BlueCross BlueShield of Texas

Multi-Tier Basic Annual Drug List – Updated 4/1/25

April 2025

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 Generic, Non-Preferred Brand and 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. Note: Covered substance use disorder drugs (those FDA-approved for treatment of opioid drug abuse, alcohol abuse and to quit tobacco use) may be in the lowest tiers. Substance use disorder brand drugs may be in the lowest brand tier and generic drugs in the lowest generic tier, based on your benefit plan. 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 tab 500-125 mg, 875-125 mg (Augmentin)	
ampicillin cap 500 mg	
penicillin v potassium tab 250 mg, 500 mg	
CEPHALOSPORINS	
cefadroxil cap 500 mg	
cefdinir cap 300 mg	
cefprozil tab 250 mg	
cefuroxime axetil tab 250 mg, 500 mg	
cephalexin cap 250 mg, 500 mg (Keflex)	
MACROLIDES	
azithromycin for susp 200 mg/5ml (Zithromax)	
azithromycin tab 250 mg, 500 mg (Zithromax)	QL (60 tablets/180 days)
DIFICID - fidaxomicin tab 200 mg	
DIFICID - fidaxomicin for susp 40 mg/ml	
TETRACYCLINES	
doxycycline hyclate cap 50 mg	
doxycycline hyclate cap 100 mg (Vibramycin)	
doxycycline hyclate tab 20 mg, 100 mg	
doxycycline monohydrate cap 50 mg	
doxycycline monohydrate cap 100 mg (Monodox)	
doxycycline monohydrate tab 50 mg, 100 mg	
minocycline hcl cap 50 mg (Minocin)	
FLUOROQUINOLONES	
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	
ciprofloxacin hcl tab 750 mg (base equiv)	
levofloxacin tab 250 mg, 500 mg, 750 mg (Levaquin)	
AMINOGLYCOSIDES	
HUMATIN - paromomycin sulfate cap 250 mg	
neomycin sulfate tab 500 mg	
ANTIMYCOBACTERIAL AGENTS	
ethambutol hcl tab 100 mg	
isoniazid tab 300 mg	
PRIFTIN - rifapentine tab 150 mg	

Drug Name	Requirements/Limits
ANTIFUNGALS	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	PA
terbinafine hcl tab 250 mg (Lamisil)	
ANTIVIRALS	
acyclovir cap 200 mg (Zovirax)	
acyclovir tab 400 mg, 800 mg (Zovirax)	
APRETUDE - cabotegravir im extended release susp 600 mg/3ml	
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)
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)
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
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)
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)
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 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)
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)

Drug Name	Requirements/Limits
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)
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 (Valtrex)	
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
ANTIMALARIALS	
hydroxychloroquine sulfate tab 100 mg	
ANTHELMINTICS	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	
ANTI-INFECTIVE AGENTS - MISC.	
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	
IMPAVIDO - miltefosine cap 50 mg	
metronidazole tab 250 mg, 500 mg (Flagyl)	
NITAZOXANIDE - nitazoxanide tab 500 mg	QL (6 tablets/30 days)
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	
XIFAXAN - rifaximin tab 550 mg	QL (60 tablets/30 days)
ANTINEOPLASTIC AGENTS	
ANTINEOPLASTICS	
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
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

Drug Name	Requirements/Limits
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
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	PA, QL (63 tablets/28 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
ETOPOSIDE - etoposide cap 50 mg	SP
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	SP
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
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
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)	
LEUKERAN - chlorambucil tab 2 mg	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 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

Drug Name	Requirements/Limits
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	PA, QL (30 tablets/30 days), SP
MESNEX - mesna tab 400 mg	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	
methotrexate sodium tab 2.5 mg (base equiv)	
MYLERAN - busulfan tab 2 mg	SP
NUBEQA - darolutamide tab 300 mg	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
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
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
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	PA, QL (120 capsules/30 days), SP
TIBSOVO - ivosidenib tab 250 mg	PA, QL (60 tablets/30 days), 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

Drug Name	Requirements/Limits
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	
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	
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	
methylprednisolone tab 4 mg, 16 mg, 32 mg (Medrol)	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	
prednisolone soln 15 mg/5ml	
PREDNISONE - prednisone oral soln 5 mg/5ml	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	
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 tab 0.5 mg, 1 mg, 2 mg (Estrace)	
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	PA, QL (30 tablets/30 days)
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	

Drug Name	Requirements/Limits
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)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	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)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	AC
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	AC
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	AC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	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	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 ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	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	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)	
progesterone cap 100 mg (Prometrium)	
ANTIDIABETICS	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	
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)	

Drug Name	Requirements/Limits
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	
glipizide tab 5 mg, 10 mg (Glucotrol)	
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)
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)	
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)
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)

Drug Name	Requirements/Limits
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)
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)

