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 18

Este formulario se actualizó el 11/1/2026. No hemos hecho cambios en este formulario desde 10/15/2026. 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", "nosotros" 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 10/15/2026. 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 cubriéndoos 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 10/15/2026. 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 68. 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 eximiamos 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 una 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 68.

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 +rfid 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	

Drug Name	Requirements/Limits
acetaminophen/codeine phosphate tablet 300mg; 60mg	
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	
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	

Drug Name	Requirements/Limits
KLOXXADO LIQUID 8MG/0.1ML	
naloxone hcl injection 4mg/10ml	
naloxone hydrochloride injection 0.4mg/ml	
naloxone hydrochloride injection 2mg/2ml	
naloxone hydrochloride liquid 4mg/0.1ml	
OPVEE SOLUTION 2.7MG/0.1ML	
REXTOVY LIQUID 4MG/0.25ML	
Smoking Cessation Agents	
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	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)
varenicline starting month tablet therapy pack 0	QL (504 EA per 365 days)
varenicline tartrate continuing month tablet 1mg	QL (504 EA per 365 days)
varenicline tartrate tablet 0.5mg, 1mg	QL (504 EA per 365 days)
Antibacterials	
Aminoglycosides	
amikacin sulfate injection 1gm/4ml, 500mg/2ml	
ARIKAYCE SUSPENSION 590MG/8.4ML	PA
gentamicin sulfate pediatric injection 10mg/ml	
gentamicin sulfate cream 0.1%	
gentamicin sulfate injection 40mg/ml	
gentamicin sulfate ointment 0.1%	
HUMATIN CAPSULE 250MG	
neomycin sulfate tablet 500mg	
streptomycin sulfate injection 1gm	
tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml	
Antibacterials, Other	
aztreonam injection 1gm, 2gm	
clindacin etz pledgets swab 1%	
clindamycin hcl capsule 300mg	
clindamycin hydrochloride capsule 150mg, 75mg	
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	
clindamycin phosphate cream 2%	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	
clindamycin phosphate swab 1%	
colistimethate sodium injection 150mg	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	
daptomycin injection 350mg, 500mg	
fosfomycin tromethamine packet 3gm	
IMPAVIDO CAPSULE 50MG	
linezolid injection 600mg/300ml	
linezolid suspension reconstituted 100mg/5ml	QL (1800 ML per 28 days)
linezolid tablet 600mg	QL (56 EA per 28 days)
methenamine hippurate tablet 1gm	
metronidazole vaginal gel 0.75%	

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

Drug Name	Requirements/Limits
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	
amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml	
amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg	
amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg	
amoxicillin/clavulanate potassium tablet 250mg; 125mg	
amoxicillin/potassium clavulanate tablet chewable 200mg; 28.5mg, 400mg; 57mg	
amoxicillin capsule 250mg, 500mg	
amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	
amoxicillin tablet chewable 125mg, 250mg	
amoxicillin tablet 500mg, 875mg	
ampicillin sodium injection 10gm, 125mg, 1gm, 2gm	
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	
ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm	
ampicillin capsule 500mg	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	
dicloxacillin sodium capsule 250mg, 500mg	
nafcillin sodium injection 10gm, 1gm, 2gm	
oxacillin sodium injection 10gm, 1gm, 2gm	
penicillin g sodium injection 5000000unit	
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	
penicillin v potassium tablet 250mg, 500mg	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	
Carbapenems	
ertapenem sodium injection 1gm	
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	
meropenem injection 1gm, 2gm, 500mg	
Macrolides	
azithromycin injection 500mg	
azithromycin packet 1gm	
azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml	
azithromycin tablet 250mg, 500mg, 600mg	
clarithromycin er tablet extended release 24 hour 500mg	
clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml	
clarithromycin tablet 250mg, 500mg	
DIFICID TABLET 200MG	

Drug Name	Requirements/Limits
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	
fidaxomicin tablet 200mg	
Quinolones	
ciprofloxacin hcl tablet 750mg	
ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%	
levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml	
levofloxacin injection 25mg/ml	
levofloxacin oral solution 25mg/ml	
levofloxacin tablet 250mg, 500mg, 750mg	
moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%	
moxifloxacin hydrochloride tablet 400mg	
Sulfonamides	
sulfadiazine tablet 500mg	
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	
Tetracyclines	
demeclocycline hcl tablet 150mg, 300mg	
doxycycline hyclate capsule 100mg, 50mg	
doxycycline hyclate injection 100mg	
doxycycline hyclate tablet 100mg	
doxycycline monohydrate capsule 100mg, 50mg	
doxycycline monohydrate tablet 100mg, 50mg	
doxycycline monohydrate tablet 150mg, 75mg	
doxycycline suspension reconstituted 25mg/5ml	
minocycline hcl capsule 75mg	
minocycline hydrochloride capsule 100mg, 50mg	
tetracycline hydrochloride capsule 250mg, 500mg	
Anticonvulsants	
Anticonvulsants, Other	
brivaracetam solution 10mg/ml	PA
brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg	PA
BRIVIACT SOLUTION 10MG/ML	PA
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	PA
EPIDIOLEX SOLUTION 100MG/ML	PA
EPRONTIA SOLUTION 25MG/ML	
felbamate suspension 600mg/5ml	
felbamate tablet 400mg, 600mg	
FINTEPLA SOLUTION 2.2MG/ML	PA
FYCOMPA SUSPENSION 0.5MG/ML	
FYCOMPA TABLET 2MG	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	
lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg	
lamotrigine odt tablet disintegrating 200mg	

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

Drug Name	Requirements/Limits
gabapentin tablet 800mg	QL (150 EA per 30 days)
gabapentin tablet 600mg	QL (180 EA per 30 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	QL (10 EA per 30 days)
phenobarbital elixir 20mg/5ml	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	
pregabalin capsule 300mg	QL (60 EA per 30 days)
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	QL (90 EA per 30 days)
pregabalin solution 20mg/ml	QL (900 ML per 30 days)
primidone tablet 125mg, 250mg, 50mg	
SYMPAZAN FILM 10MG, 5MG	
SYMPAZAN FILM 20MG	
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	
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)
vigabatrin packet 500mg	PA
vigabatrin tablet 500mg	PA
vigadrone packet 500mg	PA
vigadrone tablet 500mg	PA
VIGAFYDE SOLUTION 100MG/ML	PA
vigpoder packet 500mg	PA
ZTALMY SUSPENSION 50MG/ML	PA
Sodium Channel Agents	
carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg	
carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg	
carbamazepine suspension 100mg/5ml	
carbamazepine tablet chewable 100mg, 200mg	
carbamazepine tablet 200mg	
DILANTIN CAPSULE 30MG	
epitol tablet 200mg	
eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg	
lacosamide solution 10mg/ml	
lacosamide tablet 100mg, 150mg, 200mg, 50mg	
oxcarbazepine suspension 300mg/5ml	
oxcarbazepine tablet 150mg, 300mg, 600mg	
PHENYTEK CAPSULE 200MG, 300MG	
phenytoin infatabs tablet chewable 50mg	
phenytoin sodium extended capsule 100mg, 200mg, 300mg	
phenytoin suspension 125mg/5ml	
phenytoin tablet chewable 50mg	
rufinamide suspension 40mg/ml	
rufinamide tablet 200mg	
rufinamide tablet 400mg	
XCOPRI TABLET THERAPY PACK 0	PA; (14 X 12.5 MG & 14 X 25 MG)

