30 days)
<i>griseofulvin ultra 125 mg tab</i>	2	QL (30 EA per 30 days)
<i>griseofulvin ultra 250 mg tab</i>	2	QL (30 EA per 30 days)
Antileprotic - Immunomodulators		
THALOMID 100 MG CAPSULE	4	PA; QL (30 EA per 30 days)
THALOMID 150 MG CAPSULE	4	PA; QL (60 EA per 30 days)
THALOMID 200 MG CAPSULE	4	PA; QL (60 EA per 30 days)
THALOMID 50 MG CAPSULE	4	PA; QL (30 EA per 30 days)
Antileprotic - Sulfone Agents		
<i>dapsone 100 mg tablet</i>	1	
<i>dapsone 25 mg tablet</i>	1	
Antimalarial Combinations		
<i>atovaquone-proguanil 250-100 mg tablet flc</i>	1	
<i>atovaquone-proguanil 62.5-25</i>	1	
COARTEM TABLETS	2	
Antimalarials		
<i>chloroquine ph 250 mg tablet flc</i>	1	
<i>chloroquine ph 500 mg tablet</i>	1	
<i>hydroxychloroquine 200 mg tab</i>	1	
<i>mefloquine hcl 250 mg tablet</i>	1	
<i>primaquine 26.3 mg tablet</i>	2	
<i>quinine sulfate 324 mg capsule</i>	1	
Antiprotozoal Agents - Other		
ALINIA 100 MG/5 ML SUSPENSION	3	PA
ALINIA 500 MG TABLET	3	PA; QL (20 EA per 10 days)
<i>atovaquone 750 mg/5 ml susp</i>	1	
IMPAVIDO 50 MG CAPSULE	3	PA; QL (84 EA per 28 days)
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives		
ALINIA 100 MG/5 ML SUSPENSION	3	PA
ALINIA 500 MG TABLET	3	PA; QL (20 EA per 10 days)
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole		
<i>metronidazole 250 mg tablet</i>	1	
<i>metronidazole 375 mg capsule</i>	1	
<i>metronidazole 500 mg tablet</i>	1	
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole		
<i>tinidazole 250 mg tablet</i>	1	
<i>tinidazole 500 mg tablet</i>	1	
Antiretroviral - Ccr5 Co-Receptor Antagonist		
SELZENTRY 150 MG TABLET F/C	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SELZENTRY 25 MG TABLET	4	PA
SELZENTRY 300 MG TABLET	4	PA
SELZENTRY 75 MG TABLET	4	PA
Antiretroviral - Hiv-1 Fusion Inhibitors		
FUZEON 90 MG VIAL SUV, INNER	4	PA
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors		
ISENTRESS 100 MG POWDER PACKET INNER	4	QL (240 EA per 30 days)
ISENTRESS 100 MG TABLET CHEW	4	QL (180 EA per 30 days)
ISENTRESS 25 MG TABLET CHEW	4	QL (720 EA per 30 days)
ISENTRESS 400 MG TABLET	4	QL (60 EA per 30 days)
ISENTRESS HD 600 MG TABLET	4	QL (60 EA per 30 days)
TIVICAY 10 MG TABLET	4	QL (30 EA per 30 days)
TIVICAY 25 MG TABLET	4	QL (30 EA per 30 days)
TIVICAY 50 MG TABLET	4	QL (60 EA per 30 days)
Antiretroviral - Integrase Inhibitor And Nrti Combinations		
DOVATO 50-300 MG TABLET	4	PA; QL (30 EA per 30 days)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti)		
EDURANT 25 MG TABLET	4	QL (30 EA per 30 days)
<i>efavirenz 200 mg capsule</i>	4	
<i>efavirenz 50 mg capsule</i>	4	
<i>efavirenz 600 mg tablet</i>	4	
INTELENCE 100 MG TABLET	4	QL (120 EA per 30 days)
INTELENCE 200 MG TABLET	4	QL (60 EA per 30 days)
INTELENCE 25 MG TABLET	4	QL (120 EA per 30 days)
<i>nevirapine 200 mg tablet</i>	1	QL (60 EA per 30 days)
<i>nevirapine 50 mg/5 ml susp</i>	1	QL (1200 ML per 30 days)
<i>nevirapine er 100 mg tablet</i>	1	QL (90 EA per 30 days)
<i>nevirapine er 400 mg tablet</i>	1	QL (30 EA per 30 days)
PIFELTRO 100 MG TABLET	4	
RESCRIPTOR 100 MG TABLET	4	QL (360 EA per 30 days)
RESCRIPTOR 200 MG TABLET	4	QL (180 EA per 30 days)
SUSTIVA 200 MG CAPSULE	4	QL (120 EA per 30 days)
SUSTIVA 50 MG CAPSULE	4	QL (360 EA per 30 days)
SUSTIVA 600 MG TABLET F/C	4	QL (30 EA per 30 days)
Antiretroviral - Nucleoside And Nucleotide Analog Rtis Combinations		
DESCOVY 200-25 MG TABLET	4	QL (30 EA per 30 days)
TRUVADA 100 MG-150 MG TABLET	4	QL (30 EA per 30 days)
TRUVADA 133 MG-200 MG TABLET	4	QL (30 EA per 30 days)
TRUVADA 167 MG-250 MG TABLET	4	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TRUVADA 200 MG-300 MG TABLET	4	QL (30 EA per 30 days)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir 20 mg/ml solution</i>	4	
<i>abacavir 300 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>didanosine dr 125 mg capsule</i>	4	QL (90 EA per 30 days)
<i>didanosine dr 200 mg capsule enteric coated,u-u</i>	4	QL (60 EA per 30 days)
<i>didanosine dr 250 mg capsule enteric coated,u-u</i>	4	QL (30 EA per 30 days)
<i>didanosine dr 400 mg capsule enteric coated,u-u</i>	4	QL (30 EA per 30 days)
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 ML per 30 days)
EMTRIVA 200 MG CAPSULE	4	QL (30 EA per 30 days)
<i>lamivudine 10 mg/ml oral soln</i>	1	
<i>lamivudine 150 mg tablet</i>	1	QL (60 EA per 30 days)
<i>lamivudine 300 mg tablet</i>	1	QL (30 EA per 30 days)
RETROVIR 200 MG/20 ML VIAL SUV, P/F, INNER	4	
<i>stavudine 15 mg capsule</i>	1	QL (120 EA per 30 days)
<i>stavudine 20 mg capsule</i>	1	QL (120 EA per 30 days)
<i>stavudine 30 mg capsule</i>	1	QL (60 EA per 30 days)
<i>stavudine 40 mg capsule</i>	1	QL (60 EA per 30 days)
VIDEX 2 GM PEDIATRIC SOLN	4	QL (120 ML per 30 days)
VIDEX 4 GM PEDIATRIC SOLN	4	QL (120 ML per 30 days)
ZERIT 1 MG/ML SOLUTION	4	
ZIAGEN 300 MG TABLET F/C	4	QL (60 EA per 30 days)
<i>zidovudine 100 mg capsule</i>	1	QL (180 EA per 30 days)
<i>zidovudine 300 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>zidovudine 50 mg/5 ml syrup</i>	1	QL (1920 ML per 30 days)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors		
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	4	
VIREAD 150 MG TABLET	4	QL (30 EA per 30 days)
VIREAD 200 MG TABLET	4	QL (30 EA per 30 days)
VIREAD 250 MG TABLET	4	QL (30 EA per 30 days)
VIREAD POWDER	4	
Antiretroviral Combinations - Protease Inhibitors		
EVOTAZ 300 MG-150 MG TABLET	4	QL (30 EA per 30 days)
KALETRA 100-25 MG TABLET	4	PA
KALETRA 200-50 MG TABLET F/C	4	PA
KALETRA 80 MG-20 MG/ML SOLN	4	PA
<i>lopinavir-ritonavir 80-20 mg/ml</i>	1	
PREZCOBIX 800 MG-150 MG TABLET	4	QL (30 EA per 30 days)
Antiretroviral- Nucleoside And Nucleotide Analogs,Integrase Inhibitors		
BIKTARVY 50-200-25 MG TABLET	4	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
GENVOYA TABLET	4	QL (30 EA per 30 days)
STRIBILD TABLET	4	QL (30 EA per 30 days)
Antiretroviral- Nucleoside And Nucleotide Analogs, Protease Inhibitors		
SYMTUZA 800-150-200-10 MG TAB	4	
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations		
TRIUMEQ 600-50-300 MG TABLET	4	QL (30 EA per 30 days)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb		
<i>abacavir-lamivudine 600-300 mg</i>	1	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidov tab</i>	2	QL (60 EA per 30 days)
EPZICOM TABLET	4	QL (30 EA per 30 days)
<i>lamivudine-zidovudine tablet flc</i>	1	QL (60 EA per 30 days)
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti		
ATRIPLA TABLET	4	
COMPLERA TABLET	4	QL (30 EA per 30 days)
ODEFSEY TABLET	4	QL (30 EA per 30 days)
Antitubercular - Aminobenzoic Acid Analogs		
PASER GRANULES 4 GM PACKET	3	
Antitubercular - D-Alanine Analogs		
<i>cycloserine 250 mg capsule</i>	2	
Antitubercular - Diarylquinoline Antibiotics		
SIRTURO 100 MG TABLET	4	PA
Antitubercular - Isonicotinic Acid Derivatives		
<i>isoniazid 100 mg tablet</i>	1	
<i>isoniazid 100 mg/ml vial</i>	1	
<i>isoniazid 300 mg tablet</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	1	
Antitubercular - Niacinamide Derivatives		
<i>pyrazinamide 500 mg tablet outer</i>	1	
Antitubercular - Rifamycin And Derivatives		
PRIFTIN 150 MG TABLET F/C	3	
<i>rifabutin 150 mg capsule</i>	1	
<i>rifampin 150 mg capsule</i>	1	
<i>rifampin 300 mg capsule</i>	1	
Antitubercular Agents Other		
<i>ethambutol hcl 100 mg tablet</i>	1	
<i>ethambutol hcl 400 mg tablet flc</i>	1	
TRECTOR 250 MG TABLET	3	
Antitubercular Combinations		
RIFAMATE CAPSULE	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
RIFATER TABLET	3	
Cephalosporin Antibiotics - 1St Generation		
<i>cefadroxil 1 gm tablet flc</i>	1	
<i>cefadroxil 250 mg/5 ml susp</i>	1	
<i>cefadroxil 500 mg capsule</i>	1	
<i>cefadroxil 500 mg/5 ml susp</i>	1	
<i>cephalexin 125 mg/5 ml susp</i>	1	
<i>cephalexin 250 mg capsule</i>	1	
<i>cephalexin 250 mg tablet</i>	1	
<i>cephalexin 250 mg/5 ml susp</i>	1	
<i>cephalexin 500 mg capsule outer</i>	1	
<i>cephalexin 500 mg tablet</i>	1	
<i>cephalexin 750 mg capsule</i>	1	
Cephalosporin Antibiotics - 2Nd Generation		
<i>cefaclor 125 mg/5 ml susp</i>	1	
<i>cefaclor 250 mg capsule</i>	1	QL (30 EA per 10 days)
<i>cefaclor 250 mg/5 ml susp</i>	1	
<i>cefaclor 375 mg/5 ml suspen</i>	1	
<i>cefaclor 500 mg capsule</i>	1	QL (30 EA per 10 days)
<i>cefaclor er 500 mg tablet film coated</i>	1	QL (20 EA per 10 days)
<i>cefprozil 125 mg/5 ml susp</i>	1	
<i>cefprozil 250 mg tablet</i>	1	
<i>cefprozil 250 mg/5 ml susp</i>	1	
<i>cefprozil 500 mg tablet</i>	1	
CEFTIN 125 MG/5 ML ORAL SUSP	3	
CEFTIN 250 MG/5 ML ORAL SUSP	2	
<i>cefuroxime axetil 250 mg tab</i>	1	
<i>cefuroxime axetil 500 mg tab</i>	1	
Cephalosporin Antibiotics - 3Rd Generation		
<i>cefdinir 125 mg/5 ml susp</i>	1	
<i>cefdinir 250 mg/5 ml susp</i>	1	
<i>cefdinir 300 mg capsule</i>	1	
<i>cefditoren pivoxil 200 mg tab flc</i>	1	
<i>cefditoren pivoxil 400 mg tab flc</i>	1	
<i>cefixime 100 mg/5 ml susp</i>	2	
<i>cefixime 200 mg/5 ml susp</i>	2	
<i>cefixime 400 mg capsule</i>	2	QL (14 EA per 30 days)
<i>cefpodoxime 100 mg tablet</i>	1	
<i>cefpodoxime 100 mg/5 ml susp</i>	1	
<i>cefpodoxime 200 mg tablet</i>	1	
<i>cefpodoxime 50 mg/5 ml susp</i>	1	
<i>ceftibuten 180 mg/5 ml susp</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ceftibuten 400 mg capsule</i>	1	
SUPRAX 100 MG TABLET CHEWABLE TAB CHEW	3	
SUPRAX 200 MG TABLET CHEWABLE TAB CHEW	3	
SUPRAX 400 MG CAPSULE	3	
SUPRAX 500 MG/5 ML SUSPENSION	3	
Cmv Antiviral Agent - Nucleoside Analogs		
<i>valganciclovir 450 mg tablet flc</i>	2	
<i>valganciclovir hcl 50 mg/ml</i>	4	PA
Fluoroquinolone Antibiotics		
<i>ciprofloxacin 250 mg/5 ml susp</i>	1	
<i>ciprofloxacin 500 mg/5 ml susp</i>	1	
<i>ciprofloxacin er 1,000 mg tab</i>	1	
<i>ciprofloxacin hcl 100 mg tab</i>	1	
<i>ciprofloxacin hcl 250 mg tab flc</i>	1	
<i>ciprofloxacin hcl 500 mg tab</i>	1	
<i>ciprofloxacin hcl 750 mg tab</i>	1	
FACTIVE 320 MG TABLET F/C	3	
<i>levofloxacin 25 mg/ml solution</i>	1	
<i>levofloxacin 250 mg tablet flc</i>	1	QL (14 EA per 14 days)
<i>levofloxacin 500 mg tablet</i>	1	QL (14 EA per 14 days)
<i>levofloxacin 750 mg tablet flc</i>	1	QL (14 EA per 14 days)
<i>moxifloxacin hcl 400 mg tablet</i>	1	QL (14 EA Max Qty Per Fill Retail)
<i>ofloxacin 400 mg tablet</i>	1	
Glycopeptide Antibiotics		
<i>vancomycin 1 gm add-van vial sdv, llf, add-vantag</i>	4	PA
<i>vancomycin 1 gm vial 10's, latex-free</i>	1	
<i>vancomycin 500 mg a-v vial sdv, llf, add-vantag</i>	4	PA
<i>vancomycin 500 mg vial inner, latex-free, plf</i>	1	
<i>vancomycin hcl 10 gm vial latex-free, mdv</i>	1	
<i>vancomycin hcl 125 mg capsule 2x10, u-d</i>	2	QL (56 EA per 14 days)
<i>vancomycin hcl 250 mg capsule</i>	2	QL (56 EA per 14 days)
<i>vancomycin hcl 5 gm vial plf, latex-free, mdv</i>	1	
<i>vancomycin hcl 750 mg vial sdv, llf, add-vantage</i>	1	
Hepatitis B Treatment- Nucleoside Analogs (Antiviral)		
BARACLUDE 0.05 MG/ML SOLUTION	4	PA
<i>entecavir 0.5 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>entecavir 1 mg tablet</i>	1	QL (30 EA per 30 days)
<i>lamivudine 100 mg tablet</i>	4	PA; QL (30 EA per 30 days)
<i>lamivudine hbv 100 mg tablet</i>	4	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Hepatitis B Treatment- Nucleotide Analogs (Antiviral)		
<i>adefovir dipivoxil 10 mg tab</i>	4	PA; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	4	
VIREAD 150 MG TABLET	4	QL (30 EA per 30 days)
VIREAD 200 MG TABLET	4	QL (30 EA per 30 days)
VIREAD 250 MG TABLET	4	QL (30 EA per 30 days)
VIREAD POWDER	4	
Hepatitis C - Interferons		
PEGINTRON 50 MCG KIT P/F,LATEX-FREE,SUV	4	PA; QL (4 EA per 30 days)
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations		
<i>ledipasvir-sofosbuvir 90-400 mg</i>	4	PA
<i>sofosbuvir-velpatasvir 400-100</i>	4	PA
Hepatitis C - Nucleoside Analogs		
COPEGUS 200 MG TABLET	4	PA
MODERIBA 200 MG TABLET	3	PA
MODERIBA 200-400 MG DOSEPACK	3	PA
MODERIBA 400-400 MG DOSEPACK	3	PA
MODERIBA 600-400 MG DOSEPACK	3	PA
MODERIBA 600-600 MG DOSEPACK	3	PA
REBETOL 40 MG/ML SOLUTION	3	PA
RIBASPHERE 200 MG CAPSULE	3	PA
RIBASPHERE 200 MG TABLET	3	PA
RIBASPHERE 400 MG TABLET	3	PA
RIBASPHERE 600 MG TABLET	3	PA
RIBASPHERE RIBAPAK 200-400 MG	3	PA
RIBASPHERE RIBAPAK 400-400 MG 4X14,,OUTER	3	PA
RIBASPHERE RIBAPAK 600-400 MG 4X14,OUTER	3	PA
RIBASPHERE RIBAPAK 600-600 MG 4X14,OUTER	3	PA
<i>ribavirin 200 mg capsule</i>	1	
<i>ribavirin 200 mg tablet</i>	1	
Herpes Antiviral Agent - Purine Analogs		
<i>acyclovir 1,000 mg/20 ml vial 10's,latex-free,sdv</i>	1	
<i>acyclovir 200 mg capsule</i>	1	
<i>acyclovir 200 mg/5 ml susp</i>	1	
<i>acyclovir 400 mg tablet</i>	1	
<i>acyclovir 500 mg/10 ml vial 10's,latex-free,sdv</i>	1	
<i>acyclovir 800 mg tablet</i>	1	
<i>acyclovir sodium 1 gm vial</i>	1	
<i>acyclovir sodium 500 mg vial 10's, 10ml,sdv,p/f</i>	1	
SITAVIG 50 MG BUCCAL TABLET INNER	3	ST
<i>valacyclovir hcl 1 gram tablet f/c</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>valacyclovir hcl 500 mg tablet flc</i>	1	
Herpes Antiviral Agent - Thymidine Analogs		
<i>famciclovir 125 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>famciclovir 250 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>famciclovir 500 mg tablet flc</i>	1	QL (60 EA per 30 days)
Influenza Antiviral Agents - Neuraminidase Inhibitors		
<i>oseltamivir oral suspension for reconstitution</i>	1	QL (180 ML per 30 days)
<i>oseltamivir phos 30 mg capsule</i>	1	
<i>oseltamivir phos 45 mg capsule</i>	1	
<i>oseltamivir phos 75 mg capsule</i>	1	
RELENZA 5 MG DISKHALER	2	QL (20 EA per 10 days)
Influenza Antiviral Agents - Pa Endonuclease Inhibitor		
XOFLUZA 20 MG TAB (40 MG DOSE)	3	QL (2 EA Max Qty Per Fill Retail)
XOFLUZA 40 MG TAB (80 MG DOSE)	3	QL (2 EA Max Qty Per Fill Retail)
Influenza-A Antiviral Agents		
<i>rimantadine hcl 100 mg tablet</i>	1	
Lincosamide Antibiotics		
<i>clindamycin 75 mg/5 ml soln</i>	1	
<i>clindamycin hcl 150 mg capsule</i>	1	
<i>clindamycin hcl 300 mg capsule</i>	1	
<i>clindamycin hcl 75 mg capsule</i>	1	
CLINDAMYCIN PEDIATR 75 MG/5 ML	1	
Macrolide Antibiotics		
<i>azithromycin 1 gm pwd packet</i>	1	
<i>azithromycin 100 mg/5 ml susp</i>	1	QL (30 ML per 5 days)
<i>azithromycin 200 mg/5 ml susp</i>	1	QL (90 ML per 5 days)
<i>azithromycin 250 mg tablet</i>	1	QL (6 EA per 5 days)
<i>azithromycin 500 mg tablet</i>	1	QL (30 EA per 30 days)
<i>azithromycin 600 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>clarithromycin 125 mg/5 ml sus</i>	1	
<i>clarithromycin 250 mg tablet flc</i>	1	
<i>clarithromycin 250 mg/5 ml sus</i>	1	
<i>clarithromycin 500 mg tablet coated</i>	1	QL (28 EA per 14 days)
<i>clarithromycin er 500 mg tab</i>	1	QL (28 EA per 14 days)
DIFICID 200 MG TABLET	4	PA; QL (20 EA per 10 days)
<i>erythromycin 200 mg/5 ml susp</i>	2	
<i>erythromycin 250 mg filmtab</i>	1	
<i>erythromycin dr 250 mg tablet</i>	1	
<i>erythromycin dr 333 mg tablet</i>	1	
<i>erythromycin dr 500 mg tablet</i>	1	
<i>erythromycin es 400 mg tab</i>	2	
PCE 333 MG TABLET	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PCE 500 MG TABLET	3	
ZMAX 2 G/60 ML ORAL SUSPENSION	3	
Misc Anti-Infective		
NEBUPENT 300 MG INHAL POWDER	2	
Misc Anti-Infective Combinations		
HYOPHEN TABLET	2	
URIBEL CAPSULE	2	
URO-MP CAPSULE	2	
VILAMIT MB CAPSULE	2	
Oxazolidinone Antibiotics		
<i>linezolid 100 mg/5 ml susp</i>	1	
<i>linezolid 600 mg tablet flc</i>	1	QL (56 EA per 28 days)
<i>linezolid 600 mg/300 ml-d5w l/f, inner, single use</i>	4	PA
Penicillin Antibiotic - Natural		
<i>penicillin vk 125 mg/5 ml soln</i>	1	
<i>penicillin vk 250 mg tablet</i>	1	
<i>penicillin vk 250 mg/5 ml soln</i>	1	
<i>penicillin vk 500 mg tablet flc</i>	1	
Penicillin Antibiotic - Penicillinase-Resistant		
<i>dicloxacillin 250 mg capsule</i>	1	
<i>dicloxacillin 500 mg capsule</i>	1	
Protease Inhibitors (Non-Peptidic) Antiretroviral		
APTIVUS 100 MG/ML SOLUTION	4	QL (300 ML per 30 days)
APTIVUS 250 MG CAPSULE	4	QL (120 EA per 30 days)
PREZCOBIX 800 MG-150 MG TABLET	4	QL (30 EA per 30 days)
PREZISTA 100 MG/ML SUSPENSION	4	QL (400 ML per 30 days)
PREZISTA 150 MG TABLET	4	QL (180 EA per 30 days)
PREZISTA 600 MG TABLET F/C	4	QL (60 EA per 30 days)
PREZISTA 75 MG TABLET	4	QL (300 EA per 30 days)
PREZISTA 800 MG TABLET	4	
Protease Inhibitors (Peptidic) Antiretroviral		
<i>atazanavir sulfate 150 mg cap</i>	2	
<i>atazanavir sulfate 200 mg cap</i>	2	QL (60 EA per 30 days)
<i>atazanavir sulfate 300 mg cap</i>	2	QL (30 EA per 30 days)
CRIXIVAN 200 MG CAPSULE	4	QL (360 EA per 30 days)
CRIXIVAN 400 MG CAPSULE	4	QL (180 EA per 30 days)
EVOTAZ 300 MG-150 MG TABLET	4	QL (30 EA per 30 days)
<i>fosamprenavir 700 mg tablet</i>	4	QL (120 EA per 30 days)
INVIRASE 200 MG CAPSULE	4	QL (300 EA per 30 days)
INVIRASE 500 MG TABLET	4	QL (120 EA per 30 days)
LEXIVA 50 MG/ML SUSPENSION	4	QL (1800 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LEXIVA 700 MG TABLET 600 MG OF AMPRENAVIR	4	QL (120 EA per 30 days)
NORVIR 100 MG SOFTGEL CAP	4	QL (360 EA per 30 days)
NORVIR 80 MG/ML SOLUTION	4	QL (480 ML per 30 days)
REYATAZ 50 MG POWDER PACKET	4	
<i>ritonavir 100 mg tablet</i>	4	
VIRACEPT 250 MG TABLET	4	
VIRACEPT 625 MG TABLET	4	
Rifamycins And Related Derivative Antibiotics		
PRIFTIN 150 MG TABLET F/C	3	
<i>rifabutin 150 mg capsule</i>	1	
<i>rifampin 150 mg capsule</i>	1	
<i>rifampin 300 mg capsule</i>	1	
XIFAXAN 200 MG TABLET F/C	3	PA; QL (9 EA per 30 days)
XIFAXAN 550 MG TABLET F/C	3	PA; QL (90 EA per 30 days)
Sulfonamide Antibiotic		
<i>sulfadiazine 500 mg tablet</i>	1	
Tetracycline Antibiotics		
AVIDOXY 100 MG TABLET	1	
<i>demeclocycline 150 mg tablet flc</i>	1	
<i>demeclocycline 300 mg tablet flc</i>	1	
DORYX MPC DR 120 MG TABLET	3	PA
<i>doxycycline 25 mg/5 ml susp</i>	1	
<i>doxycycline hyc dr 100 mg tab</i>	2	
<i>doxycycline hyc dr 150 mg tab</i>	2	
<i>doxycycline hyc dr 200 mg tab</i>	2	PA
<i>doxycycline hyc dr 50 mg tab</i>	2	
<i>doxycycline hyc dr 75 mg tab</i>	2	
<i>doxycycline hyclate 100 mg cap</i>	1	
<i>doxycycline hyclate 100 mg tab</i>	1	
<i>doxycycline hyclate 100 mg vl plf, inner</i>	1	
<i>doxycycline hyclate 150 mg tab</i>	1	
<i>doxycycline hyclate 50 mg cap</i>	1	
<i>doxycycline hyclate 75 mg tab</i>	1	PA
<i>doxycycline mono 100 mg cap</i>	1	
<i>doxycycline mono 100 mg tablet flc</i>	1	
<i>doxycycline mono 150 mg tablet</i>	1	
<i>doxycycline mono 50 mg cap</i>	1	
<i>doxycycline mono 50 mg tablet</i>	1	
<i>doxycycline mono 75 mg capsule</i>	2	
<i>doxycycline mono 75 mg tablet</i>	1	PA
<i>minocycline 100 mg capsule</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>minocycline 50 mg capsule</i>	1	
<i>minocycline 75 mg capsule</i>	1	
<i>minocycline er 115 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 135 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 45 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 55 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 65 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 90 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline hcl 100 mg tablet</i>	1	
<i>minocycline hcl 50 mg tablet</i>	1	
<i>minocycline hcl 75 mg tablet</i>	1	
MONDOXYNE NL 100 MG CAPSULE	1	
MONDOXYNE NL 50 MG CAPSULE	1	
MONDOXYNE NL 75 MG CAPSULE	1	
<i>tetracycline 250 mg capsule</i>	1	
<i>tetracycline 500 mg capsule</i>	1	
VIBRAMYCIN 50 MG/5 ML SYRUP	3	
Antineoplastics		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib		
TYKERB 250 MG TABLET	4	PA; QL (180 EA per 30 days)
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor		
<i>abiraterone acetate 250 mg tab</i>	2	PA; QL (120 EA per 30 days)
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor		
<i>erlotinib hcl 100 mg tablet inner</i>	4	PA; QL (30 EA per 30 days)
<i>erlotinib hcl 150 mg tablet</i>	4	PA; QL (30 EA per 30 days)
<i>erlotinib hcl 25 mg tablet inner</i>	4	PA; QL (30 EA per 30 days)
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor		
GILOTRIF 20 MG TABLET	4	PA; QL (30 EA per 30 days)
GILOTRIF 30 MG TABLET	4	PA; QL (30 EA per 30 days)
GILOTRIF 40 MG TABLET	4	PA; QL (30 EA per 30 days)
VIZIMPRO 15 MG TABLET	4	PA
VIZIMPRO 30 MG TABLET	4	PA
VIZIMPRO 45 MG TABLET	4	PA
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor		
TAGRISSE 40 MG TABLET	4	PA
TAGRISSE 80 MG TABLET	4	PA
Antineoplastic - Alkylating Agent - Alkyl Sulfonates		
MYLERAN 2 MG TABLET	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antineoplastic - Alkylating Agent - Ethylenimines And Methylmelamines		
HEXALEN 50 MG CAPSULE	4	PA
Antineoplastic - Alkylating Agent - Methylhydrazines		
MATULANE 50 MG CAPSULE	4	PA
Antineoplastic - Alkylating Agent - Nitrogen Mustards		
ALKERAN 2 MG TABLET	4	PA
<i>cyclophosphamide 25 mg capsule</i>	1	
<i>cyclophosphamide 50 mg capsule</i>	1	
LEUKERAN 2 MG TABLET	4	PA
<i>melphalan 2 mg tablet</i>	1	
Antineoplastic - Alkylating Agent - Nitrosoureas		
GLEOSTINE 10 MG CAPSULE	4	PA
GLEOSTINE 100 MG CAPSULE	4	PA
GLEOSTINE 40 MG CAPSULE	4	PA
Antineoplastic - Alkylating Agent - Triazenes		
<i>temozolomide 100 mg capsule</i>	2	QL (10 EA per 28 days)
<i>temozolomide 140 mg capsule inner</i>	2	QL (10 EA per 28 days)
<i>temozolomide 180 mg capsule</i>	2	QL (10 EA per 28 days)
<i>temozolomide 20 mg capsule</i>	2	QL (10 EA per 28 days)
<i>temozolomide 250 mg capsule</i>	2	QL (10 EA per 28 days)
<i>temozolomide 5 mg capsule</i>	2	QL (10 EA per 28 days)
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors		
ALECENSA 150 MG CAPSULE	4	PA
XALKORI 200 MG CAPSULE	4	PA; QL (60 EA per 30 days)
XALKORI 250 MG CAPSULE	4	PA; QL (60 EA per 30 days)
ZYKADIA 150 MG CAPSULE	4	PA; QL (150 EA per 30 days)
Antineoplastic - Antiadrenals		
LYSODREN 500 MG TABLET	4	PA
Antineoplastic - Antiandrogens		
<i>abiraterone acetate 250 mg tab</i>	2	PA; QL (120 EA per 30 days)
<i>bicalutamide 50 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>flutamide 125 mg capsule</i>	1	
<i>nilutamide 150 mg tablet</i>	2	PA; QL (60 EA per 30 days)
XTANDI 40 MG CAPSULE	4	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs		
<i>methotrexate 1 gm vial plf, lyophil, sdv, llf</i>	1	
<i>methotrexate 1 gram/40 ml vial plf, sdv, latex-free</i>	1	
<i>methotrexate 2.5 mg tablet</i>	1	
<i>methotrexate 25 mg/ml vial plf</i>	1	
<i>methotrexate 250 mg/10 ml vial latex-free</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>methotrexate 50 mg/2 ml vial latex-free</i>	1	
Antineoplastic - Antimetabolite - Purine Analogs		
<i>mercaptopurine 50 mg tablet</i>	1	
PURIXAN 20 MG/ML ORAL SUSP	4	PA
TABLOID 40 MG TABLET	4	PA
Antineoplastic - Antimetabolite - Pyrimidine Analogs		
<i>capecitabine 150 mg tablet</i>	2	
<i>capecitabine 500 mg tablet</i>	2	
Antineoplastic - Antimetabolite - Urea Derivatives		
<i>hydroxyurea 500 mg capsule u-d,10x10,outer</i>	1	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations		
LONSURF 15 MG-6.14 MG TABLET	4	PA
LONSURF 20 MG-8.19 MG TABLET	4	PA
Antineoplastic - Aromatase Inhibitors		
<i>anastrozole 1 mg tablet</i>	1	QL (30 EA per 30 days)
<i>exemestane 25 mg tablet</i>	1	QL (60 EA per 30 days)
<i>letrozole 2.5 mg tablet</i>	1	QL (30 EA per 30 days)
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors		
VENCLEXTA 10 MG TABLET	4	PA
VENCLEXTA 100 MG TABLET	4	PA
VENCLEXTA 50 MG TABLET	4	PA
VENCLEXTA STARTING PACK	4	PA
Antineoplastic - Braf Kinase Inhibitors		
TAFINLAR 50 MG CAPSULE	4	PA; QL (180 EA per 30 days)
TAFINLAR 75 MG CAPSULE	4	PA; QL (120 EA per 20 days)
ZELBORAF 240 MG TABLET	4	PA; QL (240 EA per 30 days)
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor		
BRUKINSA	4	PA; QL (120 EA per 30 days)
IMBRUVICA 140 MG CAPSULE	4	PA; QL (120 EA per 30 days)
IMBRUVICA 140 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 280 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 420 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 560 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 70 MG CAPSULE	4	PA; QL (120 EA per 30 days)
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors		
IBRANCE 100 MG CAPSULE	4	PA; QL (21 EA per 28 days)
IBRANCE 125 MG CAPSULE	4	PA; QL (21 EA per 28 days)
IBRANCE 75 MG CAPSULE	4	PA; QL (21 EA per 28 days)
Antineoplastic - Epipodophyllotoxins		
<i>etoposide 50 mg capsule inner</i>	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antineoplastic - Estrogens		
EMCYT 140 MG CAPSULE	4	PA
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib		
BALVERSA 3 MG TABLET	4	PA
BALVERSA 4 MG TABLET	4	PA
BALVERSA 5 MG TABLET	4	PA
Antineoplastic - Hedgehog Pathway Inhibitor		
ERIVEDGE 150 MG CAPSULE	4	PA; QL (30 EA per 30 days)
ODOMZO 200 MG CAPSULE	4	PA; QL (30 EA per 30 days)
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors		
FARYDAK 10 MG CAPSULE	4	PA; QL (6 EA per 21 days)
FARYDAK 15 MG CAPSULE	4	PA; QL (6 EA per 21 days)
FARYDAK 20 MG CAPSULE	4	PA; QL (6 EA per 21 days)
ZOLINZA 100 MG CAPSULE	4	PA; QL (120 EA per 30 days)
Antineoplastic - Interferons		
INTRON A 10 MILLION UNITS VIAL LATEX-FREE,SUV	4	PA
INTRON A 18 MILLION UNIT/3 ML	4	PA
INTRON A 18 MILLION UNITS VIAL LATEX-FREE,SUV	4	PA
INTRON A 25 MILLION UNIT/2.5 ML	4	PA
INTRON A 50 MILLION UNITS VIAL LATEX-FREE,SUV	4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI 10 MG TABLET	4	PA; QL (60 EA per 30 days)
JAKAFI 15 MG TABLET	4	PA; QL (60 EA per 30 days)
JAKAFI 20 MG TABLET	4	PA; QL (60 EA per 30 days)
JAKAFI 25 MG TABLET	4	PA; QL (60 EA per 30 days)
JAKAFI 5 MG TABLET	4	PA; QL (60 EA per 30 days)
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
ELIGARD 22.5 MG SYRINGE B INNER, L/F, SUV	4	PA
ELIGARD 22.5 MG SYRINGE KIT OUTER, L/F, SUV	4	PA
ELIGARD 30 MG SYRINGE B INNER,LATEX-FREE,SUV	4	PA
ELIGARD 30 MG SYRINGE KIT OUTER,LATEX-FREE,SUV	4	PA
ELIGARD 45 MG SYRINGE B INNER,LATEX-FREE,SUV	4	PA
ELIGARD 45 MG SYRINGE KIT OUTER, L/F, SUV	4	PA
ELIGARD 7.5 MG SYRINGE B INNER,LATEX-FREE,SUV	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ELIGARD 7.5 MG SYRINGE KIT OUTER,LATEX-FREE,SUV	4	PA
<i>leuprolide 2wk 1 mg/0.2 ml kit latex-free,2.8ml,mdv</i>	4	PA
<i>leuprolide 2wk 14 mg/2.8 ml kt outer,latex-free,mdv</i>	4	PA
<i>leuprolide 2wk 14 mg/2.8 ml vl inner,latex-free,mdv</i>	4	PA
LUPRON DEPOT 22.5 MG 3MO KIT SINGLE DOSE	4	PA
LUPRON DEPOT 45 MG 6MO KIT	4	PA
LUPRON DEPOT 7.5 MG KIT SINGLE DOSE	4	PA
LUPRON DEPOT-4 MONTH KIT SINGLE DOSE	4	PA
Antineoplastic - Mast Cell Stabilizers		
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC 20 MG TABLET	4	PA
MEKINIST 0.5 MG TABLET	4	PA; QL (120 EA per 30 days)
MEKINIST 2 MG TABLET	4	PA; QL (30 EA per 30 days)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR 10 MG TABLET OUTER, U-D,4X7	4	PA; QL (30 EA per 30 days)
AFINITOR 2.5 MG TABLET OUTER,4X7,U-D	4	PA; QL (30 EA per 30 days)
AFINITOR 5 MG TABLET OUTER, U-D,4X7	4	PA; QL (30 EA per 30 days)
AFINITOR 7.5 MG TABLET 4X7,OUTER,U-D	4	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ 2 MG TABLET OUTER	4	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ 3 MG TABLET OUTER	4	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ 5 MG TABLET OUTER	4	PA; QL (30 EA per 30 days)
Antineoplastic - Multikinase Inhibitors		
CABOMETYX 20 MG TABLET	4	PA
CABOMETYX 40 MG TABLET	4	PA
CABOMETYX 60 MG TABLET	4	PA
COMETRIQ 100 MG DAILY-DOSE PK	4	PA; QL (60 EA per 30 days)
COMETRIQ 140 MG DAILY-DOSE PK	4	PA; QL (120 EA per 30 days)
COMETRIQ 60 MG DAILY-DOSE PACK	4	PA; QL (90 EA per 30 days)
ICLUSIG 15 MG TABLET	4	PA; QL (60 EA per 30 days)
ICLUSIG 45 MG TABLET	4	PA; QL (30 EA per 30 days)
NEXAVAR 200 MG TABLET	4	PA; QL (120 EA per 30 days)
STIVARGA 40 MG TABLET 1X28, INNER	4	PA; QL (84 EA per 28 days)
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors		
COPIKTRA 15 MG CAPSULE	4	PA
COPIKTRA 25 MG CAPSULE	4	PA
ZYDELIG 100 MG TABLET	4	PA; QL (60 EA per 30 days)
ZYDELIG 150 MG TABLET	4	PA; QL (60 EA per 30 days)
Antineoplastic - Pi3k-Delta And Gamma Inhibitors		
COPIKTRA 15 MG CAPSULE	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
COPIKTRA 25 MG CAPSULE	4	PA
Antineoplastic - Pi3k-Delta Inhibitors		
ZYDELIG 100 MG TABLET	4	PA; QL (60 EA per 30 days)
ZYDELIG 150 MG TABLET	4	PA; QL (60 EA per 30 days)
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors		
LYNPARZA 100 MG TABLET	4	PA; QL (240 EA per 30 days)
LYNPARZA 150 MG TABLET	4	PA; QL (120 EA per 30 days)
Antineoplastic - Progestins		
<i>megestrol 20 mg tablet</i>	1	
<i>megestrol 40 mg tablet</i>	1	
Antineoplastic - Protein-Tyrosine Kinase Inhibitors		
BOSULIF 100 MG TABLET	4	PA
BOSULIF 400 MG TABLET	4	PA
BOSULIF 500 MG TABLET	4	PA
BRUKINSA	4	PA; QL (120 EA per 30 days)
CAPRELSA 100 MG TABLET	4	PA; QL (60 EA per 30 days)
CAPRELSA 300 MG TABLET	4	PA; QL (30 EA per 30 days)
<i>imatinib mesylate 100 mg tab</i>	2	QL (90 EA per 30 days)
<i>imatinib mesylate 400 mg tab</i>	2	QL (60 EA per 30 days)
IMBRUVICA 140 MG CAPSULE	4	PA; QL (120 EA per 30 days)
IMBRUVICA 140 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 280 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 420 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 560 MG TABLET	4	PA; QL (120 EA per 30 days)
IMBRUVICA 70 MG CAPSULE	4	PA; QL (120 EA per 30 days)
INLYTA 1 MG TABLET	4	PA
INLYTA 5 MG TABLET	4	PA
LENVIMA 10 MG DAILY DOSE INNER	4	PA; QL (30 EA per 30 days)
LENVIMA 14 MG DAILY DOSE INNER	4	PA; QL (60 EA per 30 days)
LENVIMA 18 MG DAILY DOSE INNER	4	PA; QL (90 EA per 30 days)
LENVIMA 20 MG DAILY DOSE INNER	4	PA; QL (60 EA per 30 days)
LENVIMA 24 MG DAILY DOSE INNER	4	PA; QL (90 EA per 30 days)
LENVIMA 8 MG DAILY DOSE INNER	4	PA; QL (60 EA per 30 days)
OFEV 100 MG CAPSULE	4	PA; QL (60 EA per 30 days)
OFEV 150 MG CAPSULE	4	PA; QL (60 EA per 30 days)
SPRYCEL 100 MG TABLET	4	PA; QL (30 EA per 30 days)
SPRYCEL 140 MG TABLET	4	PA; QL (30 EA per 30 days)
SPRYCEL 20 MG TABLET	4	PA; QL (30 EA per 30 days)
SPRYCEL 50 MG TABLET	4	PA; QL (30 EA per 30 days)
SPRYCEL 70 MG TABLET	4	PA; QL (30 EA per 30 days)
SPRYCEL 80 MG TABLET	4	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SUTENT 12.5 MG CAPSULE	4	PA; QL (30 EA per 30 days)
SUTENT 25 MG CAPSULE	4	PA; QL (30 EA per 30 days)
SUTENT 37.5 MG CAPSULE	4	PA; QL (30 EA per 30 days)
SUTENT 50 MG CAPSULE	4	PA; QL (30 EA per 30 days)
TASIGNA 150 MG CAPSULE INNER	4	PA; QL (120 EA per 30 days)
TASIGNA 200 MG CAPSULE INNER PACK	4	PA; QL (120 EA per 30 days)
VOTRIENT 200 MG TABLET	4	PA; QL (120 EA per 30 days)
Antineoplastic - Retinoids		
<i>tretinoin 10 mg capsule</i>	1	
Antineoplastic - Selective Estrogen Receptor Modulators (Serm)		
SOLTAMOX 10 MG/5 ML SOLN	3	PA
SOLTAMOX 20 MG/10 ML SOLN	3	PA
<i>tamoxifen 10 mg tablet 15.2mg tamoxifen cit</i>	0	
<i>tamoxifen 20 mg tablet 30.4mg tamoxifen cit</i>	0	
<i>toremifene</i>	2	QL (30 EA per 30 days)
Antineoplastic - Selective Retinoid X Receptor Agonists		
<i>bexarotene 75 mg capsule</i>	2	PA
<i>bexarotene 75 mg capsule</i>	4	PA
TARGRETIN 75 MG CAPSULE	4	PA
Antineoplastic - Thalidomide Analogs		
POMALYST 1 MG CAPSULE	4	PA; QL (21 EA per 28 days)
POMALYST 2 MG CAPSULE	4	PA; QL (21 EA per 28 days)
POMALYST 3 MG CAPSULE	4	PA; QL (21 EA per 28 days)
POMALYST 4 MG CAPSULE	4	PA; QL (21 EA per 28 days)
REVLIMID 10 MG CAPSULE	4	PA; QL (30 EA per 30 days)
REVLIMID 15 MG CAPSULE	4	PA; QL (30 EA per 30 days)
REVLIMID 2.5 MG CAPSULE	4	PA; QL (30 EA per 30 days)
REVLIMID 20 MG CAPSULE	4	PA; QL (30 EA per 30 days)
REVLIMID 25 MG CAPSULE	4	PA; QL (30 EA per 30 days)
REVLIMID 5 MG CAPSULE	4	PA; QL (30 EA per 30 days)
THALOMID 100 MG CAPSULE	4	PA; QL (30 EA per 30 days)
THALOMID 150 MG CAPSULE	4	PA; QL (60 EA per 30 days)
THALOMID 200 MG CAPSULE	4	PA; QL (60 EA per 30 days)
THALOMID 50 MG CAPSULE	4	PA; QL (30 EA per 30 days)
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN 0.25 MG CAPSULE	4	PA
HYCAMTIN 1 MG CAPSULE	4	PA
HYCAMTIN INTRAVENOUS	4	PA
Methotrexate Rescue Agents		
<i>leucovorin calcium 10 mg tab</i>	2	
<i>leucovorin calcium 15 mg tab</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>leucovorin calcium 25 mg tab</i>	2	
<i>leucovorin calcium 5 mg tab u-d, 5x10, inner</i>	1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type		
<i>leucovorin calcium 10 mg tab</i>	2	
<i>leucovorin calcium 15 mg tab</i>	2	
<i>leucovorin calcium 25 mg tab</i>	2	
<i>leucovorin calcium 5 mg tab u-d, 5x10, inner</i>	1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy		
MESNEX 400 MG TABLET	3	PA
Antiseptics And Disinfectants		
Antiseptic - Iodine/Iodophores		
IODOFLEX PAD 5GM,STERILE,4CMX6CM	3	
IODOSORB GEL	3	
Antiseptic - Others		
FORMADON 10% SOLUTION	1	
FORMADON 10% SOLUTION	2	
<i>formaldehyde 10% solution</i>	1	
Disinfectants - Aldehydes		
FORMADON 10% SOLUTION	1	
Biologicals		
Antiviral Monoclonal Antibodies		
SYNAGIS 100 MG/1 ML VIAL	4	PA
SYNAGIS 50 MG/0.5 ML VIAL	4	PA
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv)		
SYNAGIS 100 MG/1 ML VIAL	4	PA
SYNAGIS 50 MG/0.5 ML VIAL	4	PA
Hepatitis A And Hepatitis B Vaccine Combinations		
TWINRIX VACCINE SYRINGE BIVALENT,P/F,SDV	0	
Hepatitis A Vaccine - Single Agents		
HAVRIX 1,440 UNITS/ML SYRINGE P/F, SDV	0	
HAVRIX 1,440 UNITS/ML VIAL 10'S,ADULT,SDV,INNER	0	
HAVRIX 720 UNIT/0.5 ML SYRINGE INNER, SDV	0	
HAVRIX 720 UNITS/0.5 ML VIAL P/F, SDV, INNER	0	
VAQTA 25 UNITS/0.5 ML SYRINGE P/F,INNER,SUV	0	
VAQTA 25 UNITS/0.5 ML VIAL SDV, INNER	0	
VAQTA 50 UNITS/ML SYRINGE P/F,INNER,SUV	0	
VAQTA 50 UNITS/ML VIAL SDV,ADULT,OUTER	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Hepatitis B Vaccines - Single Agents		
ENGRIX-B 20 MCG/ML SYRN TIP-LOK,P/F,SDV	0	
ENGRIX-B 20 MCG/ML VIAL P/F,INNER,SDV,ADULT	0	
ENGRIX-B PEDI 10 MCG/0.5 SYRN INNER, SDV	0	
HEPLISAV-B 20 MCG/0.5 ML SYRNG SUV, L/F, P/F, INNER	0	
HEPLISAV-B 20 MCG/0.5 ML VIAL SUV, L/F, P/F, INNER	0	
RECOMBIVAX HB 10 MCG/ML SYR P/F,INNER,SUV	0	
RECOMBIVAX HB 10 MCG/ML VIAL OUTER,SDV,P/F	0	
RECOMBIVAX HB 40 MCG/ML VIAL OUTER,P/F,SUV	0	
RECOMBIVAX HB 5 MCG/0.5 ML SYR INNER,P/F,SUV	0	
RECOMBIVAX HB 5 MCG/0.5 ML VL OUTER, P/F, SDV	0	
Immune Globulin - Gamma Globulin (Igg), Human		
HIZENTRA 1 GRAM/5 ML VIAL L/F, P/F. OUTER, SUV	4	PA
HIZENTRA 10 GRAM/50 ML VIAL L/F, P/F, OUTER, SUV	4	PA
HIZENTRA 2 GRAM/10 ML VIAL L/F, P/F, OUTER, SUV	4	PA
HIZENTRA 4 GRAM/20 ML VIAL L/F, P/F, OUTER, SUV	4	PA
HYQVIA 10 GM-800 UNIT PACK	4	PA
HYQVIA 2.5 GM-200 UNIT PACK	4	PA
HYQVIA 20 GM-1,600 UNIT PACK	4	PA
HYQVIA 30 GM-2,400 UNIT PACK	4	PA
HYQVIA 5 GM-400 UNIT PACK	4	PA
HYQVIA IG CMPNT 10 GM/100 ML	4	PA
HYQVIA IG CMPNT 2.5 GM/25 ML	4	PA
HYQVIA IG CMPNT 20 GM/200 ML	4	PA
HYQVIA IG CMPNT 30 GM/300 ML	4	PA
HYQVIA IG CMPNT 5 GM/50 ML	4	PA
Live Vaccine And Live Virus Formulations		
FLUMIST QUAD NASAL 2017-18 VAC INNER	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUMIST QUAD NASAL 2018-19 VAC INNER	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUMIST QUAD NASAL 2019-20 VAC INNER	0	QL (0.5 EA Max Qty Per Fill Retail)
M-M-R II VACCINE VIAL L/F, P/F, INNER, SDV	0	
M-M-R II VACCINE WITH DILUENT L/F, P/F, OUTER, SDV	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PROQUAD VIAL L/F, P/F, OUTER, SDV	0	
ROTARIX VACCINE SUSPENSION INNER, P/F	0	
ROTATEQ VACCINE P/F,LATEX-FREE,INNER	0	
VARIVAX VACCINE VIAL SDV, INNER	0	
VARIVAX VACCINE WITH DILUENT SDV, OUTER	0	
VIVOTIF EC CAPSULE	3	
ZOSTAVAX VIAL L/F, P/F, OUTER, SDV	0	
Toxoid Vaccine Combinations		
ADACEL TDAP SYRINGE P/F, OUTER, SUV	0	
ADACEL TDAP VIAL L/F, P/F, OUTER, SUV	0	
BOOSTRIX TDAP VACCINE SYRINGE INNER,SDV	0	
BOOSTRIX TDAP VACCINE VIAL INNER, SDV	0	
DAPTACEL DTAP VACCINE LATEX-FREE,SDV,OUTER	0	
<i>diphtheria-tetanus toxoids-ped llf, plf, outer, suv</i>	0	
INFANRIX DTAP SYRINGE TIP-LOK, INNER, SDV	0	
INFANRIX DTAP VIAL INNER, SDV, L/F	0	
KINRIX TIP-LOK SYRINGE P/F,INNER, SDV	0	
KINRIX VIAL SDV,LTX-FR,P/F,INNER	0	
PENTACEL DTAP-IPV COMPONENT VL	0	
QUADRACEL DTAP-IPV VIAL L/F, P/F, OUTER, SUV	0	
TDVAX VIAL LATEX-FREE,INNER,SUV	0	
TENIVAC SYRINGE P/F, OUTER, SUV	0	
TENIVAC VIAL L/F, P/F, OUTER, SUV	0	
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric)		
ACTHIB VACCINE VIAL P/F, L/F, INNER, SUV	0	
ACTHIB VACCINE WITH DILUENT P/F, L/F, OUTER, SUV	0	
HIBERIX VACCINE VIAL P/F,L/F,INNER, SDV	0	
HIBERIX VACCINE WITH DILUENT P/F,L/F,OUTER, SDV	0	
PEDVAXHIB VACCINE VIAL SDV, OUTER	0	
PENTACEL ACTHIB COMPONENT VIAL INNER, SUV, P/F, L/F	0	
VIVOTIF EC CAPSULE	3	
Vaccine Bacterial - Gram Negative Cocci		
MENACTRA VIAL L/F, P/F, OUTER, SUV	0	
MENVEO A-C-Y-W-135-DIP VIAL KT	0	
Vaccine Bacterial - Gram Positive Cocci		
PNEUMOVAX 23 SYRINGE INNER,SUV,L/F	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PNEUMOVAX 23 VIAL SDV, OUTER	0	
PREVNAR 13 SYRINGE NON-SALE, INNER, SUV	0	
Vaccine Bacterial - Meningococcal Group B Vaccines		
BEXSERO PREFILLED SYRINGE INNER, SDV	0	
TRUMENBA 120 MCG/0.5 ML VACCIN LATEX-FREE, INNER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines		
GARDASIL 9 SYRINGE P/F, L/F, INNER, SUV	0	
GARDASIL 9 VIAL L/F, P/F, INNER, SDV	0	
Vaccine Viral - Influenza A And B		
AFLURIA 2017-2018 SYRINGE P/F, L/F, SUV, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA 2017-2018 VIAL MDV, LATEX-FREE, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA 2018-2019 SYRINGE SUV, L/F, OUTER, P/F	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA 2018-2019 VIAL MUV, L/F, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2017-2018 SYRINGE P/F, L/F, SUV, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2017-2018 VIAL MDV, LATEX-FREE, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2018-2019 SYRINGE SDV, L/F, OUTER, P/F	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2018-2019 VIAL MDV, L/F, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2019-20 (3 YEAR UP) 0.5 ML SYRINGE SUV, L/F, OUTER, P/F	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2019-20 (6-35 MONTHS) 0.25 ML SYRINGE SUV, L/F, OUTER, P/F	0	QL (0.5 ML Max Qty Per Fill Retail)
AFLURIA QUAD 2019-2020 VIAL MUV, LATEX-FREE, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
EZ FLU 2018-19 (FLUCELVAX) KIT	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUAD 2017-2018 SYRINGE P/F, SUV, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUAD 2018-2019 SYRINGE SDV, L/F, OUTER, P/F	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUAD 2019-2020 SYRINGE P/F, L/F, SUV, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUARIX QUAD 2017-2018 SYRINGE P/F, L/F, INNER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUARIX QUAD 2018-2019 SYRINGE P/F, L/F, INNER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUARIX QUAD 2019-2020 SYRINGE SUV, P/F, L/F, INNER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUBLOK 2017-2018 VIAL P/F, L/F, INNER, SDV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUBLOK QUAD 2017-2018 SYRINGE P/F, L/F, INNER, SDV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUBLOK QUAD 2018-2019 SYRINGE SDV, L/F, P/F, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FLUBLOK QUAD 2019-2020 SYRINGE SUV,L/F,P/F,OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2017-2018 SYR P/F, L/F, OUTER, SDV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2017-2018 VIAL LATEX-F, OUTER, MDV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2018-2019 SYR P/F, L/F, SUV, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2018-2019 VIAL L/F, OUTER, MUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2019-2020 SYR P/F,SUV,L/F,OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUCELVAX QUAD 2019-2020 VIAL MUV,LATEX-FREE,OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLULAVAL QUAD 2017-2018 SYR P/F, L/F, INNER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLULAVAL QUAD 2017-2018 VIAL LATEX-FREE,INNER,MDV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLULAVAL QUAD 2018-2019 SYR L/F, P/F, INNER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLULAVAL QUAD 2018-2019 VIAL LATEX FREE,MDV,INNER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLULAVAL QUAD 2019-2020 SYR SUV,P/F,L/F,INNER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLULAVAL QUAD 2019-2020 VIAL MUV,LATEX-FREE,INNER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUMIST QUAD NASAL 2017-18 VAC INNER	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUMIST QUAD NASAL 2018-19 VAC INNER	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUMIST QUAD NASAL 2019-20 VAC INNER	0	QL (0.5 EA Max Qty Per Fill Retail)
FLUVIRIN 2017-2018 SYRINGE P/F, OUTER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUVIRIN 2017-2018 VIAL LATEX-FREE,MDV,OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE HIGH-DOSE 2017-18 SYR P/F, L/F, OUTER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE HIGH-DOSE 2018-19 SYR L/F, SDV, P/F, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE HIGH-DOSE 2019-20 SYR L/F, SUV, P/F, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE INTRADERM QUAD 2017-18 P/F, L/F, OUTER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2017-2018 SYRINGE P/F, L/F, OUTER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2017-2018 VIAL P/F, L/F, OUTER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2018-2019 SYRINGE L/F, SDV, P/F, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2018-2019 VIAL L/F, P/F, SDV, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FLUZONE QUAD 2019-2020 SYRINGE L/F, SUV, P/F, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD 2019-2020 VIAL L/F, P/F, SUV, OUTER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD PEDI 2017-18 SYR P/F, L/F, INNER, SUV	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD PEDI 2018-19 SYR L/F, SDV, P/F, INNER	0	QL (0.5 ML Max Qty Per Fill Retail)
FLUZONE QUAD PEDI 2019-20 SYR L/F, SUV, P/F, INNER	0	QL (0.5 ML Max Qty Per Fill Retail)
Vaccine Viral - Measles		
M-M-R II VACCINE VIAL L/F, P/F, INNER, SDV	0	
M-M-R II VACCINE WITH DILUENT L/F, P/F, OUTER, SDV	0	
PROQUAD VIAL L/F, P/F, OUTER, SDV	0	
Vaccine Viral - Mumps And Related		
M-M-R II VACCINE VIAL L/F, P/F, INNER, SDV	0	
M-M-R II VACCINE WITH DILUENT L/F, P/F, OUTER, SDV	0	
PROQUAD VIAL L/F, P/F, OUTER, SDV	0	
Vaccine Viral - Poliomyelitis		
IPOL VIAL LATEX-FREE,MDV,OUTER	0	
Vaccine Viral - Rotavirus		
ROTARIX VACCINE SUSPENSION INNER, P/F	0	
ROTATEQ VACCINE P/F,LATEX-FREE,INNER	0	
Vaccine Viral - Rubella		
M-M-R II VACCINE VIAL L/F, P/F, INNER, SDV	0	
M-M-R II VACCINE WITH DILUENT L/F, P/F, OUTER, SDV	0	
PROQUAD VIAL L/F, P/F, OUTER, SDV	0	
Vaccine Viral - Varicella		
PROQUAD VIAL L/F, P/F, OUTER, SDV	0	
SHINGRIX GE ANTIGEN COMPONENT	0	
SHINGRIX VIAL KIT	0	
VARIVAX VACCINE VIAL SDV, INNER	0	
VARIVAX VACCINE WITH DILUENT SDV, OUTER	0	
ZOSTAVAX VIAL L/F, P/F, OUTER, SDV	0	
Vaccine Viral Combinations		
M-M-R II VACCINE VIAL L/F, P/F, INNER, SDV	0	
M-M-R II VACCINE WITH DILUENT L/F, P/F, OUTER, SDV	0	
PROQUAD VIAL L/F, P/F, OUTER, SDV	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Cardiovascular Therapy Agents		
Ace Inhibitor And Calcium Channel Blocker Combinations		
<i>amlodipine-benazepril 10-20 mg</i>	1	
<i>amlodipine-benazepril 10-40 mg</i>	1	
<i>amlodipine-benazepril 2.5-10</i>	1	QL (30 EA per 30 days)
<i>amlodipine-benazepril 5-10 mg</i>	1	
<i>amlodipine-benazepril 5-20 mg</i>	1	
<i>amlodipine-benazepril 5-40 mg</i>	1	
<i>trandolapril-verapamil er 1-240 mg tablet</i>	1	QL (30 EA per 30 days)
<i>trandolapril-verapamil er 2-180 mg tablet</i>	1	QL (30 EA per 30 days)
<i>trandolapril-verapamil er 2-240 mg tablet</i>	1	QL (30 EA per 30 days)
<i>trandolapril-verapamil er 4-240 mg tablet</i>	1	QL (30 EA per 30 days)
Ace Inhibitor And Diuretic Combinations		
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab</i>	1	
<i>benazepril-hydrochlorothiazide 20-12.5 mg tab</i>	1	
<i>benazepril-hydrochlorothiazide 20-25 mg tab</i>	1	
<i>benazepril-hydrochlorothiazide 5-6.25 mg tab</i>	1	
<i>captopril-hydrochlorothiazide 25-15 mg tablet</i>	1	
<i>captopril-hydrochlorothiazide 25-25 mg tablet</i>	1	
<i>captopril-hydrochlorothiazide 50-15 mg tablet</i>	1	
<i>captopril-hydrochlorothiazide 50-25 mg tablet</i>	1	
<i>enalapril-hydrochlorothiazide 10-25 mg tablet</i>	1	
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	1	
<i>fosinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	
<i>fosinopril-hydrochlorothiazide 20-12.5 mg tab</i>	1	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	1	
<i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i>	1	
<i>lisinopril-hydrochlorothiazide 20-25 mg tab</i>	1	
<i>moexipril-hydrochlorothiazide 15-12.5 mg tab</i>	1	
<i>moexipril-hydrochlorothiazide 15-25 mg tablet</i>	1	
<i>moexipril-hydrochlorothiazide 7.5-12.5 mg tab</i>	1	
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab</i>	1	
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab</i>	1	
<i>quinapril-hydrochlorothiazide 20-25 mg tab</i>	1	
Ace Inhibitors		
<i>benazepril hcl 10 mg tablet flc</i>	1	
<i>benazepril hcl 20 mg tablet</i>	1	
<i>benazepril hcl 40 mg tablet flc</i>	1	
<i>benazepril hcl 5 mg tablet</i>	1	
<i>captopril 100 mg tablet</i>	1	
<i>captopril 12.5 mg tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>captopril 25 mg tablet u-d, 10x10, inner</i>	1	
<i>captopril 50 mg tablet</i>	1	
<i>enalapril maleate 10 mg tab</i>	1	
<i>enalapril maleate 2.5 mg tab</i>	1	
<i>enalapril maleate 20 mg tab</i>	1	
<i>enalapril maleate 5 mg tablet</i>	1	
EPANED 1 MG/ML ORAL SOLUTION	3	PA
<i>fosinopril sodium 10 mg tab</i>	1	
<i>fosinopril sodium 20 mg tab</i>	1	
<i>fosinopril sodium 40 mg tab</i>	1	
<i>lisinopril 10 mg tablet</i>	1	
<i>lisinopril 2.5 mg tablet</i>	1	
<i>lisinopril 20 mg tablet</i>	1	
<i>lisinopril 30 mg tablet</i>	1	
<i>lisinopril 40 mg tablet adherence pack</i>	1	
<i>lisinopril 5 mg tablet adherence pack</i>	1	
<i>moexipril hcl 15 mg tablet</i>	1	
<i>moexipril hcl 7.5 mg tablet</i>	1	
<i>perindopril erbumine 2 mg tab</i>	1	
<i>perindopril erbumine 4 mg tab</i>	1	
<i>perindopril erbumine 8 mg tab</i>	1	
QBRELIS 1 MG/ML SOLUTION	2	
<i>quinapril 10 mg tablet</i>	1	
<i>quinapril 20 mg tablet</i>	1	
<i>quinapril 40 mg tablet</i>	1	
<i>quinapril 5 mg tablet</i>	1	
<i>ramipril 1.25 mg capsule</i>	1	QL (30 EA per 30 days)
<i>ramipril 10 mg capsule</i>	1	QL (60 EA per 30 days)
<i>ramipril 2.5 mg capsule</i>	1	QL (30 EA per 30 days)
<i>ramipril 5 mg capsule outer</i>	1	QL (30 EA per 30 days)
<i>trandolapril 1 mg tablet</i>	1	QL (30 EA per 30 days)
<i>trandolapril 2 mg tablet</i>	1	QL (30 EA per 30 days)
<i>trandolapril 4 mg tablet</i>	1	QL (60 EA per 30 days)
Aldosterone Receptor Antagonists		
<i>eplerenone 25 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>eplerenone 50 mg tablet</i>	1	QL (60 EA per 30 days)
<i>spironolactone 100 mg tablet</i>	1	
<i>spironolactone 25 mg tablet flc</i>	1	
<i>spironolactone 50 mg tablet flc</i>	1	
Alpha-Beta Blockers		
<i>carvedilol 12.5 mg tablet flc</i>	1	QL (90 EA per 30 days)
<i>carvedilol 25 mg tablet flc</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>carvedilol 3.125 mg tablet</i>	1	QL (90 EA per 30 days)
<i>carvedilol 6.25 mg tablet flc</i>	1	QL (90 EA per 30 days)
<i>carvedilol er 10 mg capsule</i>	2	QL (30 EA per 30 days)
<i>carvedilol er 20 mg capsule</i>	2	QL (30 EA per 30 days)
<i>carvedilol er 40 mg capsule</i>	2	QL (30 EA per 30 days)
<i>carvedilol er 80 mg capsule</i>	2	QL (30 EA per 30 days)
<i>labetalol hcl 100 mg tablet flc, outer</i>	1	
<i>labetalol hcl 200 mg tablet</i>	1	
<i>labetalol hcl 300 mg tablet outer</i>	1	
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker Comb.		
