Basic Annual Drug List

April 2025 – Updated as of 4/1/25

Please consider talking to your doctor about prescribing preferred medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug list is regularly updated. You can view the most up-to-date list, or the specialty drug list, at **MyPrime.com** or **bcbstx.com**.

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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Introduction

Blue Cross and Blue Shield of Texas is pleased to present the 2025 Drug List. This is a list of preferred drugs which includes brand drugs and a partial listing of generic drugs**. Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.**

Drug List updates – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **MyPrime.com** or **bcbstx.com** and log in to Blue Access for Members℠ (BAM℠) or call the number on your ID card. Physicians can access the list from the provider portal at **bcbstx.com.**

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from BCBSTX, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list.

How member payment is determined

Generally, each drug is placed into one of up to six member payment tiers: Preferred Generic (Tier 1), Non-Preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-Preferred Brand (Tier 4), Preferred Specialty (Tier 5) and Non-Preferred Specialty (Tier 6). Non-Preferred Brand or Non-Preferred Specialty drugs are not listed in this document. Based on your benefit design, drugs can either be in these tiers or you may have fewer tiers, e.g., all generics in one tier. Some specialty medicines are marked with an “SP” in the Special Requirements section. Some brands may be in a generic tier and some generics may be in a brand tier. To verify your payment amount for a drug, visit **MyPrime.com** and log in or call the number on your ID card.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Drugs that have not received FDA approval may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration may be available through your medical benefit. Check your plan materials for details. Some medications covered under your pharmacy benefit(s) may need to be filled at a pharmacy that carries your medication.

How to use this list

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). The reference brand drug is usually a non-preferred (NP) brand and is only included as a reference to the brand. Some generic products have no reference brand.

Example: **atorvastatin** (Lipitor)

Brand prescription drugs are shown in all CAPITAL letters followed by the generic name.

Example: NOVOLOG – Insulin aspart inj 100 unit/ml

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular medication in the class/condition section that corresponds to your use.

Please note: Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor's office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.

Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket medication costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Preferred brand drugs typically move to a non-preferred brand tier after a generic equivalent becomes available.

You may be responsible for your member cost-share payment amount (copay or coinsurance) *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs generally have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.

Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

Over-the-counter exclusions: Your benefit plan may not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan material for details about your particular benefits.

Compounded medications: Your benefit plan may not provide coverage for compounded medications. Please see your plan materials or call the number on your ID card to determine whether compounded medications are covered and/or verify your payment amount.

Repackaged medications: Repackaged versions of medications already available on the market are not covered.

Non FDA-approved drugs: Drugs that have not received FDA approval are not covered.

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication may be covered under your plan. For the medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a “PA” under the Special Requirements column. Some plans may have prior authorization on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

Step Therapy (ST): Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medications listed in this document, if a step therapy is commonly required, it will generally be noted next to the medication with an “ST” under the Special Requirements column. Some plans may have step therapy programs on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

Dispensing Limits (DL)/Quantity Limits (QL): Drug dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a “QL” under the Special Requirements column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you may be responsible for the full cost of the prescription beyond what your coverage allows.* Some plans may have a dispensing limit on additional medications beyond those noted in this document. For a list of medications and their dispensing limits, visit **MyPrime.com** or **bcbstx.com**.

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such medication if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

ACA Preventive (ACA): Medicines marked as “AC” in the Special Requirements column are under the Affordable Care Act coverage of preventive services. These products may have limited or $0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. Coverage may vary based on benefit plan.

You, or your prescribing health care provider, can submit a copay waiver or coverage exception request for ACA preventive medicines by calling the number on your ID card to ask for a review. Copay waiver and coverage exception forms for your provider to fill out are available at bcbstx.com/provider or myprime.com. If you meet the conditions as outlined under the ACA regulations, these products may have $0 member cost-sharing (copay or coinsurance) when obtained from a participating pharmacy. BCBSTX will let you, and your prescriber, know the coverage decision after they receive your request. If the request is denied, BCBSTX will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

Remember, medication decisions are between you and your doctor. Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. BCBSTX does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care professional. Medications administered by a health care professional are not covered under the pharmacy benefit. For a current list of specialty medications, visit **MyPrime.com** or **bcbstx.com** and log in to Blue Access for Members.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. Your plan may have a different coverage level for self-administered specialty drugs. If you have questions about your coverage for specialty medications or your prescription drug benefit, call the number on your ID card.

Accredo®

Members who use specialty medications deserve the care and support they need to help manage their therapy. With Accredo, members can have covered specialty medications delivered directly to them or their doctor's office. When using Accredo for specialty medications, you also receive at no additional charge the following services:

- One-on-one support
- Condition-specific staff to help answer questions about your medication(s) or condition
- 24/7 support
- Free shipping with safe, on-time delivery
- Refill reminders and other digital tools

To order through Accredo:

1. Have your doctor send a new prescription to Accredo electronically, by fax or by phone. Your doctor can find contact information at accredo.com/prescribers.
2. Once the prescription has been received, you will receive a call from Accredo to get signed up and ready for your first prescription fill.
3. You can also call Accredo at 833-721-1619 and an agent will work with you to get a new prescription sent or transferred from another pharmacy.

If you have questions, please contact Accredo at 833-721-1619, visit accredo.com, or call the number on your ID card.

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MyPrime.com is a pharmacy benefit website offered by Prime Therapeutics LLC.

Abbreviation key

aer.....aerosol
cap..... capsules
chew..... chewable
conc .....concentrate
cr.....controlled release
dr .....delayed release
ec.....enteric coated
equiv .....equivalent
er.....extended release
gm..... gram
inhal .....inhaler
inj..... injection
liqd..... liquid
mg.....milligram
ml..... milliliter
nebu .....nebulizer
odt. .....orally disintegrating tablets
oint .....ointment
ophth.....ophthalmic
osm..... osmotic release
pack.....packets
powd.....powder
pttw.....twice-weekly patch
sl ..... sublingual
soln.....solution
suppos ..... suppositories
susp..... suspension
tab.....tablets
td..... transdermal
w/ .....with

BlueCross BlueShield of Texas

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	hhs.gov/civil-rights/filing-a-complaint/index.html	

This notice is available on our website at bcbstx.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

BlueCross BlueShield of Texas

中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسی Farsi	توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711) 855-710-6984 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Drug Name	Requirements/Limits
ANTI-INFECTIVE AGENTS	
PENICILLINS	
amoxicillin (trihydrate) cap 250 mg, 500 mg	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	
amoxicillin (trihydrate) tab 500 mg, 875 mg	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	
amoxicillin & k clavulanate tab 250-125 mg	
amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg (Augmentin)	
ampicillin cap 500 mg	
dicloxacillin sodium cap 250 mg, 500 mg	
penicillin v potassium tab 250 mg, 500 mg	
CEPHALOSPORINS	
cefadroxil cap 500 mg	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	
cefdinir cap 300 mg	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	
cefixime cap 400 mg (Suprax)	
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	
cefpodoxime proxetil tab 100 mg, 200 mg	
cefprozil for susp 125 mg/5ml, 250 mg/5ml	
cefprozil tab 250 mg, 500 mg	
cefuroxime axetil tab 250 mg, 500 mg (Ceftin)	
cephalexin cap 250 mg, 500 mg (Keflex)	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	
MACROLIDES	
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	
azithromycin tab 250 mg, 500 mg, 600 mg (Zithromax)	QL (60 tablets/180 days)
clarithromycin tab er 24hr 500 mg	QL (28 tablets/30 days)
clarithromycin tab 250 mg, 500 mg (Biaxin)	
DIFICID - fidaxomicin tab 200 mg	
DIFICID - fidaxomicin for susp 40 mg/ml	
TETRACYCLINES	
demeclocycline hcl tab 150 mg, 300 mg	
doxycycline hyclate cap 50 mg	
doxycycline hyclate cap 100 mg (Vibramycin)	
doxycycline hyclate tab 20 mg, 100 mg	

Drug Name	Requirements/Limits
doxycycline monohydrate cap 50 mg	
doxycycline monohydrate cap 100 mg (Monodox)	
doxycycline monohydrate tab 50 mg, 75 mg (Adoxa)	
doxycycline monohydrate tab 100 mg (Adoxa pak 1/100)	
doxycycline monohydrate tab 150 mg (Adoxa pak 1/150)	
minocycline hcl cap 50 mg, 75 mg, 100 mg (Minocin)	
tetracycline hcl cap 250 mg, 500 mg (Tetracycline hcl)	
FLUOROQUINOLONES	
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	
ciprofloxacin hcl tab 750 mg (base equiv)	
levofloxacin oral soln 25 mg/ml (Levaquin)	
levofloxacin tab 250 mg, 500 mg, 750 mg (Levaquin)	
ofloxacin tab 400 mg	
AMINOGLYCOSIDES	
HUMATIN - paromomycin sulfate cap 250 mg	
neomycin sulfate tab 500 mg	
tobramycin nebu soln 300 mg/5ml (Tobi)	QL (56 containers/56 days), SP
SULFONAMIDES	
sulfadiazine tab 500 mg	
ANTIMYCOBACTERIAL AGENTS	
ethambutol hcl tab 100 mg, 400 mg (Myambutol)	
isoniazid syrup 50 mg/5ml	
isoniazid tab 100 mg, 300 mg	
PRIFTIN - rifapentine tab 150 mg	
pyrazinamide tab 500 mg	
rifabutin cap 150 mg (Mycobutin)	
rifampin cap 150 mg, 300 mg (Rifadin)	
ANTIFUNGALS	
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	
flucytosine cap 250 mg, 500 mg (Ancobon)	
griseofulvin microsize susp 125 mg/5ml	
griseofulvin microsize tab 500 mg (Grifulvin v)	
itraconazole cap 100 mg (Sporanox)	QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	QL (1200 mls/30 days)
NOXAFIL - posaconazole for delayed release susp packet 300 mg	PA
nystatin tab 500000 unit	
posaconazole susp 40 mg/ml (Noxafil)	PA
posaconazole tab delayed release 100 mg (Noxafil)	PA
terbinafine hcl tab 250 mg (Lamisil)	