Drug Name	Requirements/Limits
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)
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	PA
ZONISADE SUSPENSION 100MG/5ML	ST
zonisamide capsule 100mg, 25mg, 50mg	
Antidementia Agents	
Antidementia Agents, Other	
ergoloid mesylates tablet 1mg	
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	QL (30 EA per 30 days)
Cholinesterase Inhibitors	
donepezil hcl tablet disintegrating 10mg, 5mg	
donepezil hcl tablet 10mg	
donepezil hcl tablet 23mg	
donepezil hydrochloride tablet 10mg, 5mg	
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	
galantamine hydrobromide solution 4mg/ml	
galantamine hydrobromide tablet 12mg, 4mg, 8mg	
rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
memantine hcl titration pak tablet 0	
memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg	QL (30 EA per 30 days)
memantine hydrochloride tablet 10mg, 5mg	
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)
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	QL (90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	QL (30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	QL (90 EA per 30 days)
bupropion hydrochloride tablet 100mg, 75mg	
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
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	

Drug Name	Requirements/Limits
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	PA
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	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	
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	QL (30 EA per 30 days) ST
MARPLAN TABLET 10MG	
phenelzine sulfate tablet 15mg	
tranylcypromine sulfate tablet 10mg	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor	
citalopram hydrobromide solution 10mg/5ml	
citalopram hydrobromide tablet 10mg, 20mg, 40mg	
desvenlafaxine er tablet extended release 24 hour 100mg	QL (120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	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)
duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg	QL (30 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg	QL (60 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 30mg	QL (90 EA per 30 days)
escitalopram oxalate solution 5mg/5ml	
escitalopram oxalate tablet 10mg, 20mg, 5mg	
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
fluoxetine hydrochloride capsule 10mg, 20mg, 40mg	
fluoxetine hydrochloride solution 20mg/5ml	
fluvoxamine maleate tablet 100mg, 25mg, 50mg	
nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg	
paroxetine hcl tablet 30mg, 40mg	
paroxetine hydrochloride suspension 10mg/5ml	
paroxetine hydrochloride tablet 10mg, 20mg	
RALDESY SOLUTION 10MG/ML	
sertraline hcl concentrate 20mg/ml	
sertraline hcl tablet 50mg	
sertraline hydrochloride tablet 100mg, 25mg	
trazodone hydrochloride tablet 100mg, 150mg, 25mg, 50mg, 75mg	
TRINTELLIX TABLET 10MG, 20MG, 5MG	QL (30 EA per 30 days)

Drug Name	Requirements/Limits
venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg	
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	
vilazodone hydrochloride tablet 10mg, 20mg, 40mg	QL (30 EA per 30 days)
Tricyclics	
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	
amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	
amoxapine tablet 100mg, 150mg, 25mg, 50mg	
clomipramine hydrochloride capsule 25mg, 50mg, 75mg	
desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	
doxepin hcl capsule 75mg	
doxepin hcl concentrate 10mg/ml	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	
imipramine hcl tablet 25mg, 50mg	
imipramine hydrochloride tablet 10mg	
nortriptyline hcl capsule 25mg, 75mg	
nortriptyline hcl solution 10mg/5ml	
nortriptyline hydrochloride capsule 10mg, 50mg	
protriptyline hcl tablet 10mg, 5mg	
trimipramine maleate capsule 100mg, 25mg, 50mg	
Antiemetics	
Antiemetics, Other	
compro suppository 25mg	
meclizine hcl tablet 12.5mg, 25mg	
meclizine hydrochloride tablet 25mg	
prochlorperazine maleate tablet 10mg, 5mg	
prochlorperazine suppository 25mg	
promethazine hcl suppository 12.5mg	
promethazine hydrochloride plain solution 6.25mg/5ml	
promethazine hydrochloride solution 6.25mg/5ml	
promethazine hydrochloride suppository 25mg	
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	
promethegan suppository 12.5mg, 25mg	
scopolamine patch 72 hour 1mg/3days	
Emetogenic Therapy Adjuncts	
aprepitant capsule therapy pack 0	QL (6 EA per 30 days) B/D; (THERAPY PACK 80 & 125 MG)
aprepitant capsule 40mg	QL (1 EA per 30 days) B/D
aprepitant capsule 80mg	QL (8 EA per 30 days) B/D
aprepitant capsule 125mg	QL (2 EA per 30 days) B/D
dronabinol capsule 10mg, 2.5mg, 5mg	QL (60 EA per 30 days) PA
ondansetron hcl solution 4mg/5ml	QL (450 ML per 30 days) B/D
ondansetron hydrochloride tablet 4mg, 8mg	B/D
ondansetron odt tablet disintegrating 4mg, 8mg	B/D
Antifungals	
Antifungals	
ABELCET INJECTION 5MG/ML	B/D

Drug Name	Requirements/Limits
amphotericin b liposome injection 50mg	B/D
amphotericin b injection 50mg	B/D
caspofungin acetate injection 50mg, 70mg	
clotrimazole cream 1%	QL (90 GM per 30 days)
clotrimazole solution 1%	QL (60 ML per 30 days)
clotrimazole troche 10mg	
CRESEMBA CAPSULE 186MG, 74.5MG	PA
econazole nitrate cream 1%	
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	
fluconazole tablet 100mg, 150mg, 200mg, 50mg	
flucytosine capsule 250mg, 500mg	
griseofulvin microsize suspension 125mg/5ml	
griseofulvin microsize tablet 500mg	
griseofulvin ultramicrosize tablet 125mg, 250mg	
itraconazole capsule 100mg	PA
JUBLIA SOLUTION 10%	
ketoconazole cream 2%	QL (90 GM per 30 days)
ketoconazole shampoo 2%	
ketoconazole tablet 200mg	
klayesta powder 100000unit/gm	QL (120 GM per 30 days)
micafungin injection 100mg, 50mg	
nyamyc powder 100000unit/gm	QL (120 GM per 30 days)
nystatin cream 100000unit/gm	
nystatin ointment 100000unit/gm	
nystatin powder 100000unit/gm	QL (120 GM per 30 days)
nystatin suspension 100000unit/ml	
nystatin tablet 500000unit	
nystop powder 100000unit/gm	QL (120 GM per 30 days)
posaconazole dr tablet delayed release 100mg	PA
posaconazole suspension 40mg/ml	PA
terbinafine hcl tablet 250mg	QL (84 EA per 180 days)
terconazole cream 0.4%, 0.8%	
voriconazole injection 200mg	PA
voriconazole suspension reconstituted 40mg/ml	
voriconazole tablet 200mg, 50mg	
Antigout Agents	
Antigout Agents	
allopurinol tablet 100mg, 300mg	
colchicine tablet 0.6mg	
febuxostat tablet 40mg, 80mg	
probenecid/colchicine tablet 0.5mg; 500mg	
probenecid tablet 500mg	
Antimigraine Agents	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists	
AIMOVIG INJECTION 140MG/ML	QL (1 ML per 28 days) PA
AIMOVIG INJECTION 70MG/ML	QL (2 ML per 28 days) PA
EMGALITY INJECTION 120MG/ML	QL (2 ML per 28 days) PA
EMGALITY INJECTION 100MG/ML	QL (3 ML per 28 days) PA