<i>amlodipine-olmesartan 10-20 mg</i>	1	
<i>amlodipine-olmesartan 10-40 mg</i>	1	
<i>amlodipine-olmesartan 5-20 mg</i>	1	
<i>amlodipine-olmesartan 5-40 mg</i>	1	
<i>amlodipine-valsartan 10-160 mg</i>	1	
<i>amlodipine-valsartan 10-320 mg</i>	1	
<i>amlodipine-valsartan 5-160 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan 5-320 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine 40-10</i>	1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine 40-5 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine 80-10</i>	1	QL (30 EA per 30 days)
<i>telmisartan-amlodipine 80-5 mg</i>	1	QL (30 EA per 30 days)
Angiotensin II Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic		
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5 mg tab</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25 mg tab</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25 mg tab</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5 mg tab</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25 mg tab</i>	1	
<i>olmsrtn-amldpn-hydrochlorothiazide 20-5-12.5</i>	1	QL (30 EA per 30 days)
<i>olmsrtn-amldpn-hydrochlorothiazide 40-10-12.5</i>	1	QL (30 EA per 30 days)
<i>olmsrtn-amldpn-hydrochlorothiazide 40-10-25 mg</i>	1	QL (30 EA per 30 days)
<i>olmsrtn-amldpn-hydrochlorothiazide 40-5-12.5</i>	1	QL (30 EA per 30 days)
<i>olmsrtn-amldpn-hydrochlorothiazide 40-5-25 mg</i>	1	QL (30 EA per 30 days)
Angiotensin II Receptor Blocker (Arb)-Diuretic Combinations		
<i>candesartan-hydrochlorothiazide 16-12.5 mg tb</i>	1	
<i>candesartan-hydrochlorothiazide 32-12.5 mg tb</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>candesartan-hydrochlorothiazide 32-25 mg tab</i>	1	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tb</i>	1	
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tb</i>	1	
<i>losartan-hydrochlorothiazide 100-12.5 mg tab flc</i>	1	
<i>losartan-hydrochlorothiazide 100-25 mg tab flc</i>	1	
<i>losartan-hydrochlorothiazide 50-12.5 mg tab flc</i>	1	
<i>olmesartan-hydrochlorothiazide 20-12.5 mg tab</i>	1	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide 40-12.5 mg tab</i>	1	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide 40-25 mg tab</i>	1	
<i>telmisartan-hydrochlorothiazide 40-12.5 mg tb</i>	1	QL (30 EA per 30 days)
<i>telmisartan-hydrochlorothiazide 80-12.5 mg tb</i>	1	
<i>telmisartan-hydrochlorothiazide 80-25 mg tab</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab flc</i>	1	
<i>valsartan-hydrochlorothiazide 160-25 mg tab flc</i>	1	
<i>valsartan-hydrochlorothiazide 320-12.5 mg tab flc</i>	1	
<i>valsartan-hydrochlorothiazide 320-25 mg tab flc</i>	1	
<i>valsartan-hydrochlorothiazide 80-12.5 mg tab flc</i>	1	
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (Arni)		
ENTRESTO 24 MG-26 MG TABLET F/C	3	PA; QL (60 EA per 30 days)
ENTRESTO 49 MG-51 MG TABLET F/C	3	PA; QL (60 EA per 30 days)
ENTRESTO 97 MG-103 MG TABLET F/C	3	PA; QL (60 EA per 30 days)
Angiotensin II Receptor Blockers (Arbs)		
<i>candesartan cilexetil 16 mg tb</i>	1	QL (30 EA per 30 days)
<i>candesartan cilexetil 32 mg tb</i>	1	QL (30 EA per 30 days)
<i>candesartan cilexetil 4 mg tab</i>	1	QL (30 EA per 30 days)
<i>candesartan cilexetil 8 mg tab</i>	1	QL (30 EA per 30 days)
<i>eprosartan mesylate 600 mg tab</i>	1	QL (30 EA per 30 days)
<i>irbesartan 150 mg tablet</i>	1	QL (30 EA per 30 days)
<i>irbesartan 300 mg tablet</i>	1	QL (30 EA per 30 days)
<i>irbesartan 75 mg tablet</i>	1	QL (30 EA per 30 days)
<i>losartan potassium 100 mg tab</i>	1	QL (60 EA per 30 days)
<i>losartan potassium 25 mg tab flc</i>	1	QL (60 EA per 30 days)
<i>losartan potassium 50 mg tab</i>	1	QL (60 EA per 30 days)
<i>olmesartan medoxomil 20 mg tab</i>	1	
<i>olmesartan medoxomil 40 mg tab</i>	1	
<i>olmesartan medoxomil 5 mg tab</i>	1	
<i>telmisartan 20 mg tablet</i>	1	
<i>telmisartan 40 mg tablet outer</i>	1	
<i>telmisartan 80 mg tablet outer</i>	1	
<i>valsartan 160 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>valsartan 320 mg tablet flc</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>valsartan 40 mg tablet flc</i>	1	QL (90 EA per 30 days)
<i>valsartan 80 mg tablet flc</i>	1	QL (30 EA per 30 days)
Antianginal - Coronary Vasodilators (Nitrates)		
ISORDIL 40 MG TABLET	3	PA
<i>isosorbide dinitr er 40 mg tab</i>	1	
<i>isosorbide dinitrate 10 mg tab</i>	1	
<i>isosorbide dinitrate 20 mg tab</i>	1	
<i>isosorbide dinitrate 30 mg tab</i>	1	
<i>isosorbide dinitrate 5 mg tab</i>	1	
<i>isosorbide mononit 10 mg tab</i>	1	
<i>isosorbide mononit 20 mg tab</i>	1	
<i>isosorbide mononit er 120 mg</i>	1	
<i>isosorbide mononit er 30 mg tb flc</i>	1	
<i>isosorbide mononit er 60 mg tb flc</i>	1	
NITRO-BID 2% OINTMENT 1 GM X 48 FOILPACS	1	
NITRO-DUR 0.3 MG/HR PATCH INNER	3	
NITRO-DUR 0.8 MG/HR PATCH INNER	3	
<i>nitroglycerin 0.1 mg/1hr patch inner</i>	1	
<i>nitroglycerin 0.2 mg/1hr patch inner</i>	1	
<i>nitroglycerin 0.3 mg tablet sl</i>	1	
<i>nitroglycerin 0.4 mg tablet sl</i>	1	QL (30 EA per 30 days)
<i>nitroglycerin 0.4 mg/1hr patch inner</i>	1	
<i>nitroglycerin 0.6 mg tablet sl</i>	1	QL (30 EA per 30 days)
<i>nitroglycerin 0.6 mg/1hr patch inner</i>	1	
<i>nitroglycerin 400 mcg spray 60 metered sprays</i>	1	
<i>nitroglycerin er 2.5 mg cap</i>	1	
<i>nitroglycerin er 6.5 mg cap</i>	1	
<i>nitroglycerin er 9 mg capsule</i>	1	
<i>nitroglycerin lingual 0.4 mg 60-dose, pumspray</i>	2	
NITROMIST 400 MCG SPRAY 60 METERED SPRAYS	3	
NITRO-TIME ER 2.5 MG CAPSULE	1	
NITRO-TIME ER 6.5 MG CAPSULE	1	
NITRO-TIME ER 9 MG CAPSULE	1	
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine er 1,000 mg tablet</i>	2	QL (60 EA per 30 days)
<i>ranolazine er 500 mg tablet</i>	2	QL (60 EA per 30 days)
Antiarrhythmic - Class Ia		
<i>disopyramide 100 mg capsule</i>	1	
<i>disopyramide 150 mg capsule</i>	1	
NORPACE 100 MG CAPSULE	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
NORPACE 150 MG CAPSULE	3	
NORPACE CR 100 MG CAPSULE	2	
NORPACE CR 150 MG CAPSULE	2	
<i>quinidine gluc er 324 mg tab</i>	1	
<i>quinidine sulfate 200 mg tab</i>	1	
<i>quinidine sulfate 300 mg tab</i>	1	
Antiarrhythmic - Class Ib		
<i>mexiletine 150 mg capsule</i>	1	
<i>mexiletine 200 mg capsule</i>	1	
<i>mexiletine 250 mg capsule</i>	1	
Antiarrhythmic - Class Ic		
<i>flecainide acetate 100 mg tab</i>	1	
<i>flecainide acetate 150 mg tab</i>	1	
<i>flecainide acetate 50 mg tab</i>	1	
<i>propafenone hcl 150 mg tablet flc</i>	1	
<i>propafenone hcl 225 mg tab flc</i>	1	
<i>propafenone hcl 300 mg tab</i>	1	
<i>propafenone hcl er 225 mg cap</i>	1	
<i>propafenone hcl er 325 mg cap</i>	1	
<i>propafenone hcl er 425 mg cap</i>	2	
Antiarrhythmic - Class II		
<i>sotalol 120 mg tablet</i>	1	
<i>sotalol 160 mg tablet</i>	1	
<i>sotalol 240 mg tablet</i>	1	
<i>sotalol 80 mg tablet</i>	1	
SOTALOL AF 120 MG TABLET	1	
SOTALOL AF 160 MG TABLET	1	
SOTALOL AF 80 MG TABLET	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA; QL (1920 ML per 30 days)
Antiarrhythmic - Class Iii		
<i>amiodarone hcl 100 mg tablet</i>	1	
<i>amiodarone hcl 200 mg tablet</i>	1	
<i>amiodarone hcl 400 mg tablet</i>	1	
<i>dofetilide 125 mcg capsule</i>	2	
<i>dofetilide 250 mcg capsule</i>	2	
<i>dofetilide 500 mcg capsule</i>	2	
MULTAQ 400 MG TABLET F/C, 10X10, U-D	2	QL (60 EA per 30 days)
Antiarrhythmic - Class Iv		
<i>verapamil 120 mg tablet</i>	1	
<i>verapamil 40 mg tablet flc</i>	1	
<i>verapamil 80 mg tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antihyperlipidemic - Bile Acid Sequestrants		
CHOLESTYRAMINE LIGHT PACKET	1	
CHOLESTYRAMINE LIGHT POWDER	1	
<i>cholestyramine packet</i>	1	
<i>cholestyramine powder</i>	1	
<i>colesevelam 625 mg tablet</i>	2	QL (180 EA per 30 days)
<i>colesevelam hcl 3.75 g packet</i>	1	QL (30 EA per 30 days)
<i>colestipol hcl 1 gm tablet flc</i>	1	
<i>colestipol hcl granules</i>	1	
<i>colestipol hcl granules packet</i>	1	
<i>colestipol micronized 1 gm tab micronized</i>	1	
PREVALITE PACKET	1	
Antihyperlipidemic - Fibric Acid Derivatives		
<i>fenofibrate 130 mg capsule</i>	1	QL (30 EA per 30 days)
<i>fenofibrate 134 mg capsule micronized</i>	1	QL (30 EA per 30 days)
<i>fenofibrate 145 mg tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibrate 160 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>fenofibrate 200 mg capsule micronized</i>	1	QL (30 EA per 30 days)
<i>fenofibrate 40 mg tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibrate 43 mg capsule</i>	1	QL (30 EA per 30 days)
<i>fenofibrate 48 mg tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibrate 54 mg tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibrate 67 mg capsule</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid 105 mg tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid 35 mg tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid dr 135 mg cap</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid dr 45 mg cap</i>	1	QL (30 EA per 30 days)
<i>gemfibrozil 600 mg tablet flc</i>	1	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins)		
<i>atorvastatin 10 mg tablet flc</i>	0	QL (30 EA per 30 days)
<i>atorvastatin 20 mg tablet</i>	0	QL (30 EA per 30 days)
<i>atorvastatin 40 mg tablet</i>	1	QL (30 EA per 30 days)
<i>atorvastatin 80 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>fluvastatin er 80 mg tablet</i>	0	QL (30 EA per 30 days)
<i>fluvastatin sodium 20 mg cap</i>	0	QL (30 EA per 30 days)
<i>fluvastatin sodium 40 mg cap</i>	0	QL (60 EA per 30 days)
<i>lovastatin 10 mg tablet</i>	0	QL (30 EA per 30 days)
<i>lovastatin 20 mg tablet</i>	0	QL (30 EA per 30 days)
<i>lovastatin 40 mg tablet</i>	0	QL (60 EA per 30 days)
<i>pravastatin sodium 10 mg tab</i>	0	QL (30 EA per 30 days)
<i>pravastatin sodium 20 mg tab</i>	0	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>pravastatin sodium 40 mg tab</i>	0	QL (60 EA per 30 days)
<i>pravastatin sodium 80 mg tab</i>	0	QL (30 EA per 30 days)
<i>rosuvastatin calcium 10 mg tab</i>	0	QL (30 EA per 30 days)
<i>rosuvastatin calcium 20 mg tab</i>	1	QL (30 EA per 30 days)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 EA per 30 days)
<i>rosuvastatin calcium 5 mg tab</i>	0	QL (30 EA per 30 days)
<i>simvastatin 10 mg tablet flc</i>	0	QL (30 EA per 30 days)
<i>simvastatin 20 mg tablet flc</i>	0	QL (30 EA per 30 days)
<i>simvastatin 40 mg tablet flc</i>	0	QL (30 EA per 30 days)
<i>simvastatin 5 mg tablet</i>	0	QL (30 EA per 30 days)
<i>simvastatin 80 mg tablet flc</i>	1	QL (30 EA per 30 days)
Antihyperlipidemic - Nicotinic Acid Derivatives		
<i>niacin er 1,000 mg tablet</i>	1	
<i>niacin er 500 mg tablet (rx)</i>	1	
<i>niacin er 750 mg tablet</i>	1	
NIACOR 500 MG TABLET	3	
Antihyperlipidemic - Omega-3 Fatty Acid Type		
<i>omega-3 ethyl esters 1 gm cap</i>	1	
VASCEPA 0.5 GM CAPSULE	3	PA; QL (120 EA per 30 days)
VASCEPA 1 GM CAPSULE	3	PA; QL (120 EA per 30 days)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor		
<i>ezetimibe 10 mg tablet</i>	1	QL (30 EA per 30 days)
Antihyperlipidemic Agents - Dietary Source		
<i>omega-3 ethyl esters 1 gm cap</i>	1	
VASCEPA 0.5 GM CAPSULE	3	PA; QL (120 EA per 30 days)
VASCEPA 1 GM CAPSULE	3	PA; QL (120 EA per 30 days)
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker		
<i>amlodipine-atorvast 10-10 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 10-20 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 10-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 2.5-10 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 2.5-20 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 2.5-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 5-10 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 5-20 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 5-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-atorvast 5-80 mg</i>	1	QL (30 EA per 30 days)
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit		
<i>ezetimibe-simvastatin 10-10 mg</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ezetimibe-simvastatin 10-20 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin 10-40 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin 10-80 mg</i>	1	QL (30 EA per 30 days)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib		
JUXTAPID 10 MG CAPSULE	4	PA
JUXTAPID 20 MG CAPSULE	4	PA
JUXTAPID 30 MG CAPSULE	4	PA
JUXTAPID 40 MG CAPSULE	4	PA
JUXTAPID 5 MG CAPSULE	4	PA
JUXTAPID 60 MG CAPSULE	4	PA
Anti-Pcsk9 Monoclonal Antibodies		
REPATHA 140 MG/ML SURECLICK P/F, SUV	4	PA; QL (3 ML per 28 days)
REPATHA 140 MG/ML SYRINGE P/F, SUV	4	PA; QL (3 ML per 28 days)
REPATHA 420 MG/3.5 ML PUSHTRONX	4	PA; QL (3.5 ML per 28 days)
Beta Blockers Cardiac Selective		
<i>atenolol 100 mg tablet u-d, 10x10, inner</i>	1	
<i>atenolol 25 mg tablet</i>	1	
<i>atenolol 50 mg tablet</i>	1	
<i>betaxolol 10 mg tablet</i>	1	
<i>betaxolol 20 mg tablet</i>	1	
<i>bisoprolol fumarate 10 mg tab</i>	1	
<i>bisoprolol fumarate 5 mg tab flc</i>	1	
BYSTOLIC 10 MG TABLET	3	ST; QL (60 EA per 30 days)
BYSTOLIC 2.5 MG TABLET INNER, U-D	3	ST; QL (60 EA per 30 days)
BYSTOLIC 20 MG TABLET	3	ST; QL (60 EA per 30 days)
BYSTOLIC 5 MG TABLET INNER, U-D	3	ST; QL (60 EA per 30 days)
<i>metoprolol succ er 100 mg tab</i>	1	QL (60 EA per 30 days)
<i>metoprolol succ er 200 mg tab</i>	1	QL (60 EA per 30 days)
<i>metoprolol succ er 25 mg tab</i>	1	QL (60 EA per 30 days)
<i>metoprolol succ er 50 mg tab</i>	1	QL (60 EA per 30 days)
<i>metoprolol tartrate 100 mg tab</i>	1	
<i>metoprolol tartrate 25 mg tab</i>	1	
<i>metoprolol tartrate 37.5 mg tb</i>	1	
<i>metoprolol tartrate 50 mg tab</i>	1	
<i>metoprolol tartrate 75 mg tab</i>	1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity		
<i>acebutolol 200 mg capsule</i>	1	
<i>acebutolol 400 mg capsule</i>	1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity		
LEVATOL 20 MG TABLET	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>pindolol 10 mg tablet</i>	1	
<i>pindolol 5 mg tablet</i>	1	
Beta Blockers Non-Cardiac Selective		
INDERAL XL 120 MG CAPSULE	3	
INDERAL XL 80 MG CAPSULE	3	
INNOPRAN XL 120 MG CAPSULE	3	
INNOPRAN XL 80 MG CAPSULE	3	
<i>nadolol 20 mg tablet</i>	1	
<i>nadolol 40 mg tablet</i>	1	
<i>nadolol 80 mg tablet</i>	1	
<i>propranolol 10 mg tablet</i>	1	
<i>propranolol 20 mg tablet</i>	1	
<i>propranolol 20 mg/5 ml soln</i>	1	
<i>propranolol 40 mg tablet</i>	1	
<i>propranolol 40 mg/5 ml soln</i>	1	
<i>propranolol 60 mg tablet</i>	1	
<i>propranolol 80 mg tablet</i>	1	
<i>propranolol er 120 mg capsule</i>	1	
<i>propranolol er 160 mg capsule</i>	1	
<i>propranolol er 60 mg capsule</i>	1	
<i>propranolol er 80 mg capsule</i>	1	
<i>sotalol 120 mg tablet</i>	1	
<i>sotalol 160 mg tablet</i>	1	
<i>sotalol 240 mg tablet</i>	1	
<i>sotalol 80 mg tablet</i>	1	
SOTALOL AF 120 MG TABLET	1	
SOTALOL AF 160 MG TABLET	1	
SOTALOL AF 80 MG TABLET	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA; QL (1920 ML per 30 days)
<i>timolol maleate 10 mg tablet</i>	1	
<i>timolol maleate 20 mg tablet</i>	1	
<i>timolol maleate 5 mg tablet</i>	1	
Bradykinin B2 Receptor Antagonists		
<i>icatibant 30 mg/3 ml syringe llf, suv, plf, inner</i>	4	PA; QL (3 ML per 30 days)
Calcium Channel Blockers - Benzothiazepines		
CARTIA XT 120 MG CAPSULE	1	
CARTIA XT 180 MG CAPSULE	1	
CARTIA XT 240 MG CAPSULE	1	
CARTIA XT 300 MG CAPSULE	1	
DILT XR 120 MG CAPSULE	1	
DILT XR 180 MG CAPSULE	1	
DILT XR 240 MG CAPSULE	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>diltiazem 120 mg tablet</i>	1	
<i>diltiazem 12hr er 120 mg cap u-d,inner</i>	1	
<i>diltiazem 12hr er 60 mg cap</i>	1	
<i>diltiazem 12hr er 90 mg cap u-d,inner</i>	1	
<i>diltiazem 24h er(cd) 120 mg cp 10x10, outer</i>	1	
<i>diltiazem 24h er(cd) 180 mg cp</i>	1	
<i>diltiazem 24h er(cd) 240 mg cp</i>	1	
<i>diltiazem 24h er(cd) 300 mg cp</i>	1	
<i>diltiazem 24h er(cd) 360 mg cp</i>	1	
<i>diltiazem 24h er(la) 180 mg tb</i>	1	
<i>diltiazem 24h er(la) 240 mg tb</i>	1	
<i>diltiazem 24h er(la) 300 mg tb</i>	1	
<i>diltiazem 24h er(la) 360 mg tb</i>	1	
<i>diltiazem 24h er(la) 420 mg tb</i>	1	
<i>diltiazem 24h er(xr) 120 mg cp</i>	1	
<i>diltiazem 24h er(xr) 180 mg cp</i>	1	
<i>diltiazem 24h er(xr) 240 mg cp u-d,8x10,inner</i>	1	
<i>diltiazem 24hr er 120 mg cap once-a-day dosage</i>	1	
<i>diltiazem 24hr er 180 mg cap</i>	1	
<i>diltiazem 24hr er 240 mg cap once-a-day dosage</i>	1	
<i>diltiazem 24hr er 300 mg cap</i>	1	
<i>diltiazem 24hr er 360 mg cap</i>	1	
<i>diltiazem 24hr er 420 mg cap</i>	1	
<i>diltiazem 30 mg tablet</i>	1	
<i>diltiazem 60 mg tablet</i>	1	
<i>diltiazem 90 mg tablet</i>	1	
MATZIM LA 180 MG TABLET	1	
MATZIM LA 240 MG TABLET	1	
MATZIM LA 300 MG TABLET	1	
MATZIM LA 360 MG TABLET	1	
MATZIM LA 420 MG TABLET	1	
Calcium Channel Blockers - Dihydropyridines		
<i>amlodipine besylate 10 mg tab</i>	1	QL (30 EA per 30 days)
<i>amlodipine besylate 2.5 mg tab outer</i>	1	QL (30 EA per 30 days)
<i>amlodipine besylate 5 mg tab</i>	1	QL (30 EA per 30 days)
<i>felodipine er 10 mg tablet</i>	1	
<i>felodipine er 2.5 mg tablet</i>	1	
<i>felodipine er 5 mg tablet flc</i>	1	
<i>isradipine 2.5 mg capsule</i>	1	
<i>isradipine 5 mg capsule</i>	1	
KATERZIA	3	PA
<i>nicardipine 20 mg capsule</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>nicardipine 30 mg capsule</i>	1	
<i>nifedipine 10 mg capsule</i>	1	
<i>nifedipine 20 mg capsule</i>	1	
<i>nifedipine er 30 mg tablet outer</i>	1	
<i>nifedipine er 60 mg tablet flc</i>	1	
<i>nifedipine er 90 mg tablet outer</i>	1	
<i>nisoldipine er 17 mg tablet</i>	1	
<i>nisoldipine er 20 mg tablet</i>	1	
<i>nisoldipine er 25.5 mg tablet</i>	1	
<i>nisoldipine er 30 mg tablet</i>	1	
<i>nisoldipine er 34 mg tablet</i>	1	
<i>nisoldipine er 40 mg tablet</i>	1	
<i>nisoldipine er 8.5 mg tablet</i>	1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific		
<i>nimodipine 30 mg capsule u-d, outer</i>	1	
NYMALIZE 60 MG/20 ML SOLUTION	3	QL (2550 ML per 30 days)
Calcium Channel Blockers - Phenylalkylamines		
<i>verapamil 120 mg tablet</i>	1	
<i>verapamil 360 mg cap pellet</i>	1	
<i>verapamil 40 mg tablet flc</i>	1	
<i>verapamil 80 mg tablet</i>	1	
<i>verapamil er 120 mg capsule</i>	1	
<i>verapamil er 120 mg tablet flc</i>	1	
<i>verapamil er 180 mg capsule</i>	1	
<i>verapamil er 180 mg tablet u-d,10x10,inner</i>	1	
<i>verapamil er 240 mg capsule</i>	1	
<i>verapamil er 240 mg tablet flc</i>	1	
<i>verapamil er pm 100 mg capsule</i>	1	
<i>verapamil er pm 200 mg capsule</i>	1	
<i>verapamil er pm 300 mg capsule</i>	1	
<i>verapamil sr 120 mg capsule</i>	1	
<i>verapamil sr 180 mg capsule</i>	1	
<i>verapamil sr 240 mg capsule</i>	1	
VERELAN PM 300 MG CAP PELLET	3	
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>atenolol-chlorthalidone 100-25</i>	1	
<i>atenolol-chlorthalidone 50-25</i>	1	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	1	
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tb</i>	1	
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DUTOPROL 25-12.5 MG TABLET	3	
DUTOPROL 50-12.5 MG TABLET	3	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	1	
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	1	
<i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>	1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents		
<i>epinephrine 0.15 mg auto-inject inner, suv</i>	1	QL (2 EA per 30 days)
<i>epinephrine 0.15 mg auto-inject sdv</i>	2	QL (2 EA Max Qty Per Fill Retail)
<i>epinephrine 0.3 mg auto-inject inner, suv</i>	1	QL (2 EA per 30 days)
<i>epinephrine 1 mg/ml vial latex-free, mdv</i>	1	QL (2 ML Max Qty Per Fill Retail)
SYMJEPI 0.15 MG/0.3 ML SYRINGE	2	QL (2 EA per 30 days)
SYMJEPI 0.3 MG/0.3 ML SYRINGE	2	QL (2 EA per 30 days)
Cardiovascular Sympathomimetics		
<i>midodrine hcl 10 mg tablet outer</i>	1	
<i>midodrine hcl 2.5 mg tablet</i>	1	
<i>midodrine hcl 5 mg tablet outer</i>	1	
NORTHERA 100 MG CAPSULE	4	PA; QL (42 EA Max Qty Per Fill Retail)
NORTHERA 200 MG CAPSULE	4	PA; QL (42 EA Max Qty Per Fill Retail)
NORTHERA 300 MG CAPSULE	4	PA; QL (84 EA Max Qty Per Fill Retail)
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb.		
CLORPRES 0.1-15 TABLET	1	
CLORPRES 0.2-15 TABLET	1	
CLORPRES 0.3-15 TABLET	3	
<i>methyldopa-hydrochlorothiazide 250-15 mg tab</i>	1	
<i>methyldopa-hydrochlorothiazide 250-25 mg tab</i>	1	
Central Alpha-2 Receptor Agonists		
<i>clonidine 0.1 mg/day patch inner</i>	1	
<i>clonidine 0.2 mg/day patch outer</i>	1	
<i>clonidine 0.3 mg/day patch outer</i>	1	
<i>clonidine hcl 0.1 mg tablet u-d,10x10</i>	1	
<i>clonidine hcl 0.2 mg tablet u-d,10x10</i>	1	
<i>clonidine hcl 0.3 mg tablet u-d,10x10</i>	1	
<i>guanfacine 1 mg tablet</i>	1	
<i>guanfacine 2 mg tablet</i>	1	
<i>methyldopa 250 mg tablet</i>	1	
<i>methyldopa 500 mg tablet u-d,flc,inner,10x10</i>	1	
Digitalis Glycosides		
DIGITEK 125 MCG TABLET	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DIGITEK 250 MCG TABLET	1	
DIGOX 125 MCG TABLET	1	
DIGOX 250 MCG TABLET	1	
<i>digoxin 0.05 mg/ml solution</i>	1	
<i>digoxin 0.125 mg tablet</i>	1	
<i>digoxin 0.125 mg/2.5 ml soln inner</i>	1	
<i>digoxin 0.25 mg tablet</i>	1	
<i>digoxin 125 mcg tablet outer</i>	1	
<i>digoxin 250 mcg tablet</i>	1	
Direct Acting Vasodilators		
<i>hydralazine 10 mg tablet u-d,10x10,inner</i>	1	
<i>hydralazine 100 mg tablet flc</i>	1	
<i>hydralazine 25 mg tablet</i>	1	
<i>hydralazine 50 mg tablet flc</i>	1	
<i>minoxidil 10 mg tablet</i>	1	
<i>minoxidil 2.5 mg tablet</i>	1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective		
<i>spironolactone 100 mg tablet</i>	1	
<i>spironolactone 25 mg tablet flc</i>	1	
<i>spironolactone 50 mg tablet flc</i>	1	
Diuretic - Aldosterone Receptor Antagonist, Selective		
<i>eplerenone 25 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>eplerenone 50 mg tablet</i>	1	QL (60 EA per 30 days)
Diuretic - Carbonic Anhydrase Inhibitors		
<i>acetazolamide 125 mg tablet</i>	1	
<i>acetazolamide 250 mg tablet</i>	1	
<i>acetazolamide er 500 mg cap</i>	1	
<i>methazolamide 25 mg tablet</i>	1	
<i>methazolamide 50 mg tablet</i>	1	
Diuretic - Loop		
<i>bumetanide 0.5 mg tablet</i>	1	
<i>bumetanide 1 mg tablet</i>	1	
<i>bumetanide 2 mg tablet</i>	1	
<i>ethacrynic acid 25 mg tablet</i>	1	
<i>furosemide 10 mg/ml solution w/dropper,boxed</i>	1	
<i>furosemide 20 mg tablet</i>	1	
<i>furosemide 40 mg tablet</i>	1	
<i>furosemide 40 mg/5 ml soln slf</i>	1	
<i>furosemide 80 mg tablet u-d, 10x10</i>	1	
<i>torsemide 10 mg tablet</i>	1	
<i>torsemide 100 mg tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>torsemide 20 mg tablet</i>	1	
<i>torsemide 5 mg tablet</i>	1	
Diuretic - Potassium Sparing		
<i>amiloride hcl 5 mg tablet</i>	1	
DYRENIUM 100 MG CAPSULE	3	PA
DYRENIUM 50 MG CAPSULE	3	PA
<i>triamterene</i>	1	
Diuretic - Potassium Sparing-Thiazide And Related Combinations		
<i>amiloride hcl-hydrochlorothiazide 5-50 mg tab</i>	1	
<i>spironolactone-hydrochlorothiazide 25-25 tab</i>	1	
<i>triamterene-hydrochlorothiazide 37.5-25 mg cp</i>	1	
<i>triamterene-hydrochlorothiazide 37.5-25 mg tb</i>	1	
<i>triamterene-hydrochlorothiazide 50-25 mg cap</i>	1	
<i>triamterene-hydrochlorothiazide 75-50 mg tab</i>	1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists		
SAMSCA	4	PA
Diuretic - Thiazides And Related		
<i>chlorothiazide 250 mg tablet</i>	1	
<i>chlorothiazide 500 mg tablet</i>	1	
<i>chlorthalidone 25 mg tablet</i>	1	
<i>chlorthalidone 50 mg tablet</i>	1	
DIURIL 250 MG/5 ML ORAL SUSP	2	PA
<i>hydrochlorothiazide 12.5 mg cp</i>	1	
<i>hydrochlorothiazide 12.5 mg tb</i>	1	
<i>hydrochlorothiazide 25 mg tab</i>	1	
<i>hydrochlorothiazide 50 mg tab</i>	1	
<i>indapamide 1.25 mg tablet</i>	1	
<i>indapamide 2.5 mg tablet</i>	1	
<i>methyclothiazide 5 mg tablet</i>	1	
<i>metolazone 10 mg tablet</i>	1	
<i>metolazone 2.5 mg tablet</i>	1	
<i>metolazone 5 mg tablet u-d,10x10,inner</i>	1	
Ganglionic Blocking, Non-Depolarizing		
VECAMYL 2.5 MG TABLET	3	PA
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors		
CORLANOR 5 MG TABLET	2	PA; QL (60 EA per 30 days)
CORLANOR 7.5 MG TABLET	2	PA; QL (60 EA per 30 days)
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb.		
<i>nadolol-bendroflu 40-5 mg tab</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>nadolol-bendroflu 80-5 mg tab</i>	1	
<i>propranolol-hydrochlorothiazide 40-25 mg tab</i>	1	
<i>propranolol-hydrochlorothiazide 80-25 mg tab</i>	1	
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists		
UPTRAVI 1,000 MCG TABLET	4	PA; QL (60 EA per 30 days)
UPTRAVI 1,200 MCG TABLET	4	PA; QL (60 EA per 30 days)
UPTRAVI 1,400 MCG TABLET	4	PA; QL (60 EA per 30 days)
UPTRAVI 1,600 MCG TABLET	4	PA; QL (140 EA per 60 days)
UPTRAVI 200 MCG TABLET	4	PA; QL (60 EA per 30 days)
UPTRAVI 200-800 TITRATION PACK	4	PA; QL (60 EA per 30 days)
UPTRAVI 400 MCG TABLET	4	PA; QL (60 EA per 30 days)
UPTRAVI 600 MCG TABLET	4	PA; QL (60 EA per 30 days)
UPTRAVI 800 MCG TABLET	4	PA; QL (60 EA per 30 days)
Peripheral Alpha-1 Receptor Blockers		
CARDURA XL 4 MG TABLET	3	ST; QL (30 EA per 30 days)
CARDURA XL 8 MG TABLET	3	ST; QL (30 EA per 30 days)
<i>doxazosin mesylate 1 mg tab</i>	1	QL (30 EA per 30 days)
<i>doxazosin mesylate 2 mg tab</i>	1	QL (30 EA per 30 days)
<i>doxazosin mesylate 4 mg tab</i>	1	QL (30 EA per 30 days)
<i>doxazosin mesylate 8 mg tab</i>	1	QL (60 EA per 30 days)
<i>prazosin 1 mg capsule</i>	1	
<i>prazosin 2 mg capsule</i>	1	
<i>prazosin 5 mg capsule</i>	1	
<i>terazosin 1 mg capsule</i>	1	QL (30 EA per 30 days)
<i>terazosin 10 mg capsule</i>	1	QL (60 EA per 30 days)
<i>terazosin 2 mg capsule u-d,10x10,inner</i>	1	QL (30 EA per 30 days)
<i>terazosin 5 mg capsule</i>	1	QL (30 EA per 30 days)
Peripheral Vasodilators, Single Agents		
<i>isoxsuprine 10 mg tablet</i>	1	
<i>isoxsuprine 20 mg tablet</i>	1	
Pheochromocytoma, Agents To Treat		
DEMSEER 250 MG CAPSULE	4	PA
Pulmonary Antihypertensive Agents - Prostacyclin-Type		
ORENITRAM ER 0.125 MG TABLET	4	PA; QL (90 EA per 30 days)
ORENITRAM ER 0.25 MG TABLET	4	PA; QL (90 EA per 30 days)
ORENITRAM ER 1 MG TABLET	4	PA; QL (90 EA per 30 days)
ORENITRAM ER 2.5 MG TABLET	4	PA; QL (90 EA per 30 days)
ORENITRAM ER 5 MG TABLET	4	PA; QL (90 EA per 30 days)
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator		
ADEMPAS 0.5 MG TABLET	4	PA; QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ADEMPAS 1 MG TABLET	4	PA; QL (90 EA per 30 days)
ADEMPAS 1.5 MG TABLET	4	PA; QL (90 EA per 30 days)
ADEMPAS 2 MG TABLET	4	PA; QL (90 EA per 30 days)
ADEMPAS 2.5 MG TABLET	4	PA; QL (90 EA per 30 days)
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan 10 mg tablet</i>	2	PA; QL (30 EA per 30 days)
<i>ambrisentan 5 mg tablet</i>	2	PA; QL (30 EA per 30 days)
<i>bosentan 125 mg tablet</i>	2	PA; QL (60 EA per 30 days)
<i>bosentan 62.5 mg tablet</i>	2	PA; QL (60 EA per 30 days)
OPSUMIT 10 MG TABLET F/C,5X3	4	PA; QL (30 EA per 30 days)
TRACLEER 32 MG TABLET FOR SUSP INNER	4	PA; QL (30 EA per 30 days)
Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors		
<i>sildenafil 10 mg/ml oral susp</i>	2	PA
<i>sildenafil 20 mg tablet</i>	1	PA; QL (90 EA per 30 days)
<i>tadalafil 20 mg tablet</i>	2	PA; QL (60 EA per 30 days)
Renin Inhibitor, Direct		
<i>aliskiren 150 mg tablet</i>	2	
<i>aliskiren 300 mg tablet</i>	2	
Renin Inhibitor, Direct And Diuretic Combinations		
TEKTURN HCT 150-12.5 MG TAB	3	QL (30 EA per 30 days)
TEKTURN HCT 150-25 MG TABLET	3	QL (30 EA per 30 days)
TEKTURN HCT 300-12.5 MG TAB	3	QL (30 EA per 30 days)
TEKTURN HCT 300-25 MG TABLET	3	QL (30 EA per 30 days)
Vasodilator Combinations		
BIDIL TABLET	2	
Central Nervous System Agents		
Antianxiety Agent - Antihistamine Type		
<i>hydroxyzine 10 mg/5 ml soln</i>	1	
<i>hydroxyzine 10 mg/5 ml syrup</i>	1	
<i>hydroxyzine 50 mg/25 ml syrup</i>	1	
<i>hydroxyzine hcl 10 mg tablet coated,u-d,10x10</i>	1	
<i>hydroxyzine hcl 25 mg tablet u-d,inner.flc,10x10</i>	1	
<i>hydroxyzine hcl 50 mg tablet flc</i>	1	
<i>hydroxyzine pam 100 mg cap</i>	1	
<i>hydroxyzine pam 25 mg cap</i>	1	
<i>hydroxyzine pam 50 mg cap</i>	1	
Antianxiety Agent - Benzodiazepines		
<i>alprazolam 0.25 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam 1 mg tablet</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>alprazolam 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam er 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam er 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam er 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam er 3 mg tablet</i>	1	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL 1 MG/ML	1	
<i>alprazolam odt 0.25 mg tab</i>	1	QL (90 EA per 30 days)
<i>alprazolam odt 0.5 mg tab inner</i>	1	QL (90 EA per 30 days)
<i>alprazolam odt 1 mg tab</i>	1	QL (90 EA per 30 days)
<i>alprazolam odt 2 mg tab inner</i>	1	QL (90 EA per 30 days)
<i>alprazolam xr 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam xr 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam xr 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam xr 3 mg tablet</i>	1	QL (90 EA per 30 days)
<i>chlordiazepoxide 10 mg capsule</i>	1	
<i>chlordiazepoxide 25 mg capsule u-d, 10x10, inner</i>	1	
<i>chlordiazepoxide 5 mg capsule gelcap</i>	1	
<i>clonazepam 0.125 mg dis tab 10x6</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.125 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.25 mg odt 10x6, outer</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.5 mg dis tablet 10x6</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.5 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam 1 mg dis tablet 10x6, outer</i>	1	QL (90 EA per 30 days)
<i>clonazepam 1 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam 2 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>clorazepate 15 mg tablet</i>	1	
<i>clorazepate 3.75 mg tablet</i>	1	
<i>clorazepate 7.5 mg tablet</i>	1	
<i>diazepam 10 mg tablet</i>	1	QL (60 EA per 30 days)
<i>diazepam 10 mg/2 ml carpupject inner, llf, sdv</i>	1	
<i>diazepam 10 mg/2 ml syringe 15's, single use</i>	1	
<i>diazepam 2 mg tablet</i>	1	QL (60 EA per 30 days)
<i>diazepam 5 mg tablet</i>	1	QL (60 EA per 30 days)
<i>diazepam 5 mg/5 ml oral soln 40's, u-d, slf</i>	1	
<i>diazepam 5 mg/5 ml solution</i>	1	
DIAZEPAM 5 MG/ML ORAL CONC	1	
<i>diazepam 50 mg/10 ml vial mdv, inner, latex-free</i>	1	
<i>diazepam 50 mg/10 ml vial muv, outer</i>	1	
<i>lorazepam 0.5 mg tablet</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>lorazepam 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>lorazepam 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>oxazepam 10 mg capsule</i>	1	
<i>oxazepam 15 mg capsule outer</i>	1	
<i>oxazepam 30 mg capsule</i>	1	
Antianxiety Agent - Dicarbamate Type		
<i>meprobamate 200 mg tablet</i>	1	
<i>meprobamate 400 mg tablet</i>	1	
Antianxiety Agent - Non-Benzodiazepine		
<i>buspirone hcl 10 mg tablet</i>	1	
<i>buspirone hcl 15 mg tablet</i>	1	
<i>buspirone hcl 30 mg tablet</i>	1	
<i>buspirone hcl 5 mg tablet</i>	1	
<i>buspirone hcl 7.5 mg tablet</i>	1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists		
FYCOMPA 0.5 MG/ML ORAL SUSP	3	PA
FYCOMPA 10 MG TABLET	3	PA; QL (30 EA per 30 days)
FYCOMPA 12 MG TABLET	3	PA; QL (30 EA per 30 days)
FYCOMPA 2 MG TABLET	3	PA; QL (30 EA per 30 days)
FYCOMPA 4 MG TABLET	3	PA; QL (30 EA per 30 days)
FYCOMPA 6 MG TABLET	3	PA; QL (30 EA per 30 days)
FYCOMPA 8 MG TABLET	3	PA; QL (30 EA per 30 days)
Anticonvulsant - Barbiturates And Derivatives		
<i>phenobarbital 100 mg tablet</i>	1	
<i>phenobarbital 15 mg tablet</i>	1	
<i>phenobarbital 16.2 mg tablet</i>	1	
<i>phenobarbital 20 mg/5 ml elix</i>	1	
<i>phenobarbital 20 mg/5 ml soln</i>	1	
<i>phenobarbital 30 mg tablet</i>	1	
<i>phenobarbital 32.4 mg tablet</i>	1	
<i>phenobarbital 60 mg tablet</i>	1	
<i>phenobarbital 64.8 mg tablet</i>	1	
<i>phenobarbital 97.2 mg tablet</i>	1	
<i>primidone 250 mg tablet</i>	1	
<i>primidone 50 mg tablet</i>	1	
Anticonvulsant - Benzodiazepines		
<i>clobazam 10 mg tablet</i>	1	PA
<i>clobazam 2.5 mg/ml suspension</i>	1	PA
<i>clobazam 20 mg tablet</i>	1	PA
<i>clonazepam 0.125 mg dis tab 10x6</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.125 mg odt</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>clonazepam 0.25 mg odt 10x6, outer</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.5 mg dis tablet 10x6</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.5 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam 1 mg dis tablet 10x6, outer</i>	1	QL (90 EA per 30 days)
<i>clonazepam 1 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam 2 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>diazepam 10 mg rectal gel syst</i>	2	
<i>diazepam 2.5 mg rectal gel sys</i>	2	
<i>diazepam 20 mg rectal gel syst</i>	2	
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX 100 MG/ML SOLUTION INNER	4	PA
Anticonvulsant - Carbamates		
<i>felbamate 400 mg tablet</i>	1	
<i>felbamate 600 mg tablet</i>	1	
<i>felbamate 600 mg/5 ml susp</i>	1	
FELBATOL 400 MG TABLET	3	
FELBATOL 600 MG TABLET	3	
FELBATOL 600 MG/5 ML SUSP	3	
Anticonvulsant - Carboxylic Acid Derivatives		
DEPAKENE 250 MG CAPSULE	3	
DEPAKENE 250 MG/5 ML SOLUTION	3	
DEPAKOTE DR 125 MG SPRINKLE CP	3	
DEPAKOTE DR 125 MG TABLET	3	
DEPAKOTE DR 250 MG TABLET	3	
DEPAKOTE DR 500 MG TABLET	3	
DEPAKOTE ER 250 MG TABLET	3	
DEPAKOTE ER 500 MG TABLET	3	
<i>divalproex dr 125 mg cap sprnk</i>	1	
<i>divalproex sod dr 125 mg tab flc</i>	1	
<i>divalproex sod dr 250 mg tab flc</i>	1	
<i>divalproex sod dr 500 mg tab flc</i>	1	
<i>divalproex sod er 250 mg tab flc</i>	1	
<i>divalproex sod er 500 mg tab u-d,flc,8x10,inner</i>	1	
<i>valproic acid 250 mg capsule</i>	1	
<i>valproic acid 250 mg/5 ml soln</i>	1	
<i>valproic acid 500 mg/10 ml sol inner</i>	1	
Anticonvulsant - Functionalized Amino Acid		
VIMPAT 10 MG/ML SOLUTION	3	PA; QL (1200 ML per 30 days)
VIMPAT 100 MG TABLET F/C	3	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VIMPAT 150 MG TABLET F/C	3	PA; QL (60 EA per 30 days)
VIMPAT 200 MG TABLET F/C	3	PA; QL (60 EA per 30 days)
VIMPAT 200 MG/20 ML VIAL	3	PA
VIMPAT 50 MG TABLET F/C	3	PA; QL (60 EA per 30 days)
VIMPAT STARTER KIT	3	PA
Anticonvulsant - Gaba Analogs		
<i>gabapentin 100 mg capsule</i>	1	QL (360 EA per 30 days)
<i>gabapentin 250 mg/5 ml soln</i>	1	QL (2160 ML per 30 days)
<i>gabapentin 300 mg capsule</i>	1	QL (360 EA per 30 days)
<i>gabapentin 300 mg/6 ml soln outer</i>	1	
<i>gabapentin 400 mg capsule</i>	1	QL (270 EA per 30 days)
<i>gabapentin 600 mg tablet</i>	1	QL (180 EA per 30 days)
<i>gabapentin 800 mg tablet</i>	1	QL (120 EA per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION	3	PA; QL (900 ML per 30 days)
NEURONTIN 100 MG CAPSULE	3	QL (360 EA per 30 days)
NEURONTIN 250 MG/5 ML SOLN	3	QL (2160 ML per 30 days)
NEURONTIN 300 MG CAPSULE	3	QL (360 EA per 30 days)
NEURONTIN 400 MG CAPSULE	3	QL (270 EA per 30 days)
NEURONTIN 600 MG TABLET F/C, SCORED	3	QL (180 EA per 30 days)
NEURONTIN 800 MG TABLET F/C, SCORED	3	QL (120 EA per 30 days)
<i>pregabalin 100 mg capsule</i>	1	QL (120 EA per 30 days)
<i>pregabalin 150 mg capsule</i>	1	QL (120 EA per 30 days)
<i>pregabalin 200 mg capsule</i>	1	QL (90 EA per 30 days)
<i>pregabalin 225 mg capsule</i>	1	QL (60 EA per 30 days)
<i>pregabalin 25 mg capsule</i>	1	QL (120 EA per 30 days)
<i>pregabalin 300 mg capsule</i>	1	QL (60 EA per 30 days)
<i>pregabalin 50 mg capsule</i>	1	QL (120 EA per 30 days)
<i>pregabalin 75 mg capsule</i>	1	QL (120 EA per 30 days)
Anticonvulsant - Gaba Re-Uptake Inhibitor, Niprocotic Acid Derivatives		
GABITRIL 12 MG TABLET	3	
GABITRIL 16 MG TABLET	3	
GABITRIL 2 MG TABLET	3	
GABITRIL 4 MG TABLET	3	
<i>tiagabine hcl 12 mg tablet</i>	1	
<i>tiagabine hcl 16 mg tablet</i>	1	
<i>tiagabine hcl 2 mg tablet</i>	2	
<i>tiagabine hcl 4 mg tablet</i>	1	
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor		
<i>vigabatrin 500 mg powder packt inner</i>	2	PA; QL (180 EA per 30 days)
<i>vigabatrin 500 mg tablet</i>	2	PA; QL (180 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Anticonvulsant - Hydantoins		
DILANTIN 100 MG CAPSULE	3	
DILANTIN 30 MG CAPSULE	3	
DILANTIN 50 MG INFATAB INFATAB	3	
PEGANONE 250 MG TABLET	2	
PHENYTEK 200 MG CAPSULE	3	
PHENYTEK 300 MG CAPSULE	3	
<i>phenytoin 100 mg/4 ml susp inner</i>	1	
<i>phenytoin 125 mg/5 ml susp</i>	1	
<i>phenytoin 50 mg infatab</i>	1	
<i>phenytoin 50 mg tablet chew</i>	1	
<i>phenytoin sod ext 100 mg cap u-d, 10x10, outer</i>	1	
<i>phenytoin sod ext 200 mg cap</i>	1	
<i>phenytoin sod ext 300 mg cap</i>	1	
Anticonvulsant - Iminostilbene Derivatives		
APTiom 200 MG TABLET	3	ST; QL (30 EA per 30 days)
APTiom 400 MG TABLET	3	ST; QL (30 EA per 30 days)
APTiom 600 MG TABLET	3	ST; QL (30 EA per 30 days)
APTiom 800 MG TABLET	3	ST; QL (60 EA per 30 days)
<i>carbamazepine 100 mg tab chew u-d, 10x10, inner</i>	1	
<i>carbamazepine 100 mg/5 ml susp</i>	1	
<i>carbamazepine 200 mg tablet</i>	1	
<i>carbamazepine er 100 mg cap</i>	1	
<i>carbamazepine er 100 mg tablet</i>	1	
<i>carbamazepine er 200 mg cap</i>	1	
<i>carbamazepine er 200 mg tablet u-d, 3x10, inner</i>	1	
<i>carbamazepine er 300 mg cap</i>	1	
<i>carbamazepine er 400 mg tablet u-d, 3x10, inner</i>	1	
CARBATROL ER 100 MG CAPSULE	3	
CARBATROL ER 200 MG CAPSULE	3	
CARBATROL ER 300 MG CAPSULE	3	
EPITOL 200 MG TABLET	3	
EQUETRO 100 MG CAPSULE	3	QL (480 EA per 30 days)
EQUETRO 200 MG CAPSULE	3	QL (240 EA per 30 days)
EQUETRO 300 MG CAPSULE	3	QL (180 EA per 30 days)
<i>oxcarbazepine 150 mg tablet</i>	1	
<i>oxcarbazepine 300 mg tablet</i>	1	
<i>oxcarbazepine 300 mg/5 ml susp</i>	1	
<i>oxcarbazepine 600 mg tablet</i>	1	
OXTELLAR XR 150 MG TABLET	3	PA; QL (120 EA per 30 days)
OXTELLAR XR 300 MG TABLET	3	PA; QL (120 EA per 30 days)
OXTELLAR XR 600 MG TABLET	3	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TEGRETOL 100 MG/5 ML SUSP	3	
TEGRETOL 200 MG TABLET	3	
TEGRETOL XR 100 MG TABLET	3	
TEGRETOL XR 200 MG TABLET	3	
TEGRETOL XR 400 MG TABLET	3	
TRILEPTAL 150 MG TABLET F/C	3	
TRILEPTAL 300 MG TABLET F/C	3	
TRILEPTAL 300 MG/5 ML SUSP	3	
TRILEPTAL 600 MG TABLET F/C	3	
Anticonvulsant - Monosaccharide Derivatives		
QUDEXY XR 100 MG CAPSULE	3	PA; QL (120 EA per 30 days)
QUDEXY XR 150 MG CAPSULE	3	PA; QL (60 EA per 30 days)
QUDEXY XR 200 MG CAPSULE	3	PA; QL (60 EA per 30 days)
QUDEXY XR 25 MG CAPSULE	3	PA; QL (480 EA per 30 days)
QUDEXY XR 50 MG CAPSULE	3	PA; QL (240 EA per 30 days)
TOPAMAX 100 MG TABLET COATED	3	QL (120 EA per 30 days)
TOPAMAX 15 MG SPRINKLE CAP	3	
TOPAMAX 200 MG TABLET	3	QL (60 EA per 30 days)
TOPAMAX 25 MG SPRINKLE CAP	3	
TOPAMAX 25 MG TABLET COATED	3	QL (480 EA per 30 days)
TOPAMAX 50 MG TABLET	3	QL (240 EA per 30 days)
<i>topiramate 100 mg tablet</i>	1	QL (120 EA per 30 days)
<i>topiramate 15 mg sprinkle cap</i>	1	
<i>topiramate 200 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>topiramate 25 mg sprinkle cap</i>	1	
<i>topiramate 25 mg tablet flc</i>	1	QL (480 EA per 30 days)
<i>topiramate 50 mg tablet</i>	1	QL (240 EA per 30 days)
<i>topiramate er 100 mg capsule</i>	2	QL (120 EA per 30 days)
<i>topiramate er 150 mg capsule</i>	2	QL (60 EA per 30 days)
<i>topiramate er 200 mg capsule</i>	2	QL (60 EA per 30 days)
<i>topiramate er 25 mg capsule</i>	2	QL (480 EA per 30 days)
<i>topiramate er 50 mg capsule</i>	2	QL (240 EA per 30 days)
TROKENDI XR 100 MG CAPSULE	3	PA
TROKENDI XR 200 MG CAPSULE	3	PA
TROKENDI XR 25 MG CAPSULE	3	PA
TROKENDI XR 50 MG CAPSULE	3	PA
Anticonvulsant - Phenyltriazine Derivatives		
LAMICTAL 100 MG TABLET	3	
LAMICTAL 150 MG TABLET	3	
LAMICTAL 200 MG TABLET	3	
LAMICTAL 25 MG DISPER TABLET	3	
LAMICTAL 25 MG TABLET	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LAMICTAL 5 MG DISPER TABLET	3	
LAMICTAL ODT 100 MG TABLET	3	PA
LAMICTAL ODT 200 MG TABLET	3	PA
LAMICTAL ODT 25 MG TABLET	3	PA
LAMICTAL ODT 50 MG TABLET	3	PA
LAMICTAL ODT START KIT (BLUE)	3	PA
LAMICTAL ODT START KIT (GREEN)	3	PA
LAMICTAL ODT START KT (ORANGE)	3	PA
LAMICTAL TAB START KIT (BLUE)	3	
LAMICTAL TAB START KIT (GREEN)	3	
LAMICTAL TB START KIT (ORANGE)	3	
LAMICTAL XR 100 MG TABLET	3	QL (30 EA per 30 days)
LAMICTAL XR 200 MG TABLET	3	QL (30 EA per 30 days)
LAMICTAL XR 25 MG TABLET	3	QL (30 EA per 30 days)
LAMICTAL XR 250 MG TABLET	3	QL (30 EA per 30 days)
LAMICTAL XR 300 MG TABLET	3	QL (30 EA per 30 days)
LAMICTAL XR 50 MG TABLET	3	QL (30 EA per 30 days)
LAMICTAL XR START KIT (BLUE)	3	
LAMICTAL XR START KIT (GREEN)	3	
LAMICTAL XR START KIT (ORANGE)	3	
<i>lamotrigine 100 mg tablet</i>	1	
<i>lamotrigine 150 mg tablet</i>	1	
<i>lamotrigine 200 mg tablet</i>	1	
<i>lamotrigine 25 mg disper tab</i>	1	
<i>lamotrigine 25 mg tablet</i>	1	
<i>lamotrigine 5 mg disper tablet</i>	1	
<i>lamotrigine er 100 mg tablet</i>	2	QL (30 EA per 30 days)
<i>lamotrigine er 200 mg tablet</i>	1	QL (30 EA per 30 days)
<i>lamotrigine er 25 mg tablet</i>	1	QL (30 EA per 30 days)
<i>lamotrigine er 250 mg tablet</i>	2	QL (30 EA per 30 days)
<i>lamotrigine er 300 mg tablet</i>	1	QL (30 EA per 30 days)
<i>lamotrigine er 50 mg tablet</i>	1	QL (30 EA per 30 days)
<i>lamotrigine odt 100 mg tablet outer</i>	2	PA
<i>lamotrigine odt 200 mg tablet outer</i>	2	PA
<i>lamotrigine odt 25 mg tablet outer</i>	2	PA
<i>lamotrigine odt 50 mg tablet outer</i>	2	PA
<i>lamotrigine odt kit (blue)</i>	2	PA
<i>lamotrigine odt kit (green)</i>	2	PA
<i>lamotrigine odt kit (orange)</i>	2	PA
<i>lamotrigine tab start kit-blue</i>	1	
<i>lamotrigine tab start kt-green</i>	1	
<i>lamotrigine tab start kt-orang</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SUBVENITE 100 MG TABLET	3	
SUBVENITE 150 MG TABLET	3	
SUBVENITE 200 MG TABLET	3	
SUBVENITE 25 MG TABLET	3	
SUBVENITE TAB START KIT (BLUE)	3	
SUBVENITE TAB START KIT(GREEN)	3	
SUBVENITE TAB START KT(ORANGE)	3	
Anticonvulsant - Pyrrolidine Derivatives		
BRIVIACT 10 MG TABLET	3	PA
BRIVIACT 10 MG/ML ORAL SOLN	3	PA
BRIVIACT 100 MG TABLET	3	PA
BRIVIACT 25 MG TABLET	3	PA
BRIVIACT 50 MG TABLET	3	PA
BRIVIACT 75 MG TABLET	3	PA
KEPPRA 1,000 MG TABLET	3	
KEPPRA 100 MG/ML ORAL SOLN	3	
KEPPRA 250 MG TABLET	3	
KEPPRA 500 MG TABLET	3	
KEPPRA 750 MG TABLET	3	
KEPPRA XR 500 MG TABLET	3	QL (180 EA per 30 days)
KEPPRA XR 750 MG TABLET	3	QL (120 EA per 30 days)
<i>levetiracetam 1,000 mg tablet inner</i>	1	
<i>levetiracetam 100 mg/ml soln bulk container</i>	1	
<i>levetiracetam 250 mg tablet flc</i>	1	
<i>levetiracetam 500 mg tablet u-d, 10x10, flc, inner</i>	1	
<i>levetiracetam 500 mg/5 ml soln</i>	1	
<i>levetiracetam 750 mg tablet flc</i>	1	
<i>levetiracetam er 500 mg tablet flc</i>	1	QL (180 EA per 30 days)
<i>levetiracetam er 750 mg tablet flc</i>	1	QL (120 EA per 30 days)
ROWEEPPRA 1,000 MG TABLET	3	
ROWEEPPRA 500 MG TABLET	3	
ROWEEPPRA 750 MG TABLET	3	
ROWEEPPRA XR 500 MG TABLET	3	QL (180 EA per 30 days)
ROWEEPPRA XR 750 MG TABLET	3	QL (120 EA per 30 days)
SPRITAM 1,000 MG TABLET INNER	3	PA; QL (60 EA per 30 days)
SPRITAM 250 MG TABLET INNER	3	PA; QL (60 EA per 30 days)
SPRITAM 500 MG TABLET INNER	3	PA; QL (60 EA per 30 days)
SPRITAM 750 MG TABLET INNER	3	PA; QL (60 EA per 30 days)
Anticonvulsant - Succinimides		
CELONTIN 300 MG KAPSEAL	2	
<i>ethosuximide 250 mg capsule</i>	1	
<i>ethosuximide 250 mg/5 ml soln</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Anticonvulsant - Sulfonamide Derivatives		
ZONEGRAN 100 MG CAPSULE	3	
ZONEGRAN 25 MG CAPSULE	3	
<i>zonisamide 100 mg capsule</i>	1	
<i>zonisamide 25 mg capsule</i>	1	
<i>zonisamide 50 mg capsule</i>	1	
Anticonvulsant - Triazole Derivatives		
BANZEL 200 MG TABLET	2	PA; QL (240 EA per 30 days)
BANZEL 40 MG/ML SUSPENSION	2	PA; QL (2400 ML per 30 days)
BANZEL 400 MG TABLET	2	PA; QL (240 EA per 30 days)
Antidepressant - Alpha-2 Receptor Antagonists (Nassa)		
<i>mirtazapine 15 mg odt 5x6</i>	1	QL (30 EA per 30 days)
<i>mirtazapine 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>mirtazapine 30 mg odt outer</i>	1	QL (30 EA per 30 days)
<i>mirtazapine 30 mg tablet</i>	1	QL (30 EA per 30 days)
<i>mirtazapine 45 mg odt outer</i>	1	QL (30 EA per 30 days)
<i>mirtazapine 45 mg tablet</i>	1	QL (30 EA per 30 days)
<i>mirtazapine 7.5 mg tablet</i>	1	QL (30 EA per 30 days)
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B		
EMSAM 12 MG/24 HOURS PATCH INNER	3	PA; QL (30 EA per 30 days)
EMSAM 6 MG/24 HOURS PATCH INNER	3	PA; QL (30 EA per 30 days)
EMSAM 9 MG/24 HOURS PATCH INNER	3	PA; QL (30 EA per 30 days)
MARPLAN 10 MG TABLET	3	
<i>phenelzine sulfate 15 mg tab</i>	1	
<i>tranylcypromine sulf 10 mg tab</i>	1	
Antidepressant - N-Methyl D-Aspartate (Nmدا) Receptor Antagonist		
SPRAVATO 28 MG NASAL SPRAY	3	PA; QL (16 EA per 28 days)
SPRAVATO 56 MG DOSE PACK	3	PA; QL (16 EA per 28 days)
SPRAVATO 84 MG DOSE PACK	3	PA; QL (16 EA per 28 days)
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssrís)		
<i>citalopram hbr 10 mg tablet</i>	1	QL (30 EA per 30 days)
<i>citalopram hbr 10 mg/5 ml soln</i>	1	QL (600 ML per 30 days)
<i>citalopram hbr 20 mg tablet flc</i>	1	QL (45 EA per 30 days)
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 EA per 30 days)
<i>escitalopram 10 mg tablet</i>	1	QL (60 EA per 30 days)
<i>escitalopram 20 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>escitalopram 5 mg tablet flc</i>	1	QL (120 EA per 30 days)
<i>escitalopram oxalate 5 mg/5 ml peppermint flavor</i>	1	QL (620 ML per 30 days)
<i>fluoxetine 20 mg/5 ml solution</i>	1	QL (600 ML per 30 days)
<i>fluoxetine dr 90 mg capsule once weekly</i>	1	QL (4 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>fluoxetine hcl 10 mg capsule</i>	1	QL (90 EA per 30 days)
<i>fluoxetine hcl 10 mg tablet flc</i>	1	QL (90 EA per 30 days)
<i>fluoxetine hcl 20 mg capsule</i>	1	QL (90 EA per 30 days)
<i>fluoxetine hcl 20 mg tablet</i>	1	QL (90 EA per 30 days)
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 EA per 30 days)
<i>fluoxetine hcl 60 mg tablet</i>	2	QL (30 EA per 30 days)
<i>fluvoxamine er 100 mg capsule</i>	1	
<i>fluvoxamine er 150 mg capsule</i>	1	
<i>fluvoxamine maleate 100 mg tab u-d,10x10,inner</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine maleate 25 mg tab</i>	1	QL (360 EA per 30 days)
<i>fluvoxamine maleate 50 mg tab flc</i>	1	QL (180 EA per 30 days)
<i>paroxetine cr 12.5 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>paroxetine cr 25 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>paroxetine cr 37.5 mg tablet</i>	1	QL (60 EA per 30 days)
<i>paroxetine er 12.5 mg tablet</i>	1	QL (60 EA per 30 days)
<i>paroxetine er 25 mg tablet</i>	1	QL (60 EA per 30 days)
<i>paroxetine er 37.5 mg tablet</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl 10 mg tablet flc</i>	1	QL (90 EA per 30 days)
<i>paroxetine hcl 20 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl 30 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl 40 mg tablet flc</i>	1	QL (45 EA per 30 days)
PAXIL 10 MG/5 ML SUSPENSION	3	QL (900 ML per 30 days)
<i>sertraline 20 mg/ml oral conc w/dispensing syringe</i>	1	QL (300 ML per 30 days)
<i>sertraline hcl 100 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>sertraline hcl 25 mg tablet outer</i>	1	QL (240 EA per 30 days)
<i>sertraline hcl 50 mg tablet flc</i>	1	QL (120 EA per 30 days)
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris)		
<i>nefazodone hcl 100 mg tablet</i>	1	QL (180 EA per 30 days)
<i>nefazodone hcl 150 mg tablet</i>	1	QL (120 EA per 30 days)
<i>nefazodone hcl 200 mg tablet</i>	1	QL (90 EA per 30 days)
<i>nefazodone hcl 250 mg tablet</i>	1	QL (72 EA per 30 days)
<i>nefazodone hcl 50 mg tablet</i>	1	QL (360 EA per 30 days)
<i>trazodone 100 mg tablet</i>	1	
<i>trazodone 150 mg tablet</i>	1	
<i>trazodone 300 mg tablet</i>	1	
<i>trazodone 50 mg tablet flc</i>	1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris)		
<i>desvenlafaxine er 100 mg tab</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine er 100 mg tab</i>	2	QL (30 EA per 30 days)
<i>desvenlafaxine er 50 mg tab</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>desvenlafaxine er 50 mg tablet</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine suc er 100 mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine suc er 25 mg tb</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine suc er 50 mg tb</i>	1	QL (30 EA per 30 days)
<i>duloxetine hcl dr 20 mg cap</i>	1	QL (180 EA per 30 days)
<i>duloxetine hcl dr 30 mg cap</i>	1	QL (120 EA per 30 days)
<i>duloxetine hcl dr 40 mg cap</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl dr 60 mg cap</i>	1	QL (60 EA per 30 days)
EFFEXOR XR 150 MG CAPSULE INNER	3	QL (60 EA per 30 days)
EFFEXOR XR 37.5 MG CAPSULE INNER	3	
EFFEXOR XR 75 MG CAPSULE INNER	3	
FETZIMA 20-40 MG TITRATION PAK	3	PA; QL (30 EA per 30 days)
FETZIMA ER 120 MG CAPSULE	3	PA; QL (30 EA per 30 days)
FETZIMA ER 20 MG CAPSULE	3	PA; QL (30 EA per 30 days)
FETZIMA ER 40 MG CAPSULE	3	PA; QL (30 EA per 30 days)
FETZIMA ER 80 MG CAPSULE	3	PA; QL (30 EA per 30 days)
IRENKA DR 40 MG CAPSULE	3	QL (30 EA per 30 days)
KHEDEZLA ER 100 MG TABLET	3	PA; QL (30 EA per 30 days)
KHEDEZLA ER 50 MG TABLET	3	PA; QL (30 EA per 30 days)
PRISTIQ ER 100 MG TABLET F/C	3	PA; QL (30 EA per 30 days)
PRISTIQ ER 25 MG TABLET	3	PA; QL (30 EA per 30 days)
PRISTIQ ER 50 MG TABLET	3	PA; QL (30 EA per 30 days)
SAVELLA 100 MG TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA 12.5 MG TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA 25 MG TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA 50 MG TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	PA; QL (60 EA per 30 days)
<i>venlafaxine hcl 100 mg tablet</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl 25 mg tablet</i>	1	QL (30 EA per 30 days)
<i>venlafaxine hcl 37.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>venlafaxine hcl 50 mg tablet</i>	1	QL (150 EA per 30 days)
<i>venlafaxine hcl 75 mg tablet</i>	1	QL (150 EA per 30 days)
<i>venlafaxine hcl er 150 mg cap</i>	1	QL (60 EA per 30 days)
<i>venlafaxine hcl er 150 mg tab</i>	2	QL (60 EA per 30 days)
<i>venlafaxine hcl er 225 mg tab</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	
<i>venlafaxine hcl er 37.5 mg tab</i>	1	QL (180 EA per 30 days)
<i>venlafaxine hcl er 75 mg cap</i>	1	
<i>venlafaxine hcl er 75 mg tab</i>	1	QL (90 EA per 30 days)
Antidepressant - Ssri And 5HT1a Partial Agonist		
VIIBRYD 10 MG TABLET	3	PA; QL (30 EA per 30 days)
VIIBRYD 10-20 MG STARTER PACK	3	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VIIBRYD 20 MG TABLET	3	PA; QL (30 EA per 30 days)
VIIBRYD 40 MG TABLET	3	PA; QL (30 EA per 30 days)
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator		
TRINTELLIX 10 MG TABLET	3	PA; QL (30 EA per 30 days)
TRINTELLIX 20 MG TABLET	3	PA; QL (30 EA per 30 days)
TRINTELLIX 5 MG TABLET	3	PA; QL (30 EA per 30 days)
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb		
<i>perphen-amitrip 2 mg-10 mg tab</i>	1	
<i>perphen-amitrip 2 mg-25 mg tab</i>	1	
<i>perphen-amitrip 4 mg-10 mg tab</i>	1	
<i>perphen-amitrip 4 mg-25 mg tab</i>	1	
<i>perphen-amitrip 4 mg-50 mg tab</i>	1	
Antidepressant - Tricyclic-Benzodiazepine Combinations		
<i>chlordiazepo-amitriptyl 5-12.5</i>	1	
<i>chlordiazepox-amitriptyl 10-25</i>	1	
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris)		
<i>bupropion hcl 100 mg tablet</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl 75 mg tablet</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl sr 100 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr 150 mg tablet</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl xl 150 mg tablet flc</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl xl 300 mg tablet flc</i>	1	QL (60 EA per 30 days)
FORFIVO XL 450 MG TABLET	3	ST; QL (30 EA per 30 days)
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors)		
<i>amitriptyline hcl 10 mg tab</i>	1	
<i>amitriptyline hcl 100 mg tab</i>	1	
<i>amitriptyline hcl 150 mg tab</i>	1	
<i>amitriptyline hcl 25 mg tab flc</i>	1	
<i>amitriptyline hcl 50 mg tab</i>	1	
<i>amitriptyline hcl 75 mg tab flc</i>	1	
<i>amoxapine 100 mg tablet</i>	1	
<i>amoxapine 150 mg tablet</i>	1	
<i>amoxapine 25 mg tablet</i>	1	
<i>amoxapine 50 mg tablet</i>	1	
<i>clomipramine 25 mg capsule</i>	1	
<i>clomipramine 50 mg capsule</i>	1	
<i>clomipramine 75 mg capsule</i>	2	
<i>desipramine 10 mg tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>desipramine 100 mg tablet</i>	1	
<i>desipramine 150 mg tablet</i>	1	
<i>desipramine 25 mg tablet</i>	1	
<i>desipramine 50 mg tablet</i>	1	
<i>desipramine 75 mg tablet</i>	1	
<i>doxepin 10 mg capsule</i>	1	
<i>doxepin 10 mg/ml oral conc</i>	1	
<i>doxepin 100 mg capsule</i>	1	
<i>doxepin 150 mg capsule</i>	1	
<i>doxepin 25 mg capsule</i>	1	
<i>doxepin 50 mg capsule</i>	1	
<i>doxepin 75 mg capsule</i>	1	
<i>imipramine hcl 10 mg tablet</i>	1	
<i>imipramine hcl 25 mg tablet</i>	1	
<i>imipramine hcl 50 mg tablet</i>	1	
<i>imipramine pamoate 100 mg cap</i>	1	
<i>imipramine pamoate 125 mg cap</i>	1	
<i>imipramine pamoate 150 mg cap</i>	1	
<i>imipramine pamoate 75 mg cap</i>	2	
<i>maprotiline 25 mg tablet</i>	1	QL (270 EA per 30 days)
<i>maprotiline 50 mg tablet</i>	1	QL (135 EA per 30 days)
<i>maprotiline 75 mg tablet</i>	1	
NORPRAMIN 10 MG TABLET	3	
NORPRAMIN 25 MG TABLET	3	
<i>nortriptyline 10 mg/5 ml soln</i>	1	
<i>nortriptyline hcl 10 mg cap</i>	1	
<i>nortriptyline hcl 25 mg cap</i>	1	
<i>nortriptyline hcl 50 mg cap</i>	1	
<i>nortriptyline hcl 75 mg cap</i>	1	
<i>protriptyline hcl 10 mg tablet</i>	1	
<i>protriptyline hcl 5 mg tablet</i>	1	
<i>trimipramine maleate 100 mg cp</i>	1	
<i>trimipramine maleate 25 mg cap</i>	1	
<i>trimipramine maleate 50 mg cap</i>	1	
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb		
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab</i>	1	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb		
<i>carbidopa-levo 10-100 mg odt</i>	1	
<i>carbidopa-levo 25-100 mg odt</i>	1	
<i>carbidopa-levo 25-250 mg odt</i>	1	
<i>carbidopa-levo er 25-100 tab</i>	1	
<i>carbidopa-levo er 50-200 tab</i>	1	
<i>carbidopa-levodopa 10-100 tab</i>	1	
<i>carbidopa-levodopa 25-100 tab</i>	1	
<i>carbidopa-levodopa 25-250 tab</i>	1	
DUOPA 4.63 MG-20 MG/ML SUSPENS	4	PA
RYTARY ER 23.75 MG-95 MG CAP	3	ST; QL (120 EA per 30 days)
RYTARY ER 36.25 MG-145 MG CAP	3	ST; QL (120 EA per 30 days)
RYTARY ER 48.75 MG-195 MG CAP	3	ST; QL (120 EA per 30 days)
RYTARY ER 61.25 MG-245 MG CAP	3	ST; QL (120 EA per 30 days)
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors		
<i>tolcapone 100 mg tablet</i>	2	PA; QL (90 EA per 30 days)
Antiparkinson Adjuvant - Peripheral Comt Inhibitors		
<i>entacapone 200 mg tablet flc</i>	1	QL (270 EA per 30 days)
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors		
<i>carbidopa 25 mg tablet</i>	1	
LODOSYN 25 MG TABLET	3	
Antiparkinson Therapy - Anticholinergic Agents		
<i>benztropine 2 mg/2 ml ampule inner, suv</i>	1	
<i>benztropine 2 mg/2 ml vial sdv, inner</i>	1	
<i>benztropine mes 0.5 mg tab</i>	1	
<i>benztropine mes 1 mg tablet</i>	1	
<i>benztropine mes 2 mg tablet</i>	1	
<i>trihexyphenidyl 2 mg tablet</i>	1	
<i>trihexyphenidyl 2 mg/5 ml elx</i>	1	
<i>trihexyphenidyl 5 mg tablet</i>	1	
Antiparkinson Therapy - Ergot Alkaloids And Derivatives		
<i>bromocriptine 2.5 mg tablet</i>	1	
<i>bromocriptine 5 mg capsule</i>	1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B)		
ELDEPRYL 5 MG CAPSULE	3	
<i>rasagiline mesylate 0.5 mg tab</i>	2	QL (30 EA per 30 days)
<i>rasagiline mesylate 1 mg tab</i>	2	QL (30 EA per 30 days)
<i>selegiline hcl 5 mg capsule</i>	1	
<i>selegiline hcl 5 mg tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ZELAPAR 1.25 MG ODT TABLET INNER	3	PA
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents		
<i>amantadine 100 mg capsule</i>	1	
<i>amantadine 100 mg tablet</i>	1	
<i>amantadine 100 mg/10 ml soln dlf, slf</i>	1	
<i>amantadine 50 mg/5 ml solution dlf, slf</i>	1	
APOKYN 30 MG/3 ML CARTRIDGE USE W/PEN PAK, INNER	4	PA
NEUPRO 1 MG/24 HR PATCH	3	PA
NEUPRO 2 MG/24 HR PATCH	3	PA
NEUPRO 3 MG/24 HR PATCH	3	PA
NEUPRO 4 MG/24 HR PATCH	3	PA
NEUPRO 6 MG/24 HR PATCH	3	PA
NEUPRO 8 MG/24 HR PATCH	3	PA
<i>pramipexole 0.125 mg tablet</i>	1	QL (90 EA per 30 days)
<i>pramipexole 0.25 mg tablet</i>	1	QL (90 EA per 30 days)
<i>pramipexole 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>pramipexole 0.75 mg tablet</i>	1	QL (90 EA per 30 days)
<i>pramipexole 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>pramipexole 1.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>pramipexole er 0.375 mg tablet</i>	2	QL (30 EA per 30 days)
<i>pramipexole er 0.75 mg tablet</i>	2	QL (30 EA per 30 days)
<i>pramipexole er 1.5 mg tablet</i>	2	QL (30 EA per 30 days)
<i>pramipexole er 2.25 mg tablet</i>	2	QL (30 EA per 30 days)
<i>pramipexole er 3 mg tablet</i>	2	QL (30 EA per 30 days)
<i>pramipexole er 3.75 mg tablet</i>	2	QL (30 EA per 30 days)
<i>pramipexole er 4.5 mg tablet</i>	2	QL (30 EA per 30 days)
<i>ropinirole hcl 0.25 mg tablet</i>	1	
<i>ropinirole hcl 0.5 mg tablet</i>	1	
<i>ropinirole hcl 1 mg tablet</i>	1	
<i>ropinirole hcl 2 mg tablet</i>	1	
<i>ropinirole hcl 3 mg tablet flc</i>	1	
<i>ropinirole hcl 4 mg tablet</i>	1	
<i>ropinirole hcl 5 mg tablet</i>	1	
<i>ropinirole hcl er 12 mg tablet</i>	1	QL (30 EA per 30 days)
<i>ropinirole hcl er 2 mg tablet</i>	1	QL (30 EA per 30 days)
<i>ropinirole hcl er 4 mg tablet</i>	1	QL (30 EA per 30 days)
<i>ropinirole hcl er 6 mg tablet</i>	1	QL (30 EA per 30 days)
<i>ropinirole hcl er 8 mg tablet</i>	1	QL (30 EA per 30 days)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles		
SAPHRIS 10 MG TAB SUBLINGUAL INNER	3	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SAPHRIS 5 MG TAB SUBLINGUAL INNER	3	PA; QL (60 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Benzisothiazolones		
LATUDA 120 MG TABLET	3	PA; QL (30 EA per 30 days)
LATUDA 20 MG TABLET	3	PA; QL (30 EA per 30 days)
LATUDA 40 MG TABLET INNER	3	PA; QL (30 EA per 30 days)
LATUDA 60 MG TABLET INNER	3	PA; QL (30 EA per 30 days)
LATUDA 80 MG TABLET INNER	3	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl 20 mg capsule</i>	1	QL (240 EA per 30 days)
<i>ziprasidone hcl 40 mg capsule u-d</i>	1	QL (60 EA per 30 days)
<i>ziprasidone hcl 60 mg capsule</i>	1	QL (60 EA per 30 days)
<i>ziprasidone hcl 80 mg capsule u-d</i>	1	QL (60 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Benzisoxazole Deriv		
INVEGA SUSTENNA 117 MG/0.75 ML	4	PA
INVEGA SUSTENNA 156 MG/ML SYRG	4	PA
INVEGA SUSTENNA 234 MG/1.5 ML	4	PA
INVEGA SUSTENNA 39 MG/0.25 ML	4	PA
INVEGA SUSTENNA 78 MG/0.5 ML	4	PA
INVEGA TRINZA 273 MG/0.875 ML	4	PA; QL (1 ML per 90 days)
INVEGA TRINZA 410 MG/1.315 ML	4	PA; QL (1 ML per 90 days)
INVEGA TRINZA 546 MG/1.75 ML	4	PA; QL (1 ML per 90 days)
INVEGA TRINZA 819 MG/2.625 ML	4	PA; QL (1 ML per 90 days)
<i>paliperidone er 1.5 mg tablet</i>	2	PA; QL (30 EA per 30 days)
<i>paliperidone er 3 mg tablet</i>	2	PA; QL (30 EA per 30 days)
<i>paliperidone er 6 mg tablet inner</i>	2	PA; QL (60 EA per 30 days)
<i>paliperidone er 9 mg tablet</i>	2	PA; QL (30 EA per 30 days)
RISPERDAL CONSTA 12.5 MG VIAL L/F, SUV, OUTER	4	PA
RISPERDAL CONSTA 25 MG VIAL L/F, SUV, OUTER	4	PA
RISPERDAL CONSTA 37.5 MG VIAL L/F, SUV, OUTER	4	PA