Drug Name	Requirements/Limits
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 (Cytomel)	
methimazole tab 5 mg, 10 mg (Tapazole)	
ENDOCRINE and METABOLIC AGENTS - MISC.	
alendronate sodium tab 10 mg, 35 mg	
alendronate sodium tab 70 mg (Fosamax)	
calcitriol cap 0.25 mcg (Rocaltrol)	
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

Drug Name	Requirements/Limits
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
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	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
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
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	SP
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	PA, SP
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	PA, QL (1.56 mls/30 days), SP
CARDIOVASCULAR AGENTS	
CARDIOTONICS	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	
ANTIANGINAL AGENTS	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	
nitroglycerin sl tab 0.3 mg, 0.4 mg (Nitrostat)	
BETA BLOCKERS	
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	
bisoprolol fumarate tab 5 mg	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	
labetalol hcl tab 100 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, 37.5 mg, 75 mg	
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	
propranolol hcl cap er 24hr 60 mg, 80 mg (Inderal la)	
propranolol hcl oral soln 20 mg/5ml	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg	
sotalol hcl (afib/afl) tab 80 mg, 120 mg (Betapace af)	

Drug Name	Requirements/Limits
sotalol hcl tab 80 mg, 120 mg (Betapace)	
CALCIUM CHANNEL BLOCKERS	
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	
diltiazem hcl cap er 24hr 120 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 (Tiazac)	
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	
nifedipine tab er 24hr 30 mg (Adalat cc)	
nifedipine tab er 24hr 60 mg, 90 mg	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	
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 200 mg (Cordarone)	
flecainide acetate tab 50 mg	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	
propafenone hcl tab 150 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)	
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	
benazepril hcl tab 5 mg	
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	
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)	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	
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)	

Drug Name	Requirements/Limits
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)	
minoxidil tab 2.5 mg, 10 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)	
prazosin hcl cap 1 mg, 2 mg (Minipress)	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	
telmisartan tab 20 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 (Diovan hct)	
DIURETICS	
acetazolamide tab 125 mg	
amiloride hcl tab 5 mg	
bumetanide tab 0.5 mg (Bumex)	
bumetanide tab 1 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	
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)	
ANTIHYPERLIPIDEMICS	
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	AC
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	
ezetimibe tab 10 mg (Zetia)	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	

Drug Name	Requirements/Limits
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)
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.	
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)
OPSUMIT - macitentan tab 10 mg	PA, QL (30 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
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	PA, QL (120 capsules/30 days), SP
ERECTILE DYSFUNCTION	
sildenafil citrate tab 25 mg, 50 mg, 100 mg (Viagra)	QL (8 tablets/30 days)
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	

Drug Name	Requirements/Limits
desloratadine tab 5 mg (Clarinex)	
levocetirizine dihydrochloride tab 5 mg	
promethazine hcl oral soln 6.25 mg/5ml	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	
NASAL AGENTS - SYSTEMIC and TOPICAL	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
fluticasone propionate nasal susp 50 mcg/act	
COUGH/COLD/ALLERGY	
benzonatate cap 100 mg (Tessalon perles)	
benzonatate cap 200 mg	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hycodan)	
promethazine w/ codeine syrup 6.25-10 mg/5ml	
promethazine-dm syrup 6.25-15 mg/5ml	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	
sodium chloride soln nebu 3%, 10%	
sodium chloride soln nebu 7% (Hypersal)	
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 soln nebu 0.083% (2.5 mg/3ml)	QL (125 containers/30 days)
albuterol sulfate syrup 2 mg/5ml	
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)
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)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	QL (2 inhalers/30 days)

Drug Name	Requirements/Limits
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)
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)
montelukast sodium chew tab 4 mg (base equiv), 5 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)
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)
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	PA, QL (1 pen/28 days), SP
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
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

Drug Name	Requirements/Limits
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	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	AC
ANTIDIARRHEALS	
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	
ULCER DRUGS	
cimetidine tab 200 mg	
dicyclomine hcl cap 10 mg (Bentyl)	
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)
famotidine tab 20 mg, 40 mg (Pepcid)	
glycopyrrolate tab 1 mg (Robinul)	
lansoprazole cap delayed release 30 mg (Prevacid)	QL (60 capsules/30 days)
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)
rabeprazole sodium ec tab 20 mg (Aciphex)	QL (60 tablets/30 days)
ANTIEMETICS	
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	QL (9 kits/30 days)
meclizine hcl tab 12.5 mg, 25 mg	
ondansetron hcl oral soln 4 mg/5ml	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)
trimethobenzamide hcl cap 300 mg	
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

Drug Name	Requirements/Limits
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.	
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)
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
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 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)
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	ST
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)	
VAGINAL PRODUCTS	
CRINONE - progesterone vaginal gel 4%, 8%	QL (60 applicators/30 days)
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	
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)	
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)	