Drug Name	Requirements/Limits
voriconazole for susp 40 mg/ml (Vfend)	PA
voriconazole tab 50 mg, 200 mg (Vfend)	PA
ANTIVIRALS	
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	QL (30 tablets/30 days)
acyclovir cap 200 mg (Zovirax)	
acyclovir susp 200 mg/5ml (Zovirax)	
acyclovir tab 400 mg, 800 mg (Zovirax)	
adefovir dipivoxil tab 10 mg (Hepsera)	
APRETUDE - cabotegravir im extended release susp 600 mg/3ml	
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	AC, QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	QL (30 tablets/30 days)
efavirenz tab 600 mg (Sustiva)	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	AC, QL (30 tablets/30 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	PA, QL (30 tablets/30 days), SP
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	PA, QL (28 tablets/28 days), SP
etravirine tab 100 mg, 200 mg (Intelence)	QL (60 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg (Famvir)	
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	PA, QL (30 tablets/30 days), SP
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	PA, QL (30 packets/30 days), SP
INTELENCE - etravirine tab 25 mg	QL (120 tablets/30 days)

Drug Name	Requirements/Limits
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	QL (30 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	QL (40 capsules/90 days)
lamivudine oral soln 10 mg/ml (Epivir)	QL (4 bottles/30 days)
lamivudine tab 100 mg (hbv) (Epivir hbv)	
lamivudine tab 150 mg, 300 mg (Epivir)	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	QL (60 tablets/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	QL (3 bottles/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	QL (180 tablets/90 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	PA, QL (90 tablets/30 days), SP
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	PA, QL (140 tablets/28 days), SP
nevirapine tab er 24hr 400 mg	QL (30 tablets/30 days)
nevirapine tab 200 mg (Viramune)	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	QL (20 tablets/90 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	QL (30 tablets/90 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	PA, SP
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	PA, SP
PREZISTA - darunavir oral susp 100 mg/ml	QL (2 bottles/30 days)
PREZISTA - darunavir tab 75 mg	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	QL (180 tablets/30 days)
ritonavir tab 100 mg (Norvir)	QL (360 tablets/30 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	PA, QL (30 tablets/30 days), SP
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	PA, QL (30 packets/30 days), SP
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	QL (180 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	

Drug Name	Requirements/Limits
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	QL (4 bottles/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	PA, QL (30 tablets/30 days), SP
zidovudine cap 100 mg (Retrovir)	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	QL (8 bottles/30 days)
zidovudine tab 300 mg	QL (60 tablets/30 days)
ANTIMALARIALS	
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	QL (30 tablets/90 days)
chloroquine phosphate tab 250 mg, 500 mg	
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	
mefloquine hcl tab 250 mg	
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	
pyrimethamine tab 25 mg (Daraprim)	PA, QL (116 tablets/180 days)
ANTHELMINTICS	
albendazole tab 200 mg (Albenza)	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	
ivermectin tab 3 mg (Stromectol)	
praziquantel tab 600 mg (Biltricide)	
ANTI-INFECTIVE AGENTS - MISC.	
atovaquone susp 750 mg/5ml (Mepron)	
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	
dapsone tab 25 mg, 100 mg	
IMPAVIDO - miltefosine cap 50 mg	
linezolid for susp 100 mg/5ml (Zyvox)	QL (600 mls/180 days)
linezolid tab 600 mg (Zyvox)	QL (56 tablets/180 days)
metronidazole tab 250 mg, 500 mg (Flagyl)	
NITAZOXANIDE - nitazoxanide tab 500 mg	QL (6 tablets/30 days)
nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg (Macrodantin)	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	
nitrofurantoin susp 25 mg/5ml	
pentamidine isethionate for nebulization soln 300 mg (Nebupent)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	

Drug Name	Requirements/Limits
trimethoprim tab 100 mg	
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin hcl)	QL (120 capsules/30 days)
XIFAXAN - rifaximin tab 550 mg	QL (60 tablets/30 days)
ANTINEOPLASTIC AGENTS	
ANTINEOPLASTICS	
abiraterone acetate tab 250 mg (Zytiga)	PA, QL (120 tablets/30 days), SP
abiraterone acetate tab 500 mg (Zytiga)	PA, QL (60 tablets/30 days), SP
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	SP
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	PA, QL (240 capsules/30 days), SP
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	PA, QL (1 pack/180 days), SP
ALUNBRIG - brigatinib tab 30 mg	PA, QL (120 tablets/30 days), SP
ALUNBRIG - brigatinib tab 90 mg, 180 mg	PA, QL (30 tablets/30 days), SP
anastrozole tab 1 mg (Arimidex)	AC
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	PA, QL (30 tablets/30 days), SP
bexarotene cap 75 mg (Targretin)	PA, SP
bicalutamide tab 50 mg (Casodex)	
BOSULIF - bosutinib cap 50 mg	PA, QL (30 capsules/30 days), SP
BOSULIF - bosutinib cap 100 mg	PA, QL (150 capsules/30 days), SP
BOSULIF - bosutinib tab 100 mg	PA, QL (90 tablets/30 days), SP
BOSULIF - bosutinib tab 400 mg, 500 mg	PA, QL (30 tablets/30 days), SP
BRUKINSA - zanubrutinib cap 80 mg	PA, QL (120 capsules/30 days), SP
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	PA, QL (30 tablets/30 days), SP
CALQUENCE - acalabrutinib maleate tab 100 mg	PA, QL (60 tablets/30 days), SP
capecitabine tab 150 mg, 500 mg (Xeloda)	SP
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	PA, QL (63 tablets/28 days), SP
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	
dasatinib tab 20 mg (Sprycel)	PA, QL (90 tablets/30 days), SP
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	PA, QL (30 tablets/30 days), SP
ERIVEDGE - vismodegib cap 150 mg	PA, QL (30 capsules/30 days), SP
ERLEADA - apalutamide tab 60 mg	PA, QL (120 tablets/30 days), SP
ERLEADA - apalutamide tab 240 mg	PA, QL (30 tablets/30 days), SP
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	PA, QL (60 tablets/30 days), SP
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	PA, QL (30 tablets/30 days), SP
ETOPOSIDE - etoposide cap 50 mg	SP
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	PA, QL (60 tablets/30 days), SP
everolimus tab for oral susp 3 mg (Afinitor disperz)	PA, QL (90 tablets/30 days), SP
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	PA, QL (30 tablets/30 days), SP
exemestane tab 25 mg (Aromasin)	

Drug Name	Requirements/Limits
gefitinib tab 250 mg (Iressa)	PA, QL (30 tablets/30 days), SP
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	SP
hydroxyurea cap 500 mg (Hydrea)	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	PA, QL (21 capsules/28 days), SP
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	PA, QL (21 tablets/28 days), SP
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	PA, QL (90 tablets/30 days), SP
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	PA, QL (60 tablets/30 days), SP
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	PA, QL (30 tablets/30 days), SP
IMBRUVICA - ibrutinib oral susp 70 mg/ml	PA, QL (216 mls/30 days), SP
IMBRUVICA - ibrutinib cap 70 mg	PA, QL (30 capsules/30 days), SP
IMBRUVICA - ibrutinib cap 140 mg	PA, QL (90 capsules/30 days), SP
KISQALI - ribociclib succinate tab pack 200 mg daily dose	PA, QL (21 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	PA, QL (42 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	PA, QL (63 tablets/28 days), SP
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	PA, QL (180 tablets/30 days), SP
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	PA, QL (30 capsules/30 days), SP
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	PA, QL (90 capsules/30 days), SP
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	PA, QL (60 capsules/30 days), SP
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	PA, QL (90 capsules/30 days), SP
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	PA, QL (60 capsules/30 days), SP
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	PA, QL (90 capsules/30 days), SP
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	PA, QL (30 capsules/30 days), SP
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	PA, QL (60 capsules/30 days), SP
letrozole tab 2.5 mg (Femara)	
leucovorin calcium tab 5 mg, 15 mg, 25 mg	
LEUKERAN - chlorambucil tab 2 mg	SP
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	SP
LYNPARZA - olaparib tab 100 mg, 150 mg	PA, QL (120 tablets/30 days), SP
MATULANE - procarbazine hcl cap 50 mg	PA, SP
megestrol acetate susp 40 mg/ml (Megace oral)	
megestrol acetate tab 20 mg, 40 mg	
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	PA, QL (13 bottles/28 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	PA, QL (90 tablets/30 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	PA, QL (30 tablets/30 days), SP