Drug Name	Requirements/Limits
NURTEC TABLET DISINTEGRATING 75MG	QL (18 EA per 30 days) PA
QULIPTA TABLET 10MG, 30MG, 60MG	QL (30 EA per 30 days) PA
UBRELVY TABLET 100MG, 50MG	QL (16 EA per 30 days) PA
Ergot Alkaloids	
dihydroergotamine mesylate solution 4mg/ml	QL (8 ML per 30 days) PA
ergotamine tartrate/caffeine tablet 100mg; 1mg	QL (24 EA per 28 days)
Prophylactic	
timolol maleate tablet 10mg, 20mg, 5mg	
Serotonin (5-HT) Receptor Agonist	
naratriptan hcl tablet 1mg, 2.5mg	QL (9 EA per 30 days)
rizatriptan benzoate odt tablet disintegrating 10mg, 5mg	QL (18 EA per 30 days)
rizatriptan benzoate tablet 10mg, 5mg	QL (18 EA per 30 days)
sumatriptan succinate injection 6mg/0.5ml	QL (5 ML per 30 days)
sumatriptan succinate tablet 100mg, 25mg, 50mg	QL (9 EA per 30 days)
sumatriptan solution 20mg/act, 5mg/act	QL (12 EA per 30 days)
zolmitriptan tablet 2.5mg, 5mg	QL (12 EA per 30 days)
Antimyasthenic Agents	
Parasympathomimetics	
pyridostigmine bromide tablet 60mg	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	PA
Antimycobacterials	
Antimycobacterials, Other	
dapsone tablet 100mg, 25mg	
rifabutin capsule 150mg	
Antituberculars	
cycloserine capsule 250mg	
ethambutol hydrochloride tablet 100mg, 400mg	
ISONIAZID INJECTION 100MG/ML	
isoniazid syrup 50mg/5ml	
isoniazid tablet 100mg, 300mg	
PRIFTIN TABLET 150MG	
pyrazinamide tablet 500mg	
rifampin capsule 150mg, 300mg	
rifampin injection 600mg	
rifapentine tablet 150mg	
SIRTURO TABLET 100MG, 20MG	
TRECATOR TABLET 250MG	
Antineoplastics	
Alkylating Agents	
cisplatin injection 100mg/100ml	
cyclophosphamide capsule 25mg, 50mg	B/D
GLEOSTINE CAPSULE 10MG, 40MG	
GLEOSTINE CAPSULE 100MG	
LEUKERAN TABLET 2MG	
lomustine capsule 10mg, 40mg	
lomustine capsule 100mg	
MATULANE CAPSULE 50MG	
VALCHLOR GEL 0.016%	PA
Antiandrogens	
abiraterone acetate tablet 250mg	PA
abiraterone acetate tablet 500mg	PA

Drug Name	Requirements/Limits
abirtega tablet 250mg	PA
bicalutamide tablet 50mg	
ERLEADA TABLET 240MG, 60MG	PA
EULEXIN CAPSULE 125MG	
nilutamide tablet 150mg	
NUBEQA TABLET 300MG	PA
XTANDI CAPSULE 40MG	PA
XTANDI TABLET 40MG, 80MG	PA
YONSA TABLET 125MG	PA
Antiangiogenic Agents	
lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	PA
pomalidomide capsule 3mg, 4mg	PA
pomalidomide capsule 1mg, 2mg	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	
ETCAMAH TABLET 75MG	PA
INLURIYO TABLET 200MG	PA
ORSERDU TABLET 345MG, 86MG	PA
SOLTAMOX SOLUTION 10MG/5ML	
tamoxifen citrate tablet 10mg, 20mg	
toremifene citrate tablet 60mg	
VEPPANU TABLET 200MG	PA
VEPPANU TABLET 100MG	QL (30 EA per 30 days) PA
Antimetabolites	
DROXIA CAPSULE 200MG, 300MG, 400MG	
hydroxyurea capsule 500mg	
mercaptopurine suspension 2000mg/100ml	
mercaptopurine tablet 50mg	
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
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	PA
LYSODREN TABLET 500MG	

Drug Name	Requirements/Limits
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
ZENBEXUS CAPSULE 0.75MG, 1MG	PA
ZOLINZA CAPSULE 100MG	PA
Aromatase Inhibitors, 3rd Generation	
anastrozole tablet 1mg	
exemestane tablet 25mg	
letrozole tablet 2.5mg	
Enzyme Inhibitors	
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	PA
topotecan hcl injection 4mg	
topotecan hydrochloride injection 4mg/4ml	
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
BEQALZI STARTER PACK TABLET THERAPY PACK 0	QL (88 EA per 365 days) PA
BEQALZI TABLET 80MG	QL (120 EA per 30 days) PA
BEQALZI TABLET 20MG	QL (28 EA per 28 days) PA
BEQALZI TABLET 1MG, 5MG	QL (44 EA per 365 days) PA
BOSULIF CAPSULE 100MG, 50MG	PA
BOSULIF TABLET 100MG, 400MG, 500MG	PA
bosutinib tablet 100mg, 400mg, 500mg	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
dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg	PA
DAURISMO TABLET 100MG, 25MG	PA

Drug Name	Requirements/Limits
ENSACOVE CAPSULE 100MG, 25MG	PA
ERIVEDGE CAPSULE 150MG	PA
erlotinib hydrochloride tablet 100mg, 150mg, 25mg	PA
everolimus tablet soluble 2mg, 3mg, 5mg	PA
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	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
gefitinib tablet 250mg	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
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
imatinib mesylate tablet 100mg	PA
imatinib mesylate tablet 400mg	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
JIDEYTRO TABLET 100MG	QL (30 EA per 30 days) PA
JIDEYTRO TABLET 25MG	QL (90 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
lapatinib ditosylate tablet 250mg	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

Drug Name	Requirements/Limits
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
MEKTOVI TABLET 15MG	PA
NERLYNX TABLET 40MG	QL (180 EA per 30 days) PA
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG	PA
nilotinib hydrochloride capsule 150mg, 200mg, 50mg	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
pazopanib hydrochloride tablet 200mg, 400mg	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
RASONQUE TABLET 100MG	QL (120 EA per 30 days) PA
RASONQUE TABLET 150MG	QL (60 EA per 30 days) 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
sorafenib tosylate tablet 200mg	PA
sorafenib tablet 200mg	PA

Drug Name	Requirements/Limits
STIVARGA TABLET 40MG	PA
sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg	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
torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg	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
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
yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg	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, 150MG/15ML	PA
Retinoids	
bexarotene capsule 75mg	PA
bexarotene gel 1%	PA
PANRETIN GEL 0.1%	
tretinoin capsule 10mg	
Treatment Adjuncts	
MESNA TABLET 400MG	
VORANIGO TABLET 40MG	PA
VORANIGO TABLET 10MG	QL (60 EA per 30 days) PA