RISPERDAL CONSTA 50 MG VIAL L/F, SUV, OUTER	4	PA
<i>risperidone 0.25 mg odt inner</i>	1	QL (1920 EA per 30 days)
<i>risperidone 0.25 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>risperidone 0.5 mg odt 3x10</i>	1	QL (960 EA per 30 days)
<i>risperidone 0.5 mg tablet u-d</i>	1	QL (60 EA per 30 days)
<i>risperidone 1 mg odt inner</i>	1	QL (60 EA per 30 days)
<i>risperidone 1 mg tablet</i>	1	QL (480 EA per 30 days)
<i>risperidone 1 mg/ml solution with pipette</i>	1	
<i>risperidone 2 mg odt inner</i>	1	QL (60 EA per 30 days)
<i>risperidone 2 mg tablet u-d</i>	1	QL (240 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>risperidone 3 mg odt 7x4</i>	1	QL (180 EA per 30 days)
<i>risperidone 3 mg tablet u-d</i>	1	QL (180 EA per 30 days)
<i>risperidone 4 mg odt inner</i>	1	QL (120 EA per 30 days)
<i>risperidone 4 mg tablet u-d</i>	1	QL (120 EA per 30 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der		
<i>clozapine 100 mg tablet</i>	1	QL (120 EA per 30 days)
<i>clozapine 200 mg tablet</i>	1	QL (120 EA per 30 days)
<i>clozapine 25 mg tablet inner</i>	1	QL (120 EA per 30 days)
<i>clozapine 50 mg tablet</i>	1	QL (120 EA per 30 days)
<i>clozapine odt 100 mg tablet</i>	1	
<i>clozapine odt 12.5 mg tablet</i>	1	QL (2160 EA per 30 days)
<i>clozapine odt 150 mg tablet</i>	1	QL (180 EA per 30 days)
<i>clozapine odt 200 mg tablet</i>	1	QL (120 EA per 30 days)
<i>clozapine odt 25 mg tablet inner</i>	1	QL (1080 EA per 30 days)
CLOZARIL 100 MG TABLET	3	QL (120 EA per 30 days)
CLOZARIL 25 MG TABLET	3	QL (120 EA per 30 days)
VERSACLOZ 50 MG/ML SUSPENSION	3	PA
Antipsychotic - Butyrophenone Derivatives		
HALDOL 5 MG/ML AMPUL	3	
<i>haloperidol 0.5 mg tablet</i>	1	
<i>haloperidol 1 mg tablet u-d,inner</i>	1	
<i>haloperidol 10 mg tablet</i>	1	
<i>haloperidol 2 mg tablet u-d,inner</i>	1	
<i>haloperidol 20 mg tablet</i>	1	
<i>haloperidol 5 mg tablet</i>	1	
<i>haloperidol dec 100 mg/ml vial latex-free,sdv,inner</i>	1	
<i>haloperidol dec 50 mg/ml vial sdv, latex-free</i>	1	
<i>haloperidol dec 500 mg/5 ml vl mdv, latex-free</i>	1	
<i>haloperidol decan 50 mg/ml amp inner, suv, llf</i>	1	
<i>haloperidol lac 2 mg/ml conc</i>	1	
<i>haloperidol lac 5 mg/ml ampul</i>	1	
<i>haloperidol lac 5 mg/ml vial 10's,sdv,p/f,latex-f</i>	1	
<i>haloperidol lac 50 mg/10 ml vl mdv, latex-free</i>	1	
Antipsychotic - Dibenzoxazepine Derivatives		
<i>loxapine 10 mg capsule</i>	1	
<i>loxapine 25 mg capsule u-d, 10x10, inner</i>	1	
<i>loxapine 5 mg capsule</i>	1	
<i>loxapine 50 mg capsule</i>	1	
Antipsychotic - Dihydroindolones		
<i>molindone hcl 10 mg tablet</i>	1	
<i>molindone hcl 25 mg tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>molindone hcl 5 mg tablet</i>	1	
Antipsychotic - Diphenylbutylpiperidine Derivatives		
<i>pimozide 1 mg tablet</i>	1	QL (30 EA per 30 days)
<i>pimozide 2 mg tablet</i>	1	QL (60 EA per 30 days)
Antipsychotic - Phenothiazines, Aliphatic		
<i>chlorpromazine 10 mg tablet</i>	1	
<i>chlorpromazine 100 mg tablet</i>	1	
<i>chlorpromazine 200 mg tablet coated</i>	1	
<i>chlorpromazine 25 mg tablet</i>	1	
<i>chlorpromazine 25 mg/ml amp 25's, inner</i>	1	
<i>chlorpromazine 50 mg tablet coated</i>	1	
Antipsychotic - Phenothiazines, Piperazine		
<i>fluphenazine 1 mg tablet</i>	1	
<i>fluphenazine 10 mg tablet u-d, 10x10, inner</i>	1	
<i>fluphenazine 2.5 mg tablet flc</i>	1	
<i>fluphenazine 2.5 mg/5 ml elix</i>	1	
<i>fluphenazine 2.5 mg/ml vial</i>	1	
<i>fluphenazine 5 mg tablet flc, inner</i>	1	
<i>fluphenazine 5 mg/ml conc</i>	1	
<i>fluphenazine dec 125 mg/5 ml mdv, latex-free</i>	1	
<i>perphenazine 16 mg tablet</i>	1	
<i>perphenazine 2 mg tablet</i>	1	
<i>perphenazine 4 mg tablet</i>	1	
<i>perphenazine 8 mg tablet u-d, 10x10, outer</i>	1	
<i>prochlorperazine 10 mg tab flc</i>	1	
<i>prochlorperazine 5 mg tablet</i>	1	
<i>trifluoperazine 1 mg tablet</i>	1	
<i>trifluoperazine 10 mg tablet u-d, 10x10, inner</i>	1	
<i>trifluoperazine 2 mg tablet</i>	1	
<i>trifluoperazine 5 mg tablet u-d, 10x10, inner</i>	1	
Antipsychotic - Phenothiazines, Piperidine		
<i>thioridazine 10 mg tablet</i>	1	
<i>thioridazine 100 mg tablet flc</i>	1	
<i>thioridazine 25 mg tablet</i>	1	
<i>thioridazine 50 mg tablet flc</i>	1	
Antipsychotic - Thioxanthenes		
<i>thiothixene 1 mg capsule</i>	1	
<i>thiothixene 10 mg capsule</i>	1	
<i>thiothixene 2 mg capsule</i>	1	
<i>thiothixene 5 mg capsule</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der		
<i>quetiapine er 150 mg tablet</i>	1	QL (60 EA per 30 days)
<i>quetiapine er 200 mg tablet</i>	1	QL (30 EA per 30 days)
<i>quetiapine er 300 mg tablet</i>	1	QL (60 EA per 30 days)
<i>quetiapine er 400 mg tablet</i>	1	QL (60 EA per 30 days)
<i>quetiapine er 50 mg tablet</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate 100 mg tab flc</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate 200 mg tab flc</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate 25 mg tab flc</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate 300 mg tab</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate 400 mg tab flc</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate 50 mg tab flc</i>	1	QL (90 EA per 30 days)
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines		
<i>olanzapine 10 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>olanzapine 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>olanzapine 2.5 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>olanzapine 20 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>olanzapine 5 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>olanzapine 7.5 mg tablet</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt 10 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt 15 mg tablet 10x10</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt 20 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt 5 mg tablet inner</i>	1	QL (30 EA per 30 days)
ZYPREXA RELPREVV 210 MG VIAL INNER, SDV	4	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV 210 MG VL KIT SDV, OUTER	4	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV 300 MG VIAL INNER, SUV	4	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV 300 MG VL KIT SDV, OUTER	4	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV 405 MG VIAL INNER, SUV	4	PA; QL (1 EA per 28 days)
ZYPREXA RELPREVV 405 MG VL KIT SUV, OUTER	4	PA; QL (1 EA per 28 days)
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed		
ABILIFY MAINTENA ER 300 MG SYR	4	PA
ABILIFY MAINTENA ER 300 MG VL LATEX-FREE,INNER,SUV	4	PA
ABILIFY MAINTENA ER 400 MG SYR LATEX-FREE, SUV	4	PA
ABILIFY MAINTENA ER 400 MG VL LATEX-FREE,INNER,SUV	4	PA
<i>aripiprazole 1 mg/ml solution</i>	2	QL (30 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>aripiprazole 10 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 2 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 20 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 30 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 5 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole odt 10 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole odt 15 mg tablet</i>	1	QL (30 EA per 30 days)
REXULTI 0.25 MG TABLET	3	PA; QL (30 EA per 30 days)
REXULTI 0.5 MG TABLET	3	PA; QL (30 EA per 30 days)
REXULTI 1 MG TABLET	3	PA; QL (30 EA per 30 days)
REXULTI 2 MG TABLET	3	PA; QL (30 EA per 30 days)
REXULTI 3 MG TABLET	3	PA; QL (30 EA per 30 days)
REXULTI 4 MG TABLET	3	PA; QL (30 EA per 30 days)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed		
VRAYLAR 1.5 MG CAPSULE INNER	3	PA; QL (30 EA per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	3	PA; QL (30 EA per 30 days)
VRAYLAR 3 MG CAPSULE INNER	3	PA; QL (30 EA per 30 days)
VRAYLAR 4.5 MG CAPSULE	3	PA; QL (30 EA per 30 days)
VRAYLAR 6 MG CAPSULE	3	PA; QL (30 EA per 30 days)
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist		
<i>clonidine hcl er 0.1 mg tablet</i>	1	QL (60 EA per 30 days)
<i>guanfacine hcl er 1 mg tablet</i>	1	QL (30 EA per 30 days)
<i>guanfacine hcl er 2 mg tablet</i>	1	QL (30 EA per 30 days)
<i>guanfacine hcl er 3 mg tablet</i>	1	QL (30 EA per 30 days)
<i>guanfacine hcl er 4 mg tablet</i>	1	QL (30 EA per 30 days)
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type		
ADZENYS XR-ODT 12.5 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 15.7 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 18.8 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 3.1 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 6.3 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 9.4 MG TABLET	3	PA; QL (60 EA per 30 days)
<i>amphetamine sulfate 10 mg tab</i>	2	QL (30 EA per 30 days)
<i>amphetamine sulfate 5 mg tab</i>	2	QL (30 EA per 30 days)
DAYTRANA 10 MG/9 HR PATCH 1.1MG/HR,INNER	3	PA; QL (30 EA per 30 days)
DAYTRANA 15 MG/9 HR PATCH OUTER	3	PA; QL (30 EA per 30 days)
DAYTRANA 20 MG/9 HOUR PATCH 2.2MG/HR, INNER	3	PA; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DAYTRANA 30 MG/9 HOUR PATCH 3.3MG/HR	3	PA; QL (30 EA per 30 days)
<i>dexmethylphenidate 10 mg tab</i>	1	QL (90 EA per 30 days)
<i>dexmethylphenidate 2.5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dexmethylphenidate 5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dexmethylphenidate er 10 mg cp</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate er 15 mg cp</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate er 20 mg cp</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate er 25 mg cp</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate er 30 mg cp</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate er 35 mg cp</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate er 40 mg cp</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate er 5 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 10 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 15 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 20 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 25 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 30 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 5 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphetam 12.5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetam 7.5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 10 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 15 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 20 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 30 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamine 5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine 10 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine 5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine er 10 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine er 15 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine er 5 mg cap</i>	1	QL (60 EA per 30 days)
DYANAVAL XR 2.5 MG/ML SUSP	3	PA; QL (1080 ML per 30 days)
METHYLIN 10 MG/5 ML SOLUTION	3	QL (2700 ML per 30 days)
METHYLIN 5 MG/5 ML SOLUTION	3	QL (1080 ML per 30 days)
<i>methylphenidate 10 mg chew tab</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 10 mg tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 10 mg/5 ml sol</i>	1	QL (1350 ML per 30 days)
<i>methylphenidate 2.5 mg chew tb</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 20 mg tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 5 mg chew tab</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 5 mg/5 ml soln</i>	1	QL (2700 ML per 30 days)
<i>methylphenidate cd 10 mg cap</i>	2	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>methylphenidate cd 20 mg cap</i>	2	QL (60 EA per 30 days)
<i>methylphenidate cd 30 mg cap</i>	2	QL (60 EA per 30 days)
<i>methylphenidate cd 40 mg cap</i>	2	QL (30 EA per 30 days)
<i>methylphenidate cd 50 mg cap</i>	2	QL (30 EA per 30 days)
<i>methylphenidate cd 60 mg cap</i>	2	QL (30 EA per 30 days)
<i>methylphenidate er 10 mg tab</i>	2	QL (60 EA per 30 days)
<i>methylphenidate er 18 mg tab</i>	2	QL (30 EA per 30 days)
<i>methylphenidate er 20 mg tab</i>	2	QL (60 EA per 30 days)
<i>methylphenidate er 27 mg tab inner</i>	2	QL (30 EA per 30 days)
<i>methylphenidate er 36 mg tab</i>	2	QL (30 EA per 30 days)
<i>methylphenidate er 54 mg tab</i>	2	QL (30 EA per 30 days)
<i>methylphenidate er 72 mg tab</i>	2	QL (30 EA per 30 days)
<i>methylphenidate er(cd) 10 mg cp</i>	2	QL (60 EA per 30 days)
<i>methylphenidate er(cd) 20 mg cp</i>	2	QL (60 EA per 30 days)
<i>methylphenidate er(cd) 30 mg cp</i>	2	QL (60 EA per 30 days)
<i>methylphenidate er(cd) 40 mg cp</i>	2	QL (30 EA per 30 days)
<i>methylphenidate er(cd) 50 mg cp</i>	2	QL (30 EA per 30 days)
<i>methylphenidate er(cd) 60 mg cp</i>	2	QL (30 EA per 30 days)
<i>methylphenidate er(la) 10 mg cp</i>	2	QL (60 EA per 30 days)
<i>methylphenidate er(la) 20 mg cp</i>	2	QL (60 EA per 30 days)
<i>methylphenidate er(la) 30 mg cp</i>	2	QL (60 EA per 30 days)
<i>methylphenidate er(la) 40 mg cp</i>	2	QL (30 EA per 30 days)
<i>methylphenidate la 10 mg cap</i>	2	QL (60 EA per 30 days)
<i>methylphenidate la 20 mg cap</i>	2	QL (60 EA per 30 days)
<i>methylphenidate la 30 mg cap</i>	2	QL (60 EA per 30 days)
<i>methylphenidate la 40 mg cap</i>	2	QL (30 EA per 30 days)
<i>methylphenidate la 60 mg cap</i>	2	QL (30 EA per 30 days)
QUILLICHEW ER 20 MG CHEW TAB	3	PA; QL (60 EA per 30 days)
QUILLICHEW ER 30 MG CHEW TAB	3	PA; QL (60 EA per 30 days)
QUILLICHEW ER 40 MG CHEW TAB	3	PA; QL (30 EA per 30 days)
QUILLICHEW ER 40 MG CHEW TAB	3	PA; QL (60 EA per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP	3	ST; QL (540 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 300 MG	3	ST; QL (360 ML per 30 days)
VYVANSE 10 MG CAPSULE	3	QL (60 EA per 30 days)
VYVANSE 10 MG CHEWABLE TABLET	3	QL (60 EA per 30 days)
VYVANSE 20 MG CAPSULE	3	QL (60 EA per 30 days)
VYVANSE 20 MG CHEWABLE TABLET	3	QL (60 EA per 30 days)
VYVANSE 30 MG CAPSULE	3	QL (60 EA per 30 days)
VYVANSE 30 MG CHEWABLE TABLET	3	QL (60 EA per 30 days)
VYVANSE 40 MG CAPSULE	3	QL (30 EA per 30 days)
VYVANSE 40 MG CHEWABLE TABLET	3	QL (30 EA per 30 days)
VYVANSE 50 MG CAPSULE	3	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VYVANSE 50 MG CHEWABLE TABLET	3	QL (30 EA per 30 days)
VYVANSE 60 MG CAPSULE	3	QL (30 EA per 30 days)
VYVANSE 60 MG CHEWABLE TABLET	3	QL (30 EA per 30 days)
VYVANSE 70 MG CAPSULE	3	QL (30 EA per 30 days)
ZENZEDI 15 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 2.5 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 20 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 30 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 7.5 MG TABLET	3	PA; QL (90 EA per 30 days)
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type		
<i>atomoxetine hcl 10 mg capsule</i>	1	QL (60 EA per 30 days)
<i>atomoxetine hcl 100 mg capsule</i>	1	QL (30 EA per 30 days)
<i>atomoxetine hcl 18 mg capsule</i>	1	QL (60 EA per 30 days)
<i>atomoxetine hcl 25 mg capsule</i>	1	QL (60 EA per 30 days)
<i>atomoxetine hcl 40 mg capsule</i>	1	QL (60 EA per 30 days)
<i>atomoxetine hcl 60 mg capsule</i>	1	QL (30 EA per 30 days)
<i>atomoxetine hcl 80 mg capsule</i>	1	QL (30 EA per 30 days)
Benzodiazepines		
<i>alprazolam 0.25 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam er 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam er 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam er 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam er 3 mg tablet</i>	1	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL 1 MG/ML	1	
<i>alprazolam odt 0.25 mg tab</i>	1	QL (90 EA per 30 days)
<i>alprazolam odt 0.5 mg tab inner</i>	1	QL (90 EA per 30 days)
<i>alprazolam odt 1 mg tab</i>	1	QL (90 EA per 30 days)
<i>alprazolam odt 2 mg tab inner</i>	1	QL (90 EA per 30 days)
<i>alprazolam xr 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam xr 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam xr 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>alprazolam xr 3 mg tablet</i>	1	QL (90 EA per 30 days)
<i>chlordiazepo-amitriptyl 5-12.5</i>	1	
<i>chlordiazepox-amitriptyl 10-25</i>	1	
<i>chlordiazepoxide 10 mg capsule</i>	1	
<i>chlordiazepoxide 25 mg capsule u-d, 10x10, inner</i>	1	
<i>chlordiazepoxide 5 mg capsule gelcap</i>	1	
<i>chlordiazepoxide-clidinium cap</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>clobazam 10 mg tablet</i>	1	PA
<i>clobazam 2.5 mg/ml suspension</i>	1	PA
<i>clobazam 20 mg tablet</i>	1	PA
<i>clonazepam 0.125 mg dis tab 10x6</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.125 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.25 mg odt 10x6, outer</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.5 mg dis tablet 10x6</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.5 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam 1 mg dis tablet 10x6, outer</i>	1	QL (90 EA per 30 days)
<i>clonazepam 1 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>clonazepam 2 mg odt</i>	1	QL (90 EA per 30 days)
<i>clonazepam 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>clorazepate 15 mg tablet</i>	1	
<i>clorazepate 3.75 mg tablet</i>	1	
<i>clorazepate 7.5 mg tablet</i>	1	
<i>diazepam 10 mg rectal gel syst</i>	2	
<i>diazepam 10 mg tablet</i>	1	QL (60 EA per 30 days)
<i>diazepam 10 mg/2 ml carpupject inner, llf, sdv</i>	1	
<i>diazepam 10 mg/2 ml syringe 15's, single use</i>	1	
<i>diazepam 2 mg tablet</i>	1	QL (60 EA per 30 days)
<i>diazepam 2.5 mg rectal gel sys</i>	2	
<i>diazepam 20 mg rectal gel syst</i>	2	
<i>diazepam 5 mg tablet</i>	1	QL (60 EA per 30 days)
<i>diazepam 5 mg/5 ml oral soln 40's, u-d, slf</i>	1	
<i>diazepam 5 mg/5 ml solution</i>	1	
DIAZEPAM 5 MG/ML ORAL CONC	1	
<i>diazepam 50 mg/10 ml vial mdv, inner, latex-free</i>	1	
<i>diazepam 50 mg/10 ml vial muv, outer</i>	1	
<i>estazolam 1 mg tablet</i>	1	QL (30 EA per 30 days)
<i>estazolam 2 mg tablet</i>	1	QL (30 EA per 30 days)
<i>flurazepam 15 mg capsule</i>	1	QL (30 EA per 30 days)
<i>flurazepam 30 mg capsule</i>	1	QL (30 EA per 30 days)
<i>lorazepam 0.5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>lorazepam 1 mg tablet</i>	1	QL (90 EA per 30 days)
<i>lorazepam 2 mg tablet</i>	1	QL (90 EA per 30 days)
<i>lorazepam 20 mg/10 ml vial inner, latex-free, mdv</i>	1	
<i>lorazepam 20 mg/10 ml vial llf, muv, outer</i>	1	
<i>lorazepam 4 mg/ml vial no-latex, inner</i>	1	
<i>lorazepam 40 mg/10 ml vial mdv, inner</i>	1	
<i>midazolam hcl 10 mg/2 ml vial suv, plf</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>midazolam hcl 2 mg/ml syrup 4 oral dispensers</i>	1	
<i>midazolam hcl 25 mg/5 ml vial latex-free, outer, mdv</i>	1	
<i>midazolam hcl 5 mg/ml vial fliptop, 10's, llf</i>	1	
<i>midazolam hcl 50 mg/10 ml vial inner, latex-free</i>	1	
<i>oxazepam 10 mg capsule</i>	1	
<i>oxazepam 15 mg capsule outer</i>	1	
<i>oxazepam 30 mg capsule</i>	1	
<i>quazepam 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>temazepam 15 mg capsule</i>	1	QL (30 EA per 30 days)
<i>temazepam 22.5 mg capsule</i>	1	QL (30 EA per 30 days)
<i>temazepam 30 mg capsule</i>	1	QL (30 EA per 30 days)
<i>temazepam 7.5 mg capsule</i>	1	QL (30 EA per 30 days)
<i>triazolam 0.125 mg tablet</i>	1	QL (30 EA per 30 days)
<i>triazolam 0.25 mg tablet</i>	1	QL (30 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type		
<i>carbamazepine 100 mg tab chew u-d, 10x10, inner</i>	1	
<i>carbamazepine 100 mg/5 ml susp</i>	1	
<i>carbamazepine 200 mg tablet</i>	1	
<i>carbamazepine er 100 mg cap</i>	1	
<i>carbamazepine er 200 mg cap</i>	1	
<i>carbamazepine er 200 mg tablet u-d, 3x10, inner</i>	1	
<i>carbamazepine er 300 mg cap</i>	1	
<i>carbamazepine er 400 mg tablet u-d, 3x10, inner</i>	1	
CARBATROL ER 100 MG CAPSULE	3	
CARBATROL ER 200 MG CAPSULE	3	
CARBATROL ER 300 MG CAPSULE	3	
DEPAKENE 250 MG CAPSULE	3	
DEPAKENE 250 MG/5 ML SOLUTION	3	
DEPAKOTE DR 125 MG SPRINKLE CP	3	
DEPAKOTE DR 125 MG TABLET	3	
DEPAKOTE DR 250 MG TABLET	3	
DEPAKOTE DR 500 MG TABLET	3	
DEPAKOTE ER 250 MG TABLET	3	
DEPAKOTE ER 500 MG TABLET	3	
<i>divalproex dr 125 mg cap sprnk</i>	1	
<i>divalproex sod dr 125 mg tab flc</i>	1	
<i>divalproex sod dr 250 mg tab flc</i>	1	
<i>divalproex sod dr 500 mg tab flc</i>	1	
<i>divalproex sod er 250 mg tab flc</i>	1	
<i>divalproex sod er 500 mg tab u-d, flc, 8x10, inner</i>	1	
EPITOL 200 MG TABLET	3	
EQUETRO 100 MG CAPSULE	3	QL (480 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EQUETRO 200 MG CAPSULE	3	QL (240 EA per 30 days)
EQUETRO 300 MG CAPSULE	3	QL (180 EA per 30 days)
LAMICTAL ODT 100 MG TABLET	3	PA
LAMICTAL ODT 200 MG TABLET	3	PA
LAMICTAL ODT 25 MG TABLET	3	PA
LAMICTAL ODT 50 MG TABLET	3	PA
LAMICTAL ODT START KIT (BLUE)	3	PA
LAMICTAL ODT START KIT (GREEN)	3	PA
LAMICTAL ODT START KT (ORANGE)	3	PA
LAMICTAL TAB START KIT (BLUE)	3	
LAMICTAL TAB START KIT (GREEN)	3	
LAMICTAL TB START KIT (ORANGE)	3	
<i>lamotrigine odt 100 mg tablet outer</i>	2	PA
<i>lamotrigine odt 200 mg tablet outer</i>	2	PA
<i>lamotrigine odt 25 mg tablet outer</i>	2	PA
<i>lamotrigine odt 50 mg tablet outer</i>	2	PA
<i>lamotrigine odt kit (blue)</i>	2	PA
<i>lamotrigine odt kit (green)</i>	2	PA
<i>lamotrigine odt kit (orange)</i>	2	PA
<i>lamotrigine tab start kit-blue</i>	1	
<i>lamotrigine tab start kt-green</i>	1	
<i>lamotrigine tab start kt-orang</i>	1	
SUBVENITE TAB START KIT (BLUE)	3	
SUBVENITE TAB START KIT(GREEN)	3	
SUBVENITE TAB START KT(ORANGE)	3	
TEGRETOL 100 MG/5 ML SUSP	3	
TEGRETOL 200 MG TABLET	3	
TEGRETOL XR 200 MG TABLET	3	
TEGRETOL XR 400 MG TABLET	3	
<i>valproic acid 250 mg capsule</i>	1	
<i>valproic acid 250 mg/5 ml soln</i>	1	
<i>valproic acid 500 mg/10 ml sol inner</i>	1	
Bipolar Therapy Agents - Atypical Antipsychotics		
<i>aripiprazole 1 mg/ml solution</i>	2	QL (30 ML per 30 days)
<i>aripiprazole 10 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 2 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 20 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 30 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole 5 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole odt 10 mg tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole odt 15 mg tablet</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>olanzapine 10 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>olanzapine 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>olanzapine 2.5 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>olanzapine 20 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>olanzapine 5 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>olanzapine 7.5 mg tablet</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt 10 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt 15 mg tablet 10x10</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt 20 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>olanzapine odt 5 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>quetiapine er 150 mg tablet</i>	1	QL (60 EA per 30 days)
<i>quetiapine er 200 mg tablet</i>	1	QL (30 EA per 30 days)
<i>quetiapine er 300 mg tablet</i>	1	QL (60 EA per 30 days)
<i>quetiapine er 400 mg tablet</i>	1	QL (60 EA per 30 days)
<i>quetiapine er 50 mg tablet</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate 100 mg tab flc</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate 200 mg tab flc</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate 25 mg tab flc</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate 300 mg tab</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate 400 mg tab flc</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate 50 mg tab flc</i>	1	QL (90 EA per 30 days)
<i>risperidone 0.25 mg odt inner</i>	1	QL (1920 EA per 30 days)
<i>risperidone 0.25 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>risperidone 0.5 mg odt 3x10</i>	1	QL (960 EA per 30 days)
<i>risperidone 0.5 mg tablet u-d</i>	1	QL (60 EA per 30 days)
<i>risperidone 1 mg odt inner</i>	1	QL (60 EA per 30 days)
<i>risperidone 1 mg tablet</i>	1	QL (480 EA per 30 days)
<i>risperidone 1 mg/ml solution with pipette</i>	1	
<i>risperidone 2 mg odt inner</i>	1	QL (60 EA per 30 days)
<i>risperidone 2 mg tablet u-d</i>	1	QL (240 EA per 30 days)
<i>risperidone 3 mg odt 7x4</i>	1	QL (180 EA per 30 days)
<i>risperidone 3 mg tablet u-d</i>	1	QL (180 EA per 30 days)
<i>risperidone 4 mg odt inner</i>	1	QL (120 EA per 30 days)
<i>risperidone 4 mg tablet u-d</i>	1	QL (120 EA per 30 days)
SAPHRIS 10 MG TAB SUBLINGUAL INNER	3	PA; QL (60 EA per 30 days)
SAPHRIS 5 MG TAB SUBLINGUAL INNER	3	PA; QL (60 EA per 30 days)
VRAYLAR 1.5 MG CAPSULE INNER	3	PA; QL (30 EA per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	3	PA; QL (30 EA per 30 days)
VRAYLAR 3 MG CAPSULE INNER	3	PA; QL (30 EA per 30 days)
VRAYLAR 4.5 MG CAPSULE	3	PA; QL (30 EA per 30 days)
VRAYLAR 6 MG CAPSULE	3	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl 20 mg capsule</i>	1	QL (240 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ziprasidone hcl 40 mg capsule u-d</i>	1	QL (60 EA per 30 days)
<i>ziprasidone hcl 60 mg capsule</i>	1	QL (60 EA per 30 days)
<i>ziprasidone hcl 80 mg capsule u-d</i>	1	QL (60 EA per 30 days)
Bipolar Therapy Agents - Lithium		
<i>lithium 8 meq/5 ml solution 8meq=300mg lith carb</i>	1	
<i>lithium carbonate 150 mg cap</i>	1	
<i>lithium carbonate 300 mg cap</i>	1	
<i>lithium carbonate 300 mg tab</i>	1	
<i>lithium carbonate 600 mg cap</i>	1	
<i>lithium carbonate er 300 mg tb</i>	1	
<i>lithium carbonate er 450 mg tb</i>	1	
LITHOBID ER 300 MG TABLET	3	
Cannabis And Cannabinoid Receptor Agonists		
<i>dronabinol 10 mg capsule</i>	2	PA; QL (60 EA per 30 days)
<i>dronabinol 2.5 mg capsule soft gelatin</i>	2	PA; QL (60 EA per 30 days)
<i>dronabinol 5 mg capsule soft gelatin</i>	2	PA; QL (60 EA per 30 days)
Cns Stimulant - Amphetamine Combinations		
ADZENYS XR-ODT 12.5 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 15.7 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 18.8 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 3.1 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 6.3 MG TABLET	3	PA; QL (60 EA per 30 days)
ADZENYS XR-ODT 9.4 MG TABLET	3	PA; QL (60 EA per 30 days)
<i>dextroamp-amphet er 10 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 15 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 20 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 25 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 30 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphet er 5 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamp-amphetam 12.5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetam 7.5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 10 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 15 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 20 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 30 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamine 5 mg tab</i>	1	QL (90 EA per 30 days)
DYANAVEL XR 2.5 MG/ML SUSP	3	PA; QL (1080 ML per 30 days)
Cns Stimulant - Amphetamines		
<i>amphetamine sulfate 10 mg tab</i>	2	QL (30 EA per 30 days)
<i>amphetamine sulfate 5 mg tab</i>	2	QL (30 EA per 30 days)
<i>dextroamphetamine 10 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine 5 mg tab</i>	1	QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>dextroamphetamine 5 mg/5 ml</i>	1	QL (2700 ML per 30 days)
<i>dextroamphetamine er 10 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine er 15 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine er 5 mg cap</i>	1	QL (60 EA per 30 days)
ZENZEDI 15 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 2.5 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 20 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 30 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 7.5 MG TABLET	3	PA; QL (90 EA per 30 days)
Cns Stimulant - Analeptics		
<i>caffeine cit 60 mg/3 ml oral suv, inner</i>	1	
<i>caffeine cit 60 mg/3 ml vial sdv, plf, latex-free</i>	1	
Cns Stimulant - Analeptics, Methylxanthine-Type		
<i>caffeine cit 60 mg/3 ml oral suv, inner</i>	1	
<i>caffeine cit 60 mg/3 ml vial sdv, plf, latex-free</i>	1	
Diabetic Peripheral Neuropathy Agents		
LYRICA CR 165 MG TABLET	3	PA
LYRICA CR 330 MG TABLET	3	PA
LYRICA CR 82.5 MG TABLET	3	PA
Fibromyalgia Agents - Gaba Analogs		
LYRICA 20 MG/ML ORAL SOLUTION	3	PA; QL (900 ML per 30 days)
<i>pregabalin 100 mg capsule</i>	1	QL (120 EA per 30 days)
<i>pregabalin 150 mg capsule</i>	1	QL (120 EA per 30 days)
<i>pregabalin 200 mg capsule</i>	1	QL (90 EA per 30 days)
<i>pregabalin 225 mg capsule</i>	1	QL (60 EA per 30 days)
<i>pregabalin 25 mg capsule</i>	1	QL (120 EA per 30 days)
<i>pregabalin 300 mg capsule</i>	1	QL (60 EA per 30 days)
<i>pregabalin 50 mg capsule</i>	1	QL (120 EA per 30 days)
<i>pregabalin 75 mg capsule</i>	1	QL (120 EA per 30 days)
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>duloxetine hcl dr 20 mg cap</i>	1	QL (180 EA per 30 days)
<i>duloxetine hcl dr 30 mg cap</i>	1	QL (120 EA per 30 days)
<i>duloxetine hcl dr 40 mg cap</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl dr 60 mg cap</i>	1	QL (60 EA per 30 days)
IRENKA DR 40 MG CAPSULE	3	QL (30 EA per 30 days)
SAVELLA 100 MG TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA 12.5 MG TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA 25 MG TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA 50 MG TABLET	3	PA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Hypnotics - Melatonin M1/M2 Receptor Agonists		
<i>ramelteon 8 mg tablet</i>	1	QL (30 EA per 30 days)
Migraine Therapy - Analgesic-Vasoconstrictors		
<i>isomethept-caff-acetaminophen</i>	1	
Migraine Therapy - Analgesic-Vasoconstrictor-Sedative Combinations		
<i>isomethept-dichloralp-acetamin</i>	1	
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors		
AIMOVIG (70 MG/ML) 140 MG DOSE - 2 AUTOINJECTORS	3	PA; QL (2 ML per 30 days)
AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA; QL (1 ML per 30 days)
AIMOVIG 70 MG/ML AUTOINJECTOR	3	PA; QL (1 ML per 30 days)
AJOVY 225 MG/1.5 ML SYRINGE LATEX-FREE, P/F, SUV	3	PA; QL (1.5 ML per 30 days)
EMGALITY PEN	3	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 ML per 30 days)
Migraine Therapy - Carboxylic Acid Derivatives		
DEPAKOTE ER 250 MG TABLET	3	
DEPAKOTE ER 500 MG TABLET	3	
<i>divalproex sod er 250 mg tab flc</i>	1	
<i>divalproex sod er 500 mg tab u-d,flc,8x10,inner</i>	1	
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody		
AJOVY 225 MG/1.5 ML SYRINGE LATEX-FREE, P/F, SUV	3	PA; QL (1.5 ML per 30 days)
EMGALITY 120 MG/ML PEN L/F, P/F, SUV, INNER	3	PA; QL (1 ML per 30 days)
Migraine Therapy - Cgrp Receptor Blockers, Monoclonal Antibody		
AIMOVIG (70 MG/ML) 140 MG DOSE - 2 AUTOINJECTORS	3	PA; QL (2 ML per 30 days)
AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA; QL (1 ML per 30 days)
AIMOVIG 70 MG/ML AUTOINJECTOR	3	PA; QL (1 ML per 30 days)
Migraine Therapy - Ergot Alkaloids And Derivatives		
<i>dihydroergotamine 1 mg/ml amp</i>	2	QL (24 ML per 30 days)
<i>dihydroergotamine mesylate 4 mg/ml nasal spray</i>	2	PA; QL (16 ML per 30 days)
ERGOMAR 2 MG TABLET SL	3	QL (10 EA per 30 days)
Migraine Therapy - Ergot Combinations		
<i>ergotamine-caffeine 1-100 mg tb</i>	1	
Migraine Therapy - Nsaid Analgesics(Cyclooxygenase Inhib-Non-Selectiv)		
CAMBIA 50 MG POWDER PACKET INNER	3	QL (9 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1)		
<i>almotriptan malate 12.5 mg tab f/c, inner</i>	1	QL (9 EA per 28 days)
<i>almotriptan malate 6.25 mg tab outer</i>	1	QL (9 EA per 28 days)
<i>eletriptan hbr 20 mg tablet</i>	1	QL (9 EA per 28 days)
<i>eletriptan hbr 40 mg tablet outer</i>	1	QL (9 EA per 28 days)
<i>frovatriptan succ 2.5 mg tab inner</i>	1	QL (9 EA per 28 days)
<i>naratriptan hcl 1 mg tablet u-u, f/c</i>	1	QL (9 EA per 28 days)
<i>naratriptan hcl 2.5 mg tablet</i>	1	QL (9 EA per 28 days)
<i>rizatriptan 10 mg odt</i>	1	QL (9 EA per 28 days)
<i>rizatriptan 10 mg tablet</i>	1	QL (9 EA per 28 days)
<i>rizatriptan 5 mg odt</i>	1	QL (9 EA per 28 days)
<i>rizatriptan 5 mg tablet inner</i>	1	QL (9 EA per 28 days)
<i>sumatriptan 20 mg nasal spray</i>	2	QL (6 EA per 28 days)
<i>sumatriptan 20 mg nasal spray inner</i>	2	QL (1 EA per 28 days)
<i>sumatriptan 4 mg/0.5 ml cart sdv</i>	1	QL (4 ML per 28 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, suv, llf</i>	1	QL (4 ML per 28 days)
<i>sumatriptan 5 mg nasal spray</i>	1	QL (6 EA per 28 days)
<i>sumatriptan 5 mg nasal spray inner</i>	1	QL (1 EA per 28 days)
<i>sumatriptan 6 mg/0.5 ml inject outer, suv, llf</i>	2	QL (1 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml refill sdv</i>	2	QL (4 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml syrng suv, p/f, inner, llf</i>	1	QL (4 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial inner, sdv</i>	1	QL (4 ML per 28 days)
<i>sumatriptan succ 100 mg tablet inner</i>	1	QL (9 EA per 28 days)
<i>sumatriptan succ 25 mg tablet</i>	1	QL (9 EA per 28 days)
<i>sumatriptan succ 50 mg tablet f/c</i>	1	QL (9 EA per 28 days)
SUMAVEL DOSEPRO 4 MG/0.5 ML L/F, SDV, INNER	3	ST; QL (2 ML per 30 days)
SUMAVEL DOSEPRO 6 MG/0.5 ML LATEX-FREE, SDV	3	ST; QL (2 ML per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML INNER, L/F, SDV	3	QL (4 ML per 30 days)
<i>zolmitriptan 2.5 mg odt</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan 2.5 mg tablet</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan 5 mg odt</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan 5 mg tablet f/c, inner</i>	1	QL (9 EA per 30 days)
ZOMIG 2.5 MG NASAL SPRAY	3	QL (6 EA per 30 days)
ZOMIG 5 MG NASAL SPRAY	3	QL (6 EA per 30 days)
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb.		
TREXIMET 10-60 MG TABLET	3	PA; QL (9 EA per 30 days)
Movement Disorder Drug Therapy		
<i>tetrabenazine 12.5 mg tablet</i>	2	PA
<i>tetrabenazine 25 mg tablet</i>	2	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Movement Disorder Therapy - Huntington's Disease		
<i>tetrabenazine 12.5 mg tablet</i>	2	PA
<i>tetrabenazine 25 mg tablet</i>	2	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic		
<i>armodafinil 150 mg tablet</i>	1	QL (30 EA per 30 days)
<i>armodafinil 200 mg tablet</i>	2	QL (30 EA per 30 days)
<i>armodafinil 250 mg tablet</i>	1	QL (30 EA per 30 days)
<i>armodafinil 50 mg tablet</i>	1	QL (30 EA per 30 days)
<i>modafinil 100 mg tablet</i>	1	QL (30 EA per 30 days)
<i>modafinil 200 mg tablet</i>	1	QL (30 EA per 30 days)
Narcolepsy Therapy Agents - Stimulant-Type, Piperidine Derivative		
METHYLIN 10 MG/5 ML SOLUTION	3	QL (2700 ML per 30 days)
METHYLIN 5 MG/5 ML SOLUTION	3	QL (1080 ML per 30 days)
<i>methylphenidate 10 mg chew tab</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 10 mg tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 10 mg/5 ml sol</i>	1	QL (1350 ML per 30 days)
<i>methylphenidate 2.5 mg chew tb</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 20 mg tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 5 mg chew tab</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate 5 mg/5 ml soln</i>	1	QL (2700 ML per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines		
<i>amphetamine sulfate 10 mg tab</i>	2	QL (30 EA per 30 days)
<i>amphetamine sulfate 5 mg tab</i>	2	QL (30 EA per 30 days)
<i>dextroamp-amphetam 12.5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetam 7.5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 10 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 15 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 20 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamin 30 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamp-amphetamine 5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine 10 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine 5 mg tab</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine er 10 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine er 15 mg cap</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine er 5 mg cap</i>	1	QL (60 EA per 30 days)
ZENZEDI 15 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 2.5 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 20 MG TABLET	3	PA; QL (90 EA per 30 days)
ZENZEDI 30 MG TABLET	3	PA; QL (90 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ZENZEDI 7.5 MG TABLET	3	PA; QL (90 EA per 30 days)
Neuropathic Pain Therapy		
LYRICA CR 165 MG TABLET	3	PA
LYRICA CR 330 MG TABLET	3	PA
LYRICA CR 82.5 MG TABLET	3	PA
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type		
NUEDEXTA 20-10 MG CAPSULE	2	PA
Sedative-Hypnotic - Barbiturates		
BUTISOL SODIUM 30 MG TABLET	3	
<i>phenobarbital 100 mg tablet</i>	1	
<i>phenobarbital 15 mg tablet</i>	1	
<i>phenobarbital 16.2 mg tablet</i>	1	
<i>phenobarbital 20 mg/5 ml elix</i>	1	
<i>phenobarbital 20 mg/5 ml soln</i>	1	
<i>phenobarbital 30 mg tablet</i>	1	
<i>phenobarbital 32.4 mg tablet</i>	1	
<i>phenobarbital 60 mg tablet</i>	1	
<i>phenobarbital 64.8 mg tablet</i>	1	
<i>phenobarbital 97.2 mg tablet</i>	1	
Sedative-Hypnotic - Benzodiazepines		
<i>estazolam 1 mg tablet</i>	1	QL (30 EA per 30 days)
<i>estazolam 2 mg tablet</i>	1	QL (30 EA per 30 days)
<i>flurazepam 15 mg capsule</i>	1	QL (30 EA per 30 days)
<i>flurazepam 30 mg capsule</i>	1	QL (30 EA per 30 days)
<i>lorazepam 20 mg/10 ml vial inner, latex-free, mdv</i>	1	
<i>lorazepam 20 mg/10 ml vial llf, muv, outer</i>	1	
<i>lorazepam 4 mg/ml vial no-latex, inner</i>	1	
<i>lorazepam 40 mg/10 ml vial mdv, inner</i>	1	
<i>midazolam hcl 2 mg/ml syrup 4 oral dispensers</i>	1	
<i>quazepam 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>temazepam 15 mg capsule</i>	1	QL (30 EA per 30 days)
<i>temazepam 22.5 mg capsule</i>	1	QL (30 EA per 30 days)
<i>temazepam 30 mg capsule</i>	1	QL (30 EA per 30 days)
<i>temazepam 7.5 mg capsule</i>	1	QL (30 EA per 30 days)
<i>triazolam 0.125 mg tablet</i>	1	QL (30 EA per 30 days)
<i>triazolam 0.25 mg tablet</i>	1	QL (30 EA per 30 days)
Sedative-Hypnotic - Gaba-Receptor Modulators		
EDLUAR 10 MG SL TABLET	3	ST; QL (30 EA per 30 days)
EDLUAR 5 MG SL TABLET	3	ST; QL (30 EA per 30 days)
<i>eszopiclone 1 mg tablet</i>	1	QL (30 EA per 30 days)
<i>eszopiclone 2 mg tablet</i>	1	QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>eszopiclone 3 mg tablet</i>	1	QL (30 EA per 30 days)
<i>zaleplon 10 mg capsule</i>	1	QL (60 EA per 30 days)
<i>zaleplon 5 mg capsule</i>	1	QL (30 EA per 30 days)
<i>zolpidem tart 1.75 mg tab sl outer</i>	1	ST; QL (30 EA per 30 days)
<i>zolpidem tart 3.5 mg tablet sl inner</i>	1	ST; QL (30 EA per 30 days)
<i>zolpidem tart er 12.5 mg tab</i>	1	QL (30 EA per 30 days)
<i>zolpidem tart er 6.25 mg tab flc</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate 10 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate 5 mg tablet flc</i>	1	QL (30 EA per 30 days)
ZOLPIMIST 5 MG ORAL SPRAY 30 METERED SPRAYS	3	PA; ST
Sedative-Hypnotic - Orexin Receptor Antagonist		
BELSOMRA 10 MG TABLET F/C, INNER	3	PA; QL (30 EA per 30 days)
BELSOMRA 15 MG TABLET F/C, INNER	3	PA; QL (30 EA per 30 days)
BELSOMRA 20 MG TABLET F/C, INNER	3	PA; QL (30 EA per 30 days)
BELSOMRA 5 MG TABLET F/C, INNER	3	PA; QL (30 EA per 30 days)
Chemical Dependency, Agents To Treat		
Agents For Opioid Withdrawal, Opioid-Type		
BUNAVAIL 2.1-0.3 MG FILM INNER	3	QL (30 EA per 30 days)
BUNAVAIL 4.2-0.7 MG FILM INNER	3	QL (30 EA per 30 days)
BUNAVAIL 6.3-1 MG FILM INNER	3	QL (60 EA per 30 days)
<i>buprenorphine 2 mg tablet sl</i>	1	QL (90 EA per 30 days)
<i>buprenorphine 8 mg tablet sl</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone 12-3 mg sl film outer</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone 2-0.5 mg sl film outer</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone 2-0.5 mg sl tablet inner</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone 4-1 mg sl film outer</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone 8-2 mg sl film inner</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone 8-2 mg sl tablet inner</i>	1	QL (90 EA per 30 days)
ZUBSOLV 1.4-0.36 MG TABLET SL	3	QL (60 EA per 30 days)
ZUBSOLV 11.4-2.9 MG TABLET SL	3	QL (30 EA per 30 days)
ZUBSOLV 2.9-0.71 MG TABLET SL	3	QL (90 EA per 30 days)
ZUBSOLV 5.7-1.4 MG TABLET SL	3	QL (90 EA per 30 days)
ZUBSOLV 8.6-2.1 MG TABLET SL	3	QL (60 EA per 30 days)
Alcohol Abstinence Therapy - Glutamate And Gaba System Type		
<i>acamprosate calc dr 333 mg tab</i>	1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type		
VIVITROL 380 MG VIAL + DILUENT W/ SYR NDL, OUTER, SUV	4	QL (1 EA Max Qty Per Fill Retail)
VIVITROL 380 MG VIAL INNER, SUV	4	QL (1 EA Max Qty Per Fill Retail)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Alcohol Deterrents		
<i>disulfiram 250 mg tablet</i>	1	
<i>disulfiram 500 mg tablet</i>	1	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type		
<i>bupropion hcl sr 150 mg tablet</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl sr 150 mg tablet flc</i>	0	
ZYBAN SR 150 MG TABLET F/C,ADVANTAGE PACK	0	
Smoking Deterrents - Nicotine-Type		
<i>cvs nicotine 14 mg/24hr patch (otc)</i>	0	
<i>cvs nicotine 2 mg chewing gum</i>	0	
<i>cvs nicotine 2 mg lozenge cherry, 3 quittube</i>	0	
<i>cvs nicotine 2 mg mini lozenge</i>	0	
<i>cvs nicotine 21 mg/24hr patch (otc)</i>	0	
<i>cvs nicotine 4 mg chewing gum original</i>	0	
<i>cvs nicotine 4 mg lozenge</i>	0	
<i>cvs nicotine 4 mg mini lozenge mini,mint,quit tube</i>	0	
<i>cvs nicotine 7 mg/24hr patch (otc)</i>	0	
<i>eq nicotine 14 mg/24hr patch clear, step 2 (otc)</i>	0	
<i>eq nicotine 2 mg chewing gum uncoated, original</i>	0	
<i>eq nicotine 2 mg lozenge cherry</i>	0	
<i>eq nicotine 2 mg mini lozenge</i>	0	
<i>eq nicotine 21 mg/24hr patch 21+7, clear (otc)</i>	0	
<i>eq nicotine 4 mg chewing gum uncoated, original</i>	0	
<i>eq nicotine 4 mg lozenge cherry</i>	0	
<i>eq nicotine 7 mg/24hr patch clear, step 3 (otc)</i>	0	
<i>eql nicotine 2 mg chewing gum</i>	0	
<i>eql nicotine 2 mg lozenge</i>	0	
<i>eql nicotine 4 mg chewing gum</i>	0	
<i>eql nicotine 4 mg lozenge</i>	0	
<i>gnp nicotine 14 mg/24hr patch (otc)</i>	0	
<i>gnp nicotine 2 mg chewing gum</i>	0	
<i>gnp nicotine 2 mg lozenge mint, 3 quittube</i>	0	
<i>gnp nicotine 2 mg mini lozenge mini,mint,3 quittube</i>	0	
<i>gnp nicotine 21 mg/24hr patch (otc)</i>	0	
<i>gnp nicotine 4 mg chewing gum</i>	0	
<i>gnp nicotine 4 mg lozenge</i>	0	
<i>gnp nicotine 4 mg mini lozenge mini,mint,3 quittube</i>	0	
<i>gnp nicotine 7 mg/24hr patch (otc)</i>	0	
<i>gs nicotine 2 mg mini lozenge</i>	0	
<i>gs nicotine 4 mg mini lozenge</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>hm nicotine 14 mg/24hr patch step 2 (otc)</i>	0	
<i>hm nicotine 2 mg chewing gum mint</i>	0	
<i>hm nicotine 2 mg lozenge mint, 3 quittube</i>	0	
<i>hm nicotine 2 mg mini lozenge</i>	0	
<i>hm nicotine 21 mg/24hr patch step 1 (otc)</i>	0	
<i>hm nicotine 4 mg chewing gum mint</i>	0	
<i>hm nicotine 4 mg lozenge mint, 3 quittube</i>	0	
<i>hm nicotine 7 mg/24hr patch step 3 (otc)</i>	0	
<i>kro nicotine 14 mg/24hr patch step 2 (otc)</i>	0	
<i>kro nicotine 2 mg chewing gum original</i>	0	
<i>kro nicotine 2 mg lozenge 3 quittube, cherry</i>	0	
<i>kro nicotine 2 mg mini lozenge</i>	0	
<i>kro nicotine 21 mg/24hr patch step 1 (otc)</i>	0	
<i>kro nicotine 4 mg chewing gum original</i>	0	
<i>kro nicotine 4 mg lozenge 3 quittube, cherry</i>	0	
<i>kro nicotine 4 mg mini lozenge</i>	0	
<i>kro nicotine 7 mg/24hr patch step 3 (otc)</i>	0	
NICODERM CQ 14 MG/24HR PATCH	0	
NICODERM CQ 21 MG/24HR PATCH	0	
NICODERM CQ 7 MG/24HR PATCH	0	
NICORELIEF 2 MG GUM	0	
NICORELIEF 4 MG GUM	0	
NICORETTE 2 MG CHEWING GUM MINT,STARTER KIT	0	
NICORETTE 2 MG LOZENGE	0	
NICORETTE 2 MG MINI LOZENGE MINT	0	
NICORETTE 4 MG CHEWING GUM	0	
NICORETTE 4 MG LOZENGE	0	
NICORETTE 4 MG MINI LOZENGE	0	
<i>nicotine 14 mg/24hr patch (otc)</i>	0	
<i>nicotine 2 mg chewing gum mint</i>	0	
<i>nicotine 2 mg lozenge</i>	0	
<i>nicotine 2 mg mini lozenge mini,mint,3 quittube</i>	0	
<i>nicotine 21 mg/24hr patch (otc)</i>	0	
<i>nicotine 4 mg chewing gum</i>	0	
<i>nicotine 4 mg lozenge</i>	0	
<i>nicotine 4 mg mini lozenge mini,mint,3 quittube</i>	0	
<i>nicotine 7 mg/24hr patch (otc)</i>	0	
<i>nicotine transdermal system step 1,2,3</i>	0	
NICOTROL CARTRIDGE INHALER	0	
NICOTROL NS 10 MG/ML SPRAY	0	
PUB STOP SMOKING AID 2 MG LOZG	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PUB STOP SMOKING AID 4 MG LOZG	0	
QUIT 2 MG CHEWING GUM	0	
QUIT 2 MG LOZENGE	0	
QUIT 4 MG CHEWING GUM	0	
QUIT 4 MG LOZENGE	0	
<i>ra nicotine 14 mg/24hr patch step 2 (otc)</i>	0	
<i>ra nicotine 2 mg chewing gum</i>	0	
<i>ra nicotine 2 mg lozenge</i>	0	
<i>ra nicotine 2 mg mini lozenge mini,mint,4 quittube</i>	0	
<i>ra nicotine 21 mg/24hr patch step 1 (otc)</i>	0	
<i>ra nicotine 4 mg chewing gum</i>	0	
<i>ra nicotine 4 mg lozenge</i>	0	
<i>ra nicotine 4 mg mini lozenge mini,mint,4 quittube</i>	0	
<i>ra nicotine 7 mg/24hr patch step 3 (otc)</i>	0	
<i>sm nicotine 14 mg/24hr patch step 2 (otc)</i>	0	
<i>sm nicotine 2 mg chewing gum</i>	0	
<i>sm nicotine 2 mg lozenge</i>	0	
<i>sm nicotine 21 mg/24hr patch outer (otc)</i>	0	
<i>sm nicotine 4 mg chewing gum</i>	0	
<i>sm nicotine 4 mg lozenge</i>	0	
<i>sm nicotine 7 mg/24hr patch step 3 (otc)</i>	0	
<i>sw nicotine 2 mg chewing gum fruit flavor</i>	0	
<i>sw nicotine 2 mg lozenge 3 quit tube x24,mint</i>	0	
<i>sw nicotine 4 mg chewing gum cool mint flavor</i>	0	
<i>sw nicotine 4 mg lozenge 3 quit tube x24,mint</i>	0	
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2		
CHANTIX 0.5 MG TABLET	0	
CHANTIX 1 MG CONT MONTH BOX F/C, 4 CONT. WEEK	0	
CHANTIX 1 MG TABLET	0	
CHANTIX STARTING MONTH BOX 0.5MG(11)1MG(42)	0	
Chemicals-Pharmaceutical Adjuvants		
Chemicals - Solvents		
<i>acetone cp liquid chemically pure (rx)</i>	3	
<i>acetone liquid nf (rx)</i>	3	
Pharmaceutical Adjuvant - Gelatin Capsules (Empty)		
CAPSULE #0 (RX)	3	
CAPSULE #00 (RX)	3	
CAPSULE #000 CLEAR/CLEAR (RX)	3	
CAPSULE #1 (RX)	3	
CAPSULE #1 BLUE-PWD BLUE (RX)	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CAPSULE #1 RED-WHITE (RX)	3	
CAPSULE #10 CLEAR, 2-1/2 X 3/4" (RX)	3	
CAPSULE #11 (RX)	3	
CAPSULE #13 CLEAR, 1-1/4" X 1/2" (RX)	3	
CAPSULE #2 GREEN (RX)	3	
CAPSULE #3 (RX)	3	
CAPSULE #4 BLUE/WHITE (RX)	3	
CAPSULE #5 CLEAR/CLEAR (RX)	3	
CAPSULE #7 CLEAR, 3" X 3/4" (RX)	3	
CAPSULE CONI-SNAP #0	3	
CAPSULE CONI-SNAP #00 CLEAR/CLEAR	3	
CAPSULE CONI-SNAP #000	3	
CAPSULE CONI-SNAP #1 AQUA BLUE/AQUA BLUE	3	
CAPSULE CONI-SNAP #2 WHITE/WHITE (OPAQUE)	3	
CAPSULE CONI-SNAP #3 DARK GREY/PINK	3	
CAPSULE CONI-SNAP #4 CLEAR/CLEAR	3	
Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)		
AR CAPS #1	3	
CAPSULE #0 (RX)	3	
CAPSULE #0 DRCAPS	3	
CAPSULE #1 DRCAPS CLEAR (RX)	3	
CAPSULE #4 BLUE/WHITE (RX)	3	
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL 3.5% VIAL	3	
NEBUSAL 6% VIAL	3	
<i>sodium chloride 0.9% inhal vl 100's, u-d, suv, plf (rx)</i>	1	
<i>sodium chloride 10% vial 50's, u-d, suv, plf</i>	1	
<i>sodium chloride 3% vial plf</i>	1	
<i>sodium chloride 7% vial 60's, suv, plf, u-d</i>	1	
Pharmaceutical Adjuvant - Oral Vehicles		
FLAVOR SWEET SYRUP	3	
FLAVOR SWEET-SF SYRUP	3	
MX-SOL BLEND	3	
MX-SOL SUSPEND	3	
MX-SOL SYRUP	3	
ORA PLUS SUSPENSION	3	
ORA SWEET ORAL SYRUP	3	
ORA-BLEND SF SUSPENSION	3	
ORA-BLEND SUSPENSION	3	
ORAL SUSPENDING COMPOUND PLUS	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ORAL SYRUP SF VEHICLE	3	
ORAL SYRUP VEHICLE	3	
ORA-PLUS SUSPENDING VEHICLE	3	
ORA-SWEET ORAL SYRUP	3	
ORA-SWEET SF SYRUP	3	
ORA-SWEET-SF SYRUP	3	
PCCA-PLUS ORAL SUSP VEHICLE	3	
<i>simple syrup nf (rx)</i>	3	
<i>suspension vehicle natural</i>	3	
SWEET-SF SYRUP	3	
SYRSPEND SF ALKA POWDER	3	
<i>syrup vehicle (rx)</i>	3	
VERSA PLUS SUSPENSION VEHICLE	3	
Pharmaceutical Adjuvant - Tableting		
<i>microcrystal cellulose powder nf (rx)</i>	3	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT	0	
Cognitive Disorder Therapy		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors		
<i>donepezil hcl 10 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>donepezil hcl 23 mg tablet</i>	1	QL (30 EA per 30 days)
<i>donepezil hcl 5 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>donepezil hcl odt 10 mg tablet inner</i>	1	QL (30 EA per 30 days)
<i>donepezil hcl odt 5 mg tablet 3x10</i>	1	QL (30 EA per 30 days)
<i>galantamine 4 mg/ml oral soln</i>	1	QL (180 ML per 30 days)
<i>galantamine er 16 mg capsule</i>	1	QL (30 EA per 30 days)
<i>galantamine er 24 mg capsule</i>	1	QL (30 EA per 30 days)
<i>galantamine er 8 mg capsule</i>	1	QL (30 EA per 30 days)
<i>galantamine hbr 12 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>galantamine hbr 4 mg tablet flc, inner</i>	1	QL (60 EA per 30 days)
<i>galantamine hbr 8 mg tablet flc, inner</i>	1	QL (60 EA per 30 days)
<i>rivastigmine 1.5 mg capsule inner, u-d</i>	1	QL (60 EA per 30 days)
<i>rivastigmine 13.3 mg/24hr ptch inner</i>	1	QL (30 EA per 30 days)
<i>rivastigmine 3 mg capsule</i>	1	QL (60 EA per 30 days)
<i>rivastigmine 4.5 mg capsule inner, u-d</i>	1	QL (60 EA per 30 days)
<i>rivastigmine 4.6 mg/24hr patch inner</i>	1	QL (30 EA per 30 days)
<i>rivastigmine 6 mg capsule</i>	1	QL (60 EA per 30 days)
<i>rivastigmine 9.5 mg/24hr patch inner</i>	1	QL (30 EA per 30 days)
Alzheimer's Disease Therapy - Nmda Receptor Antagonists		
<i>memantine 5-10 mg titration pk</i>	1	
<i>memantine hcl 10 mg tablet flc</i>	1	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>memantine hcl 2 mg/ml solution</i>	1	
<i>memantine hcl 5 mg tablet f/c</i>	1	QL (120 EA per 30 days)
<i>memantine hcl er 14 mg capsule</i>	1	QL (30 EA per 30 days)
<i>memantine hcl er 21 mg capsule</i>	1	QL (30 EA per 30 days)
<i>memantine hcl er 28 mg capsule</i>	1	QL (30 EA per 30 days)
<i>memantine hcl er 7 mg capsule</i>	1	QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	3	QL (28 EA per 365 days)
Alzheimer's Thx - Nmda Receptor Antag. And Cholinesterase Inhib. Comb		
NAMZARIC 14 MG-10 MG CAPSULE	3	PA; QL (30 EA per 30 days)
NAMZARIC 21 MG-10 MG CAPSULE	3	PA; QL (30 EA per 30 days)
NAMZARIC 28 MG-10 MG CAPSULE	3	PA; QL (30 EA per 30 days)
NAMZARIC 7 MG-10 MG CAPSULE	3	PA; QL (30 EA per 30 days)
Cognitive Disorder Therapy - Cerebral Vasodilators		
<i>ergoloid mesylates 1 mg tab</i>	1	
Contraceptives		
Contraceptive Implant - Progestin		
NEXPLANON 68 MG IMPLANT	0	
Contraceptive Injectable - Progestin		
DEPO-PROVERA 150 MG/ML SYRINGE SUV	3	
DEPO-PROVERA 150 MG/ML VIAL SDV	3	
DEPO-SUBQ PROVERA 104 SYRINGE SUV	3	
<i>medroxyprogesterone 150 mg/ml suv, latex-free</i>	0	
Contraceptive Intrauterine - Copper Iud		
PARAGARD T 380-A IUD	0	
Contraceptive Intrauterine - Progesterone Iud		
KYLEENA 19.5 MG SYSTEM	0	
LILETTA 52 MG SYSTEM LATEX-FREE , SUV	0	
MIRENA 52 MG SYSTEM SINGLE USE	0	
SKYLA 13.5 MG SYSTEM	0	
Contraceptive Oral - Biphasic		
AMETHIA 0.15-0.03-0.01 MG TAB INNER	0	QL (91 EA per 91 days)
AMETHIA LO TABLET INNER	0	
ASHLYNA 0.15-0.03-0.01 MG TAB	0	QL (91 EA per 91 days)
AZURETTE 28 DAY TABLET INNER	0	
BEKYREE 28 DAY TABLET INNER	0	
CAMRESE 0.15-0.03-0.01 MG TAB 2 X 91 TABS, OUTER	1	QL (91 EA per 91 days)
CAMRESE LO TABLET OUTER	1	
DAYSEE 0.15-0.03-0.01 MG TAB F/C, INNER	0	QL (91 EA per 91 days)
<i>desogestr-eth estrad eth estra</i>	0	
KARIVA 28 DAY TABLET OUTER	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
KIMIDESS 28 DAY TABLET F/C, INNER	0	
<i>levono-e estrad 0.10-0.02-0.01 inner</i>	0	QL (91 EA per 91 days)
<i>levono-e estrad 0.15-0.03-0.01</i>	0	QL (91 EA per 91 days)
LO LOESTRIN FE 1-10 TABLET	0	QL (30 EA per 30 days)
LO LOESTRIN FE 1-10 TABLET	3	QL (30 EA per 30 days)
LOSEASONIQUE TABLET	3	
MIRCETTE 28 DAY TABLET	3	
PIMTREA 28 DAY TABLET INNER	0	
SEASONIQUE 0.15-0.03-0.01 TAB	3	QL (91 EA per 91 days)
VIORELE 28 DAY TABLET OUTER	0	
Contraceptive Oral - Monophasic		
AFIRMELLE-28 TABLET INNER	0	
ALTAVERA-28 TABLET 3X28,F/C	0	
ALYACEN 1-35 28 TABLET OUTER	0	
AMETHYST 90-20 MCG TABLET	0	
APRI 28 DAY TABLET	0	
AUBRA EQ-28 TABLET INNER	0	
AUBRA-28 TABLET INNER	0	
AVIANE-28 TABLET OUTER	0	
AYUNA-28 TABLET INNER	0	
BALZIVA 28 TABLET OUTER	0	
BEYAZ 28 TABLET F/C, INNER	3	QL (28 EA per 28 days)
BLISOVI 24 FE TABLET INNER	0	
BLISOVI FE 1.5-30 TABLET INNER	0	
BLISOVI FE 1-20 TABLET INNER	0	
BRIELLYN TABLET	0	
CHATEAL EQ-28 TABLET INNER	0	
CHATEAL-28 TABLET MONOCARTON, INNER	0	
CRYSSELLE-28 TABLET OUTER	0	
CYCLAFEM 1-35-28 TABLET INNER	0	
CYRED 28 DAY TABLET INNER	0	
CYRED EQ 28 DAY TABLET INNER	0	
DASETTA 1-35-28 TABLET INNER	0	
DELYLA-28 TABLET	0	
<i>desogest-eth estra 0.15-0.03 mg outer</i>	0	
<i>drosp-ee-levomef 3-0.02-0.451 outer</i>	3	QL (28 EA per 28 days)
<i>drosp-ee-levomef 3-0.03-0.451 outer</i>	3	QL (30 EA per 30 days)
<i>drospirenone-ee 3-0.02 mg tab outer</i>	0	
<i>drospirenone-ee 3-0.03 mg tab</i>	0	
ELINEST-28 TABLET INNER	0	
EMOQUETTE 28 DAY TABLET OUTER	0	
ENSKYCE 28 TABLET INNER	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ESTARYLLA 0.25 MG-0.035 MG TABLET	0	
<i>ethynodiol-eth estra 1 mg-35 mcg outer</i>	0	
<i>ethynodiol-eth estra 1 mg-50 mcg outer</i>	0	
FALMINA-28 TABLET INNER	0	
FEMYNOR 28 TABLET	0	
GENERESS FE CHEWABLE TABLET	3	
GIANVI 3 MG-0.02 MG TABLET INNER	0	
GILDAGIA 0.4 MG-0.035 MG TAB INNER	0	
INTROVALE 0.15-0.03 MG TABLET TRI-PACK CARTN,OUTER	0	QL (91 EA per 91 days)
ISIBLOOM 28 DAY TABLET	0	
JOLESSA 0.15 MG-0.03 MG TABLET	0	QL (91 EA per 91 days)
JULEBER 28 DAY TABLET INNER	0	
JUNEL 1 MG-20 MCG TABLET 3X21	0	
JUNEL 1.5 MG-30 MCG TABLET 3'S	0	
JUNEL FE 1 MG-20 MCG TABLET	0	
JUNEL FE 1.5 MG-30 MCG TABLET	0	
JUNEL FE 24 TABLET INNER	0	
KAITLIB FE CHEWABLE TABLET INNER	1	
KALLIGA 28 DAY TABLET INNER	0	
KELNOR 1-35 28 TABLET OUTER	0	
KELNOR 1-50 TABLET OUTER	0	
KURVELO TABLET INNER	0	
LARIN 1.5 MG-30 MCG TABLET INNER	0	
LARIN 21 1-20 TABLET INNER	0	
LARIN 24 FE 1 MG-20 MCG TABLET INNER	0	
LARIN FE 1.5-30 TABLET INNER	0	
LARIN FE 1-20 TABLET INNER	0	
LARISSIA-28 TABLET	0	
LAYOLIS FE CHEWABLE TABLET	1	
LESSINA-28 TABLET OUTER	0	
<i>levonor-eth estra 0.09-0.02 mg outer, flc</i>	0	
<i>levonor-eth estrad 0.1-0.02 mg</i>	0	
<i>levonor-eth estrad 0.15-0.03 outer</i>	0	
<i>levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet</i>	0	QL (91 EA per 91 days)
LEVORA-28 TABLET INNER	0	
LILLOW-28 TABLET	0	
LOESTRIN 21 1.5-30 TABLET	3	
LOESTRIN 21 1-20 TABLET	3	
LOESTRIN FE 1.5-30 TABLET	3	
LOESTRIN FE 1-20 TABLET	3	
LOMEDIA 24 FE 1 MG-20 MCG TAB INNER	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LORYNA 3 MG-0.02 MG TABLET 3X28,F/C	0	
LOW-OGESTREL-28 TABLET INNER	0	
LUTERA-28 TABLET INNER	0	
MARLISSA-28 TABLET	0	
MELODETTA 24 FE CHEWABLE TAB INNER	3	
MIBELAS 24 FE CHEWABLE TABLET INNER	3	
MICROGESTIN 21 1.5-30 TAB INNER	0	
MICROGESTIN 21 1-20 TABLET INNER	0	
MICROGESTIN 24 FE 1 MG-20 MCG INNER	0	
MICROGESTIN FE 1.5-30 TAB INNER	0	
MICROGESTIN FE 1-20 TABLET INNER	0	
MINASTRIN 24 FE CHEWABLE TAB SAMPLE	3	
MONO-LINYAH 28 TABLET INNER	0	
MONONESSA 28 TABLET	0	
NECON 0.5-35-28 TABLET INNER	0	
NECON 1-50-28 TABLET 3'S	0	
NIKKI 3 MG-0.02 MG TABLET F/C, INNER	0	
<i>noret-estr-fe 0.4-0.035(21)-75 outer</i>	0	
<i>noreth-estrad-fe 1-0.02(21)-75</i>	0	
<i>noreth-estrad-fe 1-0.02(24)-75 inner</i>	3	
<i>noreth-estrad-fe 1-0.02(24)-75 outer</i>	0	
<i>noreth-estrad-fe 1-0.02(24)-75 outer</i>	1	
<i>norethind-eth estrad 1-0.02 mg outer</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	0	
<i>norethin-estra-fe 0.8-0.025 mg chewable tab,outer</i>	0	
<i>norg-ethin estr 0.5-0.05 mg tab</i>	1	
<i>norg-ethin estra 0.25-0.035 mg inner</i>	0	
NORTREL 0.5-35-28 TABLET OUTER	0	
NORTREL 1-35 21 TABLET OUTER	0	
NORTREL 1-35 28 TABLET OUTER	0	
OCELLA 3 MG-0.03 MG TABLET 3'S, F/C, OUTER	0	
OGESTREL TABLET	0	
ORSYTHIA-28 TABLET	0	
ORTHO-CYCLEN 28 TABLET	0	
ORTHO-NOVUM 1-35-28 TABLET INNER, DIALPAKS	3	
PHILITH 0.4-0.035 MG TABLET INNER	0	
PIRMELLA 1-35-28 TABLET INNER	0	
PORTIA-28 TABLET OUTER	0	
PREVIFEM TABLET INNER	0	
QUASENSE 0.15-0.03 MG TABLET	0	QL (91 EA per 91 days)
RAJANI 28 TABLET OUTER	3	QL (28 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
RECLIPSEN 28 DAY TABLET INNER	0	
SAFYRAL TABLET F/C, INNER	3	QL (30 EA per 30 days)
SETLAKIN 0.15 MG-0.03 MG TAB INNER	0	QL (91 EA per 91 days)
SPRINTEC 28 DAY TABLET	0	
SRONYX 0.10-0.02 MG TABLET INNER	0	
SYEDA 28 TABLET 3X28,F/C	0	
TARINA FE 1-20 TABLET INNER	0	
TAYTULLA 1 MG-20 MCG CAPSULE INNER	3	
TYDEMY TABLET INNER	0	QL (30 EA per 30 days)
VESTURA 3 MG-0.02 MG TABLET INNER	0	
VIENVA-28 TABLET	0	
VYFEMLA 28 TABLET INNER	0	
WERA 0.5/0.035 MG 28 TABLET INNER	0	
WYMZYA FE CHEWABLE TABLET INNER	0	
YASMIN 28 TABLET F/C, INNER	3	
YAZ 28 TABLET F/C, INNER	3	
ZARAH TABLET INNER	0	
ZENCHENT 0.4 MG-35 MCG TABLET OUTER	0	
ZOVIA 1-35E TABLET INNER	0	
ZOVIA 1-50E TABLET	0	
ZUMANDIMINE 3 MG-0.03 MG TAB INNER	0	
Contraceptive Oral - Progestin		
CAMILA 0.35 MG TABLET INNER	0	
DEBLITANE 0.35 MG TABLET INNER	0	
ERRIN 0.35 MG TABLET INNER	0	
HEATHER 0.35 MG TABLET INNER	0	
INCASSIA 0.35 MG TABLET INNER	0	
JENCYCLA 0.35 MG TABLET INNER	0	
JOLIVETTE TABLET	0	
LYZA 0.35 MG TABLET INNER	0	
NORA-BE TABLET	0	
<i>norethindrone 0.35 mg tablet</i>	0	
NORLYDA 0.35 MG TABLET	0	
NORLYROC 0.35 MG TABLET	0	
ORTHO MICRONOR 0.35 MG TABLET OUTER	0	
SHAROBEL 0.35 MG TABLET INNER	0	
TULANA 0.35 MG TABLET INNER	0	
Contraceptive Oral - Quadraphasic		
FAYOSIM TABLET INNER	3	
<i>levonorg 0.15 mg-ee 20-25-30 mcg</i>	0	
NATAZIA 28 TABLET F/C, INNER	3	QL (28 EA per 28 days)
QUARTETTE TABLET INNER	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
RIVELSA TABLET OUTER	3	
Contraceptive Oral - Triphasic		
ALYACEN 7-7-7-28 TABLET OUTER	0	
ARANELLE 28 TABLET OUTER	0	
CAZIAN 28 DAY TABLET INNER	0	
CYCLAFEM 7-7-7-28 TABLET INNER	0	
CYCLESSA 28 DAY TABLET	1	
DASETTA 7/7/7-28 TABLET INNER	0	
ENPRESSE-28 TABLET 6'S	0	
LEENA 28 TABLET INNER	0	
LEVONEST-28 TABLET INNER	0	
<i>levonor-eth estrad triphasic inner</i>	0	
MYZILRA-28 TABLET INNER, F/C	3	
MYZILRA-28 TABLET OUTER, F/C	0	
NECON 7-7-7-28 TABLET OUTER	0	
<i>norg-ee 0.18-0.215-0.25/0.025</i>	0	
<i>norg-ee 0.18-0.215-0.25/0.035 outer</i>	0	
NORTREL 7-7-7-28 TABLET OUTER	0	
ORTHO TRI-CYCLEN 28 TABLET	0	
ORTHO TRI-CYCLEN LO TABLET INNER	3	
ORTHO-NOVUM 7-7-7-28 TABLET INNER, DIALPAK	3	
PIRMELLA 7-7-7-28 TABLET INNER	0	
TILIA FE 28 TABLET INNER	0	
TRI FEMYNOR 28 TABLET	0	
TRI-ESTARYLLA TABLET	0	
TRI-LEGEST FE-28 DAY TABLET	0	
TRI-LINYAH TABLET INNER	0	
TRI-LO-ESTARYLLA TABLET	0	
TRI-LO-MARZIA TABLET	0	
TRI-LO-SPRINTEC TABLET INNER	0	
TRINESSA LO TABLET OUTER	0	
TRINESSA TABLET	0	
TRI-NORINYL 28 TABLET INNER	3	
TRI-PREVIFEM TABLET INNER	0	
TRI-SPRINTEC TABLET	0	
TRIVORA-28 TABLET INNER	0	
VELIVET 28 DAY TABLET OUTER	0	
Contraceptive Transdermal Combinations		
XULANE PATCH INNER	0	QL (3 EA per 21 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb.		
XULANE PATCH INNER	0	QL (3 EA per 21 days)
Contraceptives - Intravaginal, Systemic		
NUVARING VAGINAL RING	0	QL (1 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb.		