Drug Name	Requirements/Limits
mercaptopurine tab 50 mg	
MESNEX - mesna tab 400 mg	
methotrexate sodium for inj 1 gm	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	
methotrexate sodium tab 2.5 mg (base equiv)	
MYLERAN - busulfan tab 2 mg	SP
nilutamide tab 150 mg (Nilandron)	SP
NUBEQA - darolutamide tab 300 mg	PA, QL (120 tablets/30 days), SP
pazopanib hcl tab 200 mg (base equiv) (Votrient)	PA, QL (120 tablets/30 days), SP
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	PA, QL (28 tablets/28 days), SP
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	PA, QL (56 tablets/28 days), SP
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	PA, QL (56 tablets/28 days), SP
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	PA, QL (21 capsules/28 days), SP
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	SP
RETEVMO - selpercatinib tab 40 mg	PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	PA, QL (60 tablets/30 days), SP
ROZLYTREK - entrectinib pellet pack 50 mg	PA, QL (336 pellets/28 days), SP
ROZLYTREK - entrectinib cap 100 mg	PA, QL (30 capsules/30 days), SP
ROZLYTREK - entrectinib cap 200 mg	PA, QL (90 capsules/30 days), SP
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	PA, QL (120 tablets/30 days), SP
RYDAPT - midostaurin cap 25 mg	PA, QL (240 capsules/30 days), SP
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	SP
SPRYCEL - dasatinib tab 20 mg	PA, QL (90 tablets/30 days), SP
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	PA, QL (30 tablets/30 days), SP
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	PA, QL (90 capsules/30 days), SP
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	PA, QL (30 capsules/30 days), SP
TABLOID - thioguanine tab 40 mg	SP
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	PA, QL (120 tablets/30 days), SP
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	PA, QL (120 capsules/30 days), SP
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	PA, QL (4 bottles/28 days), SP
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	PA, QL (30 tablets/30 days), SP
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	PA, QL (30 capsules/30 days), SP
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	PA, QL (90 capsules/30 days), SP
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	AC

Drug Name	Requirements/Limits
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	PA, QL (120 capsules/30 days), SP
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	PA, SP
TIBSOVO - ivosidenib tab 250 mg	PA, QL (60 tablets/30 days), SP
toremifene citrate tab 60 mg (base equivalent) (Fareston)	SP
tretinoin cap 10 mg	PA, SP
VENCLEXTA - venetoclax tab 10 mg	PA, QL (60 tablets/30 days), SP
VENCLEXTA - venetoclax tab 50 mg	PA, QL (30 tablets/30 days), SP
VENCLEXTA - venetoclax tab 100 mg	PA, QL (180 tablets/30 days), SP
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	PA, QL (1 pack/180 days), SP
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	PA, QL (60 tablets/30 days), SP
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	PA, QL (300 mls/30 days), SP
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	PA, QL (180 capsules/30 days), SP
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	PA, QL (60 capsules/30 days), SP
VORANIGO - vorasidenib tab 10 mg	PA, QL (60 tablets/30 days), SP
VORANIGO - vorasidenib tab 40 mg	PA, QL (30 tablets/30 days), SP
XALKORI - crizotinib cap 200 mg, 250 mg	PA, QL (60 capsules/30 days), SP
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg	PA, QL (120 capsules/30 days), SP
XALKORI - crizotinib cap sprinkle 150 mg	PA, QL (180 capsules/30 days), SP
XTANDI - enzalutamide cap 40 mg	PA, QL (120 capsules/30 days), SP
XTANDI - enzalutamide tab 40 mg	PA, QL (120 tablets/30 days), SP
XTANDI - enzalutamide tab 80 mg	PA, QL (60 tablets/30 days), SP
YONSA - abiraterone acetate micronized tab 125 mg	PA, QL (120 tablets/30 days), SP
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	PA, QL (30 tablets/30 days), SP
ZELBORAF - vemurafenib tab 240 mg	PA, QL (240 tablets/30 days), SP
ENDOCRINE AND METABOLIC DRUGS	
CORTICOSTEROIDS	
budesonide delayed release particles cap 3 mg (Entocort ec)	
dexamethasone elixir 0.5 mg/5ml	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	
fludrocortisone acetate tab 0.1 mg	
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	
prednisolone soln 15 mg/5ml	
PREDNISONE - prednisone oral soln 5 mg/5ml	

Drug Name	Requirements/Limits
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	
ANDROGEN-ANABOLIC	
danazol cap 50 mg, 100 mg, 200 mg	PA
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone)	QL (10 ml/28 days)
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	PA, QL (150 grams/30 days)
testosterone td gel 50 mg/5gm (1%) (Androgel)	PA, QL (300 grams/30 days)
testosterone td gel 12.5 mg/act (1%) (Androgel pump)	PA, QL (300 grams/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	PA, QL (150 grams/30 days)
testosterone td soln 30 mg/act (Axiron)	PA, QL (180 ml/30 days)
ESTROGENS	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg (Activella)	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	QL (30 patches/30 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	QL (30 patches/30 days)
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Femhrt low dose)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	PA, QL (56 capsules/28 days)
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	
CONTRACEPTIVES	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	AC, QL (28 tablets/21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	AC, QL (28 tablets/21 days)
ELLA - ulipristal acetate tab 30 mg	AC, QL (2 tablets/365 days)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	AC, QL (28 tablets/21 days)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Zovia 1/50e)	AC, QL (28 tablets/21 days)

Drug Name	Requirements/Limits
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Loseasonique)	AC, QL (28 tablets/21 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Seasonique)	AC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	AC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	AC, QL (28 tablets/21 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	AC, QL (28 tablets/21 days)
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	AC, QL (28 tablets/21 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	AC, QL (3 patches/21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Ovcon-35)	AC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Brevicon-28)	AC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	AC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Femcon fe)	AC, QL (28 tablets/21 days)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	AC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	AC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	AC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	AC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	AC, QL (28 tablets/21 days)
Norethindrone tab 0.35 mg (Nor-qd)	AC, QL (28 tablets/21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	AC, QL (28 tablets/21 days)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28)	AC, QL (28 tablets/21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	AC, QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	AC, QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	AC, QL (28 tablets/21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	AC, QL (28 tablets/21 days)
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	AC, QL (1 ring/21 days)
PROGESTINS	
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	
norethindrone acetate tab 5 mg (Aygestin)	
progesterone cap 100 mg, 200 mg (Prometrium)	
ANTIDIABETICS	
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	
diazoxide susp 50 mg/ml (Proglycem)	

Drug Name	Requirements/Limits
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	QL (30 tablets/30 days)
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	
glipizide tab 5 mg, 10 mg (Glucotrol)	
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	
glyburide tab 1.25 mg, 2.5 mg, 5 mg	
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg (Glucovance)	
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg (Glucophage xr)	
metformin hcl tab 500 mg, 850 mg, 1000 mg (Glucophage)	
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	PA, QL (4 pens/180 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg (Starlix)	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	PA, QL (3 ml/28 days)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	PA, QL (3 mls/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	
repaglinide tab 0.5 mg, 1 mg, 2 mg (Prandin)	
RYBELSUS - semaglutide tab 3 mg	PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	QL (18 mls/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	QL (60 tablets/30 days)

Drug Name	Requirements/Limits
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	QL (60 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	QL (15 mls/30 days)
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	
Rapid-Acting Insulins	
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	QL (100 mls/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	QL (100 mls/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	QL (100 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	QL (100 mls/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	QL (100 mls/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	QL (100 mls/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	QL (100 mls/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	QL (100 mls/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	QL (100 mls/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	QL (100 mls/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	QL (100 mls/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	QL (100 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	QL (100 mls/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	QL (100 mls/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	QL (100 mls/30 days)
Short-Acting Insulins	
HUMULIN R - insulin regular (human) inj 100 unit/ml	QL (100 mls/30 days)
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml	QL (100 mls/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	QL (100 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	QL (100 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	QL (100 mls/30 days)

Drug Name	Requirements/Limits
Intermediate-Acting Insulins	
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	QL (100 mls/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	QL (100 mls/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	QL (100 mls/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	QL (100 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	QL (100 mls/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	QL (100 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	QL (100 mls/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	QL (100 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	QL (100 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	QL (100 mls/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	QL (100 mls/30 days)
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	QL (100 mls/30 days)
Basal Insulins	
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	QL (100 mls/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	QL (100 mls/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	QL (100 mls/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	QL (100 mls/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	QL (100 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	QL (100 mls/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	QL (100 mls/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	QL (100 mls/30 days)
THYROID AGENTS	
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	
methimazole tab 5 mg, 10 mg (Tapazole)	
propylthiouracil tab 50 mg	

Drug Name	Requirements/Limits
OXYTOCICS	
methylergonovine maleate tab 0.2 mg	
ENDOCRINE and METABOLIC AGENTS - MISC.	
alendronate sodium tab 10 mg, 35 mg	
alendronate sodium tab 70 mg (Fosamax)	
betaine powder for oral solution (Cystadane)	SP
cabergoline tab 0.5 mg	
calcitonin (salmon) nasal soln 200 unit/act (Miacalcin)	
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	
carglumic acid soluble tab 200 mg (Carbaglu)	SP
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	
clomiphene citrate tab 50 mg	
desmopressin acetate inj 4 mcg/ml (Ddavp)	
desmopressin acetate nasal spray soln 0.01% (Ddavp)	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	
FOLLISTIM AQ - follitropin beta inj 300 unit/0.36ml	QL (15 cartridges/30 days), SP
FOLLISTIM AQ - follitropin beta inj 600 unit/0.72ml	QL (8 cartridges/30 days), SP
FOLLISTIM AQ - follitropin beta inj 900 unit/1.08ml	QL (5 cartridges/30 days), SP
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate)	QL (6 mls/30 days), SP
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	PA, SP
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	PA, SP
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	SP
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	
levocarnitine tab 330 mg (Carnitor)	
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	SP
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	SP
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin)	SP
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	PA, SP
OMNITROPE - somatropin for inj 5.8 mg	PA, SP
ORFADIN - nitisinone susp 4 mg/ml	SP
ORILISSA - elagolix sodium tab 150 mg (base equiv)	PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	PA, QL (60 tablets/30 days)
OVIDREL - choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml	QL (2 syringes/30 days), SP

