



Retiree RxCare Formulario Premier Base 2026

(Lista de Drogas Cubiertas o "Lista de Drogas")

POR FAVOR, LEE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE ALGUNOS DE LOS FÁRMACOS QUE CUBRIMOS EN ESTE PLAN

Número de identificación del formulario 26256, Versión 15

Este formulario se actualizó el 8/1/2026. No hemos hecho cambios en este formulario desde 7/16/2026. Para información más reciente u otras preguntas, por favor contacte con el Centro de Atención al Cliente de Retiree RxCare en el 1-855-693-3921 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los 7 días de la semana, o visite <http://retireerxcarepdp.com>.

Nota para los miembros actuales: Este Formulario ha cambiado desde el año pasado. Por favor, revisa este documento para asegurarte de que aún contiene los medicamentos que tomas.

Cuando esta Lista de Medicamentos (Formulario) se refiere a "nosotros", "nosotras" o "nuestro", se refiere a MG Insurance Company. Cuando se refiere a "plan" o "nuestro plan", se refiere a Retiree RxCare.

Este documento incluye una lista parcial de medicamentos (formulario) de nuestro plan que está actualizada a 7/16/2026. Para una lista completa y actualizada de medicamentos (formulario), por favor contáctanos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez la Lista de Medicamentos (formulario), aparece en la portada de este documento.

Generalmente debes utilizar farmacias de red para utilizar tu beneficio de medicamentos con receta. Las prestaciones, el formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar a partir del 1 de enero de 2026 y de vez en cuando durante el año.

¿Qué es el formulario abreviado de RxCare para Retiree?

En este documento, utilizamos los términos Lista de Medicamentos y Formulario para significar lo mismo. Un formulario es una lista de medicamentos protegidos seleccionados por Retiree RxCare en consulta con un equipo de profesionales sanitarios, que representa las terapias con receta que se consideran parte necesaria de un programa de tratamiento de calidad. Retiree RxCare generalmente cubrirá los medicamentos listados en nuestro formulario siempre que el medicamento sea médicamente necesario, la receta se dispense en una farmacia de la red de Retiree RxCare y se sigan las demás normas del plan. Para más información sobre cómo surtir tus recetas, por favor revisa tu Prueba de Cobertura.

Este documento es un formulario parcial e incluye solo algunos de los medicamentos cubiertos por Retiree RxCare. Para obtener un listado completo de todos los medicamentos con receta cubiertos por Retiree RxCare, por favor contáctenos.

¿Puede cambiar el formulario?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero nosotros, Retiree RxCare, podemos añadir o eliminar medicamentos del formulario durante el año o añadir nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestra página web aquí: <http://retireerxcarepdp.com>

Cambios que pueden afectarte este año: En los siguientes casos, te verás afectado por cambios en la cobertura durante el año:

- **Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos**

biológicos originales. Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos por una nueva versión de ese medicamento que aparecerá con las mismas o menos restricciones. Cuando añadimos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero añadir inmediatamente nuevas restricciones.

Solo podemos hacer estos cambios inmediatos si añadimos una nueva versión genérica de un medicamento comercial o si añadimos ciertas nuevas versiones biosimilares de un producto biológico original que ya estaba en el formulario (por ejemplo, añadir un biosimilar intercambiable que pueda sustituir a un producto biológico original en una farmacia sin una nueva receta).

Si actualmente estás tomando el medicamento de marca o el producto biológico original, puede que no te lo informemos con antelación antes de hacer un cambio inmediato, pero más adelante te proporcionaremos información sobre el(los) cambio(s) específico(s) que hemos realizado.

Si hacemos ese cambio, tú o tu prescriptor podéis pedirnos que hagamos una excepción y que sigamos cubriéndoo el medicamento que se está cambiando. Para más información, consulte la sección siguiente titulada "¿Cómo solicito una excepción al Formulario de Retiree RxCare?"

Algunos de estos tipos de fármacos pueden ser nuevos para ti. Para más información, consulte la sección siguiente titulada "¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?"

- **Medicamentos retirados del mercado.** Si un medicamento es retirado de la venta por el fabricante o por la Administración de Alimentos y Medicamentos (FDA) que determina que será retirado por razones de seguridad o eficacia, podemos retirarlo inmediatamente de nuestro formulario y posteriormente notificar a los miembros que lo tomen.
- **Otros cambios.** Podríamos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos añadir un nuevo medicamento genérico para reemplazar un medicamento comercial que ya está en el formulario, o añadir un nuevo biosimilar para sustituir un producto biológico original que ya está en el formulario, o añadir nuevas restricciones después de añadir un fármaco correspondiente. Podemos eliminar un medicamento de marca del formulario al añadir un equivalente genérico o eliminar un producto biológico original al añadir un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original. Podríamos hacer cambios basándonos en nuevas directrices clínicas. Si eliminamos medicamentos de nuestro formulario, añadimos autorización previa, límites de cantidad y/o restricciones de terapia escalonada en un medicamento, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que El cambio se vuelve efectivo. Alternativamente, cuando un miembro solicita la renovación del medicamento, puede recibir un suministro de 30 días del medicamento y un aviso del cambio.

Si hacemos estos otros cambios, tú o tu prescriptor podéis pedirnos que hagamos una excepción para vosotros y que sigamos cubriendo el medicamento que habéis estado tomando. El aviso que te proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puedes encontrar información en la sección siguiente titulada "¿Cómo solicito una excepción al Formulario de Retiree RxCare?"

Cambios que no te afectarán si estás tomando el medicamento actualmente. Generalmente, si estás tomando un medicamento de nuestro formulario de 2026 que fue cubierto a principios de año, no descontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, salvo lo descrito anteriormente. Esto significa que estos medicamentos seguirán disponibles con el mismo coste compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año no recibirás notificación directa sobre cambios que no te afecten. Sin embargo, el 1 de enero del año siguiente, estos cambios te afectarán, y es importante consultar el formulario del nuevo año de prestación para detectar cualquier cambio en los medicamentos.

El formulario adjunto está actualizado a fecha de 07/16/2026. Para obtener información actualizada sobre los medicamentos cubiertos por Retiree RxCare, por favor contáctanos. Nuestra información de contacto aparece en la portada de este documento. Si hay algún cambio en este formulario a mitad de año, enviaremos a los miembros un

aviso de cambio.

¿Cómo uso el formulario?

Hay dos formas de encontrar tu medicamento dentro del formulario:

Condición médica

La lista del formulario se encuentra en este documento. Los medicamentos de este formulario se agrupan en categorías según el tipo de afecciones médicas que se utilicen para tratar. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se listan en la categoría "Cardiovascular, hipertensión / lípidos". Si sabes para qué se usa tu droga, busca el nombre de la categoría dentro de la siguiente lista de medicamentos. Luego busca en la categoría de tu medicamento.

Listado alfabético

Si no tienes claro en qué categoría buscar, deberías buscar tu medicamento en el Índice que comienza en la página 67. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos comerciales como los genéricos están listados en el Índice. Mira en el Índice y encuentra tu medicamento. Junto a tu medicamento, verás el número de página donde puedes encontrar información sobre cobertura. Ve a la página que aparece en el índice y encuentra el nombre de tu medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Retiree RxCare cubre tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la FDA por tener el mismo principio activo que el medicamento comercial.

Generalmente, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los medicamentos de marca. Existen sustitutos genéricos para muchos medicamentos de marca. Los medicamentos genéricos suelen sustituirse por el medicamento comercial en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son fármacos más complejos que los fármacos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, existen alternativas llamadas biosimilares. En general, los biosimilares funcionan igual de bien que el producto biológico original y pueden costar menos.

Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

Para la discusión sobre tipos de fármacos, consulte la Evidencia de Cobertura, Capítulo 3.1, "La 'Lista de Medicamentos' indica qué fármacos de la Parte D están incluidos."

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Retiree RxCare requiere que tú o tu prescriptor obtengáis autorización previa para ciertos medicamentos. Esto significa que necesitarás obtener la aprobación de Retiree RxCare antes de surtir tus recetas. Si no obtienes la aprobación, puede que Retiree RxCare no cubra el medicamento.
- **Autorización previa B/D:** Este medicamento requiere una autorización previa para determinar si está cubierto por la Parte B o la Parte D de Medicare. Se requiere información adicional de usted o de su médico para tomar una decisión antes de que pueda surtir su receta. Si no obtienes la aprobación, Retiree RxCare puede no cubrir el medicamento y serás responsable del coste total del medicamento, o de enviarlo a tu plan de salud de Medicare.

- **Límites de cantidad:** Para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que cubrirá Retiree RxCare. Por ejemplo, Retiree RxCare proporciona 30 por receta de Zolpidem Tartrato 10mg. Esto puede ser adicional a un suministro estándar de uno o tres meses.
- **Terapia por escalones:** En algunos casos, Retiree RxCare requiere que primero pruebes ciertos medicamentos para tratar tu condición médica antes de cubrir otro medicamento para esa condición. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan tu condición médica, Retiree RxCare puede no cubrir el Medicamento B a menos que pruebes primero el Medicamento A. Si el Medicamento A no te funciona, Retiree RxCare para cubrirá entonces el Medicamento B.

Puedes averiguar si tu medicamento tiene requisitos o límites adicionales consultando la lista del formulario contenida en este documento. También puedes obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestra página web.

Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de la terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada de este documento.

Puedes pedir a Retiree RxCare que haga una excepción a estas restricciones o límites, o una lista de otros medicamentos similares que puedan tratar tu estado de salud. Consulta la sección "¿Cómo solicito una excepción al formulario de Retiree RxCare?" en la página 5 para información sobre cómo solicitar una excepción.

¿Y si mi medicamento no está en el formulario?

Si tu medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debes contactar con Servicios al Miembro y preguntar si tu medicamento está cubierto. Este documento incluye solo una lista parcial de los medicamentos cubiertos, por lo que Retiree RxCare puede cubrir tu medicamento. Para más información, por favor contáctanos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada de este documento.

Si descubres que Retiree RxCare no cubre tu medicamento, tienes dos opciones:

- Puedes pedir a Servicios a Miembros una lista de medicamentos similares que estén cubiertos por Retiree RxCare. Cuando recibas la lista, muéstrasela a tu médico y pídele que te recete un medicamento similar que esté cubierto por Retiree RxCare.
- Puedes pedir a Retiree RxCare que haga una excepción y cubra tu medicamento. Consulta a continuación información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Retiree RxCare?

Puedes pedir a Retiree RxCare que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puedes pedirnos que hagamos.

- Puedes pedirnos que cubramos un medicamento aunque no esté en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de coste compartido, y no podrá pedirnos que proporcionemos el medicamento a un nivel de coste compartido más bajo.
- Puedes pedirnos que renunciemos a una restricción de cobertura que incluya autorización previa, terapia escalonada o un límite de cantidad de tu medicamento. Por ejemplo, para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que cubriremos. Si tu medicamento tiene un límite de cantidad, puedes pedirnos que lo eximamos y cubramos una cantidad mayor.

Generalmente, Retiree RxCare solo aprobará tu solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor coste compartido o la aplicación de la restricción no son tan efectivos para ti y/o te causan efectos adversos.

Tú o tu prescriptor debéis poneros en contacto con nosotros para solicitar una excepción al formulario, incluyendo una excepción a una restricción de cobertura. **Cuando solicites una excepción, tu prescriptor tendrá que explicarte las razones médicas por las que necesitas la excepción.** Por lo general, debemos tomar nuestra decisión en un plazo de 72 horas desde que recibimos la declaración de apoyo de tu prescriptor. Puedes solicitar una decisión rápida (y rápida) si crees, y estamos de acuerdo, en que tu salud podría verse gravemente dañada si

esperas hasta 72 horas para una decisión. Si estamos de acuerdo, o si tu prescriptor solicita una decisión rápida, debemos darte una decisión a más tardar 24 horas después de recibir la declaración de respaldo de tu prescriptor.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene alguna restricción?

Como miembro nuevo o continuo en nuestro plan, puede que esté tomando medicamentos que no están en nuestro formulario. O puede que estés tomando un medicamento que está en nuestro formulario pero que tiene cobertura restricciones, como la autorización previa. Deberías hablar con tu prescriptor sobre solicitar una decisión de cobertura para demostrar que cumples los criterios de aprobación, cambiando a un Medicamento alternativo que cubrimos, o solicitar una excepción al formulario para que cubramos el medicamento que tomas. Mientras tú y tu médico decidís el plan de acción adecuado para ti, podemos cubrir tu medicamento en ciertos casos durante los primeros 90 días que seas miembro de nuestro plan.

Para cada uno de tus medicamentos que no esté en nuestro formulario o tenga restricciones de cobertura, cubriremos un suministro temporal de 30 días. Si tu receta se prescribe por menos días, permitiremos renovaciones para proporcionar hasta un suministro máximo de 30 días de medicación. Si la cobertura no lo es

Aprobado, tras tu primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si llevas menos de 90 días siendo miembro del plan.

Si eres residente de un centro de cuidados a largo plazo y necesitas un medicamento que no está en nuestro formulario o si tu capacidad para obtener tus medicamentos es limitada, pero has superado los 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 30 días de ese medicamento mientras solicitas una excepción al formulario.

Nota: Si eres residente de un centro de cuidados a largo plazo, te permitiremos renovar tu receta hasta que te proporcionemos un suministro de transición de 30 días, consistente con el incremento de dispensación (a menos que tengas una receta prescrita para menos días). Después de tu primer suministro de 30 días, no pagaremos estos medicamentos, incluso si llevas menos de 90 días siendo miembro del plan. Si necesitas un medicamento que no está en nuestro formulario o si tu capacidad para obtener tus medicamentos es limitada, pero has pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 30 días de ese medicamento (a menos que tengas receta para menos días) mientras solicitas una excepción al formulario.

Para los miembros actuales, que estén en un centro de cuidados a largo plazo o que estén atravesando cambios en su nivel de atención, Retiree RxCare permitirá hasta un suministro de medicación por un mes.

Ejemplos de cambios en el nivel de atención pueden incluir:

- Alta de un hospital a un hogar (es decir, residencia asistida, cuidados a largo plazo (LTC) o domicilio privado) acompañada de una lista de medicamentos que no siempre consideran la lista de medicamentos del plan debido a la naturaleza temporal de la visita hospitalaria.
- Terminación de una Parte de Medicare Una estancia en un centro de enfermería especializada (donde los pagos incluyen todos los gastos de farmacia)
- Baja de los cuidados paliativos
- Dejar una estancia en un centro de cuidados a largo plazo y regresar a la comunidad.
- Alta de hospitales psiquiátricos con regímenes farmacológicos altamente individualizados

Para más información

Para obtener información más detallada sobre tu cobertura de medicamentos recetados para Retiree RxCare, revisa tu Prueba de Cobertura y otros materiales del plan.