NUVARING VAGINAL RING	0	QL (1 EA per 28 days)
Emergency Contraceptives		
AFTERA 1.5 MG TABLET	0	QL (1 EA per 30 days)
ECONTRA EZ 1.5 MG TABLET INNER	0	QL (1 EA per 30 days)
ELLA 30 MG TABLET	0	QL (1 EA per 30 days)
MY WAY 1.5 MG TABLET (OTC)	0	
NEXT CHOICE ONE DOSE 1.5 MG TB (OTC)	0	QL (1 EA per 30 days)
OPCICON ONE-STEP 1.5 MG TABLET	0	QL (1 EA per 30 days)
OPTION 2 1.5 MG TABLET	0	
PLAN B ONE-STEP 1.5 MG TABLET (OTC)	0	
TAKE ACTION 1.5 MG TABLET	0	QL (1 EA per 30 days)
Emergency Contraceptives - Progesterone Agonist/Antagonist Type		
ELLA 30 MG TABLET	0	QL (1 EA per 30 days)
Emergency Contraceptives - Progestin Type		
AFTERA 1.5 MG TABLET	0	QL (1 EA per 30 days)
ECONTRA EZ 1.5 MG TABLET INNER	0	QL (1 EA per 30 days)
MY WAY 1.5 MG TABLET (OTC)	0	
NEXT CHOICE ONE DOSE 1.5 MG TB (OTC)	0	QL (1 EA per 30 days)
OPCICON ONE-STEP 1.5 MG TABLET	0	QL (1 EA per 30 days)
OPTION 2 1.5 MG TABLET	0	
PLAN B ONE-STEP 1.5 MG TABLET (OTC)	0	
TAKE ACTION 1.5 MG TABLET	0	QL (1 EA per 30 days)
Spermicides		
CONCEPTROL GEL	0	QL (2.55 GM per 30 days)
GYNOL II 3% GEL	0	QL (81 GM per 30 days)
TODAY CONTRACEPTIVE SPONGE	0	QL (3 EA per 30 days)
VCF CONTRACEPTIVE FILM	0	QL (9 EA per 30 days)
VCF CONTRACEPTIVE FOAM	0	QL (17 GM per 30 days)
VCF CONTRACEPTIVE GEL	0	QL (2.55 GM per 30 days)
Dermatological		
Acne Therapy Systemic - Retinoids And Derivatives		
AMNESTEEM 10 MG CAPSULE INNER	2	QL (60 EA per 30 days)
AMNESTEEM 20 MG CAPSULE INNER	2	QL (60 EA per 30 days)
AMNESTEEM 40 MG CAPSULE INNER	2	QL (60 EA per 30 days)
CLARAVIS 10 MG CAPSULE OUTER	2	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CLARAVIS 20 MG CAPSULE OUTER	2	QL (60 EA per 30 days)
CLARAVIS 30 MG CAPSULE INNER	2	QL (60 EA per 30 days)
CLARAVIS 40 MG CAPSULE OUTER	2	QL (60 EA per 30 days)
MYORISAN 10 MG CAPSULE	2	QL (60 EA per 30 days)
MYORISAN 20 MG CAPSULE	2	QL (60 EA per 30 days)
MYORISAN 30 MG CAPSULE	2	QL (60 EA per 30 days)
MYORISAN 40 MG CAPSULE	2	QL (60 EA per 30 days)
ZENATANE 10 MG CAPSULE INNER	2	QL (60 EA per 30 days)
ZENATANE 20 MG CAPSULE INNER	2	QL (60 EA per 30 days)
ZENATANE 30 MG CAPSULE INNER, 1X10	2	QL (60 EA per 30 days)
ZENATANE 40 MG CAPSULE INNER	2	QL (60 EA per 30 days)
Acne Therapy Systemic - Tetracycline Antibiotic		
<i>minocycline er 115 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 135 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 45 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 55 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 65 mg tablet</i>	2	QL (30 EA per 30 days)
<i>minocycline er 90 mg tablet</i>	2	QL (30 EA per 30 days)
Acne Therapy Topical - Anti-Infective		
ACZONE 7.5% GEL PUMP	3	PA; QL (90 GM per 30 days)
<i>azelaic acid 15% gel</i>	1	QL (50 GM per 30 days)
AZELEX 20% CREAM	3	PA; QL (50 GM per 30 days)
<i>clindamycin ph 1% gel</i>	1	
<i>clindamycin ph 1% solution</i>	1	
<i>clindamycin phos 1% pledget</i>	1	
<i>clindamycin phosp 1% lotion</i>	1	
<i>clindamycin phosphate 1% foam</i>	1	
<i>dapsone 5% gel</i>	1	
<i>erythromycin 2% gel</i>	1	
<i>erythromycin 2% pledgets</i>	1	
<i>erythromycin 2% solution</i>	1	
FINACEA 15% FOAM	3	PA; ST; QL (50 GM per 30 days)
<i>metronidazole 0.75% cream</i>	1	
<i>metronidazole 0.75% lotion</i>	1	
<i>sodium sulfacetamide 10% lotn</i>	1	
<i>sulfacetamide sod 10% top susp</i>	1	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations		
<i>clind ph-benzoyl pero 1.2-2.5%</i>	1	QL (50 GM per 30 days)
<i>clind ph-benzoyl perox 1.2-5%</i>	1	
<i>clinda-benzoyl perox 1-5% pump</i>	2	
<i>clindamycin-benzoyl perox 1-5%</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>erythromycin-benzoyl gel</i>	2	
ONEXTON GEL PUMP	3	ST; QL (50 GM per 30 days)
<i>sod sulfacet-sulf 9.8-4.8% clsr</i>	1	
<i>sod sulfacet-sulfur 9-4.5% wash</i>	1	
<i>sod sulfacetamide-sulfur lotn</i>	1	
<i>sod sulfacetamide-sulfur susp</i>	1	
<i>sod sulfacet-sulfur 10-2% clsr</i>	1	
<i>sod sulfacet-sulfur 10-4% pad</i>	1	
<i>sod sulfacet-sulfur 10-5% clsr</i>	1	
<i>sod sulfacet-sulfur 9.8-4.8% crm</i>	1	
<i>sod sulfacet-sulfur 9.8-4.8% lot</i>	1	
<i>sodium sulfacetamide-sulfur 10-2% cream</i>	1	
<i>sodium sulfacet-sulfur wash</i>	1	
<i>sodium sulf-sulfur cleanser</i>	1	
<i>sulfacet sod-sulfur 10-4% pad</i>	1	
<i>sulfacetamide-sulfur 8-4% susp</i>	1	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations		
<i>clinda-tretinoin 1.2%-0.025%</i>	2	QL (30 GM per 30 days)
Acne Therapy Topical - Keratolytic		
BENZEPRO 6% FOAMING CLOTHS	3	
BENZEPRO 7% CREAMY WASH	3	
<i>benzoyl peroxide 5.3% foam (rx)</i>	1	
<i>benzoyl peroxide 9.8% foam short contact foam (rx)</i>	1	
BPO 4% GEL (RX)	3	
BPO 6% FOAMING CLOTHS (RX)	3	
BPO 8% GEL (RX)	3	
INOVA 8% EASY PAD	3	
PR BENZOYL PEROXIDE 7% WASH	3	
Acne Therapy Topical - Keratolytic Combinations Other		
INOVA 8-2 EASY PAD	3	
Acne Therapy Topical - Keratolytic Mixtures		
NUOX GEL	3	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC LOTION	3	
Acne Therapy Topical - Retinoid Combinations Other		
<i>adapalene-bnzyl perox 0.1-2.5%</i>	1	QL (90 GM per 30 days)
EPIDUO FORTE 0.3-2.5% GEL PUMP	3	PA; QL (90 GM per 30 days)
Acne Therapy Topical - Retinoids And Derivatives		
<i>adapalene 0.1% cream</i>	1	
<i>adapalene 0.1% gel</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>adapalene 0.1% lotion</i>	1	
<i>adapalene 0.3% gel</i>	1	
<i>adapalene 0.3% gel pump</i>	1	
FABIOR 0.1% FOAM	3	PA; ST; QL (50 GM per 30 days)
<i>tretinoin 0.01% gel</i>	1	QL (45 GM per 30 days)
<i>tretinoin 0.025% cream</i>	1	QL (45 GM per 30 days)
<i>tretinoin 0.025% gel</i>	1	QL (45 GM per 30 days)
<i>tretinoin 0.05% cream</i>	1	QL (45 GM per 30 days)
<i>tretinoin 0.05% gel</i>	1	
<i>tretinoin 0.1% cream</i>	1	QL (45 GM per 30 days)
<i>tretinoin gel micro 0.04% pump</i>	1	
<i>tretinoin gel micro 0.04% tube</i>	1	
<i>tretinoin gel micro 0.1% pump</i>	1	
<i>tretinoin gel micro 0.1% tube</i>	1	
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations		
<i>calcipotriene-betameth dp oint</i>	2	PA
TACLONEX 0.005%-0.064% SUSPENSION	3	ST
Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors,Mc Antibody		
STELARA 45 MG/0.5 ML SYRINGE	4	PA
STELARA 45 MG/0.5 ML VIAL SDV, P/F, LATEX-FREE	4	PA
STELARA 90 MG/ML SYRINGE	4	PA
Antipsoriatic Agents - Interleukin-23 (Il-23) Antagonist, Mc Antibody		
ILUMYA 100 MG/ML SYRINGE SAMPLE, SUV, P/F	4	PA
SKYRIZI 150 MG DOSE KIT (75 MG/0.83 ML X 2 SYRINGES)	4	PA
SKYRIZI 75 MG/0.83 ML SYRINGE	4	PA
TREMFYA 100 MG/ML INJECTOR	4	PA
TREMFYA 100 MG/ML SYRINGE	4	PA
Antipsoriatic Agents-Interleukin-17 (Il-17) Antagonist, Mc Antibody		
COSENTYX (150 MG/ML) 300 MG DOSE-2 PENS	4	PA; QL (4 ML per 28 days)
COSENTYX (150 MG/ML) 300 MG DOSE-2 SYRINGES	4	PA; QL (4 ML per 28 days)
COSENTYX 150 MG/ML PEN INJECT	4	PA; QL (4 ML per 28 days)
COSENTYX 150 MG/ML SYRINGE	4	PA; QL (4 ML per 28 days)
TALTZ 80 MG/ML AUTOINJECTOR (2-PACK)	4	PA
TALTZ 80 MG/ML AUTOINJECTOR (3-PACK)	4	PA
TALTZ 80 MG/ML AUTOINJECTOR P/F,L/F,SDV,INNER	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TALTZ 80 MG/ML SYRINGE (2-PK)	4	PA
TALTZ 80 MG/ML SYRINGE (3-PK)	4	PA
TALTZ 80 MG/ML SYRINGE P/F,L/F,SUV,INNER	4	PA
Dermatitis Or Eczema Agents, Systemic-Interleukin-4 (IL-4Ra) Antag.Mab		
DUPIXENT 300 MG/2 ML SYRINGE P/F,SDV,LATEX-FREE	4	PA
Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors		
EUCRISA 2% OINTMENT	3	PA
Dermatological - Antibacterial Aminoglycosides		
<i>gentamicin 0.1% cream</i>	1	
<i>gentamicin 0.1% ointment</i>	1	
Dermatological - Antibacterial Other		
<i>mupirocin 2% cream</i>	2	
<i>mupirocin 2% ointment</i>	1	
<i>silver nitrate 0.5% soln</i>	1	
<i>silver nitrate 10% ointment</i>	1	
<i>silver nitrate 10% solution</i>	1	
<i>silver nitrate 25% solution</i>	1	
<i>silver nitrate 50% solution</i>	1	
Dermatological - Antibacterial Pleuromutilin Derivatives		
ALTABAX 1% OINTMENT	3	
Dermatological - Antibacterial Sulfonamides		
AVAR-E EMOLLIENT CREAM	1	
AVAR-E GREEN EMOLLIENT CREAM	1	
SSS 10-5 CREAM	1	
<i>sulfacetamide-sulfur 10-5% crm</i>	1	
Dermatological - Antibacterial,Antifungal Agent With Glucocorticoid		
ALA-QUIN 3-0.5% CREAM	3	
ALCORTIN A GEL	3	
Dermatological - Antibacterial-Glucocorticoid Combinations		
CORTISPORIN CREAM	3	
CORTISPORIN OINTMENT	3	
NEO-SYNALAR 0.5%-0.025% CREAM	3	
NEO-SYNALAR 0.5-0.025% CRM KIT	3	
Dermatological - Antifungal Allylamines		
<i>naftifine hcl 1% cream</i>	3	PA
<i>naftifine hcl 2% cream</i>	2	PA
NAFTIN 1% GEL	3	PA
NAFTIN 2% GEL	3	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Dermatological - Antifungal Amphoteric Polyene Macrolides		
NYAMYC 100,000 UNITS/GM POWDER	1	
<i>nystatin 100,000 unit/gm cream</i>	1	
<i>nystatin 100,000 unit/gm oint</i>	1	
<i>nystatin 100,000 unit/gm powd</i>	1	
NYSTOP 100,000 UNITS/GM POWDER	1	
Dermatological - Antifungal Combinations Other		
EXODERM LOTION	1	
Dermatological - Antifungal Hydroxypyridinone		
CICLODAN 0.77% CREAM	1	
CICLODAN 8% SOLUTION	1	
<i>ciclopirox 0.77% cream</i>	1	
<i>ciclopirox 0.77% gel</i>	1	
<i>ciclopirox 0.77% topical susp</i>	1	
<i>ciclopirox 1% shampoo</i>	1	
<i>ciclopirox 8% solution</i>	1	
Dermatological - Antifungal Imidazole And Related Agents		
<i>clotrimazole 1% solution (rx)</i>	1	
<i>clotrimazole 1% topical cream (rx)</i>	1	
<i>econazole nitrate 1% cream</i>	1	
ECOZA 1% FOAM	3	ST; QL (70 GM per 30 days)
ERTACZO 2% CREAM	3	ST
EXELDERM 1% CREAM	3	ST
EXELDERM 1% SOLUTION	3	ST
<i>ketoconazole 2% cream</i>	1	
<i>ketoconazole 2% foam</i>	1	
<i>ketoconazole 2% shampoo</i>	1	
<i>miconazole-zinc-petro 0.25-15%</i>	2	PA; QL (50 GM per 30 days)
<i>oxiconazole nitrate 1% cream</i>	2	PA
OXISTAT 1% LOTION	3	PA
XOLEGEL 2% GEL	3	ST
Dermatological - Antifungal Oxaborole		
KERYDIN 5% TOPICAL SOLUTION	3	ST; QL (10 ML Max Qty Per Fill Retail)
Dermatological - Antifungal-Glucocorticoid Combinations		
<i>clotrimazole-betamethasone crm</i>	1	
<i>clotrimazole-betamethasone lot</i>	1	
<i>hydrocortisone-iodoquinol crm</i>	1	
<i>nystatin-triamcinolone cream</i>	1	
<i>nystatin-triamcinolone ointm</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Dermatological - Antifungals Other		
<i>triacetin liquid</i>	3	
Dermatological - Antineoplastic Alkylating Agents		
VALCHLOR 0.016% GEL	4	PA
Dermatological - Antineoplastic Antimetabolites		
FLUOROPLEX 1% CREAM	3	PA
<i>fluorouracil 0.5% cream</i>	1	PA
<i>fluorouracil 5% cream</i>	1	
TOLAK 4% CREAM	3	
Dermatological - Antineoplastic Or Premalig. Lesions - Diterpene Esters		
PICATO 0.015% GEL	3	PA; QL (3 EA per 30 days)
PICATO 0.05% GEL	3	PA; QL (2 EA per 30 days)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's		
<i>diclofenac sodium 3% gel</i>	1	PA; QL (500 GM per 30 days)
Dermatological - Antineoplastic Retinoids		
PANRETIN 0.1% GEL	4	PA
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist		
TARGRETIN 1% GEL	4	PA
Dermatological - Antiperspirants		
DRYSOL DAB-O-MATIC SOLUTION	3	
DRYSOL SOLUTION	3	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing		
<i>methoxsalen 10 mg capsule</i>	2	PA
<i>methoxsalen 10 mg softgel</i>	2	PA
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives		
<i>acitretin 10 mg capsule</i>	2	QL (30 EA per 30 days)
<i>acitretin 17.5 mg capsule</i>	2	QL (30 EA per 30 days)
<i>acitretin 25 mg capsule</i>	2	QL (30 EA per 30 days)
Dermatological - Antipsoriatic Agents Topical		
<i>calcipotriene 0.005% cream</i>	1	QL (120 GM per 30 days)
<i>calcipotriene 0.005% ointment</i>	2	
<i>calcipotriene 0.005% solution</i>	1	QL (60 ML per 30 days)
CALCITRENE 0.005% OINTMENT	1	
<i>calcitriol 3 mcg/g ointment</i>	2	
DRITHOCREME HP 1% CREAM	2	
SORILUX 0.005% FOAM	3	ST
<i>tazarotene 0.1% cream</i>	2	
TAZORAC 0.05% CREAM	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TAZORAC 0.05% GEL	3	
TAZORAC 0.1% GEL	3	
ZITHRANOL 1% SHAMPOO	3	ST
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib.		
OTEZLA 28 DAY STARTER PACK	4	PA; QL (60 EA per 30 days)
OTEZLA 30 MG TABLET	4	PA; QL (60 EA per 30 days)
OTEZLA STARTER PACK	4	PA; QL (60 EA per 30 days)
Dermatological - Antiseborrheic		
OVACE PLUS 10% CREAM	3	
OVACE PLUS 9.8% FOAM	3	
OVACE PLUS 9.8% LOTION	3	
SEB-PREV 10% WASH	1	
<i>selenium sulfide 2.25% shampoo</i>	1	
<i>selenium sulfide 2.5% lotion</i>	1	
<i>sod sulfacetam 10% clnsng gel</i>	1	
<i>sod sulfacetamide 10% shampoo</i>	1	
<i>sodium sulfacetamide 10% wash</i>	1	
TERSI 2.25% FOAM	3	
Dermatological - Antiviral, Herpes		
<i>acyclovir 5% ointment</i>	1	QL (30 GM per 30 days)
DENAVIR 1% CREAM	3	PA; QL (5 GM per 30 days)
ZOVIRAX 5% CREAM	3	PA
Dermatological - Antiviral-Glucocorticoid Combinations		
XERESE 5%-1% CREAM	3	PA; QL (5 GM per 30 days)
Dermatological - Burn Products Anti-Infective		
<i>silver sulfadiazine 1% cream</i>	1	
SSD 1% CREAM	1	
SULFAMYLON 8.5% CREAM	3	
Dermatological - Calcineurin Inhibitors		
<i>pimecrolimus 1% cream</i>	2	ST; QL (100 GM per 30 days)
<i>pimecrolimus 1% cream</i>	2	ST; QL (30 GM per 30 days)
<i>pimecrolimus 1% cream</i>	2	ST; QL (60 GM per 30 days)
<i>tacrolimus 0.03% ointment</i>	2	
<i>tacrolimus 0.1% ointment</i>	2	
Dermatological - Emollients		
<i>ammonium lactate 12% cream (rx)</i>	1	
<i>ammonium lactate 12% lotion (rx)</i>	1	
<i>cvs pure glycerin 99.5% liquid</i>	3	
<i>glycerin 99.5% liquid anhydrous</i>	3	
<i>glycerin 99.5% skin protect lq usp</i>	3	
<i>glycerin skin protectant liq anhydrous synthetic</i>	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>gnp glycerin 99.5% liquid</i>	3	
GORDON'S UREA 22% OINTMENT	3	
<i>hm glycerin 99.5% liquid anhydrous</i>	3	
<i>sm glycerin 99.5% liquid</i>	3	
<i>urea 39% cream</i>	1	
UREDEB 39% CREAM	1	
XUREA 39% CREAM	1	
Dermatological - Enzymes		
SANTYL OINTMENT	2	QL (30 GM per 30 days)
Dermatological - Glucocorticoid		
<i>alclometasone dipr 0.05% oint</i>	1	
<i>alclometasone dipro 0.05% crm</i>	1	
<i>amcinonide 0.1% cream</i>	2	
<i>amcinonide 0.1% lotion</i>	1	
<i>amcinonide 0.1% ointment</i>	1	
ANUSOL-HC 2.5% CREAM	1	
<i>betamethasone dp 0.05% crm</i>	1	
<i>betamethasone dp 0.05% lot</i>	1	
<i>betamethasone dp 0.05% oint</i>	1	
<i>betamethasone dp aug 0.05% crm</i>	1	
<i>betamethasone dp aug 0.05% lot</i>	1	
<i>betamethasone dp aug 0.05% oin augmented</i>	1	
<i>betamethasone va 0.1% cream</i>	1	
<i>betamethasone va 0.1% lotion</i>	1	
<i>betamethasone valer 0.1% ointm</i>	1	
<i>betamethasone valer 0.12% foam</i>	1	
CAPEX SHAMPOO	2	
<i>clobetasol 0.05% cream</i>	1	
<i>clobetasol 0.05% gel</i>	1	
<i>clobetasol 0.05% ointment</i>	1	
<i>clobetasol 0.05% shampoo</i>	1	
<i>clobetasol 0.05% solution</i>	1	
<i>clobetasol 0.05% topical lotn</i>	2	
<i>clobetasol emollient 0.05% crm</i>	1	
<i>clobetasol emollnt 0.05% foam</i>	1	
<i>clobetasol emulsion 0.05% foam</i>	1	
<i>clobetasol prop 0.05% foam</i>	1	
<i>clobetasol prop 0.05% spray</i>	1	
<i>clocortolone 0.1% cream pump</i>	1	
<i>clocortolone pivalate 0.1% crm</i>	1	
CORDRAN 4 MCG/SQ CM TAPE LARGE	3	QL (1 EA per 30 days)
DESONATE 0.05% GEL	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>desonide 0.05% cream</i>	1	
<i>desonide 0.05% lotion</i>	1	
<i>desonide 0.05% ointment</i>	1	
<i>desoximetasone 0.05% cream</i>	1	
<i>desoximetasone 0.05% gel</i>	1	
<i>desoximetasone 0.05% ointment</i>	1	
<i>desoximetasone 0.25% cream</i>	1	
<i>desoximetasone 0.25% ointment</i>	1	
<i>diflorasone 0.05% cream</i>	2	
<i>diflorasone 0.05% ointment</i>	2	
<i>fluocinolone 0.01% body oil</i>	1	
<i>fluocinolone 0.01% cream</i>	1	
<i>fluocinolone 0.01% scalp oil</i>	1	
<i>fluocinolone 0.01% solution</i>	1	
<i>fluocinolone 0.025% cream</i>	1	
<i>fluocinolone 0.025% ointment</i>	1	
<i>fluocinonide 0.05% cream</i>	1	
<i>fluocinonide 0.05% gel</i>	1	
<i>fluocinonide 0.05% ointment</i>	1	
<i>fluocinonide 0.05% solution</i>	1	
<i>fluocinonide 0.1% cream</i>	2	
<i>fluocinonide-e 0.05% cream</i>	1	
<i>flurandrenolide 0.05% cream</i>	2	
<i>flurandrenolide 0.05% lotion</i>	2	
<i>fluticasone prop 0.005% oint</i>	1	
<i>fluticasone prop 0.05% cream</i>	1	
<i>fluticasone prop 0.05% lotion</i>	2	
<i>halobetasol prop 0.05% cream</i>	1	
<i>halobetasol prop 0.05% ointmnt</i>	1	
<i>hydrocort buty 0.1% lipid crm</i>	2	
<i>hydrocort buty 0.1% lipo cream</i>	2	
<i>hydrocortisone 1% cream</i>	1	
<i>hydrocortisone 1% ointment (rx)</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	
<i>hydrocortisone 2.5% lotion</i>	1	
<i>hydrocortisone 2.5% ointment</i>	1	
<i>hydrocortisone buty 0.1% cream</i>	1	
<i>hydrocortisone butyr 0.1% oint</i>	1	
<i>hydrocortisone butyr 0.1% soln</i>	2	
<i>hydrocortisone val 0.2% cream</i>	1	
<i>hydrocortisone val 0.2% ointmt</i>	1	
<i>hydrocort-pramoxine 2.5-1% crm</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>mometasone furoate 0.1% cream</i>	1	
<i>mometasone furoate 0.1% oint</i>	1	
<i>mometasone furoate 0.1% soln lotion</i>	1	
<i>prednicarbate 0.1% cream</i>	1	
<i>prednicarbate 0.1% ointment</i>	1	
PROCTO-MED HC 2.5% CREAM	1	
PROCTOSOL-HC 2.5% CREAM	1	
PROCTOZONE-HC 2.5% CREAM	1	
SCALACORT DK 2% KIT	3	
TEXACORT 2.5% SOLUTION	3	
<i>triamcinolone 0.025% cream</i>	1	
<i>triamcinolone 0.025% lotion</i>	1	
<i>triamcinolone 0.025% oint</i>	1	
<i>triamcinolone 0.1% cream</i>	1	
<i>triamcinolone 0.1% lotion inner</i>	1	
<i>triamcinolone 0.1% ointment</i>	1	
<i>triamcinolone 0.147 mg/g spray</i>	2	
<i>triamcinolone 0.5% cream</i>	1	
<i>triamcinolone 0.5% ointment</i>	1	
TRIDERM 0.1% CREAM	1	
Dermatological - Glucocorticoid-Emollient Combinations		
ULTRAVATE X CREAM COMBO PACK	3	PA
ULTRAVATE X OINTMENT COMBO PAC	3	PA
Dermatological - Glucocorticoid-Local Anesthetic Combinations		
ANALPRAM HC 2.5%-1% LOTION	3	
EPIFOAM FOAM	3	
<i>hydrocort-pramoxine 2.5-1% crm</i>	1	
NOVACORT 2%-1% GEL	3	PA
PRAMOSONE 1% LOTION	3	
PRAMOSONE 1%-1% CREAM	3	
PRAMOSONE 1%-1% OINTMENT	3	
PRAMOSONE 2.5%-1% LOTION	3	
PRAMOSONE 2.5%-1% OINTMENT	3	
PRAMOSONE E 2.5%-1% CREAM W/ HYDROLIPID TECH	3	
Dermatological - Glucocorticoid-Skin Cleanser Combinations		
AQUA GLYCOLIC HC 2% KIT	3	
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx		
VEREGEN 15% OINTMENT	3	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Dermatological - Immunomodulator - Imidazoquinolinamines		
<i>imiquimod 5% cream packet outer,0.25gx24pkt</i>	1	
ZYCLARA 2.5% CREAM PUMP	3	PA; QL (56 GM per 28 days)
ZYCLARA 3.75% CREAM	3	PA; QL (56 EA per 28 days)
Dermatological - Keratolytic-Antimitotic Combinations		
SALKERA 6% FOAM	3	
SALVAX DUO PLUS COMBO PACK	1	
<i>silver nitrate applicator inner</i>	1	
Dermatological - Keratolytic-Antimitotic Single Agents		
CEM-UREA 45% PRE-FILLED APPL	1	
CONDYLOX 0.5% GEL	3	PA
KERAFOAM 30% FOAM	3	
KERAFOAM 42% FOAM	3	
KERALYT SCALP COMPLETE KIT	3	
PODOCON-25 LIQUID	3	
<i>podofilox 0.5% topical soln</i>	1	
SALEX 6% LOTION KIT	3	
<i>salicylic acid 6% cream</i>	1	
<i>salicylic acid 6% cream kit</i>	1	
<i>salicylic acid 6% foam</i>	1	
<i>salicylic acid 6% gel</i>	1	
<i>salicylic acid 6% lotion</i>	1	
<i>salicylic acid 6% shampoo</i>	1	
SALVAX 6% FOAM	1	
URAMAXIN 20% FOAM	3	
URAMAXIN 45% LOTION	3	
<i>urea 40% cream</i>	1	
<i>urea 45% lotion</i>	1	
<i>urea 45% nail gel</i>	1	
Dermatological - Keratoplastic Tar Products		
<i>coal tar topical solution</i>	3	
Dermatological - Local Anesthetic Combinations		
CETACAINE SPRAY ONE CANNULA	3	
<i>lidocaine-prilocaine cream</i>	1	
Dermatological - Nsaid Single Agents		
<i>diclofenac 1.5% topical soln</i>	1	QL (150 ML per 30 days)
<i>diclofenac epolamine 1.3% ptch inner</i>	2	PA; QL (60 EA per 30 days)
<i>diclofenac sodium 1% gel</i>	1	QL (500 GM per 30 days)
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic		
<i>tazarotene 0.1% cream</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Dermatological - Rosacea Therapy, Topical		
<i>azelaic acid 15% gel</i>	1	QL (50 GM per 30 days)
AZELEX 20% CREAM	3	PA; QL (50 GM per 30 days)
FINACEA 15% FOAM	3	PA; ST; QL (50 GM per 30 days)
<i>metronidazole 0.75% cream</i>	1	
<i>metronidazole 0.75% lotion</i>	1	
<i>metronidazole top 1% gel pump</i>	1	
<i>metronidazole topical 0.75% gl</i>	1	
<i>metronidazole topical 1% gel</i>	1	
MIRVASO 0.33% GEL	3	ST
MIRVASO 0.33% GEL PUMP	3	ST
RHOFADE 1% CREAM	3	PA
<i>sodium sulf-sulfur cleanser</i>	1	
SOOLANTRA 1% CREAM	3	ST; QL (30 GM per 30 days)
SOOLANTRA 1% CREAM	3	PA; ST; QL (45 GM per 30 days)
Dermatological - Topical Local Anesthetic Amides		
<i>lidocaine 3% cream (rx)</i>	1	
<i>lidocaine 5% ointment</i>	1	
<i>lidocaine 5% patch inner</i>	1	QL (90 EA per 30 days)
<i>lidocaine hcl 2% jel urojet ac uro-jet ac, plf, suv</i>	1	
<i>lidocaine hcl 2% jelly</i>	1	
<i>lidocaine hcl 2% jelly uro-jet uro-jet, single use</i>	1	
SYNERA PATCH INNER	3	
Dermatological - Topical Local Anesthetic Esters		
ANACAINE OINTMENT	3	
PONTOCAINE 2% SOLUTION	3	
Dermatological Antipruritics - Antihistamines		
<i>doxepin 5% cream</i>	3	PA
Scabicide And Pediculicide Single Agents		
EURAX 10% CREAM	2	
<i>lindane 1% shampoo</i>	1	
<i>malathion 0.5% lotion</i>	1	
OVIDE 0.5% LOTION	3	
<i>permethrin 5% cream</i>	1	
SKLICE 0.5% LOTION	3	QL (117 GM per 30 days)
<i>spinosad 0.9% topical susp</i>	1	
ULESFIA 5% LOTION 2-PACK	3	
Wound Care - Growth Factor Agents		
REGRANEX 0.01% GEL	3	
Diagnostic Agents		
Diagnostic - Blood Test Others		
NOVAMAX PLUS KETONE TEST STRIP	2	PA; QL (10 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Diagnostic Drugs - Gastrointestinal Radiological Adjunct		
GLUCAGEN DIAGNOSTIC 1 MG VIAL INNER, L/F, SUV	2	
<i>glucagon 1 mg vial latex-free,suv,outer</i>	1	QL (1 EA per 30 days)
Diagnostic Drugs - Pulmonary		
PROVOCHOLINE 100 MG VIAL 20ML VIAL,INNER	2	
Drugs To Treat Erectile Dysfunction		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib		
CIALIS 5 MG TABLET	3	PA; QL (30 EA per 30 days)
<i>tadalafil 2.5 mg tablet</i>	1	PA; QL (30 EA per 30 days)
<i>tadalafil 20 mg tablet</i>	2	PA; QL (60 EA per 30 days)
<i>tadalafil 5 mg tablet</i>	1	PA; QL (30 EA per 30 days)
Eating Disorder Therapy		
Appetite Stimulants - Cannabinoids		
<i>dronabinol 10 mg capsule</i>	2	PA; QL (60 EA per 30 days)
<i>dronabinol 2.5 mg capsule soft gelatin</i>	2	PA; QL (60 EA per 30 days)
<i>dronabinol 5 mg capsule soft gelatin</i>	2	PA; QL (60 EA per 30 days)
Appetite Stimulants - Progestin Hormone Type		
<i>megestrol 625 mg/5 ml susp</i>	1	
<i>megestrol acet 40 mg/ml susp</i>	1	
<i>megestrol acet 400 mg/10 ml outer</i>	1	
Electrolyte Balance-Nutritional Products		
Amino Acid - Carnitine Derivatives		
<i>levocarnitine 330 mg tablet usp (rx)</i>	1	
Diluents - Insulin Diluting Solutions		
DILUTING MEDIUM FOR NOVOLOG LATEX-FREE, MUV	1	
Diluents - Sodium Chloride		
<i>sodium chloride 0.9% vial sv</i>	1	
Diluents - Sterile Water For Injection		
<i>water for injection ampul</i>	1	
WATER FOR INJECTION VIAL 25'S,SDV,P/F	1	
Electrolyte Depleters - Ion Exchange Resin		
SOD POLYSTYREN SULF 15 G/60 ML	1	
<i>sodium polystyrene sulf powder</i>	1	
<i>sps 15 gm/60 ml suspension</i>	1	
VELTASSA 16.8 GM POWDER PACKET INNER	3	PA; QL (30 EA per 30 days)
VELTASSA 25.2 GM POWDER PACKET INNER	3	PA; QL (30 EA per 30 days)
VELTASSA 8.4 GM POWDER PACKET INNER	3	PA; QL (60 EA per 28 days)
Irrigation Solutions		
<i>lactated ringers irrigation</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ringers irrigation solution 12's, latex-free</i>	1	
<i>sodium chloride 0.9% irrig. (rx)</i>	1	
<i>sodium chloride 0.9% process sol flex plast container (rx)</i>	1	
<i>sterile water for irrigation latex-free</i>	3	
TIS-U-SOL PENTALYTE IRRIG SOLN	1	
Minerals And Electrolytes - Bicarbonate Producing Or Containing Agents		
<i>sodium bicarb 8.4% vial 12's, sdv</i>	3	
<i>sodium bicarbonate 8.4% vial sdv, llf</i>	3	
<i>sodium bicarbonate 8.4%-water vial (compd-rx) llf, suv</i>	3	
Minerals And Electrolytes - Calcium Replacement		
<i>calcium acetate 667 mg tablet</i>	1	
Minerals And Electrolytes - Iodine		
SSKI 1 GM/ML SOLUTION	3	
Minerals And Electrolytes - Iron		
AURYXIA 210 MG TABLET	3	PA; QL (360 EA per 30 days)
Minerals And Electrolytes - Potassium, Oral		
EFFER-K 25 MEQ TABLET EFF ORANGE FLAVOR, INNER	1	
K EFFERVESCENT 25 MEQ TABLET	1	
KLOR-CON 10 MEQ TABLET OUTER	1	
KLOR-CON 8 MEQ TABLET OUTER	2	
KLOR-CON M10 TABLET OUTER	1	
KLOR-CON M20 TABLET	1	
KLOR-CON SPRINKLE ER 10 MEQ CP	1	
KLOR-CON SPRINKLE ER 8 MEQ CAP	1	
KLOR-CON-EF 25 MEQ TAB EFF	1	
K-TAB ER 10 MEQ TABLET	1	
<i>potassium 25 meq tablet eff</i>	1	
<i>potassium cl 10% (20 meq/15 ml) liquid inner</i>	1	
<i>potassium cl 10% (40 meq/30 ml) liquid inner</i>	1	
<i>potassium cl 20 meq packet inner</i>	2	
<i>potassium cl er 10 meq capsule</i>	1	
<i>potassium cl er 10 meq tablet</i>	1	
<i>potassium cl er 20 meq tablet</i>	1	
<i>potassium cl er 8 meq capsule</i>	1	
<i>potassium cl er 8 meq tablet</i>	1	
Minerals And Electrolytes - Sodium Chloride, Oral		
<i>sodium chloride 1 gm tablet (otc)</i>	1	
Multivitamin And Mineral Combinations		
CONCEPT DHA CAPSULE	1	
NIVA-PLUS TABLET	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VOL-PLUS TABLET (RX)	2	
VOL-TAB RX TABLET	2	
Multivitamins		
ENBRACE HR SOFTGEL	3	
VINATE CARE CHEWABLE TABLET	2	
Prenatal Vitamins And Minerals		
COMPLETE NATAL DHA	2	
COMPLETENATE TABLET CHEW	2	
CONCEPT DHA CAPSULE	1	
ENBRACE HR SOFTGEL	3	
NIVA-PLUS TABLET	2	
OB COMPLETE WITH DHA SOFTGEL	2	
O-CAL PRENATAL TABLET	1	
PNV 29-1 TABLET (RX)	2	
PNV PRENATAL PLUS MULTIVIT TAB S/F, GLUTEN-FREE (RX)	1	
PNV-DHA + DOCUSATE SOFTGEL	2	
PRENATA CHEWABLE TABLET	2	
PRENATABS FA TABLET	1	
PRENATABS RX TABLET	2	
PRENATAL 19 CHEWABLE TABLET	1	
PRENATAL 19 TABLET (RX)	1	
PRENATAL CAPLET	1	
PRENATAL MULTI-DHA SOFTGEL	1	
PRENATAL MULTIVITAMIN TABLET (RX)	1	
PRENATAL PLUS IRON TABLET (RX)	1	
PRENATAL TABLET (RX)	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL VITAMIN TABLET (RX)	1	
PRENATAL VITAMINS TABLET PHOSPHORUS FREE	1	
PREPLUS CA-FE 27 MG-FA 1 MG TB (RX)	2	
PRETAB 29 MG-1 MG TABLET (RX)	1	
PROVIDA OB CAPSULE	1	
SE-NATAL 19 CHEWABLE TABLET	2	
TRINATAL RX 1 TABLET	2	
TRIVEEN-DUO DHA COMBO PACK	2	
VINATE CARE CHEWABLE TABLET	2	
VINATE ONE TABLET	2	
VITAFOL-OB+DHA COMBO PACK	2	
VITAMEDMD ONE RX SOFTGEL	2	
VITAMEDMD REDICHEW RX TAB CHEW	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VOL-PLUS TABLET (RX)	2	
VOL-TAB RX TABLET	2	
Sodium Chloride Flushes		
<i>sodium chloride 0.9% vial sub</i>	1	
Sterile Water For Injection		
<i>sterile water for injection latex-free, mdv</i>	1	
Vitamins - B-12, Cyanocobalamin And Derivatives		
<i>cyanocobalamin (vitamin b-12) injection</i>	1	QL (4 ML per 28 days)
<i>hydroxocobalamin 1,000 mcg/ml</i>	1	
Vitamins - D Derivatives		
<i>baby vit d3 400 unit/drop conc</i>	0	
<i>calcitriol 0.25 mcg capsule</i>	1	
<i>calcitriol 0.5 mcg capsule</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	1	
<i>cvs vit d3 1,000 unit gummies plf (rx)</i>	0	
CVS VIT D3 1,000 UNIT SOFT CHW CHOCOLATE, P/F	0	
<i>cvs vit d3 1,000 unit tab chew (rx)</i>	0	
<i>cvs vit d3 400 unit/drop conc</i>	0	
<i>cvs vitamin d3 1,000 unit sfgl softgel (rx)</i>	0	
<i>cvs vitamin d3 2,000 unit sfgl softgel</i>	0	
<i>cvs vitamin d3 400 unit sftgl (rx)</i>	0	
DDROPS 1,000 UNIT/DROP	0	
DELTA D3 400 UNIT TABLET LACTOSE FREE, S/F	0	
D-VI-SOL 400 UNIT/ML LIQUID (RX)	0	
<i>eql vitamin d3 1,000 unit sfgl softgel (rx)</i>	0	
<i>eql vitamin d3 2,000 unit sfgl softgel</i>	0	
<i>eql vitamin d3 400 unit sftgl (rx)</i>	0	
<i>gnp vit d3 400 unit tab chew (rx)</i>	0	
<i>gnp vitamin d3 1,000 unit tab extra strength (rx)</i>	0	
<i>gnp vitamin d3 25 mcg(1000 unt) (rx)</i>	0	
<i>gnp vitamin d3 400 unit tablet gluten free</i>	0	
HM VITAMIN D3 1,000 UNIT TAB GLUTEN-FREE (RX)	0	
HM VITAMIN D3 2,000 UNIT SFTGL SOFTGEL, GLUTEN-FREE (RX)	0	
HM VITAMIN D3 400 UNIT TABLET GLUTEN-FREE (OTC)	0	
JUST D 400 UNIT/ML LIQUID	0	
PEDIA D-VITE 400 UNIT/ML LIQ	0	
<i>ra vitamin d3 1,000 unit tab (rx)</i>	0	
RA VITAMIN D3 2,000 UNIT SFGL SOFTGEL (RX)	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
RA VITAMIN D3 2,000 UNIT SFTGL (RX)	0	
SM VITAMIN D3 1,000 UNIT TAB P/F (RX)	0	
SM VITAMIN D3 2,000 UNIT SFTGL SOFTGEL, GLUTEN-FREE (RX)	0	
SUPER DAILY D3 1,000 UNIT/DROP	0	
<i>sv vitamin d3 1,000 unit gummy (rx)</i>	0	
SV VITAMIN D3 1,000 UNIT SFTGL SOFTGEL, P/F, S/F (RX)	0	
SV VITAMIN D3 2,000 UNIT SFTGL SOFTGEL, GLUTEN-F, P/F (RX)	0	
<i>sv vitamin d3 25 mcg(1000 unit) (rx)</i>	0	
SV VITAMIN D3 400 UNIT SOFTGEL SOFTGEL , P/F, S/F (RX)	0	
<i>vitamin d2 1.25 mg(50,000 unit)</i>	1	QL (4 EA per 28 days)
<i>vitamin d2 400 unit tablet slf,llf,y/f,glutenlf (rx)</i>	0	
VITAMIN D3 1,000 UNIT GUMMIES ADULT GUMMIES	0	
<i>vitamin d3 1,000 unit gummy (rx)</i>	0	
<i>vitamin d3 1,000 unit softgel softgel (rx)</i>	0	
VITAMIN D3 1,000 UNIT TAB CHEW P/F, PEACH VANILLA	0	
VITAMIN D3 1,000 UNIT TABLET (RX)	0	
<i>vitamin d3 10 mcg(400 unit)/ml (rx)</i>	0	
<i>vitamin d3 10 mcg/ml liquid slf,w/dropper (rx)</i>	0	
<i>vitamin d3 2,000 unit softgel diet supp, softgel</i>	0	
<i>vitamin d3 25 mcg (1,000 unit) (rx)</i>	0	
<i>vitamin d3 25 mcg tablet (rx)</i>	0	
<i>vitamin d3 400 unit softgel (rx)</i>	0	
<i>vitamin d3 400 unit tab chew (rx)</i>	0	
VITAMIN D3 400 UNIT TABLET (RX)	0	
<i>vitamin d3 400 unit/5 ml liq</i>	0	
<i>vitamin d3 400 unit/ml liquid supplement drop (rx)</i>	0	
VITAMIN D-400 TABLET EASY TO SWALLOW (RX)	0	
Vitamins - Folic Acid And Derivatives		
<i>cvs folic acid 800 mcg tablet (rx)</i>	0	
<i>folic acid 0.4 mg tablet (rx)</i>	0	
<i>folic acid 0.8 mg tablet (rx)</i>	0	
<i>folic acid 1 mg tablet (rx)</i>	1	
<i>folic acid 1,000 mcg tablet plf,slf (rx)</i>	1	
<i>folic acid 400 mcg tablet plf,slf,gluten-free (rx)</i>	0	
<i>folic acid 800 mcg capsule</i>	0	
<i>folic acid 800 mcg tablet inner (rx)</i>	0	
<i>gnp folic acid 400 mcg tablet (rx)</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>hm folic acid 400 mcg tablet gluten-free (rx)</i>	0	
<i>ra folic acid 0.4 mg tablet plf (rx)</i>	0	
<i>ra folic acid 800 mcg tablet plf (rx)</i>	0	
<i>sm folic acid 0.4 mg tablet (rx)</i>	0	
<i>sm folic acid 400 mcg tablet gluten-free (rx)</i>	0	
<i>sv folic acid 800 mcg tablet (rx)</i>	0	
Vitamins - K, Phytonadione And Derivatives		
<i>phytonadione 5 mg tablet</i>	2	QL (5 EA per 30 days)
Endocrine		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs		
CERVIDIL 10 MG VAGINAL INSRT INNER	4	PA
PROSTIN E2 VAGINAL 20 MG SUP	4	PA
Adrenocorticotrophic Hormones		
ACTHAR GEL 400 UNIT/5 ML VIAL MUV, LATEX-FREE	4	PA
Agents To Treat Hypoglycemia (Hyperglycemics)		
BAQSIMI	2	
GLUCAGEN 1 MG HYPOKIT	2	QL (1 EA per 30 days)
GLUCAGON 1 MG EMERGENCY KIT	2	QL (1 EA per 30 days)
<i>glucagon 1 mg vial latex-free,suv,outer</i>	1	QL (1 EA per 30 days)
GVOKE SYRINGE	2	
PROGLYCEM 50 MG/ML ORAL SUSP	2	
Anabolic Steroid - Single Agents		
<i>oxandrolone 10 mg tablet</i>	1	PA; QL (60 EA per 30 days)
<i>oxandrolone 2.5 mg tablet inner</i>	1	PA; QL (120 EA per 30 days)
Androgen - Single Agents		
<i>methyltestosterone 10 mg cap</i>	2	PA
NATESTO NASAL 5.5 MG/0.122 GM	3	PA; QL (21.96 GM per 30 days)
<i>testosteron cyp 1,000 mg/10 ml mdv</i>	1	
<i>testosteron cyp 2,000 mg/10 ml mdv</i>	1	
<i>testosteron enan 1,000 mg/5 ml mdv</i>	1	
<i>testosterone 1.62% gel pump</i>	1	QL (150 GM per 30 days)
<i>testosterone 1.62%(1.25 g) pkt inner</i>	1	QL (37.5 GM per 30 days)
<i>testosterone 10 mg gel pump</i>	1	
<i>testosterone 12.5 mg/1.25 gram inner</i>	1	
<i>testosterone 25 mg/2.5 gm pkt</i>	1	
<i>testosterone 30 mg/1.5 ml pump</i>	2	PA; QL (180 ML per 30 days)
<i>testosterone 50 mg/5 gram gel outer</i>	1	
<i>testosterone 50 mg/5 gram pkt inner</i>	1	
<i>testosterone cyp 100 mg/ml mdv</i>	1	
<i>testosterone cyp 200 mg/ml latex-free, sdv</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>testosterone cypionate 1,000 mg/5 ml vial (cmpd-rx) latex-free, muv</i>	1	
<i>testosterone cypionate 500 mg/2.5 ml vial (cmpd-rx) latex-free, muv</i>	1	
<i>testosterone cypionate 500 mg/5 ml vial (cmpd-rx) latex-free, muv</i>	1	
<i>testosterone cypionate 6,000 mg/30 ml vial (cmpd-rx) latex-free, muv</i>	1	
<i>testosterone enan 200 mg/ml mdv</i>	1	
Antidiuretic And Vasopressor Hormones		
<i>desmopressin 0.01% solution 50 doses</i>	1	
<i>desmopressin 0.01% spray 50 doses of 10mcg</i>	1	
<i>desmopressin 10 mcg/0.1 ml spr 50 doses of 10 mcg</i>	1	
<i>desmopressin ac 4 mcg/ml ampul plf, llf, inner, sdv</i>	1	
<i>desmopressin acetate 0.1 mg tb</i>	1	
<i>desmopressin acetate 0.2 mg tb</i>	1	
STIMATE 1.5 MG/ML NASAL SPRAY	4	PA; QL (2.5 ML per 30 days)
Antihyperglycemic - Alpha-Glucosidase Inhibitors		
<i>acarbose 100 mg tablet</i>	1	QL (90 EA per 30 days)
<i>acarbose 25 mg tablet</i>	1	QL (90 EA per 30 days)
<i>acarbose 50 mg tablet</i>	1	QL (90 EA per 30 days)
<i>miglitol 100 mg tablet</i>	1	
<i>miglitol 25 mg tablet</i>	1	
<i>miglitol 50 mg tablet</i>	1	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
<i>alogliptin 12.5 mg tablet</i>	1	ST; QL (30 EA per 30 days)
<i>alogliptin 25 mg tablet</i>	1	ST; QL (30 EA per 30 days)
<i>alogliptin 6.25 mg tablet</i>	1	ST; QL (30 EA per 30 days)
JANUVIA 100 MG TABLET U-D, F/C, INNER	2	ST; QL (30 EA per 30 days)
JANUVIA 25 MG TABLET U-D,F/C,INNER	2	ST; QL (30 EA per 30 days)
JANUVIA 50 MG TABLET INNER, F/C	2	ST; QL (30 EA per 30 days)
ONGLYZA 2.5 MG TABLET	3	ST; QL (30 EA per 30 days)
ONGLYZA 5 MG TABLET F/C	3	ST; QL (30 EA per 30 days)
TRADJENTA 5 MG TABLET F/C	2	ST; QL (30 EA per 30 days)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET 0.8 MG TABLET	3	PA
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii)		
KORLYM 300 MG TABLET	4	PA
Antihyperglycemic - Meglitinide Analogs		
<i>nateglinide 120 mg tablet</i>	1	QL (90 EA per 30 days)
<i>nateglinide 60 mg tablet</i>	1	QL (90 EA per 30 days)
<i>repaglinide 0.5 mg tablet inner</i>	1	QL (240 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>repaglinide 1 mg tablet</i>	1	QL (240 EA per 30 days)
<i>repaglinide 2 mg tablet</i>	1	QL (120 EA per 30 days)
Antihyperglycemic - Sgl-2 Inhibitor And Biguanide Combinations		
SYNJARDY 12.5-1,000 MG TABLET	2	ST; QL (60 EA per 30 days)
SYNJARDY 12.5-500 MG TABLET F/C	2	ST; QL (60 EA per 30 days)
SYNJARDY 5-1,000 MG TABLET	2	ST; QL (60 EA per 30 days)
SYNJARDY 5-500 MG TABLET	2	ST; QL (60 EA per 30 days)
SYNJARDY XR 10-1,000 MG TABLET	2	ST
SYNJARDY XR 12.5-1,000 MG TAB	2	ST
SYNJARDY XR 25-1,000 MG TABLET	2	ST
SYNJARDY XR 5-1,000 MG TABLET	2	ST
XIGDUO XR 10 MG-1,000 MG TAB	3	ST; QL (30 EA per 30 days)
XIGDUO XR 10 MG-500 MG TABLET	3	ST; QL (30 EA per 30 days)
XIGDUO XR 5 MG-1,000 MG TABLET	3	ST; QL (30 EA per 30 days)
XIGDUO XR 5 MG-500 MG TABLET	2	ST; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	ST
Antihyperglycemic - Sgl-2 Inhibitor And Dpp-4 Inhibitor Combinations		
GLYXAMBI 10 MG-5 MG TABLET SAMPLE	2	ST; QL (30 EA per 30 days)
GLYXAMBI 25 MG-5 MG TABLET SAMPLE	2	ST; QL (30 EA per 30 days)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sgl-2) Inhibitors		
FARXIGA 10 MG TABLET	2	ST
FARXIGA 5 MG TABLET	2	ST
JARDIANCE 10 MG TABLET SAMPLE	2	ST; QL (30 EA per 30 days)
JARDIANCE 25 MG TABLET SAMPLE	2	ST; QL (30 EA per 30 days)
Antihyperglycemic - Sulfonylurea And Biguanide Combinations		
<i>glipizide-metformin 2.5-250 mg</i>	1	
<i>glipizide-metformin 2.5-500 mg</i>	1	
<i>glipizide-metformin 5-500 mg</i>	1	
<i>glyburide-metformin 2.5-500 mg flc</i>	1	
<i>glyburide-metformin 5-500 mg</i>	1	
<i>glyburide-metformin 1.25-250 mg flc</i>	1	
Antihyperglycemic - Sulfonylurea Derivatives		
<i>chlorpropamide 100 mg tablet</i>	1	QL (120 EA per 30 days)
<i>chlorpropamide 250 mg tablet</i>	1	QL (90 EA per 30 days)
<i>glimepiride 1 mg tablet</i>	1	QL (60 EA per 30 days)
<i>glimepiride 2 mg tablet</i>	1	QL (60 EA per 30 days)
<i>glimepiride 4 mg tablet</i>	1	QL (60 EA per 30 days)
<i>glipizide 10 mg tablet 12's</i>	1	QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>glipizide 5 mg tablet</i>	1	QL (240 EA per 30 days)
<i>glipizide er 10 mg tablet</i>	1	QL (60 EA per 30 days)
<i>glipizide er 2.5 mg tablet flc</i>	1	QL (240 EA per 30 days)
<i>glipizide er 5 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 EA per 30 days)
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 EA per 30 days)
<i>glipizide xl 5 mg tablet</i>	1	QL (60 EA per 30 days)
<i>glyburide 1.25 mg tablet</i>	1	QL (480 EA per 30 days)
<i>glyburide 2.5 mg tablet</i>	1	QL (240 EA per 30 days)
<i>glyburide 5 mg tablet u-d, 10x10, inner</i>	1	QL (120 EA per 30 days)
<i>glyburide micro 1.5 mg tab</i>	1	QL (120 EA per 30 days)
<i>glyburide micro 3 mg tablet</i>	1	QL (60 EA per 30 days)
<i>glyburide micro 6 mg tablet</i>	1	QL (30 EA per 30 days)
<i>tolazamide 250 mg tablet</i>	1	
<i>tolazamide 500 mg tablet</i>	1	
<i>tolbutamide 500 mg tablet</i>	1	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations		
AVANDAMET 2 MG-1,000 MG TAB	3	
<i>pioglitazone-metformin 15-500</i>	1	QL (90 EA per 30 days)
<i>pioglitazone-metformin 15-850</i>	1	QL (90 EA per 30 days)
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 PEN INJECTOR SUV	3	PA; QL (10 ML per 30 days)
SYMLINPEN 60 PEN INJECTOR LATEX-FREE,SUV	3	PA; QL (10 ML per 30 days)
Antihyperglycemic, Incretin Mimetic,Glp-1 Receptor Agonist Analog-Type		
ADLYXIN 10-20 MCG STARTER PACK	3	PA; QL (90 ML per 30 days)
ADLYXIN 20 MCG MAINTENANCE PK	3	PA; QL (90 ML per 30 days)
BYDUREON 2 MG PEN INJECT L/F, SUV, INNER	2	PA; QL (4 EA per 28 days)
BYDUREON 2 MG VIAL LATEX-FREE, SUV	2	PA; QL (4 EA per 28 days)
BYDUREON BCISE 2 MG AUTOINJECT INNER,SDV	2	PA; QL (4 ML per 28 days)
BYETTA 10 MCG DOSE PEN INJ SINGLE USE	3	PA; QL (2 ML per 30 days)
BYETTA 5 MCG DOSE PEN INJ L/F,SINGLE USE	3	PA; QL (2 ML per 30 days)
TANZEUM 30 MG PEN INJECT P/F,LTX-FR,INNER,SDV	3	PA; QL (4 EA per 28 days)
TANZEUM 50 MG PEN INJECT P/F,LTX-FR,INNER,SDV	3	PA; QL (4 EA per 28 days)
TRULICITY 0.75 MG/0.5 ML PEN L/F, SDV, INNER	2	PA; QL (2 ML per 28 days)
TRULICITY 1.5 MG/0.5 ML PEN L/F, SDV, INNER	2	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK 18 MG/3 ML PEN	3	PA; QL (9 ML per 30 days)
VICTOZA 3-PAK 18 MG/3 ML PEN	3	PA; QL (9 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide		
<i>alogliptin-metformin 12.5-1000</i>	1	ST; QL (60 EA per 30 days)
<i>alogliptin-metformin 12.5-500</i>	1	ST; QL (60 EA per 30 days)
JANUMET 50-1,000 MG TABLET F/C	2	ST; QL (60 EA per 30 days)
JANUMET 50-500 MG TABLET F/C	2	ST; QL (60 EA per 30 days)
JANUMET XR 100-1,000 MG TABLET F/C	2	ST; QL (30 EA per 30 days)
JANUMET XR 50-1,000 MG TABLET F/C	2	ST; QL (30 EA per 30 days)
JANUMET XR 50-500 MG TABLET F/C	2	ST; QL (30 EA per 30 days)
JENTADUETO 2.5 MG-1,000 MG TAB	2	ST; QL (60 EA per 30 days)
JENTADUETO 2.5 MG-500 MG TAB	2	ST; QL (60 EA per 30 days)
JENTADUETO 2.5 MG-850 MG TAB	2	ST; QL (60 EA per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG	2	ST; QL (30 EA per 30 days)
JENTADUETO XR 5 MG-1,000 MG TB	2	ST; QL (30 EA per 30 days)
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR 5-1,000 MG TAB	3	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR 5-500 MG TABLET	3	ST; QL (60 EA per 30 days)
Antithyroid Agents, Thionamides - Imidazole Derivatives		
<i>methimazole 10 mg tablet outer</i>	1	
<i>methimazole 5 mg tablet outer</i>	1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives		
<i>propylthiouracil 50 mg tablet</i>	1	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody		
EVENITY (105 MG/1.17 ML) 210 MG DOSE - 2 SYRINGES	4	PA; QL (2.34 ML per 28 days)
EVENITY 105 MG/1.17 ML SYRINGE	4	PA; QL (2.34 ML per 28 days)
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides		
TYMLOS 80 MCG DOSE PEN INJECTR INNER, L/F, SUV	4	PA; QL (30 ML per 30 days)
Bone Formation Stimulating Agents - Parathyroid Hormone-Type		
FORTEO 600 MCG/2.4 ML PEN INJ	4	PA; QL (3 ML per 28 days)
Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations		
FOSAMAX PLUS D 70 MG-2,800 UNITS 4 PACKS	3	ST; QL (4 EA per 28 days)
FOSAMAX PLUS D 70 MG-5,600 UNITS	3	ST; QL (4 EA per 28 days)
Bone Resorption Inhibitors - Bisphosphonates		
<i>alendronate sod 70 mg/75 ml</i>	1	QL (300 ML per 28 days)
<i>alendronate sodium 10 mg tab</i>	1	QL (30 EA per 28 days)
<i>alendronate sodium 35 mg tab outer</i>	1	QL (4 EA per 28 days)
<i>alendronate sodium 40 mg tab</i>	1	QL (30 EA per 28 days)
<i>alendronate sodium 5 mg tablet</i>	1	QL (30 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>alendronate sodium 70 mg tab outer</i>	1	QL (4 EA per 28 days)
<i>etidronate disodium 200 mg tab</i>	1	
<i>etidronate disodium 400 mg tab</i>	1	
<i>ibandronate sodium 150 mg tab inner</i>	1	QL (1 EA per 28 days)
<i>risedronate sod dr 35 mg tab once-a-week, inner</i>	1	ST; QL (4 EA per 28 days)
<i>risedronate sodium 150 mg tab flc, once-a-month</i>	1	QL (1 EA per 30 days)
<i>risedronate sodium 30 mg tab</i>	1	ST; QL (30 EA per 30 days)
<i>risedronate sodium 35 mg tablet flc, once-a-week</i>	1	ST; QL (30 EA per 30 days)
<i>risedronate sodium 5 mg tablet</i>	1	ST; QL (30 EA per 30 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer		
<i>cinacalcet hcl 30 mg tablet</i>	4	PA; QL (30 EA per 30 days)
<i>cinacalcet hcl 60 mg tablet</i>	4	PA; QL (30 EA per 30 days)
<i>cinacalcet hcl 90 mg tablet</i>	4	PA; QL (30 EA per 30 days)
Calcitonins		
<i>calcitonin-salmon 200 units sp 30 dose bottle</i>	1	
MIACALCIN 400 UNIT/2 ML VIAL MDV, LATEX-FREE	4	PA
Estrogen And Progestin With Antimineralocorticoid Activity, Combination		
ANGELIQ 0.25 MG-0.5 MG TABLET F/C, INNER	3	QL (28 EA per 28 days)
ANGELIQ 0.5 MG-1 MG TABLET INNER	3	QL (28 EA per 28 days)
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations		
DUAVEE 0.45-20 MG TABLET	3	QL (30 EA per 30 days)
Estrogen-Androgen		
COVARYX H.S. TABLET	3	
COVARYX TABLET	3	
EEMT DS 1.25-2.5 MG TABLET	3	
EEMT HS 0.625-1.25 MG TABLET	3	
<i>estrogen-methyltestos f.s. tab flc</i>	1	
<i>estrogen-methyltestos h.s. tab</i>	1	
Estrogen-Progestin		
ACTIVELLA 0.5-0.1 MG TABLET	3	
ACTIVELLA 1 MG-0.5 MG TABLET	3	
AMABELZ 0.5 MG-0.1 MG TABLET INNER	3	
AMABELZ 1 MG-0.5 MG TABLET INNER	3	
CLIMARA PRO PATCH 45-15MCG/DAY WK	3	QL (4 EA per 28 days)
COMBIPATCH 0.05-0.14 MG PTCH INNER	3	QL (8 EA per 28 days)
COMBIPATCH 0.05-0.25 MG PTCH OUTER	3	QL (8 EA per 28 days)
<i>estradiol-noreth 0.5-0.1 mg tb coated</i>	1	
<i>estradiol-noreth 1-0.5 mg tab flc</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FEMHRT 0.5 MG-2.5 MCG TABLET 5'S, LOW DOSE	3	
FYAVOLV 0.5 MG-2.5 MCG TABLET F/C	1	
FYAVOLV 1 MG-5 MCG TABLET F/C	1	
JEVANTIQUE LO 0.5 MG-2.5 MCG OUTER	1	
JINTELI 1 MG-5 MCG TABLET INNER	1	
LOPREEEZA 0.5 MG-0.1 MG TABLET	1	
LOPREEEZA 1 MG-0.5 MG TABLET	1	
MIMVEY 1-0.5 MG TABLET F/C	1	
MIMVEY LO 0.5-0.1 MG TABLET INNER	1	
<i>norethind-eth estrad 0.5-2.5 outer</i>	0	
<i>norethin-eth estrad 1 mg-5 mcg outer</i>	0	
PREFEST TABLET 6'S,CYCLE-PACK	3	
PREMPHASE 0.625-5 MG TABLET	2	
PREMPRO 0.3 MG-1.5 MG TABLET	3	
PREMPRO 0.45-1.5 MG TABLET	2	
PREMPRO 0.625-2.5 MG TABLET	2	
PREMPRO 0.625-2.5 MG TABLET	3	
PREMPRO 0.625-5 MG TABLET	2	
Estrogens		
ALORA 0.025 MG PATCH OUTER	3	QL (8 EA per 28 days)
ALORA 0.05 MG PATCH OUTER	3	QL (8 EA per 28 days)
ALORA 0.075 MG PATCH OUTER	3	QL (8 EA per 28 days)
ALORA 0.1 MG PATCH OUTER	3	QL (8 EA per 28 days)
CLIMARA 0.025 MG/DAY PATCH INNER	3	QL (4 EA per 28 days)
CLIMARA 0.0375 MG/DAY PATCH INNER	3	QL (4 EA per 28 days)
CLIMARA 0.05 MG/DAY PATCH INNER	3	QL (4 EA per 28 days)
CLIMARA 0.06 MG/DAY PATCH INNER	3	QL (4 EA per 28 days)
CLIMARA 0.075 MG/DAY PATCH INNER	3	QL (4 EA per 28 days)
CLIMARA 0.1 MG/DAY PATCH INNER	3	QL (4 EA per 28 days)
DELESTROGEN 20 MG/ML VIAL IN OIL, MDV	3	
DELESTROGEN 40 MG/ML VIAL IN OIL, MDV	3	
DIVIGEL 0.25 MG GEL PACKET INNER	3	QL (30 EA per 30 days)
DIVIGEL 0.5 MG GEL PACKET 1X30'S, SD PACK	3	QL (30 EA per 30 days)
DIVIGEL 1 MG GEL PACKET 1X30, SD PACK	3	QL (30 GM per 30 days)
DOTTI 0.0375 MG PATCH INNER	3	QL (8 EA per 28 days)
ELESTRIN 0.06% GEL INNER	3	QL (26 GM per 30 days)
<i>estradiol 0.025 mg patch inner</i>	1	QL (8 EA per 28 days)
<i>estradiol 0.0375 mg patch inner</i>	1	QL (8 EA per 28 days)
<i>estradiol 0.0375 mg/day patch transdermal</i>	1	QL (4 EA per 28 days)
<i>estradiol 0.05 mg patch inner</i>	1	QL (8 EA per 28 days)
<i>estradiol 0.06 mg/day patch transdermal</i>	1	QL (4 EA per 28 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>estradiol 0.075 mg patch inner</i>	1	QL (8 EA per 28 days)
<i>estradiol 0.075 mg/day patch outer</i>	1	QL (4 EA per 28 days)
<i>estradiol 0.1 mg patch inner</i>	1	QL (8 EA per 28 days)
<i>estradiol 0.5 mg tablet</i>	1	
<i>estradiol 1 mg tablet</i>	1	
<i>estradiol 2 mg tablet</i>	1	
<i>estradiol tds 0.025 mg/day inner</i>	1	QL (4 EA per 28 days)
<i>estradiol tds 0.0375 mg/day outer</i>	1	QL (4 EA per 28 days)
<i>estradiol tds 0.05 mg/day inner</i>	1	QL (4 EA per 28 days)
<i>estradiol tds 0.06 mg/day inner</i>	1	QL (4 EA per 28 days)
<i>estradiol tds 0.075 mg/day inner</i>	1	QL (4 EA per 28 days)
<i>estradiol tds 0.1 mg/day outer</i>	1	QL (4 EA per 28 days)
<i>estradiol valerate 20 mg/ml vial mdv</i>	1	
<i>estradiol valerate 40 mg/ml vial mdv</i>	1	
ESTROGEL 0.06% GEL	3	QL (50 GM per 30 days)
<i>estropipate 0.625(0.75 mg) tab</i>	1	
<i>estropipate 1.25(1.5 mg) tab</i>	1	
<i>estropipate 2.5(3 mg) tab</i>	1	
EVAMIST 1.53 MG/SPRAY	3	QL (16.2 ML per 30 days)
MENEST 0.3 MG TABLET	3	
MENEST 0.625 MG TABLET	3	
MENEST 1.25 MG TABLET	3	
MENEST 2.5 MG TABLET	3	
MENOSTAR 14 MCG/DAY PATCH	3	QL (4 EA per 28 days)
MINIVELLE 0.025 MG PATCH INNER	3	QL (8 EA per 28 days)
MINIVELLE 0.0375 MG PATCH INNER	3	QL (8 EA per 28 days)
MINIVELLE 0.05 MG PATCH INNER	3	QL (8 EA per 28 days)
MINIVELLE 0.075 MG PATCH INNER	3	QL (8 EA per 28 days)
MINIVELLE 0.1 MG PATCH INNER	3	QL (8 EA per 28 days)
PREMARIN 0.3 MG TABLET	2	
PREMARIN 0.45 MG TABLET	2	
PREMARIN 0.625 MG TABLET	2	
PREMARIN 0.9 MG TABLET	2	
PREMARIN 1.25 MG TABLET	2	
VIVELLE-DOT 0.025 MG PATCH OUTER	3	QL (8 EA per 28 days)
VIVELLE-DOT 0.0375 MG PATCH OUTER	3	QL (8 EA per 28 days)
VIVELLE-DOT 0.05 MG PATCH OUTER	3	QL (8 EA per 28 days)
VIVELLE-DOT 0.075 MG PATCH OUTER	3	QL (8 EA per 28 days)
VIVELLE-DOT 0.1 MG PATCH OUTER	3	QL (8 EA per 28 days)
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type		
CRINONE 8% GEL OUTER	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ENDOMETRIN 100 MG SUPPOSITORY INNER	2	
Fertility Enhancer - Preterm Birth Prevention, Progesterone-Type		
hydroxyprogesterone 1,250 mg/5 ml muv, latex-free	2	PA
hydroxyprogesterone 250 mg/ml vial latex-free,plf,suv	4	PA; QL (5 ML per 35 days)
Glucocorticoids		
cortisone 25 mg tablet	1	
dexamethasone 0.5 mg tablet	1	
dexamethasone 0.5 mg/5 ml elx	1	
dexamethasone 0.5 mg/5 ml liq	1	
dexamethasone 0.75 mg tablet	1	
dexamethasone 1 mg tablet	1	
dexamethasone 1.5 mg tablet	1	
dexamethasone 10 day 1.5 mg tb	1	
dexamethasone 13 day 1.5 mg tb	1	
dexamethasone 2 mg tablet	1	
dexamethasone 4 mg tablet	1	
dexamethasone 6 day 1.5 mg tab	1	
dexamethasone 6 mg tablet	1	
hydrocortisone 10 mg tablet	1	
hydrocortisone 20 mg tablet	1	
hydrocortisone 5 mg tablet	1	
MEDROL 2 MG TABLET	3	
methylprednisolone 16 mg tab	1	
methylprednisolone 32 mg tab	1	
methylprednisolone 4 mg dosepak dosepak	1	
methylprednisolone 4 mg tablet	1	
methylprednisolone 8 mg tab	1	
methylprednisolone ss 125 mg latex-free, sdv	1	
prednisolone 10 mg/5 ml soln	1	
prednisolone 15 mg/5 ml soln	1	
prednisolone 15 mg/5 ml syrup	1	
prednisolone 20 mg/5 ml soln	1	
prednisolone 5 mg/5 ml soln	1	
prednisolone odt 10 mg tablet	1	
prednisolone odt 15 mg tablet inner	1	
prednisolone odt 30 mg tablet inner	1	
prednisolone sod ph 25 mg/5 ml	1	
prednisone 1 mg tablet u-d, 10x10, blister	1	
prednisone 10 mg tab dose pack	1	
prednisone 10 mg tablet	1	
prednisone 2.5 mg tablet	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>prednisone 20 mg tablet</i>	1	
<i>prednisone 5 mg tab dose pack</i>	1	
<i>prednisone 5 mg tablet</i>	1	
<i>prednisone 5 mg/5 ml solution</i>	1	
<i>prednisone 50 mg tablet</i>	1	
PREDNISONE INTENSOL 5 MG/ML	1	
Gonadotropin Inhibitor Pituitary Suppressants		
<i>danazol 100 mg capsule</i>	2	
<i>danazol 200 mg capsule</i>	2	
<i>danazol 50 mg capsule</i>	2	
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG VIAL INNER,LATEX-FREE,SUV	4	PA
SOMAVERT 15 MG VIAL SDV, LATEX-FREE	4	PA
SOMAVERT 20 MG VIAL SDV,LATEX-FREE,INNER	4	PA
SOMAVERT 25 MG VIAL SDV,INNER,LATEX-FREE	4	PA
SOMAVERT 30 MG VIAL SDV,LATEX-FREE,OUTER	4	PA
Growth Hormone Releasing Hormones (Ghrh)		
EGRIFTA 1 MG VIAL P/F, SUV, LATEX-FREE	4	PA
EGRIFTA 2 MG VIAL P/F, SUV, W/DILUENT	4	PA
Growth Hormones		
HUMATROPE 12 MG CARTRIDGE	4	PA
HUMATROPE 24 MG CARTRIDGE	4	PA
HUMATROPE 5 MG VIAL OUTER, LATEX FREE	4	PA
HUMATROPE 6 MG CARTRIDGE	4	PA
NORDITROPIN FLEXPPO 10 MG/1.5	4	PA
NORDITROPIN FLEXPPO 15 MG/1.5	4	PA
NORDITROPIN FLEXPPO 30 MG/3 ML	4	PA
NORDITROPIN FLEXPPO 5 MG/1.5	4	PA
Human Insulins - Fixed Combinations		
HUMULIN 70/30 KWIKPEN INNER, SINGLE USE	2	
HUMULIN 70-30 VIAL	2	QL (30 ML per 30 days)
NOVOLIN 70-30 100 UNIT/ML VIAL LATEX-FREE	2	QL (30 ML per 30 days)
NOVOLIN 70-30 FLEXPEN INNER,SUV,LATEX-FREE	2	
RELION NOVOLIN 70-30 FLEXPEN INNER,SUV,LATEX-FREE	2	
Human Insulins - Intermediate Acting		
HUMULIN N 100 UNIT/ML VIAL	2	QL (30 ML per 30 days)
HUMULIN N 100 UNITS/ML KWIKPEN INNER, SINGLE USE	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
NOVOLIN N 100 UNIT/ML VIAL	2	QL (30 ML per 30 days)
Human Insulins - Short Acting		
HUMULIN R 100 UNIT/ML VIAL	2	QL (30 ML per 30 days)
HUMULIN R 500 UNITS/ML KWIKPEN INNER,SINGLE USE	2	
HUMULIN R 500 UNITS/ML VIAL	2	QL (30 ML per 30 days)
NOVOLIN R 100 UNIT/ML VIAL	2	QL (30 ML per 30 days)
Insulin Analogs - Fixed Combinations		
HUMALOG MIX 50-50 KWIKPEN INNER, SINGLE USE	2	QL (60 ML per 30 days)
HUMALOG MIX 50-50 VIAL	2	QL (60 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN INNER, SINGLE USE	2	QL (60 ML per 30 days)
HUMALOG MIX 75-25 VIAL	2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 FLEXPEN SUV, LATEX-FREE	2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 VIAL	2	QL (60 ML per 30 days)
Insulin Analogs - Long Acting		
BASAGLAR 100 UNIT/ML KWIKPEN INNER , SDV	2	QL (30 ML per 30 days)
LANTUS 100 UNIT/ML VIAL	3	PA; QL (30 ML per 30 days)
LANTUS SOLOSTAR 100 UNIT/ML LATEX-FREE,SUV,INNER	3	PA; QL (30 ML per 30 days)
LEVEMIR 100 UNIT/ML VIAL	3	PA; QL (30 ML per 30 days)
LEVEMIR FLEXTOUCH 100 UNIT/ML LATEX-FREE,OUTER,SUV	3	PA; QL (30 ML per 30 days)
TRESIBA FLEXTOUCH 100 UNIT/ML LATEX-FREE, SUV	3	PA; QL (60 ML per 30 days)
TRESIBA FLEXTOUCH 200 UNIT/ML LATEX-FREE, SUV	3	PA; QL (27 ML per 30 days)
Insulin Analogs - Rapid Acting		
ADMELOG 100 UNIT/ML VIAL MDV,LATEX-FREE	2	QL (60 ML per 30 days)
ADMELOG SOLOSTAR 100 UNIT/ML INNER, SUV, L/F	2	QL (60 ML per 30 days)
HUMALOG 100 UNIT/ML VIAL	2	QL (60 ML per 30 days)
HUMALOG 100 UNITS/ML CARTRIDGE INNER, SINGLE USE	2	
HUMALOG 100 UNITS/ML KWIKPEN INNER, SINGLE USE	2	QL (60 ML per 30 days)
HUMALOG 200 UNITS/ML KWIKPEN INNER, SINGLE USE	2	QL (60 ML per 30 days)
HUMALOG JR 100 UNIT/ML KWIKPEN INNER, SUV	2	QL (60 ML per 30 days)
<i>insulin lispro 100 unit/ml kwikpen inner, suv</i>	1	QL (60 ML per 30 days)
<i>insulin lispro 100 unit/ml vl</i>	1	QL (60 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
NOVOLOG 100 UNIT/ML CARTRIDGE	2	
NOVOLOG 100 UNIT/ML FLEXPEN L/F, SINGLE USE	2	QL (60 ML per 30 days)
NOVOLOG 100 UNIT/ML VIAL MUV	2	QL (60 ML per 30 days)
Insulin Response Enhancers - Biguanides		
<i>metformin hcl 1,000 mg tablet flc</i>	1	QL (90 EA per 30 days)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 EA per 30 days)
<i>metformin hcl 850 mg tablet flc,blackberry scent</i>	1	QL (90 EA per 30 days)
<i>metformin hcl er 500 mg tablet</i>	1	QL (150 EA per 30 days)
<i>metformin hcl er 750 mg tablet</i>	1	QL (90 EA per 30 days)
RIOMET 500 MG/5 ML SOLUTION	3	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists)		
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl 30 mg tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl 45 mg tablet</i>	1	QL (30 EA per 30 days)
Insulin-Like Growth Factor-1 (Igf-1)		
INCRELEX 40 MG/4 ML VIAL	4	PA
Lhrh (Gnrh) Agonist Analog Pit Suppres - Central Precocious Puberty		
LUPRON DEPOT-PED 11.25 MG 3MO KIT	4	PA
LUPRON DEPOT-PED 11.25 MG KIT SUV	4	PA
LUPRON DEPOT-PED 15 MG KIT LUPROLOC, P/F, SUV	4	PA
LUPRON DEPOT-PED 30 MG 3MO KIT	4	PA
LUPRON DEPOT-PED 7.5 MG KIT SUV	4	PA
Lhrh (Gnrh) Agonist Analog Pituitary Supp. And Progestin Comb.		
