

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

**2024 Formulary
(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00024193, Version Number 17

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact CareFirst BlueCross BlueShield Advantage DualPrime Member Service at 1-844-786-6762 (TTY users should call 711), 24 hours a day, 7 days a week, or visit carefirstmddsnp.com/

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November 1, 2024

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CareFirst BlueCross BlueShield Medicare Advantage. When it refers to “plan” or “our plan,” it means CareFirst BlueCross BlueShield Advantage DualPrime.

This document includes list of the drugs (formulary) for our plan which is current as of 11/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the CareFirst BlueCross BlueShield Advantage DualPrime Formulary?

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

For a complete listing of all prescription drugs covered by CareFirst BlueCross BlueShield Advantage DualPrime, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CareFirst BlueCross BlueShield Advantage DualPrime’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CareFirst BlueCross BlueShield Medicare Advantage DualPrime Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/01/2024. To get updated information about the drugs covered by CareFirst BlueCross BlueShield Advantage DualPrime please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, **CARDIOVASCULAR**. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 79. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CareFirst BlueCross BlueShield Advantage DualPrime covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CareFirst BlueCross BlueShield Advantage DualPrime requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareFirst BlueCross BlueShield Advantage DualPrime before you fill your prescriptions. If you don't get approval, CareFirst BlueCross BlueShield Advantage DualPrime may not cover the drug.
- **Quantity Limits:** For certain drugs, CareFirst BlueCross BlueShield Advantage DualPrime limits the amount of the drug that CareFirst BlueCross BlueShield Advantage DualPrime will cover. For example, CareFirst BlueCross BlueShield Advantage DualPrime provides 30 tablets per 30 days per prescription for JANUVIA 100 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareFirst BlueCross BlueShield Advantage DualPrime requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CareFirst BlueCross BlueShield Advantage DualPrime may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareFirst BlueCross BlueShield Advantage DualPrime will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CareFirst BlueCross BlueShield Advantage DualPrime to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CareFirst BlueCross BlueShield Advantage DualPrime's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that CareFirst BlueCross BlueShield Advantage DualPrime does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CareFirst BlueCross BlueShield Advantage DualPrime. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CareFirst BlueCross BlueShield Advantage DualPrime.

- You can ask CareFirst BlueCross BlueShield Advantage DualPrime to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CareFirst BlueCross BlueShield Advantage DualPrime's Formulary?

You can ask CareFirst BlueCross BlueShield Advantage DualPrime to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, CareFirst BlueCross BlueShield Advantage DualPrime will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a change in your level of care (such as a move from a hospital to a home setting) and need a drug that is not on our formulary or your ability to get your drugs is limited, we may cover a one-time

temporary supply. The temporary one-time supply must be for a 30-day supply (or a 31-day supply if you reside in a long-term care facility) unless your prescription is for a fewer day supply. You must have drug(s) filled at a network pharmacy. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your CareFirst BlueCross BlueShield Advantage DualPrime prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareFirst BlueCross BlueShield Advantage DualPrime, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

CareFirst BlueCross BlueShield Advantage DualPrime Formulary

The formulary below provides coverage information about the drugs covered by CareFirst BlueCross BlueShield Advantage DualPrime. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

The information in the Requirements/Limits column tells you if CareFirst BlueCross BlueShield Advantage DualPrime has any special requirements for coverage of your drug.

PA – Prior Authorization

We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL – Quantity Limit

For certain drugs, we limit the amount of the drug that you can have by limiting how much of a drug you can get each time you fill your prescription.

ST – Step Therapy

In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

NM - Not Available via Mail-Order

This drug is not available through mail order pharmacy.

LA- Limited Access

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1- 844-786-6762, 24 hours a day, 7 days a week. TTY users should call toll-free TTY 711.

B/D – Drug may be covered under Medicare Part B or D

Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to CareFirst BlueCross BlueShield Advantage DualPrime that describes the use and the place where you receive and take the drug so a determination can be made.

Your 2024 Part D copay varies depending on your level of “extra help” – see table below.

For generic drugs (including brand drugs treated as generic):	
Retail/Mail Order: Up to 90-days Long-Term Care (LTC): Up to 31-days Out-of-Network (OON): Up to 10-days <i>LTC greater than 90-day supply and OON drugs greater than a 10-day supply are not covered.</i>	Based on your level of “extra help” you pay a copay of either: <ul style="list-style-type: none"> • \$0 • \$1.55 • \$4.50
For all other drugs:	
Retail/Mail Order: Up to 90-days Long-Term Care (LTC): Up to 31-days Out-of-Network (OON): Up to 10-days <i>LTC greater than 90-day supply and OON drugs greater than a 10-day supply are not covered.</i>	Based on your level of “extra help” you pay a copay of either: <ul style="list-style-type: none"> • \$0 • \$4.60 • \$11.20
Once you reach the Catastrophic Coverage stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)

Drug Name	Requirements/Limits
ANALGESICS	
GOUT	
<i>allopurinol</i> TABS 100mg, 300mg	
<i>colchicine</i> TABS .6mg	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
MITIGARE CAPS .6mg	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	
NSAIDS	
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	
<i>diflunisal</i> TABS 500mg	
<i>ec-naproxen</i> TBEC 375mg	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	
<i>flurbiprofen</i> TABS 100mg	
<i>ibu</i> TABS 400mg, 600mg, 800mg	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	
<i>meloxicam</i> TABS 7.5mg, 15mg	
<i>nabumetone</i> TABS 500mg, 750mg	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	
<i>naproxen</i> TBEC 375mg	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	
<i>piroxicam</i> CAPS 10mg, 20mg	
<i>sulindac</i> TABS 150mg, 200mg	
OPIOID ANALGESICS, LONG-ACTING	
<i>fantanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	QL (90 mL / 30 days), PA

Drug Name	Requirements/Limits
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL (180 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	
<i>endocet tab 2.5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	B/D
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	
<i>oxycodone hcl CAPS 5mg</i>	QL (180 caps / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

Drug Name	Requirements/Limits
<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	B/D

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	
<i>atovaquone SUSP 750mg/5ml</i>	
<i>aztreonam SOLR 1gm, 2gm</i>	
CAYSTON SOLR 75mg	NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	
<i>clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	
CLINDMYC/NAC INJ 300/50ML	
CLINDMYC/NAC INJ 600/50ML	
CLINDMYC/NAC INJ 900/50ML	
<i>colistimethate sodium SOLR 150mg</i>	
<i>dapsone TABS 25mg, 100mg</i>	
DAPTOMYCIN SOLR 350mg	
<i>daptomycin SOLR 350mg, 500mg</i>	
EMVERM CHEW 100mg	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	
<i>gentamicin in saline inj 0.8 mg/ml</i>	
<i>gentamicin in saline inj 1 mg/ml</i>	
<i>gentamicin in saline inj 1.2 mg/ml</i>	
<i>gentamicin in saline inj 1.6 mg/ml</i>	
<i>gentamicin in saline inj 2 mg/ml</i>	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	
<i>ivermectin TABS 3mg</i>	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	
<i>linezolid SUSR 100mg/5ml</i>	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	
<i>meropenem SOLR 1gm, 500mg</i>	
<i>methenamine hippurate TABS 1gm</i>	

Drug Name	Requirements/Limits
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	
<i>neomycin sulfate</i> TABS 500mg	
<i>nitazoxanide</i> TABS 500mg	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	
<i>pentamidine isethionate inh</i> SOLR 300mg	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	
<i>praziquantel</i> TABS 600mg	
SIVEXTRO SOLR 200mg; TABS 200mg	
<i>streptomycin sulfate</i> SOLR 1gm	
<i>sulfadiazine</i> TABS 500mg	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>tinidazole</i> TABS 250mg, 500mg	
<i>tobramycin</i> NEBU 300mg/5ml	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	
<i>trimethoprim</i> TABS 100mg	
<i>vancomycin hcl</i> CAPS 125mg	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	
VANCOMYCIN INJ 1 GM	
VANCOMYCIN INJ 500MG	
VANCOMYCIN INJ 750MG	
ANTIFUNGALS	
ABELCET SUSP 5mg/ml	B/D
<i>amphotericin b</i> SOLR 50mg	B/D
<i>amphotericin b liposome</i> SUSR 50mg	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
<i>flucytosine</i> CAPS 250mg, 500mg	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	