Drug Name	Requirements/Limits
PREGNYL - chorionic gonadotropin for im inj 10000 unit	QL (20 vials/30 days), SP
PREGNYL W/DILUENT BENZYL - chorionic gonadotropin for im inj 10000 unit	QL (20 vials/30 days), SP
raloxifene hcl tab 60 mg (Evista)	AC
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	SP
risedronate sodium tab 5 mg, 30 mg, 35 mg, 150 mg (Actonel)	
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	PA, SP
teriparatide soln pen-inj 600 mcg/2.4ml (Forteo)	PA, QL (2.4 mls/28 days), SP
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	PA, QL (1.56 mls/30 days), SP
CARDIOVASCULAR AGENTS	
CARDIOTONICS	
digoxin oral soln 0.05 mg/ml (Digoxin)	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	
ANTIANGINAL AGENTS	
isosorbide dinitrate tab 5 mg (Isordil titradose)	
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	
BETA BLOCKERS	
acebutolol hcl cap 200 mg, 400 mg (Sectral)	
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	
bisoprolol fumarate tab 5 mg, 10 mg (Zebeta)	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	
labetalol hcl tab 100 mg, 200 mg, 300 mg (Trandate)	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	
metoprolol tartrate tab 25 mg	
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	
pindolol tab 5 mg, 10 mg	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	
propranolol hcl oral soln 20 mg/5ml	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	
sotalol hcl tab 240 mg	
CALCIUM CHANNEL BLOCKERS	

Drug Name	Requirements/Limits
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd)	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	
diltiazem hcl tab 90 mg	
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg (Adalat cc)	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	
nimodipine cap 30 mg	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	
verapamil hcl tab 40 mg	
verapamil hcl tab 80 mg, 120 mg (Calan)	
ANTIARRHYTHMICS	
amiodarone hcl tab 100 mg	
amiodarone hcl tab 200 mg (Cordarone)	
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	
flecainide acetate tab 50 mg, 100 mg, 150 mg	
mexiletine hcl cap 150 mg, 200 mg, 250 mg	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr)	
propafenone hcl tab 150 mg, 225 mg (Rythmol)	
propafenone hcl tab 300 mg	
quinidine gluconate tab er 324 mg	
ANTIHYPERTENSIVES	
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Lotrel)	
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	
benazepril & hydrochlorothiazide tab 5-6.25 mg	
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	
benazepril hcl tab 5 mg	
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	

Drug Name	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	
eplerenone tab 25 mg, 50 mg (Inspra)	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	
guanfacine hcl tab 1 mg, 2 mg (Tenex)	
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	
lisinopril tab 2.5 mg, 30 mg, 40 mg (Zestril)	
lisinopril tab 5 mg, 10 mg, 20 mg (Prinivil)	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg (Lopressor hct)	
metoprolol & hydrochlorothiazide tab 100-50 mg	
minoxidil tab 2.5 mg, 10 mg	
moexipril hcl tab 7.5 mg, 15 mg	
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	
perindopril erbumine tab 4 mg (Aceon)	
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic)	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	

Drug Name	Requirements/Limits
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	
trandolapril tab 1 mg, 2 mg, 4 mg (Mavik)	
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	
DIURETICS	
acetazolamide cap er 12hr 500 mg (Diamox)	
acetazolamide tab 125 mg, 250 mg	
amiloride hcl tab 5 mg	
bumetanide tab 0.5 mg, 1 mg, 2 mg	
chlorthalidone tab 25 mg, 50 mg	
furosemide oral soln 10 mg/ml	
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	
hydrochlorothiazide cap 12.5 mg (Microzide)	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	
indapamide tab 1.25 mg, 2.5 mg	
methazolamide tab 25 mg, 50 mg	
metolazone tab 2.5 mg, 5 mg, 10 mg	
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg (Demadex)	
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	
VASOPRESSORS	
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	
ANTIHYPERLIPIDEMICS	
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	AC
cholestyramine light powder 4 gm/dose (Questran light)	
cholestyramine powder 4 gm/dose (Questran)	
colesevelam hcl tab 625 mg (Welchol)	
colestipol hcl granule packets 5 gm (Colestid flavored)	
colestipol hcl granules 5 gm (Colestid flavored)	
colestipol hcl tab 1 gm (Colestid)	

Drug Name	Requirements/Limits
ezetimibe tab 10 mg (Zetia)	
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg (Lofibra)	
fenofibrate tab 48 mg, 145 mg (Tricor)	
fenofibrate tab 54 mg, 160 mg (Lofibra)	
gemfibrozil tab 600 mg (Lopid)	
lovastatin tab 10 mg	
lovastatin tab 20 mg	AC
lovastatin tab 40 mg (Mevacor)	AC
NEXLETOL - bempedoic acid tab 180 mg	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic)	
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	
pravastatin sodium tab 10 mg	AC
pravastatin sodium tab 20 mg, 40 mg, 80 mg (Pravachol)	AC
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	PA, QL (6 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	PA, QL (2 cartridges/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	
simvastatin tab 5 mg, 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	
CARDIOVASCULAR AGENTS - MISC.	
ambrisentan tab 5 mg, 10 mg (Letairis)	PA, QL (30 tablets/30 days), SP
bosentan tab 62.5 mg, 125 mg (Tracleer)	PA, QL (60 tablets/30 days), SP
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	PA, QL (600 mls/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	PA, QL (240 capsules/30 days)
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	PA, QL (60 tablets/30 days)
OPSUMIT - macitentan tab 10 mg	PA, QL (30 tablets/30 days), SP
sildenafil citrate tab 20 mg (Revatio)	QL (90 tablets/30 days), SP
tadalafil tab 20 mg (pah) (Adcirca)	PA, QL (8 tablets/30 days), SP
tadalafil tab 2.5 mg, 5 mg (Cialis)	QL (30 tablets/30 days)
tadalafil tab 10 mg, 20 mg (Cialis)	QL (8 tablets/30 days)
TRACLEER - bosentan tab for oral susp 32 mg	PA, QL (120 tablets/30 days), SP
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	PA, QL (60 tablets/30 days), SP
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	PA, QL (1 pack/180 days), SP
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	PA, QL (30 capsules/30 days), SP

Drug Name	Requirements/Limits
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	PA, QL (120 capsules/30 days), SP
ERECTILE DYSFUNCTION	
tadalafil tab 2.5 mg, 5 mg (Cialis)	QL (30 tablets/30 days)
tadalafil tab 10 mg, 20 mg (Cialis)	QL (8 tablets/30 days)
RESPIRATORY AGENTS	
ANTIHISTAMINES	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	
cyproheptadine hcl syrup 2 mg/5ml	
cyproheptadine hcl tab 4 mg	
desloratadine tab 5 mg (Clarinex)	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	
levocetirizine dihydrochloride tab 5 mg (Xyzal)	
promethazine hcl oral soln 6.25 mg/5ml	
promethazine hcl suppos 12.5 mg, 25 mg	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	
NASAL AGENTS - SYSTEMIC and TOPICAL	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
flunisolide nasal soln 25 mcg/act (0.025%)	
fluticasone propionate nasal susp 50 mcg/act	
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray) (Atrovent)	
mometasone furoate nasal susp 50 mcg/act (Nasonex)	
COUGH/COLD/ALLERGY	
acetylcysteine inhal soln 10%, 20%	
sodium chloride soln nebu 3%	
sodium chloride soln nebu 7% (Hyper-sal)	
ANTIASTHMATIC and BRONCHODILATOR AGENTS	
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	QL (1 inhaler/30 days)
AIRSUPRA - albuterol-budesonide inhalation aerosol 90-80 mcg/act	QL (3 inhalers/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proventil hfa)	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	QL (125 containers/30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	QL (60 mls/30 days)
albuterol sulfate syrup 2 mg/5ml	
albuterol sulfate tab 2 mg, 4 mg	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	QL (60 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	QL (13 grams/30 days)

Drug Name	Requirements/Limits
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act, 200 mcg/act	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	QL (1 inhaler/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	QL (1 inhaler/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	QL (60 blisters/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml (Pulmicort)	QL (120 mls/30 days)
budesonide inhalation susp 1 mg/2ml (Pulmicort)	QL (240 mls/30 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	QL (240 mls/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	QL (3 inhalers/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	PA, QL (1 pen/28 days), SP
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act	
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 113-14 mcg/act, 232-14 mcg/act	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	QL (150 containers/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	QL (540 mls/30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	QL (90 vials/30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	QL (96 vials/30 days)
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	
montelukast sodium tab 10 mg (base equiv) (Singulair)	
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	PA, QL (3 ml/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	PA, QL (1 syringe/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	PA, QL (3 ml/28 days), SP
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	QL (1 inhaler/30 days)

Drug Name	Requirements/Limits
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	QL (2 inhalers/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	QL (60 blisters/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	QL (4 grams/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	QL (1 cartridge/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	QL (1 inhaler/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	QL (1 inhaler/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	PA, QL (1 pen/28 days), SP
theophylline tab er 12hr 300 mg, 450 mg	
theophylline tab er 24hr 400 mg, 600 mg	
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	PA, SP
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	PA, SP
zafirlukast tab 10 mg, 20 mg (Accolate)	
RESPIRATORY AGENTS - MISC.	
KALYDECO - ivacaftor tab 150 mg	PA, QL (60 tablets/30 days), SP
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	PA, QL (60 packets/30 days), SP
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	SP
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	PA, QL (60 tablets/30 days), SP
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	PA, QL (60 tablets/30 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	PA, QL (90 tablets/30 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	PA, QL (90 tablets/30 days), SP
GASTROINTESTINAL AGENTS	
LAXATIVES	
lactulose solution 10 gm/15ml	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	AC
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	AC
ANTIDIARRHEALS	