Drug Name	Requirements/Limits
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	
diazepam oral soln 1 mg/ml	
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	
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	
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	
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	
doxepin hcl cap 10 mg, 25 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 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 tab 10 mg	
fluvoxamine maleate tab 25 mg	
imipramine hcl tab 10 mg, 25 mg, 50 mg (Tofranil)	
mirtazapine tab 15 mg, 30 mg, 45 mg (Remeron)	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	
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)	
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 (Abilify)	QL (30 tablets/30 days), ST
clozapine tab 25 mg (Clozaril)	QL (270 tablets/30 days)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	

Drug Name	Requirements/Limits
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	
haloperidol tab 0.5 mg, 1 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	
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Zyprexa)	QL (60 tablets/30 days)
olanzapine tab 15 mg (Zyprexa)	QL (30 tablets/30 days)
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine)	
prochlorperazine maleate tab 10 mg (base equivalent)	
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 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)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	QL (30 tablets/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)
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)
HYPNOTICS	
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	QL (30 tablets/30 days), ST
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	QL (30 tablets/30 days)
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 60 mg, 100 mg	
temazepam cap 15 mg, 30 mg (Restoril)	
triazolam tab 0.125 mg	
triazolam tab 0.25 mg (Halcion)	
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 tab 5 mg (Adderall)	QL (60 tablets/30 days)
armodafinil tab 50 mg (Nuvigil)	
dexmethylphenidate hcl tab 2.5 mg, 5 mg (Focalin)	QL (60 tablets/30 days)
diethylpropion hcl tab 25 mg	PA, QL (90 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)

Drug Name	Requirements/Limits
methylphenidate hcl tab 5 mg, 10 mg (Ritalin)	QL (90 tablets/30 days)
phendimetrazine tartrate tab 35 mg	PA, QL (180 tablets/30 days)
phentermine hcl cap 15 mg, 30 mg	QL (30 capsules/30 days)
phentermine hcl cap 37.5 mg (Adipex-p)	QL (30 capsules/30 days)
phentermine hcl tab 37.5 mg (Adipex-p)	QL (30 tablets/30 days)
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.	
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
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	
donepezil hydrochloride tab 5 mg, 10 mg (Aricept)	
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
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 tab 5 mg, 10 mg (Namenda)	
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

Drug Name	Requirements/Limits
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
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)
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
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	
aspirin chew tab 81 mg	AC
aspirin tab delayed release 81 mg	AC
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Esgic)	
ANALGESICS - NARCOTIC	
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	
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)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen tab 2.5-325 mg	
hydrocodone-acetaminophen tab 10-325 mg, 5-300 mg	
hydrocodone-acetaminophen tab 5-325 mg, 7.5-325 mg (Norco)	
hydromorphone hcl tab 2 mg, 4 mg (Dilaudid)	
methadone hcl tab 5 mg (Dolophine hcl)	
morphine sulfate oral soln 10 mg/5ml	
morphine sulfate tab er 15 mg (Ms contin)	QL (90 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	
oxycodone hcl tab 5 mg (Roxicodone)	
oxycodone hcl tab 10 mg	
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	
tramadol hcl tab 50 mg (Ultram)	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	

Drug Name	Requirements/Limits
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)
diclofenac sodium tab delayed release 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
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
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 er 75 mg	
indomethacin cap 25 mg, 50 mg	
ketorolac tromethamine tab 10 mg	QL (20 tablets/30 days)
meloxicam tab 7.5 mg, 15 mg (Mobic)	
nabumetone tab 500 mg, 750 mg	
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

Drug Name	Requirements/Limits
piroxicam cap 10 mg	
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)
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)
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), 10 mg (base equivalent) (Maxalt)	QL (18 tablets/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)	
NEUROMUSCULAR DRUGS	
ANTICONVULSANTS	
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	
DILANTIN - phenytoin sodium extended cap 30 mg	

Drug Name	Requirements/Limits
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	
EPIDIOLEX - cannabidiol soln 100 mg/ml	PA
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	
gabapentin tab 600 mg, 800 mg (Neurontin)	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	
levetiracetam tab 250 mg, 500 mg (Keppra)	
oxcarbazepine tab 150 mg (Trileptal)	
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (Lyrica)	QL (90 capsules/30 days)
primidone tab 50 mg (Mysoline)	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	
zonisamide cap 25 mg (Zonegran)	
zonisamide cap 50 mg	
ANTIPARKINSON AGENTS	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	
carbidopa & levodopa tab 10-100 mg (Sinemet)	
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)	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg (Requip)	
trihexyphenidyl hcl tab 2 mg, 5 mg	
MUSCULOSKELETAL THERAPY AGENTS	
baclofen tab 10 mg, 20 mg	
carisoprodol tab 350 mg (Soma)	
cyclobenzaprine hcl tab 5 mg, 10 mg	
methocarbamol tab 500 mg (Robaxin)	
methocarbamol tab 750 mg (Robaxin-750)	
tizanidine hcl cap 2 mg (base equivalent) (Zanaflex)	QL (180 capsules/30 days)
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)
NUTRITIONAL PRODUCTS	
VITAMINS	
cholecalciferol cap 1.25 mg (50000 unit)	
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	
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	