Drug Name	Requirements/Limits
<i>itraconazole</i> CAPS 100mg	PA
<i>ketoconazole</i> TABS 200mg	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	
<i>nystatin</i> TABS 500000unit	
<i>posaconazole</i> SUSP 40mg/ml	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	PA
<i>voriconazole</i> TABS 50mg	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	
COARTEM TAB 20-120MG	
<i>mefloquine hcl</i> TABS 250mg	
<i>primaquine phosphate</i> TABS 26.3mg	
PRIMAQUINE PHOSPHATE TABS 26.3mg	
<i>quinine sulfate</i> CAPS 324mg	PA

ANTI-RETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	NM
APTIVUS CAPS 250mg	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	NM
<i>darunavir</i> TABS 600mg	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	NM
<i>efavirenz</i> TABS 600mg	NM
<i>emtricitabine</i> CAPS 200mg	NM
EMTRIVA SOLN 10mg/ml	NM
<i>etravirine</i> TABS 100mg, 200mg	NM
<i>fosamprenavir calcium</i> TABS 700mg	NM
FUZEON SOLR 90mg	NM, LA
INTELENCE TABS 25mg	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	NM
ISENTRESS HD TABS 600mg	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	NM
<i>maraviroc</i> TABS 150mg, 300mg	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	NM
NORVIR PACK 100mg	NM
PIFELTRO TABS 100mg	NM
PREZISTA SUSP 100mg/ml	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	QL (480 tabs / 30 days), NM

Drug Name	Requirements/Limits
PREZISTA TABS 150mg	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	NM
<i>ritonavir</i> TABS 100mg	NM
RUKOBIA TB12 600mg	NM
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	NM
SUNLENCA TBPK 300mg	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	NM
TIVICAY TABS 10mg, 25mg, 50mg	NM
TIVICAY PD TBSO 5mg	NM
TROGARZO SOLN 200mg/1.33ml	NM, LA
TYBOST TABS 150mg	NM
VIRACEPT TABS 250mg, 625mg	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	NM
BIKTARVY TAB 30-120-15 MG	NM
BIKTARVY TAB 50-200-25 MG	NM
CIMDUO TAB 300-300	NM
COMPLERA TAB	NM
DELSTRIGO TAB	NM
DESCOVY TAB 120-15MG	NM
DESCOVY TAB 200/25MG	NM
DOVATO TAB 50-300MG	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	NM
EVOTAZ TAB 300-150	NM
GENVOYA TAB	NM
JULUCA TAB 50-25MG	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	NM

Drug Name	Requirements/Limits
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	NM
ODEFSEY TAB	NM
PREZCOBIX TAB 800-150	NM
STRIBILD TAB	NM
SYMTUZA TAB	NM
TRIUMEQ PD TAB	NM
TRIUMEQ TAB	NM
TRIZIVIR TAB	NM

ANTITUBERCULAR AGENTS

<i>cycloserine CAPS 250mg</i>	
<i>ethambutol hcl TABS 100mg, 400mg</i>	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	
PRIFTIN TABS 150mg	
<i>pyrazinamide TABS 500mg</i>	
<i>rifabutin CAPS 150mg</i>	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	
SIRTURO TABS 20mg, 100mg	NM, LA, PA
TRECTOR TABS 250mg	

ANTIVIRALS

<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	
<i>acyclovir sodium SOLN 50mg/ml</i>	B/D
<i>adefovir dipivoxil TABS 10mg</i>	NM
BARACLUDE SOLN .05mg/ml	NM
<i>entecavir TABS .5mg, 1mg</i>	NM
EPCLUSA PAK 150-37.5	NM, PA
EPCLUSA PAK 200-50MG	NM, PA
EPCLUSA TAB 200-50MG	NM, PA
EPCLUSA TAB 400-100	NM, PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	
<i>ganciclovir sodium SOLR 500mg</i>	B/D
HARVONI PAK 33.75-150MG	NM, PA
HARVONI PAK 45-200MG	NM, PA
HARVONI TAB 45-200MG	NM, PA
HARVONI TAB 90-400MG	NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	NM
MAVYRET PAK 50-20MG	NM, PA
MAVYRET TAB 100-40MG	NM, PA
<i>oseltamivir phosphate CAPS 30mg</i>	QL (168 caps / year)
<i>oseltamivir phosphate CAPS 45mg, 75mg</i>	QL (84 caps / year)
<i>oseltamivir phosphate SUSR 6mg/ml</i>	QL (1080 mL / year)

Drug Name	Requirements/Limits
PAXLOVID TAB 150-100	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	NM, PA
PREVYMIS TABS 240mg, 480mg	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	NM
<i>rimantadine hydrochloride</i> TABS 100mg	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	
VEMLIDY TABS 25mg	NM
VOSEVI TAB	NM, PA
XOFLUZA TBPK 40mg, 80mg	QL (1 tab / 180 days)

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	
CEFACTOR ER TB12 500mg	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	
CEFAZOLIN SOLR 2gm, 3gm	
CEFAZOLIN INJ 1GM/50ML	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	
CEFAZOLIN SOLN 2GM/100ML-4%	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	
<i>cefepime hcl</i> SOLR 1gm, 2gm	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	
TEFLARO SOLR 400mg, 600mg	

ERYTHROMYCINS/MACROLIDES

Drug Name	Requirements/Limits
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<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg

<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg
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DIFICID SUSR 40mg/ml; TABS 200mg

<i>e.e.s. 400</i> TABS 400mg

<i>ery-tab</i> TBEC 250mg, 333mg, 500mg

ERYTHROCIN LACTOBIONATE SOLR 500mg

<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg
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<i>erythromycin ethylsuccinate</i> TABS 400mg

<i>erythromycin lactobionate</i> SOLR 500mg

FLUOROQUINOLONES

CIPRO SUSR 500mg/5ml

<i>ciprofloxacin 200 mg/100ml in d5w</i>
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<i>ciprofloxacin 400 mg/200ml in d5w</i>
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<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg

<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg
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<i>levofloxacin in d5w iv soln 250 mg/50ml</i>
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<i>levofloxacin in d5w iv soln 500 mg/100ml</i>

<i>levofloxacin in d5w iv soln 750 mg/150ml</i>

<i>moxifloxacin hcl</i> TABS 400mg

<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>
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PENICILLINS

<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg

<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>

<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>

<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>

<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>

<i>amoxicillin & k clavulanate tab 250-125 mg</i>

<i>amoxicillin & k clavulanate tab 500-125 mg</i>

<i>amoxicillin & k clavulanate tab 875-125 mg</i>

<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>

<i>ampicillin</i> CAPS 500mg

Drug Name	Requirements/Limits
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<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	
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<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	
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<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	
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<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	
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<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	
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<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	
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BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	
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<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	
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<i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm	
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<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	
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PEN GK/DEXTR INJ 40000/ML	
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PEN GK/DEXTR INJ 60000/ML	
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<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	
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<i>penicillin g sodium</i> SOLR 5000000unit	
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<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	
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<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	
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<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	
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<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	
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<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	
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<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	
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<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	
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TETRACYCLINES

<i>doxy 100</i> SOLR 100mg	
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<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	
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<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	
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<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	
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NUZYRA SOLR 100mg; TABS 150mg	NM, LA
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<i>tetracycline hcl</i> CAPS 250mg, 500mg	PA
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<i>tigecycline</i> SOLR 50mg	
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ANTINEOPLASTIC AGENTS

Drug Name	Requirements/Limits
ALKYLATING AGENTS	
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	B/D, NM
BENDEKA SOLN 100mg/4ml	B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	NM
LEUKERAN TABS 2mg	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	B/D
ANTIBIOTICS	
<i>doxorubicin hcl</i> SOLN 2mg/ml	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	B/D
ELLENCES SOLN 50mg/25ml, 200mg/100ml	B/D
ANTIMETABOLITES	
<i>azacitidine</i> SUSR 100mg	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	B/D
INQOVI TAB 35-100MG	QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	B/D
ONUREG TABS 200mg, 300mg	QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	B/D