Si tiene preguntas sobre Retiree RxCare, por favor contáctenos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada de este documento.

Si tiene preguntas generales sobre la cobertura de medicamentos con receta de Medicare, por favor llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día/7 días de la semana. Los usuarios de TTY deben llamar al 1-877486-2048. O visita <http://www.medicare.gov>

Formulario Retiree RxCare Premier Base

El formulario abreviado que comienza en las siguientes páginas proporciona información sobre la cobertura de algunos de los medicamentos cubiertos por Retiree RxCare. Si tienes problemas para encontrar tu medicamento en la lista, consulta el Índice que comienza en la página 67.

Recuerda: Esta es solo una lista parcial de los medicamentos cubiertos por Retiree RxCare. Si tu receta no está en este formulario parcial, por favor contáctanos. Nuestra información de contacto, junto con la fecha en que actualizamos por última vez el formulario, aparece en la portada de este documento. La primera columna del gráfico indica el nombre del medicamento. Los medicamentos de marca se escriben con mayúscula (por ejemplo, SYNTHROID) y los genéricos en cursiva minúscula (por ejemplo, simvastatina).

La información en la columna de Requisitos/Límites te indica si Retiree RxCare tiene algún requisito especial para la cobertura de tu medicamento

Comprender los requisitos/límites

Abreviatura	Nombre del programa	Definición
PA	Autorización previa	Se requiere aprobación antes de que tu plan cubra este medicamento.
PA B/D	Medicare Parte B vs. Parte D	La cobertura puede estar disponible bajo la Parte B o la Parte D de Medicare.
QL	Límite de cantidad	Hay un límite en la cantidad que se puede dispensar por receta o durante un periodo de tiempo.
ST	Terapia escalonada	Debes probar una alternativa de tratamiento preferida antes de que haya cobertura disponible para este medicamento.

Drug Name	Requirements/Limits
Analgesics	
Analgesics	
JOURNAVX TABLET 50MG	QL (30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs	
celecoxib capsule 100mg, 200mg, 400mg, 50mg	QL (60 EA per 30 days)
diclofenac potassium tablet 50mg	
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	
diclofenac sodium er tablet extended release 24 hour 100mg	
diclofenac sodium gel 1%	QL (1000 GM per 30 days)
diclofenac sodium topical solution 1.5%	PA
diflunisal tablet 500mg	
ec-naproxen tablet delayed release 500mg	
etodolac capsule 200mg, 300mg	
etodolac tablet 400mg, 500mg	
flurbiprofen tablet 100mg, 50mg	
ibuprofen suspension 100mg/5ml	
ibuprofen tablet 400mg, 600mg, 800mg	
ibu tablet 400mg, 600mg, 800mg	
indomethacin er capsule extended release 75mg	
indomethacin capsule 25mg, 50mg	
ketorolac tromethamine +rfd injection 30mg/ml	
ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml	
ketorolac tromethamine tablet 10mg	QL (20 EA per 30 days)
meloxicam tablet 15mg, 7.5mg	
nabumetone tablet 500mg, 750mg	
naproxen dr tablet delayed release 375mg	
naproxen dr tablet delayed release 500mg	
naproxen sodium tablet 275mg, 550mg	
naproxen tablet 250mg, 375mg, 500mg	
oxaprozin tablet 600mg	
piroxicam capsule 10mg, 20mg	
sulindac tablet 150mg, 200mg	
Opioid Analgesics, Long-acting	
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	QL (4 EA per 28 days)
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	
methadone hcl solution 5mg/5ml	
methadone hcl tablet 10mg, 5mg	
methadone hydrochloride intensol concentrate 10mg/ml	
methadone hydrochloride concentrate 10mg/ml	
methadone hydrochloride solution 10mg/5ml	
morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	
Opioid Analgesics, Short-acting	
acetaminophen/codeine phosphate tablet 300mg; 60mg	
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	

Drug Name	Requirements/Limits
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	
endocet tablet 325mg; 5mg	
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	PA
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	PA
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	
hydrocodone/acetaminophen tablet 325mg; 7.5mg	
hydromorphone hcl injection 10mg/ml, 4mg/ml	
hydromorphone hcl tablet 2mg, 4mg	
hydromorphone hcl tablet 8mg	
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	
morphine sulfate injection 10mg/ml, 4mg/ml	
morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml	
morphine sulfate tablet 15mg, 30mg	
oxycodone hydrochloride solution 5mg/5ml	
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	
oxycodone hydrochloride tablet 20mg, 30mg	
oxycodone/acetaminophen tablet 325mg; 5mg	
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	
tramadol hydrochloride tablet 50mg	
Anesthetics	
Local Anesthetics	
lidocaine/prilocaine cream 2.5%; 2.5%	QL (30 GM per 30 days) PA
lidocaine ointment 5%	QL (150 GM per 30 days) PA
lidocaine patch 5%	PA
premium lidocaine ointment 5%	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
acamprosate calcium dr tablet delayed release 333mg	
disulfiram tablet 250mg, 500mg	
naltrexone hydrochloride tablet 50mg	
VIVITROL INJECTION 380MG	
Opioid Dependence	
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg	
buprenorphine hcl tablet sublingual 2mg, 8mg	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	
Opioid Reversal Agents	
KLOXXADO LIQUID 8MG/0.1ML	
naloxone hcl injection 4mg/10ml	

Drug Name	Requirements/Limits
<i>naloxone hydrochloride injection 0.4mg/ml</i>	
<i>naloxone hydrochloride injection 2mg/2ml</i>	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	
OPVEE SOLUTION 2.7MG/0.1ML	
REXTOVY LIQUID 4MG/0.25ML	
Smoking Cessation Agents	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	QL (60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	QL (360 ML per 365 days)
TYRVAYA SOLUTION 0.03MG/ACT	QL (8.4 ML per 30 days)
<i>varenicline starting month tablet therapy pack 0</i>	QL (504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	QL (504 EA per 365 days)
Antibacterials	
Aminoglycosides	
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	
ARIKAYCE SUSPENSION 590MG/8.4ML	PA
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	
<i>gentamicin sulfate cream 0.1%</i>	
<i>gentamicin sulfate injection 40mg/ml</i>	
<i>gentamicin sulfate ointment 0.1%</i>	
HUMATIN CAPSULE 250MG	
<i>neomycin sulfate tablet 500mg</i>	
<i>streptomycin sulfate injection 1gm</i>	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	
Antibacterials, Other	
<i>aztreonam injection 1gm, 2gm</i>	
<i>clindacin etz pledgets swab 1%</i>	
<i>clindamycin hcl capsule 300mg</i>	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	
<i>clindamycin phosphate cream 2%</i>	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	
<i>clindamycin phosphate swab 1%</i>	
<i>colistimethate sodium injection 150mg</i>	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	
<i>daptomycin injection 350mg, 500mg</i>	
<i>fosfomycin tromethamine packet 3gm</i>	
IMPAVIDO CAPSULE 50MG	
<i>linezolid injection 600mg/300ml</i>	
<i>linezolid suspension reconstituted 100mg/5ml</i>	QL (1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	QL (56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	
<i>metronidazole vaginal gel 0.75%</i>	
<i>metronidazole injection 500mg/100ml</i>	
<i>metronidazole tablet 250mg, 500mg</i>	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	

Drug Name	Requirements/Limits
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	
<i>nitrofurantoin monohydrate capsule 100mg</i>	
<i>tigecycline injection 50mg</i>	
<i>tinidazole tablet 250mg, 500mg</i>	
<i>trimethoprim tablet 100mg</i>	
<i>vancomycin hcl injection 10gm</i>	
<i>vancomycin hydrochloride capsule 125mg</i>	QL (120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	QL (240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; PA 20MG	
Beta-lactam, Cephalosporins	
<i>cefaclor capsule 250mg, 500mg</i>	
<i>cefaclor suspension reconstituted 250mg/5ml</i>	
<i>cefadroxil capsule 500mg</i>	
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	
CEFAZOLIN INJECTION 2GM, 3GM	
<i>cefdinir capsule 300mg</i>	
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	
CEFEPIME/DEXTROSE INJECTION 2GM/50ML; 5%	
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	
<i>cefixime capsule 400mg</i>	
<i>cefotaxime sodium injection 1gm, 2gm</i>	
<i>cefotetan injection 1gm, 2gm</i>	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	
<i>cefprozil tablet 250mg, 500mg</i>	
<i>ceftaroline fosamil injection 400mg, 600mg</i>	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	
<i>cefuroxime axetil tablet 250mg, 500mg</i>	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	
<i>cephalexin capsule 250mg, 500mg</i>	
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	
TAZICEF INJECTION 6GM	
<i>tazicef injection 1gm, 2gm</i>	
TEFLARO INJECTION 400MG, 600MG	
Beta-lactam, Penicillins	
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	

Drug Name	Requirements/Limits
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	
<i>amoxicillin capsule 250mg, 500mg</i>	
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	
<i>amoxicillin tablet 500mg, 875mg</i>	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 2gm</i>	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	
<i>ampicillin capsule 500mg</i>	
AUGMENTIN SUSPENSION RECONSTITUTED	
125MG/5ML; 31.25MG/5ML	
BICILLIN L-A INJECTION 1200000UNIT/2ML,	
2400000UNIT/4ML, 600000UNIT/ML	
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	
<i>penicillin g sodium injection 5000000unit</i>	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	
<i>penicillin v potassium tablet 250mg, 500mg</i>	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	
Carbapenems	
<i>ertapenem sodium injection 1gm</i>	
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	
<i>meropenem injection 1gm, 2gm, 500mg</i>	
Macrolides	
<i>azithromycin injection 500mg</i>	
<i>azithromycin packet 1gm</i>	
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	
<i>clarithromycin tablet 250mg, 500mg</i>	
DIFICID TABLET 200MG	
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	
<i>fidaxomicin tablet 200mg</i>	
Quinolones	
<i>ciprofloxacin hcl tablet 750mg</i>	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	

Drug Name	Requirements/Limits
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%</i>	
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	
<i>levofloxacin injection 25mg/ml</i>	
<i>levofloxacin oral solution 25mg/ml</i>	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	
<i>moxifloxacin hydrochloride tablet 400mg</i>	
Sulfonamides	
<i>sulfadiazine tablet 500mg</i>	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	
Tetracyclines	
<i>demeclocycline hcl tablet 150mg, 300mg</i>	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	
<i>doxycycline hyclate injection 100mg</i>	
<i>doxycycline hyclate tablet 100mg</i>	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	
<i>doxycycline monohydrate tablet 150mg, 75mg</i>	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	
<i>minocycline hcl capsule 75mg</i>	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	
Anticonvulsants	
Anticonvulsants, Other	
<i>brivaracetam solution 10mg/ml</i>	PA
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	PA
BRIVIACT SOLUTION 10MG/ML	PA
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	PA
EPIDIOLEX SOLUTION 100MG/ML	PA
EPRONTIA SOLUTION 25MG/ML	
<i>felbamate suspension 600mg/5ml</i>	
<i>felbamate tablet 400mg, 600mg</i>	
FINTEPLA SOLUTION 2.2MG/ML	PA
FYCOMPA SUSPENSION 0.5MG/ML	
FYCOMPA TABLET 2MG	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	
<i>lamotrigine odt tablet disintegrating 200mg</i>	
<i>lamotrigine starter kit/blue kit 25mg</i>	
<i>lamotrigine starter kit/green kit 0</i>	
<i>lamotrigine starter kit/orange kit 0</i>	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	

Drug Name	Requirements/Limits
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	
<i>levetiracetam solution 100mg/ml</i>	
<i>levetiracetam tablet disintegrating soluble 250mg, 500mg</i>	
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	
NAYZILAM SOLUTION 5MG/0.1ML	QL (10 EA per 30 days)
<i>perampanel suspension 0.5mg/ml</i>	
<i>perampanel tablet 2mg</i>	
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	
<i>roweepra tablet 500mg</i>	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	
<i>subvenite starter kit/blue kit 25mg</i>	
<i>subvenite starter kit/green kit 0</i>	
<i>subvenite starter kit/orange kit 0</i>	
SUBVENITE SUSPENSION 10MG/ML	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	
<i>topiramate solution 25mg/ml</i>	
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	
<i>valproic acid capsule 250mg</i>	
<i>valproic acid solution 250mg/5ml</i>	
Calcium Channel Modifying Agents	
<i>ethosuximide capsule 250mg</i>	
<i>ethosuximide solution 250mg/5ml</i>	
<i>methsuximide capsule 300mg</i>	
Gamma-aminobutyric Acid (GABA) Modulating Agents	
<i>clobazam suspension 2.5mg/ml</i>	
<i>clobazam tablet 10mg, 20mg</i>	
<i>clonazepam odt tablet disintegrating 2mg</i>	QL (300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	QL (90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	QL (300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	QL (90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	PA
DIACOMIT PACKET 250MG, 500MG	PA
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	
<i>gabapentin capsule 400mg</i>	QL (270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	QL (360 EA per 30 days)
<i>gabapentin solution 250mg/5ml</i>	QL (2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	QL (150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	QL (180 EA per 30 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	QL (10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	

Drug Name	Requirements/Limits
<i>pregabalin capsule 300mg</i>	QL (60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	QL (90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	QL (900 ML per 30 days)
<i>primidone tablet 125mg, 250mg, 50mg</i>	
SYMPAZAN FILM 10MG, 5MG	
SYMPAZAN FILM 20MG	
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	QL (10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	PA
<i>vigabatrin tablet 500mg</i>	PA
<i>vigadrone packet 500mg</i>	PA
<i>vigadrone tablet 500mg</i>	PA
VIGAFYDE SOLUTION 100MG/ML	PA
<i>vigpoder packet 500mg</i>	PA
ZTALMY SUSPENSION 50MG/ML	PA
Sodium Channel Agents	
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	
<i>carbamazepine suspension 100mg/5ml</i>	
<i>carbamazepine tablet chewable 100mg, 200mg</i>	
<i>carbamazepine tablet 200mg</i>	
DILANTIN CAPSULE 30MG	
<i>epitol tablet 200mg</i>	
<i>eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg</i>	
<i>lacosamide solution 10mg/ml</i>	
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	
<i>oxcarbazepine suspension 300mg/5ml</i>	
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	
PHENYTEK CAPSULE 200MG, 300MG	
<i>phenytoin infatabs tablet chewable 50mg</i>	
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	
<i>phenytoin suspension 125mg/5ml</i>	
<i>phenytoin tablet chewable 50mg</i>	
<i>rufinamide suspension 40mg/ml</i>	
<i>rufinamide tablet 200mg</i>	
<i>rufinamide tablet 400mg</i>	
XCOPRI TABLET THERAPY PACK 0	PA; (14 X 12.5 MG & 14 X 25 MG)
XCOPRI TABLET THERAPY PACK 0	PA; (14 X 150 MG & 14 X 200 MG)
XCOPRI TABLET THERAPY PACK 0	PA; (14 X 50 MG & 14 X 100 MG)
XCOPRI TABLET THERAPY PACK 0	PA; 100 MG & 150 MG TABS (250 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	PA; 150 MG & 200 MG TABS (350 MG DAILY DOSE)