Drug Name	Requirements/Limits
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	
MINERALS and ELECTROLYTES	
potassium chloride cap er 8 meq, 10 meq	
potassium chloride microencapsulated crys er tab 10 meq, 20 meq	
potassium chloride tab er 8 meq (600 mg)	
potassium chloride tab er 10 meq, 20 meq (1500 mg) (K-tab)	
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
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	AC
folic acid cap 0.8 mg	AC
folic acid tab 400 mcg, 800 mcg	AC
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)
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg (Coumadin)	

Drug Name	Requirements/Limits
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
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
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
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
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

Drug Name	Requirements/Limits
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
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
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

Drug Name	Requirements/Limits
TOPICAL PRODUCTS	
OPHTHALMIC AGENTS	
azelastine hcl ophth soln 0.05%	
BACITRACIN - bacitracin ophth oint 500 unit/gm	
bacitracin-polymyxin b ophth oint	
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	
gentamicin sulfate ophth soln 0.3% (Garamycin)	
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%	
LUMIGAN - bimatoprost ophth soln 0.01%	QL (2.5 mls/20 days), ST
NATACYN - natamycin ophth susp 5%	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	
ofloxacin ophth soln 0.3% (Ocuflox)	
olopatadine hcl ophth soln 0.2% (base equivalent)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	
tobramycin ophth soln 0.3% (Tobrex)	QL (15 ml/30 days)
TRIFLURIDINE - trifluridine ophth soln 1%	
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	
MOUTH/THROAT/DENTAL AGENTS	
chlorhexidine gluconate soln 0.12% (Peridex)	
lidocaine hcl viscous soln 2%	
nystatin susp 100000 unit/ml	
sodium fluoride cream 1.1% (Prevident 5000 plus)	AC
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	AC
sodium fluoride paste 1.1% (Prevident 5000 boost)	AC
sodium fluoride rinse 0.2% (Prevident rinse)	AC
DERMATOLOGICALS	

Drug Name	Requirements/Limits
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	PA, QL (2 pens/28 days), SP
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	PA, QL (4 mls/28 days), SP
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	QL (100 grams/30 days)
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	PA, QL (30 tablets/30 days), SP
clotrimazole cream 1%	
clotrimazole w/ betamethasone cream 1-0.05%	
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
diclofenac sodium gel 1% (1.16% diethylamine equiv)	
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
FINACEA - azelaic acid foam 15%	
fluticasone propionate cream 0.05%	
hydrocortisone cream 1%, 2.5%	
hydrocortisone oint 1%, 2.5%	
ketoconazole shampoo 2% (Nizoral)	
lidocaine oint 5%	PA, QL (120 grams/30 days)
lidocaine-prilocaine cream 2.5-2.5%	QL (60 grams/30 days)
mometasone furoate oint 0.1% (Elocon)	QL (100 grams/30 days)
mupirocin oint 2% (Bactroban)	
nystatin cream 100000 unit/gm	
nystatin oint 100000 unit/gm	
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
TAZORAC - tazarotene cream 0.05%	
TREMFYA - guselkumab soln auto-injector 100 mg/ml	PA, QL (1 pen/56 days), SP

Drug Name	Requirements/Limits
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
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	
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	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	
naloxone hcl inj 4 mg/10ml	
NALOXONE HYDROCHLORIDE - naloxone hcl soln prefilled syringe 0.4 mg/ml	
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)

Drug Name	Requirements/Limits
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	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	
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
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)	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	PA, QL (120 capsules/30 days), SP

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ciprofloxacin hcl ophth soln 0.3% (base equivalent)..... 29
ciprofloxacin hcl tab 750 mg (base equiv).....1
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv).....1
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv).....19
clindamycin hcl cap 75 mg, 150 mg, 300 mg.....3
clonazepam tab 0.5 mg, 1 mg, 2 mg.....24
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg..... 12
clopidogrel bisulfate tab 75 mg (base equiv)..... 27
clotrimazole cream 1%..... 30
clotrimazole w/ betamethasone cream 1-0.05%..... 30
clozapine tab 25 mg.....19
COAGADEX.....27
COMBIPATCH.....6
COMBIVENT RESPIMAT..... 15
CORIFACT..... 27
CORLANOR..... 14
COSENTYX..... 30
COSENTYX SENSOREADY PEN.....30
COSENTYX UNOREADY..... 30
COTELLIC.....4
CREON..... 17
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cyanocobalamin inj 1000 mcg/ml.....26
cyclobenzaprine hcl tab 5 mg, 10 mg.....25
cyclopentolate hcl ophth soln 1%.....29
cyproheptadine hcl syrup 2 mg/5ml..... 14
cyproheptadine hcl tab 4 mg.....14
CYSTAGON..... 18