Drug Name	Requirements/Limits
PURIXAN SUSP 2000mg/100ml	NM, LA
TABLOID TABS 40mg	

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	
<i>bicalutamide</i> TABS 50mg	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	NM, PA
ERLEADA TABS 60mg	QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	
<i>exemestane</i> TABS 25mg	
FIRMAGON SOLR 80mg, 120mg/vial	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	B/D
<i>letrozole</i> TABS 2.5mg	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	NM, PA
LYSODREN TABS 500mg	NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	
<i>nilutamide</i> TABS 150mg	
NUBEQA TABS 300mg	QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	NM, LA, PA
ORSERDU TABS 86mg	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	
<i>toremifene citrate</i> TABS 60mg	
XTANDI CAPS 40mg	QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	QL (60 tabs / 30 days), NM, LA, PA

Drug Name	Requirements/Limits
IMMUNOMODULATORS	
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg	QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	QL (112 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS	
BESREMI SOSY 500mcg/ml	QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	B/D
IWILFIN TABS 192mg	QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	
WELIREG TABS 40mg	QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS	
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	B/D

Drug Name	Requirements/Limits
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	B/D
<i>paclitaxel protein-bound particles for iv susp</i> 100 mg	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	NM, PA
<i>bortezomib</i> SOLR 3.5mg	NM, PA
BOSULIF CAPS 50mg	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	QL (60 tabs / 30 days), NM, LA, PA

Drug Name	Requirements/Limits
CAPRELSA TABS 100mg	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	QL (63 tabs / 28 days), NM, LA, PA
<i>dasatinib</i> TABS 20mg	QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	QL (30 tabs / 30 days), NM, PA

Drug Name	Requirements/Limits
GILOTRIF TABS 20mg, 30mg, 40mg	QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	NM, LA, PA
HERCEPTIN SOLR 150mg	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	QL (42 tabs / 28 days), NM, PA

Drug Name	Requirements/Limits
KISQALI 600 DOSE TBPK 200mg	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Requirements/Limits
MEKINIST TABS .5mg	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	NM, LA, PA
NERLYNX TABS 40mg	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg, 420mg	NM, LA, PA
OGSIVEO TABS 50mg	QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	QL (24 tabs / 28 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	QL (120 caps / 30 days), NM, LA, PA
RETEVMO TABS 40mg	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO TABS 80mg, 120mg, 160mg	QL (60 tabs / 30 days), NM, LA, PA

Drug Name	Requirements/Limits
REZLIDHIA CAPS 150mg	QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	QL (240 tabs / 30 days), NM, LA, PA

Drug Name	Requirements/Limits
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	NM, LA, PA
TEPMETKO TABS 225mg	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	QL (60 tabs / 30 days), NM, LA, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	QL (30 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	NM, PA
TRUQAP TABS 160mg, 200mg	QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	NM, PA
TUKYSA TABS 50mg, 150mg	QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg, 50mg	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	QL (4 tabs / 28 days), NM, LA, PA

Drug Name	Requirements/Limits
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	QL (8 tabs / 28 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	NM, LA, PA
ZOLINZA CAPS 100mg	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	
MESNEX TABS 400mg	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	

Drug Name	Requirements/Limits
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<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
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<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
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<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
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<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
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<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
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<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
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<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
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ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	
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<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	
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<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	
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<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	
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<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
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<i>moexipril hcl TABS 7.5mg, 15mg</i>	
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<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	
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<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	
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<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	
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<i>trandolapril TABS 1mg, 2mg, 4mg</i>	
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ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone TABS 25mg, 50mg</i>	
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<i>KERENDIA TABS 10mg, 20mg</i>	QL (30 tabs / 30 days)
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<i>spironolactone TABS 25mg, 50mg, 100mg</i>	
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ALPHA BLOCKERS

<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	
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<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	
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<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	
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ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-valsartan tab 5-160 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-valsartan tab 5-320 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-valsartan tab 10-160 mg</i>	QL (30 tabs / 30 days)
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<i>amlodipine besylate-valsartan tab 10-320 mg</i>	QL (30 tabs / 30 days)
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Drug Name	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	QL (30 tabs / 30 days)

Drug Name	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil TABS 5mg</i>	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	QL (30 tabs / 30 days)
ANTIARRHYTHMICS	
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	
<i>MULTAQ TABS 400mg</i>	
<i>NORPACE CR CP12 100mg, 150mg</i>	
<i>pacerone TABS 100mg, 200mg, 400mg</i>	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	
<i>quinidine sulfate TABS 200mg, 300mg</i>	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	
ANTILIPEMICS, FIBRATES	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	
<i>gemfibrozil TABS 600mg</i>	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	QL (60 tabs / 30 days)
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i>	QL (30 tabs / 30 days)
<i>rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg</i>	QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg</i>	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS	
<i>cholestyramine PACK 4gm; POWD 4gm/dose</i>	

Drug Name	Requirements/Limits
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	
<i>ezetimibe</i> TABS 10mg	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	
REPATHA SOSY 140mg/ml	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	NM, PA
VASCEPA CAPS .5gm, 1gm	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	
<i>betaxolol hcl</i> TABS 10mg, 20mg	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	

Drug Name	Requirements/Limits
<i>propranolol hcl</i>	CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg
<i>timolol maleate</i>	TABS 5mg, 10mg, 20mg
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i>	TABS 2.5mg, 5mg, 10mg
<i>cartia xt</i>	CP24 120mg, 180mg, 240mg, 300mg
<i>dilt-xr</i>	CP24 120mg, 180mg, 240mg
<i>diltiazem hcl</i>	CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg
<i>diltiazem hcl coated beads</i>	CP24 120mg, 180mg, 240mg, 300mg, 360mg
<i>diltiazem hcl extended release beads</i>	CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
<i>felodipine</i>	TB24 2.5mg, 5mg, 10mg
<i>isradipine</i>	CAPS 2.5mg, 5mg
<i>nicardipine hcl</i>	CAPS 20mg, 30mg
<i>nifedipine</i>	TB24 30mg, 60mg, 90mg
<i>nimodipine</i>	CAPS 30mg
<i>NYMALIZE</i>	SOLN 6mg/ml
<i>tiadylt er</i>	CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
<i>verapamil hcl</i>	CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg
DIURETICS	
<i>acetazolamide</i>	CP12 500mg; TABS 125mg, 250mg
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl</i>	TABS 5mg
<i>bumetanide</i>	SOLN .25mg/ml; TABS .5mg, 1mg, 2mg
<i>chlorthalidone</i>	TABS 25mg, 50mg
<i>furosemide</i>	SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg
<i>furosemide inj</i>	SOLN 10mg/ml
<i>hydrochlorothiazide</i>	CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg
<i>indapamide</i>	TABS 1.25mg, 2.5mg
<i>methazolamide</i>	TABS 25mg, 50mg
<i>metolazone</i>	TABS 2.5mg, 5mg, 10mg
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>toremide</i>	TABS 5mg, 10mg, 20mg, 100mg
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	

Drug Name	Requirements/Limits
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<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
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<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
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MISCELLANEOUS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	
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<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	
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<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	
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CORLANOR SOLN 5mg/5ml	QL (450 mL / 30 days)
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CORLANOR TABS 5mg, 7.5mg	QL (60 tabs / 30 days)
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<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	
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<i>digoxin</i> TABS 125mcg, 250mcg	QL (30 tabs / 30 days)
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<i>droxidopa</i> CAPS 100mg	QL (90 caps / 30 days), NM, PA
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<i>droxidopa</i> CAPS 200mg, 300mg	QL (180 caps / 30 days), NM, PA
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<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	
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<i>guanfacine hcl</i> TABS 1mg, 2mg	PA; PA if 70 years and older
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<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	
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<i>ivabradine hcl</i> TABS 5mg, 7.5mg	QL (60 tabs / 30 days)
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<i>metyrosine</i> CAPS 250mg	NM, PA
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<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	
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<i>minoxidil</i> TABS 2.5mg, 10mg	
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<i>ranolazine</i> TB12 500mg, 1000mg	
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VERQUVO TABS 2.5mg, 5mg, 10mg	QL (30 tabs / 30 days)
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NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	
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<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	
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NITRO-BID OINT 2%	
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<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	
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PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	QL (90 tabs / 30 days), NM, LA, PA
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<i>ambrisentan</i> TABS 5mg, 10mg	QL (30 tabs / 30 days), NM, LA, PA
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<i>bosentan</i> TABS 62.5mg, 125mg	QL (60 tabs / 30 days), NM, LA, PA
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OPSUMIT TABS 10mg	QL (30 tabs / 30 days), NM, LA, PA
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<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	QL (360 tabs / 30 days), NM, PA
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Drug Name	Requirements/Limits
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	
<i>lorazepam</i> CONC 2mg/ml	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	
NAMZARIC CAP 14-10MG	
NAMZARIC CAP 21-10MG	
NAMZARIC CAP 28-10MG	
NAMZARIC CAP PACK	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	
AUVELITY TAB 45-105MG	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 QL (60 tabs / 30 days) 150mg	
<i>bupropion hcl</i> TB24 300mg	QL (30 tabs / 30 days)