Drug Name	Requirements/Limits
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	
loperamide hcl cap 2 mg	
ULCER DRUGS	
cimetidine hcl soln 300 mg/5ml	PA, QL (1200 mls/30 days)
cimetidine tab 300 mg, 400 mg, 800 mg	
dicyclomine hcl cap 10 mg (Bentyl)	
dicyclomine hcl oral soln 10 mg/5ml	
dicyclomine hcl tab 20 mg (Bentyl)	
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)	QL (60 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)	PA, QL (60 packets/30 days)
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	PA, QL (60 packets/30 days)
famotidine for susp 40 mg/5ml	
famotidine tab 20 mg, 40 mg (Pepcid)	
glycopyrrolate tab 1 mg (Robinul)	
glycopyrrolate tab 2 mg (Robinul forte)	
lansoprazole cap delayed release 15 mg, 30 mg (Prevacid)	QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg (Pamine)	
methscopolamine bromide tab 5 mg (Pamine forte)	
misoprostol tab 100 mcg, 200 mcg (Cytotec)	
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	PA, QL (60 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	PA, QL (60 packets/30 days)
omeprazole cap delayed release 10 mg, 20 mg, 40 mg (Prilosec)	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	
ANTIEMETICS	
aprepitant capsule therapy pack 80 & 125 mg (Emend)	QL (9 capsules/30 days)
aprepitant capsule 40 mg (Emend)	QL (2 capsules/30 days)
aprepitant capsule 80 mg (Emend)	QL (6 capsules/30 days)
aprepitant capsule 125 mg (Emend)	QL (3 capsules/30 days)
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	QL (9 kits/30 days)
granisetron hcl tab 1 mg	QL (20 tablets/30 days)
meclizine hcl tab 12.5 mg, 25 mg	
ondansetron hcl oral soln 4 mg/5ml (Zofran)	QL (300 ml/30 days)
ondansetron hcl tab 4 mg, 8 mg (Zofran)	QL (30 tablets/30 days)
ondansetron orally disintegrating tab 4 mg, 8 mg (Zofran odt)	QL (30 tablets/30 days)
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	
trimethobenzamide hcl cap 300 mg (Tigan)	

Drug Name	Requirements/Limits
DIGESTIVE AIDS	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	PA
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	PA
GASTROINTESTINAL AGENTS- MISC.	
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	QL (60 tablets/30 days)
balsalazide disodium cap 750 mg (Colazal)	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Phoslo)	
calcium acetate (phosphate binder) tab 667 mg	
CHENODAL - chenodiol tab 250 mg	SP
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	PA, QL (2 pens/28 days), SP
lactulose (encephalopathy) solution 10 gm/15ml	
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	QL (30 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	
mesalamine cap er 24hr 0.375 gm (Apriso)	
mesalamine enema 4 gm	
mesalamine suppos 1000 mg (Canasa)	
mesalamine tab delayed release 800 mg	
mesalamine tab delayed release 1.2 gm (Lialda)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	QL (30 tablets/30 days)
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	PA, QL (2 pens/28 day), SP
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	PA, QL (2 syringes/28 days), SP
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	
sevelamer carbonate tab 800 mg (Renvela)	
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	PA, QL (1 cartridge/56 days), SP
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	PA, QL (2.4 mls/56 days), SP
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	
sulfasalazine tab 500 mg (Azulfidine)	
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	QL (30 tablets/30 days)
ursodiol cap 300 mg (Actigall)	
ursodiol tab 250 mg (Urso 250)	
ursodiol tab 500 mg (Urso forte)	
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	ST

Drug Name	Requirements/Limits
VIBERZI - eluxadoline tab 75 mg, 100 mg	QL (60 tablets/30 days)
GENITOURINARY AGENTS	
URINARY ANTISPASMODICS	
oxybutynin chloride solution 5 mg/5ml	
oxybutynin chloride tab er 24hr 5 mg, 10 mg (Ditropan xl)	
oxybutynin chloride tab er 24hr 15 mg	
oxybutynin chloride tab 5 mg	
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	
VAGINAL PRODUCTS	
clindamycin phosphate vaginal cream 2% (Cleocin)	
CRINONE - progesterone vaginal gel 4%, 8%	QL (60 applicators/30 days)
estradiol vaginal cream 0.1 mg/gm (Estrace)	
estradiol vaginal tab 10 mcg (Vagifem)	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	
terconazole vaginal cream 0.4% (Terazol 7)	
terconazole vaginal cream 0.8%	
terconazole vaginal suppos 80 mg	
GENITOURINARY AGENTS - MISC.	
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	SP
dutasteride cap 0.5 mg (Avodart)	
finasteride tab 5 mg (Proscar)	
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	
silodosin cap 4 mg, 8 mg (Rapaflo)	
sodium citrate & citric acid soln 500-334 mg/5ml	
tamsulosin hcl cap 0.4 mg (Flomax)	
CENTRAL NERVOUS SYSTEM DRUGS	
ANTIANXIETY AGENTS	
alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax xr)	
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	
buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	
diazepam oral soln 1 mg/ml	
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	
hydroxyzine hcl syrup 10 mg/5ml	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	

Drug Name	Requirements/Limits
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	
lorazepam conc 2 mg/ml (Lorazepam intensol)	
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	QL (150 tablets/30 days)
ANTIDEPRESSANTS	
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	
bupropion hcl tab 75 mg, 100 mg (Wellbutrin)	
citalopram hydrobromide oral soln 10 mg/5ml	
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg (Norpramin)	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	QL (60 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	
doxepin hcl conc 10 mg/ml	
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq) (Cymbalta)	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	QL (90 capsules/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro)	
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	
fluoxetine hcl cap 10 mg, 20 mg, 40 mg (Prozac)	
fluoxetine hcl solution 20 mg/5ml	
fluoxetine hcl tab 10 mg, 20 mg	
fluvoxamine maleate tab 25 mg, 50 mg, 100 mg	
imipramine hcl tab 10 mg, 25 mg, 50 mg (Tofranil)	
mirtazapine tab 7.5 mg	
mirtazapine tab 15 mg, 30 mg, 45 mg (Remeron)	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	
nortriptyline hcl soln 10 mg/5ml	
paroxetine hcl tab er 24hr 12.5 mg, 25 mg, 37.5 mg (Paxil cr)	
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	
tranylcypromine sulfate tab 10 mg (Parnate)	
trazodone hcl tab 50 mg, 100 mg, 150 mg	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	

Drug Name	Requirements/Limits
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	
ZURZUVAE - zuranolone cap 20 mg, 25 mg	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	QL (14 capsule/365 days)
ANTIPSYCHOTICS	
aripiprazole tab 2 mg, 5 mg (Abilify)	QL (60 tablets/30 days), ST
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	QL (30 tablets/30 days), ST
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	
clozapine tab 25 mg (Clozaril)	QL (270 tablets/30 days)
clozapine tab 50 mg	QL (90 tablets/30 days)
clozapine tab 100 mg (Clozaril)	QL (90 tablets/30 days)
clozapine tab 200 mg	QL (120 tablets/30 days)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	
haloperidol lactate oral conc 2 mg/ml	
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	
lithium carbonate cap 300 mg	
lithium carbonate tab er 300 mg (Lithobid)	
lithium carbonate tab er 450 mg	
lithium carbonate tab 300 mg	
lithium oral solution 8 meq/5ml	
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	QL (60 tablets/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Zyprexa)	QL (60 tablets/30 days)
olanzapine tab 15 mg, 20 mg (Zyprexa)	QL (30 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	
prochlorperazine suppos 25 mg	
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg (Seroquel)	QL (180 tablets/30 days)
quetiapine fumarate tab 100 mg (Seroquel)	QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg (Seroquel)	QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	QL (60 tablets/30 days)

Drug Name	Requirements/Limits
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	QL (30 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal m-tab)	QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg (Risperdal m-tab)	QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	QL (480 mls/30 days)
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg (Risperdal)	QL (120 tablets/30 days)
risperidone tab 3 mg (Risperdal)	QL (60 tablets/30 days)
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	QL (60 capsules/30 days)
HYPNOTICS	
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	QL (30 tablets/30 days), ST
estazolam tab 1 mg, 2 mg	
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg	
temazepam cap 15 mg, 30 mg (Restoril)	
zaleplon cap 5 mg, 10 mg (Sonata)	QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Anti-obesity/weight loss/weight management drugs may be excluded, please see your benefit plan materials for coverage details	
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	QL (120 capsules/30 days)
dextroamphetamine sulfate tab 5 mg	QL (90 tablets/30 days)

Drug Name	Requirements/Limits
dextroamphetamine sulfate tab 10 mg	QL (180 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	QL (30 tablets/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	QL (90 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	
SAXENDA - liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	PA, QL (15 mls/30 days)
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	PA, QL (30 tablets/30 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml	PA, QL (8 pens/180 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml, 2.4 mg/0.75ml	PA, QL (4 pens/28 days)
ZEPBOUND - tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml	PA, QL (4 pens/180 days)
ZEPBOUND - tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	PA, QL (4 pens/28 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.	
acamprosate calcium tab delayed release 333 mg	
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	PA, QL (1 kit/28 days), SP
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	PA, QL (1 kit/28 days), SP
BETASERON - interferon beta-1b for inj kit 0.3 mg	PA, QL (14 vials/28 days), SP
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	AC
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	QL (14 capsules/180 days), SP
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	QL (60 capsules/30 days), SP
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa)	QL (60 capsules/180 days), SP
disulfiram tab 250 mg, 500 mg (Antabuse)	
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	
donepezil hydrochloride tab 5 mg, 10 mg (Aricept)	
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	QL (30 capsules/30 days), SP
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg (Razadyne)	
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	PA, QL (30 syringes/30 days), SP
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	PA, QL (12 syringes/28 days), SP
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	PA, QL (1 pen/28 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	PA, QL (8 tablets/301 days), SP