Drug Name	Requirements/Limits
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	PA
ZONISADE SUSPENSION 100MG/5ML	ST
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	
Antidementia Agents	
Antidementia Agents, Other	
<i>ergoloid mesylates tablet 1mg</i>	
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	QL (30 EA per 30 days)
Cholinesterase Inhibitors	
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	
<i>donepezil hcl tablet 10mg</i>	
<i>donepezil hcl tablet 23mg</i>	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	
<i>galantamine hydrobromide solution 4mg/ml</i>	
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<i>memantine hcl titration pak tablet 0</i>	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	QL (30 EA per 30 days)
<i>memantine hydrochloride tablet 10mg, 5mg</i>	
Antidepressants	
Antidepressants, Other	
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	QL (102 EA per 365 days)
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	QL (90 EA per 30 days)
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	QL (30 EA per 30 days) ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	ST
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	PA
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	PA
ZURZUVAE CAPSULE 30MG	QL (14 EA per 14 days) PA
ZURZUVAE CAPSULE 20MG, 25MG	QL (28 EA per 14 days) PA
Monoamine Oxidase Inhibitors	

Drug Name	Requirements/Limits
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	QL (30 EA per 30 days) ST
MARPLAN TABLET 10MG	
<i>phenelzine sulfate tablet 15mg</i>	
<i>tranylcypromine sulfate tablet 10mg</i>	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)	
<i>citalopram hydrobromide solution 10mg/5ml</i>	
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	QL (120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	QL (90 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg</i>	QL (30 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg</i>	QL (60 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg</i>	QL (90 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	QL (56 EA per 365 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	QL (30 EA per 30 days) ST
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	
<i>paroxetine hcl tablet 30mg, 40mg</i>	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	
RALDESY SOLUTION 10MG/ML	
<i>sertraline hcl concentrate 20mg/ml</i>	
<i>sertraline hcl tablet 50mg</i>	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	
TRINTELLIX TABLET 10MG, 20MG, 5MG	QL (30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	QL (30 EA per 30 days)
Tricyclics	
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	

Drug Name	Requirements/Limits
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	
<i>doxepin hcl capsule 75mg</i>	
<i>doxepin hcl concentrate 10mg/ml</i>	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	
<i>imipramine hcl tablet 25mg, 50mg</i>	
<i>imipramine hydrochloride tablet 10mg</i>	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	
<i>nortriptyline hcl solution 10mg/5ml</i>	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	
<i>protriptyline hcl tablet 10mg, 5mg</i>	
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	

Antiemetics

Antiemetics, Other

<i>compro suppository 25mg</i>	
<i>meclizine hcl tablet 12.5mg, 25mg</i>	
<i>meclizine hydrochloride tablet 25mg</i>	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	
<i>prochlorperazine suppository 25mg</i>	
<i>promethazine hcl suppository 12.5mg</i>	
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	
<i>promethazine hydrochloride suppository 25mg</i>	
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	
<i>promethegan suppository 12.5mg, 25mg</i>	
<i>scopolamine patch 72 hour 1mg/3days</i>	

Emetogenic Therapy Adjuncts

<i>aprepitant capsule therapy pack 0</i>	QL (6 EA per 30 days) B/D; (THERAPY PACK 80 & 125 MG)
<i>aprepitant capsule 40mg</i>	QL (1 EA per 30 days) B/D
<i>aprepitant capsule 80mg</i>	QL (8 EA per 30 days) B/D
<i>aprepitant capsule 125mg</i>	QL (2 EA per 30 days) B/D
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	QL (60 EA per 30 days) PA
<i>ondansetron hcl solution 4mg/5ml</i>	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	B/D

Antifungals

Antifungals

<i>ABELCET INJECTION 5MG/ML</i>	B/D
<i>amphotericin b liposome injection 50mg</i>	B/D
<i>amphotericin b injection 50mg</i>	B/D
<i>caspofungin acetate injection 50mg, 70mg</i>	
<i>clotrimazole cream 1%</i>	QL (90 GM per 30 days)
<i>clotrimazole solution 1%</i>	QL (60 ML per 30 days)
<i>clotrimazole troche 10mg</i>	
<i>CRESEMBA CAPSULE 186MG, 74.5MG</i>	PA
<i>econazole nitrate cream 1%</i>	

Drug Name	Requirements/Limits
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	
<i>flucytosine capsule 250mg, 500mg</i>	
<i>griseofulvin microsize suspension 125mg/5ml</i>	
<i>griseofulvin microsize tablet 500mg</i>	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	
<i>itraconazole capsule 100mg</i>	PA
<i>JUBLIA SOLUTION 10%</i>	
<i>ketoconazole cream 2%</i>	QL (90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	
<i>ketoconazole tablet 200mg</i>	
<i>klayesta powder 100000unit/gm</i>	QL (120 GM per 30 days)
<i>miconazole injection 100mg, 50mg</i>	
<i>nyamyc powder 100000unit/gm</i>	QL (120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	
<i>nystatin ointment 100000unit/gm</i>	
<i>nystatin powder 100000unit/gm</i>	QL (120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	
<i>nystatin tablet 500000unit</i>	
<i>nystop powder 100000unit/gm</i>	QL (120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	PA
<i>posaconazole suspension 40mg/ml</i>	PA
<i>terbinafine hcl tablet 250mg</i>	QL (84 EA per 180 days)
<i>terconazole cream 0.4%, 0.8%</i>	
<i>voriconazole injection 200mg</i>	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	
<i>voriconazole tablet 200mg, 50mg</i>	
Antigout Agents	
Antigout Agents	
<i>allopurinol tablet 100mg, 300mg</i>	
<i>colchicine tablet 0.6mg</i>	
<i>febuxostat tablet 40mg, 80mg</i>	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	
<i>probenecid tablet 500mg</i>	
Antimigraine Agents	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	
<i>AIMOVIG INJECTION 140MG/ML</i>	QL (1 ML per 28 days) PA
<i>AIMOVIG INJECTION 70MG/ML</i>	QL (2 ML per 28 days) PA
<i>EMGALITY INJECTION 120MG/ML</i>	QL (2 ML per 28 days) PA
<i>EMGALITY INJECTION 100MG/ML</i>	QL (3 ML per 28 days) PA
<i>NURTEC TABLET DISINTEGRATING 75MG</i>	QL (18 EA per 30 days) PA
<i>QULIPTA TABLET 10MG, 30MG, 60MG</i>	QL (30 EA per 30 days) PA
<i>UBRELVY TABLET 100MG, 50MG</i>	QL (16 EA per 30 days) PA
Ergot Alkaloids	
<i>dihydroergotamine mesylate solution 4mg/ml</i>	QL (8 ML per 30 days) PA
<i>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	QL (24 EA per 28 days)
Prophylactic	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	

Drug Name	Requirements/Limits
Serotonin (5-HT) Receptor Agonist	
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	QL (9 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	QL (18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	QL (18 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	QL (5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	QL (9 EA per 30 days)
<i>sumatriptan solution 20mg/act, 5mg/act</i>	QL (12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg, 5mg</i>	QL (12 EA per 30 days)
Antimyasthenic Agents	
Parasympathomimetics	
<i>pyridostigmine bromide tablet 60mg</i>	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML PA	
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone tablet 100mg, 25mg</i>	
<i>rifabutin capsule 150mg</i>	
Antituberculars	
<i>cycloserine capsule 250mg</i>	
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	
ISONIAZID INJECTION 100MG/ML	
<i>isoniazid syrup 50mg/5ml</i>	
<i>isoniazid tablet 100mg, 300mg</i>	
PRIFTIN TABLET 150MG	
<i>pyrazinamide tablet 500mg</i>	
<i>rifampin capsule 150mg, 300mg</i>	
<i>rifampin injection 600mg</i>	
SIRTURO TABLET 100MG, 20MG	
TRECTOR TABLET 250MG	
Antineoplastics	
Alkylating Agents	
<i>cisplatin injection 100mg/100ml</i>	
<i>cyclophosphamide capsule 25mg, 50mg</i>	B/D
GLEOSTINE CAPSULE 10MG, 40MG	
GLEOSTINE CAPSULE 100MG	
LEUKERAN TABLET 2MG	
<i>lomustine capsule 10mg, 40mg</i>	
<i>lomustine capsule 100mg</i>	
MATULANE CAPSULE 50MG	
VALCHLOR GEL 0.016%	PA
Antiandrogens	
<i>abiraterone acetate tablet 250mg</i>	PA
<i>abiraterone acetate tablet 500mg</i>	PA
<i>abirtega tablet 250mg</i>	PA
<i>bicalutamide tablet 50mg</i>	
ERLEADA TABLET 240MG, 60MG	PA
EULEXIN CAPSULE 125MG	
<i>nilutamide tablet 150mg</i>	
NUBEQA TABLET 300MG	PA
XTANDI CAPSULE 40MG	PA
XTANDI TABLET 40MG, 80MG	PA
YONSA TABLET 125MG	PA

Drug Name	Requirements/Limits
Antiangiogenic Agents	
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	PA
<i>pomalidomide capsule 3mg, 4mg</i>	PA
<i>pomalidomide capsule 1mg, 2mg</i>	QL (30 EA per 30 days) PA
POMALYST CAPSULE 3MG, 4MG	PA
POMALYST CAPSULE 1MG, 2MG	QL (30 EA per 30 days) PA
THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG	PA
Antiestrogens/Modifiers	
EMCYT CAPSULE 140MG	
INLURIYO TABLET 200MG	PA
ORSERDU TABLET 345MG, 86MG	PA
SOLTAMOX SOLUTION 10MG/5ML	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	
<i>toremifene citrate tablet 60mg</i>	
VEPPANU TABLET 200MG	PA
VEPPANU TABLET 100MG	QL (30 EA per 30 days) PA
Antimetabolites	
DROXIA CAPSULE 200MG, 300MG, 400MG	
<i>hydroxyurea capsule 500mg</i>	
<i>mercaptopurine suspension 2000mg/100ml</i>	
<i>mercaptopurine tablet 50mg</i>	
TABLOID TABLET 40MG	
Antineoplastics, Other	
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	PA
IBRANCE TABLET 100MG, 125MG, 75MG	PA
INREBIC CAPSULE 100MG	PA
ITOVEBI TABLET 9MG	PA
ITOVEBI TABLET 3MG	QL (60 EA per 30 days) PA
IWILFIN TABLET 192MG	PA
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	PA
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	PA
KOMZIFTI CAPSULE 200MG	PA
LAZCLUZE TABLET 240MG	PA
LAZCLUZE TABLET 80MG	QL (60 EA per 30 days) PA
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	PA
LYSODREN TABLET 500MG	
MODEYSO CAPSULE 125MG	PA
OGSIVEO TABLET 100MG, 150MG, 50MG	PA
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	PA
OJEMDA TABLET 100MG	PA
ONUREG TABLET 200MG, 300MG	PA
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	PA
REVUFORJ TABLET 110MG, 160MG, 25MG	PA
VONJO CAPSULE 100MG	PA
ZOLINZA CAPSULE 100MG	PA

Drug Name	Requirements/Limits
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole tablet 1mg</i>	
<i>exemestane tablet 25mg</i>	
<i>letrozole tablet 2.5mg</i>	
Enzyme Inhibitors	
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	PA
<i>topotecan hcl injection 4mg</i>	
<i>topotecan hydrochloride injection 4mg/4ml</i>	
Molecular Target Inhibitors	
ALECENSA CAPSULE 150MG	PA
ALUNBRIG TABLET THERAPY PACK 0	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 30MG	QL (120 EA per 30 days) PA
ALUNBRIG TABLET 180MG, 90MG	QL (30 EA per 30 days) PA
AUGTYRO CAPSULE 160MG, 40MG	PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	QL (30 EA per 30 days) PA
BALVERSA TABLET 3MG, 4MG, 5MG	PA
BOSULIF CAPSULE 100MG, 50MG	PA
BOSULIF TABLET 100MG, 400MG, 500MG	PA
<i>bosutinib tablet 100mg, 400mg, 500mg</i>	PA
BRAFTOVI CAPSULE 75MG	PA
BRUKINSA CAPSULE 80MG	PA
BRUKINSA TABLET 160MG	PA
CABOMETYX TABLET 40MG, 60MG	PA
CABOMETYX TABLET 20MG	QL (30 EA per 30 days) PA
CALQUENCE CAPSULE 100MG	PA
CALQUENCE TABLET 100MG	PA
CAPRELSA TABLET 300MG	PA
CAPRELSA TABLET 100MG	QL (60 EA per 30 days) PA
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	PA
COMETRIQ KIT 0, 20MG	PA
COPIKTRA CAPSULE 15MG, 25MG	PA
COTELLIC TABLET 20MG	PA
DANZITEN TABLET 71MG, 95MG	PA
<i>dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	PA
DAURISMO TABLET 100MG, 25MG	PA
ENSACOVE CAPSULE 100MG, 25MG	PA
ERIVEDGE CAPSULE 150MG	PA
<i>erlotinib hydrochloride tablet 100mg, 150mg, 25mg</i>	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL (30 EA per 30 days) PA
EXKIVITY CAPSULE 40MG	
FOTIVDA CAPSULE 0.89MG, 1.34MG	PA
FRUZAQLA CAPSULE 1MG, 5MG	PA
GAVRETO CAPSULE 100MG	PA
<i>gefitinib tablet 250mg</i>	PA
GILOTRIF TABLET 20MG, 30MG, 40MG	QL (30 EA per 30 days) PA
GOMEKLI CAPSULE 1MG, 2MG	PA
GOMEKLI TABLET SOLUBLE 1MG	PA
HERNEXEOS TABLET 60MG	PA
HYRNUO TABLET 10MG	PA