LUPANETA PK 11.25-5 MG 3MO KIT	4	PA
LUPANETA PK 3.75-5 MG 1MO KIT OUTER, L/F, SDV	4	PA
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT 11.25 MG (LUPANETA) INNER, L/F, SDV	4	PA
LUPRON DEPOT 11.25 MG 3MO KIT 3 MONTH, SUV	4	PA
LUPRON DEPOT 3.75 MG (LUPANETA) INNER, L/F, SDV	4	PA
LUPRON DEPOT 3.75 MG KIT P/F, SUV	4	PA
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators		
OSPHENA 60 MG TABLET	3	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type		
<i>paroxetine mesylate 7.5 mg cap</i>	1	ST; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Mineralocorticoids		
<i>fludrocortisone 0.1 mg tablet</i>	1	
Oxytocic - Ergot Alkaloids		
<i>methylergonovine 0.2 mg tablet inner</i>	2	QL (28 EA per 30 days)
Progestins		
<i>hydroxyprogesterone 1,250 mg/5 ml mv, latex-free</i>	2	PA
<i>hydroxyprogesterone 250 mg/ml vial latex-free,plf,suv</i>	4	PA; QL (5 ML per 35 days)
<i>hydroxyprogesterone 1.25 g/5 ml mdv, llf</i>	4	PA
<i>medroxyprogesterone 10 mg tab</i>	1	
<i>medroxyprogesterone 2.5 mg tab</i>	1	
<i>medroxyprogesterone 5 mg tab</i>	1	
<i>norethindrone 5 mg tb (lupaneta) inner</i>	1	
<i>norethindrone 5 mg tablet</i>	1	
<i>progesterone 100 mg capsule</i>	1	
<i>progesterone 200 mg capsule</i>	1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists		
<i>cabergoline 0.5 mg tablet</i>	1	
Selective Estrogen Receptor Modulators (Serms)		
<i>raloxifene hcl 60 mg tablet</i>	0	QL (30 EA per 30 days)
Somatostatic Agents		
<i>octreotide 1,000 mcg/5 ml vial mv</i>	2	
<i>octreotide acet 0.05 mg/ml vl suv,inner,latex-free</i>	2	
<i>octreotide acet 100 mcg/ml amp 10's, sdv</i>	2	
<i>octreotide acet 100 mcg/ml syr inner, single-dose</i>	2	
<i>octreotide acet 100 mcg/ml vl inner, llf, plf, sdv</i>	2	
<i>octreotide acet 200 mcg/ml vl mdv</i>	2	
<i>octreotide acet 50 mcg/ml amp 10's, sdv</i>	2	
<i>octreotide acet 50 mcg/ml syr inner,single-use</i>	2	
<i>octreotide acet 50 mcg/ml vial inner, llf, plf, sdv</i>	2	
<i>octreotide acet 500 mcg/ml amp 10's, sdv</i>	2	
<i>octreotide acet 500 mcg/ml syr inner, single-use</i>	2	
<i>octreotide acet 500 mcg/ml vl 10's,latex-free,suv</i>	2	
Thyroid Hormone Combinations - Synthetic T3 And T4		
THYROLAR-1 STRENGTH TABLET	2	
THYROLAR-1/2 STRENGTH TAB	2	
THYROLAR-1/4 STRENGTH TAB	2	
THYROLAR-2 STRENGTH TABLET	2	
THYROLAR-3 STRENGTH TABLET	2	
Thyroid Hormones - Animal Source (Porcine)		
ARMOUR THYROID 120 MG TABLET	2	
ARMOUR THYROID 15 MG TABLET	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ARMOUR THYROID 180 MG TABLET	2	
ARMOUR THYROID 240 MG TABLET	2	
ARMOUR THYROID 30 MG TABLET	2	
ARMOUR THYROID 300 MG TABLET	2	
ARMOUR THYROID 60 MG TABLET	2	
ARMOUR THYROID 90 MG TABLET	2	
NATURE-THROID 113.75 MG TABLET	2	
NATURE-THROID 130 MG TABLET	2	
NATURE-THROID 146.25 MG TABLET	2	
NATURE-THROID 16.25 MG TABLET	2	
NATURE-THROID 162.5 MG TABLET	2	
NATURE-THROID 195 MG TABLET	2	
NATURE-THROID 260 MG TABLET	2	
NATURE-THROID 32.5 MG TABLET	2	
NATURE-THROID 325 MG TABLET	2	
NATURE-THROID 48.75 MG TABLET	2	
NATURE-THROID 65 MG TABLET	2	
NATURE-THROID 81.25 MG TABLET	2	
NATURE-THROID 97.5 MG TABLET	2	
NP THYROID 120 MG TABLET	2	
NP THYROID 15 MG TABLET	1	
NP THYROID 30 MG TABLET	1	
NP THYROID 60 MG TABLET	1	
NP THYROID 90 MG TABLET	1	
<i>thyroid 120 mg tablet</i>	1	
<i>thyroid 15 mg tablet</i>	1	
<i>thyroid 30 mg tablet</i>	1	
<i>thyroid 60 mg tablet</i>	1	
<i>thyroid 90 mg tablet</i>	1	
WESTHROID 130 MG TABLET	3	
WESTHROID 195 MG TABLET	2	
WESTHROID 32.5 MG TABLET	3	
WESTHROID 65 MG TABLET	3	
WESTHROID 97.5 MG TABLET	3	
WP THYROID 113.75 MG TABLET	3	
WP THYROID 130 MG TABLET	3	
WP THYROID 16.25 MG TABLET	3	
WP THYROID 32.5 MG TABLET	3	
WP THYROID 48.75 MG TABLET	3	
WP THYROID 65 MG TABLET	3	
WP THYROID 81.25 MG TABLET	3	
WP THYROID 97.5 MG TABLET	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Thyroid Hormones - Synthetic T3 (Triiodothyronine)		
<i>liothyronine sod 25 mcg tab</i>	1	
<i>liothyronine sod 5 mcg tab</i>	1	
<i>liothyronine sod 50 mcg tab</i>	1	
Thyroid Hormones - Synthetic T4 (Thyroxine)		
EUTHYROX 100 MCG TABLET	2	
EUTHYROX 112 MCG TABLET	2	
EUTHYROX 125 MCG TABLET	2	
EUTHYROX 137 MCG TABLET	2	
EUTHYROX 150 MCG TABLET	2	
EUTHYROX 175 MCG TABLET	2	
EUTHYROX 200 MCG TABLET	2	
EUTHYROX 25 MCG TABLET	2	
EUTHYROX 50 MCG TABLET	2	
EUTHYROX 75 MCG TABLET	2	
EUTHYROX 88 MCG TABLET	2	
<i>levothyroxine 0.125 mg tablet</i>	1	
<i>levothyroxine 0.175 mg tablet</i>	1	
<i>levothyroxine 100 mcg tablet</i>	1	
<i>levothyroxine 112 mcg tablet</i>	1	
<i>levothyroxine 125 mcg tablet</i>	1	
<i>levothyroxine 137 mcg tablet</i>	1	
<i>levothyroxine 150 mcg tablet</i>	1	
<i>levothyroxine 175 mcg tablet</i>	1	
<i>levothyroxine 200 mcg tablet</i>	1	
<i>levothyroxine 25 mcg tablet</i>	1	
<i>levothyroxine 300 mcg tablet</i>	1	
<i>levothyroxine 50 mcg tablet</i>	1	
<i>levothyroxine 75 mcg tablet</i>	1	
<i>levothyroxine 88 mcg tablet inner</i>	1	
LEVOXYL 100 MCG TABLET	1	
LEVOXYL 112 MCG TABLET	1	
LEVOXYL 125 MCG TABLET	1	
LEVOXYL 137 MCG TABLET	1	
LEVOXYL 150 MCG TABLET	1	
LEVOXYL 175 MCG TABLET	1	
LEVOXYL 200 MCG TABLET	1	
LEVOXYL 25 MCG TABLET	1	
LEVOXYL 50 MCG TABLET	1	
LEVOXYL 75 MCG TABLET	1	
LEVOXYL 88 MCG TABLET	1	
SYNTHROID 100 MCG TABLET	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SYNTHROID 112 MCG TABLET	2	
SYNTHROID 125 MCG TABLET U-D	2	
SYNTHROID 137 MCG TABLET	2	
SYNTHROID 150 MCG TABLET	2	
SYNTHROID 175 MCG TABLET	2	
SYNTHROID 200 MCG TABLET	2	
SYNTHROID 25 MCG TABLET	2	
SYNTHROID 300 MCG TABLET	2	
SYNTHROID 50 MCG TABLET	2	
SYNTHROID 75 MCG TABLET	2	
SYNTHROID 88 MCG TABLET	2	
TIROSINT 100 MCG CAPSULE	3	
TIROSINT 112 MCG CAPSULE	3	
TIROSINT 125 MCG CAPSULE	3	
TIROSINT 13 MCG CAPSULE	3	
TIROSINT 137 MCG CAPSULE	3	
TIROSINT 150 MCG CAPSULE	3	
TIROSINT 25 MCG CAPSULE	3	
TIROSINT 50 MCG CAPSULE	3	
TIROSINT 75 MCG CAPSULE SAMPLE	3	
TIROSINT 88 MCG CAPSULE	3	
UNITHROID 100 MCG TABLET	1	
UNITHROID 112 MCG TABLET	1	
UNITHROID 125 MCG TABLET	1	
UNITHROID 137 MCG TABLET	1	
UNITHROID 150 MCG TABLET	1	
UNITHROID 175 MCG TABLET	1	
UNITHROID 200 MCG TABLET	1	
UNITHROID 25 MCG TABLET	1	
UNITHROID 300 MCG TABLET	1	
UNITHROID 50 MCG TABLET	1	
UNITHROID 75 MCG TABLET	1	
UNITHROID 88 MCG TABLET	1	
Enzymes		
Enzymes		
HYQVIA HY CMPNT 1,600 UNIT/10	4	PA
HYQVIA HY CMPNT 2,400 UNIT/15	4	PA
HYQVIA HY CMPNT 200 UNIT/1.25	4	PA
HYQVIA HY CMPNT 400 UNIT/2.5	4	PA
HYQVIA HY CMPNT 800 UNIT/5 ML	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Fdb Class Obsolete-Not Used		
Arginine Vasopressin (Avp) V2 Receptor Antagonist, Selective		
SAMSCA	4	PA
Gastrointestinal Therapy Agents		
Antacid - Simethicone Combinations		
ADV ANTACID-ANTIGAS LIQUID	3	
ANTACID ANTI-GAS LIQUID MAXIMUM STRENGTH	3	
ANTACID LIQUID REG STR,MINT	3	
ANTACID M LIQUID NA/F	3	
ANTACID MAXIMUM STRENGTH LIQ	3	
ANTACID PLUS ANTI-GAS LIQUID REGULAR STRENGTH	3	
ANTACID PLUS ANTI-GAS RELF LIQ REGULAR STR,ORIGINAL	3	
ANTACID PLUS ANTI-GAS SUSP CHERRY,MAX-STRENGTH	3	
ANTACID SUSPENSION	3	
ANTACID-ANTIGAS LIQUID	3	
ANTACID-ANTIGAS SUSPENSION	3	
ANTACID-SIMETHICONE LIQUID	3	
COMFORT GEL EX-STRENGTH LIQUID	3	
COMFORT GEL EXTRA STR SUSP EXTRA STRENGTH	3	
COMFORT GEL MAX STR SUSP MAX-STR, ORIGINAL	3	
COMFORT GEL SUSPENSION REGULAR STR, CHERRY	3	
CVS ANTACID PLUS ANTI-GAS LIQ	3	
CVS ANTACID-ANTIGAS LIQUID	3	
EQ ANTACID LIQUID REG STR,ORIGINAL	3	
EQ LIQUID ANTACID SUSP MAXIMUM STRENGTH	3	
EQL ADV ANTACID-ANTIGAS LIQUID	3	
EQL ANTACID LIQUID	3	
EQL ANTACID SUSPENSION REGULAR STRENGTH	3	
GNP ANTACID ANTI-GAS LIQUID	3	
GNP ANTACID LIQUID	3	
GNP ANTACID SUSPENSION	3	
GNP ANTACID-ANTIGAS SUSPENSION	3	
GNP LIQUID ANTACID SUSPENSION REGULAR STRENGTH	3	
GNP MASANTI LIQUID	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
GS ADV ANTACID-ANTIGAS LIQUID	3	
GS ANTACID PLUS ANTI-GAS LIQ	3	
HM ADV ANTACID-ANTIGAS SUSP MAX-STRENGTH, CHERRY	3	
HM ANTACID ANTI-GAS SUSPENSION ORIGINAL, MAX STR	3	
HM ANTACID-ANTIGAS SUSPENSION	3	
HV ANTACID MAX STRENGTH LIQUID	3	
KRO ADV ANTACID-ANTIGAS LIQUID	3	
KRO ANTACID-ANTIGAS LIQUID REGULAR STR, CLASSIC	3	
LIQUID ANTACID SUSPENSION REGULAR STRENGTH	3	
MASANTI LIQUID	3	
PUB ANTACID-ANTI GAS SUSP MAX-STRENGTH, CHERRY	3	
QC ANTACID SUSPENSION REGULAR STRENGTH	3	
QC ANTACID-ANTIGAS MAX STR	3	
QC ANTACID-ANTIGAS SUSPENSION REGULAR STRENGTH	3	
RA ANTACID-ANTIGAS LIQUID	3	
RA ANTACID-GAS RELIEF LIQUID	3	
SB ANTACID ANTI-GAS D-S LIQ	3	
SB ANTACID SUSPENSION	3	
SB ANTACID-ANTIGAS LIQUID REG STR,FAST ACTING	3	
SM ADV ANTACID-ANTIGAS LIQUID	3	
SM ADV ANTACID-ANTIGAS SUSP MAX STRENGTH, CHERRY	3	
SM ANTACID ANTI-GAS LIQUID ORIGINAL, MAX STR	3	
SM ANTACID MAX STRENGTH SUSP ORIGINAL	3	
SM ANTACID SUSPENSION	3	
SM ANTACID-ANTIGAS LIQUID REG STR, ORIGINAL	3	
Antidiarrheal - Antiperistaltic Agents		
<i>loperamide 2 mg capsule (rx)</i>	1	
<i>opium tincture 10 mg/ml</i>	1	
<i>paregoric liquid</i>	1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors		
MYTESI 125 MG DR TABLET	3	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Antidiarrheal Antiperistaltic-Anticholinergic Combinations		
<i>diphenoxylate-atropine 2.5-0.025 mg tablet</i>	1	QL (80 EA per 10 days)
<i>diphenoxylate-atropine 2.5-0.025 mg/5 ml liquid w/dropper</i>	1	
MOTOFEN 1-0.025 MG TABLET	3	PA
Antidiarrheal Opioid Agents		
<i>opium tincture 10 mg/ml</i>	1	
<i>paregoric liquid</i>	1	
Antiemetic - Anticholinergics		
<i>scopolamine 1 mg/3 day patch inner</i>	1	QL (10 EA per 30 days)
TRANSDERM-SCOP 1.5 MG (1 MG/3D)	2	
Antiemetic - Antihistamines		
<i>meclizine 12.5 mg tablet (rx)</i>	1	
<i>meclizine 25 mg tablet inner (rx)</i>	1	
Antiemetic - Cannabinoid Type		
<i>dronabinol 10 mg capsule</i>	2	PA; QL (60 EA per 30 days)
<i>dronabinol 2.5 mg capsule soft gelatin</i>	2	PA; QL (60 EA per 30 days)
<i>dronabinol 5 mg capsule soft gelatin</i>	2	PA; QL (60 EA per 30 days)
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists		
<i>trimethobenzamide 300 mg cap</i>	1	
Antiemetic - Phenothiazines		
PHENERGAN 25 MG/ML VIAL INNER, NON-SALEABLE	2	
PHENERGAN 50 MG/ML VIAL INNER, NO-LATEX	2	
<i>prochlorperazine 10 mg tab flc</i>	1	
<i>prochlorperazine 25 mg supp inner</i>	1	QL (30 EA per 30 days)
<i>prochlorperazine 5 mg tablet</i>	1	
<i>promethazine 12.5 mg suppos</i>	1	
<i>promethazine 12.5 mg tablet</i>	1	
<i>promethazine 25 mg suppository</i>	1	QL (30 EA per 30 days)
<i>promethazine 25 mg tablet</i>	1	
<i>promethazine 50 mg suppository</i>	1	
<i>promethazine 50 mg tablet</i>	1	
<i>promethazine 6.25 mg/5 ml soln plain</i>	1	
<i>promethazine 6.25 mg/5 ml syrp plain</i>	1	
Antiemetic - Selective Serotonin 5-Ht3 Antagonists		
<i>granisetron hcl 1 mg tablet u-d, 2x10</i>	2	QL (14 EA per 30 days)
<i>ondansetron 4 mg/5 ml solution</i>	1	QL (100 ML per 30 days)
<i>ondansetron hcl 4 mg tablet flc,u-d, 1x3</i>	1	QL (180 EA per 30 days)
<i>ondansetron hcl 8 mg tablet flc</i>	1	QL (180 EA per 30 days)
<i>ondansetron odt 4 mg tablet</i>	1	QL (180 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ondansetron odt 8 mg tablet</i>	1	QL (180 EA per 30 days)
SANCUSO 3.1 MG/24 HR PATCH	3	PA; QL (1 EA per 7 days)
ZUPLENZ 4 MG SOLUBLE FILM INNER	3	ST
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists		
<i>aprepitant 125 mg capsule inner</i>	1	PA; QL (4 EA per 28 days)
<i>aprepitant 125-80-80 mg pack</i>	1	PA; QL (12 EA per 28 days)
<i>aprepitant 40 mg capsule inner</i>	1	PA; QL (32 EA per 28 days)
<i>aprepitant 80 mg capsule inner</i>	1	PA; QL (16 EA per 28 days)
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS 145 MCG CAPSULE	3	PA; QL (30 EA per 30 days)
LINZESS 290 MCG CAPSULE	3	PA; QL (30 EA per 30 days)
LINZESS 72 MCG CAPSULE	3	PA; QL (30 EA per 30 days)
TRULANCE 3 MG TABLET	3	PA; QL (30 EA per 30 days)
Colonic Acidifier (Ammonia Inhibitor)		
<i>lactulose 10 gm/15 ml solution</i>	1	
Digestive Enzyme Mixtures		
CREON DR 12,000 UNITS CAPSULE	2	PA
CREON DR 24,000 UNITS CAPSULE	2	PA
CREON DR 3,000 UNITS CAPSULE	2	PA
CREON DR 36,000 UNITS CAPSULE	2	PA
CREON DR 6,000 UNITS CAPSULE	2	PA
PANCREAZE DR 10,500 UNIT CAP	3	PA
PANCREAZE DR 16,800 UNIT CAP	3	PA
PANCREAZE DR 2,600 UNIT CAP	3	PA
PANCREAZE DR 21,000 UNIT CAP	3	PA
PANCREAZE DR 4,200 UNIT CAP	3	PA
PERTZYE DR 16,000 UNIT CAPSULE	3	PA
PERTZYE DR 24,000 UNIT CAPSULE	3	PA
PERTZYE DR 4,000 UNIT CAPSULE	3	PA
PERTZYE DR 8,000 UNIT CAPSULE	3	PA
ZENPEP DR 10,000 UNIT CAPSULE	2	PA
ZENPEP DR 15,000 UNIT CAPSULE	2	PA
ZENPEP DR 20,000 UNIT CAPSULE	2	PA
ZENPEP DR 25,000 UNIT CAPSULE	2	PA
ZENPEP DR 3,000 UNIT CAPSULE	2	PA
ZENPEP DR 40,000 UNIT CAPSULE	2	PA
ZENPEP DR 5,000 UNIT CAPSULE	2	PA
Gallstone Solubilizing (Litholysis) Agents		
<i>ursodiol 250 mg tablet flc</i>	1	
<i>ursodiol 300 mg capsule</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ursodiol 500 mg tablet</i>	1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists		
<i>cimetidine 200 mg tablet (rx)</i>	1	
<i>cimetidine 300 mg tablet</i>	1	
<i>cimetidine 300 mg/5 ml soln</i>	1	
<i>cimetidine 400 mg tablet flc</i>	1	
<i>cimetidine 800 mg tablet</i>	1	
<i>famotidine 20 mg tablet (rx)</i>	1	
<i>famotidine 40 mg tablet</i>	1	
<i>famotidine 40 mg/5 ml susp</i>	1	
<i>ranitidine 15 mg/ml syrup alf,peppermint</i>	1	
<i>ranitidine 150 mg capsule</i>	1	
<i>ranitidine 150 mg tablet (rx)</i>	1	
<i>ranitidine 150 mg/10 ml syrup outer</i>	1	
<i>ranitidine 300 mg capsule</i>	1	
<i>ranitidine 300 mg tablet flc</i>	1	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis)		
DEXILANT DR 30 MG CAPSULE	3	PA; QL (30 EA per 30 days)
DEXILANT DR 60 MG CAPSULE	3	PA; QL (30 EA per 30 days)
<i>esomeprazole dr 24.65 mg cap</i>	3	ST
<i>esomeprazole dr 49.3 mg cap</i>	3	ST; QL (60 EA per 30 days)
<i>esomeprazole mag dr 20 mg cap (rx)</i>	1	ST; QL (60 EA per 30 days)
<i>esomeprazole mag dr 40 mg cap</i>	1	ST; QL (60 EA per 30 days)
<i>lansoprazole dr 15 mg capsule (rx)</i>	1	QL (60 EA per 30 days)
<i>lansoprazole dr 30 mg capsule</i>	1	QL (60 EA per 30 days)
NEXIUM DR 10 MG PACKET	3	ST; QL (30 EA per 30 days)
NEXIUM DR 2.5 MG PACKET	3	ST; QL (30 EA per 30 days)
NEXIUM DR 20 MG PACKET	3	ST; QL (30 EA per 30 days)
NEXIUM DR 40 MG PACKET	3	ST; QL (30 EA per 30 days)
NEXIUM DR 5 MG PACKET	3	ST; QL (30 EA per 30 days)
<i>omeprazole dr 10 mg capsule</i>	1	QL (60 EA per 30 days)
<i>omeprazole dr 20 mg capsule</i>	1	QL (60 EA per 30 days)
<i>omeprazole dr 40 mg capsule</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sod dr 20 mg tab flc</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sod dr 40 mg tab</i>	1	QL (60 EA per 30 days)
PRILOSEC DR 10 MG SUSPENSION	3	ST
PRILOSEC DR 2.5 MG SUSPENSION	3	ST
<i>rabeprazole sod dr 20 mg tab</i>	1	QL (60 EA per 30 days)
Gastric Acid Secretion Reducing-Proton Pump Inhibitor And Antacid Comb		
<i>omeprazole-bicarb 20-1,100 cap (rx)</i>	2	ST; QL (30 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>omeprazole-bicarb 20-1,680 pkt</i>	2	ST; QL (30 EA per 30 days)
<i>omeprazole-bicarb 40-1,100 cap</i>	2	ST; QL (30 EA per 30 days)
<i>omeprazole-bicarb 40-1,680 pkt</i>	1	ST; QL (30 EA per 30 days)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs		
<i>misoprostol 100 mcg tablet</i>	1	
<i>misoprostol 200 mcg tablet</i>	1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists		
MOTEGRITY 1 MG TABLET	3	PA; QL (30 EA per 30 days)
MOTEGRITY 2 MG TABLET	3	PA; QL (30 EA per 30 days)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists		
<i>metoclopramide 10 mg tablet u-d,10x10</i>	1	
<i>metoclopramide 10 mg/10 ml sol 50's,u-d,inner</i>	1	
<i>metoclopramide 5 mg tablet</i>	1	
<i>metoclopramide 5 mg/5 ml soln slf</i>	1	
<i>metoclopramide hcl 10 mg odt</i>	1	QL (120 EA per 30 days)
<i>metoclopramide hcl 5 mg odt</i>	1	QL (120 EA per 30 days)
Gi Antispasmodic - Belladonna Alkaloids		
<i>hyoscyamine 0.125 mg odt</i>	1	
<i>hyoscyamine 0.125 mg tab sl</i>	1	
<i>hyoscyamine 0.125 mg/5 ml elix</i>	1	
<i>hyoscyamine 0.125 mg/ml drop</i>	1	
<i>hyoscyamine er 0.375 mg tab</i>	1	
<i>hyoscyamine sr 0.375 mg tab</i>	1	
<i>hyoscyamine sulf 0.125 mg tab</i>	1	
<i>methscopolamine brom 2.5 mg tb</i>	1	
<i>methscopolamine brom 5 mg tab</i>	1	
Gi Antispasmodic - Quaternary Ammonium Compounds		
<i>glycopyrrolate 0.2 mg/ml vial sdv, inner</i>	1	
<i>glycopyrrolate 0.4 mg/2 ml syringe (cmpd-rx) suv</i>	1	
<i>glycopyrrolate 0.4 mg/2 ml vl sdv, inner</i>	1	
<i>glycopyrrolate 0.4 mg/2 ml-water syringe (cmpd-rx)</i>	1	
<i>glycopyrrolate 0.6 mg/3 ml syringe (cmpd-rx) suv</i>	1	
<i>glycopyrrolate 0.6 mg/3 ml-water syringe (cmpd-rx) suv</i>	1	
<i>glycopyrrolate 1 mg tablet</i>	1	
<i>glycopyrrolate 1 mg/5 ml syringe (cmpd-rx) suv</i>	1	
<i>glycopyrrolate 1 mg/5 ml vial mdv, inner</i>	1	
<i>glycopyrrolate 2 mg tablet</i>	1	
<i>glycopyrrolate 4 mg/20 ml vial mdv, inner</i>	1	
<i>propantheline 15 mg tablet</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Gi Antispasmodic - Synthetic Tertiary Amines		
<i>dicyclomine 10 mg capsule</i>	1	
<i>dicyclomine 10 mg/5 ml soln</i>	1	
<i>dicyclomine 20 mg tablet</i>	1	
<i>dicyclomine 20 mg/2 ml vial latex-free, outer, sub</i>	1	
Gi Antispasmodic And Benzodiazepine Combinations		
<i>chlordiazepoxide-clidinium cap</i>	1	
Gi Antispasmodic And Opioid Combinations		
<i>belladonna-opium 16.2-30 supp inner</i>	1	
<i>belladonna-opium 16.2-60 supp inner</i>	1	
Gi Antispasmodic Combinations Other		
<i>belladonna-opium 16.2-30 supp inner</i>	1	
<i>belladonna-opium 16.2-60 supp inner</i>	1	
<i>belladonna-phenobarbital tab</i>	1	
<i>chlordiazepoxide-clidinium cap</i>	1	
PHENOHYTRO TABLET	1	
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents		
AMITIZA 24 MCG CAPSULES	3	PA; QL (60 EA per 30 days)
AMITIZA 8 MCG CAPSULE	3	PA; QL (60 EA per 30 days)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists		
LINZESS 145 MCG CAPSULE	3	PA; QL (30 EA per 30 days)
LINZESS 290 MCG CAPSULE	3	PA; QL (30 EA per 30 days)
LINZESS 72 MCG CAPSULE	3	PA; QL (30 EA per 30 days)
TRULANCE 3 MG TABLET	3	PA; QL (30 EA per 30 days)
Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist		
VIBERZI 100 MG TABLET	3	PA
VIBERZI 75 MG TABLET	3	PA
Ibs Agent - Selective 5-HT₃ Receptor Antagonists		
<i>alosetron hcl 0.5 mg tablet</i>	2	PA; QL (60 EA per 30 days)
<i>alosetron hcl 1 mg tablet</i>	2	PA; QL (60 EA per 30 days)
Inflammatory Bowel Agent - Interleukin-12 And IL-23 Inhibitors, Mc Ab		
STELARA 130 MG/26 ML VIAL	4	PA
STELARA 45 MG/0.5 ML VIAL SDV, P/F, LATEX-FREE	4	PA
STELARA 90 MG/ML SYRINGE	4	PA
Inflammatory Bowel Agent - Aminosalicylates And Related Agents		
APRISO ER 0.375 GRAM CAPSULE	3	QL (120 EA per 30 days)
<i>balsalazide disodium 750 mg cp</i>	1	
CANASA 1,000 MG SUPPOSITORY INNER	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DELZICOL DR 400 MG CAPSULE	2	
DIPENTUM 250 MG CAPSULE	3	PA
GIAZO 1.1 GM TABLET	3	PA; QL (180 EA per 30 days)
<i>mesalamine 1,000 mg supp</i>	2	QL (30 EA per 30 days)
<i>mesalamine 4 gml/60 ml enema inner</i>	1	QL (1680 ML per 28 days)
<i>mesalamine 4 gml/60 ml kit 28x60ml plus wipes</i>	1	QL (1680 EA per 28 days)
<i>mesalamine 800 mg dr tablet outer</i>	2	QL (180 EA per 30 days)
<i>mesalamine dr 1.2 gm tablet outer</i>	2	QL (120 EA per 30 days)
PENTASA 250 MG CAPSULE	2	QL (90 EA per 30 days)
PENTASA 500 MG CAPSULE	2	QL (240 EA per 30 days)
<i>sulfasalazine 500 mg tablet</i>	1	
<i>sulfasalazine dr 500 mg tab</i>	1	
Inflammatory Bowel Agent - Glucocorticoids		
<i>budesonide ec 3 mg capsule</i>	2	QL (90 EA per 30 days)
<i>budesonide er 9 mg tablet</i>	2	
CORTIFOAM 10% AEROSOL	3	
<i>hydrocortisone 100 mg/60 ml outer</i>	1	
UCERIS 2 MG RECTAL FOAM INNER	3	PA
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors		
XELJANZ 5 MG TABLET	4	PA; QL (60 EA per 30 days)
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers		
CIMZIA 200 MG VIAL KIT	4	PA; QL (1 EA per 28 days)
CIMZIA 2X200 MG/ML SYRINGE KIT	4	PA; QL (3 EA per 30 days)
CIMZIA 2X200 MG/ML(X3)START KT	4	PA; QL (3 EA per 30 days)
HUMIRA 10 MG/0.2 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA 20 MG/0.4 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA 40 MG/0.8 ML SYRINGE P/F, SUV	4	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHN'S STARTER 40 MG/0.8 ML SYRINGE	4	PA; QL (6 EA per 28 days)
HUMIRA PEN 40 MG/0.8 ML NFRS, SUV, P/F	4	PA; QL (6 EA per 28 days)
HUMIRA PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HS STARTER 40 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML LATEX-FREE, SUV, P/F	4	PA; QL (2 EA per 28 days)
SIMPONI 100 MG/ML PEN INJECTOR	4	PA; QL (1 ML per 28 days)
Irritable Bowel Syndrome (Ibs) Agents		
<i>alosetron hcl 0.5 mg tablet</i>	2	PA; QL (60 EA per 30 days)
<i>alosetron hcl 1 mg tablet</i>	2	PA; QL (60 EA per 30 days)
AMITIZA 24 MCG CAPSULES	3	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
AMITIZA 8 MCG CAPSULE	3	PA; QL (60 EA per 30 days)
LINZESS 145 MCG CAPSULE	3	PA; QL (30 EA per 30 days)
LINZESS 290 MCG CAPSULE	3	PA; QL (30 EA per 30 days)
LINZESS 72 MCG CAPSULE	3	PA; QL (30 EA per 30 days)
VIBERZI 100 MG TABLET	3	PA
VIBERZI 75 MG TABLET	3	PA
Laxative - Saline And Osmotic		
CITRATE OF MAGNESIA SOLN LO-SODIUM	0	
CITROMA SOLUTION	0	
CLEARLAX POWDER	0	
CONSTULOSE 10 GM/15 ML SOLN	1	
<i>cvs citrate of magnesia soln</i>	0	
<i>cvs magnesium citrate soln</i>	0	
CVS PURELAX POWDER	0	
EQ CLEARLAX POWDER 30 ONCE-DAILY DOSES	0	
<i>eq magnesium citrate solution</i>	0	
EQL CLEARLAX POWDER	0	
<i>eql magnesium citrate solution</i>	0	
GENTLELAX POWDER 30 ONCE-DAILY DOSES	0	
GNP CITRATE OF MAGNESIA SOLN	0	
GNP CLEARLAX POWDER	0	
GS CLEARLAX POWDER	0	
<i>gs magnesium citrate solution</i>	0	
HM CLEARLAX POWDER 30 ONCE-DAILY DOSES	0	
<i>hm magnesium citrate solution pasteurized, lemon</i>	0	
KRO GENTLELAX 17 GRAM POWDER	0	
<i>lactulose 10 gm packet</i>	3	
<i>lactulose 10 gm/15 ml solution</i>	1	
<i>lactulose 20 gm/30 ml solution</i>	1	
LAXACLEAR POWDER	0	
<i>magnesium citrate solution</i>	0	
<i>polyethylene glycol 3350 powd (otc)</i>	0	
<i>polyethylene glycol 3350 powd 17 gm packets (rx)</i>	1	
POWDERLAX POWDER	0	
<i>qc magnesium citrate solution cherry flavor</i>	0	
QC NATURA-LAX 17 GM POWDER	0	
RA CITRATE OF MAGNESIA SOLN	0	
RA LAXATIVE PEG 3350 POWDER 30 ONCE-DAILY DOSES	0	
SM CLEARLAX POWDER 7 ONCE-DAILY DOSES	0	
<i>sm magnesium citrate solution</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SMOOTHLAX POWDER 14 ONCE-DAILY DOSES	0	
SW CLEARLAX POWDER 14 DAY	0	
Laxative - Saline/Osmotic Mixtures		
GOLYTELY PACKET	3	
<i>peg 3350 electrolyte soln</i>	0	
<i>peg 3350-electrolyte solution</i>	1	
<i>peg-3350 and electrolytes soln</i>	0	
SUPREP BOWEL PREP KIT INNER	2	QL (354 ML per 30 days)
Laxative - Stimulant		
<i>bisacodyl 10 mg suppository</i>	0	
<i>bisacodyl ec 5 mg tablet</i>	0	
BISA-LAX EC 5 MG TABLET	0	
<i>castor oil usp (rx)</i>	3	
CORRECTOL 5 MG TABLET	0	
<i>cvs bisacodyl 10 mg suppos</i>	0	
<i>cvs bisacodyl ec 5 mg tablet</i>	0	
CVS C-LAX LAXATIVE EC 5 MG TAB	0	
CVS GENTLE LAXATIVE 10 MG SUPP	0	
CVS GENTLE LAXATIVE EC 5 MG TB	0	
CVS WOMEN'S GENTLE LAX EC 5 MG	0	
DUCODYL EC 5 MG TABLET	0	
EQ GENTLE LAXATIVE DR 5 MG TAB COMFORT COATED	0	
EQ WOMEN'S LAXATIVE 5 MG TAB	0	
EQ WOMEN'S LAXATIVE EC 5 MG TB	0	
EQL GENTLE LAXATIVE EC 5 MG TB	0	
FLEET BISACODYL 10 MG ENEMA	0	
GENTLE LAXATIVE 10 MG SUPP	0	
GENTLE LAXATIVE 10 MG SUPPOSIT	0	
GENTLE LAXATIVE 5 MG TABLET ENTERIC COATED	0	
GENTLE LAXATIVE EC 5 MG TABLET EASY TO SWALLOW,NA/F	0	
GNP BISA-LAX EC 5 MG TABLET	0	
GNP GENTLE LAXATIVE 10 MG SUPP	0	
GNP GENTLE LAXATIVE EC 5 MG TB	0	
GNP LAXATIVE EC 5 MG TABLET	0	
GNP WOMEN'S GENTLE LAX EC 5 MG	0	
HM LAXATIVE EC 5 MG TABLET	0	
KRO GENTLE LAXATIVE EC 5 MG TB	0	
LAXATIVE 5 MG TABLET	0	
LAXATIVE EC 5 MG TABLET	0	
LAXATIVE FEMININE 5 MG TAB	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PUB LAXATIVE EC 5 MG TABLET	0	
QC GENTLE LAXATIVE 10 MG SUPP	0	
QC WOMEN'S LAXATIVE EC 5 MG TB	0	
<i>ra bisacodyl ec 5 mg tablet</i>	0	
RA FAST RELIEF LAX 10 MG SUPP	0	
RA LAXATIVE EC 5 MG TABLET	0	
RA WOMEN'S LAXATIVE TABLET	0	
<i>sb bisacodyl ec 5 mg tablet</i>	0	
SB WOMEN'S GENTLE LAX EC 5 MG	0	
SM GENTLE LAXATIVE EC 5 MG TAB	0	
SM LAXATIVE 10 MG SUPPOSITORY	0	
SM LAXATIVE TABLET	0	
SM WOMAN'S LAXATIVE 5 MG TAB GLUTEN FREE	0	
WOMANS LAXATIVE TABLET	0	
WOMAN'S LAXATIVE TABLET	0	
WOMEN'S GENTLE LAX EC 5 MG TAB	0	
WOMEN'S LAXATIVE 5 MG TABLET	0	
WOMEN'S LAXATIVE EC 5 MB TAB	0	
WOMEN'S LAXATIVE EC 5 MG TAB	0	
Laxative - Stimulant And Saline/Osmotic Combinations		
PEG-PREP KIT	1	
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives		
<i>sucalfate 1 gm tablet</i>	1	
<i>sucalfate 1 gm/10 ml susp outer</i>	1	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor And Antibiotics		
OMECLAMOX-PAK COMBO PACK	3	
Short Bowel Syndrome (Sbs) Agents		
<i>octreotide 1,000 mcg/5 ml vial muv</i>	2	
<i>octreotide acet 0.05 mg/ml vl suv,inner,latex-free</i>	2	
<i>octreotide acet 100 mcg/ml amp 10's, sdv</i>	2	
<i>octreotide acet 100 mcg/ml syr inner, single-dose</i>	2	
<i>octreotide acet 100 mcg/ml vl inner, llf, plf, sdv</i>	2	
<i>octreotide acet 200 mcg/ml vl mdv</i>	2	
<i>octreotide acet 50 mcg/ml amp 10's, sdv</i>	2	
<i>octreotide acet 50 mcg/ml syr inner,single-use</i>	2	
<i>octreotide acet 50 mcg/ml vial inner, llf, plf, sdv</i>	2	
<i>octreotide acet 500 mcg/ml amp 10's, sdv</i>	2	
<i>octreotide acet 500 mcg/ml syr inner, single-use</i>	2	
<i>octreotide acet 500 mcg/ml vl 10's,latex-free,suv</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Genitourinary Therapy		
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb		
<i>dutasteride-tamsulosin 0.5-0.4</i>	1	QL (30 EA per 30 days)
Cystinosis Therapy (Cystine Depleting Agents)		
CYSTAGON 150 MG CAPSULE	4	PA
CYSTAGON 50 MG CAPSULE	4	PA
G.U. Irrigants		
AMINOACETIC ACID 1.5% IRRIG IRRIGATION	1	
<i>glycine 1.5% irrigation 4's, irrigation, l/f</i>	1	
RENACIDIN IRRIGATION SOLUTION	2	
RESECTISOL 5% SOLUTION	3	
<i>sorbitol 3% urologic irrig</i>	1	
<i>sorbitol 3.3% urologic soln</i>	1	
<i>sorbitol-mannitol irrig</i>	3	
G.U. Irrigants - Anti-Infective		
<i>neomy-polymyxin b 40 mg/ml amp non-saleable, inner</i>	1	
<i>neomy-polymyxin b 40 mg/ml vl mdv, sterile</i>	1	
Interstitial Cystitis Agents		
ELMIRON 100 MG CAPSULE	3	PA
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist		
MYRBETRIQ ER 25 MG TABLET F/C	3	PA; QL (30 EA per 30 days)
MYRBETRIQ ER 50 MG TABLET F/C	3	PA; QL (30 EA per 30 days)
Phosphate Binders		
AURYXIA 210 MG TABLET	3	PA; QL (360 EA per 30 days)
<i>calcium acetate 667 mg capsule</i>	1	
<i>calcium acetate 667 mg gelcap gelcap</i>	1	
<i>calcium acetate 667 mg tablet</i>	1	
FOSRENOL 1,000 MG POWDER PACK INNER	3	PA
FOSRENOL 1,000 MG TABLET CHEW NON-SALEABLE, INNER	3	PA
FOSRENOL 500 MG TABLET CHEW NON-SALEABLE, INNER	3	PA
FOSRENOL 750 MG POWDER PACKET INNER	3	PA
FOSRENOL 750 MG TABLET CHEW NON-SALEABLE, INNER	3	PA
<i>lanthanum carb 1,000 mg tb chw inner</i>	2	
<i>lanthanum carb 500 mg tab chew inner</i>	1	
<i>lanthanum carb 750 mg tab chew inner</i>	1	
MAGNEBIND 400 RX TABLET	3	
PHOSLYRA 667 MG/5 ML SOLUTION	3	
<i>sevelamer 0.8 gm powder packet inner</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>sevelamer 2.4 gm powder packet inner</i>	1	
<i>sevelamer carbonate 800 mg tab</i>	1	
<i>sevelamer hcl 400 mg tablet</i>	2	PA
<i>sevelamer hcl 800 mg tablet outer</i>	2	PA
VELPHORO 500 MG CHEWABLE TAB	3	PA
Phosphate Binders - Calcium-Based		
<i>calcium acetate 667 mg capsule</i>	1	
<i>calcium acetate 667 mg gelcap gelcap</i>	1	
<i>calcium acetate 667 mg tablet</i>	1	
PHOSLYRA 667 MG/5 ML SOLUTION	3	
Phosphate Binders - Iron-Based		
AURYXIA 210 MG TABLET	3	PA; QL (360 EA per 30 days)
VELPHORO 500 MG CHEWABLE TAB	3	PA
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists		
SAMSCA	4	PA
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists		
<i>alfuzosin hcl er 10 mg tablet flc</i>	1	QL (60 EA per 30 days)
<i>silodosin 4 mg capsule</i>	1	QL (60 EA per 30 days)
<i>silodosin 8 mg capsule</i>	1	QL (30 EA per 30 days)
<i>tamsulosin hcl 0.4 mg capsule</i>	1	QL (60 EA per 30 days)
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors		
<i>finasteride 5 mg tablet flc</i>	1	QL (30 EA per 30 days)
Prostatic Hypertrophy Agent-Sel.Cgmp Phosphodiesterase Type5 Inhibitor		
CIALIS 5 MG TABLET	3	PA; QL (30 EA per 30 days)
<i>tadalafil 2.5 mg tablet</i>	1	PA; QL (30 EA per 30 days)
<i>tadalafil 5 mg tablet</i>	1	PA; QL (30 EA per 30 days)
Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors		
<i>dutasteride 0.5 mg capsule</i>	1	QL (30 EA per 30 days)
Urinary Acidifier - Bacterial Urease Inhibitor		
LITHOSTAT 250 MG TABLET	3	PA
Urinary Acidifier - Phosphates		
K-PHOS #2 TABLET	3	
K-PHOS ORIGINAL TABLET	3	
Urinary Alkalinizer - Citrates		
CYTRA-K CRYSTALS PACKET	1	
ORACIT ORAL SOLUTION	3	
<i>pot citrate-citric acid packet</i>	1	
<i>potass cit-sod cit-citric soln</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>potassium cit-citric acid soln</i>	1	
<i>potassium citrate er 10 meq tb</i>	1	
<i>potassium citrate er 15 meq tb</i>	1	
<i>potassium citrate er 5 meq tab</i>	1	
SHOHL'S MODIFIED SOLUTION	3	
<i>sod citrate-citric acid soln outer (rx)</i>	1	
Urinary Analgesics		
<i>phenazopyridine 100 mg tab</i>	1	
<i>phenazopyridine 200 mg tab</i>	1	
Urinary Antibacterial - Nitrofurantoin Derivatives		
<i>nitrofurantoin 25 mg/5 ml susp</i>	1	
<i>nitrofurantoin mcr 100 mg cap</i>	1	
<i>nitrofurantoin mcr 25 mg cap</i>	1	
<i>nitrofurantoin mcr 50 mg cap</i>	1	
<i>nitrofurantoin mono-mcr 100 mg</i>	1	
Urinary Antibacterial - Quinolones		
<i>ciprofloxacin er 1,000 mg tab</i>	1	
Urinary Antibacterials Other		
MONUROL 3 GM SACHET OUTER	3	
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations		
HYOPHEN TABLET	2	
URIBEL CAPSULE	2	
URO-MP CAPSULE	2	
VILAMIT MB CAPSULE	2	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder)		
<i>darifenacin er 15 mg tablet</i>	1	QL (30 EA per 30 days)
<i>darifenacin er 7.5 mg tablet</i>	1	
<i>solifenacin 10 mg tablet</i>	2	QL (30 EA per 30 days)
<i>solifenacin 5 mg tablet</i>	2	QL (30 EA per 30 days)
Urinary Antispasmodic - Anticholinergics, Non-Selective		
<i>hyoscyamine 0.125 mg odt</i>	1	
<i>hyoscyamine 0.125 mg tab sl</i>	1	
<i>hyoscyamine 0.125 mg/5 ml elix</i>	1	
<i>hyoscyamine 0.125 mg/ml drop</i>	1	
<i>hyoscyamine er 0.375 mg tab</i>	1	
<i>hyoscyamine sr 0.375 mg tab</i>	1	
<i>hyoscyamine sulf 0.125 mg tab</i>	1	
Urinary Antispasmodic - Smooth Muscle Relaxants		
<i>flavoxate hcl 100 mg tablet flc</i>	1	
GELNIQUE 10% GEL PUMP	3	ST; QL (30 GM per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
GELNIQUE 10% GEL SACHET INNER	3	ST; QL (30 GM per 30 days)
GELNIQUE 10% GEL SACHETS 30X1GM SACHETS, OUTER	3	ST; QL (30 GM per 30 days)
<i>oxybutynin 5 mg tablet</i>	1	QL (120 EA per 30 days)
<i>oxybutynin cl er 10 mg tablet u-d, inner</i>	1	
<i>oxybutynin cl er 15 mg tablet</i>	1	
<i>oxybutynin cl er 5 mg tablet</i>	1	
OXYTROL 3.9 MG/24HR PATCH INNER	3	ST; QL (8 EA per 28 days)
<i>tolterodine tart er 2 mg cap</i>	1	QL (30 EA per 30 days)
<i>tolterodine tart er 4 mg cap</i>	1	QL (30 EA per 30 days)
<i>tolterodine tartrate 1 mg tab flc</i>	1	QL (60 EA per 30 days)
<i>tolterodine tartrate 2 mg tab</i>	1	QL (60 EA per 30 days)
TOVIAZ ER 4 MG TABLET	3	QL (30 EA per 30 days)
TOVIAZ ER 8 MG TABLET	3	QL (30 EA per 30 days)
<i>trospium chloride 20 mg tablet</i>	1	QL (60 EA per 30 days)
<i>trospium chloride er 60 mg cap</i>	1	
Urinary Retention Therapy - Parasympathomimetic Agents		
<i>bethanechol 10 mg tablet</i>	1	
<i>bethanechol 25 mg tablet</i>	1	
<i>bethanechol 5 mg tablet</i>	1	
<i>bethanechol 50 mg tablet</i>	1	
Gout And Hyperuricemia Therapy		
Gout Acute Therapy - Antimitotics		
<i>colchicine 0.6 mg capsule</i>	2	QL (60 EA per 30 days)
<i>colchicine 0.6 mg tablet</i>	2	QL (60 EA per 30 days)
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations		
<i>probenecid-colchicine tablet</i>	1	
Hyperuricemia Therapy - Uricosurics		
<i>probenecid 500 mg tablet</i>	1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors		
<i>allopurinol 100 mg tablet</i>	1	
<i>allopurinol 300 mg tablet</i>	1	
<i>febuxostat 40 mg tablet</i>	1	QL (30 EA per 30 days)
<i>febuxostat 80 mg tablet</i>	1	QL (30 EA per 30 days)
Hematological Agents		
Anticoagulants - Coumarin		
COUMADIN 5 MG TABLET	1	
JANTOVEN 1 MG TABLET	1	
JANTOVEN 10 MG TABLET	1	
JANTOVEN 2 MG TABLET	1	
JANTOVEN 2.5 MG TABLET	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
JANTOVEN 3 MG TABLET	1	
JANTOVEN 4 MG TABLET	1	
JANTOVEN 5 MG TABLET	1	
JANTOVEN 6 MG TABLET	1	
JANTOVEN 7.5 MG TABLET	1	
<i>warfarin sodium 1 mg tablet</i>	1	
<i>warfarin sodium 10 mg tablet</i>	1	
<i>warfarin sodium 2 mg tablet</i>	1	
<i>warfarin sodium 2.5 mg tablet</i>	1	
<i>warfarin sodium 3 mg tablet</i>	1	
<i>warfarin sodium 4 mg tablet</i>	1	
<i>warfarin sodium 5 mg tablet</i>	1	
<i>warfarin sodium 6 mg tablet</i>	1	
<i>warfarin sodium 7.5 mg tablet</i>	1	
C1 Esterase Inhibitor Agents		
BERINERT 500 UNIT KIT	4	PA
BERINERT 500 UNIT VIAL	4	PA
Cxcr4 Chemokine Receptor Antagonists		
MOZOBIL 24 MG/1.2 ML VIAL LATEX-FREE, P/F, SUV	4	PA
Direct Factor Xa Inhibitors		
ELIQUIS 2.5 MG TABLET	2	QL (60 EA per 30 days)
ELIQUIS 5 MG TABLET	2	QL (74 EA per 30 days)
SAVAYSA 15 MG TABLET	3	QL (30 EA per 30 days)
SAVAYSA 30 MG TABLET	3	QL (30 EA per 30 days)
SAVAYSA 60 MG TABLET	3	QL (30 EA per 30 days)
XARELTO 10 MG TABLET F/C, U-D, 10X10	2	QL (30 EA per 30 days)
XARELTO 15 MG TABLET F/C, U-D, 10X10	2	QL (30 EA per 30 days)
XARELTO 2.5 MG TABLET INNER	2	QL (60 EA per 30 days)
XARELTO 20 MG TABLET F/C, U-D, 10X10	2	QL (30 EA per 30 days)
XARELTO STARTER PACK	2	QL (51 EA per 30 days)
Erythropoietins		
ARANESP 10 MCG/0.4 ML SYRINGE P/F, INNER, SUV	4	PA
ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, INNER	4	PA
ARANESP 100 MCG/ML VIAL P/F, SDV, L/F	4	PA
ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, INNER	4	PA
ARANESP 150 MCG/0.75 ML VIAL P/F, SDV, L/F	4	PA
ARANESP 200 MCG/0.4 ML SYRINGE P/F, SDV	4	PA
ARANESP 200 MCG/ML VIAL	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ARANESP 25 MCG/0.42 ML SYRINGE P/F,SDV,INNER	4	PA
ARANESP 25 MCG/ML VIAL P/F,SDV,INNER, L/F	4	PA
ARANESP 300 MCG/0.6 ML SYRINGE	4	PA
ARANESP 300 MCG/ML VIAL	4	PA
ARANESP 40 MCG/0.4 ML SYRINGE P/F, INNER, SDV	4	PA
ARANESP 40 MCG/ML VIAL P/F,SDV,INNER, L/F	4	PA
ARANESP 500 MCG/1 ML SYRINGE	4	PA
ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV,INNER	4	PA
ARANESP 60 MCG/ML VIAL P/F,SDV,INNER, L/F	4	PA
MIRCERA 100 MCG/0.3 ML SYRINGE P/F, LATEX-FREE,SUV	4	PA
MIRCERA 50 MCG/0.3 ML SYRINGE P/F, LATEX-FREE,SUV	4	PA
MIRCERA 75 MCG/0.3 ML SYRINGE P/F, LATEX-FREE,SUV	4	PA
PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,INNER, L/F	4	PA
PROCRIT 2,000 UNITS/ML VIAL SDV, P/F, INNER, L/F	4	PA
PROCRIT 20,000 UNITS/ML VIAL MDV, INNER, L/F	4	PA
PROCRIT 3,000 UNITS/ML VIAL SDV, P/F INNER, L/F	4	PA
PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, INNER, L/F	4	PA
PROCRIT 40,000 UNITS/ML VIAL INNER, P/F,SDV,L/F	4	PA
RETACRIT 10,000 UNIT/ML VIAL SDV, P/F, INNER	4	PA
RETACRIT 2,000 UNIT/ML VIAL L/F, P/F, INNER, SDV	4	PA
RETACRIT 3,000 UNIT/ML VIAL SDV, P/F, INNER	4	PA
RETACRIT 4,000 UNIT/ML VIAL L/F, P/F, INNER, SDV	4	PA
Granulocyte Colony-Stimulating Factor (G-Csf)		
GRANIX 300 MCG/0.5 ML SAFE SYR INNER, L/F, P/F, SUV	4	PA
GRANIX 300 MCG/0.5 ML SYRINGE P/F,OUTER,SUV, L/F	4	PA
GRANIX 480 MCG/0.8 ML SAFE SYR INNER, L/F, SUV	4	PA
GRANIX 480 MCG/0.8 ML SYRINGE P/F,OUTER,SUV, L/F	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
GRANIX 480 MCG/1.6 ML VIAL SUV,LATEX-FREE,INNER	4	PA
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA; QL (1.2 ML per 30 days)
NIVESTYM 300 MCG/0.5 ML SYRING L/F, P/F, SUV, INNER	4	PA
NIVESTYM 300 MCG/ML VIAL L/F, P/F, SUV, INNER	4	PA
NIVESTYM 480 MCG/0.8 ML SYRING L/F, P/F, SUV, INNER	4	PA
NIVESTYM 480 MCG/1.6 ML VIAL L/F, P/F, SUV, INNER	4	PA
UDENYCA 6 MG/0.6 ML SYRINGE	2	
ZIEXTENZO	4	PA
Hematorheologic Agents		
<i>pentoxifylline er 400 mg tab flc</i>	1	
Hemostatic Systemic - Antifibrinolytic Agents		
AMICAR 0.25 GRAM/ML ORAL SOLN	3	
AMICAR 1,000 MG TABLET	3	
AMICAR 500 MG TABLET	3	
<i>tranexamic acid 650 mg tablet</i>	1	QL (30 EA per 30 days)
Heparin Flush Formulations		
<i>heparin 1,000 unit/1,000 ml (1 unit/ml)-0.9% nacl (cmpd-rx) llf, single use</i>	1	
<i>heparin 1,000 unit/500 ml (2 unit/ml)-0.9% nacl bag llf, plf, single use</i>	1	
<i>heparin 1,000 unit/500 ml (2 unit/ml)-0.9% nacl bag single use</i>	1	
<i>heparin 2,000 unit/1,000 ml (2 unit/ml)-0.9% nacl bag llf, plf, single use</i>	1	
<i>heparin 2,000 unit/1,000 ml (2 unit/ml)-0.9% nacl bag llf,inner,single-use</i>	1	
<i>heparin 2,000 unit/500 ml (4 unit/ml)-0.9% nacl (cmpd-rx) llf, single use</i>	1	
<i>heparin 4,000 unit/1,000 ml (4 unit/ml)-0.9% nacl (cmpd-rx) single use</i>	1	
<i>heparin 6,000 unit/1,000 ml (6 unit/ml)-0.9% nacl (cmpd-rx) latex-f, single use</i>	1	
<i>heparin flush 10 units/10 ml (1 unit/ml) syringe llf, suv</i>	1	
<i>heparin flush 100 units/10 ml (10 units/ml) vial 25's,mdv</i>	1	
<i>heparin flush 2 units/2 ml (1 unit/ml) syringe llf, suv</i>	1	
<i>heparin flush 3 units/3 ml (1 unit/ml) syringe llf, suv</i>	1	
<i>heparin flush 5 units/5 ml (1 unit/ml) syringe llf, suv</i>	1	
<i>heparin flush 500 unit/5 ml (100 unit/ml) vial latex-free</i>	1	
<i>heparin iv flush 1 unit/ml syr llf, suv</i>	1	
<i>heparin iv flush 100 units/ml llf, suv</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>heparin lock flush 10 units/ml 25's,mdv</i>	1	
<i>heparin lock flush 100 unit/ml 25's, latex-free</i>	1	
<i>heparin-0.9% nacl 30 units/3 ml (10 units/ml) syr (cmpd-rx)</i>	1	
<i>hep-lock flush 100 unit/ml kit 1 hprn,2 na chl syrn</i>	1	
Heparins		
<i>heparin 1,000 unit/1,000 ml (1 unit/ml)-0.9% nacl (cmpd-rx) llf, single use</i>	1	
<i>heparin 1,000 unit/500 ml (2 unit/ml)-0.9% nacl bag llf, plf, single use</i>	1	
<i>heparin 1,000 unit/500 ml (2 unit/ml)-0.9% nacl bag single use</i>	1	
<i>heparin 12,500 unit/250 ml (50 unit/ml)-0.45% nacl bag llf,inner,single-use</i>	1	
<i>heparin 12,500 unit/250 ml (50 unit/ml)-d5w bag (cmpd-rx) single use</i>	1	
<i>heparin 2,000 unit/1,000 ml (2 unit/ml)-0.9% nacl bag llf, plf, single use</i>	1	
<i>heparin 2,000 unit/1,000 ml (2 unit/ml)-0.9% nacl bag llf,inner,single-use</i>	1	
<i>heparin 2,000 unit/500 ml (4 unit/ml)-0.9% nacl (cmpd-rx) llf, single use</i>	1	
<i>heparin 20,000 unit/500 ml (40 unit/ml)-d5w bag single use</i>	1	
<i>heparin 25,000 unit/250 ml (100 unit/ml)-0.45% nacl bag llf,inner,single-use</i>	1	
<i>heparin 25,000 unit/250 ml (100 unit/ml)-d5w bag llf,inner,single-use</i>	1	
<i>heparin 25,000 unit/250 ml (100 unit/ml)-d5w bag single use, llf</i>	1	
<i>heparin 25,000 unit/500 ml (50 unit/ml)-0.45% nacl bag llf,outer,single-use</i>	1	
<i>heparin 25,000 unit/500 ml (50 unit/ml)-0.45% nacl bag single use, llf</i>	1	
<i>heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag llf,outer,single-use</i>	1	
<i>heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag single use, llf</i>	1	
<i>heparin 4,000 unit/1,000 ml (4 unit/ml)-0.9% nacl (cmpd-rx) single use</i>	1	
<i>heparin 5,000 unit/ml carpujet llf, suv, outer</i>	1	
<i>heparin 6,000 unit/1,000 ml (6 unit/ml)-0.9% nacl (cmpd-rx) latex-f, single use</i>	1	
<i>heparin flush 10 units/10 ml (1 unit/ml) syringe llf, suv</i>	1	
<i>heparin flush 100 units/10 ml (10 units/ml) vial 25's,mdv</i>	1	
<i>heparin flush 2 units/2 ml (1 unit/ml) syringe llf, suv</i>	1	
<i>heparin flush 3 units/3 ml (1 unit/ml) syringe llf, suv</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>heparin flush 5 units/5 ml (1 unit/ml) syringe llf, suv</i>	1	
<i>heparin flush 500 unit/5 ml (100 unit/ml) vial latex-free</i>	1	
<i>heparin iv flush 1 unit/ml syr llf, suv</i>	1	
<i>heparin iv flush 100 units/ml llf, suv</i>	1	
<i>heparin lock flush 10 units/ml 25's,mdv</i>	1	
<i>heparin lock flush 100 unit/ml 25's, latex-free</i>	1	
<i>heparin sodium 1,000 unit/ml vial 25's, latex-free,mdv</i>	1	
<i>heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial 25's,mdv,latex-free</i>	1	
<i>heparin sodium 10,000 unit/ml vial outer, latex-free</i>	1	
<i>heparin sodium 2,000 unit/2 ml (1,000 unit/ml) vial plf,inner,llf,suv</i>	1	
<i>heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial 25's,mdv,latex-free</i>	1	
<i>heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial mdv,25's,latex-free</i>	1	
<i>heparin sodium 5,000 unit/0.5 ml carpuject inner, llf, plf, sdv</i>	1	
<i>heparin sodium 5,000 unit/ml vial mdv,25's,latex-free</i>	1	
<i>heparin sodium 5,000 units/ 0.5 ml vial</i>	1	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial mdv,25's,latex-free</i>	1	
<i>heparin sodium 50,000 unit/5 ml (10,000 unit/ml) vial 25's,latex-free,mdv</i>	1	
<i>heparin-0.9% nacl 30 units/3 ml (10 units/ml) syr (cmpd-rx)</i>	1	
<i>hep-lock flush 100 unit/ml kit 1 hprn,2 na chl syrn</i>	1	
Indirect Factor Xa Inhibitors		
<i>fondaparinux 10 mg/0.8 ml syr suv, plf, inner</i>	2	PA; QL (20 ML per 30 days)
<i>fondaparinux 2.5 mg/0.5 ml syr sdv, plf, outer</i>	2	PA; QL (15 ML per 30 days)
<i>fondaparinux 5 mg/0.4 ml syr inner,plf,suv</i>	2	PA; QL (20 ML per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr inner,plf,suv</i>	2	PA; QL (20 ML per 30 days)
Low Molecular Weight Heparins		
<i>enoxaparin 100 mg/ml syringe plf, single use,llf</i>	2	QL (20 ML per 10 days)
<i>enoxaparin 120 mg/0.8 ml syr auto dev, sdv,llf</i>	2	QL (16 ML per 10 days)
<i>enoxaparin 150 mg/ml syringe suv,plf,inner,llf</i>	2	QL (20 ML per 10 days)
<i>enoxaparin 30 mg/0.3 ml syr inner, sdv</i>	2	QL (6 ML per 10 days)
<i>enoxaparin 300 mg/3 ml vial mdv</i>	2	QL (30 ML per 10 days)
<i>enoxaparin 40 mg/0.4 ml syr plf, suv,llf</i>	2	QL (8 ML per 10 days)
<i>enoxaparin 60 mg/0.6 ml syr plf, suv,llf</i>	2	QL (12 ML per 10 days)
<i>enoxaparin 80 mg/0.8 ml syr auto dev, sdv,llf</i>	2	QL (16 ML per 10 days)
FRAGMIN 10,000 UNITS/ML SYRING L/F, P/F, INNER, SDV	3	PA
FRAGMIN 12,500 UNITS/0.5 ML L/F, P/F, INNER, SDV	3	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FRAGMIN 15,000 UNITS/0.6 ML L/F, P/F, INNER, SDV	3	PA
FRAGMIN 18,000 UNITS/0.72 ML L/F, P/F, INNER, SDV	3	PA
FRAGMIN 2,500 UNITS/0.2 ML SYR L/F, P/F, INNER, SDV	3	PA
FRAGMIN 5,000 UNITS/0.2 ML SYR L/F, P/F, INNER, SDV	3	PA
FRAGMIN 7,500 UNITS/0.3 ML SYR L/F, P/F, INNER, SDV	3	PA
FRAGMIN 95,000 UNITS/3.8 ML VL LATEX-FREE, MDV	3	PA
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cpts)		
BRILINTA 60 MG TABLET	2	QL (60 EA per 30 days)
BRILINTA 90 MG TABLET F/C, U-D	2	QL (60 EA per 30 days)
Platelet Aggregation Inhibitor Combinations		
<i>aspirin-dipyridam er 25-200 mg</i>	2	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors		
<i>cilostazol 100 mg tablet inner</i>	1	
<i>cilostazol 50 mg tablet</i>	1	
Platelet Aggregation Inhibitors - Quinazoline Agents		
AGRYLIN 0.5 MG CAPSULE	4	PA
<i>anagrelide hcl 0.5 mg capsule</i>	1	
<i>anagrelide hcl 1 mg capsule</i>	1	
Platelet Aggregation Inhibitors - Salicylates		
ADULT ASPIRIN EC 81 MG TABLET	0	
ADULT ASPIRIN REGIMEN EC 81 MG	0	
ADULT LOW DOSE ASA EC 81 MG TB	0	
ASPIR EC 81 MG TABLET	0	
<i>aspirin 325 mg tablet</i>	0	
<i>aspirin 81 mg chewable tablet low dose, orange</i>	0	
<i>aspirin ec 325 mg tablet</i>	0	
<i>aspirin ec 81 mg tablet</i>	0	
ASPIR-LOW EC 81 MG TABLET	0	
ASPIR-TRIN EC 325 MG TABLET	0	
BAYER ASPIRIN 325 MG CAPLET	0	
<i>bayer aspirin 325 mg tablet coated</i>	0	
CHILD ASPIRIN 81 MG CHEW TAB TAB CHEW,CHILDREN'S	0	
CHILD ASPIRIN 81 MG TAB CHEW	0	
<i>cvs aspirin 325 mg caplet coated caplet</i>	0	
<i>cvs aspirin 325 mg tablet</i>	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>cvs aspirin 81 mg chewable tab</i>	0	
<i>cvs aspirin ec 325 mg tablet</i>	0	
<i>cvs aspirin ec 81 mg tablet</i>	0	
ECOTRIN EC 325 MG TABLET SAFETY COATED	0	
ECOTRIN EC 81 MG TABLET SFTY COATED,LOW STR	0	
ECPIRIN EC 325 MG TABLET	0	
<i>eq aspirin 325 mg tablet coated</i>	0	
<i>eq aspirin 81 mg chewable tab low dose, outer</i>	0	
<i>eq aspirin ec 325 mg tablet safety- coated</i>	0	
<i>eq aspirin ec 81 mg tablet adult low dose</i>	0	
<i>eql aspirin 325 mg tablet</i>	0	
<i>eql aspirin 81 mg chewable tab</i>	0	
<i>eql aspirin ec 325 mg tablet</i>	0	
<i>eql aspirin ec 81 mg tablet</i>	0	
<i>gnp aspirin 325 mg tablet micro-thin coat,nalf</i>	0	
<i>gnp aspirin 81 mg chewable tab</i>	0	
<i>gnp aspirin ec 325 mg tablet</i>	0	
<i>gnp aspirin ec 81 mg tablet</i>	0	
GNP LITE COAT ASA 325 MG TAB CAFFEINE FREE,NA/F	0	
<i>gs aspirin 325 mg tablet</i>	0	
<i>gs aspirin 81 mg chewable tab</i>	0	
<i>gs aspirin ec 325 mg tablet</i>	0	
<i>gs aspirin ec 81 mg tablet</i>	0	
<i>hm aspirin 325 mg tablet</i>	0	
<i>hm aspirin 81 mg chewable tab adlt low dose,orange</i>	0	
<i>hm aspirin ec 325 mg tablet reg strength</i>	0	
<i>hm aspirin ec 81 mg tablet low dose</i>	0	
<i>kro aspirin 325 mg tablet for adults, coated</i>	0	
<i>kro aspirin 81 mg chewable tab low dose,gluten free</i>	0	
<i>kro aspirin ec 325 mg tablet gluten-free, reg str</i>	0	
<i>kro aspirin ec 81 mg tablet gluten free,low dose</i>	0	
LITE COAT ASPIRIN 325 MG TAB CAFFEINE FREE,NA/F	0	
LOW DOSE ASPIRIN EC 81 MG TAB	0	
<i>pub aspirin 325 mg tablet caffeine free</i>	0	
<i>pub aspirin 81 mg chewable tab low strength</i>	0	
<i>qc aspirin 325 mg tablet</i>	0	
<i>qc aspirin 81 mg chewable tab</i>	0	
<i>qc aspirin ec 325 mg tablet</i>	0	
<i>qc aspirin ec 81 mg tablet</i>	0	
QC LO-DOSE ASPIRIN EC 81 MG TB	0	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ra aspirin 325 mg tablet lightly coated</i>	0	
<i>ra aspirin 81 mg chewable tab</i>	0	
<i>ra aspirin ec 325 mg tablet regular strength</i>	0	
<i>ra aspirin ec 81 mg tablet</i>	0	
RA CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S, ORANGE	0	
<i>sb aspirin 325 mg tablet</i>	0	
<i>sb aspirin ec 81 mg tablet low dose,sfty coated</i>	0	
SB CHILD ASPIRIN 81 MG CHW TAB	0	
<i>sm aspirin 325 mg tablet</i>	0	
<i>sm aspirin 81 mg chewable tab adult low strength</i>	0	
<i>sm aspirin ec 325 mg tablet</i>	0	
<i>sm aspirin ec 81 mg tablet</i>	0	
SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S	0	
ST. JOSEPH ASPIRIN EC 81 MG TB	0	
Platelet Aggregation Inhibitors - Thienopyridine Agents		
<i>clopidogrel 300 mg tablet flc,u-d,inner</i>	1	
<i>clopidogrel 75 mg tablet</i>	1	
<i>prasugrel 10 mg tablet</i>	1	
<i>prasugrel 5 mg tablet</i>	1	
<i>ticlopidine 250 mg tablet flc</i>	1	QL (60 EA per 30 days)
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr		
<i>dipyridamole 25 mg tablet flc</i>	1	
<i>dipyridamole 50 mg tablet flc</i>	1	
<i>dipyridamole 75 mg tablet flc</i>	1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist		
ZONTIVITY 2.08 MG TABLET	3	PA; QL (30 EA per 30 days)
Sickle Cell Anemia Agents		
DROXIA 200 MG CAPSULE	2	
DROXIA 300 MG CAPSULE	2	
DROXIA 400 MG CAPSULE	2	
Sickle Cell Anemia Agents, Others		
DROXIA 200 MG CAPSULE	2	
DROXIA 300 MG CAPSULE	2	
DROXIA 400 MG CAPSULE	2	
Thrombin Inhibitor - Selective Direct And Reversible		
PRADAXA 110 MG CAPSULE	2	QL (60 EA per 30 days)
PRADAXA 150 MG CAPSULE U-U	2	QL (60 EA per 30 days)
PRADAXA 75 MG CAPSULE	2	QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Thrombopoietin Receptor Agonists		
NPLATE 250 MCG VIAL	4	PA
NPLATE 500 MCG VIAL	4	PA
PROMACTA 12.5 MG TABLET	4	PA; QL (90 EA per 30 days)
PROMACTA 25 MG TABLET	4	PA; QL (90 EA per 30 days)
PROMACTA 50 MG TABLET	4	PA; QL (90 EA per 30 days)
PROMACTA 75 MG TABLET	4	PA; QL (90 EA per 30 days)
Immunosuppressive Agents		
Immunosuppressive - Calcineurin Inhibitors		
ASTAGRAF XL 0.5 MG CAPSULE	3	PA
ASTAGRAF XL 1 MG CAPSULE	3	PA
ASTAGRAF XL 5 MG CAPSULE	3	PA
<i>cyclosporine 100 mg capsule</i>	2	
<i>cyclosporine 25 mg capsule outer</i>	2	
<i>cyclosporine modified 100 mg softgel, inner</i>	1	QL (90 EA per 30 days)
<i>cyclosporine modified 100 mg/ml</i>	1	QL (90 ML per 30 days)
<i>cyclosporine modified 25 mg inner, softgel</i>	1	QL (90 EA per 30 days)
<i>cyclosporine modified 50 mg softgel, inner</i>	2	QL (120 EA per 30 days)