Drug Name	Requirements/Limits
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	
FETZIMA CP24 20mg, 40mg	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	
MARPLAN TABS 10mg	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	
<i>paroxetine hcl</i> SUSP 10mg/5ml	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	
<i>phenelzine sulfate</i> TABS 15mg	
<i>protriptyline hcl</i> TABS 5mg, 10mg	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	
<i>tranylcypromine sulfate</i> TABS 10mg	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	QL (28 caps / 14 days), NM, LA, PA

Drug Name	Requirements/Limits
ZURZUVAE CAPS 30mg	QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	
<i>benztropine mesylate</i> SOLN 1mg/ml	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	
<i>carb/levo orally disintegrating tab 10-100mg</i>	
<i>carb/levo orally disintegrating tab 25-100mg</i>	
<i>carb/levo orally disintegrating tab 25-250mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone</i> TABS 200mg	
INBRIJA CAPS 42mg	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	QL (900 mL / 30 days)

Drug Name	Requirements/Limits
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	
<i>clozapine</i> TABS 25mg, 50mg	
<i>clozapine</i> TABS 100mg	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	PA
<i>clozapine</i> TBDP 100mg	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	QL (60 tabs / 30 days), PA
FANAPT PAK	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	
NUPLAZID CAPS 34mg	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Requirements/Limits
<i>olanzapine</i> SOLR 10mg	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	
PERSERIS PRSY 90mg, 120mg	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	
<i>quetiapine fumarate</i> TABS 25mg	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	
VERSACLOZ SUSP 50mg/ml	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS	
APTIOM TABS 200mg, 400mg	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	PA

Drug Name	Requirements/Limits
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	
<i>clobazam</i> SUSP 2.5mg/ml	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	
<i>diazepam inj</i> SOLN 5mg/ml	
<i>diazepam intensol</i> CONC 5mg/ml	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	
DILANTIN INFATABS CHEW 50mg	
DILANTIN-125 SUSP 125mg/5ml	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	
EPIDIOLEX SOLN 100mg/ml	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	
EPRONTIA SOLN 25mg/ml	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	

Drug Name	Requirements/Limits
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	
FINTEPLA SOLN 2.2mg/ml	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	
<i>lacosamide</i> TABS 50mg	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	
<i>methsuximide</i> CAPS 300mg	
NAYZILAM SOLN 5mg/0.1ml	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	
<i>phenobarbital</i> ELIX 20mg/5ml	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	
<i>phenytoin sodium</i> SOLN 50mg/ml	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	QL (120 caps / 30 days), PA

Drug Name	Requirements/Limits
<i>pregabalin</i> CAPS 200mg	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	
<i>roweepra</i> TABS 500mg	
<i>rufinamide</i> SUSP 40mg/ml	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	
SYMPAZAN FILM 5mg, 10mg, 20mg	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	
<i>valproic acid</i> CAPS 250mg	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	
<i>vigabatrin</i> PACK 500mg	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	QL (180 tabs / 30 days), NM, LA, PA
VIGAFYDE SOLN 100mg/ml	QL (900 mL / 30 days), NM, LA, PA
<i>vigpoder</i> PACK 500mg	QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	

Drug Name	Requirements/Limits
ZTALMY SUSP 50mg/ml	QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	Requirements/Limits
<i>tasimelteon</i> CAPS 20mg	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	QL (90 tabs / 30 days), NM, PA

Drug Name	Requirements/Limits
AUSTEDO XR TB24 12mg	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	
NUEDEXTA CAP 20-10MG	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	
<i>riluzole</i> TABS 50mg	
<i>tetrabenazine</i> TABS 12.5mg	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	
<i>carisoprodol</i> TABS 350mg	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

Drug Name	Requirements/Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	
<i>methocarbamol</i> TABS 500mg	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	
NARCOLEPSY/CATAPLEXY	
<i>armodafinil</i> TABS 50mg	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC	
<i>acamprosate calcium</i> TBEC 333mg	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	
<i>naltrexone hcl</i> TABS 50mg	
NICOTROL INHALER INHA 10mg	
NICOTROL NS SOLN 10mg/ml	
<i>varenicline tartrate</i> TABS .5mg, 1mg	QL (56 tabs / 28 days), PA

Drug Name	Requirements/Limits
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	QL (2 packs / year), PA
VIVITROL SUSR 380mg	NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	PA
<i>methyltestosterone CAPS 10mg</i>	QL (600 caps / 30 days), PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	QL (300 gm / 30 days), PA
<i>testosterone GEL 1.62%</i>	QL (150 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	PA

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	
BYDUREON BCISE AUIJ 2mg/0.85ml	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	QL (60 tabs / 30 days)
<i>glipizide xl TB24 2.5mg, 5mg</i>	QL (90 tabs / 30 days)
<i>glipizide xl TB24 10mg</i>	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	QL (30 tabs / 30 days)
<i>metformin hcl TABS 500mg</i>	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	QL (90 tabs / 30 days)

Drug Name	Requirements/Limits
<i>metformin hcl</i> TABS 1000mg	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS	
ADMELOG SOLN 100unit/ml	
ADMELOG SOLOSTAR SOPN 100unit/ml	

Drug Name	Requirements/Limits
BASAGLAR KWIKPEN SOPN 100unit/ml	
BD ALCOHOL SWABS	
FIASP SOLN 100unit/ml	
FIASP FLEXTOUCH SOPN 100unit/ml	
FIASP PENFILL SOCT 100unit/ml	
FIASP PUMPCART SOCT 100unit/ml	B/D
GAUZE PADS 2" X 2"	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	
INSULIN PEN NEEDLES: BD/NOVO	
INSULIN SAFETY NEEDLES	
INSULIN SYRINGES: BD	
LANTUS SOLN 100unit/ml	
LANTUS SOLOSTAR SOPN 100unit/ml	
NOVOLIN INJ 70/30	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	
TOUJEO SOLOSTAR SOPN 300unit/ml	
TRESIBA SOLN 100unit/ml	

Drug Name	Requirements/Limits
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	
V-GO 20 KIT	QL (30 devices / 30 days), PA
V-GO 30 KIT	QL (30 devices / 30 days), PA
V-GO 40 KIT	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	QL (5 pens / 30 days)

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	B/D
<i>ibandronate sodium</i> TABS 150mg	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	B/D
PROLIA SOSY 60mg/ml	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	
TERIPARATIDE SOPN 620mcg/2.48ml	NM, PA
XGEVA SOLN 120mg/1.7ml	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	NM, PA
<i>kionex</i> SUSP 15gm/60ml	
LOKELMA PACK 5gm, 10gm	
<i>penicillamine</i> TABS 250mg	NM
<i>sodium polystyrene sulfonate powder</i> <i>sps</i> SUSP 15gm/60ml	
<i>trientine hcl</i> CAPS 250mg	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	

CONTRACEPTIVES

<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amethia</i>	
<i>apri</i>	
<i>aranelle</i>	

Drug Name	Requirements/Limits
<i>ashlyna</i>	
<i>aubra eq</i>	
<i>aurovela 1/20</i>	
<i>aurovela 24 fe</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>blisovi 24 fe</i>	
<i>blisovi fe 1.5/30</i>	
<i>briellyn</i>	
<i>camila</i> TABS .35mg	
<i>camrese</i>	
<i>camrese lo</i>	
<i>chateal eq</i>	
<i>cryselle-28</i>	
<i>cyred eq</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	
<i>deblitane</i> TABS .35mg	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
<i>elinest</i>	
<i>eluryng</i>	
<i>emzahh</i> TABS .35mg	
<i>enilloring</i>	
<i>enpresse-28</i>	
<i>enskyce</i>	
<i>errin</i> TABS .35mg	
<i>estarylla</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	