Drug Name	Requirements/Limits
IBRANCE CAPSULE 100MG, 125MG, 75MG	PA
IBTROZI CAPSULE 200MG	PA
ICLUSIG TABLET 30MG, 45MG	PA
ICLUSIG TABLET 10MG, 15MG	QL (30 EA per 30 days) PA
IDHIFA TABLET 100MG, 50MG	QL (30 EA per 30 days) PA
<i>imatinib mesylate tablet 100mg</i>	PA
<i>imatinib mesylate tablet 400mg</i>	PA
IMBRUVICA CAPSULE 140MG	QL (120 EA per 30 days) PA
IMBRUVICA CAPSULE 70MG	QL (28 EA per 28 days) PA
IMBRUVICA SUSPENSION 70MG/ML	PA
IMBRUVICA TABLET 420MG	PA
IMBRUVICA TABLET 140MG, 280MG	QL (28 EA per 28 days) PA
IMKELDI SOLUTION 80MG/ML	PA
INLYTA TABLET 1MG, 5MG	PA
INQOVI TABLET 100MG; 35MG	PA
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	QL (30 EA per 30 days) PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	PA
JAKAFI TABLET 10MG	QL (60 EA per 30 days) PA
JAYPIRCA TABLET 100MG	PA
JAYPIRCA TABLET 50MG	QL (30 EA per 30 days) PA
KISQALI TABLET THERAPY PACK 200MG	PA
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	PA
KOSELUGO CAPSULE 10MG, 25MG	PA
KRAZATI TABLET 200MG	PA
<i>lapatinib ditosylate tablet 250mg</i>	PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	PA
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	PA
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	PA
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	PA
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	PA
LIFYORLI CAPSULE THERAPY PACK 0	PA
LORBRENA TABLET 100MG, 25MG	PA
LUMAKRAS TABLET 120MG, 240MG, 320MG	PA
LYNPARZA TABLET 100MG, 150MG	PA
LYTGOBI TABLET THERAPY PACK 4MG	PA; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA; 20 MG DAILY DOSE
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	PA
MEKINIST TABLET 0.5MG, 2MG	PA

Drug Name	Requirements/Limits
MEKTOVI TABLET 15MG	PA
NERLYNX TABLET 40MG	QL (180 EA per 30 days) PA
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG	PA
<i>nilotinib hydrochloride capsule 150mg, 200mg, 50mg</i>	PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	PA
ODOMZO CAPSULE 200MG	PA
OJJAARA TABLET 100MG, 200MG	PA
OJJAARA TABLET 150MG	QL (30 EA per 30 days) PA
<i>pazopanib hydrochloride tablet 200mg, 400mg</i>	PA
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	QL (30 EA per 30 days) PA
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	PA
QINLOCK TABLET 50MG	PA
RETEVMO CAPSULE 40MG, 80MG	PA
RETEVMO TABLET 120MG, 160MG	PA
RETEVMO TABLET 80MG	QL (60 EA per 30 days) PA
RETEVMO TABLET 40MG	QL (90 EA per 30 days) PA
REZLIDHIA CAPSULE 150MG	PA
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	PA
ROZLYTREK CAPSULE 100MG, 200MG	PA
ROZLYTREK PACKET 50MG	PA
RUBRACA TABLET 250MG, 300MG	PA
RUBRACA TABLET 200MG	QL (120 EA per 30 days) PA
RYDAPT CAPSULE 25MG	PA
SCEMBLIX TABLET 100MG	QL (120 EA per 30 days) PA
SCEMBLIX TABLET 40MG	QL (240 EA per 30 days) PA
SCEMBLIX TABLET 20MG	QL (60 EA per 30 days) PA
<i>sorafenib tosylate tablet 200mg</i>	PA
<i>sorafenib tablet 200mg</i>	PA
STIVARGA TABLET 40MG	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	PA
TABRECTA TABLET 150MG, 200MG	QL (120 EA per 30 days) PA
TAFINLAR CAPSULE 50MG, 75MG	PA
TAFINLAR TABLET SOLUBLE 10MG	PA
TAGRISSO TABLET 80MG	PA
TAGRISSO TABLET 40MG	QL (30 EA per 30 days) PA
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	PA
TAZVERIK TABLET 200MG	PA
TEPMETKO TABLET 225MG	PA
TIBSOVO TABLET 250MG	PA
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL (30 EA per 30 days) PA
TRUQAP TABLET THERAPY PACK 160MG, 200MG	PA
TRUQAP TABLET 160MG, 200MG	PA
TUKYSA TABLET 150MG, 50MG	PA
TURALIO CAPSULE 125MG	PA
VANFLYTA TABLET 17.7MG, 26.5MG	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	PA

Drug Name	Requirements/Limits
VENCLEXTA TABLET 10MG	PA
VENCLEXTA TABLET 100MG, 50MG	PA
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	PA
VITRAKVI CAPSULE 100MG, 25MG	PA
VITRAKVI SOLUTION 20MG/ML	PA
VIZIMPRO TABLET 15MG, 30MG, 45MG	PA
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	PA
XALKORI CAPSULE 200MG, 250MG	PA
XOSPATA TABLET 40MG	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	PA
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	PA
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	PA
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL (30 EA per 30 days) PA
ZEJULA TABLET 200MG, 300MG	PA
ZEJULA TABLET 100MG	QL (30 EA per 30 days) PA
ZELBORAF TABLET 240MG	PA
ZYDELIG TABLET 100MG, 150MG	PA
ZYKADIA TABLET 150MG	PA
Monoclonal Antibodies/Antibody-Drug Conjugates	
TEVIMBRA INJECTION 100MG/10ML	PA
Retinoids	
<i>bexarotene capsule 75mg</i>	PA
<i>bexarotene gel 1%</i>	PA
PANRETIN GEL 0.1%	
<i>tretinoin capsule 10mg</i>	
Treatment Adjuncts	
MESNA TABLET 400MG	
VORANIGO TABLET 40MG	PA
VORANIGO TABLET 10MG	QL (60 EA per 30 days) PA
Antiparasitics	
Anthelmintics	
<i>albendazole tablet 200mg</i>	
<i>ivermectin tablet 3mg, 6mg</i>	PA
<i>praziquantel tablet 600mg</i>	
Antiprotozoals	
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	
<i>atovaquone suspension 750mg/5ml</i>	
<i>benznidazole tablet 100mg, 12.5mg</i>	
<i>chloroquine phosphate tablet 250mg, 500mg</i>	
COARTEM TABLET 20MG; 120MG	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	
<i>mefloquine hydrochloride tablet 250mg</i>	
<i>nitazoxanide tablet 500mg</i>	
<i>pentamidine isethionate injection 300mg</i>	
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	B/D

Drug Name	Requirements/Limits
<i>primaquine phosphate tablet 26.3mg</i>	
<i>pyrimethamine tablet 25mg</i>	PA
<i>quinine sulfate capsule 324mg</i>	PA
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	
Antiparkinson Agents, Other	
<i>entacapone tablet 200mg</i>	
Dopamine Agonists	
<i>bromocriptine mesylate capsule 5mg</i>	
<i>bromocriptine mesylate tablet 2.5mg</i>	
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	
<i>ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg</i>	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	
<i>carbidopa tablet 25mg</i>	
INBRIJA CAPSULE 42MG	PA
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	ST
Monoamine Oxidase B (MAO-B) Inhibitors	
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	
<i>selegiline hcl capsule 5mg</i>	
<i>selegiline hcl tablet 5mg</i>	
Antipsychotics	
1st Generation/Typical	
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	
<i>fluphenazine decanoate injection 25mg/ml</i>	
<i>fluphenazine hcl concentrate 5mg/ml</i>	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	
<i>haloperidol lactate injection 5mg/ml</i>	
<i>haloperidol concentrate 2mg/ml</i>	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	
<i>haloperidol tablet 20mg</i>	

Drug Name	Requirements/Limits
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	
<i>pimozide tablet 1mg, 2mg</i>	
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	
<i>trifluoperazine hydrochloride tablet 1mg</i>	
2nd Generation/Atypical	
ABILIFY MAINTENA INJECTION 300MG, 400MG	
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	QL (60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	QL (750 ML per 30 days)
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	QL (30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	QL (60 EA per 30 days)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	QL (16 EA per 365 days) ST
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	QL (24 EA per 365 days) ST
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	QL (16 EA per 365 days) ST
BYSANTI TABLET 1MG	QL (180 EA per 30 days) ST
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	QL (60 EA per 30 days) ST
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	QL (30 EA per 30 days) PA
FANAPT TITRATION PACK A TABLET 0	QL (16 EA per 365 days) ST
FANAPT TITRATION PACK B TABLET 0	QL (24 EA per 365 days) ST
FANAPT TITRATION PACK C TABLET 0	QL (16 EA per 365 days) ST
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	QL (60 EA per 30 days) ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	QL (60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	QL (30 EA per 30 days) ST
NUPLAZID CAPSULE 34MG	PA
NUPLAZID TABLET 10MG	PA
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	QL (30 EA per 30 days)
<i>olanzapine injection 10mg</i>	
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	QL (30 EA per 30 days)
OPIPZA FILM 2MG	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG, 5MG	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	QL (60 EA per 30 days)
PERSERIS INJECTION 120MG, 90MG	

Drug Name	Requirements/Limits
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	QL (90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	QL (30 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	
<i>risperidone er injection 37.5mg, 50mg</i>	
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	QL (60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	QL (240 ML per 30 days)
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	QL (60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	QL (30 EA per 30 days) ST
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	QL (30 EA per 30 days)
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	QL (60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	
Treatment-Resistant	
<i>clozapine odt tablet disintegrating 200mg</i>	QL (120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	QL (180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	QL (270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	QL (90 EA per 30 days)
<i>clozapine tablet 50mg</i>	QL (180 EA per 30 days)
<i>clozapine tablet 25mg</i>	QL (270 EA per 30 days)
<i>clozapine tablet 200mg</i>	QL (120 EA per 30 days)
<i>clozapine tablet 100mg</i>	QL (270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	QL (540 ML per 30 days)
Antispasticity Agents	
Antispasticity Agents	
<i>baclofen tablet 10mg, 20mg</i>	
<i>baclofen tablet 5mg</i>	
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	
<i>tizanidine hcl tablet 2mg</i>	
<i>tizanidine hydrochloride tablet 4mg</i>	
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	B/D
LIVTENCITY TABLET 200MG	
PREVYMIS PACKET 120MG, 20MG	
PREVYMIS TABLET 240MG, 480MG	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	
<i>valganciclovir tablet 450mg</i>	
Anti-hepatitis B (HBV) Agents	
<i>adefovir dipivoxil tablet 10mg</i>	
BARACLUDE SOLUTION 0.05MG/ML	QL (600 ML per 30 days)
<i>entecavir tablet 0.5mg, 1mg</i>	QL (30 EA per 30 days)

Drug Name	Requirements/Limits
<i>lamivudine tablet 100mg</i>	
Anti-hepatitis C (HCV) Agents	
MAVYRET PACKET 50MG; 20MG	QL (560 EA per 365 days) PA
MAVYRET TABLET 100MG; 40MG	QL (336 EA per 365 days) PA
<i>ribavirin tablet 200mg</i>	
<i>sofosbuvir/velpatasvir tablet 400mg; 100mg</i>	QL (84 EA per 365 days) PA
VOSEVI TABLET 400MG; 100MG; 100MG	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	QL (30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	
DOVATO TABLET 50MG; 300MG	QL (30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	QL (30 EA per 30 days)
ISENTRESS HD TABLET 600MG	QL (60 EA per 30 days)
ISENTRESS PACKET 100MG	QL (60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	QL (180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	QL (180 EA per 30 days)
ISENTRESS TABLET 400MG	QL (60 EA per 30 days)
JULUCA TABLET 50MG; 25MG	QL (30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	QL (30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	QL (180 EA per 30 days)
TIVICAY TABLET 10MG	QL (30 EA per 30 days)
TIVICAY TABLET 25MG	QL (30 EA per 30 days)
TIVICAY TABLET 50MG	QL (60 EA per 30 days)
VOCABRIA TABLET 30MG	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
DELSTRIGO TABLET 100MG; 300MG; 300MG	QL (30 EA per 30 days)
EDURANT PED TABLET SOLUBLE 2.5MG	QL (180 EA per 30 days)
EDURANT TABLET 25MG	QL (30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	QL (30 EA per 30 days)
<i>efavirenz capsule 200mg, 50mg</i>	QL (90 EA per 30 days)
<i>efavirenz tablet 600mg</i>	QL (30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	QL (30 EA per 30 days)
<i>etravirine tablet 100mg</i>	QL (60 EA per 30 days)
<i>etravirine tablet 200mg</i>	QL (60 EA per 30 days)
IDVYNSO TABLET 100MG; 0.25MG	QL (30 EA per 30 days)
INTELENCE TABLET 25MG	QL (120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	QL (30 EA per 30 days)
<i>nevirapine suspension 50mg/5ml</i>	QL (1200 ML per 30 days)
<i>nevirapine tablet 200mg</i>	QL (60 EA per 30 days)
PIFELTRO TABLET 100MG	QL (30 EA per 30 days)
<i>rilpivirine hydrochloride tablet 25mg</i>	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	QL (30 EA per 30 days)

Drug Name	Requirements/Limits
<i>abacavir solution 20mg/ml</i>	QL (960 ML per 30 days)
<i>abacavir tablet 300mg</i>	QL (60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	QL (30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	QL (30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	QL (30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	QL (850 ML per 30 days)
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	QL (60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	QL (960 ML per 30 days)
<i>lamivudine tablet 150mg</i>	QL (60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	QL (30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	QL (30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	QL (180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	QL (30 EA per 30 days)
VIREAD POWDER 40MG/GM	QL (240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	QL (30 EA per 30 days)
<i>zidovudine capsule 100mg</i>	QL (180 EA per 30 days)
<i>zidovudine syrup 50mg/5ml</i>	QL (1920 ML per 30 days)
<i>zidovudine tablet 300mg</i>	QL (60 EA per 30 days)
Anti-HIV Agents, Other	
FUZEON INJECTION 90MG	
<i>maraviroc tablet 300mg</i>	QL (120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	QL (60 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	QL (60 EA per 30 days)
SELZENTRY SOLUTION 20MG/ML	
SELZENTRY TABLET 25MG	QL (480 EA per 30 days)
SELZENTRY TABLET 75MG	QL (60 EA per 30 days)
SUNLENCA INJECTION 463.5MG/1.5ML	
SUNLENCA TABLET THERAPY PACK 300MG	QL (10 EA per 365 days); (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	QL (8 EA per 365 days); (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	QL (24 EA per 168 days)
TYBOST TABLET 150MG	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS CAPSULE 250MG	QL (120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	QL (30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	
<i>atazanavir capsule 200mg</i>	QL (60 EA per 30 days)
<i>darunavir tablet 800mg</i>	QL (30 EA per 30 days)
<i>darunavir tablet 600mg</i>	QL (60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	QL (30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	QL (120 EA per 30 days)
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	