Drug Name	Requirements/Limits
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	PA, QL (10 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	PA, QL (12 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	PA, QL (14 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	PA, QL (9 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	PA, QL (20 tablets/301 days), SP
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	PA, QL (120 tablets/30 days), SP
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	PA, QL (30 tablets/30 days), SP
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	PA, QL (7 tablets/180 days), SP
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	PA, QL (12 tablets/180 days), SP
memantine hcl oral solution 2 mg/ml (Namenda)	
memantine hcl tab 5 mg, 10 mg (Namenda)	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pa)	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	AC
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	AC
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	PA, QL (2 pens/28 days), SP
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	PA, QL (2 syringes/28 days), SP
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	PA, QL (2 syringes/28 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	PA, QL (1 kit/180 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	PA, QL (1 kit/180 days), SP
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	PA, QL (12 syringes/28 days), SP
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	PA, QL (12 syringes/28 days), SP
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	PA, QL (1 kit/180 days), SP
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	PA, QL (1 kit/180 days), SP
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	QL (60 tablets/30 days)
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	QL (55 tablets/180 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	QL (30 tablets/30 days), SP
tetrabenazine tab 12.5 mg (Xenazine)	PA, QL (240 tablets/30 days), SP
tetrabenazine tab 25 mg (Xenazine)	PA, QL (120 tablets/30 days), SP
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	AC
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	AC
VUMERITY - diroximel fumarate capsule delayed release 231 mg	PA, QL (120 capsules/30 days), SP
ZEPOSIA - ozanimod hcl cap 0.92 mg	PA, QL (30 capsules/30 days), SP

Drug Name	Requirements/Limits
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	PA, QL (28 capsules/180 days), SP
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	PA, QL (7 capsules/180 days), SP
ANALGESICS AND ANESTHETICS	
ANALGESICS - NON-NARCOTIC	
butalbital-acetaminophen tab 50-325 mg	
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	
butalbital-aspirin-caffeine cap 50-325-40 mg (Fiorinal)	
ANALGESICS - NARCOTIC	
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	QL (60 films/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (SUBOXONE)	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Fiorinal/codeine #3)	
codeine sulfate tab 30 mg (Codeine sulfate)	
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	QL (15 patches/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen tab 2.5-325 mg	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml (Hycet)	
hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg (Norco)	
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)	
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	
methadone hcl conc 10 mg/ml (Methadose)	
methadone hcl soln 5 mg/5ml, 10 mg/5ml (Methadone hcl)	
methadone hcl tab for oral susp 40 mg	
methadone hcl tab 5 mg (Dolophine hcl)	
methadone hcl tab 10 mg (Dolophine)	
morphine sulfate oral soln 10 mg/5ml, 100 mg/5ml (20 mg/ml)	
morphine sulfate oral soln 20 mg/5ml (Morphine sulfate)	
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (Ms contin)	QL (90 tablets/30 days)

Drug Name	Requirements/Limits
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate)	
oxycodone hcl conc 100 mg/5ml (20 mg/ml) (Oxycodone hcl)	
oxycodone hcl soln 5 mg/5ml (Oxycodone hcl)	
oxycodone hcl tab 5 mg, 15 mg, 30 mg (Roxicodone)	
oxycodone hcl tab 10 mg, 20 mg	
oxycodone w/ acetaminophen tab 5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	QL (30 tablets/30 days)
tramadol hcl tab 50 mg (Ultram)	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	QL (240 capsules/30 days)
ANALGESICS - ANTI-INFLAMMATORY	
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml	PA, QL (1 kit/28 days), SP
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 40 mg/0.4ml	PA, QL (2 syringes/28 days), SP
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml	PA, QL (2 pens/28 days), SP
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	PA, QL (2 syringes/28 days), SP
celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)	QL (60 capsules/30 days)
celecoxib cap 400 mg (Celebrex)	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	PA, QL (4 syringes/28 days), SP
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	PA, QL (8 vials/28 days), SP
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	PA, QL (4 cartridges/28 days), SP
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	PA, QL (4 injections/28 days), SP
etodolac cap 200 mg, 300 mg	
etodolac tab er 24hr 400 mg, 500 mg, 600 mg	
etodolac tab 400 mg, 500 mg	
flurbiprofen tab 100 mg	
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	PA, QL (2 syringes/28 days), SP
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	PA, QL (2 pens/28 days), SP
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	PA, QL (2 syringes/28 days), SP

Drug Name	Requirements/Limits
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	PA, QL (2 pens/28 days), SP
HUMIRA PEN-CD/UC/HS START - adalimumab auto-injector kit 80 mg/0.8ml	PA, QL (1 kit/180 days), SP
HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	PA, QL (3 pens/180 days), SP
ibuprofen susp 100 mg/5ml	
ibuprofen tab 400 mg, 600 mg, 800 mg	
indomethacin cap 25 mg, 50 mg	
leflunomide tab 10 mg, 20 mg (Arava)	
meloxicam tab 7.5 mg, 15 mg (Mobic)	
nabumetone tab 500 mg, 750 mg	
naproxen sodium tab 275 mg (Anaprox)	
naproxen sodium tab 550 mg (Anaprox ds)	
naproxen tab 250 mg, 375 mg, 500 mg (Naprosyn)	
OTEZLA - apremilast tab 20 mg, 30 mg	PA, QL (60 tablets/30 days), SP
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	PA, QL (1 pack/180 days), SP
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	PA, QL (55 tablets/180 days), SP
oxaprozin tab 600 mg (Daypro)	
piroxicam cap 10 mg, 20 mg (Feldene)	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	PA, QL (30 tablets/30 days), SP
RINVOQ - upadacitinib tab er 24hr 45 mg	PA, QL (84 tablets/365 days), SP
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	PA, QL (360 mls/30 days), SP
SIMLANDI - adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml	PA, QL (2 syringes/28 days), SP
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	PA, QL (2 pens/28 days), SP
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	PA, QL (2 pens/28 days), SP
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	PA, QL (1 syringe/28 days), SP
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	PA, QL (1 syringe/28 days), SP
sulindac tab 150 mg, 200 mg	
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	PA, QL (4 pens/28 days), SP
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	PA, QL (4 syringes/28 days), SP
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	PA, QL (240 mls/30 days), SP
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	PA, QL (60 tablets/30 days), SP
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	PA, QL (240 tablets/365 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	PA, QL (30 tablets/30 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	PA, QL (120 tablets/365 days), SP
MIGRAINE PRODUCTS	
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	PA, QL (1 injection/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	PA, QL (3 pens/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	PA, QL (3 pens/90 days)
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	QL (24 ampules/28 days)

Drug Name	Requirements/Limits
dihydroergotamine mesylate nasal spray 4 mg/ml (Migranal)	PA, QL (8 vials/30 days)
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	QL (18 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	PA, QL (1 injection/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	PA, QL (1 syringe/28 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	PA, QL (54 tablets/90 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	PA, QL (30 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	QL (12 inhalers/30 days)
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	QL (12 vials/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys)	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	PA, QL (16 tablets/30 days)
GOUT AGENTS	
allopurinol tab 100 mg, 300 mg (Zyloprim)	
colchicine tab 0.6 mg (Colcrys)	
colchicine w/ probenecid tab 0.5-500 mg	
probenecid tab 500 mg	
NEUROMUSCULAR DRUGS	
ANTICONVULSANTS	
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	
carbamazepine chew tab 100 mg	
carbamazepine susp 100 mg/5ml (Tegretol)	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	
carbamazepine tab 200 mg (Tegretol)	
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial)	
DILANTIN - phenytoin sodium extended cap 30 mg	
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	

Drug Name	Requirements/Limits
EPIDIOLEX - cannabidiol soln 100 mg/ml	PA
ethosuximide cap 250 mg (Zarontin)	
ethosuximide soln 250 mg/5ml (Zarontin)	
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	
gabapentin oral soln 250 mg/5ml (Neurontin)	
gabapentin tab 600 mg, 800 mg (Neurontin)	
lacosamide oral solution 10 mg/ml (Vimpat)	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	
levetiracetam oral soln 100 mg/ml (Keppra)	
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	
methsuximide cap 300 mg (Celontin)	
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	
phenytoin chew tab 50 mg (Dilantin infatabs)	
phenytoin sodium extended cap 100 mg (Dilantin)	
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	
phenytoin susp 125 mg/5ml (Dilantin-125)	
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)	QL (90 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	QL (900 mls/30 days)
primidone tab 50 mg, 250 mg (Mysoline)	
rufinamide tab 200 mg, 400 mg (Banzel)	
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	
valproic acid cap 250 mg (Depakene)	
vigabatrin powd pack 500 mg (Sabril)	
vigabatrin tab 500 mg (Sabril)	
zonisamide cap 25 mg, 100 mg (Zonegran)	
zonisamide cap 50 mg	
ANTIPARKINSON AGENTS	
amantadine hcl cap 100 mg	
amantadine hcl soln 50 mg/5ml	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg (Sinemet)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	

Drug Name	Requirements/Limits
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	
entacapone tab 200 mg (Comtan)	
INBRIJA - levodopa inhal powder cap 42 mg	SP
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg (Requip)	
selegiline hcl cap 5 mg (Eldepryl)	
selegiline hcl tab 5 mg	
trihexyphenidyl hcl tab 2 mg, 5 mg	
NEUROMUSCULAR AGENTS	
riluzole tab 50 mg (Rilutek)	
MUSCULOSKELETAL THERAPY AGENTS	
baclofen tab 10 mg, 20 mg	
chlorzoxazone tab 500 mg	
cyclobenzaprine hcl tab 5 mg, 10 mg	
methocarbamol tab 500 mg (Robaxin)	
methocarbamol tab 750 mg (Robaxin-750)	
orphenadrine citrate tab er 12hr 100 mg	
tizanidine hcl tab 2 mg (base equivalent)	QL (180 tablets/30 days)
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	QL (180 tablets/30 days)
ANTIMYASTHENIC AGENTS	
pyridostigmine bromide tab 60 mg (Mestinon)	
NUTRITIONAL PRODUCTS	
VITAMINS	
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	
phytonadione tab 5 mg (Mephyton)	
MULTIVITAMINS	
KOSHER PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 30-1 mg	
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	
MINERALS and ELECTROLYTES	