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DELSTRIGO..... 2
DESCOVY.....2
desloratadine tab 5 mg.....15
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....7
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....7
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....6
DEXCOM G6 RECEIVER..... 31
DEXCOM G7 RECEIVER..... 31
DEXCOM G6 SENSOR..... 31
DEXCOM G7 SENSOR..... 31
DEXCOM G6 TRANSMITTER.....31
dexmethylphenidate hcl tab 2.5 mg, 5 mg..... 20
diazepam oral soln 1 mg/ml.....19
diazepam tab 2 mg, 5 mg, 10 mg..... 19
diclofenac sodium gel 1% (1.16% diethylamine equiv)..... 30
diclofenac sodium ophth soln 0.1%..... 29
diclofenac sodium tab delayed release 50 mg, 75 mg..... 23
dicyclomine hcl cap 10 mg.....17
dicyclomine hcl tab 20 mg.....17
diethylpropion hcl tab 25 mg.....20
DIFICID..... 1
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....11
DILANTIN.....24
diltiazem hcl cap er 24hr 120 mg.....12
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg.....12
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg.....12
diltiazem hcl tab 30 mg, 60 mg, 120 mg.....12
diphenoxylate w/ atropine tab 2.5-0.025 mg..... 17
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....25
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....21
donepezil hydrochloride tab 5 mg, 10 mg..... 21
DOPTELET..... 26
dorzolamide hcl ophth soln 2%.....29
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....29

DOVATO....2
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg....12
doxepin hcl cap 10 mg, 25 mg....19
doxepin hcl conc 10 mg/ml....19
doxycycline hyclate cap 50 mg....1
doxycycline hyclate cap 100 mg....1
doxycycline hyclate tab 20 mg, 100 mg....1
doxycycline monohydrate cap 50 mg....1
doxycycline monohydrate cap 100 mg....1
doxycycline monohydrate tab 50 mg, 100 mg....1
drospirenone-ethinyl estradiol tab 3-0.02 mg....7
drospirenone-ethinyl estradiol tab 3-0.03 mg....7
DUAVEE....6
DULERA....16
duloxetine hcl enteric coated pellets cap 30 mg (base eq)....19
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)....19
DUPIXENT....30
dutasteride cap 0.5 mg....18

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ELIQUIS STARTER PACK....26
ELLA....7
ELOCTATE....27
EMEND....17
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EMPAVELI....27
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enalapril maleate & hydrochlorothiazide tab 10-25 mg....12
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg....12
ENBREL....23
ENBREL MINI....23
ENBREL SURECLICK....23
ENTRESTO....14
ENTYVIO PEN....18
EPCLUSA....2
EPIDIOLEX....25
ergocalciferol cap 1.25 mg (50000 unit)....25
ERIVEDGE....4
ERLEADA....4
erythromycin ophth oint 5 mg/gm....29
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)....19
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)....17
ESPEROCT....27
estradiol tab 0.5 mg, 1 mg, 2 mg....6
ESTRING....18
eszopiclone tab 1 mg, 2 mg, 3 mg....20
ethambutol hcl tab 100 mg....1
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg....7
ETOPOSIDE....4
ezetimibe tab 10 mg....13

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FABHALTA....27
famotidine tab 20 mg, 40 mg....17
FARXIGA....7
FASENRA PEN....16
FEIBA....27
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg....12
fenofibrate micronized cap 67 mg, 134 mg, 200 mg....13
fenofibrate tab 48 mg, 145 mg....14
fenofibrate tab 54 mg, 160 mg....14
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)....26
FIASP....9
FIASP FLEXTOUCH....9
FIASP PENFILL....9
FINACEA....30
finasteride tab 5 mg....18
flecainide acetate tab 50 mg....12
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg....2
fludrocortisone acetate tab 0.1 mg....6
fluoxetine hcl cap 10 mg, 20 mg, 40 mg....19
fluoxetine hcl tab 10 mg....19
FLUPHENAZINE HCL....19
FLUPHENAZINE HYDROCHLORID....20
FLUTICASONE PROPIONATE/SA....16
fluticasone propionate cream 0.05%....30
fluticasone propionate nasal susp 50 mcg/act....15
fluvoxamine maleate tab 25 mg....19
folic acid cap 0.8 mg....26
folic acid tab 400 mcg, 800 mcg....26
folic acid tab 1 mg....26
FOLLISTIM AQ....10
fosinopril sodium tab 10 mg, 20 mg, 40 mg....12
FULPHILA....26
furosemide oral soln 10 mg/ml....13
furosemide tab 20 mg, 40 mg, 80 mg....13