Drug Name	Requirements/Limits
LEXIVA SUSPENSION 50MG/ML	QL (1800 ML per 30 days)
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	
NORVIR PACKET 100MG	QL (360 EA per 30 days)
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	QL (30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	QL (400 ML per 30 days)
PREZISTA TABLET 75MG	QL (300 EA per 30 days)
PREZISTA TABLET 150MG	QL (180 EA per 30 days)
REYATAZ PACKET 50MG	QL (180 EA per 30 days)
<i>ritonavir tablet 100mg</i>	QL (360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	QL (30 EA per 30 days)
VIRACEPT TABLET 625MG	QL (120 EA per 30 days)
VIRACEPT TABLET 250MG	QL (300 EA per 30 days)
Anti-influenza Agents	
<i>amantadine hcl capsule 100mg</i>	
<i>amantadine hcl solution 50mg/5ml</i>	
<i>oseltamivir phosphate capsule 75mg</i>	QL (110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	QL (168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	QL (84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	QL (1080 ML per 365 days)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	QL (240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	
Antiherpetic Agents	
<i>acyclovir sodium injection 50mg/ml</i>	B/D
<i>acyclovir capsule 200mg</i>	
<i>acyclovir suspension 200mg/5ml</i>	
<i>acyclovir tablet 400mg, 800mg</i>	
<i>famciclovir tablet 125mg, 250mg, 500mg</i>	
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	QL (120 EA per 30 days)
VYJUVEK GEL 0	PA
Antiviral, Coronavirus Agents	
LAGEVRIO CAPSULE 200MG	QL (40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL (11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL (20 EA per 5 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL (30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl tablet 15mg</i>	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	
Benzodiazepines	
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	QL (120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	QL (150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	QL (180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	QL (720 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	

Drug Name	Requirements/Limits
<i>diazepam concentrate 5mg/ml</i>	
<i>diazepam solution 5mg/5ml</i>	
<i>diazepam tablet 10mg</i>	QL (120 EA per 30 days)
<i>diazepam tablet 5mg</i>	QL (240 EA per 30 days)
<i>diazepam tablet 2mg</i>	QL (300 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	
<i>lorazepam tablet 2mg</i>	QL (150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	QL (90 EA per 30 days)
Bipolar Agents	
<i>Bipolar Agents, Other</i>	
IGALMI FILM 120MCG, 180MCG	PA
<i>Mood Stabilizers</i>	
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	
<i>lithium carbonate tablet 300mg</i>	
<i>lithium solution 8meq/5ml</i>	
Blood Glucose Regulators	
<i>Antidiabetic Agents</i>	
<i>acarbose tablet 100mg, 25mg, 50mg</i>	
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	
<i>glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	
<i>glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	
<i>glipizide tablet 10mg, 2.5mg, 5mg</i>	
<i>glyburide micronized tablet 1.5mg, 3mg, 6mg</i>	
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	
JANUVIA TABLET 100MG, 25MG, 50MG	QL (30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	
<i>metformin hydrochloride solution 500mg/5ml</i>	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	QL (2 ML per 28 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	QL (3 ML per 28 days) PA
OZEMPIC TABLET 4MG, 9MG	QL (30 EA per 30 days) PA

Drug Name	Requirements/Limits
OZEMPIC TABLET 1.5MG	QL (60 EA per 365 days) PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	
<i>pioglitazone hcl tablet 45mg</i>	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	
RYBELSUS TABLET 14MG, 7MG	QL (30 EA per 30 days) PA
RYBELSUS TABLET 3MG	QL (60 EA per 365 days) PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	
TRADJENTA TABLET 5MG	QL (30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	QL (2 ML per 28 days) PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	
Glycemic Agents	
BAQSIMI ONE PACK POWDER 3MG/DOSE	
BAQSIMI TWO PACK POWDER 3MG/DOSE	
<i>diazoxide suspension 50mg/ml</i>	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	
<i>glucagon emergency kit injection 1mg</i>	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	
GVOKE KIT INJECTION 1MG/0.2ML	
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	
Insulins	
FIASP FLEXTOUCH INJECTION 100UNIT/ML	
FIASP PENFILL INJECTION 100UNIT/ML	
FIASP INJECTION 100UNIT/ML	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	
HUMALOG INJECTION 100UNIT/ML	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	

Drug Name	Requirements/Limits
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	
HUMULIN N INJECTION 100UNIT/ML	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	
HUMULIN R INJECTION 100UNIT/ML	
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	
INSULIN ASPART INJECTION 100UNIT/ML	
<i>insulin lispro injection 100unit/ml</i>	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	
LANTUS INJECTION 100UNIT/ML	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	
LYUMJEV INJECTION 100UNIT/ML	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	
NOVOLIN N RELION INJECTION 100UNIT/ML	
NOVOLIN N INJECTION 100UNIT/ML	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	
NOVOLIN R RELION INJECTION 100UNIT/ML	
NOVOLIN R INJECTION 100UNIT/ML	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	
NOVOLOG PENFILL INJECTION 100UNIT/ML	
NOVOLOG RELION INJECTION 100UNIT/ML	
NOVOLOG INJECTION 100UNIT/ML	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	
TRESIBA INJECTION 100UNIT/ML	
Blood Products and Modifiers	
<i>Anticoagulants</i>	
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	QL (60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	QL (148 EA per 365 days)

Drug Name	Requirements/Limits
ELIQUIS CAPSULE SPRINKLE 0.15MG	QL (84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	QL (140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	QL (420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	QL (560 EA per 28 days); PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 2.5MG	QL (60 EA per 30 days)
ELIQUIS TABLET 5MG	QL (90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	
<i>fondaparinux sodium injection 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	
<i>fondaparinux sodium injection 10mg/0.8ml</i>	
FRAGMIN INJECTION 2500UNIT/0.2ML	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	
<i>heparin sodium injection 5000unit/ml</i>	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	
XARELTO STARTER PACK TABLET THERAPY PACK 0	QL (102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	QL (600 ML per 30 days)
XARELTO TABLET 10MG, 20MG	QL (30 EA per 30 days)
XARELTO TABLET 2.5MG	QL (360 EA per 30 days)
XARELTO TABLET 15MG	QL (60 EA per 30 days)
Blood Products and Modifiers, Other	
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	PA
<i>eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg</i>	PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	PA
NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML	PA
PROCRT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCRT INJECTION 20000UNIT/ML, 40000UNIT/ML	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
RETACRIT INJECTION 40000UNIT/ML	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	PA
UDENYCA INJECTION 6MG/0.6ML	PA
XOLREMDI CAPSULE 100MG	QL (120 EA per 30 days) PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	
Hemostasis Agents	
<i>tranexamic acid tablet 650mg</i>	
Platelet Modifying Agents	
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	

Drug Name	Requirements/Limits
CABLIVI INJECTION 11MG	QL (30 EA per 30 days) PA
<i>cilostazol tablet 100mg, 50mg</i>	
<i>clopidogrel tablet 75mg</i>	
<i>clopidogrel tablet 300mg</i>	
DOPTELET TABLET 20MG	
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	PA
<i>ticagrelor tablet 60mg, 90mg</i>	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg</i>	PA
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	
<i>droxidopa capsule 100mg</i>	
<i>droxidopa capsule 200mg, 300mg</i>	
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	
METHYLDOPA TABLET 250MG, 500MG	PA
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	
Alpha-adrenergic Blocking Agents	
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	
Angiotensin II Receptor Antagonists	
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	
EDARBI TABLET 40MG, 80MG	
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	
Antiarrhythmics	
<i>amiodarone hydrochloride tablet 200mg</i>	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	
<i>digoxin solution 0.05mg/ml</i>	
<i>digoxin tablet 125mcg, 250mcg</i>	
<i>digoxin tablet 62.5mcg</i>	
<i>digox tablet 125mcg, 250mcg</i>	
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	
<i>mexiletine hydrochloride capsule 150mg</i>	
<i>mexiletine hydrochloride capsule 200mg, 250mg</i>	
MULTAQ TABLET 400MG	
PACERONE TABLET 200MG	
PACERONE TABLET 100MG	

Drug Name	Requirements/Limits
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	
<i>quinidine sulfate tablet 200mg, 300mg</i>	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	
Beta-adrenergic Blocking Agents	
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	
<i>betaxolol hcl tablet 10mg, 20mg</i>	
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	
<i>pindolol tablet 10mg, 5mg</i>	
<i>propranolol hcl tablet 40mg</i>	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	
Calcium Channel Blocking Agents, Dihydropyridines	
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	
<i>isradipine capsule 2.5mg, 5mg</i>	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	
<i>nimodipine capsule 30mg</i>	
Calcium Channel Blocking Agents, Nondihydropyridines	
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	
<i>diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg</i>	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	
<i>diltiazem hcl tablet 30mg, 60mg</i>	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	

Drug Name	Requirements/Limits
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg</i>	
<i>verapamil hcl er tablet extended release 120mg</i>	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg</i>	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg</i>	
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	
Cardiovascular Agents, Other	
<i>aliskiren tablet 150mg, 300mg</i>	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	
<i>EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG</i>	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	
<i>ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG QL (240 EA per 30 days)</i>	
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	QL (60 EA per 30 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	
<i>metyrosine capsule 250mg</i>	PA

Drug Name	Requirements/Limits
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	
<i>pentoxifylline er tablet extended release 400mg</i>	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	QL (60 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	
<i>VYNDAMAX CAPSULE 61MG</i>	QL (30 EA per 30 days) PA
Diuretics, Loop	
<i>bumetanide injection 0.25mg/ml</i>	
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	
<i>furosemide injection 10mg/ml</i>	
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	
Diuretics, Potassium-sparing	
<i>amiloride hcl tablet 5mg</i>	
<i>triamterene capsule 100mg, 50mg</i>	
Diuretics, Thiazide	
<i>chlorthalidone tablet 25mg, 50mg</i>	
<i>hydrochlorothiazide capsule 12.5mg</i>	
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	
<i>indapamide tablet 1.25mg, 2.5mg</i>	
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	
<i>gemfibrozil tablet 600mg</i>	
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	
<i>fluvastatin capsule 20mg, 40mg</i>	
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	
Dyslipidemics, Other	

Drug Name	Requirements/Limits
<i>cholestyramine light packet 4gm</i>	
<i>cholestyramine light powder 4gm/dose</i>	
<i>cholestyramine packet 4gm</i>	
<i>cholestyramine powder 4gm/dose</i>	
<i>colesevelam hydrochloride tablet 625mg</i>	
<i>colestipol hydrochloride granules 5gm</i>	
<i>colestipol hydrochloride packet 5gm</i>	
<i>colestipol hydrochloride tablet 1gm</i>	
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	
<i>ezetimibe tablet 10mg</i>	
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	
NEXLETOL TABLET 180MG	QL (30 EA per 30 days) PA
NEXLIZET TABLET 180MG; 10MG	QL (30 EA per 30 days) PA
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	
PRALUENT INJECTION 150MG/ML, 75MG/ML	QL (2 ML per 28 days) PA
<i>prevalite packet 4gm</i>	
<i>prevalite powder 4gm/dose</i>	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	QL (7 ML per 28 days) PA
REPATHA SURECLICK INJECTION 140MG/ML	QL (3 ML per 28 days) PA
REPATHA INJECTION 140MG/ML	QL (3 ML per 28 days) PA
TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML	QL (0.8 ML per 28 days) PA
Mineralocorticoid Receptor Antagonists	
<i>eplerenone tablet 25mg, 50mg</i>	
KERENDIA TABLET 10MG, 20MG, 40MG	QL (30 EA per 30 days) PA
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)	
<i>dapagliflozin tablet 10mg, 5mg</i>	QL (30 EA per 30 days)
JARDIANCE TABLET 10MG, 25MG	QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	
<i>nitro-bid ointment 2%</i>	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	
<i>nitroglycerin transdermal ointment 2%</i>	
<i>nitroglycerin solution 0.4mg/spray</i>	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	
VERQUVO TABLET 10MG, 2.5MG, 5MG	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial	
<i>hydralazine hydrochloride tablet 10mg, 25mg, 50mg</i>	
<i>hydralazine hydrochloride tablet 100mg</i>	
<i>minoxidil tablet 10mg, 2.5mg</i>	
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	

Drug Name	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	QL (60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	QL (60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	QL (60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	QL (60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	QL (60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	QL (60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hydrochloride capsule 25mg</i>	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	QL (60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	QL (30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	QL (60 EA per 30 days)
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	
<i>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg</i>	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (dif) tablet extended release 36mg</i>	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg</i>	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 36mg</i>	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	QL (90 EA per 30 days)
Central Nervous System, Other	

Drug Name	Requirements/Limits
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL (56 EA per 365 days) PA; (12mg & 18mg & 24mg & 30mg Pack)
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL (84 EA per 365 days) PA; (6mg & 12mg & 24mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	QL (30 EA per 30 days) PA
AUSTEDO TABLET 12MG, 6MG, 9MG	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	QL (112 EA per 365 days) PA
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	QL (60 EA per 30 days) PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	QL (30 EA per 30 days) PA
INGREZZA CAPSULE SPRINKLE 40MG	QL (60 EA per 30 days) PA
INGREZZA CAPSULE THERAPY PACK 0	QL (56 EA per 365 days) PA
INGREZZA CAPSULE 60MG, 80MG	QL (30 EA per 30 days) PA
INGREZZA CAPSULE 40MG	QL (60 EA per 30 days) PA
NUDEXTA CAPSULE 20MG; 10MG	PA
<i>riluzole tablet 50mg</i>	
<i>tetrabenazine tablet 12.5mg</i>	PA
<i>tetrabenazine tablet 25mg</i>	PA
VEOZAH TABLET 45MG	QL (30 EA per 30 days) PA
Fibromyalgia Agents	
SAVELLA TITRATION PACK MISCELLANEOUS 0	QL (110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	QL (60 EA per 30 days)
Multiple Sclerosis Agents	
AVONEX PEN INJECTION 30MCG/0.5ML	QL (4 EA per 28 days) PA
AVONEX INJECTION 30MCG/0.5ML	QL (4 EA per 28 days) PA
BETASERON INJECTION 0.3MG	QL (15 EA per 30 days) PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	QL (120 EA per 365 days) PA
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	QL (60 EA per 30 days) PA
<i> fingolimod hydrochloride capsule 0.5mg</i>	QL (30 EA per 30 days) PA
<i>glatiramer acetate injection 40mg/ml</i>	QL (12 ML per 28 days) PA
<i>glatiramer acetate injection 20mg/ml</i>	QL (30 ML per 30 days) PA
KESIMPTA INJECTION 20MG/0.4ML	QL (0.4 ML per 28 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL (14 EA per 365 days) PA; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL (24 EA per 365 days) PA; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	QL (120 EA per 30 days) PA
MAYZENT TABLET 1MG, 2MG	QL (30 EA per 30 days) PA
REBIF REBIDOSE TITRATION PACK INJECTION 0	QL (8.4 ML per 365 days) PA
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	QL (6 ML per 28 days) PA
REBIF TITRATION PACK INJECTION 0	QL (8.4 ML per 365 days) PA
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	QL (6 ML per 28 days) PA
VUMERITY CAPSULE DELAYED RELEASE 231MG	QL (120 EA per 30 days) PA
Dental and Oral Agents	
Dental and Oral Agents	