Drug Name	Requirements/Limits
Antiparasitics	
Anthelmintics	
albendazole tablet 200mg	
ivermectin tablet 3mg, 6mg	PA
praziquantel tablet 600mg	
Antiprotozoals	
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	
atovaquone/proguanil hcl tablet 62.5mg; 25mg	
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	
atovaquone suspension 750mg/5ml	
benznidazole tablet 100mg, 12.5mg	
chloroquine phosphate tablet 250mg, 500mg	
COARTEM TABLET 20MG; 120MG	
hydroxychloroquine sulfate tablet 100mg, 200mg	
mefloquine hydrochloride tablet 250mg	
nitazoxanide tablet 500mg	
pentamidine isethionate injection 300mg	
pentamidine isethionate inhalation solution reconstituted 300mg	B/D
primaquine phosphate tablet 26.3mg	
pyrimethamine tablet 25mg	PA
quinine sulfate capsule 324mg	PA
Antiparkinson Agents	
Anticholinergics	
benztropine mesylate tablet 0.5mg, 1mg, 2mg	
trihexyphenidyl hydrochloride tablet 2mg, 5mg	
Antiparkinson Agents, Other	
entacapone tablet 200mg	
Dopamine Agonists	
bromocriptine mesylate capsule 5mg	
bromocriptine mesylate tablet 2.5mg	
pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	
ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	
ropinirole hydrochloride tablet 0.25mg, 3mg	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	
carbidopa tablet 25mg	
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	

Drug Name	Requirements/Limits
rasagiline mesylate tablet 0.5mg, 1mg	
selegiline hcl capsule 5mg	
selegiline hcl tablet 5mg	
Antipsychotics	
1st Generation/Typical	
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	
chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg	
fluphenazine decanoate injection 25mg/ml	
fluphenazine hcl concentrate 5mg/ml	
fluphenazine hydrochloride elixir 2.5mg/5ml	
fluphenazine hydrochloride injection 2.5mg/ml	
fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg	
haloperidol decanoate injection 100mg/ml, 50mg/ml	
haloperidol lactate injection 5mg/ml	
haloperidol concentrate 2mg/ml	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	
haloperidol tablet 20mg	
loxapine capsule 10mg, 25mg, 50mg, 5mg	
molindone hydrochloride tablet 10mg, 25mg, 5mg	
perphenazine tablet 16mg, 2mg, 4mg, 8mg	
pimozide tablet 1mg, 2mg	
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	
trifluoperazine hydrochloride tablet 1mg	
2nd Generation/Atypical	
ABILIFY MAINTENA INJECTION 300MG, 400MG	
aripiprazole odt tablet disintegrating 10mg, 15mg	QL (60 EA per 30 days)
aripiprazole solution 1mg/ml	QL (750 ML per 30 days)
aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	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	
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	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	

Drug Name	Requirements/Limits
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	
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	QL (30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	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
olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg	QL (30 EA per 30 days)
olanzapine injection 10mg	
olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg	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
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	QL (30 EA per 30 days)
paliperidone er tablet extended release 24 hour 6mg	QL (60 EA per 30 days)
PERSERIS INJECTION 120MG, 90MG	
quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg	QL (60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	QL (90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	QL (60 EA per 30 days)
quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg	QL (90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	QL (30 EA per 30 days)
risperidone er injection 12.5mg, 25mg	
risperidone er injection 37.5mg, 50mg	
risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	QL (60 EA per 30 days)
risperidone solution 1mg/ml	QL (240 ML per 30 days)
risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	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
UZEDY INJECTION 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML, 50MG/0.14ML, 75MG/0.21ML	
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	QL (30 EA per 30 days)
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	QL (60 EA per 30 days)
ziprasidone mesylate injection 20mg	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	
Treatment-Resistant	
clozapine odt tablet disintegrating 200mg	QL (120 EA per 30 days)
clozapine odt tablet disintegrating 150mg	QL (180 EA per 30 days)
clozapine odt tablet disintegrating 100mg, 25mg	QL (270 EA per 30 days)
clozapine odt tablet disintegrating 12.5mg	QL (90 EA per 30 days)
clozapine tablet 50mg	QL (180 EA per 30 days)
clozapine tablet 25mg	QL (270 EA per 30 days)

Drug Name	Requirements/Limits
clozapine tablet 200mg	QL (120 EA per 30 days)
clozapine tablet 100mg	QL (270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	QL (540 ML per 30 days)
Antispasticity Agents	
Antispasticity Agents	
baclofen tablet 10mg, 20mg	
baclofen tablet 5mg	
dantrolene sodium capsule 100mg, 25mg, 50mg	
tizanidine hcl tablet 2mg	
tizanidine hydrochloride tablet 4mg	
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
ganciclovir injection 500mg/10ml, 500mg	B/D
LIVTENCITY TABLET 200MG	
PREVYMIS PACKET 120MG, 20MG	
PREVYMIS TABLET 240MG, 480MG	
valganciclovir hydrochloride solution reconstituted 50mg/ml	
valganciclovir tablet 450mg	
Anti-hepatitis B (HBV) Agents	
adefovir dipivoxil tablet 10mg	
BARACLUDE SOLUTION 0.05MG/ML	QL (600 ML per 30 days)
entecavir tablet 0.5mg, 1mg	QL (30 EA per 30 days)
lamivudine tablet 100mg	
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
ribavirin tablet 200mg	
sofosbuvir/velpatasvir tablet 400mg; 100mg	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)
BIXLENVO TABLET 75MG; 50MG	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)	

Drug Name	Requirements/Limits
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)
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	QL (30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	QL (30 EA per 30 days)
efavirenz capsule 200mg, 50mg	QL (90 EA per 30 days)
efavirenz tablet 600mg	QL (30 EA per 30 days)
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	QL (30 EA per 30 days)
etravirine tablet 100mg	QL (60 EA per 30 days)
etravirine tablet 200mg	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)
nevirapine er tablet extended release 24 hour 400mg	QL (30 EA per 30 days)
nevirapine suspension 50mg/5ml	QL (1200 ML per 30 days)
nevirapine tablet 200mg	QL (60 EA per 30 days)
PIFELTRO TABLET 100MG	QL (30 EA per 30 days)
rilpivirine hydrochloride tablet 25mg	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
abacavir sulfate/lamivudine tablet 600mg; 300mg	QL (30 EA per 30 days)
abacavir solution 20mg/ml	QL (960 ML per 30 days)
abacavir tablet 300mg	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)
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	QL (30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	QL (30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	QL (30 EA per 30 days)
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	QL (30 EA per 30 days)
emtricitabine capsule 200mg	QL (30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	QL (850 ML per 30 days)
lamivudine/zidovudine tablet 150mg; 300mg	QL (60 EA per 30 days)
lamivudine solution 10mg/ml	QL (960 ML per 30 days)
lamivudine tablet 150mg	QL (60 EA per 30 days)
lamivudine tablet 300mg	QL (30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	QL (30 EA per 30 days)
tenofovir disoproxil fumarate tablet 300mg	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)
zidovudine capsule 100mg	QL (180 EA per 30 days)
zidovudine syrup 50mg/5ml	QL (1920 ML per 30 days)
zidovudine tablet 300mg	QL (60 EA per 30 days)
Anti-HIV Agents, Other	
FUZEON INJECTION 90MG	