ENVARUS XR 0.75 MG TABLET	3	PA
ENVARUS XR 1 MG TABLET	3	PA
ENVARUS XR 4 MG TABLET	3	PA
GENGRAF 50 MG CAPSULE	2	QL (120 EA per 30 days)
PROGRAF 0.5 MG CAPSULE	3	
PROGRAF 1 MG CAPSULE	3	
PROGRAF 5 MG CAPSULE	3	
<i>tacrolimus 0.5 mg capsule</i>	1	
<i>tacrolimus 1 mg capsule</i>	1	
<i>tacrolimus 5 mg capsule</i>	1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors		
<i>mycophenolate 200 mg/ml susp</i>	2	
<i>mycophenolate 250 mg capsule</i>	1	
<i>mycophenolate 500 mg tablet flc</i>	1	
<i>mycophenolic acid dr 180 mg tb</i>	2	
<i>mycophenolic acid dr 360 mg tb</i>	2	
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors		
RAPAMUNE 1 MG/ML ORAL SOLN INNER	4	PA
<i>sirolimus 0.5 mg tablet</i>	2	
<i>sirolimus 1 mg tablet inner</i>	2	
<i>sirolimus 2 mg tablet</i>	2	
ZORTRESS 0.25 MG TABLET 6X10, U-D, OUTER	3	PA; QL (120 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ZORTRESS 0.5 MG TABLET 6X10, U-D, OUTER	3	PA; QL (120 EA per 30 days)
ZORTRESS 0.75 MG TABLET 6X10, U-D, OUTER	3	PA; QL (60 EA per 30 days)
Immunosuppressive - Purine Analogs		
<i>azathioprine 50 mg tablet</i>	1	
Locomotor System		
Als Agents - Benzothiazoles		
<i>riluzole 50 mg tablet flc</i>	1	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors		
<i>pyridostigmine br 60 mg tablet</i>	1	
<i>pyridostigmine er 180 mg tab</i>	1	
Antimyasthenic Agents Other		
<i>guanidine hcl 125 mg tablet</i>	1	
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme		
XIAFLEX 0.9 MG VIAL	4	PA
Skeletal Muscle Relaxant - Central Muscle Relaxants		
<i>baclofen 10 mg tablet</i>	1	QL (90 EA per 30 days)
<i>baclofen 20 mg tablet outer</i>	1	QL (90 EA per 30 days)
<i>baclofen 5 mg tablet</i>	1	QL (90 EA per 30 days)
<i>chlorzoxazone 500 mg tablet</i>	1	
<i>cyclobenzaprine 10 mg tablet</i>	1	
<i>cyclobenzaprine 5 mg tablet flc</i>	1	
<i>cyclobenzaprine 7.5 mg tablet</i>	1	
METAXALL 800 MG TABLET	1	
<i>metaxalone 400 mg tablet</i>	2	
<i>metaxalone 800 mg tablet</i>	1	QL (90 EA per 30 days)
<i>methocarbamol 500 mg tablet</i>	1	
<i>methocarbamol 750 mg tablet</i>	1	
<i>orphenadrine 30 mg/ml vial 10's, sdv</i>	1	
<i>orphenadrine 60 mg/2 ml ampule inner</i>	1	
<i>orphenadrine 60 mg/2 ml vial inner, llf, plf, sdv</i>	1	
<i>orphenadrine er 100 mg tablet</i>	1	
<i>tizanidine hcl 2 mg capsule</i>	1	
<i>tizanidine hcl 2 mg tablet</i>	1	
<i>tizanidine hcl 4 mg capsule</i>	1	
<i>tizanidine hcl 4 mg tablet</i>	1	
<i>tizanidine hcl 6 mg capsule</i>	1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants		
<i>dantrolene sodium 100 mg cap</i>	1	
<i>dantrolene sodium 25 mg cap</i>	1	
<i>dantrolene sodium 50 mg cap</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Medical Supplies And Durable Medical Equipment (Dme)		
Medical Supplies And Dme - Blood Glucose Tests		
ACCU-CHEK AVIVA PLUS TEST STRP	2	QL (150 EA per 30 days)
ACCU-CHEK COMPACT PLUS STRIPS	2	
ACCU-CHEK GUIDE TEST STRIP	2	QL (150 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	2	QL (150 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
ADVOCATE REDI-CODE TEST STRIP	2	QL (150 EA per 30 days)
ADVOCATE REDI-CODE+ TEST STRIP NO CODING	2	QL (150 EA per 30 days)
ADVOCATE TEST STRIP	2	QL (150 EA per 30 days)
AGAMATRIX AMP TEST STRIPS	2	QL (150 EA per 30 days)
ASSURE 4 TEST STRIPS	2	QL (150 EA per 30 days)
ASSURE PLATINUM TEST STRIP	2	QL (150 EA per 30 days)
ASSURE PLATINUM TEST STRIPS	2	QL (150 EA per 30 days)
ASSURE PRISM MULTI TEST STRIPS	2	QL (150 EA per 30 days)
BLOOD GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
BLOOD GLUCOSE TEST STRIP NO CODING	2	QL (150 EA per 30 days)
BLOOD GLUCOSE TEST STRIPS	1	QL (150 EA per 30 days)
BLOOD GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
BREEZE 2 DISC TEST STRIP	2	
CAREONE BLOOD GLUCOSE TST STRP NO CODE NEEDED	1	QL (150 EA per 30 days)
CARESENS N TEST STRIPS NO CODING	2	QL (150 EA per 30 days)
CARETOUCH TEST STRIP	2	QL (150 EA per 30 days)
CHOICEDM CLARUS TEST STRIPS	1	QL (150 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP	2	QL (150 EA per 30 days)
CLEVER CHOICE PRO TEST STRIP	2	QL (150 EA per 30 days)
CLEVER CHOICE TALK TEST STRIPS	2	QL (150 EA per 30 days)
CLEVER CHOICE TEST STRIPS AUTO-CODE	2	QL (150 EA per 30 days)
CLEVER CHOICE VOICE+ TST STRIP AUTO-CODE, VOICE	2	QL (150 EA per 30 days)
CONTOUR NEXT TEST STRIP	2	QL (150 EA per 30 days)
CONTOUR TEST STRIP	2	QL (150 EA per 30 days)
COOL GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
CVS ADVANCED GLUCOSE TEST STR	1	QL (150 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
DIATRUE PLUS TEST STRIP	2	QL (150 EA per 30 days)
EASY GLUCO G2 TEST STRIP	2	QL (150 EA per 30 days)
EASY PLUS II TEST STRIP	2	QL (150 EA per 30 days)
EASY PLUS II TEST STRIPS	2	QL (150 EA per 30 days)
EASY STEP GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
EASYGLUCO PLUS TEST STRIPS	2	QL (150 EA per 30 days)
EASYGLUCO TEST STRIPS	2	QL (150 EA per 30 days)
EASYMAX 15 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
EASYMAX GLUCOSE TEST STRIPS MEDICAL BENEFIT USE	2	QL (150 EA per 30 days)
ELEMENT COMPACT TEST STRIPS	2	QL (150 EA per 30 days)
ELEMENT TEST STRIPS	2	QL (150 EA per 30 days)
EMBRACE EVO TEST STRIPS	2	QL (150 EA per 30 days)
EMBRACE GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
EMBRACE PRO TEST STRIP	2	QL (150 EA per 30 days)
EMBRACE PRO TEST STRIPS	2	QL (150 EA per 30 days)
EMBRACE TALK TEST STRIP	2	QL (150 EA per 30 days)
EMBRACE TEST STRIPS	2	QL (150 EA per 30 days)
EQ BLOOD GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
EVENCARE G2 TEST STRIP	2	QL (150 EA per 30 days)
EVENCARE G3 TEST STRIP	2	QL (150 EA per 30 days)
EVENCARE GLUCOSE TST STRIPS	2	QL (150 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR	2	QL (150 EA per 30 days)
EVENCARE PROVIEW TEST STRIP	2	QL (150 EA per 30 days)
EVOLUTION TEST STRIPS	2	QL (150 EA per 30 days)
EZ SMART PLUS TEST STRIPS	2	QL (150 EA per 30 days)
EZ SMART TEST STRIPS	2	QL (150 EA per 30 days)
FIFTY50 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP	2	QL (150 EA per 30 days)
FORA BLOOD GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORA D15G GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FORA D20 GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FORA D40-G31 TEST STRIPS	2	QL (150 EA per 30 days)
FORA G20 GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP	2	QL (150 EA per 30 days)
FORA GD50 TEST STRIPS	2	QL (150 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORA TN'G VOICE TEST STRIPS	2	QL (150 EA per 30 days)
FORA V10 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS	2	QL (150 EA per 30 days)
FORA V12 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORA V20 GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FORA V30A GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORACARE GD20 TEST STRIPS	2	QL (150 EA per 30 days)
FORACARE GD40 GLUCOSE STRIPS	2	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FORTISCARE GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE INSULINX STRIP NFRS NO CODE, NFRS	2	QL (150 EA per 30 days)
FREESTYLE INSULINX TEST STRIP NO CODE	2	QL (150 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE LITE TEST STRIP	2	QL (150 EA per 30 days)
FREESTYLE LITE TEST STRIP NFRS	2	QL (150 EA per 30 days)
FREESTYLE PREC NEO TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE TEST STRIPS NFRS NOT FOR RETAIL SALE	2	QL (150 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP 2 VIALS X 25 STRIPS	2	QL (150 EA per 30 days)
GENSTRIP GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
GENULTIMATE TEST STRIP	2	QL (150 EA per 30 days)
GHT BLOOD GLUCOSE TEST STRIP HRI	2	QL (150 EA per 30 days)
GLUCO NAVII GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	2	QL (150 EA per 30 days)
GLUCOCARD EXPRESSION TEST STRP	2	QL (150 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS	2	QL (150 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	2	QL (150 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS	2	QL (150 EA per 30 days)
GLUCOCOM GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
GNP EASY TOUCH GLUC TEST STRIP	2	QL (150 EA per 30 days)
GOODLIFE AC-302 TEST STRIP	2	QL (150 EA per 30 days)
GS BLOOD GLUCOSE TEST STRIP PREMIUM, NO CODE	1	QL (150 EA per 30 days)
HARMONY GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
HEALTHPRO GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
HUMANA TRUE METRIX TEST STRIP	1	QL (150 EA per 30 days)
IGLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
INFINITY TEST STRIPS	2	QL (150 EA per 30 days)
INFINITY VOICE TEST STRIP	2	QL (150 EA per 30 days)
KRO PREMIUM BLOOD GLUCOSE TEST NO CODING,PREMIUM	1	QL (150 EA per 30 days)
MEIJER BLOOD GLUCOSE TEST STRP	1	QL (150 EA per 30 days)
MICRODOT TEST STRIPS	2	QL (150 EA per 30 days)
MICRODOT XTRA TEST STRIPS	2	QL (150 EA per 30 days)
MYGLUCOHEALTH TEST STRIPS	2	QL (150 EA per 30 days)
NEUTEK 2TEK TEST STRIPS	2	QL (150 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
ON CALL EXPRESS TEST STRIP	2	QL (150 EA per 30 days)
ON CALL PLUS TEST STRIP	2	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ON CALL VIVID TEST STRIP	2	QL (150 EA per 30 days)
ONETOUCH ULTRA BLUE TEST STRP	3	QL (150 EA per 30 days)
ONETOUCH VERIO TEST STRIP	3	
OPTIUM EZ TEST STRIP	2	QL (150 EA per 30 days)
OPTIUM TEST STRIP	2	QL (150 EA per 30 days)
OPTUMRX TEST STRIP	2	QL (150 EA per 30 days)
PHARMACIST CHOICE TEST STRIPS	1	QL (150 EA per 30 days)
PHARMACIST CHOICE TEST STRIPS	2	QL (150 EA per 30 days)
PRECISION PCX PLUS TEST STR	2	QL (150 EA per 30 days)
PRECISION PCX TEST STRIPS	2	QL (150 EA per 30 days)
PRECISION POINT OF CARE STR	2	QL (150 EA per 30 days)
PRECISION Q-I-D TEST STRIPS	2	QL (150 EA per 30 days)
PRECISION XTRA TEST STRIPS	2	QL (150 EA per 30 days)
PREMIUM BLOOD GLUCOSE TEST STR NO CODING	1	QL (150 EA per 30 days)
PREMIUM BLOOD GLUCOSE TST STRP NO CODING	1	QL (150 EA per 30 days)
PREMIUM V10 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP	2	QL (150 EA per 30 days)
PRODIGY NO CODING TEST STRIPS	2	QL (150 EA per 30 days)
QUINTET AC GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
REFUAH PLUS TEST STRIPS	2	QL (150 EA per 30 days)
REVEAL TEST STRIP	2	QL (150 EA per 30 days)
REXALL BLOOD GLUCOSE TEST STRP ONE VIAL OF 25	1	QL (150 EA per 30 days)
RIGHTEST GS100 TEST STRIPS	2	QL (150 EA per 30 days)
RIGHTEST GS250S TEST STRIPS	2	QL (150 EA per 30 days)
RIGHTEST GS260 TEST STRIPS	2	QL (150 EA per 30 days)
RIGHTEST GS300 TEST STRIPS	2	QL (150 EA per 30 days)
RIGHTEST GS550 TEST STRIPS	2	QL (150 EA per 30 days)
SMART SENSE TEST STRIPS PREMIUM, NO CODE	1	QL (150 EA per 30 days)
SMARTEST TEST STRIPS	2	QL (150 EA per 30 days)
SOLUS V2 AUDIBLE TEST STRIPS	2	QL (150 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	2	QL (150 EA per 30 days)
TD GOLD TEST STRIP	2	QL (150 EA per 30 days)
TELCARE TEST STRIPS	2	QL (150 EA per 30 days)
TEST N'GO GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
TRUE METRIX PRO TEST STRIP	1	QL (150 EA per 30 days)
TRUETEST GLUCOSE TEST STRIPS	1	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TRUETRACK GLUCOSE TEST STRIPS	1	QL (150 EA per 30 days)
ULTIMA TEST STRIPS	2	QL (150 EA per 30 days)
ULTRATRAK TEST STRIP	2	QL (150 EA per 30 days)
ULTRATRAK ULTIMATE TEST STRIPS	2	QL (150 EA per 30 days)
UNISTRIPI GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
UP & UP BLOOD GLUCOSE TST STRP NO CODING	1	QL (150 EA per 30 days)
VERASENS TEST STRIP	2	QL (150 EA per 30 days)
VIVAGUARD INO TEST STRIP	2	QL (150 EA per 30 days)
V-R GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
WAVESENSE JAZZ TEST STRIPS	2	QL (150 EA per 30 days)
WAVESENSE PRESTO TEST STRIPS	2	QL (150 EA per 30 days)
Medical Supplies And Dme - Cervical Caps		
FEMCAP 22 MM CERVICAL CAP	0	
FEMCAP 26 MM CERVICAL CAP	0	
FEMCAP 30 MM CERVICAL CAP	0	
Medical Supplies And Dme - Diaphragms		
CAYA CONTOURED DIAPHRAGM	0	
WIDE SEAL DIAPHRAGM 60MM	0	
WIDE SEAL DIAPHRAGM 65MM	0	
WIDE SEAL DIAPHRAGM 70MM	0	
WIDE SEAL DIAPHRAGM 75MM	0	
WIDE SEAL DIAPHRAGM 80MM	0	
WIDE SEAL DIAPHRAGM 85MM	0	
WIDE SEAL DIAPHRAGM 90MM	0	
WIDE SEAL DIAPHRAGM 95MM	0	
Medical Supplies And Dme - Female Condoms		
FC2 FEMALE CONDOM	0	QL (24 EA per 30 days)
Medical Supplies And Dme - Glucose Monitoring Test Supplies		
1ST TIER COMFORTOUCH 28G LANCT	1	
1ST TIER COMFORTOUCH 30G LANCT	1	
ACCU-CHEK FASTCLIX LANCET DRUM	2	
ACCU-CHEK FASTCLIX LANCING DEV	2	
ACCU-CHEK MULTICLIX LANCET KIT	2	
ACCU-CHEK MULTICLIX LANCETS	2	
ACCU-CHEK SAFE-T-PRO 23G LANCT	2	
ACCU-CHEK SAFE-T-PRO PLUS 23G	2	
ACCU-CHEK SOFTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACTI-LANCE LITE 28G LANCETS	1	
ACTI-LANCE LITE 28G LANCETS	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ACTI-LANCE SPECIAL 17G LANCETS	1	
ACTI-LANCE SPECIAL 17G LANCETS	2	
ACTI-LANCE UNIVERS 23G LANCETS	1	
ACTI-LANCE UNIVERS 23G LANCETS	2	
ADJUSTABLE LANCING DEVICE	1	
ADJUSTABLE LANCING DEVICE	2	
<i>advanced lancing device</i>	1	
ADVANCED TRAVEL 28G LANCETS 28G,SINGLE-USE,STRL	1	
ADVANCED TRAVEL 30G LANCETS	1	
ADVOCATE 26G LANCETS STERILE	2	
ADVOCATE 30G LANCETS TWIST TOP	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ALTERNATE SITE 26G LANCETS RECAPABLE	1	
ALTERNATE SITE LANCING DEVICE	2	
AQUA LANCE LANCING DEVICE	2	
<i>assure comfort 28g lancets</i>	2	
<i>assure comfort 30g lancets</i>	2	
ASSURE HAEMOLANCE PLUS 18G	2	
ASSURE HAEMOLANCE PLUS 21G	2	
ASSURE HAEMOLANCE PLUS 25G	2	
ASSURE HAEMOLANCE PLUS 28G	2	
ASSURE LANCE 25G LANCETS	2	
ASSURE LANCE 28G LANCETS	2	
ASSURE LANCE 28G SAFETY LANCET	2	
ASSURE LANCE PLUS 21G LANCETS	2	
ASSURE LANCE PLUS 25G LANCETS	2	
ASSURE LANCE PLUS 30G LANCETS	2	
AUTO-LANCET MINI LANCING DEV	2	
AUTOLET IMPRESS LANCING DEVICE	2	
AUTOLET IMPRESSION LANCING DEV	2	
AUTOLET LANCING DEVICE W/COMFORT ZONE TECH	1	
AUTOLET PLUS LANCING DEVICE	2	
<i>bd lancets 33g</i>	2	
BD MICROTAINER 21G LANCETS	2	
BD MICROTAINER 30G LANCETS	2	
BD ULTRA-FINE 33G LANCETS	2	
BD ULTRA-FINE II 30G LANCETS	2	
<i>blood lancets 30g easy twist</i>	2	
BULLSEYE MINI SAFETY 21G	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
BULLSEYE MINI SAFETY 25G LANCT	2	
BULLSEYE MINI SAFETY 28G LANCT	2	
CARELANCE ULT LANCING DEVICE	2	
CAREONE LANCING DEVICE	1	
CAREONE LANCING DEVICE	2	
CAREONE THIN LANCET	2	
CAREONE ULTRA THIN LANCET	1	
CAREONE ULTRA THIN LANCET	2	
CARESENS PREM LANCING DEVICE	2	
CARESENS ULTRA THIN 30G LANCET	2	
CARETOUCH 26G SAFETY LANCETS	2	
CARETOUCH 28G SAFETY LANCETS	2	
CARETOUCH LANCING DEVICE	2	
CARETOUCH TWIST 28G LANCET	2	
CARETOUCH TWIST 30G LANCET	2	
CARETOUCH TWIST 33G LANCET	2	
CLEVER CHEK ULTRA THIN 30G	2	
COAGUCHEK LANCETS	2	
COMFORT EZ SAFETY 21G LANCETS	2	
COMFORT EZ SAFETY 23G LANCETS	2	
COMFORT EZ SAFETY 28G LANCETS	2	
COMFORT LANCETS	1	
CVS MICRO THIN 33G LANCETS UNIVERSAL 1	1	
<i>cvs thin 26g lancets</i>	1	
<i>cvs ultra thin 30g lancets</i>	2	
CVS ULTRA THIN 30G LANCETS STERILE	1	
<i>dario 100 sterile lancets</i>	2	
DROPLET 30G LANCETS	1	
DROPLET LANCING DEVICE	1	
DROPLET LANCING DEVICE	2	
EASY CLICK LANCING DEVICE	2	
EASY COMFORT 30G LANCETS	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY TOUCH 28G LANCETS 28G,PULL TOP,STERILE	2	
EASY TOUCH BUTTON 30G LANCETS	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH PRESSURE 30G LANCET	2	
EASY TOUCH PULL-TOP 26G LANCET	2	
EASY TOUCH PULL-TOP 28G LANCET LATEX-FREE	2	
EASY TOUCH PULL-TOP 30G LANCET	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH PULL-TOP 32G LANCET	2	
EASY TOUCH SAFETY 21G LANCETS	2	
EASY TOUCH SAFETY 23G LANCETS	2	
EASY TOUCH SAFETY 26G LANCETS	2	
EASY TOUCH SAFETY 28G LANCETS	2	
EASY TOUCH SAFETY 32G LANCETS	2	
EASY TOUCH TWIST 26G LANCETS	2	
EASY TOUCH TWIST 28G LANCETS	2	
EASY TOUCH TWIST 30G LANCETS	2	
EASY TOUCH TWIST 32G LANCETS	2	
EASY TOUCH TWIST 33G LANCETS	2	
EASY TWIST & CAP 28G LANCETS	2	
EMBRACE 30G LANCETS	2	
<i>eql 33g lancets</i>	1	
EQL MICRO THIN 33G LANCETS COLOR	1	
E-Z JECT COLORED LANCETS	1	
E-Z JECT LANCETS	1	
<i>e-z pull & click lancing dev 5 depth settings</i>	2	
EZ SMART 28G LANCETS	2	
E-ZJECT COLOR 32G LANCETS	1	
E-ZJECT COLOR 33G LANCETS	1	
E-ZJECT SUPER THIN 30G LANCETS SUPER THIN	1	
<i>e-zject thin lancets 26 gauge</i>	1	
<i>fifty50 lancing device adjustable depth</i>	2	
FIFTY50 SAFETY SEAL 30G LANCET	2	
FIFTY50 SAFETY SEAL 32G LANCET	2	
FIFTY50 UNILET 33G LANCETS	2	
FINE 30 UNIVERSAL 30G LANCETS	2	
FINGERSTIX LANCETS	2	
<i>fora 30g lancets twist off, single use</i>	2	
FORA LANCING DEVICE	2	
FORA V10-V12-D10-D20 STRP-LNCT	2	
FORACARE 30G LANCETS	2	
FREESTYLE 28G LANCETS	2	
FREESTYLE LIBRE 10 DAY READER	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 10 DAY SENSOR	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (3 EA per 30 days)
FREESTYLE UNISTIK 2 LANCETS	2	
<i>ge lancing device</i>	2	
GLUCOCOM 28G LANCETS	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
GLUCOCOM 30G LANCETS	2	
GLUCOCOM 33G LANCETS	2	
GNP LANCING SYSTEM DEVICE	1	
GNP MICRO THIN 33G LANCETS UNIVERSAL 1	1	
GNP UNIVERSAL 1 STANDARD 21G	1	
GNP UNIVERSAL 1 SUPER THIN 30G	1	
GNP UNIVERSAL 1 THIN 26G LANCT	1	
GS UNIVERSAL 1 MICRO THIN 33G	1	
GS UNIVERSAL 1 THIN 26G LANCET	1	
GS UNIVERSAL 1 ULTRA THIN 30G	1	
HEALTHY ACCENTS AUTOLET DEVICE	1	
HEALTHY ACCENTS AUTOLET DEVICE	2	
HEALTHY ACCENTS UNILET 30G	1	
HEALTHY ACCENTS UNILET 30G	2	
HEB MICRO THIN 33G LANCETS SINGLE-USE,STERILE	1	
HYPOLANCE AST LANCING KIT	2	
INCONTROL LANCING DEVICE	1	
INCONTROL SUPER THIN 30G LANCT	1	
INCONTROL ULTRA THIN 28G LANCT	1	
INJECT EASE 28G LANCETS	2	
INJECT EASE 30G LANCETS	2	
INVACARE 30G LANCETS	2	
<i>invacare lancing device adjustable</i>	2	
KRO UNIVERSAL 1 THIN 26G LANCT	1	
<i>kroger lancets</i>	1	
<i>kroger lancing device</i>	1	
KROGER SUPER THIN LANCETS	1	
<i>lancets 26g 1.2, 1.8, 2.4mm,blue</i>	2	
<i>lancets 26g x 1.8mm yellow</i>	2	
<i>lancets 28g lancets</i>	1	
<i>lancets 28g x 1.8mm purple</i>	2	
<i>lancets 30g twist top,single use</i>	2	
<i>lancets 33g</i>	2	
LANCETS THIN 23G	2	
<i>lancets ultra fine 28g</i>	1	
LANCETS ULTRA THIN 26G	2	
<i>lancing device</i>	1	
<i>lancing device</i>	2	
LANZO LANCING DEVICE	2	
LITE TOUCH 28G LANCETS	2	
LITE TOUCH 30G LANCETS	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LITE TOUCH 33G LANCETS	2	
LITE TOUCH LANCING PEN	2	
LIVE BETTER SUPER THIN LANCET 30G	1	
LIVE BETTER ULTRA THIN LANCET 28G	1	
LONGS THIN LANCETS 26G 26G	1	
LONGS THIN LANCETS 30G 30G	1	
MEDISENSE THIN 28G LANCETS	2	
<i>medisense thin lancets</i>	2	
MEDLANCE PLUS 21G LANCETS UNIVERSAL	2	
MEDLANCE PLUS 21G LANCETS UNIVERSAL, 1.8MM	1	
MEDLANCE PLUS 30G LANCETS SUPERLITE	2	
MEDLANCE PLUS 30G LANCETS SUPERLITE, 1.2MM	1	
MEDLANCE PLUS EXTRA 21G LANCET 2.4MM	1	
MEDLANCE PLUS EXTRA 21G LANCET 2.4MM	2	
MEDLANCE PLUS LITE 25G LANCETS 1.5MM	1	
MEDLANCE PLUS LITE 25G LANCETS STERILE	2	
<i>meijer lancets 30g</i>	1	
MEIJER UNIVERSAL 1 26G LANCETS	1	
MICRO THIN 33G LANCETS STERILE	1	
MICROLET 2 LANCING DEVICE	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MONOLET 21G LANCETS	2	
MONOLET THIN 28G LANCETS	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH 30G LANCETS	2	
NOVA SAFETY 23G LANCETS	2	
NOVA SAFETY 28G LANCETS	2	
NOVA SUREFLEX LANCING DEVICE DEVICE AND LANCETS	2	
NOVA SUREFLEX THIN LANCETS	2	
ON CALL 30G LANCET	2	
ON CALL LANCING DEVICE	2	
ON CALL PLUS 30G LANCET	2	
ON CALL PLUS LANCING DEVICE	2	
ONETOUCH DELICA 30G LANCETS	1	
ONETOUCH DELICA 33G LANCETS	1	
ONETOUCH DELICA LANCING DEV	2	
ONETOUCH DELICA PLUS 30G LANCT	2	
ONETOUCH DELICA PLUS 33G LANCT	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ONETOUCH DELICA PLUS LANC DEV	2	
ONETOUCH SURESOFT 18G LANC DEV	2	
ONETOUCH SURESOFT 21G LANC DEV	2	
ONETOUCH SURESOFT 28G LANC DEV	3	
ONETOUCH ULTRASOFT LANCETS	3	
ON-THE-GO 30G LANCETS GENTLE, 1.5MM	1	
ON-THE-GO 30G LANCETS GENTLE, 1.5MM	2	
PC SUPER THIN 30G LANCETS	1	
PHARMACIST CHOICE 28G LANCETS ULTRA THIN	2	
<i>pharmacist choice 30g lancets ultra thin</i>	2	
<i>pharmacist choice 33g lancets</i>	2	
PIP 28G LANCET	2	
PIP 30G LANCET	2	
<i>preferred plus lancets super thin</i>	1	
<i>preferred plus thin lancets</i>	1	
PRESSURE ACTIVATED 21G LANCETS	2	
PRESSURE ACTIVATED 28G LANCETS	2	
PRO COMFORT 30G LANCETS	2	
PRO COMFORT 31G LANCET	2	
PRODIGY LANCING DEVICE	2	
PRODIGY PRESSURE ACTIVATED 28G	2	
PRODIGY SAFETY 26G LANCETS	2	
PRODIGY TWIST TOP 28G LANCET	2	
<i>pub 28g lancets</i>	1	
PUSH BUTTON SAFETY 21G LANCET	2	
PUSH BUTTON SAFETY 28G LANCET	2	
QC UNILET SUPER THIN 30G LANCT	1	
QC UNILET ULTRA THIN 28G LANCT	1	
RA E-ZJECT 26G LANCETS	1	
RA E-ZJECT 28G LANCETS	1	
RA E-ZJECT 30G LANCETS ULTRA THIN	1	
RA E-ZJECT COLOR 33G LANCETS	1	
READYLANCE 21G SAFETY LANCETS	2	
READYLANCE 23G SAFETY LANCETS	2	
READYLANCE 26G SAFETY LANCETS	2	
READYLANCE 28G SAFETY LANCETS	2	
READYLANCE 30G SAFETY LANCETS	2	
RELIAMED 28G LANCETS LATEX-FREE, STERILE	1	
RELIAMED 30G LANCETS	1	
<i>reliamed lancing device adjustable</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
RELIAMED MINI LANCING DEVICE	1	
RELIAMED SAFETY 23G LANCETS	1	
RELIAMED SAFETY 28G LANCETS LATEX-FREE	1	
RELIAMED SAFETY SEAL 28G LANCT	1	
RELIAMED SAFETY SEAL 30G LANCT	1	
RELIAMED TWIST&CAP 28G LANCETS	1	
RELION 2-IN-1 LANCET DEVICE	1	
RELION MICRO THIN 33G LANCET	1	
RELION THIN 26G LANCETS	1	
RELION ULTRA THIN 30G LANCETS	1	
REXALL UNIVERSAL 1 30G LANCETS	1	
RIGHTTEST GD500 LANCING DEVICE	2	
RIGHTTEST GL300 30G LANCETS	2	
SAFETY 21G LANCETS HIGH FLOW, 2.0MM	2	
SAFETY 28G LANCETS LATEX-FREE	2	
SAFETY LANCETS 26G	2	
SAFETY SEAL 28G LANCETS	2	
SAFETY SEAL 30G LANCETS	2	
SAFETY-LET 30G LANCETS	2	
<i>saps care 30g lancets twist top,single use</i>	2	
<i>saps twist top 30g lancet</i>	2	
<i>saps twist top 30g lancets</i>	2	
SHOPKO AUTOLET LANCING DEVICE W/3 UNILET LANCETS	1	
SHOPKO ON-THE-GO 30G LANCETS GENTLE	1	
SHOPKO UNILET SUPER THIN 30G STERILE	1	
SHOPKO UNILET ULTRA THIN 28G STERILE	1	
<i>simple diagntic lancet device e-z pull & click</i>	2	
SINGLE-LET LANCETS	2	
SM COLOR LANCETS 21G	1	
<i>sm lancets 21g</i>	1	
SM MICRO THIN 33G LANCETS	1	
SM SUPER THIN 30G LANCETS STERILE TIP	1	
SM THIN LANCETS 26G	1	
SMART SENSE COLOR 33G LANCETS	1	
SMART SENSE STANDARD 21G	1	
SMART SENSE SUPER THIN 30G	1	
SMART SENSE THIN 26G LANCETS	1	
SMARTEST LANCET	2	
SOFT TOUCH LANCETS	2	
SOLUS V2 28G LANCETS	2	
SOLUS V2 30G TWIST LANCETS	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SOLUS V2 LANCING DEVICE	2	
STERILANCE TL TWIST 30G LANCET	2	
STERILANCE TL TWIST 32G LANCET	2	
SUPER THIN 28G LANCETS 28G, COMFORT ASSURED	1	
SUPER THIN 30G LANCETS	1	
SURE COMFORT 18G LANCETS	2	
SURE COMFORT 21G LANCETS	2	
SURE COMFORT 23G LANCETS	2	
SURE COMFORT 28G LANCETS	2	
SURE COMFORT 30G LANCETS	2	
SURE COMFORT LANCING PEN	2	
SURE-LANCE 26G LANCETS	2	
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE THIN 28G LANCETS	2	
SURE-LANCE ULTRA THIN 30G	2	
SURE-PEN LANCING DEVICE	2	
SURE-TOUCH LANCET	2	
TECHLITE 25G LANCETS	2	
TECHLITE 28G LANCETS	2	
TECHLITE 30G LANCETS	2	
TELCARE ULTRA THIN 30G LANCETS	2	
THIN 26G LANCETS	1	
THIN LANCETS 28G	2	
TOPCARE UNIVERSAL1 33G LANCETS	1	
TOPCARE UNIVERSAL1 THIN LANCET THIN, 26G	1	
TRUE COMFORT 30G LANCET	2	
TRUEDRAW LANCING DEVICE	1	
TRUEPLUS 26G LANCETS	1	
TRUEPLUS 30G LANCETS	1	
TRUEPLUS 33G LANCETS	1	
TRUEPLUS SAFETY 28G LANCET	1	
TRUEPLUS SAFETY 28G LANCETS 28G, STERILE	1	
TRUEPLUS SUPER THIN 28G LANCET 28G,STRL	1	
TRUEPLUS ULTRA THIN 30G LANCET	1	
<i>twist lancets 28g</i>	2	
TWIST LANCETS 30G	2	
TWIST LANCETS 32G	2	
ULTI-LANCE AUTO-AD DEVICE	2	
ULTI-LANCE AUTOMATIC DEVICE	2	
ULTILET 28G LANCETS	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ULTILET 30G LANCETS	2	
ULTILET 33G LANCETS	2	
ULTILET BASIC 30G LANCETS	2	
ULTILET CLASSIC 26G LANCETS	2	
ULTILET CLASSIC 28G LANCETS	2	
ULTILET CLASSIC 30G LANCETS	2	
ULTILET CLASSIC 33G LANCETS	2	
ULTILET SAFETY 23G LANCETS	2	
ULTRA FINE 30G LANCETS	2	
ULTRA THIN 28G LANCETS 28G, STRL	1	
ULTRA THIN 28G LANCETS ULTRA THIN	2	
ULTRA THIN 30G LANCETS STERILE	1	
ULTRA THIN 31G LANCET	2	
ULTRA THIN 31G LANCETS	2	
ULTRA THIN 33G LANCETS	2	
ULTRA-CARE 30G LANCETS	2	
ULTRALANCE 26G LANCETS	2	
ULTRALANCE 28G LANCETS	2	
ULTRA-THIN II 26G LANCET	2	
ULTRA-THIN II 28G LANCETS	2	
ULTRA-THIN II 30G LANCETS	2	
ULTRATLC LANCETS	2	
UNILET COMFORTOUCH 26G LANCETS	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II LANCET	2	
UNILET EXCELITE LANCET	2	
UNILET GP LANCET	2	
UNILET GP LANCET SUPERLITE	2	
UNILET MICRO THIN 33G LANCET	1	
UNILET MICRO THIN 33G LANCET	2	
UNILET MICRO THIN 33G LANCETS	1	
UNILET MICRO THIN 33G LANCETS	2	
UNILET SUPER THIN 30G LANCETS	1	
UNILET SUPER THIN 30G LANCETS SINGLE-USE,STERILE	2	
UNILET ULTRA THIN 28G LANCETS	1	
UNILET ULTRA THIN 28G LANCETS SINGLE-USE,STERILE	2	
UNISTIK 2 1.8 MM LANCING DEVIC	2	
UNISTIK 2 2.4 MM DEVICE	2	
UNISTIK 2 COMFORT 1.8 MM DEVIC 28 GAUGE	2	
UNISTIK 2 EXTRA 0.81 MM DEVICE	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
UNISTIK 2 NORMAL 0.81MM DEVICE	2	
UNISTIK 3 1.8 MM LANCING DEVIC	2	
UNISTIK 3 COMFORT 1.8 ML DEVIC	2	
UNISTIK 3 COMFORT LANCET	2	
UNISTIK 3 EXTRA 21G LANCETS	2	
UNISTIK 3 GENTLE 30G LANCETS	2	
UNISTIK 3 GENTLE ON-THE-GO 30G	2	
UNISTIK 3 NEONATAL 1.8 ML DEV	2	
UNISTIK 3 NORMAL 23G LANCETS	2	
UNISTIK 3 SAFETY 21G LANCETS	2	
UNISTIK CZT COMFORT 28G LANCET	2	
UNISTIK CZT NORMAL 23G LANCETS	2	
UNISTIK PRO 21G LANCET	2	
UNISTIK PRO 25G LANCET	2	
UNISTIK PRO 28G LANCET	2	
UNISTIK SAFETY 28G LANCET	2	
UNISTIK SAFETY 30G LANCETS	2	
UNISTIK TOUCH 21G LANCETS	2	
UNISTIK TOUCH 23G LANCETS	2	
UNISTIK TOUCH 28G LANCETS	2	
UNISTIK TOUCH 30G LANCETS	2	
UNISTIK-2 3 MM DEVICE	2	
UNIVERSAL 1 33G LANCETS	1	
VALUE PLUS LANCING DEVICE 5 DEPTH SETTINGS	1	
VANTAGE LANCING DEVICE	2	
VIVAGUARD LANCET	2	
VIVAGUARD LANCING DEVICE	2	
WALGREENS THIN LANCETS THIN	1	
WALGREENS ULTRA THIN LANCETS	1	
Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies		
1ST TIER UNIFINE PENTP 5MM 31G	1	
1ST TIER UNIFINE PNTIP 4MM 32G	1	
1ST TIER UNIFINE PNTIP 6MM 31G	1	
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE USE	1	
1ST TIER UNIFINE PNTIP 12MM 29G	1	
1ST TIER UNIFINE PNTIP 29GX1/2"	1	
1ST TIER UNIFINE PNTIP 31GX1/4"	1	
1ST TIER UNIFINE PNTIP 31GX3/16	1	
1ST TIER UNIFINE PNTIP 31GX5/16	1	
1ST TIER UNIFINE PNTIP 32GX5/32	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ADVOCATE INS 0.3 ML 30GX5/16"	2	
ADVOCATE INS 0.3 ML 31GX5/16"	2	
ADVOCATE INS 0.5 ML 30GX5/16"	2	
ADVOCATE INS 0.5 ML 31GX5/16"	2	
ADVOCATE INS 1 ML 31GX5/16"	3	
ADVOCATE INS SYR 0.3 ML 29GX1/2	2	
ADVOCATE INS SYR 0.5 ML 29GX1/2	2	
ADVOCATE INS SYR 1 ML 29GX1/2"	2	
ADVOCATE INS SYR 1 ML 30GX5/16	2	
ADVOCATE PEN NDL 12.7MM 29G	2	
ADVOCATE PEN NEEDLE 4MM 33G	2	
ADVOCATE PEN NEEDLES 5MM 31G	2	
ADVOCATE PEN NEEDLES 8MM 31G	2	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX)	2	
ASSURE ID SYR 1 ML 29GX1/2" (RX)	2	
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
AUTOPEN 2 TO 42 UNITS	2	
BD AUTOSHIELD DUO NDL 5MMX30G	2	
BD ECLIPSE 30GX1/2" SYRINGE	2	
BD INS SYR 0.3 ML 8MMX31G(1/2)	2	
BD INS SYR UF 0.3 ML 12.7MMX30G	2	
BD INS SYR UF 0.5 ML 12.7MMX30G	2	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN)	2	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE	2	
BD INS SYRNG 0.3 ML 29GX12.7MM	2	
BD INS SYRNG 0.5 ML 29GX12.7MM	2	
BD INS SYRNG UF 0.3 ML 8MMX31G NOT FOR RETAIL SALE	2	
BD INS SYRNG UF 0.5 ML 8MMX31G	2	
BD INSULIN SYR 0.5 ML 28GX1/2" MICRO-FINE IV PERM N	2	
BD INSULIN SYR 0.5 ML 29GX1/2"	2	
BD INSULIN SYR 1 ML 25GX1"	2	
BD INSULIN SYR 1 ML 25GX5/8"	2	
BD INSULIN SYR 1 ML 26GX1/2"	2	
BD INSULIN SYR 1 ML 27GX12.7MM	2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE	2	
<i>bd insulin syr 1 ml 28gx1/2" (otc)</i>	2	
BD INSULIN SYR 1 ML 29GX1/2"	2	
BD INSULIN SYR 1 ML 29GX12.7MM	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
BD INSULIN SYR UF 1 ML 8MMX31G NOT FOR RETAIL SALE	3	
BD INSULIN SYRINGE 1 ML W/O NEEDLE, SLIP TIP	2	
<i>bd luer-lok syringe 1 ml</i>	2	
BD NANO 2 GEN PEN NDL 32GX4MM	2	
BD SAFETGLD INS 0.3 ML 13MMX29G	2	
BD SAFETGLD INS 0.3 ML 8MMX31G	2	
BD SAFETGLD INS 0.5 ML 13MMX29G	2	
BD SAFETGLD INS 0.5 ML 8MMX30G	2	
BD SAFETYGLD INS 1 ML 13MMX29G	2	
BD SAFETYGLIDE SYRINGE 27GX5/8	2	
BD UF MICRO PEN NEEDLE 6MMX32G	2	
BD UF MINI PEN NEEDLE 5MMX31G	2	
BD UF NANO PEN NEEDLE 4MMX32G	2	
BD UF ORIG PEN NDL 12.7MMX29G	2	
BD UF SHORT PEN NEEDLE 8MMX31G	2	
BD VEO INS 0.3 ML 6MMX31G (1/2)	2	
BD VEO INS SYRING 1 ML 6MMX31G	2	
BD VEO INS SYRN 0.3 ML 6MMX31G	3	
BD VEO INS SYRN 0.5 ML 6MMX31G	2	
<i>ca ins syr 0.3 ml 30gx5/16" latex-free, short</i>	1	
<i>ca ins syr 0.3 ml 31gx5/16" latex-free, short</i>	1	
<i>ca ins syr 0.5 ml 30gx5/16" latex-free, short (otc)</i>	1	
<i>ca ins syr 0.5 ml 31gx5/16" latex-free, short</i>	1	
<i>ca insulin syr 0.3 ml 29gx1/2" latex-free</i>	1	
<i>ca insulin syr 0.5 ml 29gx1/2" latex-free (otc)</i>	1	
<i>ca insulin syr 1 ml 29gx1/2" latex-free (otc)</i>	1	
<i>ca insulin syr 1 ml 30gx5/16" latex-free, short (otc)</i>	1	
<i>ca insulin syr 1 ml 31gx5/16" latex-free, short</i>	2	
CAREFINE PEN NEEDLE 12.7MM 29G	2	
CAREFINE PEN NEEDLE 4MM 32G	2	
CAREFINE PEN NEEDLE 5MM 32G	2	
CAREFINE PEN NEEDLE 6MM 31G	2	
CAREFINE PEN NEEDLE 8MM 30G	2	
CAREFINE PEN NEEDLES 6MM 32G	2	
CAREFINE PEN NEEDLES 8MM 31G	2	
<i>careone syr 0.3 ml 30gx1/2" regular</i>	2	
<i>careone syr 0.3 ml 31gx5/16" short</i>	2	
<i>careone syr 0.5 ml 30gx1/2" regular, hri (otc)</i>	2	
<i>careone syr 0.5 ml 31gx5/16" short, hri</i>	2	
<i>careone syr 1 ml 30gx1/2" regular, hri (otc)</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>careone syr 1 ml 31gx5/16" short</i>	3	
CAREONE UNIFINE PENTIP 4MM 32G STERILE, SINGLE USE	1	
CAREONE UNIFINE PENTIP 4MM 32G STERILE, SINGLE USE	2	
CAREONE UNIFINE PENTIP 5MM 31G SINGLE USE, STERILE	1	
CAREONE UNIFINE PENTIP 5MM 31G SINGLE USE, STERILE	2	
CAREONE UNIFINE PENTIP 6MM 31G 31GX6MM,MINI,STRL	1	
CAREONE UNIFINE PENTIP 8MM 31G 31GX8MM,SHORT,STRL	1	
CAREONE UNIFINE PENTP 29GX1/2" ORIGINAL, 12MM	1	
CAREONE UNIFINE PENTP 29GX1/2" ORIGINAL, 12MM	2	
CAREONE UNIFINE PENTP 31GX1/4" ULTRA SHORT, 6MM	1	
CAREONE UNIFINE PENTP 31GX1/4" ULTRA SHORT, 6MM	2	
CAREONE UNIFINE PNTTP 12MM 29G 29GX12MM,ORIGNL,STRL	1	
CAREONE UNIFINE PNTTP 31GX3/16" MINI, 5MM	1	
CAREONE UNIFINE PNTTP 31GX3/16" MINI, 5MM	2	
CAREONE UNIFINE PNTTP 31GX5/16" SHORT, 8MM	1	
CAREONE UNIFINE PNTTP 31GX5/16" SHORT, 8MM	2	
CAREONE UNIFINE PNTTP 32GX5/32"	1	
CAREONE UNIFINE PNTTP 32GX5/32"	2	
CARETOUCH PEN NEEDLE 31GX1/4"	2	
CARETOUCH PEN NEEDLE 31GX3/16"	2	
CARETOUCH PEN NEEDLE 31GX5/16"	2	
CARETOUCH PEN NEEDLE 32GX3/16"	2	
CARETOUCH PEN NEEDLE 32GX5/32"	2	
CARETOUCH SYR 0.3 ML 31GX5/16"	2	
CARETOUCH SYR 0.5 ML 30GX5/16"	2	
CARETOUCH SYR 0.5 ML 31GX5/16"	2	
CARETOUCH SYR 1 ML 30GX5/16"	2	
CARETOUCH SYR 1 ML 31GX5/16"	3	
CLICKFINE 31G X 1/4" NEEDLES 6MM, UNIVERSAL	1	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CLICKFINE PEN NEEDLE 32GX5/32" UNIVERSAL CLICK	1	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND	1	
CLICKFINE UNIVERSAL 31GX5/16" 8MM, STORE BRAND	1	
COMFORT EZ INS 0.3 ML 30GX1/2"	2	
COMFORT EZ INS 0.3 ML 30GX5/16"	2	
COMFORT EZ INS 0.5 ML 31GX5/16"	2	
COMFORT EZ INS 1 ML 31GX5/16"	3	
COMFORT EZ INSULIN SYR 0.3 ML	2	
COMFORT EZ INSULIN SYR 0.5 ML	2	
COMFORT EZ PEN NEEDLE 12MM 29G	2	
COMFORT EZ PEN NEEDLES 4MM 32G	2	
COMFORT EZ PEN NEEDLES 4MM 33G LATEX- FREE	2	
COMFORT EZ PEN NEEDLES 5MM 31G	2	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI	2	
COMFORT EZ PEN NEEDLES 5MM 33G	2	
COMFORT EZ PEN NEEDLES 6MM 31G	2	
COMFORT EZ PEN NEEDLES 6MM 32G LATEX- FREE	2	
COMFORT EZ PEN NEEDLES 6MM 33G	2	
COMFORT EZ PEN NEEDLES 8MM 31G	2	
COMFORT EZ PEN NEEDLES 8MM 32G	2	
COMFORT EZ PEN NEEDLES 8MM 33G	2	
COMFORT EZ SYR 0.3 ML 29GX1/2"	2	
COMFORT EZ SYR 0.5 ML 28GX1/2"	2	
COMFORT EZ SYR 0.5 ML 29GX1/2"	2	
COMFORT EZ SYR 0.5 ML 30GX1/2"	2	
COMFORT EZ SYR 1 ML 28GX1/2"	2	
COMFORT EZ SYR 1 ML 29GX1/2"	2	
COMFORT EZ SYR 1 ML 30GX1/2"	2	
COMFORT EZ SYR 1 ML 30GX5/16"	2	
<i>comfort point pen ndl 29gx1/2" 12mm</i>	2	
<i>comfort point pen ndl 31gx1/3"</i>	2	
<i>comfort point pen ndl 31gx1/4" 6mm</i>	2	
<i>comfort point pen ndl 31gx1/6"</i>	2	
DROPLET INS 0.3 ML 29GX12.5MM	1	
DROPLET INS 0.3 ML 30GX12.5MM	1	
DROPLET INS SYR 0.3 ML 30GX8MM	1	
DROPLET INS SYR 0.3 ML 31GX6MM	1	
DROPLET INS SYR 0.3 ML 31GX8MM	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DROPLET INS SYR 1 ML 29GX12.5MM	1	
DROPLET INS SYR 1 ML 30GX12.5MM	1	
DROPLET INS SYR 1 ML 30GX8MM	1	
DROPLET INS SYR 1 ML 31GX6MM	1	
DROPLET INS SYR 1 ML 31GX8MM	2	
DROPLET PEN NEEDLE 29GX1/2"	1	
DROPLET PEN NEEDLE 29GX3/8"	1	
DROPLET PEN NEEDLE 31GX1/4"	1	
DROPLET PEN NEEDLE 31GX3/16"	1	
DROPLET PEN NEEDLE 31GX5/16"	1	
DROPLET PEN NEEDLE 32GX1/4"	1	
DROPLET PEN NEEDLE 32GX3/16"	1	
DROPLET PEN NEEDLE 32GX5/16"	1	
DROPLET PEN NEEDLE 32GX5/32"	1	
DRUG MART ULTRA COMFORT SYR	1	
EASY COMFORT 0.3 ML SYRINGE	2	
EASY COMFORT 0.5 ML 30GX1/2"	2	
EASY COMFORT 0.5 ML 31GX5/16"	2	
EASY COMFORT 0.5 ML SYRINGE	2	
EASY COMFORT 1 ML 31GX5/16"	3	
EASY COMFORT INSULIN 1 ML SYR	2	
EASY COMFORT PEN NDL 31GX1/4"	2	
EASY COMFORT PEN NDL 31GX3/16"	2	
EASY COMFORT PEN NDL 31GX5/16"	2	
EASY COMFORT PEN NDL 32GX5/32"	2	
EASY COMFORT PEN NDL 33G 4MM	2	
EASY COMFORT PEN NDL 33G 5MM	2	
EASY COMFORT PEN NDL 33G 6MM	2	
EASY COMFORT SYR 1 ML 30GX1/2"	2	
EASY GLIDE INS 0.3 ML 31GX6MM	3	
EASY GLIDE INS 0.5 ML 31GX6MM	2	
EASY GLIDE INS 1 ML 31GX6MM	2	
EASY GLIDE PEN NEEDLE 4MM 33G	2	
EASY TOUCH 0.3 ML SYR 30GX1/2"	2	
EASY TOUCH 0.5 ML SYR 27GX1/2"	2	
EASY TOUCH 0.5 ML SYR 29GX1/2"	2	
EASY TOUCH 0.5 ML SYR 30GX1/2"	2	
EASY TOUCH 0.5 ML SYR 30GX5/16	2	
EASY TOUCH 1 ML SYR 27GX1/2"	2	
EASY TOUCH 1 ML SYR 29GX1/2"	2	
EASY TOUCH 1 ML SYR 30GX1/2"	2	
EASY TOUCH INSULIN 1 ML 29GX1/2	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH INSULIN 1 ML 30GX1/2	2	
EASY TOUCH INSULIN SYR 0.3 ML	2	
EASY TOUCH INSULIN SYR 0.5 ML	2	
EASY TOUCH INSULIN SYR 1 ML	2	
EASY TOUCH INSULIN SYR 1 ML	3	
EASY TOUCH INSULN 1 ML 29GX1/2"	2	
EASY TOUCH INSULN 1 ML 30GX1/2"	2	
EASY TOUCH INSULN 1 ML 30GX5/16	2	
EASY TOUCH INSULN 1 ML 31GX5/16	2	
EASY TOUCH LUER LOK INSUL 1 ML	2	
EASY TOUCH PEN NEEDLE 29GX1/2"	2	
EASY TOUCH PEN NEEDLE 30GX5/16	2	
EASY TOUCH PEN NEEDLE 31GX1/4"	2	
EASY TOUCH PEN NEEDLE 31GX3/16	2	
EASY TOUCH PEN NEEDLE 31GX5/16	2	
EASY TOUCH PEN NEEDLE 32GX1/4"	2	
EASY TOUCH PEN NEEDLE 32GX3/16	2	
EASY TOUCH PEN NEEDLE 32GX5/32	2	
EASY TOUCH UNI-SLIP SYR 1 ML	2	
EASY-TOUCH INS 1 ML 31GX5/16"	3	
<i>eql ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>eql insul syr 0.3 ml 31gx5/16"</i>	1	
<i>eql insul syr 0.5 ml 31gx5/16"</i>	1	
<i>eql insulin 0.3 ml syringe</i>	1	
<i>eql insulin 0.5 ml syringe</i>	1	
<i>eql insulin 1 ml syringe short needle</i>	1	
<i>eql insulin syr 1 ml 31gx5/16"</i>	2	
<i>exel ins syr u100 1 ml 28gx1/2 (otc)</i>	2	
EXEL U100 0.3 ML 29GX1/2"	2	
<i>exel u100 0.3 ml 30gx5/16"</i>	2	
EXEL U100 0.5 ML 28GX1/2"	2	
<i>exel u100 0.5 ml 29gx1/2" (otc)</i>	2	
EXEL U100 0.5 ML 30GX5/16"	2	
EXEL U100 1 ML 30GX5/16"	2	
<i>exel u100 ins syr 1 ml 29gx1/2 (otc)</i>	2	
<i>fifty50 ins 0.3 ml 31gx5/16" short needle</i>	2	
<i>fifty50 ins 0.5 ml 31gx5/16" short needle</i>	2	
<i>fifty50 ins syr 1 ml 31gx5/16" short needle</i>	3	
<i>fifty50 pen 31g x 3/16" needle 5mm</i>	2	
<i>fifty50 pen 31g x 5/16" needle 8mm</i>	2	
<i>fifty50 pen needle 32g x 1/4"</i>	2	
<i>fifty50 pen needle 32g x 5/32" 4mm</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FREESTYLE PREC 0.5 ML 30GX5/16	2	
FREESTYLE PREC 0.5 ML 31GX5/16	2	
FREESTYLE PREC 1 ML 30GX5/16"	2	
FREESTYLE PREC 1 ML 31GX5/16"	3	
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL	1	
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL	1	
GNP CLICKFINE PEN NDL 31GX1/4" 31GX6MM, THIN & SHORT	1	
GNP CLICKFINE PEN NDL 31GX5/16 31GX8MM, THIN & SHORT (OTC)	1	
<i>gnp ins syr 0.3 ml 29gx1/2" latex-free</i>	1	
<i>gnp insul syr 0.3 ml 31gx5/16"</i>	1	
<i>gnp insul syr 0.5 ml 31gx5/16"</i>	1	
<i>gnp insulin syr 1 ml 31gx5/16"</i>	2	
GNP ULT C 0.3 ML 29GX1/2" (1/2)	1	
GNP ULT CMFRT 0.5 ML 29GX1/2"	1	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	1	
GNP ULTR CMFRT 0.5 ML 30GX5/16	1	
GNP ULTR COMFORT 1 ML 29GX1/2"	1	
GNP ULTRA COMFORT 0.5 ML SYR	1	
GNP ULTRA COMFORT 1 ML SYRINGE	1	
GNP ULTRA COMFORT 3/10 ML SYR	1	
GNP ULTRA COMFRT 1 ML 28GX1/2"	1	
<i>gs pen needle 31g x 1/4"</i>	1	
<i>gs pen needle 31g x 5/16"</i>	1	
<i>gs pen needle 31g x 5mm</i>	1	
<i>gs pen needle 31g x 6mm</i>	1	
<i>gs pen needle 31g x 8mm</i>	1	
<i>gs pen needle 32g x 4mm</i>	1	
<i>gs pen needle 32g x 6mm</i>	1	
HEALTHWISE INS 0.3 ML 30GX5/16"	2	
HEALTHWISE INS 0.3 ML 31GX5/16"	2	
HEALTHWISE INS 0.5 ML 30GX5/16"	2	
HEALTHWISE INS 0.5 ML 31GX5/16"	2	
HEALTHWISE INS 1 ML 30GX5/16"	2	
HEALTHWISE INS 1 ML 31GX5/16"	3	
HEALTHWISE PEN NEEDLE 31G 5MM	2	
HEALTHWISE PEN NEEDLE 31G 8MM	2	
HEALTHWISE PEN NEEDLE 32G 4MM	2	
HEALTHY ACCENTS PENTIP 4MM 32G	1	
HEALTHY ACCENTS PENTIP 5MM 31G	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
HEALTHY ACCENTS PENTIP 5MM 31G	2	
HEALTHY ACCENTS PENTIP 6MM 31G	1	
HEALTHY ACCENTS PENTIP 6MM 31G	2	
HEALTHY ACCENTS PENTIP 8MM 31G	1	
HEALTHY ACCENTS PENTIP 8MM 31G	2	
HEALTHY ACCENTS PENTP 12MM 29G	1	
HEALTHY ACCENTS PENTP 12MM 29G	2	
HEB UNIFINE PNTIP PLUS 31GX3/16	1	
HEB UNIFINE PNTIP PLUS 32GX5/32	1	
HM ULTICARE PEN NEEDLE 4MM 32G	2	
HM ULTICARE PEN NEEDLE 6MM 31G	2	
HM ULTICARE PEN NEEDLE 8MM 31G	2	
HUMAPEN LUXURA HD	2	
INCONTROL PEN NEEDLE 12MM 29G	1	
INCONTROL PEN NEEDLE 4MM 32G	1	
INCONTROL PEN NEEDLE 5MM 31G	1	
INCONTROL PEN NEEDLE 6MM 31G	1	
INCONTROL PEN NEEDLE 8MM 31G	1	
INPEN (FOR HUMALOG) BLUE	2	
INPEN (FOR HUMALOG) GREY	2	
INPEN (FOR HUMALOG) PINK	2	
INPEN (FOR NOVOLOG) BLUE	2	
INPEN (FOR NOVOLOG) GREY	2	
INPEN (FOR NOVOLOG) PINK	2	
<i>insulin 1 ml syringe</i>	1	
<i>insulin 1/2 ml syringe</i>	1	
<i>insulin 3/10 ml syringe</i>	1	
<i>insulin syr 0.3 ml 30gx5/16"</i>	2	
<i>insulin syr 0.3 ml 31gx1/4(1/2)</i>	2	
<i>insulin syrin 0.3 ml 29gx1/2"</i>	2	
<i>insulin syrin 0.3 ml 30gx1/2"</i>	2	
<i>insulin syrin 0.3 ml 30gx5/16"</i>	2	
<i>insulin syrin 0.3 ml 31gx5/16"</i>	1	
<i>insulin syrin 0.3 ml 31gx5/16"</i>	2	
<i>insulin syrin 0.5 ml 28gx1/2"</i>	2	
<i>insulin syrin 0.5 ml 29gx1/2" latex-free (otc)</i>	2	
<i>insulin syrin 0.5 ml 30gx1/2" (rx)</i>	2	
<i>insulin syrin 0.5 ml 30gx5/16" (otc)</i>	1	
<i>insulin syrin 0.5 ml 30gx5/16" (rx)</i>	2	
<i>insulin syrin 0.5 ml 31gx5/16"</i>	2	
<i>insulin syrin 0.5 ml 31gx5/16" llf, ultra comfort</i>	1	
INSULIN SYRIN 1 ML 29GX1/2"	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>insulin syringe 0.5 ml 27gx1/2"</i>	2	
<i>insulin syringe 0.5 ml 29gx1/2" (otc)</i>	2	
INSULIN SYRINGE 0.3 ML	2	
<i>insulin syringe 0.3 ml 31gx1/4</i>	2	
INSULIN SYRINGE 0.5 ML	2	
<i>insulin syringe 0.5 ml 31gx1/4</i>	2	
INSULIN SYRINGE 1 ML	2	
<i>insulin syringe 1 ml 27gx1/2" outer</i>	2	
<i>insulin syringe 1 ml 28gx1/2" (otc)</i>	2	
<i>insulin syringe 1 ml 29gx1/2" (otc)</i>	2	
<i>insulin syringe 1 ml 30gx1/2" (rx)</i>	2	
<i>insulin syringe 1 ml 30gx5/16" (rx)</i>	2	
<i>insulin syringe 1 ml 31gx1/4"</i>	2	
<i>insulin syringe 1 ml 31gx5/16"</i>	3	
<i>insulin syringe 1 ml 31gx5/16" short needle, thin ii</i>	2	
INSUPEN 30G ULTRAFIN NEEDLE	2	
INSUPEN 31G ULTRAFIN NEEDLE	2	
INSUPEN 32G 6MM PEN NEEDLE	2	
INSUPEN 32G 8MM PEN NEEDLE	2	
INSUPEN PEN NEEDLE 29GX1/2"	2	
INSUPEN PEN NEEDLE 29GX12MM	2	
INSUPEN PEN NEEDLE 30GX8MM	2	
INSUPEN PEN NEEDLE 31GX3/16"	2	
INSUPEN PEN NEEDLE 31GX5/16"	2	
INSUPEN PEN NEEDLE 31GX6MM	2	
INSUPEN PEN NEEDLE 31GX8MM	2	
INSUPEN PEN NEEDLE 32GX4MM	2	
INSUPEN PEN NEEDLE 32GX5/32"	2	
INSUPEN PEN NEEDLE 32GX6MM	2	
INSUPEN PEN NEEDLE 32GX8MM	2	
INSUPEN PEN NEEDLE 33GX4MM	2	
<i>kinray ins syr 1 ml 31gx5/16" preferred plus</i>	2	
<i>kinray syringe 0.3 ml 31gx5/16" preferred plus</i>	1	
<i>kinray syringe 0.5 ml 31gx5/16" preferred plus</i>	1	
<i>kmart valu plus syr 1/2 ml</i>	1	
<i>kro ins syr 0.3 ml 29gx1/2" latex-free</i>	1	
<i>kro ins syrin 0.3 ml 30gx5/16"</i>	1	
<i>kro ins syrin 0.3 ml 31gx5/16"</i>	1	
<i>kro ins syrin 0.5 ml 30gx5/16" (otc)</i>	1	
<i>kro ins syrin 0.5 ml 31gx5/16"</i>	1	
<i>kro ins syringe 0.5 ml 29gx1/2" (otc)</i>	1	
<i>kro ins syringe 1 ml 29gx1/2" (otc)</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>kro ins syringe 1 ml 30gx5/16" (otc)</i>	1	
<i>kro ins syringe 1 ml 31gx5/16"</i>	2	
<i>kro insulin syr 1 ml 30gx5/16" latex-free (otc)</i>	1	
<i>croger ins syr 0.3 ml 30gx5/16 short needle</i>	1	
<i>croger ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>croger ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>croger ins syr 1 ml 31gx5/16"</i>	2	
KROGER PEN NEEDLES 31G X 5/16" (OTC)	1	
<i>croger syr 0.5 ml 30gx5/16" (otc)</i>	1	
<i>croger syring 0.3 ml 31gx5/16"</i>	1	
<i>leader ins syr 0.3 ml 29gx1/2"</i>	1	
<i>leader ins syr 0.5 ml 28gx1/2"</i>	1	
<i>leader ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>leader ins syr 0.5 ml 30gx1/2" (otc)</i>	1	
<i>leader ins syr 1 ml 28gx1/2" (otc)</i>	1	
<i>leader ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>leader ins syr 1 ml 30gx5/16" (otc)</i>	1	
<i>leader ins syr 1 ml 31gx5/16"</i>	2	
<i>leader insulin syringe 0.3 ml</i>	1	
<i>leader syring 0.3 ml 31gx5/16"</i>	1	
<i>leader syring 0.5 ml 31gx5/16"</i>	1	
LITE TOUCH 31GX1/4" PEN NEEDLE	2	
LITE TOUCH INSULIN 0.5 ML SYR	2	
LITE TOUCH INSULIN 1 ML SYR	2	
LITE TOUCH INSULIN SYR 0.3 ML	2	
LITE TOUCH INSULIN SYR 0.5 ML	2	
LITE TOUCH INSULIN SYR 1 ML	3	
LITE TOUCH PEN NEEDLE 29G	2	
LITE TOUCH PEN NEEDLE 31G	2	
LITETOUCH INS 0.3 ML 29GX1/2"	2	
LITETOUCH INS 0.3 ML 30GX5/16"	2	
LITETOUCH INS 0.3 ML 31GX5/16"	2	
LITETOUCH INS 0.5 ML 31GX5/16"	2	
LITETOUCH SYR 0.5 ML 28GX1/2"	2	
LITETOUCH SYR 0.5 ML 29GX1/2"	2	
LITETOUCH SYR 0.5 ML 30GX5/16"	2	
LITETOUCH SYRIN 1 ML 28GX1/2"	2	
LITETOUCH SYRIN 1 ML 29GX1/2"	2	
LITETOUCH SYRIN 1 ML 30GX5/16"	2	
LIVE BETTER PEN NEEDLES 8MM 31G (OTC)	1	
MAGELLAN INSUL SYRINGE 0.3 ML	2	
MAGELLAN INSUL SYRINGE 0.5 ML	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
MAGELLAN INSULIN SYR 0.3 ML	2	
MAGELLAN INSULIN SYR 0.5 ML	2	
MAGELLAN INSULIN SYRINGE 1 ML	2	
MAXICOMFORT II PEN NDL 31GX6MM	2	
MAXICOMFORT INS 0.5 ML 27GX1/2"	2	
MAXI-COMFORT INS 0.5 ML 28G	2	
MAXICOMFORT INS 1 ML 27GX1/2"	2	
MAXI-COMFORT INS 1 ML 28GX1/2"	2	
MAXICOMFORT PEN NDL 29G X 5MM	2	
MAXICOMFORT PEN NDL 29G X 8MM	2	
MICRODOT PEN NEEDLE 31GX6MM	2	
MICRODOT PEN NEEDLE 32GX4MM	2	
MICRODOT PEN NEEDLE 33GX4MM	2	
MINI ULTRA-THIN II PEN NDL 31G LATEX-FREE,STERILE	2	
MINIMED RESERVOIR 1.8 ML	2	
MINIMED RESERVOIR 3 ML (RX)	2	
MONOJECT 0.5 ML SYRN 28GX1/2"	2	
MONOJECT 1 ML SYRN 27X1/2"	2	
MONOJECT 1 ML SYRN 28GX1/2" SOFTPACK (RX)	2	
MONOJECT INSUL SYR U100 (OTC)	2	
MONOJECT INSUL SYR U100 0.5 ML (OTC)	2	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	2	
MONOJECT INSULIN SYR 0.3 ML	2	
MONOJECT INSULIN SYR 0.5 ML	2	
MONOJECT INSULIN SYR 1 ML (RX)	2	
MONOJECT INSULIN SYR U-100	2	
MONOJECT INSULIN SYRN 3/10 ML	2	
MONOJECT SYRINGE 0.3 ML	2	
MONOJECT SYRINGE 0.5 ML	2	
MONOJECT SYRINGE 1 ML	3	
MONOJECT SYRINGE 1 ML SOFTPK, REG LUER TIP (RX)	2	
<i>ms ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>ms ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>ms ins syringe 1 ml 30gx1/2" (otc)</i>	1	
<i>ms insul syr 0.3 ml 31gx5/16"</i>	1	
<i>ms insul syr 0.5 ml 30gx1/2" (otc)</i>	1	
<i>ms insul syr 0.5 ml 31gx5/16"</i>	1	
<i>ms insulin syr 0.3 ml 29gx1/2"</i>	1	
<i>ms insulin syr 1 ml 31gx5/16"</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ms insulin syringe 0.3 ml</i>	1	
MS PEN NEEDLE 6MM 31G SHORT, SINGLE USE	1	
NOVOFINE 30G X 1/3" NEEDLES	1	
NOVOFINE 32G NEEDLES	2	
NOVOFINE AUTOCOVER 30G NEEDLE	2	
NOVOFINE PLUS PEN NDL 32GX1/6"	2	
NOVOPEN ECHO INSULIN DEVICE	2	
NOVOTWIST NEEDLE 32G 5MM	2	
OMNIPOD DASH PDM KIT	2	
PARADIGM RESERVOIR 1.8 ML (RX)	2	
PARADIGM RESERVOIR 3 ML	2	
PC UNIFINE PENTIPS 12MM NEEDLE ORIGINAL	1	
PC UNIFINE PENTIPS 6MM NEEDLE ULTRA SHORT	1	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT	1	
<i>pen needle 12mm 29g</i>	2	
PEN NEEDLE 30G X 5/16"	2	
<i>pen needle 31g x 1/4"</i>	1	
<i>pen needle 31g x 1/4"</i>	2	
<i>pen needle 31g x 3/16"</i>	1	
PEN NEEDLE 31G X 3/16" (RX)	2	
<i>pen needle 31g x 5/16"</i>	1	
PEN NEEDLE 31G X 5/16" (RX)	2	
<i>pen needle 32g x 1/4"</i>	2	
<i>pen needle 32g x 3/16"</i>	2	
<i>pen needle 32g x 5/32"</i>	2	
<i>pen needle 32g x 5/32" 4mm</i>	1	
<i>pen needle 4mm 32g</i>	2	
<i>pen needle 5mm 31g</i>	2	
PEN NEEDLE 6MM 31G 6MM	1	
<i>pen needle 8mm 31g</i>	2	
<i>pen needles 12mm 29g 29gx12mm, strl</i>	1	
PEN NEEDLES 12MM 29G 29GX12MM,STRL	2	
PEN NEEDLES 4MM 32G	2	
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC)	2	
<i>pen needles 6mm 31g 31gx6mm, strl</i>	1	
<i>pen needles 8mm 31g 31gx8mm, strl</i>	1	
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC)	2	
PENTIPS PEN NEEDLE 29GX1/2"	1	
PENTIPS PEN NEEDLE 29GX1/2"	2	
PENTIPS PEN NEEDLE 31GX1/4"	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
PENTIPS PEN NEEDLE 31GX3/16"	1	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM	2	
PENTIPS PEN NEEDLE 31GX5/16" HRI	1	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM	2	
PENTIPS PEN NEEDLE 32GX5/32" 4MM	2	
PENTIPS PEN NEEDLE 32GX5/32" HRI	1	
PENTIPS PEN NEEDLE 6MM 31G	2	
<i>pref plus ins 0.3 ml 29gx1/2" latex-free</i>	1	
<i>pref plus syr 0.5 ml 30gx5/16" (otc)</i>	1	
<i>pref plus syring 1 ml 29gx1/2" (otc)</i>	1	
<i>preferred plus 0.3 ml 30gx5/16</i>	1	
<i>preferred plus 0.5 ml 29gx1/2" (otc)</i>	1	
<i>preferred plus syringe 0.5 ml</i>	1	
<i>preferred plus syringe 1 ml</i>	1	
<i>prefpls ins syr 1 ml 30gx5/16" (otc)</i>	1	
PRO COMFORT 0.5 ML 30GX1/2"	2	
PRO COMFORT 0.5 ML 30GX5/16"	2	
PRO COMFORT 0.5 ML 31GX5/16"	2	
PRO COMFORT 1 ML 30GX1/2"	2	
PRO COMFORT 1 ML 30GX5/16"	2	
PRO COMFORT 1 ML 31GX5/16"	3	
PRO COMFORT PEN NDL 31GX5/16"	2	
PRO COMFORT PEN NDL 32G X 1/4"	2	
PRO COMFORT PEN NDL 4MM 32G	2	
PRO COMFORT PEN NDL 5MM 32G	2	
PRODIGY INS SYR 1 ML 28GX1/2"	2	
PRODIGY SYRNG 0.5 ML 31GX5/16"	2	
PRODIGY SYRNGE 0.3 ML 31GX5/16"	2	
<i>pub ins syrin 0.3 ml 30gx1/2" regular needle</i>	1	
<i>pub ins syringe 1 ml 30gx1/2" regular needle (otc)</i>	1	
<i>pub insul syr 0.3 ml 31gx5/16" short needle</i>	1	
<i>pub insul syr 0.5 ml 30gx1/2" regular needle (otc)</i>	1	
<i>pub insul syr 0.5 ml 31gx5/16" short needle</i>	1	
<i>pub insulin syr 1 ml 31gx5/16" short needle</i>	2	
PUB PEN 12MM 29G NEEDLES STANDARD LENGTH	1	
PUB PEN 8MM 31G NEEDLES SHORT LENGTH (OTC)	1	
PUB PEN NEEDLE 6MM 31G EXTRA SHORT, 6MM	1	
PUB UNIFINE PNTPL PLUS 31GX3/16 MINI, 5MM	1	
QC UNIFINE PENTIPS 32GX5/32" STERILE	1	
QC UNIFINE PENTIPS 4MM 32G STERILE	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ra ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>ra ins syr 0.5 ml 30gx5/16" (otc)</i>	1	
<i>ra ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>ra ins syringe 1 ml 30gx5/16" (otc)</i>	1	
RA PEN NEEDLE 31GX3/16" 5MM (OTC)	1	
RA PEN NEEDLE 31GX5/16" 8MM (OTC)	1	
RELI ON 31G X 1/4" NEEDLES	1	
<i>reli-on insulin 0.3 ml syr</i>	1	
<i>reli-on insulin 0.5 ml syr</i>	1	
<i>reli-on insulin 1 ml syr</i>	1	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",LATEX FREE	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",LATEX FREE	2	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",LATEX FREE	2	
SHOPKO UNIFINE PENTIPS 4MM 32G	1	
SHOPKO UNIFINE PENTIPS 5MM 31G	1	
SHOPKO UNIFINE PENTIPS 8MM 31G SHORT, STERILE	1	
SHOPKO UNIFINE PNTIPS 12MM 29G ORIGINAL, STERILE	1	
<i>sm ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>sm ins syr 0.5 ml 30gx5/16" short needle (otc)</i>	1	
<i>sm ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>sm ins syringe 0.3 ml 30gx5/16" short needle</i>	1	
<i>sm ins syringe 1 ml 28gx1/2" (otc)</i>	1	
<i>sm ins syringe 1 ml 30gx5/16" short needle (otc)</i>	1	
<i>sm insul syr 0.3 ml 31gx5/16" short needle</i>	1	
<i>sm insul syr 0.5 ml 31gx5/16" short needle</i>	1	