Drug Name	Requirements/Limits
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	
<i>falmina</i>	
<i>finzala</i>	
<i>hailey 1.5/30</i>	
<i>hailey 24 fe</i>	
<i>haloette</i>	
<i>heather TABS .35mg</i>	
<i>iclevia</i>	
<i>incassia TABS .35mg</i>	
<i>introvale</i>	
<i>isibloom</i>	
<i>jasmiel</i>	
<i>jolessa</i>	
<i>juleber</i>	
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>junel fe 24</i>	
<i>kaitlib fe</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kelnor 1/50</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin 24 fe</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>layolis fe</i>	
<i>leena</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	

Drug Name	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levora 0.15/30-28</i>	
<i>loestrin 1.5/30-21</i>	
<i>loestrin 1/20-21</i>	
<i>loestrin fe 1.5/30</i>	
<i>loestrin fe 1/20</i>	
<i>loryna</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	
<i>lyleq TABS .35mg</i>	
<i>lyza TABS .35mg</i>	
<i>marlissa</i>	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	
<i>mibelas 24 fe</i>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin 24 fe</i>	
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mono-linyah</i>	
<i>necon 0.5/35-28</i>	
<i>nikki</i>	
<i>nora-be TABS .35mg</i>	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone (contraceptive) TABS .35mg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	

Drug Name	Requirements/Limits
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<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
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<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
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<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
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<i>norlyroc TABS .35mg</i>	
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<i>nortrel 0.5/35 (28)</i>	
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<i>nortrel 1/35 (21)</i>	
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<i>nortrel 1/35 (28)</i>	
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<i>nortrel 7/7/7</i>	
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<i>nylia 1/35</i>	
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<i>nylia 7/7/7</i>	
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<i>nymyo</i>	
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<i>ocella</i>	
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<i>philith</i>	
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<i>pimtrea</i>	
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<i>portia-28</i>	
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<i>reclipsen</i>	
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<i>rivelsa</i>	
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<i>setlakin</i>	
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<i>sharobel TABS .35mg</i>	
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<i>simliya</i>	
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<i>simpesse</i>	
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<i>sprintec 28</i>	
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<i>sronyx</i>	
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<i>syeda</i>	
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<i>tarina 24 fe</i>	
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<i>tarina fe 1/20 eq</i>	
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<i>tilia fe</i>	
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<i>tri-estarylla</i>	
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<i>tri-legest fe</i>	
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<i>tri-linyah</i>	
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<i>tri-lo-estarylla</i>	
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<i>tri-lo-marzia</i>	
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<i>tri-lo-mili</i>	
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<i>tri-lo-sprintec</i>	
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<i>tri-mili</i>	
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<i>tri-nymyo</i>	
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<i>tri-sprintec</i>	
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<i>tri-vylibra</i>	
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<i>tri-vylibra lo</i>	
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<i>trivora-28</i>	
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<i>turqoz</i>	
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<i>tydemy</i>	
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Drug Name	Requirements/Limits
<i>velivet</i>	
<i>vestura</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>wymzya fe</i>	
<i>xulane</i>	
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zumandimine</i>	
ENDOMETRIOSIS	
<i>danazol</i> CAPS 50mg, 100mg, 200mg	
SYNAREL SOLN 2mg/ml	PA
ESTROGENS	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	
<i>fyavolv tab 0.5mg-2.5mcg</i>	
<i>fyavolv tab 1mg-5mcg</i>	
<i>jinteli</i>	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
<i>mimvey</i>	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
<i>yuvaferm</i> TABS 10mcg	
GLUCOCORTICOIDS	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; B/D TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	
DEXAMETHASONE INTENSOL CONC 1mg/ml	B/D

Drug Name	Requirements/Limits
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	
<i>fludrocortisone acetate</i> TABS .1mg	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	B/D
<i>methylprednisolone</i> TBPk 4mg	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	B/D
<i>prednisolone</i> SOLN 15mg/5ml	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	B/D
<i>prednisone</i> TBPk 5mg, 10mg	
PREDNISONE INTENSOL CONC 5mg/ml	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	

GLUCOSE ELEVATING AGENTS

<i>diazoxide</i> SUSP 50mg/ml	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	
GVOKE KIT SOLN 1mg/0.2ml	
GVOKE PFS SOSY 1mg/0.2ml	

MISCELLANEOUS

ALDURAZYME SOLN 2.9mg/5ml	NM, LA, PA
<i>betaine powder for oral solution</i>	NM, LA
<i>cabergoline</i> TABS .5mg	
<i>carglumic acid</i> TBSO 200mg	NM, LA, PA
CERDELGA CAPS 84mg	NM, LA, PA
CEREZYME SOLR 400unit	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	
<i>desmopressin acetate spray</i> SOLN .01%	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	
FABRAZYME SOLR 5mg, 35mg	NM, LA, PA

Drug Name	Requirements/Limits
GENOTROPIN CART 5mg, 12mg	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	NM, PA
INCRELEX SOLN 40mg/4ml	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	NM, LA, PA
KORLYM TABS 300mg	NM, LA, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	B/D
LUMIZYME SOLR 50mg	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	NM, PA
<i>miglustat</i> CAPS 100mg	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	NM, PA
<i>raloxifene hcl</i> TABS 60mg	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	NM, LA, PA
<i>yargesa</i> CAPS 100mg	QL (90 caps / 30 days), NM, PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	QL (180 tabs / 30 days)

Drug Name	Requirements/Limits
PROGESTINS	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	
<i>megestrol acetate</i> SUSP 40mg/ml	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	PA
<i>norethindrone acetate</i> TABS 5mg	
<i>progesterone</i> CAPS 100mg, 200mg	
THYROID AGENTS	
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	
<i>methimazole</i> TABS 5mg, 10mg	
<i>propylthiouracil</i> TABS 50mg	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
VITAMIN D ANALOGS	
<i>calcitriol</i> CAPS .25mcg, .5mcg	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	B/D
RAYALDEE CPR 30mcg	
GASTROINTESTINAL ANTIEMETICS	
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	B/D
<i>compro</i> SUPP 25mg	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	
<i>granisetron hcl</i> TABS 1mg	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	

Drug Name	Requirements/Limits
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	
<i>ondansetron</i> TBDP 4mg, 8mg	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	B/D
<i>prochlorperazine</i> SUPP 25mg	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	
<i>glycopyrrolate</i> TABS 1mg	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	
<i>famotidine</i> SUSR 40mg/5ml	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	
<i>nizatidine</i> CAPS 150mg, 300mg	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	
<i>budesonide</i> CPEP 3mg	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	
<i>mesalamine</i> CP24 .375gm	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	
<i>mesalamine</i> TBEC 1.2gm	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	
<i>enulose</i> SOLN 10gm/15ml	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-n/flower pack</i>	
<i>generlac</i> SOLN 10gm/15ml	

Drug Name	Requirements/Limits
<i>lactulose</i> SOLN 10gm/15ml	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	
PLENVU SOL	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	

MISCELLANEOUS

<i>alose tron hcl</i> TABS .5mg, 1mg	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	
GATTEX KIT 5mg	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	
<i>misoprostol</i> TABS 100mcg, 200mcg	
MOVANTIK TABS 12.5mg, 25mg	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	QL (28 syringes / 28 days), PA
<i>sucral fate</i> TABS 1gm	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	
XERMELO TABS 250mg	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	

Drug Name	Requirements/Limits
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<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	
<i>rabeprazole sodium</i> TBEC 20mg	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	
<i>metronidazole vaginal</i> GEL .75%	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	

Drug Name	Requirements/Limits
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	
HEP SOD/D5W INJ 20000UNT	
HEP SOD/D5W INJ 25000UNT	
HEP SOD/NAACL INJ 12500UNT	
HEP SOD/NAACL INJ 25000UNT	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	B/D
HEPARIN/NAACL INJ 25000UNT	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	
PRADAXA CAPS 110mg	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	
XARELTO SUSR 1mg/ml	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS	
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS	
ALVAIZ TABS 9mg, 54mg	QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	QL (90 tabs / 30 days), NM, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	
BERINERT KIT 500unit	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	
DOPTELET TABS 20mg	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	
ENDARI PACK 5gm	NM, LA, PA
HAEGARDA SOLR 2000unit	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	NM, PA
<i>pentoxifylline</i> TBCR 400mg	