Drug Name	Requirements/Limits
<i>chlorhexidine gluconate solution 0.12%</i>	
<i>doxycycline hyclate tablet 20mg</i>	
<i>kourzeq paste 0.1%</i>	
<i>lidocaine hydrochloride viscous solution 2%</i>	
<i>lidocaine viscous solution 2%</i>	
<i>oralone dental paste paste 0.1%</i>	
<i>periogard solution 0.12%</i>	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	
Dermatological Agents	
Acne and Rosacea Agents	
<i>ACCUTANE CAPSULE 10MG, 20MG, 30MG, 40MG</i>	
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	
<i>azelaic acid gel 15%</i>	QL (100 GM per 30 days)
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	
<i>FINACEA FOAM 15%</i>	QL (50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	
<i>metronidazole cream 0.75%</i>	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole gel 1%</i>	
<i>tazarotene cream 0.1%</i>	QL (60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	PA
<i>tretinoin cream 0.05%</i>	PA
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	
Dermatitis and Pruritus Agents	
<i>ADBRY INJECTION 150MG/ML</i>	QL (6 ML per 28 days) PA
<i>ADBRY INJECTION 300MG/2ML</i>	QL (8 ML per 28 days) PA
<i>ala-cort cream 1%</i>	
<i>alclometasone dipropionate cream 0.05%</i>	
<i>alclometasone dipropionate ointment 0.05%</i>	
<i>ammonium lactate cream 12%</i>	
<i>ammonium lactate lotion 12%</i>	
<i>betamethasone dipropionate augmented cream 0.05%</i>	
<i>betamethasone dipropionate augmented gel 0.05%</i>	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	
<i>betamethasone dipropionate cream 0.05%</i>	
<i>betamethasone dipropionate lotion 0.05%</i>	
<i>betamethasone dipropionate ointment 0.05%</i>	
<i>betamethasone valerate cream 0.1%</i>	
<i>betamethasone valerate lotion 0.1%</i>	
<i>betamethasone valerate ointment 0.1%</i>	
<i>clobetasol propionate e cream 0.05%</i>	
<i>clobetasol propionate cream 0.05%</i>	
<i>clobetasol propionate foam 0.05%</i>	
<i>clobetasol propionate gel 0.05%</i>	
<i>clobetasol propionate ointment 0.05%</i>	

Drug Name	Requirements/Limits
<i>clobetasol propionate shampoo 0.05%</i>	
<i>clobetasol propionate solution 0.05%</i>	
<i>desonide cream 0.05%</i>	
<i>desonide ointment 0.05%</i>	QL (120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	QL (100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	
EBGLYSS INJECTION 250MG/2ML	PA
EUCRISA OINTMENT 2%	PA
<i>fluocinolone acetonide body oil 0.01%</i>	
<i>fluocinolone acetonide scalp oil 0.01%</i>	
<i>fluocinolone acetonide topical oil 0.01%</i>	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	
<i>fluocinolone acetonide ointment 0.025%</i>	
<i>fluocinolone acetonide solution 0.01%</i>	
<i>fluocinonide cream 0.1%</i>	QL (120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	QL (60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	QL (60 GM per 30 days)
<i>fluocinonide ointment 0.05%</i>	QL (60 GM per 30 days)
<i>fluocinonide solution 0.05%</i>	QL (60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate ointment 0.005%</i>	
<i>halobetasol propionate cream 0.05%</i>	
<i>halobetasol propionate ointment 0.05%</i>	
<i>hydrocortisone valerate cream 0.2%</i>	QL (60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone ointment 2.5%</i>	
<i>hydrocortisone ointment 1%</i>	QL (100 GM per 30 days)
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate ointment 0.1%</i>	
<i>mometasone furoate solution 0.1%</i>	
<i>pimecrolimus cream 1%</i>	
<i>selenium sulfide lotion 2.5%</i>	
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	QL (4 ML per 28 days) PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	
<i>triamcinolone acetonide ointment 0.5%</i>	
<i>triderm cream 0.5%</i>	
Dermatological Agents, Other	
<i>calcipotriene cream 0.005%</i>	QL (120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	QL (120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	QL (60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	QL (90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	QL (300 GM per 30 days) ST
FLUOROURACIL CREAM 0.5%	
<i>fluorouracil cream 5%</i>	QL (40 GM per 30 days)
<i>fluorouracil solution 2%, 5%</i>	
<i>imiquimod cream 5%</i>	QL (48 EA per 30 days)

Drug Name	Requirements/Limits
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	
OTEZLA TABLET 20MG, 30MG	QL (60 EA per 30 days) PA
<i>podofilox solution 0.5%</i>	
SANTYL OINTMENT 250UNIT/GM	
<i>silver sulfadiazine cream 1%</i>	
<i>ssd cream 1%</i>	
Pediculicides/Scabicides	
<i>malathion lotion 0.5%</i>	
<i>permethrin cream 5%</i>	
Topical Anti-infectives	
<i>acyclovir ointment 5%</i>	QL (60 GM per 30 days)
<i>ciclodan solution 8%</i>	PA
<i>ciclopirox nail lacquer solution 8%</i>	PA
<i>ciclopirox olamine cream 0.77%</i>	
<i>ciclopirox gel 0.77%</i>	
<i>ciclopirox shampoo 1%</i>	
<i>ciclopirox suspension 0.77%</i>	
<i>clindamycin phosphate lotion 1%</i>	QL (75 ML per 30 days)
<i>clindamycin phosphate topical solution 1%</i>	QL (60 ML per 30 days)
<i>ery pad 2%</i>	
<i>erythromycin gel 2%</i>	
<i>erythromycin solution 2%</i>	
<i>mupirocin cream 2%</i>	
<i>mupirocin ointment 2%</i>	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml</i>	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	B/D
<i>carglumic acid tablet soluble 200mg</i>	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	

Drug Name	Requirements/Limits
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	
<i>dextrose 5% injection 5%</i>	
<i>klor-con 10 tablet extended release 10meq</i>	
<i>klor-con 8 tablet extended release 8meq</i>	
<i>klor-con m10 tablet extended release 10meq</i>	
<i>klor-con m15 tablet extended release 15meq</i>	
<i>klor-con m20 tablet extended release 20meq</i>	
<i>klor-con packet 20meq</i>	
<i>magnesium sulfate injection 50%</i>	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	B/D
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	
<i>potassium chloride packet 20meq</i>	
<i>potassium chloride oral solution 10%, 20%</i>	
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	
<i>sodium chloride 0.45% injection 0.45%</i>	
<i>sodium chloride injection 0.45%, 0.9%</i>	
Electrolyte/Mineral/Metal Modifiers	
CHEMET CAPSULE 100MG	
<i>deferasirox packet 180mg, 360mg, 90mg</i>	PA
<i>deferasirox tablet soluble 125mg, 250mg</i>	PA
<i>deferasirox tablet soluble 500mg</i>	PA
<i>deferasirox tablet 90mg</i>	PA
<i>deferasirox tablet 180mg, 360mg</i>	PA
JYNARQUE TABLET 15MG, 30MG	QL (120 EA per 30 days) PA
<i>penicillamine tablet 250mg</i>	
<i>tolvaptan tablet 15mg, 30mg</i>	QL (120 EA per 30 days) PA; (Generic for Jynarque)
<i>trientine hydrochloride capsule 250mg</i>	PA
Phosphate Binders	
<i>calcium acetate capsule 667mg</i>	
<i>calcium acetate tablet 667mg</i>	
VELPHORO TABLET CHEWABLE 500MG	
Potassium Binders	
<i>kionex suspension 15gm/60ml</i>	
LOKELMA PACKET 10GM, 5GM	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	
SPS SUSPENSION 15GM/60ML	
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	

Drug Name	Requirements/Limits
Vitamins	
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	
Gastrointestinal Agents	
Anti-Constipation Agents	
<i>constulose solution 10gm/15ml</i>	
<i>enulose solution 10gm/15ml</i>	
<i>generlac solution 10gm/15ml</i>	
<i>lactulose solution 10gm/15ml</i>	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	QL (30 EA per 30 days)
<i>lubiprostone capsule 24mcg, 8mcg</i>	QL (60 EA per 30 days)
MOVANTIK TABLET 12.5MG, 25MG	QL (30 EA per 30 days)
<i>prucalopride tablet 1mg, 2mg</i>	QL (30 EA per 30 days)
RELISTOR INJECTION 8MG/0.4ML	QL (12 ML per 30 days) ST
RELISTOR INJECTION 12MG/0.6ML	QL (18 ML per 30 days) ST
RELISTOR TABLET 150MG	QL (90 EA per 30 days) ST
Anti-Diarrheal Agents	
<i>alosetron hydrochloride tablet 0.5mg</i>	PA
<i>alosetron hydrochloride tablet 1mg</i>	PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	
<i>loperamide hydrochloride capsule 2mg</i>	
XERMELO TABLET 250MG	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl solution 10mg/5ml</i>	
<i>dicyclomine hydrochloride capsule 10mg</i>	
<i>dicyclomine hydrochloride tablet 20mg</i>	
<i>glycopyrrolate injection 0.4mg/2ml</i>	
<i>glycopyrrolate tablet 1mg, 2mg</i>	PA
Gastrointestinal Agents, Other	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	
CTEXLI TABLET 250MG	PA
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	
LIVMARLI SOLUTION 19MG/ML	QL (60 ML per 30 days) PA
LIVMARLI SOLUTION 9.5MG/ML	QL (90 ML per 30 days) PA
LIVMARLI TABLET 30MG	QL (30 EA per 30 days) PA
LIVMARLI TABLET 10MG, 15MG, 20MG	QL (60 EA per 30 days) PA
<i>metoclopramide hcl solution 5mg/5ml</i>	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	
<i>nitroglycerin rectal ointment 0.4%</i>	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	

Drug Name	Requirements/Limits
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution</i> 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	
SUTAB TABLET 225MG; 188MG; 1479MG	
<i>ursodiol capsule 300mg</i>	
<i>ursodiol tablet 250mg, 500mg</i>	
VOQUEZNA TABLET 10MG	QL (30 EA per 30 days) PA
VOQUEZNA TABLET 20MG	QL (60 EA per 30 days) PA
VOWST CAPSULE 0	PA
XIFAXAN TABLET 200MG	PA
XIFAXAN TABLET 550MG	PA
Histamine2 (H2) Receptor Antagonists	
<i>famotidine suspension reconstituted 40mg/5ml</i>	
<i>famotidine tablet 20mg, 40mg</i>	
<i>nizatidine capsule 150mg, 300mg</i>	
Protectants	
<i>misoprostol tablet 100mcg, 200mcg</i>	
<i>sucralfate suspension 1gm/10ml</i>	
<i>sucralfate tablet 1gm</i>	
Proton Pump Inhibitors	
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	QL (60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	QL (60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	QL (60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<i>betaine anhydrous powder 0</i>	
CERDELGA CAPSULE 84MG	PA
CHOLBAM CAPSULE 250MG, 50MG	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	
<i>cromolyn sodium concentrate 100mg/5ml</i>	
CYSTAGON CAPSULE 150MG, 50MG	
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	QL (240 ML per 30 days) PA
FABRAZYME INJECTION 35MG, 5MG	PA
<i>l-glutamine packet 5gm</i>	PA
<i>miglustat capsule 100mg</i>	PA
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	
ONPATTRO INJECTION 10MG/5ML	PA
PROLASTIN-C INJECTION 1000MG/20ML	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	QL (30 EA per 30 days) PA
PYRUKYND TABLET 50MG	QL (120 EA per 30 days) PA
PYRUKYND TABLET 20MG, 5MG	QL (60 EA per 30 days) PA

Drug Name	Requirements/Limits
REVCovi INJECTION 2.4MG/1.5ML	PA
sapropterin dihydrochloride packet 100mg, 500mg	PA
sapropterin dihydrochloride tablet 100mg	PA
sodium phenylbutyrate powder 3gm/tsp	
sodium phenylbutyrate tablet 500mg	
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	PA
SUCRAID SOLUTION 8500UNIT/ML	PA
WELIREG TABLET 40MG	PA
yargesa capsule 100mg	PA
ZELVYSIA PACKET 100MG, 500MG	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	

Genitourinary Agents

Antispasmodics, Urinary

fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	
GELNIQUE GEL 10%	
GEMTESA TABLET 75MG	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	
oxybutynin chloride solution 5mg/5ml	
oxybutynin chloride tablet 5mg	
solifenacin succinate tablet 10mg, 5mg	
tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg	
tolterodine tartrate tablet 1mg, 2mg	
trospium chloride er capsule extended release 24 hour 60mg	
trospium chloride tablet 20mg	

Benign Prostatic Hypertrophy Agents

alfuzosin hcl er tablet extended release 24 hour 10mg	
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	
dutasteride capsule 0.5mg	
finasteride tablet 5mg	
silodosin capsule 4mg, 8mg	
tadalafil tablet 2.5mg, 5mg	QL (30 EA per 30 days) PA
tamsulosin hydrochloride capsule 0.4mg	
terazosin hcl capsule 10mg, 1mg, 5mg	
terazosin hydrochloride capsule 2mg	

Genitourinary Agents, Other

acetic acid 0.25% solution 0.25%	
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	
ELMIRON CAPSULE 100MG	

Drug Name	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>	
<i>cortisone acetate tablet 25mg</i>	
<i>dexamethasone elixir 0.5mg/5ml</i>	
<i>dexamethasone solution 0.5mg/5ml</i>	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	
<i>fludrocortisone acetate tablet 0.1mg</i>	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	
<i>prednisolone solution 15mg/5ml</i>	
<i>prednisone tablet therapy pack 10mg, 5mg</i>	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>	
<i>desmopressin acetate solution 0.01%</i>	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	
GENOTROPIN MINIQUICK INJECTION 0.2MG	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	PA
GENOTROPIN INJECTION 12MG, 5MG	PA
INCRELEX INJECTION 40MG/4ML	PA
ISTURISA TABLET 1MG	QL (240 EA per 30 days) PA
ISTURISA TABLET 5MG	QL (360 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
<i>Androgens</i>	
<i>danazol capsule 100mg, 200mg, 50mg</i>	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate injection 200mg/ml</i>	PA
<i>testosterone pump gel 1.62%</i>	PA
<i>testosterone pump gel 1%</i>	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	PA
<i>Estrogens</i>	
<i>abigale lo tablet 0.5mg; 0.1mg</i>	
<i>abigale tablet 1mg; 0.5mg</i>	
<i>afirmelle tablet 20mcg; 0.1mg</i>	
<i>altavera tablet 30mcg; 0.15mg</i>	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	
<i>alyacen 7/7/7 tablet 35mcg; 0</i>	
<i>amabelz tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	
<i>amethia tablet 0; 0</i>	QL (91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	
<i>ashlyna tablet 0; 0</i>	QL (91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	