Drug Name	Requirements/Limits
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	
potassium chloride cap er 8 meq, 10 meq	
potassium chloride microencapsulated crys er tab 10 meq, 20 meq	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	
potassium chloride powder packet 20 meq	
potassium chloride tab er 8 meq (600 mg)	
potassium chloride tab er 10 meq (K-tab)	
potassium phosphate monobasic tab 500 mg (K-phos)	
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	AC
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	AC
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf) (Luride)	AC
HEMATOLOGICAL AGENTS	
HEMATOPOIETIC AGENTS	
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	PA, SP
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	PA, SP
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	PA, QL (60 capsules/30 days), SP
cyanocobalamin inj 1000 mcg/ml	
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	PA, QL (60 tablets/30 days), SP
folic acid tab 1 mg	
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	SP
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	SP
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	SP
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	SP
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	PA, SP
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	PA, SP
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	SP
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	SP, ST
ANTICOAGULANTS	
ELIQUIS - apixaban tab 2.5 mg	QL (74 tablets/19 days)
ELIQUIS - apixaban tab 5 mg	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	

Drug Name	Requirements/Limits
enoxaparin sodium inj 300 mg/3ml (Lovenox)	
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg (Coumadin)	
XARELTO - rivaroxaban for susp 1 mg/ml	QL (600 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	QL (51 tablets/30 days)
HEMATOLOGICAL AGENTS - MISC.	
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	PA, QL (1 ml/30 days), SP
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	PA, QL (1 vial/30 days), SP
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	PA, QL (1 box/30 days), SP
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	PA, QL (1 ml/30 days), SP
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	PA, QL (1 ml/30 days), SP
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	PA, QL (1 vial/30 days), SP
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	PA, QL (1 mls/30 days), SP
anagrelide hcl cap 0.5 mg (Agrylin)	
anagrelide hcl cap 1 mg	
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	PA, QL (1 ml/30 days), SP
BRILINTA - ticagrelor tab 60 mg, 90 mg	
cilostazol tab 50 mg, 100 mg (Pletal)	
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	SP
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	SP
dipyridamole tab 25 mg, 50 mg, 75 mg (Persantine)	
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	PA, QL (1 vial/30 days), SP
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	PA, QL (8 vials/28 days), SP
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	PA, QL (1 syringe/30 days), SP
FABHALTA - iptacopan hcl cap 200 mg	PA, QL (60 capsules/30 days), SP
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	SP
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	PA, QL (4 vials/28 days), SP

Drug Name	Requirements/Limits
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	PA, QL (1 ml/30 days), SP
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	PA, QL (1 ml/30 days), SP
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	PA, QL (6 syringes/30 days), SP
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	PA, QL (1 box/30 days), SP
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	PA, QL (1 ml/30 days), SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	PA, QL (1 vial/30 days), SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	PA, QL (1 vial/30 days), SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 4000 unit	PA, QL (1 ml/30 days), SP
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	PA, QL (1 ml/30 days), SP
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	PA, QL (1 ml/30 days), SP
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	PA, QL (1 ml/30 days), SP
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	PA, QL (1 ml/30 days), SP
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	PA, QL (1 ml/30 days), SP
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	PA, QL (1 ml/30 days), SP
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	PA, QL (1 ml/30 days), SP
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	PA, QL (1 ml/30 days), SP
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	PA, QL (1 ml/30 days), SP
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	PA, QL (1 ml/30 days), SP
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	SP
pentoxifylline tab er 400 mg	
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	PA, QL (1 ml/30 days), SP
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt	PA, QL (1 vial/30 days), SP
REBINYN - coagulation factor ix recomb glycopegylated for inj 3000 unt	PA, QL (1 ml/30 days), SP
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	PA, QL (1 ml/30 days), SP
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	PA, QL (1 ml/30 days), SP
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	PA, QL (2 vials/28 days), SP
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml	PA, QL (2 mls/28 days), SP
TAKHZYRO - lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml)	PA, QL (2 vials/28 days), SP
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	SP

Drug Name	Requirements/Limits
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	PA, QL (1 ml/30 days), SP
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	PA, QL (1 ml/30 days), SP
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	PA, QL (1 ml/30 days), SP
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	PA, QL (1 ml/30 days), SP
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	PA, QL (1 ml/30 days), SP
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	PA, QL (1 ml/30 days), SP
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	PA, QL (1 ml/30 days), SP
TOPICAL PRODUCTS	
OPHTHALMIC AGENTS	
atropine sulfate ophth soln 1% (Atropine sulfate)	
azelastine hcl ophth soln 0.05%	
BACITRACIN - bacitracin ophth oint 500 unit/gm	
bacitracin-polymyxin b ophth oint	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	
brimonidine tartrate ophth soln 0.1% (Alphagan p)	
brimonidine tartrate ophth soln 0.15% (Alphagan p)	PA, QL (5 ml/20 days)
brimonidine tartrate ophth soln 0.2%	
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	
cyclopentolate hcl ophth soln 1% (Cyclogyl)	
diclofenac sodium ophth soln 0.1%	
dorzolamide hcl ophth soln 2% (Trusopt)	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	
erythromycin ophth oint 5 mg/gm	
fluorometholone ophth susp 0.1% (Fml liquifilm)	
gentamicin sulfate ophth soln 0.3% (Garamycin)	
ketorolac tromethamine ophth soln 0.4% (Acular ls)	
ketorolac tromethamine ophth soln 0.5% (Acular)	
latanoprost ophth soln 0.005% (Xalatan)	QL (2.5 mls/20 days)
LOTEMAX - loteprednol etabonate ophth oint 0.5%	
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	
loteprednol etabonate ophth gel 0.5% (Lotemax)	
loteprednol etabonate ophth susp 0.5% (Lotemax)	
LUMIGAN - bimatoprost ophth soln 0.01%	QL (2.5 mls/20 days), ST
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	
NATACYN - natamycin ophth susp 5%	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	
ofloxacin ophth soln 0.3% (Ocuflox)	

Drug Name	Requirements/Limits
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	
prednisolone acetate ophth susp 1% (Pred forte)	
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	
sulfacetamide sodium ophth soln 10% (Bleph-10)	
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	
tobramycin ophth soln 0.3% (Tobrex)	QL (15 ml/30 days)
tobramycin-dexamethasone ophth susp 0.3-0.1% (Tobradex)	
TRIFLURIDINE - trifluridine ophth soln 1%	
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	
OTIC AGENTS	
acetic acid otic soln 2%	
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	
hydrocortisone w/ acetic acid otic soln 1-2%	
neomycin-polymyxin-hc otic soln 1% (Cortisporin)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	
ofloxacin otic soln 0.3%	
MOUTH/THROAT/DENTAL AGENTS	
cevimeline hcl cap 30 mg (Evoxac)	
chlorhexidine gluconate soln 0.12% (Peridex)	
clotrimazole troche 10 mg	
lidocaine hcl viscous soln 2%	
nystatin susp 100000 unit/ml	
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	
sodium fluoride cream 1.1% (Prevident 5000 plus)	AC
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	AC
triamcinolone acetonide dental paste 0.1%	
ANORECTAL AGENTS	
hydrocortisone acetate suppos 25 mg	
hydrocortisone enema 100 mg/60ml (Cortenema)	
hydrocortisone perianal cream 2.5% (Anusol-hc)	
DERMATOLOGICALS	
acitretin cap 10 mg, 17.5 mg, 25 mg (Soriatane)	
acyclovir oint 5% (Zovirax)	
adapalene cream 0.1% (Differin)	
adapalene gel 0.1%, 0.3% (Differin)	
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	PA, QL (2 pens/28 days), SP

Drug Name	Requirements/Limits
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	PA, QL (4 mls/28 days), SP
alclometasone dipropionate cream 0.05% (Aclovate)	
azelaic acid gel 15% (Finacea)	
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	QL (100 grams/30 days)
betamethasone dipropionate augmented lotion 0.05% (Diprolene)	QL (180 grams/90 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	QL (180 grams/90 days)
betamethasone dipropionate cream 0.05%	QL (100 grams/30 days)
betamethasone dipropionate lotion 0.05%	QL (100 grams/30 days)
betamethasone dipropionate oint 0.05%	QL (100 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	
betamethasone valerate lotion 0.1% (base equivalent)	
betamethasone valerate oint 0.1% (base equivalent)	
calcipotriene cream 0.005% (Dovonex)	
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	PA, QL (30 tablets/30 days), SP
ciclopirox gel 0.77%	QL (180 grams/30 days)
ciclopirox olamine cream 0.77% (base equiv)	QL (180 grams/30 days)
ciclopirox olamine susp 0.77% (base equiv)	QL (180 mls/30 days)
ciclopirox shampoo 1% (Loprox shampoo)	
ciclopirox solution 8% (Penlac Nail Lacquer)	PA, QL (6.6 mls/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	
clindamycin phosphate gel 1% (Cleocin-t)	
clindamycin phosphate lotion 1% (Cleocin-t)	
clindamycin phosphate soln 1% (Cleocin-t)	QL (180 ml/30 days)
clindamycin phosphate swab 1% (Cleocin-t)	
clobetasol propionate cream 0.05% (Temovate)	QL (180 grams/90 days)
clobetasol propionate emollient base cream 0.05% (Temovate e)	
clobetasol propionate foam 0.05% (Olux)	QL (180 grams/30 days)
clobetasol propionate gel 0.05% (Temovate)	
clobetasol propionate oint 0.05% (Temovate)	QL (180 grams/90 days)
clobetasol propionate soln 0.05% (Temovate)	QL (180 grams/90 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	PA, QL (1 syringe/28 days), SP
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	PA, QL (2 syringes/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	PA, QL (1 pen/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	PA, QL (2 pens/28 days), SP
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	PA, QL (1 pen/28 day), SP
desonide cream 0.05% (Desowen)	
desonide oint 0.05% (Desowen)	