Drug Name	Requirements/Limits
PROMACTA PACK 12.5mg	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	QL (9 syringes / 30 days), NM, LA, PA

tranexamic acid SOLN 1000mg/10ml; TABS 650mg

PLATELET AGGREGATION INHIBITORS

aspirin-dipyridamole cap er 12hr 25-200 mg

BRILINTA TABS 60mg, 90mg

clopidogrel bisulfate TABS 75mg

dipyridamole TABS 25mg, 50mg, 75mg

PA; PA if 70 years and older

prasugrel hcl TABS 5mg, 10mg

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	QL (56 syringes / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	NM, PA
ENBREL SOLN 25mg/0.5ml	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	QL (6 pens / 28 days), NM, PA

Drug Name	Requirements/Limits
HUMIRA PEN AJKT 80mg/0.8ml	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	QL (110 tabs / year), NM, PA
OTEZLA TAB 10/20/30	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	NM, LA, PA
RENFLEXIS SOLR 100mg	NM, LA, PA
RINVOQ TB24 15mg, 30mg	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	QL (12 vials / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	NM, LA, PA

Drug Name	Requirements/Limits
STELARA SOSY 45mg/0.5ml, 90mg/ml	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	QL (3 syringes / 28 days), NM, LA, PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	QL (1 syringe / 28 days), NM, LA, PA
TREMFYA SOAJ 100mg/ml	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

<i>hydroxychloroquine sulfate</i> TABS 200mg	
JYLAMVO SOLN 2mg/ml	B/D
<i>leflunomide</i> TABS 10mg, 20mg	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	
XATMEP SOLN 2.5mg/ml	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	PA
BIVIGAM SOLN 5gm/50ml, 10%	NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	NM, PA
GAMASTAN INJ	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	NM, PA

Drug Name	Requirements/Limits
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	NM, PA
IMMUNOMODULATORS	
ACTIMMUNE SOLN 100mcg/0.5ml	NM, LA, PA
ARCALYST SOLR 220mg	NM, LA, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	B/D, NM
<i>azathioprine</i> TABS 50mg	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	B/D, NM
NULOJIX SOLR 250mg	B/D, NM
PROGRAF PACK .2mg, 1mg	B/D, NM
REZUROCK TABS 200mg	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	B/D, NM
VACCINES	
ABRYSVO SOLR 120mcg/0.5ml	
ACTHIB INJ	
ADACEL INJ	
AREXVY SUSR 120mcg/0.5ml	
BCG VACCINE SOLR 50mg	
BEXSERO INJ	
BOOSTRIX INJ	
DAPTACEL INJ	
DENG VAXIA SUS	
DIP/TET PED INJ 25-5LFU	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	B/D
GARDASIL 9 INJ	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	

Drug Name	Requirements/Limits
HEPLISAV-B SOSY 20mcg/0.5ml	B/D
HIBERIX SOLR 10mcg	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	B/D
INFANRIX INJ	
IPOL INJ INACTIVE	
IXCHIQ INJ	
IXIARO INJ	
JYNNEOS SUSP .5ml	B/D
KINRIX INJ	
M-M-R II INJ	
MENACTRA INJ	
MENQUADFI INJ	
MENVEO INJ	
MENVEO SOL	
MRESVIA SUSY 50mcg/0.5ml	
PEDIARIX INJ 0.5ML	
PEDVAX HIB SUSP 7.5mcg/0.5ml	
PENBRAYA INJ	
PENTACEL INJ	
PREHEVBRIO SUSP 10mcg/ml	B/D
PRIORIX INJ	
PROQUAD INJ	
QUADRACEL INJ	
QUADRACEL INJ 0.5ML	
RABAVERT INJ	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	B/D
ROTARIX SUS	
ROTATEQ SOL	
SHINGRIX SUSR 50mcg/0.5ml	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	B/D
TENIVAC INJ 5-2LF	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	
TRUMENBA INJ	
TWINRIX INJ	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	
VARIVAX SUSR 1350pfu/0.5ml	
VAXCHORA SUS	
YF-VAX INJ	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%

Drug Name	Requirements/Limits
D5W/LYTES INJ #48	
D10W/NACL INJ 0.2%	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	
<i>dextrose 5% in lactated ringers</i>	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	
ISOLYTE-P INJ /D5W	
ISOLYTE-S INJ	
ISOLYTE-S INJ PH 7.4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	
KCL/D5W/NACL INJ 0.3/0.9%	
<i>lactated ringer's solution</i>	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	
MG SO4/D5W INJ 10MG/ML	
<i>multiple electrolytes ph 5.5</i>	
<i>multiple electrolytes ph 7.4</i>	
PLASMA-LYTE INJ -148	
PLASMA-LYTE INJ -A	

Drug Name	Requirements/Limits
POT CHL 20MEQ/L IN NAACL 0.9% INJ	
POT CHL 20MEQ/L IN NAACL 0.45% INJ	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	
POTASSIUM CHLORIDE SOLN 10meq/50ml	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	
TPN ELECTROL INJ	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>	
<i>klor-con</i> PACK 20meq	
<i>klor-con 8</i> TBCR 8meq	
<i>klor-con 10</i> TBCR 10meq	
<i>klor-con m10</i> TBCR 10meq	
<i>klor-con m15</i> TBCR 15meq	
<i>klor-con m20</i> TBCR 20meq	
M-NATAL PLUS TAB	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	
PRENATAL TAB 27-1MG	
PRENATAL TAB PLUS	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	
<i>IV NUTRITION</i>	
CLINIMIX INJ 4.25/D5W	B/D
CLINIMIX INJ 4.25/D10	B/D
CLINIMIX INJ 5%/D15W	B/D
CLINIMIX INJ 5%/D20W	B/D
CLINIMIX INJ 6/5	B/D
CLINIMIX INJ 8/10	B/D
CLINIMIX INJ 8/14	B/D
<i>clinisol sf 15%</i>	B/D
CLINOLIPID EMU 20%	B/D
<i>dextrose</i> SOLN 5%, 10%	
<i>dextrose</i> SOLN 50%, 70%	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	B/D
NUTRILIPID EMUL 20gm/100ml	B/D
<i>plenamine</i>	B/D
PREMASOL SOL 10%	B/D

Drug Name	Requirements/Limits
PROSOL INJ 20%	B/D
TRAVASOL INJ 10%	B/D
TROPHAMINE INJ 10%	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>
<i>neo-polycin hc ophth oint 1%</i>
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>
<i>neomycin-polymyxin-hc ophth susp</i>
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>
TOBRADEX OIN 0.3-0.1%
TOBRADEX ST SUS 0.3-0.05
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>
ZYLET SUS 0.5-0.3%

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
BESIVANCE SUSP .6%	
CILOXAN OINT .3%	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	
<i>erythromycin (ophth) OINT 5mg/gm</i>	
<i>gatifloxacin (ophth) SOLN .5%</i>	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	
NATACYN SUSP 5%	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) SOLN .3%</i>	
<i>polycin ophth oint</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	
<i>tobramycin (ophth) SOLN .3%</i>	
<i>trifluridine SOLN 1%</i>	
XDEM VY SOLN .25%	NM, LA, PA
ZIRGAN GEL .15%	

Drug Name	Requirements/Limits
ANTI-INFLAMMATORIES	
ALREX SUSP .2%	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	
BROMSITE SOLN .075%	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	
<i>diclofenac sodium (ophth)</i> SOLN .1%	
<i>difluprednate</i> EMUL .05%	
EYSUVIS SUSP .25%	
FLAREX SUSP .1%	
<i>fluorometholone (ophth)</i> SUSP .1%	
<i>flurbiprofen sodium</i> SOLN .03%	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	
LOTEMAX OINT .5%	
<i>loteprednol etabonate</i> SUSP .2%	
<i>prednisolone acetate (ophth)</i> SUSP 1%	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
PROLENSA SOLN .07%	
ANTIALLERGICS	
<i>azelastine hcl (ophth)</i> SOLN .05%	
<i>cromolyn sodium (ophth)</i> SOLN 4%	
ZERVIAE SOLN .24%	
ANTIGLAUCOMA	
<i>betaxolol hcl (ophth)</i> SOLN .5%	
BETOPTIC-S SUSP .25%	
<i>brimonidine tartrate</i> SOLN .15%, .2%	
<i>brinzolamide</i> SUSP 1%	
<i>carteolol hcl (ophth)</i> SOLN 1%	
COMBIGAN SOL 0.2/0.5%	
<i>dorzolamide hcl</i> SOLN 2%	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>latanoprost</i> SOLN .005%	
<i>levobunolol hcl</i> SOLN .5%	
LUMIGAN SOLN .01%	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	
RHOPRESSA SOLN .02%	
ROCKLATAN DRO	
SIMBRINZA SUS 1-0.2%	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	
VYZULTA SOLN .024%	
MISCELLANEOUS	
ATROPINE SULFATE SOLN 1%	