Drug Name	Requirements/Limits
maraviroc tablet 300mg	QL (120 EA per 30 days)
maraviroc tablet 150mg	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)
atazanavir sulfate capsule 300mg	QL (30 EA per 30 days)
atazanavir capsule 150mg	
atazanavir capsule 200mg	QL (60 EA per 30 days)
darunavir tablet 800mg	QL (30 EA per 30 days)
darunavir tablet 600mg	QL (60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	QL (30 EA per 30 days)
fosamprenavir calcium tablet 700mg	QL (120 EA per 30 days)
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	
LEXIVA SUSPENSION 50MG/ML	QL (1800 ML per 30 days)
lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml	
lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg	
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)
ritonavir tablet 100mg	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	
amantadine hcl capsule 100mg	
amantadine hcl solution 50mg/5ml	
oseltamivir phosphate capsule 75mg	QL (110 EA per 365 days)
oseltamivir phosphate capsule 30mg	QL (168 EA per 365 days)
oseltamivir phosphate capsule 45mg	QL (84 EA per 365 days)
oseltamivir phosphate suspension reconstituted 6mg/ml	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	
acyclovir sodium injection 50mg/ml	B/D
acyclovir capsule 200mg	
acyclovir suspension 200mg/5ml	
acyclovir tablet 400mg, 800mg	

Drug Name	Requirements/Limits
famciclovir tablet 125mg, 250mg, 500mg	
valacyclovir hydrochloride tablet 1gm, 500mg	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)
XOCOVA TABLET 125MG	QL (7 EA per 5 days)
Anxiolytics	
Anxiolytics, Other	
buspirone hcl tablet 15mg	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	
Benzodiazepines	
alprazolam tablet 0.25mg, 0.5mg, 1mg	QL (120 EA per 30 days)
alprazolam tablet 2mg	QL (150 EA per 30 days)
clorazepate dipotassium tablet 15mg	QL (180 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	QL (360 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	QL (720 EA per 30 days)
diazepam intensol concentrate 5mg/ml	
diazepam concentrate 5mg/ml	
diazepam solution 5mg/5ml	
diazepam tablet 10mg	QL (120 EA per 30 days)
diazepam tablet 5mg	QL (240 EA per 30 days)
diazepam tablet 2mg	QL (300 EA per 30 days)
lorazepam intensol concentrate 2mg/ml	
lorazepam tablet 2mg	QL (150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	QL (90 EA per 30 days)
Bipolar Agents	
Bipolar Agents, Other	
IGALMI FILM 120MCG, 180MCG	PA
Mood Stabilizers	
lithium carbonate er tablet extended release 300mg, 450mg	
lithium carbonate capsule 150mg, 300mg, 600mg	
lithium carbonate tablet 300mg	
lithium solution 8meq/5ml	
Blood Glucose Regulators	
Antidiabetic Agents	
acarbose tablet 100mg, 25mg, 50mg	
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg, 5mg; 1000mg, 5mg; 500mg	
glimepiride tablet 1mg, 2mg, 4mg	
glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg	
glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg	

Drug Name	Requirements/Limits
glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	
glipizide tablet 10mg, 2.5mg, 5mg	
glyburide micronized tablet 1.5mg, 3mg, 6mg	
glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	
glyburide tablet 1.25mg, 2.5mg, 5mg	
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	
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	
metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg	
metformin hydrochloride solution 500mg/5ml	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	
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
nateglinide tablet 120mg, 60mg	
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
OZEMPIC TABLET 1.5MG	QL (60 EA per 365 days) PA
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	
pioglitazone hcl tablet 45mg	
pioglitazone hydrochloride tablet 15mg, 30mg	
repaglinide tablet 0.5mg, 1mg, 2mg	
RYBELSUS TABLET 14MG, 7MG	QL (30 EA per 30 days) PA
RYBELSUS TABLET 3MG	QL (60 EA per 365 days) PA
sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg	
sitagliptin phosphate tablet 100mg, 25mg, 50mg	QL (30 EA per 30 days)
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

Drug Name	Requirements/Limits
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	
diazoxide suspension 50mg/ml	
glucagon emergency kit for low blood sugar injection 1mg	
glucagon emergency kit injection 1mg	
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	
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	
insulin lispro injection 100unit/ml	
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	

Drug Name	Requirements/Limits
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	
Anticoagulants	
dabigatran etexilate capsule 110mg, 150mg, 75mg	QL (60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	QL (148 EA per 365 days)
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 5MG	
ELIQUIS TABLET 2.5MG	QL (60 EA per 30 days)
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	
fondaparinux sodium injection 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml	
fondaparinux sodium injection 10mg/0.8ml	
FRAGMIN INJECTION 2500UNIT/0.2ML	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	
heparin sodium injection 5000unit/ml	

Drug Name	Requirements/Limits
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	
warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	
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	
anagrelide hydrochloride capsule 0.5mg, 1mg	
eltrombopag olamine packet 12.5mg, 25mg	PA
eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg	PA
MIMRYLO INJECTION 19MG, 28MG, 9.5MG	QL (4 EA per 28 days) PA
MIMRYLO INJECTION 41MG, 54MG	QL (8 EA per 28 days) PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	PA
NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCRIT 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	
tranexamic acid tablet 650mg	
Platelet Modifying Agents	
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	
aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg	
CABLIVI INJECTION 11MG	QL (30 EA per 30 days) PA
cilostazol tablet 100mg, 50mg	
clopidogrel tablet 75mg	
clopidogrel tablet 300mg	
DOPTELET TABLET 20MG	PA
prasugrel hydrochloride tablet 10mg, 5mg	
ticagrelor tablet 60mg, 90mg	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	
droxidopa capsule 100mg	PA
droxidopa capsule 200mg, 300mg	PA
guanfacine hydrochloride tablet 1mg, 2mg	
METHYLDOPA TABLET 250MG, 500MG	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	
Alpha-adrenergic Blocking Agents	

Drug Name	Requirements/Limits
prazosin hydrochloride capsule 1mg, 2mg, 5mg	
Angiotensin II Receptor Antagonists	
azilsartan medoxomil tablet 40mg, 80mg	
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	
EDARBI TABLET 40MG, 80MG	
irbesartan tablet 150mg, 300mg, 75mg	
losartan potassium tablet 100mg, 25mg, 50mg	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	
telmisartan tablet 20mg, 40mg, 80mg	
valsartan tablet 160mg, 320mg, 40mg, 80mg	
Angiotensin-converting Enzyme (ACE) Inhibitors	
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	
captopril tablet 100mg, 12.5mg, 25mg, 50mg	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	
fosinopril sodium tablet 10mg, 20mg, 40mg	
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	
moexipril hydrochloride tablet 15mg, 7.5mg	
perindopril erbumine tablet 2mg, 4mg, 8mg	
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	
trandolapril tablet 1mg, 2mg, 4mg	
Antiarrhythmics	
amiodarone hydrochloride tablet 200mg	
amiodarone hydrochloride tablet 100mg, 400mg	
digoxin solution 0.05mg/ml	
digoxin tablet 125mcg, 250mcg	
digoxin tablet 62.5mcg	
digox tablet 125mcg, 250mcg	
dofetilide capsule 125mcg, 250mcg, 500mcg	
flecainide acetate tablet 100mg, 150mg, 50mg	
mexiletine hydrochloride capsule 150mg	
mexiletine hydrochloride capsule 200mg, 250mg	
MULTAQ TABLET 400MG	
PACERONE TABLET 200MG	
PACERONE TABLET 100MG	
propafenone hcl tablet 150mg, 225mg, 300mg	
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	
propafenone hydrochloride tablet 150mg, 225mg, 300mg	
quinidine sulfate tablet 200mg, 300mg	
sotalol hcl tablet 120mg, 160mg, 240mg	
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	
sotalol hydrochloride tablet 120mg, 160mg, 80mg	
Beta-adrenergic Blocking Agents	
acebutolol hydrochloride capsule 200mg, 400mg	
atenolol tablet 100mg, 25mg, 50mg	
betaxolol hcl tablet 10mg, 20mg	
bisoprolol fumarate tablet 10mg, 5mg	
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	
labetalol hydrochloride tablet 100mg, 200mg, 300mg	