<i>sm insulin syr 0.3 ml 29gx1/2"</i>	1	
<i>sm insulin syr 0.5 ml 28gx1/2"</i>	1	
<i>sm insulin syr 1 ml 31gx5/16" short needle</i>	2	
SNAP INSULIN PUMP CONTROLLER RED	2	
SURE COMFORT 0.3 ML SYRINGE LATEX FREE,SHORT NDL	2	
SURE COMFORT 0.5 ML SYRINGE	2	
SURE COMFORT 1 ML SYRINGE	2	
SURE COMFORT 1 ML SYRINGE	3	
SURE COMFORT 3/10 ML SYRINGE	2	
SURE COMFORT 30G PEN NEEDLE	2	
SURE COMFORT 31G PEN NEEDLE	2	
SURE COMFORT INS 0.3 ML 31GX1/4	2	
SURE COMFORT INS 0.5 ML 31GX1/4	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SURE COMFORT INS 1 ML 31GX1/4"	2	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM	2	
SURE COMFORT PEN NDL 31GX3/16"	2	
SURE COMFORT PEN NDL 32GX1/4"	2	
SURE COMFORT PEN NDL 32GX5/32"	2	
SURE-FINE PEN NEEDLES 12.7MM	2	
SURE-FINE PEN NEEDLES 5MM	2	
SURE-FINE PEN NEEDLES 8MM	2	
SURE-JECT INS 0.3 ML 31GX5/16"	2	
SURE-JECT INS 0.5 ML 31GX5/16"	2	
SURE-JECT INSU SYR U100 0.3 ML	2	
SURE-JECT INSU SYR U100 0.5 ML	2	
SURE-JECT INSU SYR U100 1 ML	2	
SURE-JECT INSUL SYR U100 1 ML	2	
SURE-JECT INSULIN SYRINGE 1 ML	3	
TECHLITE 0.3 ML 31GX6MM (1/2)	2	
TECHLITE 0.3 ML 31GX8MM (1/2)	2	
TECHLITE INS SYR 1 ML 29GX12MM	2	
TECHLITE INS SYR 1 ML 30GX12MM	2	
TECHLITE INS SYR 1 ML 30GX8MM	2	
TECHLITE INS SYR 1 ML 31GX6MM	2	
TECHLITE INS SYR 1 ML 31GX8MM	3	
TECHLITE PEN NEEDLE 29GX1/2"	2	
TECHLITE PEN NEEDLE 29GX3/8"	2	
TECHLITE PEN NEEDLE 31GX1/4"	2	
TECHLITE PEN NEEDLE 31GX3/16"	2	
TECHLITE PEN NEEDLE 31GX5/16"	2	
TECHLITE PEN NEEDLE 32GX1/4"	2	
TECHLITE PEN NEEDLE 32GX5/16"	2	
TECHLITE PEN NEEDLE 32GX5/32"	2	
<i>terumo ins syr 0.3 ml 29gx1/2"</i>	2	
TERUMO INS SYRINGE U100-1 ML	2	
TERUMO INS SYRINGE U100-1/2 ML	2	
TERUMO INS SYRINGE U100-1/3 ML	2	
TERUMO INS SYRNG U100-1/2 ML	2	
THINPRO INS SYRIN U100-0.3 ML	2	
THINPRO INS SYRIN U100-0.5 ML	2	
THINPRO INS SYRIN U100-1 ML	2	
TODAY'S HLTH PN NEEDLE 6MM 31G 31GX6MM,STRL,MINI	1	
TOPCARE CLICKFINE 31G X 1/4"	1	
TOPCARE CLICKFINE 31G X 5/16"	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TOPCARE ULTRA COMFORT SYRINGE	1	
TOPCARE ULTRA COMFORT SYRINGE	2	
TRUE COMFORT 0.5 ML 31GX5/16"	2	
TRUE COMFORT 1 ML 31GX5/16"	3	
TRUE COMFORT PEN NDL 31GX5MM	2	
TRUE COMFORT PEN NDL 31GX6MM	2	
TRUE COMFORT PEN NDL 32GX4MM	2	
TRUEPLUS PEN NEEDLE 29GX1/2"	1	
TRUEPLUS PEN NEEDLE 31G X 1/4"	1	
TRUEPLUS PEN NEEDLE 31GX3/16"	1	
TRUEPLUS PEN NEEDLE 31GX5/16"	1	
TRUEPLUS PEN NEEDLE 32GX5/32"	1	
TRUEPLUS SYR 0.3 ML 29GX1/2"	1	
TRUEPLUS SYR 0.3 ML 30GX5/16"	1	
TRUEPLUS SYR 0.3 ML 31GX5/16"	1	
TRUEPLUS SYR 0.5 ML 28GX1/2"	1	
TRUEPLUS SYR 0.5 ML 29GX1/2"	1	
TRUEPLUS SYR 0.5 ML 30GX5/16"	1	
TRUEPLUS SYR 0.5 ML 31GX5/16"	1	
TRUEPLUS SYR 1 ML 28GX1/2"	1	
TRUEPLUS SYR 1 ML 29GX1/2"	1	
TRUEPLUS SYR 1 ML 30GX5/16"	1	
TRUEPLUS SYR 1 ML 31GX5/16"	2	
ULT CFT 0.3 ML 29GX1/2" (1/2)	1	
ULT CFT 0.3 ML 30GX5/16" (1/2)	1	
ULT CFT 0.3 ML 31GX5/16" (1/2)	1	
<i>ulticare ins syr 1 ml 31gx5/16" 31gx5/16"</i>	3	
ULTICAR INS 0.3 ML 31GX1/4(1/2)	2	
ULTICARE INS 0.3 ML 30GX1/2" 30GX1/2"	2	
ULTICARE INS 0.3 ML 31GX1/4"	2	
ULTICARE INS 0.5 ML 30GX1/2" 30GX1/2"	2	
ULTICARE INS 0.5 ML 31GX1/4"	2	
ULTICARE INS 1 ML 31GX1/4"	2	
<i>ulticare ins safety 1 ml 29x1/2 latexfree (rx)</i>	2	
<i>ulticare ins syr 1 ml 28gx1/2" 28gx1/2" (otc)</i>	2	
<i>ulticare ins syr 1 ml 29gx1/2" 29gx1/2" (otc)</i>	2	
ULTICARE INS SYR 1 ML 30GX1/2" 30GX1/2"	2	
ULTICARE PEN NDL 12.7 MM 29G	2	
ULTICARE PEN NEEDLE 31GX3/16"	2	
ULTICARE PEN NEEDLE 4MM 32G	2	
ULTICARE PEN NEEDLE 6MM 31G	2	
ULTICARE PEN NEEDLE 8 MM 31G	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ULTICARE PEN NEEDLE 8MM 31G	2	
ULTICARE PEN NEEDLES 12MM 29G	2	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM	2	
ULTICARE PEN NEEDLES 6MM 31G	2	
ULTICARE PEN NEEDLES 6MM 32G	2	
ULTICARE PEN NEEDLES 8MM 31G	2	
<i>ulticare safety 0.5 ml 29gx1/2 latexlfree (rx)</i>	2	
ULTICARE SYR 0.3 ML 30GX1/2" LATEX FREE	2	
<i>ulticare syr 0.3 ml 30gx5/16" 30gx5/16"</i>	2	
<i>ulticare syr 0.3 ml 31gx5/16"</i>	2	
<i>ulticare syr 0.5 ml 29gx1/2" 29gx1/2" (otc)</i>	2	
ULTICARE SYR 0.5 ML 30GX1/2" LATEX FREE	2	
<i>ulticare syr 0.5 ml 30gx5/16" 30gx5/16" (otc)</i>	2	
ULTICARE SYR 0.5 ML 31GX5/16" LATEX-FREE, SHORT	2	
<i>ulticare syr 1 ml 30gx5/16" 30gx5/16" (otc)</i>	2	
ULTICARE SYR 1 ML 31GX5/16" LATEX FREE,SHORT NDL	3	
<i>ulticare syrin 0.3 ml 29gx1/2" 29gx1/2"</i>	2	
<i>ulticare syrin 0.5 ml 28gx1/2" 28gx1/2"</i>	2	
ULTICARE SYRINGE 1 ML 30GX1/2" LATEX-FREE	2	
ULTILET INSULIN SYRINGE 0.3 ML	2	
ULTILET INSULIN SYRINGE 0.5 ML	2	
ULTILET INSULIN SYRINGE 1 ML	2	
ULTILET INSULIN SYRINGE 1 ML	3	
ULTILET PEN NEEDLE	2	
ULTILET PEN NEEDLE 4MM 32G	2	
ULTRA COMFORT 0.3 ML 29GX1/2"	2	
ULTRA COMFORT 0.3 ML SYRINGE	2	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G	2	
ULTRA COMFORT 0.5 ML 28GX1/2" LATEX-FREE	1	
ULTRA COMFORT 0.5 ML 29GX1/2"	1	
ULTRA COMFORT 0.5 ML 29GX1/2"	2	
ULTRA COMFORT 0.5 ML 30GX5/16" LATEX-FREE	1	
ULTRA COMFORT 0.5 ML 31GX5/16" LATEX-FREE	1	
ULTRA COMFORT 0.5 ML SYRINGE	2	
ULTRA COMFORT 1 ML 28GX1/2"	1	
ULTRA COMFORT 1 ML 29GX1/2"	2	
ULTRA COMFORT 1 ML 29GX1/2" LATEX-FREE	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ULTRA COMFORT 1 ML 30GX5/16"	2	
ULTRA COMFORT 1 ML 30GX5/16" LATEX-FREE	1	
ULTRA COMFORT 1 ML 31GX5/16"	2	
ULTRA COMFORT 1 ML SYRINGE	2	
ULTRA FLO PEN NEEDLE 5MM 31G	2	
ULTRA THIN PEN NDL 32G X 4MM	2	
ULTRACARE INS 0.3 ML 30GX5/16"	2	
ULTRACARE INS 0.3 ML 31GX5/16"	2	
ULTRACARE INS 0.5 ML 30GX1/2"	2	
ULTRACARE INS 0.5 ML 30GX5/16"	2	
ULTRACARE INS 0.5 ML 31GX5/16"	2	
ULTRACARE INS 1 ML 30G X 5/16"	2	
ULTRACARE INS 1 ML 30GX1/2"	2	
ULTRACARE INS 1 ML 31G X 5/16"	3	
ULTRACARE PEN NEEDLE 31GX1/4"	2	
ULTRACARE PEN NEEDLE 31GX3/16"	2	
ULTRACARE PEN NEEDLE 31GX5/16"	2	
ULTRACARE PEN NEEDLE 32GX1/4"	2	
ULTRACARE PEN NEEDLE 32GX3/16"	2	
ULTRACARE PEN NEEDLE 32GX5/32"	2	
ULTRACARE PEN NEEDLE 33GX5/32"	2	
ULTRA-THIN II 1 ML 31GX5/16"	3	
ULTRA-THIN II INS 0.3 ML 29G	2	
ULTRA-THIN II INS 0.3 ML 30G	2	
ULTRA-THIN II INS 0.3 ML 31G	2	
ULTRA-THIN II INS 0.5 ML 29G	2	
ULTRA-THIN II INS 0.5 ML 30G	2	
ULTRA-THIN II INS 0.5 ML 31G	2	
ULTRA-THIN II INS SYR 1 ML 29G	2	
ULTRA-THIN II INS SYR 1 ML 30G	2	
ULTRA-THIN II PEN NDL 29GX1/2"	2	
ULTRA-THIN II PEN NDL 31GX5/16	2	
UNIFINE PENTIPS 12MM 29G	1	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL	2	
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STERILE	1	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI	2	
UNIFINE PENTIPS 32GX1/4"	1	
UNIFINE PENTIPS 32GX1/4"	2	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
UNIFINE PENTIPS 32GX5/32" STERILE, SINGLE USE	1	
UNIFINE PENTIPS 33GX5/32"	2	
UNIFINE PENTIPS 6MM 31G	1	
UNIFINE PENTIPS 6MM 31G 31GX6MM,STRL,MINI	2	
UNIFINE PENTIPS 6MM NEEDLE ULTRA SHORT	1	
UNIFINE PENTIPS 8MM 31G	1	
UNIFINE PENTIPS 8MM 31G 31GX8MM,STRL,SHORT	2	
UNIFINE PENTIPS 8MM NEEDLE SHORT	1	
UNIFINE PENTIPS NEEDLES 29G	2	
UNIFINE PENTIPS PLUS 29GX1/2"	1	
UNIFINE PENTIPS PLUS 29GX1/2" ORIGINAL, 12MM	2	
UNIFINE PENTIPS PLUS 31GX1/4"	1	
UNIFINE PENTIPS PLUS 31GX1/4"	2	
UNIFINE PENTIPS PLUS 31GX3/16"	1	
UNIFINE PENTIPS PLUS 31GX3/16"	2	
UNIFINE PENTIPS PLUS 31GX5/16"	2	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT	1	
UNIFINE PENTIPS PLUS 32GX5/32"	1	
UNIFINE PENTIPS PLUS 32GX5/32"	2	
UNIFINE PENTIPS PLUS 33GX5/32"	2	
VANISHPOINT 0.5 ML 30GX1/2" SY LATEX-FREE, INNER	2	
VANISHPOINT U-100 29X1/2 SYR	2	
VERIFINE PEN NEEDLE 31G X 6MM	2	
VERIFINE PEN NEEDLE 31G X 8MM	2	
VERIFINE PEN NEEDLE 32G X 4MM	2	
VERIFINE PEN NEEDLE 32G X 5MM	2	
WM UNIFINE PENTIP PLUS 4MM 32G	1	
WM UNIFINE PENTIP PLUS 5MM 31G W/ SAFETY CLICK	1	
WM UNIFINE PENTIP PLUS 6MM 31G W/ SAFETY CLICK	1	
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK	1	
YOURX ULTICARE PEN NDL 4MM 32G	2	
YOURX ULTICARE PEN NDL 6MM 31G	2	
YOURX ULTICARE PEN NDL 8MM 31G	2	
Medical Supplies And Dme - Respiratory Therapy Supplies		
ACE AEROSOL CLOUD ENHANCER	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ADULT AEROSOL MASK	2	
ADULT DISPOSABLE MOUTHPIECE	2	
AEROCHAMBER MINI 10'S, LATEX-FREE	2	
AEROCHAMBER MV HOLD CHAMBER	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS W-FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS W-FLOW	2	
AEROTRACH HOLDING CHAMBER	2	
AEROVENT PLUS HOLDING CHAMBER	2	
AIR TUBE WITH AIR PLUGS	2	
AIRS ADULT AEROSOL MASK	2	
BREATHRITE MDI SPACER	2	
BREATHRITE VALVED MDI CHAMBER	2	
BREATHRITE VALVED MDI SPACER	2	
BUBBLES THE FISH II PEDI MASK (OTC)	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER PLUS	2	
EASIVENT HOLDING CHAMBER RETAIL PACK	2	
EASIVENT MASK-LARGE	2	
EASIVENT MASK-MEDIUM	2	
EASIVENT MASK-SMALL	2	
EXPIRATORY MOUTHPIECE	2	
E-Z SPACER	2	
FILTERS REPLACEMENT	2	
FLEXICHAMBER	2	
FLEXICHAMBER-LG CHILD MASK	2	
FLEXICHAMBER-SM ADULT MASK	2	
FLEXICHAMBER-SM CHILD MASK	2	
INSPIRACHAMBER	2	
LITEAIRE MDI CHAMBER	2	
LITETOUCH LARGE MASK	2	
LITETOUCH MEDIUM MASK	2	
LITETOUCH SMALL MASK	2	
MASK VORTEX BABY WHIRL DUCK	2	
MASK VORTEX SPINNER THE DUCK	2	
MICRO ELITE REPLACEMENT FILTER	2	
MICROCHAMBER W/POLYBAG	2	
MICROSPACER FOR AEROSOL DEVICE W/POLYBAG	2	
MINI ELITE FILTER REPLACEMENT	2	
ONE WAY VALVED MOUTHPIECE	2	
OPTICHAMBER ADULT MASK-LARGE	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
OPTICHAMBER DIAMOND VHC	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PEDIATRIC MEDIUM MASK	2	
PEDIATRIC MOUTHPIECE	2	
PEDIATRIC PANDA MASK	2	
PEDIATRIC SMALL MASK	2	
PILLOW MASK, PEDIATRIC	2	
POCKET CHAMBER	2	
PRIMEAIRE CHAMBER	2	
PROCHAMBER HOLDING CHAMBER	2	
PRONEB ULTRA FILTER SET	2	
RITEFLO SPACER	2	
SAMI THE SEAL REPLACENT FILTER	2	
SIDESTREAM ADULT FACE MASK	2	
SIDESTREAM DISPOSABLE MASK (OTC)	2	
SIDESTREAM PEDIATRIC FACE MASK	2	
SILICONE MASK-INFANT	2	
SILICONE MASK-PEDIATRIC	2	
SOOTHENEB NBL100 ADULT MASK	2	
SOOTHENEB NBL100 CHILD MASK	2	
SOOTHENEB NBL100 MED CUP	2	
SOOTHENEB NBL100 MESH CAP	2	
SPACE CHAMBER PLUS	2	
VORTEX ADULT MASK	2	
VORTEX FROG CHILD MASK	2	
VORTEX HOLDING CHAMBER	2	
VORTEX LADYBUG TODDLER MASK	2	
WING TIP TUBING	2	
Medical Supplies And Dme - Urine Glucose Tests		
DIASTIX REAGENT STRIPS	2	
NO-STICK GLUCOSE TEST STRIPS	1	
Medical Supplies And Dme - Urine Glucose-Acetone Combination Tests		
CHEMSTRIP UGK	2	
KETO-DIASTIX REAGENT STRIPS	2	
Medical Supplies And Dme - Urine Ketone Tests		
CVS KETONE CARE TEST STRIP	1	
KETONE TEST STRIP	1	
TRUEPLUS KETONE TEST STRIP	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
1ST TIER COMFORTOUCH 28G LANCT	1	
1ST TIER COMFORTOUCH 30G LANCT	1	
1ST TIER UNIFINE PENTP 5MM 31G	1	
1ST TIER UNIFINE PNTIP 4MM 32G	1	
1ST TIER UNIFINE PNTIP 6MM 31G	1	
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE USE	1	
1ST TIER UNIFINE PNTIP 12MM 29G	1	
1ST TIER UNIFINE PNTIP 29GX1/2"	1	
1ST TIER UNIFINE PNTIP 31GX1/4"	1	
1ST TIER UNIFINE PNTIP 31GX3/16	1	
1ST TIER UNIFINE PNTIP 31GX5/16	1	
1ST TIER UNIFINE PNTIP 32GX5/32	1	
ACCU-CHEK AVIVA PLUS TEST STRP	2	QL (150 EA per 30 days)
ACCU-CHEK COMPACT PLUS STRIPS	2	
ACCU-CHEK FASTCLIX LANCET DRUM	2	
ACCU-CHEK FASTCLIX LANCING DEV	2	
ACCU-CHEK GUIDE TEST STRIP	2	QL (150 EA per 30 days)
ACCU-CHEK MULTICLIX LANCET KIT	2	
ACCU-CHEK MULTICLIX LANCETS	2	
ACCU-CHEK SAFE-T-PRO 23G LANCT	2	
ACCU-CHEK SAFE-T-PRO PLUS 23G	2	
ACCU-CHEK SMARTVIEW TEST STRIP	2	QL (150 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACCUTREND GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
ACE AEROSOL CLOUD ENHANCER	2	
ACTI-LANCE LITE 28G LANCETS	1	
ACTI-LANCE LITE 28G LANCETS	2	
ACTI-LANCE SPECIAL 17G LANCETS	1	
ACTI-LANCE SPECIAL 17G LANCETS	2	
ACTI-LANCE UNIVERS 23G LANCETS	1	
ACTI-LANCE UNIVERS 23G LANCETS	2	
ADJUSTABLE LANCING DEVICE	1	
ADJUSTABLE LANCING DEVICE	2	
ADULT AEROSOL MASK	2	
ADULT DISPOSABLE MOUTHPIECE	2	
<i>advanced lancing device</i>	1	
ADVANCED TRAVEL 28G LANCETS 28G,SINGLE-USE,STRL	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ADVANCED TRAVEL 30G LANCETS	1	
ADVOCATE 26G LANCETS STERILE	2	
ADVOCATE 30G LANCETS TWIST TOP	2	
ADVOCATE INS 0.3 ML 30GX5/16"	2	
ADVOCATE INS 0.3 ML 31GX5/16"	2	
ADVOCATE INS 0.5 ML 30GX5/16"	2	
ADVOCATE INS 0.5 ML 31GX5/16"	2	
ADVOCATE INS 1 ML 31GX5/16"	3	
ADVOCATE INS SYR 0.3 ML 29GX1/2	2	
ADVOCATE INS SYR 0.5 ML 29GX1/2	2	
ADVOCATE INS SYR 1 ML 29GX1/2"	2	
ADVOCATE INS SYR 1 ML 30GX5/16	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE PEN NDL 12.7MM 29G	2	
ADVOCATE PEN NEEDLE 4MM 33G	2	
ADVOCATE PEN NEEDLES 5MM 31G	2	
ADVOCATE PEN NEEDLES 8MM 31G	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE REDI-CODE TEST STRIP	2	QL (150 EA per 30 days)
ADVOCATE REDI-CODE+ TEST STRIP NO CODING	2	QL (150 EA per 30 days)
ADVOCATE TEST STRIP	2	QL (150 EA per 30 days)
AEROCHAMBER MINI 10'S, LATEX-FREE	2	
AEROCHAMBER MV HOLD CHAMBER	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS W-FLOWSIGNAL	2	
AEROCHAMBER Z-STAT PLUS W-FLOW	2	
AEROTRACH HOLDING CHAMBER	2	
AEROVENT PLUS HOLDING CHAMBER	2	
AGAMATRIX AMP TEST STRIPS	2	QL (150 EA per 30 days)
AIR TUBE WITH AIR PLUGS	2	
AIRS ADULT AEROSOL MASK	2	
ALTERNATE SITE 26G LANCETS RECAPABLE	1	
ALTERNATE SITE LANCING DEVICE	2	
AQUA LANCE LANCING DEVICE	2	
ASSURE 4 TEST STRIPS	2	QL (150 EA per 30 days)
<i>assure comfort 28g lancets</i>	2	
<i>assure comfort 30g lancets</i>	2	
ASSURE HAEMOLANCE PLUS 18G	2	
ASSURE HAEMOLANCE PLUS 21G	2	
ASSURE HAEMOLANCE PLUS 25G	2	
ASSURE HAEMOLANCE PLUS 28G	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ASSURE ID SYR 0.5 ML 29GX1/2" (RX)	2	
ASSURE ID SYR 1 ML 29GX1/2" (RX)	2	
ASSURE LANCE 25G LANCETS	2	
ASSURE LANCE 28G LANCETS	2	
ASSURE LANCE 28G SAFETY LANCET	2	
ASSURE LANCE PLUS 21G LANCETS	2	
ASSURE LANCE PLUS 25G LANCETS	2	
ASSURE LANCE PLUS 30G LANCETS	2	
ASSURE PLATINUM TEST STRIP	2	QL (150 EA per 30 days)
ASSURE PLATINUM TEST STRIPS	2	QL (150 EA per 30 days)
ASSURE PRISM MULTI TEST STRIPS	2	QL (150 EA per 30 days)
AUTOJECT 2 INJECTION DEVICE	2	
AUTO-LANCET MINI LANCING DEV	2	
AUTOLET IMPRESS LANCING DEVICE	2	
AUTOLET IMPRESSION LANCING DEV	2	
AUTOLET LANCING DEVICE W/COMFORT ZONE TECH	1	
AUTOLET PLUS LANCING DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
AUTOPEN 2 TO 42 UNITS	2	
BD AUTOSHIELD DUO NDL 5MMX30G	2	
BD ECLIPSE 30GX1/2" SYRINGE	2	
BD INS SYR 0.3 ML 8MMX31G(1/2)	2	
BD INS SYR UF 0.3 ML 12.7MMX30G	2	
BD INS SYR UF 0.5 ML 12.7MMX30G	2	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN)	2	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE	2	
BD INS SYRNG 0.3 ML 29GX12.7MM	2	
BD INS SYRNG 0.5 ML 29GX12.7MM	2	
BD INS SYRNG UF 0.3 ML 8MMX31G NOT FOR RETAIL SALE	2	
BD INS SYRNG UF 0.5 ML 8MMX31G	2	
BD INSULIN SYR 0.5 ML 28GX1/2" MICRO-FINE IV PERM N	2	
BD INSULIN SYR 0.5 ML 29GX1/2"	2	
BD INSULIN SYR 1 ML 25GX1"	2	
BD INSULIN SYR 1 ML 25GX5/8"	2	
BD INSULIN SYR 1 ML 26GX1/2"	2	
BD INSULIN SYR 1 ML 27GX12.7MM	2	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE	2	
<i>bd insulin syr 1 ml 28gx1/2" (otc)</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
BD INSULIN SYR 1 ML 29GX1/2"	2	
BD INSULIN SYR 1 ML 29GX12.7MM	2	
BD INSULIN SYR UF 1 ML 8MMX31G NOT FOR RETAIL SALE	3	
BD INSULIN SYRINGE 1 ML W/O NEEDLE, SLIP TIP	2	
<i>bd lancets 33g</i>	2	
<i>bd luer-lok syringe 1 ml</i>	2	
BD MICROTAINER 21G LANCETS	2	
BD MICROTAINER 30G LANCETS	2	
BD NANO 2 GEN PEN NDL 32GX4MM	2	
BD SAFETGLD INS 0.3 ML 13MMX29G	2	
BD SAFETGLD INS 0.3 ML 8MMX31G	2	
BD SAFETGLD INS 0.5 ML 13MMX29G	2	
BD SAFETGLD INS 0.5 ML 8MMX30G	2	
BD SAFETYGLD INS 1 ML 13MMX29G	2	
BD SAFETYGLIDE SYRINGE 27GX5/8	2	
BD UF MICRO PEN NEEDLE 6MMX32G	2	
BD UF MINI PEN NEEDLE 5MMX31G	2	
BD UF NANO PEN NEEDLE 4MMX32G	2	
BD UF ORIG PEN NDL 12.7MMX29G	2	
BD UF SHORT PEN NEEDLE 8MMX31G	2	
BD ULTRA-FINE 33G LANCETS	2	
BD ULTRA-FINE II 30G LANCETS	2	
BD VEO INS 0.3 ML 6MMX31G (1/2)	2	
BD VEO INS SYRING 1 ML 6MMX31G	2	
BD VEO INS SYRN 0.3 ML 6MMX31G	3	
BD VEO INS SYRN 0.5 ML 6MMX31G	2	
BLOOD GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
BLOOD GLUCOSE TEST STRIP NO CODING	2	QL (150 EA per 30 days)
BLOOD GLUCOSE TEST STRIPS	1	QL (150 EA per 30 days)
BLOOD GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
<i>blood lancets 30g easy twist</i>	2	
BREATHERITE MDI SPACER	2	
BREATHRITE VALVED MDI CHAMBER	2	
BREATHRITE VALVED MDI SPACER	2	
BREEZE 2 DISC TEST STRIP	2	
BUBBLES THE FISH II PEDI MASK (OTC)	2	
BULLSEYE MINI SAFETY 21G	2	
BULLSEYE MINI SAFETY 25G LANCT	2	
BULLSEYE MINI SAFETY 28G LANCT	2	
<i>ca ins syr 0.3 ml 30gx5/16" latex-free, short</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>ca ins syr 0.3 ml 31gx5/16" latex-free, short</i>	1	
<i>ca ins syr 0.5 ml 30gx5/16" latex-free, short (otc)</i>	1	
<i>ca ins syr 0.5 ml 31gx5/16" latex-free, short</i>	1	
<i>ca insulin syr 0.3 ml 29gx1/2" latex-free</i>	1	
<i>ca insulin syr 0.5 ml 29gx1/2" latex-free (otc)</i>	1	
<i>ca insulin syr 1 ml 29gx1/2" latex-free (otc)</i>	1	
<i>ca insulin syr 1 ml 30gx5/16" latex-free, short (otc)</i>	1	
<i>ca insulin syr 1 ml 31gx5/16" latex-free, short</i>	2	
CAREFINE PEN NEEDLE 12.7MM 29G	2	
CAREFINE PEN NEEDLE 4MM 32G	2	
CAREFINE PEN NEEDLE 5MM 32G	2	
CAREFINE PEN NEEDLE 6MM 31G	2	
CAREFINE PEN NEEDLE 8MM 30G	2	
CAREFINE PEN NEEDLES 6MM 32G	2	
CAREFINE PEN NEEDLES 8MM 31G	2	
CARELANCE ULT LANCING DEVICE	2	
CAREONE BLOOD GLUCOSE TST STRP NO CODE NEEDED	1	QL (150 EA per 30 days)
CAREONE LANCING DEVICE	1	
CAREONE LANCING DEVICE	2	
<i>careone syr 0.3 ml 30gx1/2" regular</i>	2	
<i>careone syr 0.3 ml 31gx5/16" short</i>	2	
<i>careone syr 0.5 ml 30gx1/2" regular, hri (otc)</i>	2	
<i>careone syr 0.5 ml 31gx5/16" short, hri</i>	2	
<i>careone syr 1 ml 30gx1/2" regular, hri (otc)</i>	2	
<i>careone syr 1 ml 31gx5/16" short</i>	3	
CAREONE THIN LANCET	2	
CAREONE ULTRA THIN LANCET	1	
CAREONE ULTRA THIN LANCET	2	
CAREONE UNIFINE PENTIP 4MM 32G STERILE, SINGLE USE	1	
CAREONE UNIFINE PENTIP 4MM 32G STERILE, SINGLE USE	2	
CAREONE UNIFINE PENTIP 5MM 31G SINGLE USE, STERILE	1	
CAREONE UNIFINE PENTIP 5MM 31G SINGLE USE, STERILE	2	
CAREONE UNIFINE PENTIP 6MM 31G 31GX6MM,MINI,STRL	1	
CAREONE UNIFINE PENTIP 8MM 31G 31GX8MM,SHORT,STRL	1	
CAREONE UNIFINE PENTP 29GX1/2" ORIGINAL, 12MM	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CAREONE UNIFINE PENTP 29GX1/2" ORIGINAL, 12MM	2	
CAREONE UNIFINE PENTP 31GX1/4" ULTRA SHORT, 6MM	1	
CAREONE UNIFINE PENTP 31GX1/4" ULTRA SHORT, 6MM	2	
CAREONE UNIFINE PNTTP 12MM 29G 29GX12MM,ORIGNL,STRL	1	
CAREONE UNIFINE PNTTP 31GX3/16" MINI, 5MM	1	
CAREONE UNIFINE PNTTP 31GX3/16" MINI, 5MM	2	
CAREONE UNIFINE PNTTP 31GX5/16" SHORT, 8MM	1	
CAREONE UNIFINE PNTTP 31GX5/16" SHORT, 8MM	2	
CAREONE UNIFINE PNTTP 32GX5/32"	1	
CAREONE UNIFINE PNTTP 32GX5/32"	2	
CARESENS N TEST STRIPS NO CODING	2	QL (150 EA per 30 days)
CARESENS PREM LANCING DEVICE	2	
CARESENS ULTRA THIN 30G LANCET	2	
CARETOUCH 26G SAFETY LANCETS	2	
CARETOUCH 28G SAFETY LANCETS	2	
CARETOUCH LANCING DEVICE	2	
CARETOUCH PEN NEEDLE 31GX1/4"	2	
CARETOUCH PEN NEEDLE 31GX3/16"	2	
CARETOUCH PEN NEEDLE 31GX5/16"	2	
CARETOUCH PEN NEEDLE 32GX3/16"	2	
CARETOUCH PEN NEEDLE 32GX5/32"	2	
CARETOUCH SYR 0.3 ML 31GX5/16"	2	
CARETOUCH SYR 0.5 ML 30GX5/16"	2	
CARETOUCH SYR 0.5 ML 31GX5/16"	2	
CARETOUCH SYR 1 ML 30GX5/16"	2	
CARETOUCH SYR 1 ML 31GX5/16"	3	
CARETOUCH TEST STRIP	2	QL (150 EA per 30 days)
CARETOUCH TWIST 28G LANCET	2	
CARETOUCH TWIST 30G LANCET	2	
CARETOUCH TWIST 33G LANCET	2	
CAYA CONTOURED DIAPHRAGM	0	
CHEMSTRIP UGK	2	
CHOICEDM CLARUS TEST STRIPS	1	QL (150 EA per 30 days)
CLEVER CHEK ULTRA THIN 30G	2	
CLEVER CHOICE MICRO TEST STRIP	2	QL (150 EA per 30 days)
CLEVER CHOICE PRO TEST STRIP	2	QL (150 EA per 30 days)
CLEVER CHOICE TALK TEST STRIPS	2	QL (150 EA per 30 days)
CLEVER CHOICE TEST STRIPS AUTO-CODE	2	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
CLEVER CHOICE VOICE+ TST STRIP AUTO-CODE, VOICE	2	QL (150 EA per 30 days)
CLICKFINE 31G X 1/4" NEEDLES 6MM, UNIVERSAL	1	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL	1	
CLICKFINE PEN NEEDLE 32GX5/32" UNIVERSAL CLICK	1	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND	1	
CLICKFINE UNIVERSAL 31GX5/16" 8MM, STORE BRAND	1	
COAGUCHEK LANCETS	2	
COMFORT EZ INS 0.3 ML 30GX1/2"	2	
COMFORT EZ INS 0.3 ML 30GX5/16"	2	
COMFORT EZ INS 0.5 ML 31GX5/16"	2	
COMFORT EZ INS 1 ML 31GX5/16"	3	
COMFORT EZ INSULIN SYR 0.3 ML	2	
COMFORT EZ INSULIN SYR 0.5 ML	2	
COMFORT EZ PEN NEEDLE 12MM 29G	2	
COMFORT EZ PEN NEEDLES 4MM 32G	2	
COMFORT EZ PEN NEEDLES 4MM 33G LATEX-FREE	2	
COMFORT EZ PEN NEEDLES 5MM 31G	2	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI	2	
COMFORT EZ PEN NEEDLES 5MM 33G	2	
COMFORT EZ PEN NEEDLES 6MM 31G	2	
COMFORT EZ PEN NEEDLES 6MM 32G LATEX-FREE	2	
COMFORT EZ PEN NEEDLES 6MM 33G	2	
COMFORT EZ PEN NEEDLES 8MM 31G	2	
COMFORT EZ PEN NEEDLES 8MM 32G	2	
COMFORT EZ PEN NEEDLES 8MM 33G	2	
COMFORT EZ SAFETY 21G LANCETS	2	
COMFORT EZ SAFETY 23G LANCETS	2	
COMFORT EZ SAFETY 28G LANCETS	2	
COMFORT EZ SYR 0.3 ML 29GX1/2"	2	
COMFORT EZ SYR 0.5 ML 28GX1/2"	2	
COMFORT EZ SYR 0.5 ML 29GX1/2"	2	
COMFORT EZ SYR 0.5 ML 30GX1/2"	2	
COMFORT EZ SYR 1 ML 28GX1/2"	2	
COMFORT EZ SYR 1 ML 29GX1/2"	2	
COMFORT EZ SYR 1 ML 30GX1/2"	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
COMFORT EZ SYR 1 ML 30GX5/16"	2	
COMFORT LANCETS	1	
<i>comfort point pen ndl 29gx1/2" 12mm</i>	2	
<i>comfort point pen ndl 31gx1/3"</i>	2	
<i>comfort point pen ndl 31gx1/4" 6mm</i>	2	
<i>comfort point pen ndl 31gx1/6"</i>	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER PLUS	2	
CONTOUR NEXT TEST STRIP	2	QL (150 EA per 30 days)
CONTOUR TEST STRIP	2	QL (150 EA per 30 days)
COOL GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
CVS ADVANCED GLUCOSE TEST STR	1	QL (150 EA per 30 days)
CVS KETONE CARE TEST STRIP	1	
CVS MICRO THIN 33G LANCETS UNIVERSAL 1	1	
<i>cvs thin 26g lancets</i>	1	
<i>cvs ultra thin 30g lancets</i>	2	
CVS ULTRA THIN 30G LANCETS STERILE	1	
<i>dario 100 sterile lancets</i>	2	
DARIO BLOOD GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
DIASTIX REAGENT STRIPS	2	
DIATRUE PLUS TEST STRIP	2	QL (150 EA per 30 days)
DROPLET 30G LANCETS	1	
DROPLET INS 0.3 ML 29GX12.5MM	1	
DROPLET INS 0.3 ML 30GX12.5MM	1	
DROPLET INS SYR 0.3 ML 30GX8MM	1	
DROPLET INS SYR 0.3 ML 31GX6MM	1	
DROPLET INS SYR 0.3 ML 31GX8MM	1	
DROPLET INS SYR 1 ML 29GX12.5MM	1	
DROPLET INS SYR 1 ML 30GX12.5MM	1	
DROPLET INS SYR 1 ML 30GX8MM	1	
DROPLET INS SYR 1 ML 31GX6MM	1	
DROPLET INS SYR 1 ML 31GX8MM	2	
DROPLET LANCING DEVICE	1	
DROPLET LANCING DEVICE	2	
DROPLET PEN NEEDLE 29GX1/2"	1	
DROPLET PEN NEEDLE 29GX3/8"	1	
DROPLET PEN NEEDLE 31GX1/4"	1	
DROPLET PEN NEEDLE 31GX3/16"	1	
DROPLET PEN NEEDLE 31GX5/16"	1	
DROPLET PEN NEEDLE 32GX1/4"	1	
DROPLET PEN NEEDLE 32GX3/16"	1	
DROPLET PEN NEEDLE 32GX5/16"	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
DROPLET PEN NEEDLE 32GX5/32"	1	
DRUG MART ULTRA COMFORT SYR	1	
EASIVENT HOLDING CHAMBER RETAIL PACK	2	
EASIVENT MASK-LARGE	2	
EASIVENT MASK-MEDIUM	2	
EASIVENT MASK-SMALL	2	
EASY CLICK LANCING DEVICE	2	
EASY COMFORT 0.3 ML SYRINGE	2	
EASY COMFORT 0.5 ML 30GX1/2"	2	
EASY COMFORT 0.5 ML 31GX5/16"	2	
EASY COMFORT 0.5 ML SYRINGE	2	
EASY COMFORT 1 ML 31GX5/16"	3	
EASY COMFORT 30G LANCETS	2	
EASY COMFORT INSULIN 1 ML SYR	2	
EASY COMFORT PEN NDL 31GX1/4"	2	
EASY COMFORT PEN NDL 31GX3/16"	2	
EASY COMFORT PEN NDL 31GX5/16"	2	
EASY COMFORT PEN NDL 32GX5/32"	2	
EASY COMFORT PEN NDL 33G 4MM	2	
EASY COMFORT PEN NDL 33G 5MM	2	
EASY COMFORT PEN NDL 33G 6MM	2	
EASY COMFORT SYR 1 ML 30GX1/2"	2	
EASY GLIDE INS 0.3 ML 31GX6MM	3	
EASY GLIDE INS 0.5 ML 31GX6MM	2	
EASY GLIDE INS 1 ML 31GX6MM	2	
EASY GLIDE PEN NEEDLE 4MM 33G	2	
EASY GLUCO G2 TEST STRIP	2	QL (150 EA per 30 days)
EASY MINI EJECT LANCING DEVICE	2	
EASY PLUS II TEST STRIP	2	QL (150 EA per 30 days)
EASY PLUS II TEST STRIPS	2	QL (150 EA per 30 days)
EASY STEP GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
EASY TOUCH 0.3 ML SYR 30GX1/2"	2	
EASY TOUCH 0.5 ML SYR 27GX1/2"	2	
EASY TOUCH 0.5 ML SYR 29GX1/2"	2	
EASY TOUCH 0.5 ML SYR 30GX1/2"	2	
EASY TOUCH 0.5 ML SYR 30GX5/16	2	
EASY TOUCH 1 ML SYR 27GX1/2"	2	
EASY TOUCH 1 ML SYR 29GX1/2"	2	
EASY TOUCH 1 ML SYR 30GX1/2"	2	
EASY TOUCH 28G LANCETS 28G,PULL TOP,STERILE	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH BUTTON 30G LANCETS	2	
EASY TOUCH GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
EASY TOUCH INSULIN 1 ML 29GX1/2	2	
EASY TOUCH INSULIN 1 ML 30GX1/2	2	
EASY TOUCH INSULIN SYR 0.3 ML	2	
EASY TOUCH INSULIN SYR 0.5 ML	2	
EASY TOUCH INSULIN SYR 1 ML	2	
EASY TOUCH INSULIN SYR 1 ML	3	
EASY TOUCH INSULN 1 ML 29GX1/2"	2	
EASY TOUCH INSULN 1 ML 30GX1/2"	2	
EASY TOUCH INSULN 1 ML 30GX5/16	2	
EASY TOUCH INSULN 1 ML 31GX5/16	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH LUER LOK INSUL 1 ML	2	
EASY TOUCH PEN NEEDLE 29GX1/2"	2	
EASY TOUCH PEN NEEDLE 30GX5/16	2	
EASY TOUCH PEN NEEDLE 31GX1/4"	2	
EASY TOUCH PEN NEEDLE 31GX3/16	2	
EASY TOUCH PEN NEEDLE 31GX5/16	2	
EASY TOUCH PEN NEEDLE 32GX1/4"	2	
EASY TOUCH PEN NEEDLE 32GX3/16	2	
EASY TOUCH PEN NEEDLE 32GX5/32	2	
EASY TOUCH PRESSURE 30G LANCET	2	
EASY TOUCH PULL-TOP 26G LANCET	2	
EASY TOUCH PULL-TOP 28G LANCET LATEX-FREE	2	
EASY TOUCH PULL-TOP 30G LANCET	2	
EASY TOUCH PULL-TOP 32G LANCET	2	
EASY TOUCH SAFETY 21G LANCETS	2	
EASY TOUCH SAFETY 23G LANCETS	2	
EASY TOUCH SAFETY 26G LANCETS	2	
EASY TOUCH SAFETY 28G LANCETS	2	
EASY TOUCH SAFETY 32G LANCETS	2	
EASY TOUCH TWIST 26G LANCETS	2	
EASY TOUCH TWIST 28G LANCETS	2	
EASY TOUCH TWIST 30G LANCETS	2	
EASY TOUCH TWIST 32G LANCETS	2	
EASY TOUCH TWIST 33G LANCETS	2	
EASY TOUCH UNI-SLIP SYR 1 ML	2	
EASY TRAK GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
EASY TWIST & CAP 28G LANCETS	2	
EASYGLUCO PLUS TEST STRIPS	2	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EASYGLUCO TEST STRIPS	2	QL (150 EA per 30 days)
EASYMAX 15 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
EASYMAX GLUCOSE TEST STRIPS MEDICAL BENEFIT USE	2	QL (150 EA per 30 days)
EASY-TOUCH INS 1 ML 31GX5/16"	3	
ELEMENT COMPACT TEST STRIPS	2	QL (150 EA per 30 days)
ELEMENT TEST STRIPS	2	QL (150 EA per 30 days)
EMBRACE 30G LANCETS	2	
EMBRACE EVO TEST STRIPS	2	QL (150 EA per 30 days)
EMBRACE GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
EMBRACE PRO TEST STRIP	2	QL (150 EA per 30 days)
EMBRACE PRO TEST STRIPS	2	QL (150 EA per 30 days)
EMBRACE TALK TEST STRIP	2	QL (150 EA per 30 days)
EMBRACE TEST STRIPS	2	QL (150 EA per 30 days)
EQ BLOOD GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
<i>eql 33g lancets</i>	1	
<i>eql ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>eql insul syr 0.3 ml 31gx5/16"</i>	1	
<i>eql insul syr 0.5 ml 31gx5/16"</i>	1	
<i>eql insulin 0.3 ml syringe</i>	1	
<i>eql insulin 0.5 ml syringe</i>	1	
<i>eql insulin 1 ml syringe short needle</i>	1	
<i>eql insulin syr 1 ml 31gx5/16"</i>	2	
EQL MICRO THIN 33G LANCETS COLOR	1	
EVENCARE G2 TEST STRIP	2	QL (150 EA per 30 days)
EVENCARE G3 TEST STRIP	2	QL (150 EA per 30 days)
EVENCARE GLUCOSE TST STRIPS	2	QL (150 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR	2	QL (150 EA per 30 days)
EVENCARE PROVIEW TEST STRIP	2	QL (150 EA per 30 days)
EVOLUTION TEST STRIPS	2	QL (150 EA per 30 days)
<i>exel ins syr u100 1 ml 28gx1/2 (otc)</i>	2	
EXEL U100 0.3 ML 29GX1/2"	2	
<i>exel u100 0.3 ml 30gx5/16"</i>	2	
EXEL U100 0.5 ML 28GX1/2"	2	
<i>exel u100 0.5 ml 29gx1/2" (otc)</i>	2	
EXEL U100 0.5 ML 30GX5/16"	2	
EXEL U100 1 ML 30GX5/16"	2	
<i>exel u100 ins syr 1 ml 29gx1/2 (otc)</i>	2	
EXPIRATORY MOUTHPIECE	2	
E-Z JECT COLORED LANCETS	1	
E-Z JECT LANCETS	1	
<i>e-z pull & click lancing dev 5 depth settings</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
EZ SMART 28G LANCETS	2	
EZ SMART PLUS TEST STRIPS	2	QL (150 EA per 30 days)
EZ SMART TEST STRIPS	2	QL (150 EA per 30 days)
E-Z SPACER	2	
E-ZJECT COLOR 32G LANCETS	1	
E-ZJECT COLOR 33G LANCETS	1	
E-ZJECT SUPER THIN 30G LANCETS SUPER THIN	1	
<i>e-zject thin lancets 26 gauge</i>	1	
FC2 FEMALE CONDOM	0	QL (24 EA per 30 days)
FEMCAP 22 MM CERVICAL CAP	0	
FEMCAP 26 MM CERVICAL CAP	0	
FEMCAP 30 MM CERVICAL CAP	0	
FIFTY50 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
<i>fifty50 ins 0.3 ml 31gx5/16" short needle</i>	2	
<i>fifty50 ins 0.5 ml 31gx5/16" short needle</i>	2	
<i>fifty50 ins syr 1 ml 31gx5/16" short needle</i>	3	
<i>fifty50 lancing device adjustable depth</i>	2	
<i>fifty50 pen 31g x 3/16" needle 5mm</i>	2	
<i>fifty50 pen 31g x 5/16" needle 8mm</i>	2	
<i>fifty50 pen needle 32g x 1/4"</i>	2	
<i>fifty50 pen needle 32g x 5/32" 4mm</i>	2	
FIFTY50 SAFETY SEAL 30G LANCET	2	
FIFTY50 SAFETY SEAL 32G LANCET	2	
FIFTY50 UNILET 33G LANCETS	2	
FILTERS REPLACEMENT	2	
FINE 30 UNIVERSAL 30G LANCETS	2	
FINGERSTIX LANCETS	2	
FLEXICHAMBER	2	
FLEXICHAMBER-LG CHILD MASK	2	
FLEXICHAMBER-SM ADULT MASK	2	
FLEXICHAMBER-SM CHILD MASK	2	
<i>fora 30g lancets twist off, single use</i>	2	
FORA 6 CONNECT GLUCOSE STRIP	2	QL (150 EA per 30 days)
FORA BLOOD GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORA D15G GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FORA D20 GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FORA D40-G31 TEST STRIPS	2	QL (150 EA per 30 days)
FORA G20 GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP	2	QL (150 EA per 30 days)
FORA GD50 TEST STRIPS	2	QL (150 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
FORA LANCING DEVICE	2	
FORA TN'G VOICE TEST STRIPS	2	QL (150 EA per 30 days)
FORA V10 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS	2	QL (150 EA per 30 days)
FORA V10-V12-D10-D20 STRP-LNCT	2	
FORA V12 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORA V20 GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FORA V30A GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
FORACARE 30G LANCETS	2	
FORACARE GD20 TEST STRIPS	2	QL (150 EA per 30 days)
FORACARE GD40 GLUCOSE STRIPS	2	QL (150 EA per 30 days)
FORTISCARE GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE 28G LANCETS	2	
FREESTYLE INSULINX STRIP NFRS NO CODE, NFRS	2	QL (150 EA per 30 days)
FREESTYLE INSULINX TEST STRIP NO CODE	2	QL (150 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE LIBRE 10 DAY READER	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 10 DAY SENSOR	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (3 EA per 30 days)
FREESTYLE LITE TEST STRIP	2	QL (150 EA per 30 days)
FREESTYLE LITE TEST STRIP NFRS	2	QL (150 EA per 30 days)
FREESTYLE PREC 0.5 ML 30GX5/16	2	
FREESTYLE PREC 0.5 ML 31GX5/16	2	
FREESTYLE PREC 1 ML 30GX5/16"	2	
FREESTYLE PREC 1 ML 31GX5/16"	3	
FREESTYLE PREC NEO TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE TEST STRIPS	2	QL (150 EA per 30 days)
FREESTYLE TEST STRIPS NFRS NOT FOR RETAIL SALE	2	QL (150 EA per 30 days)
FREESTYLE UNISTIK 2 LANCETS	2	
<i>ge lancing device</i>	2	
GE100 BLOOD GLUCOSE TEST STRIP 2 VIALS X 25 STRIPS	2	QL (150 EA per 30 days)
GENSTRIP GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
GENULTIMATE TEST STRIP	2	QL (150 EA per 30 days)
GHT BLOOD GLUCOSE TEST STRIP HRI	2	QL (150 EA per 30 days)
GLUCO NAVII GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	2	QL (150 EA per 30 days)
GLUCOCARD EXPRESSION TEST STRP	2	QL (150 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS	2	QL (150 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	2	QL (150 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
GLUCOCARD VITAL TEST STRIPS	2	QL (150 EA per 30 days)
GLUCOCOM 28G LANCETS	2	
GLUCOCOM 30G LANCETS	2	
GLUCOCOM 33G LANCETS	2	
GLUCOCOM GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL	1	
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL	1	
GNP CLICKFINE PEN NDL 31GX1/4" 31GX6MM, THIN & SHORT	1	
GNP CLICKFINE PEN NDL 31GX5/16 31GX8MM, THIN & SHORT (OTC)	1	
GNP EASY TOUCH GLUC TEST STRIP	2	QL (150 EA per 30 days)
<i>gnp ins syr 0.3 ml 29gx1/2" latex-free</i>	1	
<i>gnp insul syr 0.3 ml 31gx5/16"</i>	1	
<i>gnp insul syr 0.5 ml 31gx5/16"</i>	1	
<i>gnp insulin syr 1 ml 31gx5/16"</i>	2	
GNP LANCING SYSTEM DEVICE	1	
GNP MICRO THIN 33G LANCETS UNIVERSAL 1	1	
GNP ULT C 0.3 ML 29GX1/2" (1/2)	1	
GNP ULT CMFRT 0.5 ML 29GX1/2"	1	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	1	
GNP ULTR CMFRT 0.5 ML 30GX5/16	1	
GNP ULTR COMFORT 1 ML 29GX1/2"	1	
GNP ULTRA COMFORT 0.5 ML SYR	1	
GNP ULTRA COMFORT 1 ML SYRINGE	1	
GNP ULTRA COMFORT 3/10 ML SYR	1	
GNP ULTRA COMFRT 1 ML 28GX1/2"	1	
GNP UNIVERSAL 1 STANDARD 21G	1	
GNP UNIVERSAL 1 SUPER THIN 30G	1	
GNP UNIVERSAL 1 THIN 26G LANCT	1	
GOODLIFE AC-302 TEST STRIP	2	QL (150 EA per 30 days)
GS BLOOD GLUCOSE TEST STRIP PREMIUM, NO CODE	1	QL (150 EA per 30 days)
<i>gs pen needle 31g x 1/4"</i>	1	
<i>gs pen needle 31g x 5/16"</i>	1	
<i>gs pen needle 31g x 5mm</i>	1	
<i>gs pen needle 31g x 6mm</i>	1	
<i>gs pen needle 31g x 8mm</i>	1	
<i>gs pen needle 32g x 4mm</i>	1	
<i>gs pen needle 32g x 6mm</i>	1	
GS UNIVERSAL 1 MICRO THIN 33G	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
GS UNIVERSAL 1 THIN 26G LANCET	1	
GS UNIVERSAL 1 ULTRA THIN 30G	1	
HARMONY GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
HEALTHPRO GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
HEALTHWISE INS 0.3 ML 30GX5/16"	2	
HEALTHWISE INS 0.3 ML 31GX5/16"	2	
HEALTHWISE INS 0.5 ML 30GX5/16"	2	
HEALTHWISE INS 0.5 ML 31GX5/16"	2	
HEALTHWISE INS 1 ML 30GX5/16"	2	
HEALTHWISE INS 1 ML 31GX5/16"	3	
HEALTHWISE PEN NEEDLE 31G 5MM	2	
HEALTHWISE PEN NEEDLE 31G 8MM	2	
HEALTHWISE PEN NEEDLE 32G 4MM	2	
HEALTHY ACCENTS AUTOLET DEVICE	1	
HEALTHY ACCENTS AUTOLET DEVICE	2	
HEALTHY ACCENTS PENTIP 4MM 32G	1	
HEALTHY ACCENTS PENTIP 5MM 31G	1	
HEALTHY ACCENTS PENTIP 5MM 31G	2	
HEALTHY ACCENTS PENTIP 6MM 31G	1	
HEALTHY ACCENTS PENTIP 6MM 31G	2	
HEALTHY ACCENTS PENTIP 8MM 31G	1	
HEALTHY ACCENTS PENTIP 8MM 31G	2	
HEALTHY ACCENTS PENTIP 12MM 29G	1	
HEALTHY ACCENTS PENTIP 12MM 29G	2	
HEALTHY ACCENTS UNILET 30G	1	
HEALTHY ACCENTS UNILET 30G	2	
HEB MICRO THIN 33G LANCETS SINGLE-USE,STERILE	1	
HEB UNIFINE PNTIP PLUS 31GX3/16	1	
HEB UNIFINE PNTIP PLUS 32GX5/32	1	
HM ULTICARE PEN NEEDLE 4MM 32G	2	
HM ULTICARE PEN NEEDLE 6MM 31G	2	
HM ULTICARE PEN NEEDLE 8MM 31G	2	
HUMANA TRUE METRIX TEST STRIP	1	QL (150 EA per 30 days)
HUMAPEN LUXURA HD	2	
HYPOLANCE AST LANCING KIT	2	
IGLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
INCONTROL LANCING DEVICE	1	
INCONTROL PEN NEEDLE 12MM 29G	1	
INCONTROL PEN NEEDLE 4MM 32G	1	
INCONTROL PEN NEEDLE 5MM 31G	1	
INCONTROL PEN NEEDLE 6MM 31G	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
INCONTROL PEN NEEDLE 8MM 31G	1	
INCONTROL SUPER THIN 30G LANCT	1	
INCONTROL ULTRA THIN 28G LANCT	1	
INFINITY TEST STRIPS	2	QL (150 EA per 30 days)
INFINITY VOICE TEST STRIP	2	QL (150 EA per 30 days)
INJECT EASE 28G LANCETS	2	
INJECT EASE 30G LANCETS	2	
INPEN (FOR HUMALOG) BLUE	2	
INPEN (FOR HUMALOG) GREY	2	
INPEN (FOR HUMALOG) PINK	2	
INPEN (FOR NOVOLOG) BLUE	2	
INPEN (FOR NOVOLOG) GREY	2	
INPEN (FOR NOVOLOG) PINK	2	
INSPIRACHAMBER	2	
<i>insulin 1 ml syringe</i>	1	
<i>insulin 1/2 ml syringe</i>	1	
<i>insulin 3/10 ml syringe</i>	1	
<i>insulin syr 0.3 ml 30gx5/16"</i>	2	
<i>insulin syr 0.3 ml 31gx1/4 (1/2)</i>	2	
<i>insulin syrin 0.3 ml 29gx1/2"</i>	2	
<i>insulin syrin 0.3 ml 30gx1/2"</i>	2	
<i>insulin syrin 0.3 ml 30gx5/16"</i>	2	
<i>insulin syrin 0.3 ml 31gx5/16"</i>	1	
<i>insulin syrin 0.3 ml 31gx5/16"</i>	2	
<i>insulin syrin 0.5 ml 28gx1/2"</i>	2	
<i>insulin syrin 0.5 ml 29gx1/2" latex-free (otc)</i>	2	
<i>insulin syrin 0.5 ml 30gx1/2" (rx)</i>	2	
<i>insulin syrin 0.5 ml 30gx5/16" (otc)</i>	1	
<i>insulin syrin 0.5 ml 30gx5/16" (rx)</i>	2	
<i>insulin syrin 0.5 ml 31gx5/16"</i>	2	
<i>insulin syrin 0.5 ml 31gx5/16" llf, ultra comfort</i>	1	
INSULIN SYRIN 1 ML 29GX1/2"	2	
<i>insulin syringe 0.5 ml 27gx1/2"</i>	2	
<i>insulin syringe 0.5 ml 29gx1/2" (otc)</i>	2	
INSULIN SYRINGE 0.3 ML	2	
<i>insulin syringe 0.3 ml 31gx1/4</i>	2	
INSULIN SYRINGE 0.5 ML	2	
<i>insulin syringe 0.5 ml 31gx1/4</i>	2	
INSULIN SYRINGE 1 ML	2	
<i>insulin syringe 1 ml 27gx1/2" outer</i>	2	
<i>insulin syringe 1 ml 28gx1/2" (otc)</i>	2	
<i>insulin syringe 1 ml 29gx1/2" (otc)</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>insulin syringe 1 ml 30gx1/2" (rx)</i>	2	
<i>insulin syringe 1 ml 30gx5/16" (rx)</i>	2	
<i>insulin syringe 1 ml 31gx1/4"</i>	2	
<i>insulin syringe 1 ml 31gx5/16"</i>	3	
<i>insulin syringe 1 ml 31gx5/16" short needle,thin ii</i>	2	
INSUPEN 30G ULTRAFIN NEEDLE	2	
INSUPEN 31G ULTRAFIN NEEDLE	2	
INSUPEN 32G 6MM PEN NEEDLE	2	
INSUPEN 32G 8MM PEN NEEDLE	2	
INSUPEN PEN NEEDLE 29GX1/2"	2	
INSUPEN PEN NEEDLE 29GX12MM	2	
INSUPEN PEN NEEDLE 30GX8MM	2	
INSUPEN PEN NEEDLE 31GX3/16"	2	
INSUPEN PEN NEEDLE 31GX5/16"	2	
INSUPEN PEN NEEDLE 31GX6MM	2	
INSUPEN PEN NEEDLE 31GX8MM	2	
INSUPEN PEN NEEDLE 32GX4MM	2	
INSUPEN PEN NEEDLE 32GX5/32"	2	
INSUPEN PEN NEEDLE 32GX6MM	2	
INSUPEN PEN NEEDLE 32GX8MM	2	
INSUPEN PEN NEEDLE 33GX4MM	2	
INVACARE 30G LANCETS	2	
<i>invacare lancing device adjustable</i>	2	
KETO-DIASTIX REAGENT STRIPS	2	
KETONE TEST STRIP	1	
<i>kinray ins syr 1 ml 31gx5/16" preferred plus</i>	2	
<i>kinray syring 0.3 ml 31gx5/16" preferred plus</i>	1	
<i>kinray syring 0.5 ml 31gx5/16" preferred plus</i>	1	
<i>kmart valu plus syr 1/2 ml</i>	1	
<i>kro ins syr 0.3 ml 29gx1/2" latex-free</i>	1	
<i>kro ins syrin 0.3 ml 30gx5/16"</i>	1	
<i>kro ins syrin 0.3 ml 31gx5/16"</i>	1	
<i>kro ins syrin 0.5 ml 30gx5/16" (otc)</i>	1	
<i>kro ins syrin 0.5 ml 31gx5/16"</i>	1	
<i>kro ins syringe 0.5 ml 29gx1/2" (otc)</i>	1	
<i>kro ins syringe 1 ml 29gx1/2" (otc)</i>	1	
<i>kro ins syringe 1 ml 30gx5/16" (otc)</i>	1	
<i>kro ins syringe 1 ml 31gx5/16"</i>	2	
<i>kro insulin syr 1 ml 30gx5/16" latex-free (otc)</i>	1	
KRO PREMIUM BLOOD GLUCOSE TEST NO CODING,PREMIUM	1	QL (150 EA per 30 days)
KRO UNIVERSAL 1 THIN 26G LANCT	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>kroger ins syr 0.3 ml 30gx5/16 short needle</i>	1	
<i>kroger ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>kroger ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>kroger ins syr 1 ml 31gx5/16"</i>	2	
<i>kroger lancets</i>	1	
<i>kroger lancing device</i>	1	
KROGER PEN NEEDLES 31G X 5/16" (OTC)	1	
KROGER SUPER THIN LANCETS	1	
<i>kroger syr 0.5 ml 30gx5/16" (otc)</i>	1	
<i>kroger syringe 0.3 ml 31gx5/16"</i>	1	
<i>lancets 26g 1.2, 1.8, 2.4mm,blue</i>	2	
<i>lancets 26g x 1.8mm yellow</i>	2	
<i>lancets 28g lancets</i>	1	
<i>lancets 28g x 1.8mm purple</i>	2	
<i>lancets 30g twist top,single use</i>	2	
<i>lancets 33g</i>	2	
LANCETS THIN 23G	2	
<i>lancets ultra fine 28g</i>	1	
LANCETS ULTRA THIN 26G	2	
<i>lancing device</i>	1	
<i>lancing device</i>	2	
LANZO LANCING DEVICE	2	
<i>leader ins syr 0.3 ml 29gx1/2"</i>	1	
<i>leader ins syr 0.5 ml 28gx1/2"</i>	1	
<i>leader ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>leader ins syr 0.5 ml 30gx1/2" (otc)</i>	1	
<i>leader ins syr 1 ml 28gx1/2" (otc)</i>	1	
<i>leader ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>leader ins syr 1 ml 30gx5/16" (otc)</i>	1	
<i>leader ins syr 1 ml 31gx5/16"</i>	2	
<i>leader insulin syringe 0.3 ml</i>	1	
<i>leader syringe 0.3 ml 31gx5/16"</i>	1	
<i>leader syringe 0.5 ml 31gx5/16"</i>	1	
LITE TOUCH 28G LANCETS	2	
LITE TOUCH 30G LANCETS	2	
LITE TOUCH 31GX1/4" PEN NEEDLE	2	
LITE TOUCH 33G LANCETS	2	
LITE TOUCH INSULIN 0.5 ML SYR	2	
LITE TOUCH INSULIN 1 ML SYR	2	
LITE TOUCH INSULIN SYR 0.3 ML	2	
LITE TOUCH INSULIN SYR 0.5 ML	2	
LITE TOUCH INSULIN SYR 1 ML	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LITE TOUCH LANCING PEN	2	
LITE TOUCH PEN NEEDLE 29G	2	
LITE TOUCH PEN NEEDLE 31G	2	
LITEAIRE MDI CHAMBER	2	
LITETOUCH INS 0.3 ML 29GX1/2"	2	
LITETOUCH INS 0.3 ML 30GX5/16"	2	
LITETOUCH INS 0.3 ML 31GX5/16"	2	
LITETOUCH INS 0.5 ML 31GX5/16"	2	
LITETOUCH LARGE MASK	2	
LITETOUCH MEDIUM MASK	2	
LITETOUCH SMALL MASK	2	
LITETOUCH SYR 0.5 ML 28GX1/2"	2	
LITETOUCH SYR 0.5 ML 29GX1/2"	2	
LITETOUCH SYR 0.5 ML 30GX5/16"	2	
LITETOUCH SYRIN 1 ML 28GX1/2"	2	
LITETOUCH SYRIN 1 ML 29GX1/2"	2	
LITETOUCH SYRIN 1 ML 30GX5/16"	2	
LIVE BETTER PEN NEEDLES 8MM 31G (OTC)	1	
LIVE BETTER SUPER THIN LANCET 30G	1	
LIVE BETTER ULTRA THIN LANCET 28G	1	
LONGS THIN LANCETS 26G 26G	1	
LONGS THIN LANCETS 30G 30G	1	
MAGELLAN INSUL SYRINGE 0.3 ML	2	
MAGELLAN INSUL SYRINGE 0.5 ML	2	
MAGELLAN INSULIN SYR 0.3 ML	2	
MAGELLAN INSULIN SYR 0.5 ML	2	
MAGELLAN INSULIN SYRINGE 1 ML	2	
MASK VORTEX BABY WHIRL DUCK	2	
MASK VORTEX SPINNER THE DUCK	2	
MAXICOMFORT II PEN NDL 31GX6MM	2	
MAXICOMFORT INS 0.5 ML 27GX1/2"	2	
MAXI-COMFORT INS 0.5 ML 28G	2	
MAXICOMFORT INS 1 ML 27GX1/2"	2	
MAXI-COMFORT INS 1 ML 28GX1/2"	2	
MAXICOMFORT PEN NDL 29G X 5MM	2	
MAXICOMFORT PEN NDL 29G X 8MM	2	
MEDISENSE THIN 28G LANCETS	2	
<i>medisense thin lancets</i>	2	
MEDLANCE PLUS 21G LANCETS UNIVERSAL	2	
MEDLANCE PLUS 21G LANCETS UNIVERSAL, 1.8MM	1	
MEDLANCE PLUS 30G LANCETS SUPERLITE	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
MEDLANCE PLUS 30G LANCETS SUPERLITE, 1.2MM	1	
MEDLANCE PLUS EXTRA 21G LANCET 2.4MM	1	
MEDLANCE PLUS EXTRA 21G LANCET 2.4MM	2	
MEDLANCE PLUS LITE 25G LANCETS 1.5MM	1	
MEDLANCE PLUS LITE 25G LANCETS STERILE	2	
MEIJER BLOOD GLUCOSE TEST STRP	1	QL (150 EA per 30 days)
<i>meijer lancets 30g</i>	1	
MEIJER UNIVERSAL 1 26G LANCETS	1	
MICRO ELITE REPLACEMENT FILTER	2	
MICRO THIN 33G LANCETS STERILE	1	
MICROCHAMBER W/POLYBAG	2	
MICRODOT PEN NEEDLE 31GX6MM	2	
MICRODOT PEN NEEDLE 32GX4MM	2	
MICRODOT PEN NEEDLE 33GX4MM	2	
MICRODOT TEST STRIPS	2	QL (150 EA per 30 days)
MICRODOT XTRA TEST STRIPS	2	QL (150 EA per 30 days)
MICROLET 2 LANCING DEVICE	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MICROSPACER FOR AEROSOL DEVICE W/POLYBAG	2	
MINI ELITE FILTER REPLACEMENT	2	
MINI LANCING DEVICE	2	
MINI ULTRA-THIN II PEN NDL 31G LATEX-FREE,STERILE	2	
MINIMED RESERVOIR 1.8 ML	2	
MINIMED RESERVOIR 3 ML (RX)	2	
MONOJECT 0.5 ML SYRN 28GX1/2"	2	
MONOJECT 1 ML SYRN 27X1/2"	2	
MONOJECT 1 ML SYRN 28GX1/2" SOFTPACK (RX)	2	
MONOJECT INSUL SYR U100 (OTC)	2	
MONOJECT INSUL SYR U100 0.5 ML (OTC)	2	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	2	
MONOJECT INSULIN SYR 0.3 ML	2	
MONOJECT INSULIN SYR 0.5 ML	2	
MONOJECT INSULIN SYR 1 ML (RX)	2	
MONOJECT INSULIN SYR U-100	2	
MONOJECT INSULIN SYRN 3/10 ML	2	
MONOJECT SYRINGE 0.3 ML	2	
MONOJECT SYRINGE 0.5 ML	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
MONOJECT SYRINGE 1 ML	3	
MONOJECT SYRINGE 1 ML SOFTPK, REG LUER TIP (RX)	2	
MONOLET 21G LANCETS	2	
MONOLET THIN 28G LANCETS	2	
<i>ms ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>ms ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>ms ins syringe 1 ml 30gx1/2" (otc)</i>	1	
<i>ms insul syr 0.3 ml 31gx5/16"</i>	1	
<i>ms insul syr 0.5 ml 30gx1/2" (otc)</i>	1	
<i>ms insul syr 0.5 ml 31gx5/16"</i>	1	
<i>ms insulin syr 0.3 ml 29gx1/2"</i>	1	
<i>ms insulin syr 1 ml 31gx5/16"</i>	2	
<i>ms insulin syringe 0.3 ml</i>	1	
MS PEN NEEDLE 6MM 31G SHORT, SINGLE USE	1	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH 30G LANCETS	2	
MYGLUCOHEALTH TEST STRIPS	2	QL (150 EA per 30 days)
NEUTEK 2TEK TEST STRIPS	2	QL (150 EA per 30 days)
NO-STICK GLUCOSE TEST STRIPS	1	
NOVA MAX GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
NOVA SAFETY 23G LANCETS	2	
NOVA SAFETY 28G LANCETS	2	
NOVA SUREFLEX LANCING DEVICE DEVICE AND LANCETS	2	
NOVA SUREFLEX THIN LANCETS	2	
NOVAMAX PLUS KETONE TEST STRIP	2	PA; QL (10 EA per 30 days)
NOVOFINE 30G X 1/3" NEEDLES	1	
NOVOFINE 32G NEEDLES	2	
NOVOFINE AUTOCOVER 30G NEEDLE	2	
NOVOFINE PLUS PEN NDL 32GX1/6"	2	
NOVOPEN ECHO INSULIN DEVICE	2	
NOVOTWIST NEEDLE 32G 5MM	2	
OMNIPOD DASH PDM KIT	2	
ON CALL 30G LANCET	2	
ON CALL EXPRESS TEST STRIP	2	QL (150 EA per 30 days)
ON CALL LANCING DEVICE	2	
ON CALL PLUS 30G LANCET	2	
ON CALL PLUS LANCING DEVICE	2	
ON CALL PLUS TEST STRIP	2	QL (150 EA per 30 days)
ON CALL VIVID TEST STRIP	2	QL (150 EA per 30 days)
ONE WAY VALVED MOUTHPIECE	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ONETOUCH DELICA 30G LANCETS	1	
ONETOUCH DELICA 33G LANCETS	1	
ONETOUCH DELICA LANCING DEV	2	
ONETOUCH DELICA PLUS 30G LANCT	2	
ONETOUCH DELICA PLUS 33G LANCT	2	
ONETOUCH DELICA PLUS LANC DEV	2	
ONETOUCH SURESOFT 18G LANC DEV	2	
ONETOUCH SURESOFT 21G LANC DEV	2	
ONETOUCH SURESOFT 28G LANC DEV	3	
ONETOUCH ULTRA BLUE TEST STRP	3	QL (150 EA per 30 days)
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH VERIO TEST STRIP	3	
ON-THE-GO 30G LANCETS GENTLE, 1.5MM	1	
ON-THE-GO 30G LANCETS GENTLE, 1.5MM	2	
OPTICHAMBER ADULT MASK-LARGE	2	
OPTICHAMBER DIAMOND VHC	2	
OPTIUM EZ TEST STRIP	2	QL (150 EA per 30 days)
OPTIUM TEST STRIP	2	QL (150 EA per 30 days)
OPTUMRX TEST STRIP	2	QL (150 EA per 30 days)
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARADIGM RESERVOIR 1.8 ML (RX)	2	
PARADIGM RESERVOIR 3 ML	2	
PC SUPER THIN 30G LANCETS	1	
PC UNIFINE PENTIPS 12MM NEEDLE ORIGINAL	1	
PC UNIFINE PENTIPS 6MM NEEDLE ULTRA SHORT	1	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT	1	
PEDIATRIC MEDIUM MASK	2	
PEDIATRIC MOUTHPIECE	2	
PEDIATRIC PANDA MASK	2	
PEDIATRIC SMALL MASK	2	
<i>pen needle 12mm 29g</i>	2	
PEN NEEDLE 30G X 5/16"	2	
<i>pen needle 31g x 1/4"</i>	1	
<i>pen needle 31g x 1/4"</i>	2	
<i>pen needle 31g x 3/16"</i>	1	
PEN NEEDLE 31G X 3/16" (RX)	2	
<i>pen needle 31g x 5/16"</i>	1	
PEN NEEDLE 31G X 5/16" (RX)	2	
<i>pen needle 32g x 1/4"</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>pen needle 32g x 3/16"</i>	2	
<i>pen needle 32g x 5/32"</i>	2	
<i>pen needle 32g x 5/32" 4mm</i>	1	
<i>pen needle 4mm 32g</i>	2	
<i>pen needle 5mm 31g</i>	2	
PEN NEEDLE 6MM 31G 6MM	1	
<i>pen needle 8mm 31g</i>	2	
<i>pen needles 12mm 29g 29gx12mm, strl</i>	1	
PEN NEEDLES 12MM 29G 29GX12MM,STRL	2	
PEN NEEDLES 4MM 32G	2	
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC)	2	
<i>pen needles 6mm 31g 31gx6mm, strl</i>	1	
<i>pen needles 8mm 31g 31gx8mm, strl</i>	1	
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC)	2	
PENTIPS PEN NEEDLE 29GX1/2"	1	
PENTIPS PEN NEEDLE 29GX1/2"	2	
PENTIPS PEN NEEDLE 31GX1/4"	1	
PENTIPS PEN NEEDLE 31GX3/16"	1	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM	2	
PENTIPS PEN NEEDLE 31GX5/16" HRI	1	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM	2	
PENTIPS PEN NEEDLE 32GX5/32" 4MM	2	
PENTIPS PEN NEEDLE 32GX5/32" HRI	1	
PENTIPS PEN NEEDLE 6MM 31G	2	
PHARMACIST CHOICE 28G LANCETS ULTRA THIN	2	
<i>pharmacist choice 30g lancets ultra thin</i>	2	
<i>pharmacist choice 33g lancets</i>	2	
PHARMACIST CHOICE TEST STRIPS	1	QL (150 EA per 30 days)
PHARMACIST CHOICE TEST STRIPS	2	QL (150 EA per 30 days)
PILLOW MASK, PEDIATRIC	2	
PIP 28G LANCET	2	
PIP 30G LANCET	2	
POCKET CHAMBER	2	
PRECISION PCX PLUS TEST STR	2	QL (150 EA per 30 days)
PRECISION PCX TEST STRIPS	2	QL (150 EA per 30 days)
PRECISION POINT OF CARE STR	2	QL (150 EA per 30 days)
PRECISION Q-I-D TEST STRIPS	2	QL (150 EA per 30 days)
PRECISION XTRA TEST STRIPS	2	QL (150 EA per 30 days)
<i>pref plus ins 0.3 ml 29gx1/2" latex-free</i>	1	
<i>pref plus syr 0.5 ml 30gx5/16" (otc)</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>pref plus syring 1 ml 29gx1/2" (otc)</i>	1	
<i>preferred plus 0.3 ml 30gx5/16</i>	1	
<i>preferred plus 0.5 ml 29gx1/2" (otc)</i>	1	
<i>preferred plus lancets super thin</i>	1	
<i>preferred plus syringe 0.5 ml</i>	1	
<i>preferred plus syringe 1 ml</i>	1	
<i>preferred plus thin lancets</i>	1	
<i>prefpls ins syr 1 ml 30gx5/16" (otc)</i>	1	
PREMIUM BLOOD GLUCOSE TEST STR NO CODING	1	QL (150 EA per 30 days)
PREMIUM BLOOD GLUCOSE TST STRP NO CODING	1	QL (150 EA per 30 days)
PREMIUM V10 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
PRESSURE ACTIVATED 21G LANCETS	2	
PRESSURE ACTIVATED 28G LANCETS	2	
PRIMEAIRE CHAMBER	2	
PRO COMFORT 0.5 ML 30GX1/2"	2	
PRO COMFORT 0.5 ML 30GX5/16"	2	
PRO COMFORT 0.5 ML 31GX5/16"	2	
PRO COMFORT 1 ML 30GX1/2"	2	
PRO COMFORT 1 ML 30GX5/16"	2	
PRO COMFORT 1 ML 31GX5/16"	3	
PRO COMFORT 30G LANCETS	2	
PRO COMFORT 31G LANCET	2	
PRO COMFORT PEN NDL 31GX5/16"	2	
PRO COMFORT PEN NDL 32G X 1/4"	2	
PRO COMFORT PEN NDL 4MM 32G	2	
PRO COMFORT PEN NDL 5MM 32G	2	
PRO VOICE V8-V9 TEST STRIP	2	QL (150 EA per 30 days)
PROCHAMBER HOLDING CHAMBER	2	
PRODIGY INS SYR 1 ML 28GX1/2"	2	
PRODIGY LANCING DEVICE	2	