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gabapentin cap 100 mg, 300 mg, 400 mg....25
gabapentin tab 600 mg, 800 mg....25
gemfibrozil tab 600 mg....14
GENOTROPIN....11
GENOTROPIN MINIQUICK....11
gentamicin sulfate ophth soln 0.3%....29
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glimepiride tab 1 mg, 2 mg, 4 mg....7
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg....8
glipizide tab 5 mg, 10 mg....8
GLUCAGON EMERGENCY KIT FO....8
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg....8
glyburide tab 1.25 mg, 2.5 mg, 5 mg....8
glycopyrrolate tab 1 mg....17
GLYXAMBI....8

guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)..... 20
GVOKE HYPOPEN 1-PACK..... 8
GVOKE HYPOPEN 2-PACK..... 8
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HADLIMA PUSHTOUCH..... 23
haloperidol tab 0.5 mg, 1 mg..... 20
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HEMOFIL M..... 27
HUMALOG..... 9
HUMALOG JUNIOR KWIKPEN..... 9
HUMALOG KWIKPEN..... 9
HUMALOG MIX 75/25..... 9
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HUMALOG MIX 75/25 KWIKPEN..... 9
HUMALOG TEMPO PEN..... 9
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HUMATIN..... 1
HUMIRA..... 23
HUMIRA PEN..... 23
HUMIRA PEN-CD/UC/HS START..... 23
HUMIRA PEN-PS/UV STARTER..... 23
HUMULIN 70/30..... 10
HUMULIN 70/30 KWIKPEN..... 10
HUMULIN N..... 9
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HUMULIN R..... 9
HUMULIN R U-500 (CONCENTR..... 9
HUMULIN R U-500 KWIKPEN..... 9
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg..... 12
hydrochlorothiazide cap 12.5 mg..... 13
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg..... 13
hydrocodone-acetaminophen tab 10-325 mg, 5-300 mg..... 22
hydrocodone-acetaminophen tab 5-325 mg, 7.5-325 mg..... 22
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml..... 15
HYDROCODONE BITARTRATE/AC..... 22
hydrocortisone cream 1%, 2.5%..... 30
hydrocortisone oint 1%, 2.5%..... 30
hydromorphone hcl tab 2 mg, 4 mg..... 22
hydroxychloroquine sulfate tab 100 mg..... 3
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg..... 19
hydroxyzine pamoate cap 25 mg, 50 mg..... 19

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ibandronate sodium tab 150 mg (base equivalent)..... 11
IBRANCE..... 4
ibuprofen susp 100 mg/5ml..... 23
ibuprofen tab 400 mg, 600 mg, 800 mg..... 23
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ILET INSULIN INFUSION KIT..... 31
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ILET STARTER KIT - CONTAC..... 31
ILET STARTER KIT - INSET..... 31
IMBRUVICA..... 4
imipramine hcl tab 10 mg, 25 mg, 50 mg..... 19
IMPAVIDO..... 3
INBRIJA..... 25
INCRELEX..... 11
INCRUSE ELLIPTA..... 16
indapamide tab 1.25 mg, 2.5 mg..... 13
indomethacin cap er 75 mg..... 23
indomethacin cap 25 mg, 50 mg..... 23
INSULIN GLARGINE-YFGN..... 10
INSULIN PEN NEEDLES – VARIOUS..... 31
INSULIN SYRINGES – VARIOUS..... 31
INTELENCE..... 2
ipratropium bromide inhal soln 0.02%..... 16
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg..... 12
irbesartan tab 75 mg, 150 mg, 300 mg..... 12
ISENTRESS..... 2
ISENTRESS HD..... 2
isoniazid tab 300 mg..... 1
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg..... 11
IXINITY..... 28

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JANUMET..... 8
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KESIMPTA..... 21
ketoconazole shampoo 2%..... 30
ketorolac tromethamine ophth soln 0.5%..... 29
ketorolac tromethamine tab 10 mg..... 23
KISQALI..... 4
KLOXXADO..... 31
KOATE..... 28
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KOSHER PRENATAL PLUS IRON..... 25
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labetalol hcl tab 100 mg..... 11
lactulose (encephalopathy) solution 10 gm/15ml..... 18
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lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg..... 25
LANCETS – VARIOUS..... 31