Drug Name	Requirements/Limits
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	
CYSTADROPS SOLN .37%	NM, LA, PA
CYSTARAN SOLN .44%	NM, LA, PA
MIEBO SOLN 1.338gm/ml	
<i>proparacaine hcl</i> SOLN .5%	
RESTASIS EMUL .05%	
RESTASIS MULTIDOSE EMUL .05%	
TYRVAYA SOLN .03mg/act	
XIIDRA SOLN 5%	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>flac</i> OIL .01%	
<i>fluocinolone acetonide (otic)</i> OIL .01%	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
<i>ofloxacin (otic)</i> SOLN .3%	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA AER 62.5-25	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> B/D	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	

ANTI-HISTAMINES

<i>azelastine hcl</i> SOLN .1%	
<i>cetirizine hcl</i> SOLN 5mg/5ml	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	QL (300 mL / 30 days)

Drug Name	Requirements/Limits
<i>levocetirizine dihydrochloride</i> TABS 5mg	QL (30 tabs / 30 days)
BETA AGONISTS	
<i>albuterol sulfate</i> AERS 108mcg/act	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	
VENTOLIN HFA AERS 108mcg/act	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	
<i>zafirlukast</i> TABS 10mg, 20mg	
MISCELLANEOUS	
<i>acetylcysteine</i> SOLN 10%, 20%	B/D
ARALAST NP SOLR 500mg, 1000mg	NM, LA, PA
BRONCHITOL CAPS 40mg	QL (56 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	QL (56 packs / 28 days), NM, LA, PA

Drug Name	Requirements/Limits
ORKAMBI GRA 100-125	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	NM, PA
<i>roflumilast</i> TABS 250mcg	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	QL (56 tabs / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	
TRIKAFTA PAK 59.5MG	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	NM, LA, PA
NASAL STEROIDS	
<i>flunisolide (nasal)</i> SOLN .025%	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	QL (32 mL / 30 days), PA
STEROID INHALANTS	
ALVESCO AERS 80mcg/act	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	QL (2 inhalers / 30 days)

Drug Name	Requirements/Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane CAPS 10mg, 20mg, 30mg, 40mg</i>	PA
<i>amneesteem CAPS 10mg, 20mg, 40mg</i>	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	PA
<i>clindamycin phosphate (topical) GEL 1%</i>	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	QL (45 gm / 30 days), PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	PA

DERMATOLOGY, ANTIBIOTICS

Drug Name	Requirements/Limits
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	
<i>ssd</i> CREA 1%	
SULFAMYLON CREA 85mg/gm	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	QL (45 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	QL (60 gm / 30 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketconazole (topical)</i> SHAM 2%	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%, 2.5%	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	QL (50 mL / 30 days)

Drug Name	Requirements/Limits
<i>clobetasol propionate e</i> CREA .05%	QL (60 gm / 30 days)
ENSTILAR AER	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i> GEL 1%	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	
<i>imiquimod</i> CREA 5%	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	QL (30 gm / 30 days)
PANRETIN GEL .1%	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	QL (7 mL / 28 days)

Drug Name	Requirements/Limits
<i>procto-med hc</i> CREA 2.5%	
<i>proctocort</i> CREA 1%	
<i>proctosol hc</i> CREA 2.5%	
<i>proctozone-hc</i> CREA 2.5%	
RECTIV OINT .4%	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	QL (100 gm / 30 days)
VALCHLOR GEL .016%	QL (60 gm / 30 days), NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	
<i>water for irrigation, sterile irrigation soln</i>	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	
<i>clotrimazole</i> TROC 10mg	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	
<i>periogard</i> SOLN .12%	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	
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<i>aspirin-dipyridamole cap er 12hr</i> <i>25-200 mg</i>	63	BAFIERTAM	45
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<i>atovaquone-proguanil hcl tab 250-</i> <i>100 mg</i>	12	<i>benazepril & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	28
<i>atovaquone-proguanil hcl tab 62.5-</i> <i>25 mg</i>	12	<i>benazepril & hydrochlorothiazide</i> <i>tab 20-25 mg</i>	28
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<i>bexarotene (topical)</i>	77	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 12-3 mg (base equiv)</i>	46
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<i>bisoprolol & hydrochlorothiazide</i> <i>tab 2.5-6.25 mg</i>	32	<i>bupropion hcl (smoking deterrent)</i>	46
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<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	30	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	37
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<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	37	<i>cefepime hcl</i>	15
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MOVANTIK	60	1.75-10000-0.025mg-unt-mg/ml	
<i>moxifloxacin hcl</i>	16	70
<i>moxifloxacin hcl (ophth)</i>	70	<i>neomycin-polymyxin-</i>	
<i>moxifloxacin hcl 400 mg/250ml in</i>		<i>dexamethasone ophth oint 0.1%</i>	
<i>sodium chloride 0.8% inj</i>	16	70
MRESVIA	67	<i>neomycin-polymyxin-</i>	
MULTAQ	31	<i>dexamethasone ophth susp 0.1%</i>	
<i>multiple electrolytes ph 5.5</i>	68	70
<i>multiple electrolytes ph 7.4</i>	68	<i>neomycin-polymyxin-hc ophth susp</i>	
<i>mupirocin</i>	76	70
<i>mycophenolate mofetil</i>	66	<i>neomycin-polymyxin-hc otic soln</i>	
<i>mycophenolate sodium</i>	66	1%	72
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<i>nadolol</i>	32	10000unt op oin	70
<i>naftillin sodium</i>	17	<i>neo-polycin hc ophth oint 1%</i>	70
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<i>thioridazine hcl</i>	39	TREMFYA	65
<i>thiothixene</i>	39	<i>treprostinil</i>	35
<i>tiadylt er</i>	33	TRESIBA.....	49
<i>tiagabine hcl</i>	42	TRESIBA FLEXTOUCH.....	50
TIBSOVO	27	<i>tretinoin</i>	75
TICOVAC	67	<i>tretinoin (chemotherapy)</i>	20
<i>tigecycline</i>	17	<i>triamcinolone acetonide (mouth)</i> 78	
<i>tilia fe</i>	54	<i>triamcinolone acetonide (topical)</i> 77	
<i>timolol maleate</i>	33	<i>triamterene & hydrochlorothiazide</i>	
<i>timolol maleate (ophth)</i>	71	<i>cap 37.5-25 mg</i>	33
<i>tinidazole</i>	11	<i>triamterene & hydrochlorothiazide</i>	
TIVICAY.....	13	<i>tab 37.5-25 mg</i>	34
TIVICAY PD.....	13	<i>triamterene & hydrochlorothiazide</i>	
<i>tizanidine hcl</i>	46	<i>tab 75-50 mg</i>	34
TOBRADEX OIN 0.3-0.1%.....	70	<i>tridacaine ii</i>	77
TOBRADEX ST SUS 0.3-0.05	70	<i>trientine hcl</i>	50
<i>tobramycin</i>	11	<i>tri-estarylla</i>	54
<i>tobramycin (ophth)</i>	70	<i>trifluoperazine hcl</i>	39
<i>tobramycin sulfate</i>	11	<i>trifluridine</i>	70
<i>tobramycin-dexamethasone ophth</i>		<i>trihexyphenidyl hcl</i>	37
<i>susp 0.3-0.1%</i>	70	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tolterodine tartrate</i>	61	1000MG.....	48
<i>topiramate</i>	42	TRIJARDY XR TAB ER 24HR 12.5-	
<i>toremifene citrate</i>	19	2.5-1000MG	48
<i>torpenz</i>	27	TRIJARDY XR TAB ER 24HR 25-5-	
<i>torseamide</i>	33	1000MG.....	48
TOUJEO MAX SOLOSTAR	49	TRIJARDY XR TAB ER 24HR 5-2.5-	
TOUJEO SOLOSTAR	49	1000MG.....	48
TPN ELECTROL INJ	69	TRIKAFTA PAK 59.5MG.....	74
TRADJENTA.....	48	TRIKAFTA PAK 75MG	74
<i>tramadol hcl</i>	9	TRIKAFTA TAB 100-50-75MG &	
<i>tramadol-acetaminophen tab 37.5-</i>		150MG	74
<i>325 mg</i>	9	TRIKAFTA TAB 50-25-37.5MG &	
<i>trandolapril</i>	29	75MG	74
<i>tranexamic acid</i>	63	<i>tri-legest fe</i>	54
<i>tranylcypramine sulfate</i>	36	<i>tri-linyuh</i>	54
TRAVASOL INJ 10%.....	70	<i>tri-lo-estarylla</i>	54
TRAZIMERA.....	27	<i>tri-lo-marzia</i>	54
<i>trazodone hcl</i>	36	<i>tri-lo-mili</i>	54
TRECATOR	14	<i>tri-lo-sprintec</i>	54
TRELEGY AER ELLIPTA 100-62.5-		<i>trimethoprim</i>	11
25 MCG	72	<i>tri-mili</i>	54