PRODIGY NO CODING TEST STRIPS	2	QL (150 EA per 30 days)
PRODIGY PRESSURE ACTIVATED 28G	2	
PRODIGY SAFETY 26G LANCETS	2	
PRODIGY SYRNG 0.5 ML 31GX5/16"	2	
PRODIGY SYRNGE 0.3 ML 31GX5/16"	2	
PRODIGY TWIST TOP 28G LANCET	2	
PRONEB ULTRA FILTER SET	2	
<i>pub 28g lancets</i>	1	
<i>pub ins syrin 0.3 ml 30gx1/2" regular needle</i>	1	
<i>pub ins syringe 1 ml 30gx1/2" regular needle (otc)</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>pub insul syr 0.3 ml 31gx5/16" short needle</i>	1	
<i>pub insul syr 0.5 ml 30gx1/2" regular needle (otc)</i>	1	
<i>pub insul syr 0.5 ml 31gx5/16" short needle</i>	1	
<i>pub insulin syr 1 ml 31gx5/16" short needle</i>	2	
PUB PEN 12MM 29G NEEDLES STANDARD LENGTH	1	
PUB PEN 8MM 31G NEEDLES SHORT LENGTH (OTC)	1	
PUB PEN NEEDLE 6MM 31G EXTRA SHORT, 6MM	1	
PUB UNIFINE PNTF PLUS 31GX3/16 MINI, 5MM	1	
PUSH BUTTON SAFETY 21G LANCET	2	
PUSH BUTTON SAFETY 28G LANCET	2	
QC UNIFINE PENTIPS 32GX5/32" STERILE	1	
QC UNIFINE PENTIPS 4MM 32G STERILE	1	
QC UNILET SUPER THIN 30G LANCET	1	
QC UNILET ULTRA THIN 28G LANCET	1	
QUINTET AC GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS	2	QL (150 EA per 30 days)
RA E-ZJECT 26G LANCETS	1	
RA E-ZJECT 28G LANCETS	1	
RA E-ZJECT 30G LANCETS ULTRA THIN	1	
RA E-ZJECT COLOR 33G LANCETS	1	
<i>ra ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>ra ins syr 0.5 ml 30gx5/16" (otc)</i>	1	
<i>ra ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>ra ins syringe 1 ml 30gx5/16" (otc)</i>	1	
RA PEN NEEDLE 31GX3/16" 5MM (OTC)	1	
RA PEN NEEDLE 31GX5/16" 8MM (OTC)	1	
READYLANCE 21G SAFETY LANCETS	2	
READYLANCE 23G SAFETY LANCETS	2	
READYLANCE 26G SAFETY LANCETS	2	
READYLANCE 28G SAFETY LANCETS	2	
READYLANCE 30G SAFETY LANCETS	2	
REFUAH PLUS TEST STRIPS	2	QL (150 EA per 30 days)
RELI ON 31G X 1/4" NEEDLES	1	
RELIAMED 28G LANCETS LATEX-FREE, STERILE	1	
RELIAMED 30G LANCETS	1	
<i>reliamed lancing device adjustable</i>	1	
RELIAMED MINI LANCING DEVICE	1	
RELIAMED SAFETY 23G LANCETS	1	
RELIAMED SAFETY 28G LANCETS LATEX-FREE	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
RELIAMED SAFETY SEAL 28G LANCT	1	
RELIAMED SAFETY SEAL 30G LANCT	1	
RELIAMED TWIST&CAP 28G LANCETS	1	
RELION 2-IN-1 LANCET DEVICE	1	
<i>reli-on insulin 0.3 ml syr</i>	1	
<i>reli-on insulin 0.5 ml syr</i>	1	
<i>reli-on insulin 1 ml syr</i>	1	
RELION MICRO THIN 33G LANCET	1	
RELION THIN 26G LANCETS	1	
RELION ULTRA THIN 30G LANCETS	1	
REVEAL TEST STRIP	2	QL (150 EA per 30 days)
REXALL BLOOD GLUCOSE TEST STRP ONE VIAL OF 25	1	QL (150 EA per 30 days)
REXALL UNIVERSAL 1 30G LANCETS	1	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 30G LANCETS	2	
RIGHTEST GS100 TEST STRIPS	2	QL (150 EA per 30 days)
RIGHTEST GS250S TEST STRIPS	2	QL (150 EA per 30 days)
RIGHTEST GS260 TEST STRIPS	2	QL (150 EA per 30 days)
RIGHTEST GS300 TEST STRIPS	2	QL (150 EA per 30 days)
RIGHTEST GS550 TEST STRIPS	2	QL (150 EA per 30 days)
RITEFLO SPACER	2	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",LATEX FREE	2	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",LATEX FREE	2	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",LATEX FREE	2	
SAFETY 21G LANCETS HIGH FLOW, 2.0MM	2	
SAFETY 28G LANCETS LATEX-FREE	2	
SAFETY LANCETS 26G	2	
SAFETY SEAL 28G LANCETS	2	
SAFETY SEAL 30G LANCETS	2	
SAFETY-LET 30G LANCETS	2	
SAMI THE SEAL REPLACEMT FILTER	2	
<i>saps care 30g lancets twist top,single use</i>	2	
<i>saps twist top 30g lancet</i>	2	
<i>saps twist top 30g lancets</i>	2	
SHOPKO AUTOLET LANCING DEVICE W/3 UNILET LANCETS	1	
SHOPKO ON-THE-GO 30G LANCETS GENTLE	1	
SHOPKO UNIFINE PENTIPS 4MM 32G	1	
SHOPKO UNIFINE PENTIPS 5MM 31G	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SHOPKO UNIFINE PENTIPS 8MM 31G SHORT, STERILE	1	
SHOPKO UNIFINE PNTIPS 12MM 29G ORIGINAL, STERILE	1	
SHOPKO UNILET SUPER THIN 30G STERILE	1	
SHOPKO UNILET ULTRA THIN 28G STERILE	1	
SIDESTREAM ADULT FACE MASK	2	
SIDESTREAM DISPOSABLE MASK (OTC)	2	
SIDESTREAM PEDIATRIC FACE MASK	2	
SILICONE MASK-INFANT	2	
SILICONE MASK-PEDIATRIC	2	
<i>simple diagntic lancet device e-z pull & click</i>	2	
SINGLE-LET LANCETS	2	
SM COLOR LANCETS 21G	1	
<i>sm ins syr 0.5 ml 29gx1/2" (otc)</i>	1	
<i>sm ins syr 0.5 ml 30gx5/16" short needle (otc)</i>	1	
<i>sm ins syr 1 ml 29gx1/2" (otc)</i>	1	
<i>sm ins syringe 0.3 ml 30gx5/16" short needle</i>	1	
<i>sm ins syringe 1 ml 28gx1/2" (otc)</i>	1	
<i>sm ins syringe 1 ml 30gx5/16" short needle (otc)</i>	1	
<i>sm insul syr 0.3 ml 31gx5/16" short needle</i>	1	
<i>sm insul syr 0.5 ml 31gx5/16" short needle</i>	1	
<i>sm insulin syr 0.3 ml 29gx1/2"</i>	1	
<i>sm insulin syr 0.5 ml 28gx1/2"</i>	1	
<i>sm insulin syr 1 ml 31gx5/16" short needle</i>	2	
<i>sm lancets 21g</i>	1	
SM MICRO THIN 33G LANCETS	1	
SM SUPER THIN 30G LANCETS STERILE TIP	1	
SM THIN LANCETS 26G	1	
SMART SENSE COLOR 33G LANCETS	1	
SMART SENSE STANDARD 21G	1	
SMART SENSE SUPER THIN 30G	1	
SMART SENSE TEST STRIPS PREMIUM, NO CODE	1	QL (150 EA per 30 days)
SMART SENSE THIN 26G LANCETS	1	
SMARTEST LANCET	2	
SMARTEST TEST STRIPS	2	QL (150 EA per 30 days)
SNAP INSULIN PUMP CONTROLLER RED	2	
SOFT TOUCH LANCETS	2	
SOLUS V2 28G LANCETS	2	
SOLUS V2 30G TWIST LANCETS	2	
SOLUS V2 AUDIBLE TEST STRIPS	2	QL (150 EA per 30 days)
SOLUS V2 LANCING DEVICE	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SOOTHENEB NBL100 ADULT MASK	2	
SOOTHENEB NBL100 CHILD MASK	2	
SOOTHENEB NBL100 MED CUP	2	
SOOTHENEB NBL100 MESH CAP	2	
SPACE CHAMBER PLUS	2	
STERILANCE TL TWIST 30G LANCET	2	
STERILANCE TL TWIST 32G LANCET	2	
SUPER THIN 28G LANCETS 28G, COMFORT ASSURED	1	
SUPER THIN 30G LANCETS	1	
SURE COMFORT 0.3 ML SYRINGE LATEX FREE,SHORT NDL	2	
SURE COMFORT 0.5 ML SYRINGE	2	
SURE COMFORT 1 ML SYRINGE	2	
SURE COMFORT 1 ML SYRINGE	3	
SURE COMFORT 18G LANCETS	2	
SURE COMFORT 21G LANCETS	2	
SURE COMFORT 23G LANCETS	2	
SURE COMFORT 28G LANCETS	2	
SURE COMFORT 3/10 ML SYRINGE	2	
SURE COMFORT 30G LANCETS	2	
SURE COMFORT 30G PEN NEEDLE	2	
SURE COMFORT 31G PEN NEEDLE	2	
SURE COMFORT INS 0.3 ML 31GX1/4	2	
SURE COMFORT INS 0.5 ML 31GX1/4	2	
SURE COMFORT INS 1 ML 31GX1/4"	2	
SURE COMFORT LANCING PEN	2	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM	2	
SURE COMFORT PEN NDL 31GX3/16"	2	
SURE COMFORT PEN NDL 32GX1/4"	2	
SURE COMFORT PEN NDL 32GX5/32"	2	
SURE-FINE PEN NEEDLES 12.7MM	2	
SURE-FINE PEN NEEDLES 5MM	2	
SURE-FINE PEN NEEDLES 8MM	2	
SURE-JECT INS 0.3 ML 31GX5/16"	2	
SURE-JECT INS 0.5 ML 31GX5/16"	2	
SURE-JECT INSU SYR U100 0.3 ML	2	
SURE-JECT INSU SYR U100 0.5 ML	2	
SURE-JECT INSU SYR U100 1 ML	2	
SURE-JECT INSUL SYR U100 1 ML	2	
SURE-JECT INSULIN SYRINGE 1 ML	3	
SURE-LANCE 26G LANCETS	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE THIN 28G LANCETS	2	
SURE-LANCE ULTRA THIN 30G	2	
SURE-PEN LANCING DEVICE	2	
SURE-TEST EASYPLUS MINI STRIP	2	QL (150 EA per 30 days)
SURE-TOUCH LANCET	2	
TD GOLD TEST STRIP	2	QL (150 EA per 30 days)
TECHLITE 0.3 ML 31GX6MM (1/2)	2	
TECHLITE 0.3 ML 31GX8MM (1/2)	2	
TECHLITE 25G LANCETS	2	
TECHLITE 28G LANCETS	2	
TECHLITE 30G LANCETS	2	
TECHLITE INS SYR 1 ML 29GX12MM	2	
TECHLITE INS SYR 1 ML 30GX12MM	2	
TECHLITE INS SYR 1 ML 30GX8MM	2	
TECHLITE INS SYR 1 ML 31GX6MM	2	
TECHLITE INS SYR 1 ML 31GX8MM	3	
TECHLITE PEN NEEDLE 29GX1/2"	2	
TECHLITE PEN NEEDLE 29GX3/8"	2	
TECHLITE PEN NEEDLE 31GX1/4"	2	
TECHLITE PEN NEEDLE 31GX3/16"	2	
TECHLITE PEN NEEDLE 31GX5/16"	2	
TECHLITE PEN NEEDLE 32GX1/4"	2	
TECHLITE PEN NEEDLE 32GX5/16"	2	
TECHLITE PEN NEEDLE 32GX5/32"	2	
TELCARE TEST STRIPS	2	QL (150 EA per 30 days)
TELCARE ULTRA THIN 30G LANCETS	2	
<i>terumo ins syr 0.3 ml 29gx1/2"</i>	2	
TERUMO INS SYRINGE U100-1 ML	2	
TERUMO INS SYRINGE U100-1/2 ML	2	
TERUMO INS SYRINGE U100-1/3 ML	2	
TERUMO INS SYRNG U100-1/2 ML	2	
TEST N'GO GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
THIN 26G LANCETS	1	
THIN LANCETS 28G	2	
THINPRO INS SYRIN U100-0.3 ML	2	
THINPRO INS SYRIN U100-0.5 ML	2	
THINPRO INS SYRIN U100-1 ML	2	
TODAY'S HLTH PN NEEDLE 6MM 31G 31GX6MM,STRL,MINI	1	
TOPCARE CLICKFINE 31G X 1/4"	1	
TOPCARE CLICKFINE 31G X 5/16"	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TOPCARE ULTRA COMFORT SYRINGE	1	
TOPCARE ULTRA COMFORT SYRINGE	2	
TOPCARE UNIVERSAL1 33G LANCETS	1	
TOPCARE UNIVERSAL1 THIN LANCET THIN, 26G	1	
TRUE COMFORT 0.5 ML 31GX5/16"	2	
TRUE COMFORT 1 ML 31GX5/16"	3	
TRUE COMFORT 30G LANCET	2	
TRUE COMFORT PEN NDL 31GX5MM	2	
TRUE COMFORT PEN NDL 31GX6MM	2	
TRUE COMFORT PEN NDL 32GX4MM	2	
TRUE METRIX GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
TRUE METRIX PRO TEST STRIP	1	QL (150 EA per 30 days)
TRUEDRAW LANCING DEVICE	1	
TRUEPLUS 26G LANCETS	1	
TRUEPLUS 30G LANCETS	1	
TRUEPLUS 33G LANCETS	1	
TRUEPLUS KETONE TEST STRIP	1	
TRUEPLUS PEN NEEDLE 29GX1/2"	1	
TRUEPLUS PEN NEEDLE 31G X 1/4"	1	
TRUEPLUS PEN NEEDLE 31GX3/16"	1	
TRUEPLUS PEN NEEDLE 31GX5/16"	1	
TRUEPLUS PEN NEEDLE 32GX5/32"	1	
TRUEPLUS SAFETY 28G LANCET	1	
TRUEPLUS SAFETY 28G LANCETS 28G, STERILE	1	
TRUEPLUS SUPER THIN 28G LANCET 28G,STRL	1	
TRUEPLUS SYR 0.3 ML 29GX1/2"	1	
TRUEPLUS SYR 0.3 ML 30GX5/16"	1	
TRUEPLUS SYR 0.3 ML 31GX5/16"	1	
TRUEPLUS SYR 0.5 ML 28GX1/2"	1	
TRUEPLUS SYR 0.5 ML 29GX1/2"	1	
TRUEPLUS SYR 0.5 ML 30GX5/16"	1	
TRUEPLUS SYR 0.5 ML 31GX5/16"	1	
TRUEPLUS SYR 1 ML 28GX1/2"	1	
TRUEPLUS SYR 1 ML 29GX1/2"	1	
TRUEPLUS SYR 1 ML 30GX5/16"	1	
TRUEPLUS SYR 1 ML 31GX5/16"	2	
TRUEPLUS ULTRA THIN 30G LANCET	1	
TRUETEST GLUCOSE TEST STRIPS	1	QL (150 EA per 30 days)
TRUETRACK GLUCOSE TEST STRIPS	1	QL (150 EA per 30 days)
<i>twist lancets 28g</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
TWIST LANCETS 30G	2	
TWIST LANCETS 32G	2	
ULT CFT 0.3 ML 29GX1/2" (1/2)	1	
ULT CFT 0.3 ML 30GX5/16" (1/2)	1	
ULT CFT 0.3 ML 31GX5/16" (1/2)	1	
<i>ulticare ins syr 1 ml 31gx5/16" 31gx5/16"</i>	3	
ULTICAR INS 0.3 ML 31GX1/4(1/2)	2	
ULTICARE INS 0.3 ML 30GX1/2" 30GX1/2"	2	
ULTICARE INS 0.3 ML 31GX1/4"	2	
ULTICARE INS 0.5 ML 30GX1/2" 30GX1/2"	2	
ULTICARE INS 0.5 ML 31GX1/4"	2	
ULTICARE INS 1 ML 31GX1/4"	2	
<i>ulticare ins safety 1 ml 29x1/2 latex/free (rx)</i>	2	
<i>ulticare ins syr 1 ml 28gx1/2" 28gx1/2" (otc)</i>	2	
<i>ulticare ins syr 1 ml 29gx1/2" 29gx1/2" (otc)</i>	2	
ULTICARE INS SYR 1 ML 30GX1/2" 30GX1/2"	2	
ULTICARE PEN NDL 12.7 MM 29G	2	
ULTICARE PEN NEEDLE 31GX3/16"	2	
ULTICARE PEN NEEDLE 4MM 32G	2	
ULTICARE PEN NEEDLE 6MM 31G	2	
ULTICARE PEN NEEDLE 8 MM 31G	2	
ULTICARE PEN NEEDLE 8MM 31G	2	
ULTICARE PEN NEEDLES 12MM 29G	2	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM	2	
ULTICARE PEN NEEDLES 6MM 31G	2	
ULTICARE PEN NEEDLES 6MM 32G	2	
ULTICARE PEN NEEDLES 8MM 31G	2	
<i>ulticare safety 0.5 ml 29gx1/2 latex/free (rx)</i>	2	
ULTICARE SYR 0.3 ML 30GX1/2" LATEX FREE	2	
<i>ulticare syr 0.3 ml 30gx5/16" 30gx5/16"</i>	2	
<i>ulticare syr 0.3 ml 31gx5/16"</i>	2	
<i>ulticare syr 0.5 ml 29gx1/2" 29gx1/2" (otc)</i>	2	
ULTICARE SYR 0.5 ML 30GX1/2" LATEX FREE	2	
<i>ulticare syr 0.5 ml 30gx5/16" 30gx5/16" (otc)</i>	2	
ULTICARE SYR 0.5 ML 31GX5/16" LATEX-FREE, SHORT	2	
<i>ulticare syr 1 ml 30gx5/16" 30gx5/16" (otc)</i>	2	
ULTICARE SYR 1 ML 31GX5/16" LATEX FREE,SHORT NDL	3	
<i>ulticare syrin 0.3 ml 29gx1/2" 29gx1/2"</i>	2	
<i>ulticare syrin 0.5 ml 28gx1/2" 28gx1/2"</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ULTICARE SYRINGE 1 ML 30GX1/2" LATEX-FREE	2	
ULTI-LANCE AUTO-AD DEVICE	2	
ULTI-LANCE AUTOMATIC DEVICE	2	
ULTILET 28G LANCETS	2	
ULTILET 30G LANCETS	2	
ULTILET 33G LANCETS	2	
ULTILET BASIC 30G LANCETS	2	
ULTILET CLASSIC 26G LANCETS	2	
ULTILET CLASSIC 28G LANCETS	2	
ULTILET CLASSIC 30G LANCETS	2	
ULTILET CLASSIC 33G LANCETS	2	
ULTILET INSULIN SYRINGE 0.3 ML	2	
ULTILET INSULIN SYRINGE 0.5 ML	2	
ULTILET INSULIN SYRINGE 1 ML	2	
ULTILET INSULIN SYRINGE 1 ML	3	
ULTILET PEN NEEDLE	2	
ULTILET PEN NEEDLE 4MM 32G	2	
ULTILET SAFETY 23G LANCETS	2	
ULTIMA TEST STRIPS	2	QL (150 EA per 30 days)
ULTRA COMFORT 0.3 ML 29GX1/2"	2	
ULTRA COMFORT 0.3 ML SYRINGE	2	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G	2	
ULTRA COMFORT 0.5 ML 28GX1/2" LATEX-FREE	1	
ULTRA COMFORT 0.5 ML 29GX1/2"	1	
ULTRA COMFORT 0.5 ML 29GX1/2"	2	
ULTRA COMFORT 0.5 ML 30GX5/16" LATEX-FREE	1	
ULTRA COMFORT 0.5 ML 31GX5/16" LATEX-FREE	1	
ULTRA COMFORT 0.5 ML SYRINGE	2	
ULTRA COMFORT 1 ML 28GX1/2"	1	
ULTRA COMFORT 1 ML 29GX1/2"	2	
ULTRA COMFORT 1 ML 29GX1/2" LATEX-FREE	1	
ULTRA COMFORT 1 ML 30GX5/16"	2	
ULTRA COMFORT 1 ML 30GX5/16" LATEX-FREE	1	
ULTRA COMFORT 1 ML 31GX5/16"	2	
ULTRA COMFORT 1 ML SYRINGE	2	
ULTRA FINE 30G LANCETS	2	
ULTRA FLO PEN NEEDLE 5MM 31G	2	
ULTRA THIN 28G LANCETS 28G, STRL	1	
ULTRA THIN 28G LANCETS ULTRA THIN	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ULTRA THIN 30G LANCETS STERILE	1	
ULTRA THIN 31G LANCET	2	
ULTRA THIN 31G LANCETS	2	
ULTRA THIN 33G LANCETS	2	
ULTRA THIN PEN NDL 32G X 4MM	2	
ULTRA-CARE 30G LANCETS	2	
ULTRACARE INS 0.3 ML 30GX5/16"	2	
ULTRACARE INS 0.3 ML 31GX5/16"	2	
ULTRACARE INS 0.5 ML 30GX1/2"	2	
ULTRACARE INS 0.5 ML 30GX5/16"	2	
ULTRACARE INS 0.5 ML 31GX5/16"	2	
ULTRACARE INS 1 ML 30G X 5/16"	2	
ULTRACARE INS 1 ML 30GX1/2"	2	
ULTRACARE INS 1 ML 31G X 5/16"	3	
ULTRACARE PEN NEEDLE 31GX1/4"	2	
ULTRACARE PEN NEEDLE 31GX3/16"	2	
ULTRACARE PEN NEEDLE 31GX5/16"	2	
ULTRACARE PEN NEEDLE 32GX1/4"	2	
ULTRACARE PEN NEEDLE 32GX3/16"	2	
ULTRACARE PEN NEEDLE 32GX5/32"	2	
ULTRACARE PEN NEEDLE 33GX5/32"	2	
ULTRALANCE 26G LANCETS	2	
ULTRALANCE 28G LANCETS	2	
ULTRA-THIN II 1 ML 31GX5/16"	3	
ULTRA-THIN II 26G LANCET	2	
ULTRA-THIN II 28G LANCETS	2	
ULTRA-THIN II 30G LANCETS	2	
ULTRA-THIN II INS 0.3 ML 29G	2	
ULTRA-THIN II INS 0.3 ML 30G	2	
ULTRA-THIN II INS 0.3 ML 31G	2	
ULTRA-THIN II INS 0.5 ML 29G	2	
ULTRA-THIN II INS 0.5 ML 30G	2	
ULTRA-THIN II INS 0.5 ML 31G	2	
ULTRA-THIN II INS SYR 1 ML 29G	2	
ULTRA-THIN II INS SYR 1 ML 30G	2	
ULTRA-THIN II PEN NDL 29GX1/2"	2	
ULTRA-THIN II PEN NDL 31GX5/16	2	
ULTRATLC LANCETS	2	
ULTRATRAK TEST STRIP	2	QL (150 EA per 30 days)
ULTRATRAK ULTIMATE TEST STRIPS	2	QL (150 EA per 30 days)
UNIFINE PENTIPS 12MM 29G	1	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STERILE	1	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI	2	
UNIFINE PENTIPS 32GX1/4"	1	
UNIFINE PENTIPS 32GX1/4"	2	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO	2	
UNIFINE PENTIPS 32GX5/32" STERILE, SINGLE USE	1	
UNIFINE PENTIPS 33GX5/32"	2	
UNIFINE PENTIPS 6MM 31G	1	
UNIFINE PENTIPS 6MM 31G 31GX6MM,STRL,MINI	2	
UNIFINE PENTIPS 6MM NEEDLE ULTRA SHORT	1	
UNIFINE PENTIPS 8MM 31G	1	
UNIFINE PENTIPS 8MM 31G 31GX8MM,STRL,SHORT	2	
UNIFINE PENTIPS 8MM NEEDLE SHORT	1	
UNIFINE PENTIPS NEEDLES 29G	2	
UNIFINE PENTIPS PLUS 29GX1/2"	1	
UNIFINE PENTIPS PLUS 29GX1/2" ORIGINAL, 12MM	2	
UNIFINE PENTIPS PLUS 31GX1/4"	1	
UNIFINE PENTIPS PLUS 31GX1/4"	2	
UNIFINE PENTIPS PLUS 31GX3/16"	1	
UNIFINE PENTIPS PLUS 31GX3/16"	2	
UNIFINE PENTIPS PLUS 31GX5/16"	2	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT	1	
UNIFINE PENTIPS PLUS 32GX5/32"	1	
UNIFINE PENTIPS PLUS 32GX5/32"	2	
UNIFINE PENTIPS PLUS 33GX5/32"	2	
UNILET COMFORTOUCH 26G LANCETS	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II LANCET	2	
UNILET EXCELITE LANCET	2	
UNILET GP LANCET	2	
UNILET GP LANCET SUPERLITE	2	
UNILET MICRO THIN 33G LANCET	1	
UNILET MICRO THIN 33G LANCET	2	
UNILET MICRO THIN 33G LANCETS	1	
UNILET MICRO THIN 33G LANCETS	2	
UNILET SUPER THIN 30G LANCETS	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
UNILET SUPER THIN 30G LANCETS SINGLE-USE,STERILE	2	
UNILET ULTRA THIN 28G LANCETS	1	
UNILET ULTRA THIN 28G LANCETS SINGLE-USE,STERILE	2	
UNISTIK 2 1.8 MM LANCING DEVIC	2	
UNISTIK 2 2.4 MM DEVICE	2	
UNISTIK 2 COMFORT 1.8 MM DEVIC 28 GAUGE	2	
UNISTIK 2 EXTRA 0.81 MM DEVICE	2	
UNISTIK 2 NORMAL 0.81MM DEVICE	2	
UNISTIK 3 1.8 MM LANCING DEVIC	2	
UNISTIK 3 COMFORT 1.8 ML DEVIC	2	
UNISTIK 3 COMFORT LANCET	2	
UNISTIK 3 EXTRA 21G LANCETS	2	
UNISTIK 3 GENTLE 30G LANCETS	2	
UNISTIK 3 GENTLE ON-THE-GO 30G	2	
UNISTIK 3 NEONATAL 1.8 ML DEV	2	
UNISTIK 3 NORMAL 23G LANCETS	2	
UNISTIK 3 SAFETY 21G LANCETS	2	
UNISTIK CZT COMFORT 28G LANCET	2	
UNISTIK CZT NORMAL 23G LANCETS	2	
UNISTIK PRO 21G LANCET	2	
UNISTIK PRO 25G LANCET	2	
UNISTIK PRO 28G LANCET	2	
UNISTIK SAFETY 28G LANCET	2	
UNISTIK SAFETY 30G LANCETS	2	
UNISTIK TOUCH 21G LANCETS	2	
UNISTIK TOUCH 23G LANCETS	2	
UNISTIK TOUCH 28G LANCETS	2	
UNISTIK TOUCH 30G LANCETS	2	
UNISTIK-2 3 MM DEVICE	2	
UNISTRIPI1 GLUCOSE TEST STRIP	2	QL (150 EA per 30 days)
UNIVERSAL 1 33G LANCETS	1	
UP & UP BLOOD GLUCOSE TST STRP NO CODING	1	QL (150 EA per 30 days)
VALUE PLUS LANCING DEVICE 5 DEPTH SETTINGS	1	
VANISHPOINT 0.5 ML 30GX1/2" SY LATEX-FREE, INNER	2	
VANISHPOINT U-100 29X1/2 SYR	2	
VANTAGE LANCING DEVICE	2	
VERASENS TEST STRIP	2	QL (150 EA per 30 days)
VERIFINE PEN NEEDLE 31G X 6MM	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
VERIFINE PEN NEEDLE 31G X 8MM	2	
VERIFINE PEN NEEDLE 32G X 4MM	2	
VERIFINE PEN NEEDLE 32G X 5MM	2	
VIVAGUARD INO TEST STRIP	2	QL (150 EA per 30 days)
VIVAGUARD LANCET	2	
VIVAGUARD LANCING DEVICE	2	
VORTEX ADULT MASK	2	
VORTEX FROG CHILD MASK	2	
VORTEX HOLDING CHAMBER	2	
VORTEX LADYBUG TODDLER MASK	2	
V-R GLUCOSE TEST STRIP	1	QL (150 EA per 30 days)
WALGREENS THIN LANCETS THIN	1	
WALGREENS ULTRA THIN LANCETS	1	
WAVESENSE JAZZ TEST STRIPS	2	QL (150 EA per 30 days)
WAVESENSE PRESTO TEST STRIPS	2	QL (150 EA per 30 days)
WIDE SEAL DIAPHRAGM 60MM	0	
WIDE SEAL DIAPHRAGM 65MM	0	
WIDE SEAL DIAPHRAGM 70MM	0	
WIDE SEAL DIAPHRAGM 75MM	0	
WIDE SEAL DIAPHRAGM 80MM	0	
WIDE SEAL DIAPHRAGM 85MM	0	
WIDE SEAL DIAPHRAGM 90MM	0	
WIDE SEAL DIAPHRAGM 95MM	0	
WING TIP TUBING	2	
WM UNIFINE PENTIP PLUS 4MM 32G	1	
WM UNIFINE PENTIP PLUS 5MM 31G W/ SAFETY CLICK	1	
WM UNIFINE PENTIP PLUS 6MM 31G W/ SAFETY CLICK	1	
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK	1	
YOURX ULTICARE PEN NDL 4MM 32G	2	
YOURX ULTICARE PEN NDL 6MM 31G	2	
YOURX ULTICARE PEN NDL 8MM 31G	2	
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Hypophosphatasia		
STRENSIQ 18 MG/0.45 ML VIAL INNER, L/F, P/F, SUV	4	PA
STRENSIQ 28 MG/0.7 ML VIAL INNER,L/F, P/F, SUV	4	PA
STRENSIQ 40 MG/ML VIAL INNER, L/F, P/F, SUV	4	PA
STRENSIQ 80 MG/0.8 ML VIAL INNER, L/F, P/F, SUV	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Metabolic Modifiers		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type		
<i>calcitriol 0.25 mcg capsule</i>	1	
<i>calcitriol 0.5 mcg capsule</i>	1	
<i>calcitriol 1 mcg/ml solution</i>	1	
<i>doxercalciferol 0.5 mcg cap</i>	1	
<i>doxercalciferol 1 mcg capsule</i>	1	
<i>doxercalciferol 2.5 mcg cap</i>	1	
<i>doxercalciferol 4 mcg/2 ml amp inner, latex-free</i>	1	
<i>doxercalciferol 4 mcg/2 ml vl inner, mdv, latex-f</i>	1	
<i>paricalcitol 1 mcg capsule</i>	1	
<i>paricalcitol 10 mcg/2 ml vial muv, latex-free</i>	1	
<i>paricalcitol 2 mcg capsule</i>	1	
<i>paricalcitol 2 mcg/ml vial sdv, inner</i>	1	
<i>paricalcitol 4 mcg capsule</i>	1	
<i>paricalcitol 5 mcg/ml vial suv, latex-free</i>	1	
Metabolic Modifier - Carnitine Replenisher Agents		
CARNITOR SF 100 MG/ML ORAL SOL	3	
<i>levocarnitine 1 g/10 ml soln</i>	1	
<i>levocarnitine 330 mg tablet usp (rx)</i>	1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx		
CERDELGA 84 MG CAPSULE	4	PA; QL (60 EA per 30 days)
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents		
ORFADIN 4 MG/ML SUSPENSION	4	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents		
BUPHENYL 500 MG TABLET	4	PA
BUPHENYL POWDER	4	PA
<i>sodium phenylbutyrate 500 mg tb</i>	1	PA
<i>sodium phenylbutyrate powder</i>	1	
Pharmacoenhancer - Cytochrome P450 Inhibitors		
TYBOST 150 MG TABLET	4	PA; QL (30 EA per 30 days)
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ 10 MG/0.5 ML SYRINGE P/F, SUV, INNER	4	PA
PALYNZIQ 2.5 MG/0.5 ML SYRINGE P/F, SUV, INNER	4	PA
PALYNZIQ 20 MG/ML SYRINGE P/F, SUV, INNER	4	PA

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Mouth-Throat-Dental - Preparations		
Dental Product - Fluoride Preparations		
<i>fluoride 0.25 mg tablet chew cherry flavor (rx)</i>	0	
<i>fluoride 0.5 mg tablet chew grape flavor (rx)</i>	0	
<i>fluoride 1 mg tablet chewable (rx)</i>	0	
FLUORITAB 0.5 MG TABLET CHEW (RX)	0	
FLURA-DROPS 0.25 MG/DROP (RX)	0	
LUDENT FLUORIDE 0.25 MG TB CHW D/F, S/F, CHEWABLE (RX)	0	
LUDENT FLUORIDE 0.5 MG TB CHEW D/F, S/F, CHEWABLE (RX)	0	
LUDENT FLUORIDE 1 MG TAB CHEW D/F, S/F, CHEWABLE (RX)	0	
<i>sodium fluoride 0.25 (0.55) mg (rx)</i>	0	
<i>sodium fluoride 0.5 mg(1.1 mg) (rx)</i>	0	
<i>sodium fluoride 0.5 mg/ml drop (rx)</i>	0	
<i>sodium fluoride 1 mg (2.2 mg) cherry (rx)</i>	0	
Mouth And Throat - Antifungals		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100,000 unit/ml susp</i>	1	
<i>nystatin 500,000 unit/5 ml sus 40's, u-d</i>	1	
Mouth And Throat - Anti-Infective Mixtures		
DEBACTEROL SOLUTION	3	
DEBACTEROL SWABSTICK OUTER, 0.2ML	3	
Mouth And Throat - Antiseptics		
<i>chlorhexidine 0.12% rinse</i>	1	
PAROEX 0.12% ORAL RINSE A/F	1	
PERIOGARD 0.12% ORAL RINSE 12'S, 1.2MG=0.12%	1	
Mouth And Throat - Glucocorticoids		
<i>triamcinolone 0.1% paste</i>	1	
Mouth And Throat - Local Anesthetic Amides		
LIDOCAINE 2% VISCOUS SOLN	1	
<i>lidocaine hcl 2% jelly</i>	1	
Mouth And Throat - Mucositis-Stomatitis Agents		
EPISIL LIQUID	3	
Mouth And Throat - Saliva Stimulants		
<i>cevimeline hcl 30 mg capsule</i>	1	
<i>pilocarpine hcl 5 mg tablet</i>	1	
<i>pilocarpine hcl 7.5 mg tablet</i>	1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors		
<i>doxycycline hyclate 20 mg tab</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic		
CUVPOSA 1 MG/5 ML SOLUTION	3	
Multiple Sclerosis Agents		
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody		
OCREVUS 300 MG/10 ML VIAL	4	PA
Multiple Sclerosis Agent - Interferons		
AVONEX 30 MCG VIAL KIT P/F, SUV, OUTER	4	PA
AVONEX PEN 30 MCG/0.5 ML KIT	4	PA; QL (4 EA per 28 days)
AVONEX PREFILLED SYR 30 MCG KIT	4	PA; QL (4 EA per 28 days)
REBIF 22 MCG/0.5 ML SYRINGE P/F, OUTER, SUV	4	PA; QL (12 ML per 30 days)
REBIF 44 MCG/0.5 ML SYRINGE P/F, OUTER, SUV	4	PA; QL (12 ML per 30 days)
REBIF REBIDOSE 22 MCG/0.5 ML P/F, OUTERM, SUV	4	PA
REBIF REBIDOSE 44 MCG/0.5 ML P/F, OUTER, SUV	4	PA
REBIF REBIDOSE TITRATION PACK	4	PA; QL (12 ML per 30 days)
REBIF TITRATION PACK	4	PA
Multiple Sclerosis Agent - Others		
COPAXONE 40 MG/ML SYRINGE SAMPLE, SUV	4	PA; QL (12 ML per 28 days)
<i>glatiramer 20 mg/ml syringe inner,suv,latex-free</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer 40 mg/ml syringe outer,sdv,latex-free</i>	4	PA; QL (12 ML per 28 days)
GLATOPA 20 MG/ML SYRINGE OUTER, L/F, SUV	4	PA; QL (30 ML per 30 days)
GLATOPA 40 MG/ML SYRINGE INNER,SUV,LATEX-FREE	4	PA; QL (12 ML per 28 days)
TECFIDERA DR 120 MG CAPSULE	4	PA
TECFIDERA DR 240 MG CAPSULE	4	PA
TECFIDERA STARTER PACK	4	PA
Multiple Sclerosis Agent - Potassium Channel Blocker		
<i>dalfampridine er 10 mg tablet</i>	2	QL (60 EA per 30 days)
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors		
AUBAGIO 14 MG TABLET	4	PA; QL (30 EA per 30 days)
AUBAGIO 7 MG TABLET	4	PA; QL (30 EA per 30 days)
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator		
GILENYA 0.5 MG CAPSULE	4	PA; QL (30 EA per 30 days)
MAYZENT 0.25 MG TABLET	4	PA; QL (30 EA per 30 days)
MAYZENT 2 MG TABLET	4	PA; QL (30 EA per 30 days)
Ophthalmic Agents		
Miotics - Cholinesterase Inhibitors		
PHOSPHOLINE IODIDE 0.125%	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Miotics - Direct Acting		
<i>pilocarpine 1% eye drops</i>	1	
<i>pilocarpine 2% eye drops</i>	1	
<i>pilocarpine 4% eye drops</i>	1	
Mydriatic And Cycloplegic Combinations		
CYCLOMYDRIL EYE DROPS	3	
PAREMYD EYE DROPS	3	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations		
SIMBRINZA 1%-0.2% EYE DROPS	3	
Ophthalmic - Antibacterial-Glucocorticoid Combinations		
BLEPHAMIDE EYE DROPS LIQUIFILM	3	
BLEPHAMIDE EYE OINTMENT	3	
<i>neo-bacit-poly-hc eye ointment</i>	1	
<i>neomycin-poly-hc eye drops</i>	1	
<i>neomyc-polym-dexamet eye ointm</i>	1	
<i>neomyc-polym-dexameth eye drop</i>	1	
NEO-POLYCIN HC EYE OINTMENT	1	
PRED-G 1% EYE DROPS	3	
PRED-G S.O.P. EYE OINTMENT	3	
<i>sulf-pred 10-0.23% eye drops</i>	1	
TOBRADEX EYE OINTMENT	2	
TOBRADEX ST EYE DROPS	3	QL (5 ML per 30 days)
<i>tobramycin-dexameth ophth susp</i>	1	
ZYLET EYE DROPS	3	
Ophthalmic - Anticholinergics		
<i>atropine 1% eye drops</i>	1	
<i>cyclopentolate 0.5% eye drops</i>	1	
<i>cyclopentolate 1% eye drop</i>	1	
<i>cyclopentolate 1% eye drops</i>	1	
<i>cyclopentolate hcl 2% drops</i>	1	
HOMATROPAIRE 5% EYE DROPS	1	
<i>homatropine 5% eye drops</i>	1	
<i>tropicamide 0.5% eye drop</i>	1	
<i>tropicamide 0.5% eye drops</i>	1	
<i>tropicamide 1% eye drop</i>	1	
<i>tropicamide 1% eye drops</i>	1	
Ophthalmic - Antihistamines		
<i>azelastine hcl 0.05% drops sterile</i>	1	
BEPREVE 1.5% EYE DROPS	3	ST; QL (10 ML per 30 days)
EMADINE 0.05% EYE DROPS	3	ST
<i>epinastine hcl 0.05% eye drops</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
LASTACFT 0.25% EYE DROPS	3	ST
<i>olopatadine hcl 0.1% eye drops</i>	1	
<i>olopatadine hcl 0.2% eye drop</i>	1	
PAZEO 0.7% EYE DROPS	3	PA; QL (2.5 ML per 18 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids		
ALREX 0.2% EYE DROPS	3	
<i>dexamethasone 0.1% eye drop</i>	1	
DUREZOL 0.05% EYE DROPS	3	QL (5 ML per 30 days)
FLAREX 0.1% EYE DROPS	3	
<i>fluorometholone 0.1% drops</i>	1	
FML FORTE 0.25% EYE DROPS	2	
FML S.O.P. 0.1% OINTMENT	2	
LOTEMAX 0.5% EYE OINTMENT	3	
LOTEMAX 0.5% OPHTHALMIC GEL	3	
<i>loteprednol etabonate 0.5% drp</i>	1	QL (15 ML per 30 days)
MAXIDEX 0.1% EYE DROPS	3	
OMNIPRED 1% EYE DROPS	2	QL (10 ML per 30 days)
PRED FORTE 1% EYE DROPS	2	QL (10 ML per 30 days)
PRED MILD 0.12% EYE DROPS	2	
<i>prednisolone ac 1% eye drop</i>	1	
<i>prednisolone sod 1% eye drop</i>	1	
Ophthalmic - Anti-Inflammatory, Immunomodulators		
RESTASIS 0.05% EYE EMULSION SUV,P/F, 0.4ML VIAL	2	
RESTASIS MULTIDOSE 0.05% EYE P/F	2	
XIIDRA 5% EYE DROPS OUTER, P/F	2	
Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists		
XIIDRA 5% EYE DROPS OUTER, P/F	2	
Ophthalmic - Anti-Inflammatory, Nsaids		
ACUVAIL 0.45% OPHTH SOLUTION	3	QL (30 EA per 30 days)
<i>bromfenac sodium 0.09% eye drp</i>	1	QL (3.4 ML per 30 days)
<i>diclofenac 0.1% eye drops</i>	1	
<i>flurbiprofen 0.03% eye drop</i>	1	
ILEVRO 0.3% OPHTH DROPS	3	
<i>ketorolac 0.4% ophth solution</i>	1	
<i>ketorolac 0.5% ophth solution</i>	1	
NEVANAC 0.1% DROPTAINER	3	
PROLENSA 0.07% EYE DROPS	3	QL (3 ML per 30 days)
Ophthalmic - Beta Blockers-Adrenergic Combinations		
COMBIGAN 0.2%-0.5% EYE DROPS	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations		
<i>dorzolamide-timolol eye drops</i>	1	
Ophthalmic - Carbonic Anhydrase Inhibitors		
AZOPT 1% EYE DROPS	3	
<i>dorzolamide hcl 2% eye drops</i>	1	
Ophthalmic - Cystine Depleting Agents		
CYSTARAN 0.44% EYE DROPS	4	PA
Ophthalmic - Decongestants		
<i>phenylephrine 10% eye drops</i>	1	
<i>phenylephrine 2.5% eye drop</i>	1	
Ophthalmic - Diagnostic Agents		
FLUCAINE EYE DROPS	1	
<i>fluorescein-proparacaine drops</i>	1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers		
<i>betaxolol hcl 0.5% eye drop</i>	1	
BETIMOL 0.25% EYE DROPS	3	
BETIMOL 0.5% EYE DROPS	3	
BETOPTIC S 0.25% EYE DROPS	3	
<i>carteolol hcl 1% eye drops</i>	1	
<i>levobunolol 0.5% eye drops</i>	1	
<i>metipranolol 0.3% eye drops</i>	1	
<i>timolol 0.25% gel-solution</i>	1	
<i>timolol 0.25% gfs gel-solution</i>	1	
<i>timolol 0.5% gel-solution</i>	1	
<i>timolol 0.5% gfs gel-solution</i>	1	
<i>timolol maleate 0.25% eye drop</i>	1	
<i>timolol maleate 0.5% eye drops</i>	1	
TIMOPTIC 0.25% OCUDOSE DROP P/F, OCUDOSE	3	
TIMOPTIC 0.5% OCUDOSE DROP P/F ,OCUDSE	3	
Ophthalmic - Local Anesthetic Esters		
<i>proparacaine 0.5% eye drops</i>	1	
<i>tetracaine 0.5% eye drop</i>	1	
<i>tetracaine 0.5% steri-unit sol</i>	1	
Ophthalmic - Local Anesthetic, Amides		
AKTEN 3.5% GEL DROPS	3	
Ophthalmic - Mast Cell Stabilizers		
ALOCRIL 2% EYE DROPS	2	ST
ALOMIDE 0.1% EYE DROPS	2	ST
<i>cromolyn 4% eye drops</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Ophthalmic Antibacterial Mixtures		
<i>bacitracin-polymyxin eye oint</i>	1	
<i>neomyc-bacit-polymix eye oint</i>	1	
<i>neomyc-polym-gramicid eye drop formerly ocutricin</i>	1	
NEO-POLYCIN EYE OINTMENT	1	
POLYCIN EYE OINTMENT	1	
<i>polymyxin b-tmp eye drops</i>	1	
Ophthalmic Antibiotic - Aminoglycosides		
GENTAK 0.3 % EYE OINTMENT	1	
<i>gentamicin 0.3% eye drop</i>	1	
<i>gentamicin 3 mg/ml eye drop</i>	1	
<i>tobramycin 0.3% eye drop</i>	1	
TOBREX 0.3% EYE OINTMENT	3	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors		
<i>bacitracin 500 unit/gm ophthalmic ointment sterile</i>	1	
Ophthalmic Antibiotic - Fluoroquinolones		
BESIVANCE 0.6% SUSP	3	
CILOXAN 0.3% OINTMENT	2	
<i>ciprofloxacin 0.3% eye drop</i>	1	
<i>gatifloxacin 0.5% eye drops</i>	1	QL (2.5 ML per 30 days)
<i>levofloxacin 0.5% eye drops</i>	1	
<i>moxifloxacin 0.5% eye drops</i>	1	
<i>ofloxacin 0.3% eye drop</i>	1	
<i>ofloxacin 0.3% eye drops</i>	1	
Ophthalmic Antibiotic - Macrolides		
AZASITE 1% EYE DROPS	3	
<i>erythromycin 0.5% eye ointment</i>	1	
Ophthalmic Antibiotic - Sulfonamides		
<i>sulfacetamide 10% eye drops</i>	1	
<i>sulfacetamide 10% eye ointment</i>	1	
Ophthalmic Antifungals		
NATACYN EYE DROPS	3	
Ophthalmic Antifungals - Tetraene Polyene-Type		
NATACYN EYE DROPS	3	
Ophthalmic Antiseptics		
BETADINE 5% EYE SOLUTION	3	
<i>povidone iodine 5% eye drop (cmpd-rx)</i>	1	
Ophthalmic Antivirals		
<i>trifluridine 1% eye drops</i>	1	
ZIRGAN 0.15% OPHTHALMIC GEL	3	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists		
ALPHAGAN P 0.1% DROPS	3	
<i>apraclonidine hcl 0.5% drops</i>	1	
<i>brimonidine 0.2% eye drop</i>	1	
<i>brimonidine tartrate 0.15% drp</i>	1	
IOPIDINE 1% EYE DROPS	3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs		
<i>bimatoprost 0.03% eye drops</i>	1	
<i>latanoprost 0.005% eye drops</i>	1	QL (5 ML per 30 days)
LUMIGAN 0.01% EYE DROPS	2	PA; QL (7 ML per 30 days)
TRAVATAN Z 0.004% EYE DROP BENZALKONIUM FREE	3	PA; ST; QL (5 ML per 30 days)
ZIOPTAN 0.0015% EYE DROPS P/F,SINGLE USE,INNER	3	ST
Otic (Ear)		
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations		
CIPRO HC OTIC SUSPENSION DROPPER DISPENSER	2	
CIPRODEX OTIC SUSPENSION	2	
COLY-MYCIN S OTIC SUSP DROP	3	
CORTISPORIN-TC EAR SUSPENSION	3	
<i>neomycin-polymyxin-hc ear soln wldropper</i>	1	
<i>neomycin-polymyxin-hc ear susp wldropper</i>	1	
Otic (Ear) - Anti-Infectives Other		
<i>acetic acid 2% ear solution</i>	1	
Otic (Ear) - Fluoroquinolones		
<i>ciprofloxacin 0.2% otic soln</i>	1	
<i>ofloxacin 0.3% ear drops</i>	1	
Otic (Ear) - Glucocorticoids		
<i>fluocinolone oil 0.01% ear drp</i>	1	
<i>hydrocortison-acetic acid soln</i>	1	
Otic (Ear) - Pinna Combinations		
CORTANE-B LOTION	3	
Respiratory Therapy Agents		
1St Generation Antihistamine-Decongestant Combinations		
PROMETHAZINE VC SYRUP	1	
<i>promethazine-phenylephrine syr</i>	3	
Antihistamine - 1St Generation - Ethanolamines		
BANOPHEN 12.5 MG/5 ML SOLUTION	3	
BANOPHEN ALLERGY 12.5 MG/5 ML A/F	3	
<i>carbinoxamine 4 mg/5 ml liquid</i>	1	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>carbinoxamine maleate 4 mg tab</i>	1	
CHILD'S BENADRYL 12.5 MG/5 ML	3	
<i>clemastine fum 2.68 mg tab</i>	1	
DIPHENHIST 12.5 MG/5 ML SOLN	3	
GERI-DRYL 12.5 MG/5 ML LIQUID	3	
M-DRYL 12.5 MG/5 ML SOLUTION	3	
SILADRYL 12.5 MG/5 ML LIQUID	3	
Antihistamine - 1St Generation - Phenothiazines		
PHENERGAN 25 MG/ML VIAL INNER,NON-SALEABLE	2	
PHENERGAN 50 MG/ML VIAL INNER,NO-LATEX	2	
<i>promethazine 12.5 mg suppos</i>	1	
<i>promethazine 12.5 mg tablet</i>	1	
<i>promethazine 25 mg suppository</i>	1	QL (30 EA per 30 days)
<i>promethazine 25 mg tablet</i>	1	
<i>promethazine 50 mg suppository</i>	1	
<i>promethazine 50 mg tablet</i>	1	
<i>promethazine 6.25 mg/5 ml soln plain</i>	1	
<i>promethazine 6.25 mg/5 ml syrp plain</i>	1	
Antihistamine - 1St Generation - Piperidines		
<i>cyproheptadine 2 mg/5 ml soln</i>	1	
<i>cyproheptadine 2 mg/5 ml syrup</i>	1	
<i>cyproheptadine 4 mg tablet</i>	1	
<i>cyproheptadine 4 mg/10 ml syrp</i>	1	
Antihistamines - 1St Generation		
BANOPHEN 12.5 MG/5 ML SOLUTION	3	
BANOPHEN ALLERGY 12.5 MG/5 ML A/F	3	
<i>carbinoxamine 4 mg/5 ml liquid</i>	1	
<i>carbinoxamine maleate 4 mg tab</i>	1	
CHILD'S BENADRYL 12.5 MG/5 ML	3	
<i>clemastine fum 2.68 mg tab</i>	1	
<i>cyproheptadine 2 mg/5 ml soln</i>	1	
<i>cyproheptadine 2 mg/5 ml syrup</i>	1	
<i>cyproheptadine 4 mg tablet</i>	1	
<i>cyproheptadine 4 mg/10 ml syrp</i>	1	
DIPHENHIST 12.5 MG/5 ML SOLN	3	
GERI-DRYL 12.5 MG/5 ML LIQUID	3	
M-DRYL 12.5 MG/5 ML SOLUTION	3	
PHENERGAN 25 MG/ML VIAL INNER,NON-SALEABLE	2	
PHENERGAN 50 MG/ML VIAL INNER,NO-LATEX	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>promethazine 12.5 mg suppos</i>	1	
<i>promethazine 12.5 mg tablet</i>	1	
<i>promethazine 25 mg suppository</i>	1	QL (30 EA per 30 days)
<i>promethazine 25 mg tablet</i>	1	
<i>promethazine 50 mg suppository</i>	1	
<i>promethazine 50 mg tablet</i>	1	
<i>promethazine 6.25 mg/5 ml soln plain</i>	1	
<i>promethazine 6.25 mg/5 ml syrp plain</i>	1	
SILADRYL 12.5 MG/5 ML LIQUID	3	
Antihistamines - 2Nd Generation		
<i>cetirizine hcl 1 mg/ml soln (rx)</i>	1	
<i>cetirizine hcl 1 mg/ml syrup never launched (rx)</i>	1	
<i>desloratadine 5 mg odt inner</i>	1	QL (30 EA per 30 days)
<i>desloratadine 5 mg tablet flc</i>	1	QL (30 EA per 30 days)
<i>levocetirizine 2.5 mg/5 ml sol</i>	1	QL (300 ML per 30 days)
<i>levocetirizine 5 mg tablet (rx)</i>	1	QL (30 EA per 30 days)
Antihistamines - 2Nd Generation - Piperazines		
<i>cetirizine hcl 1 mg/ml soln (rx)</i>	1	
<i>cetirizine hcl 1 mg/ml syrup never launched (rx)</i>	1	
<i>levocetirizine 2.5 mg/5 ml sol</i>	1	QL (300 ML per 30 days)
<i>levocetirizine 5 mg tablet (rx)</i>	1	QL (30 EA per 30 days)
Antihistamines - 2Nd Generation - Piperidines		
<i>desloratadine 5 mg odt inner</i>	1	QL (30 EA per 30 days)
<i>desloratadine 5 mg tablet flc</i>	1	QL (30 EA per 30 days)
Antitussives - Non-Opioid		
<i>benzonatate 100 mg capsule</i>	1	
<i>benzonatate 150 mg capsule</i>	1	
<i>benzonatate 200 mg capsule</i>	1	
Asthma Therapy - Alpha/Beta Adrenergic Agents		
<i>epinephrine 1 mg/ml vial latex-free, mdv</i>	1	QL (2 ML Max Qty Per Fill Retail)
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids)		
ALVESCO 160 MCG INHALER	2	ST; QL (6.1 GM per 30 days)
ALVESCO 80 MCG INHALER	2	ST; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA 100 MCG INH	2	QL (28 EA per 28 days)
ARNUITY ELLIPTA 100 MCG INH	2	QL (30 EA per 30 days)
ARNUITY ELLIPTA 200 MCG INH	2	QL (28 EA per 28 days)
ARNUITY ELLIPTA 200 MCG INH	2	QL (30 EA per 30 days)
ASMANEX HFA 100 MCG INHALER	2	QL (13 GM per 30 days)
ASMANEX HFA 200 MCG INHALER	2	QL (13 GM per 30 days)
ASMANEX TWISTHALER 110 MCG #30	2	QL (1 EA per 30 days)
ASMANEX TWISTHALER 110 MCG #7	2	QL (1 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
ASMANEX TWISTHALER 220 MCG #14	2	QL (1 EA per 30 days)
ASMANEX TWISTHALER 220 MCG #30	2	QL (1 EA per 30 days)
ASMANEX TWISTHALER 220 MCG #60	2	QL (1 EA per 30 days)
ASMANEX TWISTHALR 220 MCG #120	2	QL (1 EA per 30 days)
<i>budesonide 0.25 mg/2 ml susp inner</i>	1	QL (120 ML per 30 days)
<i>budesonide 0.5 mg/2 ml susp</i>	1	QL (120 ML per 30 days)
<i>budesonide 1 mg/2 ml inh susp inner</i>	2	QL (120 ML per 30 days)
FLOVENT 100 MCG DISKUS	2	QL (28 EA per 14 days)
FLOVENT 100 MCG DISKUS	2	QL (60 EA per 30 days)
FLOVENT 250 MCG DISKUS	2	QL (28 EA per 14 days)
FLOVENT 250 MCG DISKUS	2	QL (60 EA per 30 days)
FLOVENT 50 MCG DISKUS	2	QL (60 EA per 30 days)
FLOVENT HFA 110 MCG INHALER 120 INH,DOSE COUNTER	2	QL (12 GM per 30 days)
FLOVENT HFA 220 MCG INHALER 120 INH,DOSE COUNTER	2	QL (12 GM per 30 days)
FLOVENT HFA 44 MCG INHALER 120 INHALATIONS	2	QL (10.6 GM per 30 days)
PULMICORT 180 MCG FLEXHALER	2	QL (2 EA per 30 days)
PULMICORT 90 MCG FLEXHALER 60 DOSES	2	QL (2 EA per 30 days)
QVAR 40 MCG ORAL INHALER 120 INHALATIONS	2	QL (34.8 GM per 30 days)
QVAR 80 MCG ORAL INHALER 120 INHALATIONS	2	QL (18 GM per 30 days)
QVAR REDIHALER 40 MCG	2	
QVAR REDIHALER 80 MCG	2	
Asthma Therapy - Interleukin-4 (Il-4) Receptor Alpha Antagonists, Mab		
DUPIXENT 300 MG/2 ML SYRINGE P/F,SDV,LATEX-FREE	4	PA
Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab		
FASENRA 30 MG/ML SYRINGE P/F,SDV,LATEX-FREE	4	PA; QL (1 ML per 28 days)
FASENRA PEN	4	PA; QL (1 ML per 28 days)
Asthma Therapy - Leukotriene Receptor Antagonists		
<i>montelukast sod 10 mg tablet</i>	1	QL (30 EA per 30 days)
<i>montelukast sod 4 mg granules inner</i>	1	QL (30 EA per 30 days)
<i>montelukast sod 4 mg tab chew</i>	1	QL (30 EA per 30 days)
<i>montelukast sod 5 mg tab chew</i>	1	QL (30 EA per 30 days)
<i>zafirlukast 10 mg tablet</i>	1	QL (60 EA per 30 days)
<i>zafirlukast 20 mg tablet</i>	1	QL (60 EA per 30 days)
Asthma Therapy - Mast Cell Stabilizers		
<i>cromolyn 20 mg/2 ml neb soln inner</i>	1	QL (240 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Asthma Therapy - Monoclonal Antibodies To Immunoglobulin E (Ige)		
XOLAIR 150 MG VIAL SUV	4	PA
XOLAIR 150 MG/ML SYRINGE SUV, P/F	4	PA
XOLAIR 75 MG/0.5 ML SYRINGE	4	PA
Asthma Therapy - Xanthines		
ELIXOPHYLLIN 80 MG/15 ML ELIX	1	
THEO-24 ER 100 MG CAPSULE	2	
THEO-24 ER 200 MG CAPSULE	2	
THEO-24 ER 300 MG CAPSULE	2	
THEO-24 ER 400 MG CAPSULE	2	
<i>theophylline 80 mg/15 ml soln</i>	1	
<i>theophylline er 100 mg tablet</i>	1	
<i>theophylline er 200 mg tablet</i>	1	
<i>theophylline er 300 mg tab</i>	1	
<i>theophylline er 400 mg tablet</i>	1	
<i>theophylline er 450 mg tab</i>	1	
<i>theophylline er 600 mg tablet</i>	1	
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (IL-5) Antagonists		
NUCALA 100 MG VIAL	4	PA
NUCALA 100 MG/ML AUTO-INJECTOR	4	PA
NUCALA 100 MG/ML SYRINGE	4	PA
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP 500 MCG TABLET	3	PA; QL (30 EA per 30 days)
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting		
INCRUSE ELLIPTA 62.5 MCG INH	3	ST; QL (30 EA per 30 days)
INCRUSE ELLIPTA 62.5 MCG INH	3	ST; QL (7 EA per 7 days)
LONHALA MAGNAIR 25 MCG REFILL	3	PA; QL (60 ML per 30 days)
LONHALA MAGNAIR 25 MCG STARTER	3	PA; QL (60 ML per 30 days)
SEEBRI NEOHALER 15.6 MCG INHAL INNER	3	ST; QL (60 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 30 CAPS W/HANDIHALER	2	QL (30 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 5 CAPS W/HANDIHALER	2	QL (5 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 90 CAPS W/HANDIHALER	2	QL (90 EA per 30 days)
SPIRIVA RESPIMAT 1.25 MCG INH	2	QL (4 GM per 30 days)
SPIRIVA RESPIMAT 2.5 MCG INH 28 INHALATION-SAMPLE	2	QL (4 GM per 30 days)
TUDORZA PRESSAIR 400 MCG INHAL 30 METERED DOSES	3	ST; QL (1 EA per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION INNER	3	PA; QL (90 ML per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting		
ATROVENT 17 MCG HFA INHALER	2	QL (25.8 GM per 28 days)
<i>ipratropium br 0.02% soln inner</i>	1	
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting		
ARCAPTA NEOHALER 75 MCG CAP 5X6,W/INHALER,OUTER	3	QL (30 EA per 30 days)
STRIVERDI RESPIMAT INHAL SPRAY 60 INHALATIONS	3	ST; QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting		
BROVANA 15 MCG/2 ML SOLUTION INNER	3	PA
PERFOROMIST 20 MCG/2 ML SOLN OUTER	3	
SEREVENT DISKUS 50 MCG	2	QL (28 EA per 14 days)
SEREVENT DISKUS 50 MCG	2	QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol 15 mg/3 ml solution (cmpd-rx)</i>	1	
<i>albuterol 2.5 mg/0.5 ml sol</i>	1	
<i>albuterol 20 mg/4 ml solution (cmpd-rx)</i>	1	
<i>albuterol 5 mg/ml solution</i>	1	
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (18 GM per 15 days)
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (6.7 GM per 15 days)
<i>albuterol hfa 90 mcg inhaler</i>	1	QL (8.5 GM per 15 days)
<i>albuterol sul 0.63 mg/3 ml sol 25's, plf, u-d</i>	1	QL (360 ML per 30 days)
<i>albuterol sul 1.25 mg/3 ml sol u-d, 25's</i>	1	QL (360 ML per 30 days)
<i>albuterol sul 2.5 mg/3 ml soln 30's, plf</i>	1	QL (360 ML per 30 days)
<i>levalbuterol 0.31 mg/3 ml sol plf, outer</i>	1	QL (270 ML per 30 days)
<i>levalbuterol 0.63 mg/3 ml sol plf, inner</i>	1	QL (540 ML per 30 days)
<i>levalbuterol 1.25 mg/3 ml sol plf, inner</i>	1	QL (270 ML per 30 days)
<i>levalbuterol conc 1.25 mg/0.5 outer</i>	1	
<i>levalbuterol tar hfa 45 mcg inh</i>	1	QL (30 GM per 30 days)
PROAIR HFA 90 MCG INHALER	2	QL (17 GM per 30 days)
PROAIR RESPICLICK 90 MCG INHLR	2	QL (2 EA per 30 days)
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,60 ACTS	2	QL (16 GM per 30 days)
XOPENEX 0.31 MG/3 ML SOLUTION INNER	3	QL (270 ML per 30 days)
XOPENEX 0.63 MG/3 ML SOLUTION INNER	3	QL (540 ML per 30 days)
XOPENEX 1.25 MG/3 ML SOLUTION P/F, INNER	3	QL (270 ML per 30 days)
XOPENEX HFA 45 MCG INHALER	3	QL (30 GM per 30 days)
Asthma/Copd Therapy - Beta Adrenergic Agents		
<i>albuterol sulf 2 mg/5 ml syrup</i>	1	
<i>albuterol sulfate 2 mg tab</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>albuterol sulfate 4 mg tab</i>	2	QL (120 EA per 30 days)
<i>albuterol sulfate er 4 mg tab</i>	1	
<i>albuterol sulfate er 8 mg tab</i>	1	
<i>metaproterenol 10 mg tablet</i>	1	
<i>metaproterenol 10 mg/5 ml syr</i>	1	
<i>metaproterenol 20 mg tablet</i>	1	
<i>terbutaline sulfate 2.5 mg tab</i>	1	QL (90 EA per 30 days)
<i>terbutaline sulfate 5 mg tab</i>	1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations		
ANORO ELLIPTA 62.5-25 MCG INH	2	QL (14 EA per 7 days)
ANORO ELLIPTA 62.5-25 MCG INH	2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALER	2	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT 20-100 MCG	2	QL (4 GM per 30 days)
<i>ipratropium-albuterol 0.5-3(2.5) mg/3 ml inner</i>	1	
STIOLTO RESPIMAT INHAL SPRAY 28 INHALATIONS	2	QL (4 GM per 30 days)
UTIBRON NEOHALER 27.5-15.6 MCG	3	QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations		
ADVAIR HFA 115-21 MCG INHALER DOSE COUNTER, 60 INH	3	ST; QL (8 GM per 28 days)
ADVAIR HFA 115-21 MCG INHALER DOSE COUNTER, 120 INH	3	ST; QL (12 GM per 28 days)
ADVAIR HFA 230-21 MCG INHALER DOSE COUNTER, 60 INH	3	ST; QL (8 GM per 28 days)
ADVAIR HFA 230-21 MCG INHALER DOSE COUNTER, 120 INH	3	ST; QL (12 GM per 28 days)
ADVAIR HFA 45-21 MCG INHALER DOSE COUNTER, 60 INH	3	ST; QL (8 GM per 28 days)
ADVAIR HFA 45-21 MCG INHALER DOSE COUNTER, 120 INH	3	ST; QL (12 GM per 28 days)
BREO ELLIPTA 100-25 MCG INH	3	QL (28 EA per 14 days)
BREO ELLIPTA 100-25 MCG INH	3	QL (60 EA per 30 days)
BREO ELLIPTA 200-25 MCG INH	3	QL (28 EA per 14 days)
BREO ELLIPTA 200-25 MCG INH	3	QL (60 EA per 30 days)
DULERA 100 MCG-5 MCG INHALER	2	QL (13 GM per 30 days)
DULERA 100 MCG-5 MCG INHALER	2	QL (8.8 GM per 15 days)
DULERA 200 MCG-5 MCG INHALER	2	QL (13 GM per 30 days)
DULERA 200 MCG-5 MCG INHALER	2	QL (8.8 GM per 15 days)
<i>fluticasone-salmeterol 100-50</i>	2	
<i>fluticasone-salmeterol 113-14</i>	1	
<i>fluticasone-salmeterol 232-14</i>	1	
<i>fluticasone-salmeterol 250-50</i>	2	

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
<i>fluticasone-salmeterol 500-50</i>	2	
<i>fluticasone-salmeterol 55-14</i>	1	
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS	2	QL (6 GM per 30 days)
SYMBICORT 160-4.5 MCG INHALER SAMPLE	2	QL (10.2 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 120 INHALATIONS	2	QL (10.2 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 60 INHALATIONS	2	QL (6.9 GM per 30 days)
Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb,		
TRELEGY ELLIPTA 100-62.5-25	2	PA; QL (60 EA per 30 days)
Cystic Fibrosis - Inhaled Aminoglycosides		
KITABIS PAK 300 MG/5 ML	4	PA; QL (280 ML per 56 days)
TOBI PODHALER 28 MG INHALE CAP 1 DAY,W/DEVICE	4	PA; QL (224 EA per 56 days)
<i>tobramycin 300 mg/5 ml ampule plf, single use</i>	4	PA; QL (280 ML per 56 days)
<i>tobramycin pak 300 mg/5 ml</i>	4	PA; QL (280 ML per 56 days)
Cystic Fibrosis - Inhaled Monobactams		
CAYSTON 75 MG INHAL SOLUTION	4	PA; QL (84 ML per 56 days)
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator		
KALYDECO 150 MG TABLET	4	PA; QL (56 EA per 28 days)
KALYDECO 50 MG GRANULES PACKET	4	PA; QL (56 EA per 28 days)
KALYDECO 75 MG GRANULES PACKET	4	PA; QL (56 EA per 28 days)
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb		
ORKAMBI 100 MG-125 MG TABLET	4	PA; QL (112 EA per 28 days)
ORKAMBI 200 MG-125 MG TABLET	4	PA; QL (112 EA per 28 days)
SYMDEKO	4	PA
Mucolytics		
<i>acetylcysteine 10% vial plf, latex-free</i>	1	
<i>acetylcysteine 20% vial inner</i>	1	
PULMOZYME 1 MG/ML AMPUL INNER	4	PA
Nasal Antibiotics		
BACTROBAN NASAL 2% OINTMENT INNER	2	
Nasal Anticholinergics		
<i>ipratropium 0.03% spray</i>	1	QL (30 ML per 28 days)
<i>ipratropium 0.06% spray</i>	1	QL (15 ML per 14 days)
Nasal Antihistamines		
<i>azelastine 0.1% (137 mcg) spry</i>	1	QL (30 ML per 25 days)
<i>azelastine 0.15% nasal spray</i>	1	QL (30 ML per 25 days)
<i>olopatadine 665 mcg nasal spry</i>	1	QL (30.5 GM per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Nasal Corticosteroids		
BECONASE AQ 0.042% SPRAY	3	ST; QL (25 GM per 23 days)
<i>flunisolide 0.025% spray</i>	1	QL (25 ML per 25 days)
<i>fluticasone prop 50 mcg spray (rx)</i>	1	QL (16 GM per 30 days)
<i>mometasone furoate 50 mcg spry</i>	1	QL (34 GM per 30 days)
OMNARIS 50 MCG NASAL SPRAY	3	ST; QL (12.5 GM per 30 days)
QNASL 80 MCG NASAL SPRAY	3	ST; QL (10.6 GM per 30 days)
QNASL 80 MCG NASAL SPRAY	3	ST; QL (8.7 GM per 30 days)
QNASL CHILDREN'S 40 MCG SPRAY	3	ST; QL (4.9 GM per 30 days)
XHANCE	2	PA
Nasal Sympathomimetic Decongestants (Intranasal)		
ADRENALIN 1 MG/ML NASAL SOLN	3	
Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations		
<i>bromphenir-pseudoephed-dm syr alf (rx)</i>	1	
Non-Opioid Antitussive-Antihistamine Combinations		
<i>promethazine-dm solution</i>	1	
<i>promethazine-dm syrup</i>	1	
Opioid Antitussive-1St Generation Antihistamine Combinations		
<i>hydrocodone-chlorphen er susp</i>	1	QL (50 ML per 5 days)
<i>promethazine-codeine syrup</i>	1	QL (150 ML per 5 days)
TUZISTRA XR 14.7-2.8 MG/5 ML	3	QL (100 ML per 5 days)
Opioid Antitussive-1St Generation Antihistamine-Decongestant Comb.		
<i>hydrocod-cpm-pseudoep 5-4-60/5</i>	1	QL (150 ML per 30 days)
PROMETHAZINE VC-CODEINE SYRUP	1	QL (120 ML per 30 days)
<i>promethazine-pe-codeine syrup</i>	1	QL (120 ML per 30 days)
Opioid Antitussive-Anticholinergic Combinations		
<i>hydrocodone-homatropine 5-1.5 mg tablet</i>	1	QL (180 EA per 30 days)
<i>hydrocodone-homatropine soln</i>	1	QL (150 ML per 5 days)
<i>hydrocodone-homatropine syrup</i>	1	QL (150 ML per 5 days)
<i>hydrocodone-homatropine syrup inner</i>	1	QL (120 ML per 4 days)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy		
ESBRIET 267 MG CAPSULE	4	PA; QL (270 EA per 30 days)
ESBRIET 267 MG TABLET INNER	4	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; QL (90 EA per 30 days)
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors		
OFEV 100 MG CAPSULE	4	PA; QL (60 EA per 30 days)
OFEV 150 MG CAPSULE	4	PA; QL (60 EA per 30 days)

Name of Drug	Status	Necessary Actions, Restrictions, or Limits on Use
Vaginal Products		
Vaginal Antibacterial - Lincosamides		
CLEOCIN 100 MG VAGINAL OVULE	3	
<i>clindamycin 2% vaginal cream</i>	2	
CLINDESSE 2% VAGINAL CREAM	3	
Vaginal Antibacterial - Sulfonamides		
AVC 15% CREAM	3	
Vaginal Antifungal - Imidazoles		
GYNAZOLE 1 2% CREAM	3	
Vaginal Antifungal - Triazoles		
<i>terconazole 0.4% cream</i>	1	QL (450 GM per 30 days)
<i>terconazole 0.8% cream 3-day therapy</i>	1	QL (450 GM per 30 days)
<i>terconazole 80 mg suppository inner</i>	1	QL (3 EA per 3 days)
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives		
<i>metronidazole vaginal 0.75% gl wl applicator</i>	1	
NUVESSA VAGINAL 1.3% GEL	3	QL (5 GM Max Qty Per Fill Retail)
Vaginal Estrogens		
<i>estradiol 0.01% cream</i>	2	
<i>estradiol 10 mcg vaginal insrt outer</i>	1	
ESTRING 2 MG VAGINAL RING	2	QL (1 EA per 90 days)
FEMRING 0.05 MG/DAY VAG RING	3	QL (1 EA per 84 days)
FEMRING 0.10 MG/DAY VAG RING	3	QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM-APPL VAGINAL	2	
YUVAFEM 10 MCG VAGINAL INSERT	2	
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Vaginal Progestins		
CRINONE 4% GEL OUTER	4	PA

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