Drug Name	Requirements/Limits
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	
nadolol tablet 20mg, 40mg, 80mg	
nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg	
pindolol tablet 10mg, 5mg	
propranolol hcl tablet 40mg	
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	
Calcium Channel Blocking Agents, Dihydropyridines	
amlodipine besylate tablet 10mg, 2.5mg, 5mg	
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	
isradipine capsule 2.5mg, 5mg	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	
nimodipine capsule 30mg	
Calcium Channel Blocking Agents, Nondihydropyridines	
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	
dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg	
diltiazem hcl cd capsule extended release 24 hour 360mg	
diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	
diltiazem hcl er tablet extended release 24 hour 420mg	
diltiazem hcl tablet 30mg, 60mg	
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	
diltiazem hydrochloride tablet 120mg, 90mg	
matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg	
taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	
verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg	
verapamil hcl er tablet extended release 120mg	
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg	
verapamil hydrochloride er tablet extended release 180mg, 240mg	
verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg	
verapamil hydrochloride tablet 120mg, 40mg, 80mg	
Cardiovascular Agents, Other	

Drug Name	Requirements/Limits
aliskiren tablet 150mg, 300mg	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	
captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	QL (240 EA per 30 days)
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg	
isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg	
ivabradine hydrochloride tablet 5mg, 7.5mg	QL (60 EA per 30 days)
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	
metyrosine capsule 250mg	PA
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	
pentoxifylline er tablet extended release 400mg	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	
ranolazine er tablet extended release 12 hour 1000mg, 500mg	
sacubitril/valsartan tablet 24mg; 26mg	QL (180 EA per 30 days)
sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg	QL (60 EA per 30 days)
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	
trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	

Drug Name	Requirements/Limits
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	
VYNDAMAX CAPSULE 61MG	QL (30 EA per 30 days) PA
Diuretics, Loop	
bumetanide injection 0.25mg/ml	
bumetanide tablet 0.5mg, 1mg, 2mg	
furosemide injection 10mg/ml	
furosemide oral solution 10mg/ml, 40mg/5ml	
furosemide tablet 20mg, 40mg, 80mg	
torsemide tablet 100mg, 10mg, 20mg, 5mg	
Diuretics, Potassium-sparing	
amiloride hcl tablet 5mg	
triamterene capsule 100mg, 50mg	
Diuretics, Thiazide	
chlorthalidone tablet 25mg, 50mg	
hydrochlorothiazide capsule 12.5mg	
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	
indapamide tablet 1.25mg, 2.5mg	
metolazone tablet 10mg, 2.5mg, 5mg	
Dyslipidemics, Fibric Acid Derivatives	
fenofibrate micronized capsule 134mg, 200mg, 67mg	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	
fenofibric acid dr capsule delayed release 135mg, 45mg	
gemfibrozil tablet 600mg	
Dyslipidemics, HMG CoA Reductase Inhibitors	
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	
fluvastatin sodium er tablet extended release 24 hour 80mg	
fluvastatin capsule 20mg, 40mg	
lovastatin tablet 10mg, 20mg, 40mg	
pitavastatin calcium tablet 1mg, 2mg, 4mg	
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	
Dyslipidemics, Other	
cholestyramine light packet 4gm	
cholestyramine light powder 4gm/dose	
cholestyramine packet 4gm	
cholestyramine powder 4gm/dose	
colesevelam hydrochloride tablet 625mg	
colestipol hydrochloride granules 5gm	
colestipol hydrochloride packet 5gm	
colestipol hydrochloride tablet 1gm	
ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	
ezetimibe tablet 10mg	
icosapent ethyl capsule 0.5gm, 1gm	
NEXLETOL TABLET 180MG	QL (30 EA per 30 days) PA
NEXLIZET TABLET 180MG; 10MG	QL (30 EA per 30 days) PA
niacin er tablet extended release 1000mg, 500mg, 750mg	
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	
PRALUENT INJECTION 150MG/ML, 75MG/ML	QL (2 ML per 28 days) PA

Drug Name	Requirements/Limits
prevalite packet 4gm	
prevalite powder 4gm/dose	
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	
eplerenone tablet 25mg, 50mg	
KERENDIA TABLET 10MG, 20MG, 40MG	QL (30 EA per 30 days) PA
spironolactone tablet 100mg, 25mg, 50mg	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)	
dapagliflozin tablet 10mg, 5mg	QL (30 EA per 30 days)
JARDIANCE TABLET 10MG, 25MG	QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous	
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	
isosorbide mononitrate tablet 10mg, 20mg	
nitro-bid ointment 2%	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	
nitroglycerin transdermal ointment 2%	
nitroglycerin solution 0.4mg/spray	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	
VERQUVO TABLET 10MG, 2.5MG, 5MG	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial	
hydralazine hydrochloride tablet 10mg, 25mg, 50mg	
hydralazine hydrochloride tablet 100mg	
minoxidil tablet 10mg, 2.5mg	
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	QL (60 EA per 30 days); Extended-release capsule 10mg
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	QL (60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	QL (60 EA per 30 days); Extended-release capsule 20mg
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	QL (60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	QL (60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	QL (60 EA per 30 days); Extended-release capsule 5mg
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	QL (90 EA per 30 days)

Drug Name	Requirements/Limits
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	QL (120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	QL (180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	QL (180 EA per 30 days)
dextroamphetamine sulfate tablet 5mg	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
atomoxetine hydrochloride capsule 25mg	QL (30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	QL (60 EA per 30 days)
atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	QL (30 EA per 30 days)
atomoxetine capsule 10mg	QL (60 EA per 30 days)
dexmethylphenidate hcl tablet 10mg, 5mg	QL (60 EA per 30 days)
dexmethylphenidate hydrochloride tablet 2.5mg	QL (60 EA per 30 days)
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg	
methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg	QL (30 EA per 30 days)
methylphenidate hydrochloride er (dif) tablet extended release 36mg	QL (60 EA per 30 days)
methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg	QL (30 EA per 30 days)
methylphenidate hydrochloride er (osm) tablet extended release 36mg	QL (60 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 36mg	QL (60 EA per 30 days)
methylphenidate hydrochloride solution 5mg/5ml	
methylphenidate hydrochloride tablet 10mg, 20mg, 5mg	QL (90 EA per 30 days)
Central Nervous System, Other	
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
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	
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
dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg	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