<i>trimipramine maleate</i>	36	<i>valsartan-hydrochlorothiazide tab</i>	
TRINTELLIX.....	36	<i>80-12.5 mg</i>	30
<i>tri-nymyo</i>	54	VALTOCO 10 MG DOSE.....	42
<i>tri-sprintec</i>	54	VALTOCO 15 MG DOSE.....	42
TRIUMEQ PD TAB	14	VALTOCO 20 MG DOSE.....	42
TRIUMEQ TAB.....	14	VALTOCO 5 MG DOSE	42
<i>trivora-28</i>	54	<i>vancomycin hcl</i>	11
<i>tri-vylibra</i>	54	VANCOMYCIN HYDROCHLORIDE	11
<i>tri-vylibra lo</i>	54	VANCOMYCIN INJ 1 GM	11
TRIZIVIR TAB	14	VANCOMYCIN INJ 500MG	11
TROGARZO	13	VANCOMYCIN INJ 750MG	11
TROPHAMINE INJ 10%	70	VANFLYTA.....	27
<i>tropium chloride</i>	61	VAQTA	67
TRULICITY	48	<i>varenicline tartrate</i>	46
TRUMENBA INJ	67	<i>varenicline tartrate tab 11 x 0.5</i>	
TRUQAP.....	27	<i>mg & 42 x 1 mg start pack</i>	47
TRUXIMA	27	VARIVAX	67
TUKYSA.....	27	VASCEPA	32
TURALIO.....	27	VAXCHORA SUS	67
<i>turqoz</i>	54	<i>velivet</i>	55
TWINRIX INJ	67	VELPHORO	57
TYBOST	13	VELTASSA.....	50
<i>tydemy</i>	54	VEMLIDY	15
TYPHIM VI	67	VENCLEXTA.....	27
TYRVAYA	72	VENCLEXTA TAB START PK	27
U		<i>venlafaxine hcl</i>	36
UBRELVY	44	VENTAVIS	35
<i>unithroid</i>	58	VENTOLIN HFA	73
<i>ursodiol</i>	60	VENTOLIN HFA (INSTITUTIONAL	
V		PACK).....	73
<i>valacyclovir hcl</i>	15	<i>verapamil hcl</i>	33
VALCHLOR	78	VERQUVO	34
<i>valganciclovir hcl</i>	15	VERSACLOZ	39
<i>valproate sodium</i>	42	VERZENIO	27
<i>valproic acid</i>	42	<i>vestura</i>	55
<i>valsartan</i>	31	V-GO 20 KIT	50
<i>valsartan-hydrochlorothiazide tab</i>		V-GO 30 KIT	50
<i>160-12.5 mg</i>	30	V-GO 40 KIT	50
<i>valsartan-hydrochlorothiazide tab</i>		<i>vienva</i>	55
<i>160-25 mg</i>	30	<i>vigabatrin</i>	42
<i>valsartan-hydrochlorothiazide tab</i>		<i>vigadrone</i>	42
<i>320-12.5 mg</i>	31	VIGAFYDE.....	42
<i>valsartan-hydrochlorothiazide tab</i>		<i>vigpoder</i>	42
<i>320-25 mg</i>	31	<i>vilazodone hcl</i>	36

<i>vincristine sulfate</i>	21	XIGDUO XR TAB 10-1000	48
<i>vinorelbine tartrate</i>	21	XIGDUO XR TAB 10-500MG	48
<i>viorele</i>	55	XIGDUO XR TAB 2.5-1000	48
VIRACEPT	13	XIGDUO XR TAB 5-1000MG	48
VIREAD	13	XIGDUO XR TAB 5-500MG	48
VITRAKVI	27	XIIDRA	72
VIVITROL	47	XOFLUZA	15
VIZIMPRO	27	XOLAIR	74
VONJO	27	XOSPATA	27
<i>voriconazole</i>	12	XPOVIO 100 MG ONCE WEEKLY ..	28
VOSEVI TAB	15	XPOVIO 40 MG ONCE WEEKLY ..	27
VRAYLAR	39	XPOVIO 40 MG TWICE WEEKLY ..	28
VRAYLAR CAP 1.5-3MG	39	XPOVIO 60 MG ONCE WEEKLY ..	28
<i>vyfemla</i>	55	XPOVIO 60 MG TWICE WEEKLY ..	28
<i>vylibra</i>	55	XPOVIO 80 MG ONCE WEEKLY ..	28
VYZULTA	71	XPOVIO 80 MG TWICE WEEKLY ..	28
W		XTANDI	19
<i>warfarin sodium</i>	62	<i>xulane</i>	55
<i>water for irrigation, sterile</i>		XULTOPHY INJ 100/3.6	50
<i>irrigation soln</i>	78	Y	
WELIREG	20	<i>yargesa</i>	57
<i>wera</i>	55	YF-VAX INJ	67
<i>wixela inhub</i>	75	<i>yuvafem</i>	55
<i>wymzya fe</i>	55	Z	
X		<i>zafemy</i>	55
XALKORI	27	<i>zafirlukast</i>	73
XARELTO	62	<i>zaleplon</i>	44
XARELTO STAR TAB 15/20MG	62	ZARXIO	62
XATMEP	65	ZEJULA	28
XCOPRI	42	ZELBORAF	28
XCOPRI PAK 100-150	42	ZEMAIRA	74
XCOPRI PAK 12.5-25	42	<i>zenatane</i>	75
XCOPRI PAK 150-200MG		ZENPEP CAP 10000UNT	60
(MAINTENANCE)	42	ZENPEP CAP 15000UNT	60
XCOPRI PAK 150-200MG		ZENPEP CAP 20000UNT	60
(TITRATION)	42	ZENPEP CAP 25000UNT	60
XCOPRI PAK 50-100MG	42	ZENPEP CAP 3000UNIT	60
XDEMVI	70	ZENPEP CAP 40000UNT	60
XELJANZ	65	ZENPEP CAP 5000UNIT	60
XELJANZ XR	65	ZENPEP CAP 60000UNT	60
XERMELO	60	ZERVIAE	71
XGEVA	50	<i>zidovudine</i>	13
XHANCE	74	ZIEXTENZO	62
XIFAXAN	60	<i>ziprasidone hcl</i>	39

<i>ziprasidone mesylate</i>	39	<i>zovia 1/35</i>	55
ZIRABEV.....	28	ZTALMY	43
ZIRGAN	70	<i>zumandimine</i>	55
<i>zoledronic acid</i>	50	ZURZUVAE	36, 37
ZOLINZA	28	ZYDELIG.....	28
<i>zolpidem tartrate</i>	44	ZYKADIA	28
ZONISADE	42	ZYLET SUS 0.5-0.3%	70
<i>zonisamide</i>	42	ZYPREXA RELPREVV.....	39

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