Drug Name	Requirements/Limits
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	
<i>aviane tablet 20mcg; 0.1mg</i>	
<i>ayuna tablet 0.03mg; 0.15mg</i>	
<i>azurette tablet 0; 0</i>	
<i>balziva tablet 35mcg; 0.4mg</i>	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	
<i>briellyn tablet 35mcg; 0.4mg</i>	
<i>camrese lo tablet 0; 0</i>	QL (91 EA per 91 days)
<i>camrese tablet 0; 0</i>	QL (91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	
<i>cryselle tablet 30mcg; 0.3mg</i>	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	
<i>dasetta 7/7/7 tablet 35mcg; 0</i>	
<i>daysee tablet 0; 0</i>	QL (91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	
<i>dolishale tablet 20mcg; 90mcg</i>	
DOTTI PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	
<i>elonest tablet 30mcg; 0.3mg</i>	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	
<i>enpresse-28 tablet 0; 0</i>	
<i>estarylla tablet 35mcg; 0.25mg</i>	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	
<i>estradiol cream 0.1mg/gm</i>	
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	
<i>estradiol vaginal tablet 10mcg</i>	
ESTRING RING 7.5MCG/24HR	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	
<i>falmina tablet 20mcg; 0.1mg</i>	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	

Drug Name	Requirements/Limits
FYAVOLV TABLET 2.5MCG; 0.5MG, 5MCG; 1MG	
hailey 1.5/30 tablet 30mcg; 1.5mg	
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	
haloette ring 0.015mg/24hr; 0.12mg/24hr	
iclevia tablet 0.03mg; 0.15mg	QL (91 EA per 91 days)
introvale tablet 0.03mg; 0.15mg	QL (91 EA per 91 days)
jaimiess tablet 0; 0	QL (91 EA per 91 days)
jinteli tablet 5mcg; 1mg	
jolessa tablet 0.03mg; 0.15mg	QL (91 EA per 91 days)
junel 1.5/30 tablet 30mcg; 1.5mg	
junel 1/20 tablet 20mcg; 1mg	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
junel fe 1/20 tablet 20mcg; 75mg; 1mg	
kariva tablet 0; 0	
kelnor 1/35 tablet 35mcg; 1mg	
kelnor 1/50 tablet 50mcg; 1mg	
kurvelo tablet 0.03mg; 0.15mg	
larin 1.5/30 tablet 30mcg; 1.5mg	
larin 1/20 tablet 20mcg; 1mg	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	
lessina tablet 20mcg; 0.1mg	
levonest tablet 0; 0	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	
levonorgestrel and ethinyl estradiol tablet 0; 0	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	QL (91 EA per 91 days)
levora 0.15/30-28 tablet 0.03mg; 0.15mg	
lojaimiess tablet 0; 0	QL (91 EA per 91 days)
low-ogestrel tablet 30mcg; 0.3mg	
luizza 1.5/30 tablet 30mcg; 1.5mg	
luizza 1/20 tablet 20mcg; 1mg	
lutra tablet 20mcg; 0.1mg	
lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	
marlissa tablet 0.03mg; 0.15mg	
MENEST TABLET 2.5MG	
microgestin 1.5/30 tablet 30mcg; 1.5mg	
microgestin 1/20 tablet 20mcg; 1mg	
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	
mili tablet 35mcg; 0.25mg	
mimvey tablet 1mg; 0.5mg	
mono-linyah tablet 35mcg; 0.25mg	
necon 0.5/35-28 tablet 35mcg; 0.5mg	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	

Drug Name	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	
<i>norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg</i>	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	
<i>nortrel 7/7/7 tablet 35mcg; 0</i>	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	
<i>nylia 7/7/7 tablet 35mcg; 0</i>	
<i>philith tablet 35mcg; 0.4mg</i>	
<i>pimtrea tablet 0; 0</i>	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	
PREMARIN CREAM 0.625MG/GM	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	
PREMPHASE TABLET 0.625MG; 5MG	
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	
<i>rivelsa tablet 0; 0</i>	QL (91 EA per 91 days)
<i>rosyrah tablet 0; 0</i>	QL (91 EA per 91 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	QL (91 EA per 91 days)
<i>simliya tablet 0; 0</i>	
<i>simpesse tablet 0; 0</i>	QL (91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	
<i>sronyx tablet 20mcg; 0.1mg</i>	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	
<i>tri-estarylla tablet 0; 0</i>	
<i>tri-linyah tablet 0; 0</i>	
<i>tri-mili tablet 0; 0</i>	
<i>tri-nymyo tablet 0; 0</i>	
<i>tri-sprintec tablet 0; 0</i>	
<i>tri-vylibra tablet 0; 0</i>	
<i>trivora-28 tablet 0; 0</i>	
<i>turqoz tablet 30mcg; 0.3mg</i>	
VALTYA 1/35 TABLET 35MCG; 1MG	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	
<i>vienva tablet 20mcg; 0.1mg</i>	
<i>viorele tablet 0; 0</i>	
<i>volnea tablet 0; 0</i>	
<i>vyfemla tablet 35mcg; 0.4mg</i>	
<i>vylibra tablet 35mcg; 0.25mg</i>	
<i>wera tablet 35mcg; 0.5mg</i>	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	
<i>yuvaferm tablet 10mcg</i>	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	
Progestins	
<i>camila tablet 0.35mg</i>	
<i>deblitane tablet 0.35mg</i>	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	QL (0.65 ML per 90 days)

Drug Name	Requirements/Limits
<i>emzahh tablet 0.35mg</i>	
<i>errin tablet 0.35mg</i>	
<i>gallifrey tablet 5mg</i>	
<i>heather tablet 0.35mg</i>	
<i>incassia tablet 0.35mg</i>	
<i>jencycla tablet 0.35mg</i>	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	
<i>lyleq tablet 0.35mg</i>	
<i>lyza tablet 0.35mg</i>	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	
<i>megestrol acetate suspension 40mg/ml</i>	
<i>megestrol acetate suspension 625mg/5ml</i>	
<i>megestrol acetate tablet 20mg, 40mg</i>	
<i>meleya tablet 0.35mg</i>	
NEXPLANON INJECTION 68MG	
<i>nora-be tablet 0.35mg</i>	
<i>norethindrone acetate tablet 5mg</i>	
<i>norethindrone tablet 0.35mg</i>	
<i>norlyroc tablet 0.35mg</i>	
<i>orquidea tablet 0.35mg</i>	
<i>progesterone capsule 100mg, 200mg</i>	
<i>sharobel tablet 0.35mg</i>	
Selective Estrogen Receptor Modifying Agents	
OSPHENA TABLET 60MG	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride tablet 60mg</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
LEVO-T TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	
REZDIFFRA TABLET 100MG, 60MG, 80MG	QL (30 EA per 30 days) PA
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	
UNITHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	
Hormonal Agents, Suppressant (Adrenal or Pituitary)	
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>	

Drug Name	Requirements/Limits
<i>cabergoline tablet 0.5mg</i>	
FIRMAGON INJECTION 80MG	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	QL (4 EA per 365 days) PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJECTION 45MG	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	QL (1 EA per 84 days) PA
<i>mifepristone tablet 200mg</i>	
<i>mifepristone tablet 300mg</i>	QL (120 EA per 30 days) PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	PA
ORGOVYX TABLET 120MG	PA
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	QL (60 ML per 30 days) PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	PA
TRELSTAR MIXJECT INJECTION 22.5MG	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJECTION 11.25MG	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)	
<i>Antithyroid Agents</i>	
<i>methimazole tablet 10mg, 5mg</i>	
<i>propylthiouracil tablet 50mg</i>	
Immunological Agents	
<i>Angioedema Agents</i>	
CINRYZE INJECTION 500UNIT	PA
<i>icatibant acetate injection 30mg/3ml</i>	PA
<i>Immunoglobulins</i>	
BIVIGAM INJECTION 10%, 5GM/50ML	PA
GAMASTAN INJECTION 0	PA
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	B/D
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	PA
<i>Immunological Agents, Other</i>	
AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	PA
AVTOZMA INJECTION 162MG/0.9ML	QL (3.6 ML per 28 days) PA
BENLYSTA INJECTION 200MG/ML	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	QL (10 ML per 28 days) PA
COSENTYX UNOREADY INJECTION 300MG/2ML	QL (10 ML per 28 days) PA
COSENTYX INJECTION 125MG/5ML	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	QL (10 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	QL (8 ML per 28 days) PA
EBGLYSS INJECTION 250MG/2ML	PA
EMPAVELI INJECTION 1080MG/20ML	PA
KINERET INJECTION 100MG/0.67ML	PA

Drug Name	Requirements/Limits
ODACTRA TABLET SUBLINGUAL 0; 0	QL (30 EA per 30 days) PA
ORENCIA CLICKJECT INJECTION 125MG/ML	QL (4 ML per 28 days) PA
ORENCIA INJECTION 50MG/0.4ML	QL (1.6 ML per 28 days) PA
ORENCIA INJECTION 87.5MG/0.7ML	QL (2.8 ML per 28 days) PA
ORENCIA INJECTION 125MG/ML	QL (4 ML per 28 days) PA
OTEZLA TABLET THERAPY PACK 0	QL (110 EA per 365 days) PA
RINVOQ LQ SOLUTION 1MG/ML	QL (360 ML per 30 days) PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	QL (30 EA per 30 days) PA
SKYRIZI PEN INJECTION 150MG/ML	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 55MG/0.37ML	QL (0.37 ML per 28 days) PA
SKYRIZI INJECTION 150MG/ML	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 180MG/1.2ML	QL (1.2 ML per 56 days) PA
SKYRIZI INJECTION 360MG/2.4ML	QL (2.4 ML per 56 days) PA
SKYRIZI INJECTION 600MG/10ML	QL (60 ML per 365 days) PA
STELARA INJECTION 130MG/26ML	QL (104 ML per 365 days) PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	QL (3 ML per 84 days) PA
STEQEYMA INJECTION 45MG/0.5ML	QL (3 ML per 84 days) PA
STEQEYMA INJECTION 130MG/26ML	QL (104 ML per 365 days) PA
STEQEYMA INJECTION 90MG/ML	QL (3 ML per 84 days) PA
TAVNEOS CAPSULE 10MG	QL (180 EA per 30 days) PA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	QL (4 ML per 28 days) PA
TREMFYA PEN INJECTION 100MG/ML	QL (2 ML per 56 days) PA
TREMFYA INJECTION 200MG/20ML	PA
TREMFYA INJECTION 100MG/ML	QL (2 ML per 56 days) PA
TREMFYA INJECTION 200MG/2ML	QL (4 ML per 28 days) PA
TYENNE INJECTION 162MG/0.9ML	QL (3.6 ML per 28 days) PA
<i>ustekinumab injection 130mg/26ml</i>	QL (104 ML per 365 days) PA
<i>ustekinumab injection 45mg/0.5ml, 90mg/ml</i>	QL (3 ML per 84 days) PA
VEOPOZ INJECTION 400MG/2ML	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	QL (20 ML per 28 days) PA
WEZLANA INJECTION 130MG/26ML	QL (104 ML per 365 days) PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	QL (3 ML per 84 days) PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	QL (30 EA per 30 days) PA
XELJANZ SOLUTION 1MG/ML	QL (300 ML per 30 days) PA
XELJANZ TABLET 10MG, 5MG	QL (60 EA per 30 days) PA
XOLAIR INJECTION 75MG/0.5ML	QL (1 ML per 28 days) PA
XOLAIR INJECTION 150MG	QL (8 EA per 28 days) PA
XOLAIR INJECTION 150MG/ML, 300MG/2ML	QL (8 ML per 28 days) PA
Immunostimulants	
ACTIMMUNE INJECTION 100MCG/0.5ML	PA
BESREMI INJECTION 500MCG/ML	PA
PEGASYS INJECTION 180MCG/ML	PA
Immunosuppressants	
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	QL (3 EA per 28 days) PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	QL (2 EA per 28 days) PA

Drug Name	Requirements/Limits
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA
<i>adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml</i>	QL (3 EA per 28 days) PA
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M PSORIASIS/UEVITIS STARTER INJECTION 40MG/0.8ML	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UEVITIS INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 10MG/0.2ML, 20MG/0.4ML	QL (2 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADB M INJECTION 40MG/0.4ML, 40MG/0.8ML	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	B/D
<i>azathioprine tablet 50mg</i>	B/D
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	B/D
<i>cyclosporine modified solution 100mg/ml</i>	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	B/D
ENBREL MINI INJECTION 50MG/ML	QL (8 ML per 28 days) PA
ENBREL SURECLICK INJECTION 50MG/ML	QL (8 ML per 28 days) PA
ENBREL INJECTION 25MG/0.5ML	QL (4 ML per 28 days) PA
ENBREL INJECTION 50MG/ML	QL (8 ML per 28 days) PA
ENVAR SUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	B/D
ENVAR SUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	B/D
<i>everolimus tablet 0.25mg</i>	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	B/D
<i>gengraf capsule 100mg, 25mg</i>	B/D
<i>gengraf solution 100mg/ml</i>	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	QL (4 EA per 365 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	QL (6 EA per 365 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	QL (4 EA per 28 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	QL (6 EA per 28 days) PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	QL (4 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	QL (6 EA per 365 days) PA
HUMIRA PEN INJECTION 80MG/0.8ML	QL (4 EA per 28 days) PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	QL (6 EA per 28 days) PA

Drug Name	Requirements/Limits
HUMIRA PEN INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	QL (2 EA per 28 days) PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	QL (6 EA per 28 days) PA
HUMIRA INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA; Abbvie labeled products only
INFLECTRA INJECTION 100MG	PA
INFLIXIMAB INJECTION 100MG	PA
JYLAMVO SOLUTION 2MG/ML	PA
<i>leflunomide tablet 10mg, 20mg</i>	
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	
<i>methotrexate sodium tablet 2.5mg</i>	
<i>methotrexate injection 50mg/2ml</i>	
<i>mycophenolate mofetil capsule 250mg</i>	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	B/D
<i>mycophenolate mofetil tablet 500mg</i>	B/D
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	B/D
ORENCIA INJECTION 250MG	PA
PEGASYS INJECTION 180MCG/0.5ML	PA
PROGRAF PACKET 0.2MG, 1MG	B/D
RENFLEXIS INJECTION 100MG	PA
REZUROCK TABLET 200MG	QL (60 EA per 30 days) PA
SANDIMMUNE SOLUTION 100MG/ML	B/D
<i>sirolimus solution 1mg/ml</i>	B/D
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	B/D
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D
XATMEP SOLUTION 2.5MG/ML	PA
Vaccines	
ABRYSVO INJECTION 120MCG/0.5ML	QL (1 EA per 252 days)
ACTHIB INJECTION 0	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	
AREXVY INJECTION 120MCG/0.5ML	QL (1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	
BEXSERO INJECTION 0.5ML	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
DENG VAXIA INJECTION 0	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	B/D
GARDASIL 9 INJECTION 0.5ML	
HAVRIX INJECTION 1440UNIT/ML	
HAVRIX INJECTION 720ELU/0.5ML	
HEPLISAV-B INJECTION 20MCG/0.5ML	B/D
HIBERIX INJECTION 10MCG	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	B/D