lansoprazole cap delayed release 30 mg....17
latanoprost ophth soln 0.005%....29
LENVIMA 4 MG DAILY DOSE....4
LENVIMA 8 MG DAILY DOSE....4
LENVIMA 10 MG DAILY DOSE....4
LENVIMA 12MG DAILY DOSE....4
LENVIMA 14 MG DAILY DOSE....4
LENVIMA 18 MG DAILY DOSE....4
LENVIMA 20 MG DAILY DOSE....4
LENVIMA 24 MG DAILY DOSE....4
letrozole tab 2.5 mg....4
LEUKERAN....4
levetiracetam tab 250 mg, 500 mg....25
levocetirizine dihydrochloride tab 5 mg....15
levofloxacin tab 250 mg, 500 mg, 750 mg....1
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....7
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg....7
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....7
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)....7
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....10
lidocaine hcl viscous soln 2%....29
lidocaine oint 5%....30
lidocaine-prilocaine cream 2.5-2.5%....30
LINZESS....18
liothyronine sodium tab 5 mcg, 25 mcg....10
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg....12
lisinopril tab 2.5 mg, 30 mg, 40 mg....12
lisinopril tab 5 mg, 10 mg, 20 mg....13
lithium carbonate cap 300 mg....20
lithium carbonate cap 150 mg, 600 mg....20
lithium carbonate tab er 300 mg....20
lithium carbonate tab er 450 mg....20
lithium carbonate tab 300 mg....20
LOKELMA....32
LO LOESTRIN FE....7
lorazepam tab 0.5 mg, 1 mg, 2 mg....19
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg....13
losartan potassium tab 25 mg, 50 mg, 100 mg....13
LOTEMAX....29
LOTEMAX SM....29
lovastatin tab 10 mg....14
lovastatin tab 20 mg....14
lovastatin tab 40 mg....14
LUMIGAN....29
LYNPARZA....4
LYUMJEV....9
LYUMJEV KWIKPEN....9
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MAVENCLAD....21
MAVYRET....2
MAYZENT....21
MAYZENT STARTER PACK....21
meclizine hcl tab 12.5 mg, 25 mg....17
medroxyprogesterone acetate im susp 150 mg/ml....7
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml....7
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg....7
megestrol acetate tab 20 mg, 40 mg....4
MEKINIST....4
meloxicam tab 7.5 mg, 15 mg....23
memantine hcl tab 5 mg, 10 mg....21
MESNEX....5
metformin hcl tab er 24hr 500 mg, 750 mg....8
metformin hcl tab 500 mg, 850 mg, 1000 mg....8
methadone hcl tab 5 mg....22
methimazole tab 5 mg, 10 mg....10
methocarbamol tab 500 mg....25
methocarbamol tab 750 mg....25
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)....5
methotrexate sodium tab 2.5 mg (base equiv)....5
methylphenidate hcl tab 5 mg, 10 mg....21
methylprednisolone tab 4 mg, 16 mg, 32 mg....6
methylprednisolone tab therapy pack 4 mg (21)....6
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)....18
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)....11
metoprolol tartrate tab 50 mg, 100 mg....11
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg....11
metronidazole tab 250 mg, 500 mg....3
minocycline hcl cap 50 mg....1
minoxidil tab 2.5 mg, 10 mg....13
mirtazapine tab 15 mg, 30 mg, 45 mg....19
misoprostol tab 100 mcg, 200 mcg....17
mometasone furoate oint 0.1%....30
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)....16
montelukast sodium tab 10 mg (base equiv)....16
morphine sulfate oral soln 10 mg/5ml....22
morphine sulfate tab er 15 mg....22
morphine sulfate tab 15 mg....22
MOUNJARO....8
MOVANTIK....18
MULTAQ....12
mupirocin oint 2%....30
MYFEMBREE....6
MYHIBBIN....32
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nabumetone tab 500 mg, 750 mg....23
naloxone hcl inj 4 mg/10ml....31
NALOXONE HYDROCHLORIDE....31
naproxen tab 250 mg, 375 mg, 500 mg....23
NATACYN....29
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)....11
neomycin-polymyxin-dexamethasone ophth oint 0.1%....29
neomycin-polymyxin-dexamethasone ophth susp 0.1%....29
neomycin sulfate tab 500 mg....1
nevirapine tab 200 mg....2
NEXIUM....17
NEXLETOL....14
NEXLIZET....14
NICOTROL INHALER....21
NICOTROL NS....21
nifedipine tab er 24hr 30 mg....12
nifedipine tab er 24hr 60 mg, 90 mg....12
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg....12
NITAZOXANIDE....3
nitrofurantoin macrocrystalline cap 100 mg....3
nitrofurantoin monohydrate macrocrystalline cap 100 mg....3
nitroglycerin sl tab 0.3 mg, 0.4 mg....11
NITYR....11
NIVESTYM....26
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg....7
norethindrone & ethinyl estradiol tab 1 mg-35 mcg....7
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg....7
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg....7
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg....7
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg....7
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)....7
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg....7
Norethindrone tab 0.35 mg....7
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg....7
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg....7
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg....7
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg....7
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg....19
NORVIR....2
NOVOEIGHT....28
NOVOLIN 70/30....10
NOVOLIN 70/30 FLEXPEN....10
NOVOLIN N....10
NOVOLIN N FLEXPEN....10
NOVOLIN R....9
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NOVOLOG....9
NOVOLOG FLEXPEN....9
NOVOLOG MIX 70/30....10
NOVOLOG MIX 70/30 PREFILL....10
NOVOLOG PENFILL....9
NOVOSEVEN RT....28
NOXAFIL....2
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NUVARING....7
NUWIQ....28
nystatin cream 100000 unit/gm....30
nystatin oint 100000 unit/gm....30
nystatin susp 100000 unit/ml....29
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OBIZUR....28
ODEFSEY....2
ofloxacin ophth soln 0.3%....29
olanzapine tab 15 mg....20
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg....20
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg....13
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg....13
olopatadine hcl ophth soln 0.2% (base equivalent)....29
omeprazole cap delayed release 10 mg, 20 mg, 40 mg....17
OMNIPOD DASH INTRO KIT (G....31
OMNIPOD DASH PODS (GEN 4)....31
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OMNIPOD 5 DEXCOM G7G6 POD....31
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OMNITROPE....11
OMVOH....18
ondansetron hcl oral soln 4 mg/5ml....17
ondansetron hcl tab 4 mg, 8 mg....17
ondansetron orally disintegrating tab 4 mg, 8 mg....17
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ORILISSA....11
OTEZLA....23
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oxcarbazepine tab 150 mg....25
oxybutynin chloride solution 5 mg/5ml....18
oxybutynin chloride tab er 24hr 15 mg....18
oxybutynin chloride tab er 24hr 5 mg, 10 mg....18