Drug Name	Requirements/Limits
INGREZZA CAPSULE 40MG	QL (60 EA per 30 days) PA
NUEDEXTA CAPSULE 20MG; 10MG	PA
riluzole tablet 50mg	
tetrabenazine tablet 12.5mg	PA
tetrabenazine tablet 25mg	PA
VEOZAH TABLET 45MG	QL (30 EA per 30 days) PA
Fibromyalgia Agents	
milnacipran hydrochloride titration pack miscellaneous 0	QL (110 EA per 365 days)
milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg	QL (60 EA per 30 days)
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
dalfampridine er tablet extended release 12 hour 10mg	QL (60 EA per 30 days) PA
dimethyl fumarate starterpack capsule delayed release therapy pack 0	QL (120 EA per 365 days) PA
dimethyl fumarate capsule delayed release 120mg, 240mg	QL (60 EA per 30 days) PA
fingolimod hydrochloride capsule 0.5mg	QL (30 EA per 30 days) PA
glatiramer acetate injection 40mg/ml	QL (12 ML per 28 days) PA
glatiramer acetate injection 20mg/ml	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	
chlorhexidine gluconate solution 0.12%	
doxycycline hyclate tablet 20mg	
kourzeq paste 0.1%	
lidocaine hydrochloride viscous solution 2%	
lidocaine viscous solution 2%	
oralone dental paste paste 0.1%	
periogard solution 0.12%	
pilocarpine hydrochloride tablet 5mg, 7.5mg	
triamcinolone acetonide dental paste paste 0.1%	
Dermatological Agents	
Acne and Rosacea Agents	
ACCUTANE CAPSULE 10MG, 20MG, 30MG, 40MG	
acitretin capsule 10mg, 17.5mg, 25mg	

Drug Name	Requirements/Limits
adapalene/benzoyl peroxide gel 0.1%; 2.5%	
amnesteem capsule 10mg, 20mg, 30mg, 40mg	
azelaic acid gel 15%	QL (100 GM per 30 days)
claravis capsule 10mg, 20mg, 30mg, 40mg	
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	
erythromycin/benzoyl peroxide gel 5%; 3%	
FINACEA FOAM 15%	QL (50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	
metronidazole cream 0.75%	
metronidazole gel 0.75%	
metronidazole gel 1%	
tazarotene cream 0.1%	QL (60 GM per 30 days)
tretinoin cream 0.025%	PA
tretinoin cream 0.05%	PA
zenatane capsule 10mg, 20mg, 30mg, 40mg	
Dermatitis and Pruritus Agents	
ADBRY INJECTION 150MG/ML	QL (6 ML per 28 days) PA
ADBRY INJECTION 300MG/2ML	QL (8 ML per 28 days) PA
ala-cort cream 1%	
alclometasone dipropionate cream 0.05%	
alclometasone dipropionate ointment 0.05%	
ammonium lactate cream 12%	
ammonium lactate lotion 12%	
betamethasone dipropionate augmented cream 0.05%	
betamethasone dipropionate augmented gel 0.05%	
betamethasone dipropionate augmented lotion 0.05%	
betamethasone dipropionate augmented ointment 0.05%	
betamethasone dipropionate cream 0.05%	
betamethasone dipropionate lotion 0.05%	
betamethasone dipropionate ointment 0.05%	
betamethasone valerate cream 0.1%	
betamethasone valerate lotion 0.1%	
betamethasone valerate ointment 0.1%	
clobetasol propionate emollient base cream 0.05%	
clobetasol propionate cream 0.05%	
clobetasol propionate foam 0.05%	
clobetasol propionate gel 0.05%	
clobetasol propionate ointment 0.05%	
clobetasol propionate shampoo 0.05%	
clobetasol propionate solution 0.05%	
desonide cream 0.05%	
desonide ointment 0.05%	QL (120 GM per 30 days)
desoximetasone cream 0.25%	QL (100 GM per 30 days)
desoximetasone ointment 0.25%	
EBGLYSS INJECTION 250MG/2ML	PA
EUCRISA OINTMENT 2%	PA
fluocinolone acetonide body oil 0.01%	
fluocinolone acetonide scalp oil 0.01%	
fluocinolone acetonide topical oil 0.01%	
fluocinolone acetonide cream 0.01%, 0.025%	
fluocinolone acetonide ointment 0.025%	

Drug Name	Requirements/Limits
fluocinolone acetonide solution 0.01%	
fluocinonide cream 0.1%	QL (120 GM per 30 days)
fluocinonide cream 0.05%	QL (60 GM per 30 days)
fluocinonide gel 0.05%	QL (60 GM per 30 days)
fluocinonide ointment 0.05%	QL (60 GM per 30 days)
fluocinonide solution 0.05%	QL (60 ML per 30 days)
fluticasone propionate cream 0.05%	
fluticasone propionate ointment 0.005%	
halobetasol propionate cream 0.05%	
halobetasol propionate ointment 0.05%	
hydrocortisone valerate cream 0.2%	QL (60 GM per 30 days)
hydrocortisone cream 1%, 2.5%	
hydrocortisone lotion 2.5%	
hydrocortisone ointment 2.5%	
hydrocortisone ointment 1%	QL (100 GM per 30 days)
mometasone furoate cream 0.1%	
mometasone furoate ointment 0.1%	
mometasone furoate solution 0.1%	
pimecrolimus cream 1%	
selenium sulfide lotion 2.5%	
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	QL (4 ML per 28 days) PA
tacrolimus ointment 0.03%, 0.1%	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	
triamcinolone acetonide lotion 0.1%	
triamcinolone acetonide lotion 0.025%	
triamcinolone acetonide ointment 0.025%, 0.1%	
triamcinolone acetonide ointment 0.5%	
triderm cream 0.5%	
Dermatological Agents, Other	
calcipotriene cream 0.005%	QL (120 GM per 30 days)
calcipotriene ointment 0.005%	QL (120 GM per 30 days)
calcipotriene solution 0.005%	QL (60 ML per 30 days)
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	QL (90 GM per 30 days)
diclofenac sodium gel 3%	QL (300 GM per 30 days) ST
FLUOROURACIL CREAM 0.5%	
fluorouracil cream 5%	QL (40 GM per 30 days)
fluorouracil solution 2%, 5%	
imiquimod cream 5%	QL (48 EA per 30 days)
nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm	
nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%	
nystatin/triamcinolone cream 100000unit/gm; 1mg/gm	
nystatin/triamcinolone ointment 100000unit/gm; 0.1%	
OTEZLA TABLET 20MG, 30MG	QL (60 EA per 30 days) PA
podofilox solution 0.5%	
SANTYL OINTMENT 250UNIT/GM	
silver sulfadiazine cream 1%	
ssd cream 1%	
Pediculicides/Scabicides	
malathion lotion 0.5%	