Drug Name	Requirements/Limits
desoximetasone cream 0.25% (Topicort)	QL (100 grams/30 days)
desoximetasone oint 0.25% (Topicort)	QL (100 grams/30 days)
diclofenac sodium (actinic keratoses) gel 3%	PA, QL (1 tube/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	PA, QL (2 pens/28 days), SP
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	PA, QL (4 pens/28 days), SP
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	PA, QL (2 syringes/28 days), SP
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	PA, QL (4 syringes/28 days), SP
econazole nitrate cream 1%	QL (170 grams/30 days)
erythromycin gel 2% (Erygel)	QL (180 grams/30 days)
erythromycin soln 2%	QL (180 mls/30 days)
FINACEA - azelaic acid foam 15%	
fluocinolone acetonide cream 0.01%	
fluocinolone acetonide cream 0.025% (Synalar)	
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	
fluocinolone acetonide oint 0.025% (Synalar)	
fluocinolone acetonide soln 0.01% (Synalar)	
fluocinonide cream 0.05%	QL (100 grams/30 days)
fluocinonide cream 0.1% (Vanos)	QL (120 grams/90 days)
fluocinonide emulsified base cream 0.05%	QL (100 grams/30 days)
fluocinonide oint 0.05%	QL (100 grams/30 days)
fluocinonide soln 0.05%	QL (100 grams/30 days)
fluorouracil cream 5% (Efudex)	PA, QL (240 grams/180 days)
fluorouracil soln 5%	
fluticasone propionate cream 0.05% (Cutivate)	
fluticasone propionate oint 0.005%	
gentamicin sulfate cream 0.1%	QL (120 grams/90 days)
gentamicin sulfate oint 0.1%	QL (120 grams/90 days)
halobetasol propionate cream 0.05% (Ultravate)	QL (180 grams/90 days)
hydrocortisone cream 2.5%	
hydrocortisone oint 2.5%	
hydrocortisone valerate cream 0.2%	
imiquimod cream 5% (Aldara)	QL (48 packs/180 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	QL (60 capsules/30 days)
ketoconazole cream 2%	QL (180 grams/30 days)
ketoconazole shampoo 2% (Nizoral)	
lidocaine hcl soln 4% (Xylocaine)	QL (120 mls/30 days)
lidocaine oint 5%	PA, QL (120 grams/30 days)
lidocaine patch 5% (Lidoderm)	PA, QL (120 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5% (Emla)	QL (60 grams/30 days)

Drug Name	Requirements/Limits
malathion lotion 0.5% (Ovide)	
metronidazole cream 0.75% (Metrocream)	
metronidazole gel 0.75%	
metronidazole gel 1% (Metrogel)	QL (60 grams/30 days)
mometasone furoate cream 0.1% (Elocon)	
mometasone furoate oint 0.1% (Elocon)	QL (100 grams/30 days)
mometasone furoate solution 0.1% (lotion) (Elocon)	
mupirocin oint 2% (Bactroban)	
nystatin cream 100000 unit/gm	
nystatin oint 100000 unit/gm	
nystatin topical powder 100000 unit/gm	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	
permethrin cream 5% (Elimite)	
selenium sulfide lotion 2.5%	
silver sulfadiazine cream 1% (Silvadene)	
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	PA, QL (1 syringe/84 days), SP
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	PA, QL (1 injection device/84 days), SP
SOOLANTRA - ivermectin cream 1%	QL (45 grams/30 days)
SOTYKTU - deucravacitinib tab 6 mg	PA, QL (30 tablets/30 days), SP
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	PA, QL (1 syringe/84 days), SP
STELARA - ustekinumab inj 45 mg/0.5ml	PA, QL (1 vial/84 days), SP
sulfacetamide sodium lotion 10% (acne) (Klaron)	
tacrolimus oint 0.03%, 0.1% (Protopic)	ST
tazarotene cream 0.05%, 0.1% (Tazorac)	
tazarotene gel 0.05%, 0.1% (Tazorac)	PA
TAZORAC - tazarotene cream 0.05%	
TREMFYA - guselkumab soln auto-injector 100 mg/ml	PA, QL (1 pen/56 days), SP
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	PA, QL (1 pen/28 days), SP
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	PA, QL (1 syringe/56 days), SP
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	PA, QL (1 syringe/28 days), SP
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	
tretinoin gel 0.01% (Retin-a)	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	
triamcinolone acetonide lotion 0.025%, 0.1%	
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	SP
MISCELLANEOUS PRODUCTS	
ANTIDOTES	
CHEMET - succimer cap 100 mg	

Drug Name	Requirements/Limits
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	
NALOXONE HYDROCHLORIDE - naloxone hcl soln prefilled syringe 0.4 mg/ml	
naltrexone hcl tab 50 mg	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	
DIAGNOSTIC PRODUCTS	
INSULIN PEN NEEDLES – VARIOUS	QL (300 needles/30 days)
INSULIN SYRINGES – VARIOUS	QL (300 syringes/30 days)
LANCETS – VARIOUS	
TEST STRIPS –CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO	QL (204 strips/30 days)
MEDICAL DEVICES	
BREATHERITE– spacer/aerosol-holding chambers – device	
DEXCOM G6 RECEIVER - continuous glucose system receiver	PA, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	PA, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	PA, QL (1 box/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	PA, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous glucose system sensor	PA, QL (3 sensors/30 days)
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	QL (15 kits/30 days)
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	QL (30 kits/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	PA, QL (1 kit/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	QL (1 kit/720 days)
ILET STARTER KIT - INSET - insulin infusion pump supplies	QL (1 kit/720 days)
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	PA, QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump reservoir	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	PA, QL (1 kit/720 days)
TWIIST REFILL KIT - insulin infusion pump supplies	QL (15 kits/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion pump supplies	QL (1 kit/720 days)
TWIIST STARTER KIT - insulin infusion pump - kit	QL (1 kit/720 days)
ASSORTED CLASSES	
azathioprine tab 50 mg (Imuran)	
cyclosporine cap 25 mg, 100 mg (Sandimmune)	
cyclosporine modified cap 25 mg, 100 mg (Neoral)	
cyclosporine modified cap 50 mg (Cyclosporine modifie)	

Drug Name	Requirements/Limits
cyclosporine modified oral soln 100 mg/ml (Neoral)	
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	
lenalidomide caps 2.5 mg (Revlimid)	PA, QL (30 capsules/30 days), SP
lenalidomide cap 5 mg, 10 mg (Revlimid)	PA, QL (30 capsules/30 days), SP
lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid)	PA, QL (21 capsules/28 days), SP
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	
mycophenolate mofetil cap 250 mg (Cellcept)	
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	
mycophenolate mofetil tab 500 mg (Cellcept)	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	
penicillamine tab 250 mg (Depen titratabs)	SP
REVLIMID - lenalidomide caps 2.5 mg	PA, QL (30 capsules/30 days), SP
REVLIMID - lenalidomide cap 5 mg, 10 mg	PA, QL (30 capsules/30 days), SP
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg	PA, QL (21 capsules/28 days), SP
sirolimus oral soln 1 mg/ml (Rapamune)	
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sodium polystyrene sulfonate powder	
sodium polystyrene sulfonate susp 15 gm/60ml	
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	
THALOMID - thalidomide cap 50 mg	PA, QL (90 capsules/30 days), SP
THALOMID - thalidomide cap 100 mg	PA, QL (120 capsules/30 days), SP
VELTASSA - patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	
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ciprofloxacin hcl tab 750 mg (base equiv) **2**
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) **2**
citalopram hydrobromide oral soln 10 mg/5ml **27**
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) **27**
clarithromycin tab er 24hr 500 mg **1**
clarithromycin tab 250 mg, 500 mg **1**
clindamycin hcl cap 75 mg, 150 mg, 300 mg **5**
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) **5**
clindamycin phosphate gel 1% **43**
clindamycin phosphate lotion 1% **43**
clindamycin phosphate soln 1% **43**
clindamycin phosphate swab 1% **43**
clindamycin phosphate vaginal cream 2% **26**
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clobetasol propionate cream 0.05% **43**
clobetasol propionate emollient base cream 0.05% **43**
clobetasol propionate foam 0.05% **43**
clobetasol propionate gel 0.05% **43**
clobetasol propionate oint 0.05% **43**
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clomiphene citrate tab 50 mg **15**
clomipramine hcl cap 25 mg, 50 mg, 75 mg **27**
clonazepam tab 0.5 mg, 1 mg, 2 mg **35**
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desmopressin acetate nasal spray soln 0.01% (refrigerated).....15
desmopressin acetate preservative free (pf) inj 4 mcg/ml.....15
desmopressin acetate tab 0.1 mg, 0.2 mg..... 15
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desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... 10
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estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg....10
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)....10
estradiol tab 0.5 mg, 1 mg, 2 mg....10
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)....10

estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr....10
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr....10
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ethosuximide cap 250 mg....36
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