oxybutynin chloride tab 5 mg....18
oxycodone hcl tab 5 mg....22
oxycodone hcl tab 10 mg....22
oxycodone w/ acetaminophen tab 5-325 mg....22
OZEMPIC....8

P

pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv)....17
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg....19
PAXLOVID....2
PEGASYS....2
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm....17
penicillin v potassium tab 250 mg, 500 mg....1
phendimetrazine tartrate tab 35 mg....21
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 60 mg, 100 mg....20
phentermine hcl cap 37.5 mg....21
phentermine hcl cap 15 mg, 30 mg....21
phentermine hcl tab 37.5 mg....21
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)....8
PIQRAY 200MG DAILY DOSE....5
PIQRAY 250MG DAILY DOSE....5
PIQRAY 300MG DAILY DOSE....5
piroxicam cap 10 mg....24
PLEGRIDY....21
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polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%....29
POMALYST....5
potassium chloride cap er 8 meq, 10 meq....26
potassium chloride microencapsulated crys er tab 10 meq, 20 meq....26
potassium chloride tab er 10 meq, 20 meq (1500 mg)....26
potassium chloride tab er 8 meq (600 mg)....26
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg....25
pravastatin sodium tab 10 mg....14
pravastatin sodium tab 20 mg, 40 mg, 80 mg....14
prazosin hcl cap 1 mg, 2 mg....13
PREDNISOLONE SODIUM PHOSP....29
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)....6
prednisolone soln 15 mg/5ml....6
PREDNISONE....6
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg....6
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)....6
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg....25
PREGNYL....11
PREGNYL W/DILUENT BENZYL....11
PREMARIN....6
PREMPHASE....6
PREMPRO....6
PRENATAL 19....25
PREZISTA....2
PRIFTIN....1
primidone tab 50 mg....25
prochlorperazine maleate tab 5 mg (base equivalent)....20
prochlorperazine maleate tab 10 mg (base equivalent)....20
PROCRIT....26
PROFILNINE....28
progesterone cap 100 mg....7
promethazine-dm syrup 6.25-15 mg/5ml....15
promethazine hcl oral soln 6.25 mg/5ml....15
promethazine hcl tab 12.5 mg, 25 mg, 50 mg....15
promethazine w/ codeine syrup 6.25-10 mg/5ml....15
propafenone hcl tab 150 mg....12
PROPRANOLOL HCL....11
propranolol hcl cap er 24hr 60 mg, 80 mg....11
propranolol hcl oral soln 20 mg/5ml....11
propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg....11
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml....15
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quetiapine fumarate tab er 24hr 50 mg....20
quetiapine fumarate tab er 24hr 150 mg....20
quetiapine fumarate tab 100 mg....20
quetiapine fumarate tab 200 mg....20
quetiapine fumarate tab 25 mg, 50 mg....20
quetiapine fumarate tab 300 mg, 400 mg....20
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg....13
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rabeprazole sodium ec tab 20 mg....17
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg....13
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REBIF REBIDOSE....22
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risperidone tab 3 mg....20
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg....20
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rizatriptan benzoate oral disintegrating tab 5 mg (base eq)....24
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)....24
rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)....24
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg....25
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg....14
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selenium sulfide lotion 2.5%....30
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SEREVENT DISKUS....16
sertraline hcl tab 25 mg, 50 mg, 100 mg....19
sildenafil citrate tab 25 mg, 50 mg, 100 mg....14
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