Drug Name	Requirements/Limits
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	
IPOL INACTIVATED IPV INJECTION 0	
IXIARO INJECTION 0	
JYNNEOS INJECTION 0.5ML	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
M-M-R II INJECTION 0; 0; 0	
MENACTRA INJECTION 0	
MENQUADFI INJECTION 0.5ML	
MENVEO INJECTION 0	
MRESVIA INJECTION 50MCG/0.5ML	QL (0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	
PENBRAYA INJECTION 0; 0	
PENMENVY INJECTION 0; 0	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	
PREHEVBRIO INJECTION 10MCG/ML	B/D
PRIORIX INJECTION 0; 0; 0	
PROQUAD INJECTION 0; 0; 0; 0	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial
RABAVERT INJECTION 0	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	B/D
ROTARIX SUSPENSION 0	
ROTATEQ SOLUTION 0	
SHINGRIX INJECTION 50MCG/0.5ML	
<i>shingrix injection 50mcg/0.5ml</i>	
STAMARIL INJECTION 0	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	
TENIVAC INJECTION 2LFU; 5LFU	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	
TICOVAC INJECTION 2.4MCG/0.5ML	
TICOVAC INJECTION 1.2MCG/0.25ML	
TRUMENBA INJECTION 0.5ML	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	
TYPHIM VI INJECTION 25MCG/0.5ML	
VAQTA INJECTION 50UNIT/ML	
VAQTA INJECTION 25UNIT/0.5ML	
VARIVAX INJECTION 1350PFU/0.5ML	
VAXCHORA SUSPENSION RECONSTITUTED 0	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	
VIMKUNYA INJECTION 40MCG/0.8ML	
VIVOTIF CAPSULE DELAYED RELEASE 0	
YF-VAX INJECTION 0	

Drug Name	Requirements/Limits
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<i>balsalazide disodium capsule 750mg</i>	
<i>mesalamine dr tablet delayed release 1.2gm</i>	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	
<i>mesalamine er capsule extended release 500mg</i>	
<i>mesalamine enema 4gm</i>	
<i>mesalamine kit 4gm</i>	
<i>mesalamine suppository 1000mg</i>	
SFROWASA ENEMA 4GM/60ML	
<i>sulfasalazine tablet delayed release 500mg</i>	
<i>sulfasalazine tablet 500mg</i>	
Glucocorticoids	
<i>budesonide er tablet extended release 24 hour 9mg</i>	
<i>budesonide capsule delayed release particles 3mg</i>	
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone enema 100mg/60ml</i>	
<i>procto-med hc cream 2.5%</i>	
<i>proctosol hc cream 2.5%</i>	
<i>proctozone-hc cream 2.5%</i>	
Metabolic Bone Disease Agents	
Metabolic Bone Disease Agents	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	
<i>alendronate sodium tablet 70mg</i>	QL (4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	PA
<i>calcitonin-salmon solution 200unit/act</i>	QL (3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	
<i>cinacalcet hydrochloride tablet 30mg, 60mg, 90mg</i>	
FORTEO INJECTION 560MCG/2.24ML	PA
<i>ibandronate sodium tablet 150mg</i>	QL (1 EA per 28 days)
JUBBONTI INJECTION 60MG/ML	QL (2 ML per 365 days)
OSENVELT INJECTION 120MG/1.7ML	PA
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	
<i>risedronate sodium tablet 30mg, 5mg</i>	
<i>risedronate sodium tablet 150mg</i>	QL (1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	QL (4 EA per 28 days)
<i>stoboclo injection 60mg/ml</i>	QL (2 ML per 365 days)
<i>teriparatide injection 560mcg/2.24ml</i>	PA
TYMLOS INJECTION 3120MCG/1.56ML	PA
WYOST INJECTION 120MG/1.7ML	PA
Miscellaneous Therapeutic Agents	
Miscellaneous Therapeutic Agents	
ALCOHOL PREP PADS PAD 70%	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	QL (200 EA per 30 days)
MISCELLANEOUS	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	QL (200 EA per 30 days)
MISCELLANEOUS	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	QL (200 EA per 30 days)
MISCELLANEOUS	

Drug Name	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	
ELLA TABLET 30MG	
KYGEVVI PACKET 2GM; 2GM	PA
NUTRILIPID INJECTION 20GM/100ML	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	QL (30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT KIT	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS MISCELLANEOUS	QL (30 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	QL (30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	QL (10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	QL (10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	QL (10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	QL (10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	QL (10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	QL (10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	QL (10 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	QL (0.8 ML per 28 days) PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	QL (1 ML per 28 days) PA
SKYCLARYS CAPSULE 50MG	QL (90 EA per 30 days) PA
<i>sodium chloride 0.9% solution 0.9%</i>	
V-GO 20 KIT	
V-GO 30 KIT	
V-GO 40 KIT	
VISTOGARD PACKET 10GM	
ZOKINVY CAPSULE 50MG, 75MG	QL (120 EA per 30 days) PA
Ophthalmic Agents	
<i>Ophthalmic Agents, Other</i>	
<i>atropine sulfate solution 1%</i>	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	
COMBIGAN SOLUTION 0.2%; 0.5%	
<i>cyclosporine emulsion 0.05%</i>	
CYSTARAN SOLUTION 0.44%	QL (60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	
MIEBO SOLUTION 1.338GM/ML	QL (12 ML per 30 days)
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	

Drug Name	Requirements/Limits
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	
RESTASIS MULTIDOSE EMULSION 0.05%	
RESTASIS EMULSION 0.05%	
ROCKLATAN SOLUTION 0.005%; 0.02%	QL (2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	
TOBRADEX OINTMENT 0.1%; 0.3%	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	
XIIDRA SOLUTION 5%	QL (60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	
Ophthalmic Anti-allergy Agents	
<i>azelastine hcl ophthalmic solution 0.05%</i>	
<i>cromolyn sodium solution 4%</i>	
<i>olopatadine hydrochloride solution 0.2%</i>	
Ophthalmic Anti-Infectives	
<i>bacitracin ointment 500unit/gm</i>	
BESIVANCE SUSPENSION 0.6%	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	
<i>erythromycin ointment 5mg/gm</i>	
<i>gatifloxacin solution 0.5%</i>	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%	
<i>moxifloxacin hydrochloride solution 0.5%</i>	
NATACYN SUSPENSION 5%	
<i>ofloxacin ophthalmic solution 0.3%</i>	
<i>sulfacetamide sodium ointment 10%</i>	
<i>sulfacetamide sodium solution 10%</i>	
<i>tobramycin solution 0.3%</i>	
<i>trifluridine solution 1%</i>	
XDEMVIY SOLUTION 0.25%	QL (10 ML per 42 days)
ZIRGAN GEL 0.15%	
Ophthalmic Anti-inflammatories	
<i>bromfenac sodium solution 0.07%</i>	QL (12 ML per 365 days)
<i>dexamethasone sodium phosphate solution 0.1%</i>	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	
FLAREX SUSPENSION 0.1%	
<i>fluorometholone suspension 0.1%</i>	

Drug Name	Requirements/Limits
<i>flurbiprofen sodium solution 0.03%</i>	
ILEVRO SUSPENSION 0.3%	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	
LOTEMAX SM GEL 0.38%	QL (20 GM per 365 days)
<i>prednisolone acetate suspension 1%</i>	
Ophthalmic Beta-Adrenergic Blocking Agents	
<i>betaxolol hcl solution 0.5%</i>	
<i>carteolol hcl solution 1%</i>	
<i>levobunolol hcl solution 0.5%</i>	
<i>timolol maleate solution 0.25%, 0.5%</i>	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	
<i>acetazolamide tablet 125mg, 250mg</i>	
BRIMONIDINE TARTRATE SOLUTION 0.1%	
<i>brimonidine tartrate solution 0.2%</i>	
<i>brinzolamide suspension 1%</i>	
<i>dorzolamide hydrochloride solution 2%</i>	
<i>methazolamide tablet 25mg, 50mg</i>	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	
RHOPRESSA SOLUTION 0.02%	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanoid Analogs	
<i>latanoprost solution 0.005%</i>	
LUMIGAN SOLUTION 0.01%	QL (2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	QL (5 ML per 25 days)
Otic Agents	
Otic Agents	
<i>acetic acid solution 2%</i>	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	
<i>ofloxacin otic solution 0.3%</i>	
Respiratory Tract/Pulmonary Agents	
Anti-inflammatories, Inhaled Corticosteroids	
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	QL (30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	QL (1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	QL (120 ML per 30 days) B/D
<i>flunisolide solution 0.025%</i>	QL (50 ML per 30 days)

Drug Name	Requirements/Limits
<i>fluticasone propionate suspension 50mcg/act</i>	
<i>mometasone furoate suspension 50mcg/act</i>	QL (34 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	QL (21.2 GM per 30 days)
Antihistamines	
<i>azelastine hcl nasal solution 0.15%</i>	QL (60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	QL (60 ML per 30 days)
<i>cetirizine hydrochloride solution 5mg/5ml</i>	
<i>cyproheptadine hydrochloride tablet 4mg</i>	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	
<i>hydroxyzine hcl tablet 50mg</i>	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	
<i>levocetirizine dihydrochloride tablet 5mg</i>	
Antileukotrienes	
<i>montelukast sodium packet 4mg</i>	
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	
<i>montelukast sodium tablet 10mg</i>	
<i>zafirlukast tablet 10mg, 20mg</i>	
Bronchodilators, Anticholinergic	
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	QL (30 EA per 30 days)
<i>ipratropium bromide nasal solution 0.03%, 0.06%</i>	
<i>ipratropium bromide inhalation solution 0.02%</i>	QL (312.5 ML per 30 days) B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	QL (8 GM per 30 days)
<i>tiotropium bromide capsule 18mcg</i>	QL (30 EA per 30 days)
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL (13.4 GM per 30 days); (6.7 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL (17 GM per 30 days); (8.5 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL (48 GM per 30 days); (18 GM Pack Size)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	QL (375 ML per 30 days) B/D
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	QL (120 ML per 30 days) PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	QL (540 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	QL (30 GM per 30 days)
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	QL (90 EA per 30 days) B/D

Drug Name	Requirements/Limits
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	QL (2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	QL (60 EA per 30 days)
Cystic Fibrosis Agents	
CAYSTON SOLUTION RECONSTITUTED 75MG	PA
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	QL (56 EA per 28 days) PA
KALYDECO TABLET 150MG	QL (60 EA per 30 days) PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	QL (112 EA per 28 days) PA
PULMOZYME SOLUTION 2.5MG/2.5ML	PA
<i>tobramycin nebulization solution 300mg/5ml</i>	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	QL (84 EA per 28 days) PA
Mast Cell Stabilizers	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D
Phosphodiesterase Inhibitors, Airways Disease	
<i>roflumilast tablet 250mcg, 500mcg</i>	PA
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	
Pulmonary Antihypertensives	
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	QL (90 EA per 30 days) PA
<i>alyq tablet 20mg</i>	QL (60 EA per 30 days) PA
<i>ambrisentan tablet 10mg, 5mg</i>	QL (30 EA per 30 days) PA
OPSUMIT TABLET 10MG	QL (30 EA per 30 days) PA
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	QL (336 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	QL (504 EA per 365 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	PA
<i>sildenafil citrate tablet 20mg</i>	QL (90 EA per 30 days) PA; (20mg)
<i>tadalafil tablet 20mg</i>	QL (60 EA per 30 days) PA
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	QL (270 ML per 30 days) PA
WINREVAIR INJECTION 0, 45MG, 60MG	QL (1 EA per 21 days) PA
Pulmonary Fibrosis Agents	
<i>nintedanib esylate capsule 100mg, 150mg</i>	PA
OFEV CAPSULE 100MG, 150MG	PA
<i>pirfenidone capsule 267mg</i>	PA
<i>pirfenidone tablet 267mg, 534mg, 801mg</i>	PA
Respiratory Tract Agents, Other	
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	QL (24 GM per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	QL (32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	QL (60 EA per 30 days)

Drug Name	Requirements/Limits
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED QL (60 EA per 30 days) 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	
<i>breyana aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	QL (23.6 GM per 28 days)
BRONCHITOL CAPSULE 40MG	QL (560 EA per 28 days) PA
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	QL (10.3 GM per 30 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	QL (8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	QL (13 GM per 30 days) PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	QL (17.6 GM per 30 days) PA
FASENRA PEN INJECTION 30MG/ML	QL (1 ML per 28 days) PA
FASENRA INJECTION 10MG/0.5ML	QL (0.5 ML per 28 days) PA
FASENRA INJECTION 30MG/ML	QL (1 ML per 28 days) PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	QL (540 ML per 30 days) B/D
NUCALA INJECTION 40MG/0.4ML	QL (0.4 ML per 28 days) PA
NUCALA INJECTION 100MG	QL (3 EA per 28 days) PA
NUCALA INJECTION 100MG/ML	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	QL (24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	QL (60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	QL (60 EA per 30 days)
Skeletal Muscle Relaxants	
Skeletal Muscle Relaxants	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	PA
<i>methocarbamol tablet 500mg, 750mg</i>	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	
Sleep Disorder Agents	
Sleep Promoting Agents	
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	QL (30 EA per 30 days)
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	QL (30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	QL (30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	QL (30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	QL (30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	QL (60 EA per 30 days)
<i>zolpidem tartrate er tablet extended release 12.5mg, 6.25mg</i>	QL (30 EA per 30 days)

Drug Name	Requirements/Limits
<i>zolpidem tartrate tablet 10mg, 5mg</i>	QL (30 EA per 30 days)
Wakefulness Promoting Agents	
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	QL (30 EA per 30 days) PA
<i>armodafinil tablet 50mg</i>	QL (60 EA per 30 days) PA
<i>modafinil tablet 100mg, 200mg</i>	QL (30 EA per 30 days) PA
<i>sodium oxybate solution 500mg/ml</i>	QL (540 ML per 30 days) PA

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