Drug Name	Requirements/Limits
permethrin cream 5%	
Topical Anti-infectives	
acyclovir ointment 5%	QL (60 GM per 30 days)
ciclodan solution 8%	PA
ciclopirox nail lacquer solution 8%	PA
ciclopirox olamine cream 0.77%	
ciclopirox gel 0.77%	
ciclopirox shampoo 1%	
ciclopirox suspension 0.77%	
clindamycin phosphate lotion 1%	QL (75 ML per 30 days)
clindamycin phosphate topical solution 1%	QL (60 ML per 30 days)
ery pad 2%	
erythromycin gel 2%	
erythromycin solution 2%	
mupirocin cream 2%	
mupirocin ointment 2%	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
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	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
carglumic acid tablet soluble 200mg	
dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%	
dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%	
dextrose 5% injection 5%	
klor-con 10 tablet extended release 10meq	
klor-con 8 tablet extended release 8meq	
klor-con m10 tablet extended release 10meq	
klor-con m15 tablet extended release 15meq	
klor-con m20 tablet extended release 20meq	
klor-con packet 20meq	
magnesium sulfate injection 50%	

Drug Name	Requirements/Limits
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
potassium chloride er capsule extended release 10meq, 8meq	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	
potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml	
potassium chloride packet 20meq	
potassium chloride oral solution 10%, 20%	
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	
sodium chloride 0.45% injection 0.45%	
sodium chloride injection 0.45%, 0.9%	
Electrolyte/Mineral/Metal Modifiers	
CHEMET CAPSULE 100MG	
deferasirox packet 180mg, 360mg, 90mg	PA
deferasirox tablet soluble 125mg, 250mg	PA
deferasirox tablet soluble 500mg	PA
deferasirox tablet 90mg	PA
deferasirox tablet 180mg, 360mg	PA
JYNARQUE TABLET 15MG, 30MG	QL (120 EA per 30 days) PA
penicillamine tablet 250mg	
tolvaptan tablet 15mg, 30mg	QL (120 EA per 30 days) PA; (Generic for Jynarque)
trientine hydrochloride capsule 250mg	PA
Phosphate Binders	
calcium acetate capsule 667mg	
calcium acetate tablet 667mg	
VELPHORO TABLET CHEWABLE 500MG	
Potassium Binders	
kionex suspension 15gm/60ml	
LOKELMA PACKET 10GM, 5GM	QL (90 EA per 30 days)
sodium polystyrene sulfonate powder 0	
sodium polystyrene sulfonate suspension 15gm/60ml	
SPS SUSPENSION 15GM/60ML	
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	
Vitamins	
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	
Gastrointestinal Agents	
Anti-Constipation Agents	
constulose solution 10gm/15ml	
enulose solution 10gm/15ml	
generlac solution 10gm/15ml	
lactulose solution 10gm/15ml	

Drug Name	Requirements/Limits
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	QL (30 EA per 30 days)
lubiprostone capsule 24mcg, 8mcg	QL (60 EA per 30 days)
MOVANTIK TABLET 12.5MG, 25MG	QL (30 EA per 30 days)
prucalopride tablet 1mg, 2mg	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	
alosetron hydrochloride tablet 0.5mg	PA
alosetron hydrochloride tablet 1mg	PA
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	
loperamide hydrochloride capsule 2mg	
XERMELO TABLET 250MG	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal	
dicyclomine hcl solution 10mg/5ml	
dicyclomine hydrochloride capsule 10mg	
dicyclomine hydrochloride tablet 20mg	
glycopyrrolate injection 0.4mg/2ml	
glycopyrrolate tablet 1mg, 2mg	PA
Gastrointestinal Agents, Other	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	
CTEXLI TABLET 250MG	PA
gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	
gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	
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
metoclopramide hcl solution 5mg/5ml	
metoclopramide hydrochloride tablet 10mg, 5mg	
nitroglycerin rectal ointment 0.4%	
peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	
peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	
sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	
SUTAB TABLET 225MG; 188MG; 1479MG	
ursodiol capsule 300mg	
ursodiol tablet 250mg, 500mg	
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

Drug Name	Requirements/Limits
Histamine2 (H2) Receptor Antagonists	
famotidine suspension reconstituted 40mg/5ml	
famotidine tablet 20mg, 40mg	
nizatidine capsule 150mg, 300mg	
Protectants	
misoprostol tablet 100mcg, 200mcg	
sucralfate suspension 1gm/10ml	
sucralfate tablet 1gm	
Proton Pump Inhibitors	
esomeprazole magnesium capsule delayed release 20mg, 40mg	QL (60 EA per 30 days)
lansoprazole capsule delayed release 15mg, 30mg	QL (60 EA per 30 days)
omeprazole dr capsule delayed release 10mg	QL (60 EA per 30 days)
omeprazole capsule delayed release 20mg, 40mg	QL (60 EA per 30 days)
pantoprazole sodium tablet delayed release 20mg, 40mg	QL (60 EA per 30 days)
rabeprazole sodium tablet delayed release 20mg	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
betaine anhydrous powder 0	
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	
cromolyn sodium concentrate 100mg/5ml	
CYSTAGON CAPSULE 150MG, 50MG	
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	QL (240 ML per 30 days) PA
FABRAZYME INJECTION 35MG, 5MG	PA
l-glutamine packet 5gm	PA
miglustat capsule 100mg	PA
nitisinone capsule 10mg, 20mg, 2mg, 5mg	
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
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

Drug Name	Requirements/Limits
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	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
cortisone acetate tablet 25mg	
dexamethasone elixir 0.5mg/5ml	
dexamethasone solution 0.5mg/5ml	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	
fludrocortisone acetate tablet 0.1mg	
hydrocortisone tablet 10mg, 20mg, 5mg	
methylprednisolone dose pack tablet therapy pack 4mg	

Drug Name	Requirements/Limits
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	
prednisolone sodium phosphate solution 15mg/5ml	
prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml	
prednisolone solution 15mg/5ml	
prednisone tablet therapy pack 10mg, 5mg	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
desmopressin acetate solution 0.01%	
desmopressin acetate tablet 0.1mg, 0.2mg	
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)	
Androgens	
danazol capsule 100mg, 200mg, 50mg	
testosterone cypionate injection 100mg/ml, 200mg/ml	PA
testosterone enanthate injection 200mg/ml	PA
testosterone pump gel 20.25mg/act	PA
testosterone pump gel 12.5mg/act	PA
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	PA
testosterone gel 25mg/2.5gm, 50mg/5gm	PA
Estrogens	
abigale lo tablet 0.5mg; 0.1mg	
abigale tablet 1mg; 0.5mg	
afirmelle tablet 20mcg; 0.1mg	
altavera tablet 30mcg; 0.15mg	
alyacen 1/35 tablet 35mcg; 1mg	
alyacen 7/7/7 tablet 35mcg; 0	
amabelz tablet 0.5mg; 0.1mg, 1mg; 0.5mg	
amethia tablet 0; 0	QL (91 EA per 91 days)
amethyst tablet 20mcg; 90mcg	
ashlyna tablet 0; 0	QL (91 EA per 91 days)
aubra eq tablet 20mcg; 0.1mg	
aurovela 1.5/30 tablet 30mcg; 1.5mg	
aurovela 1/20 tablet 20mcg; 1mg	
aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
aurovela fe 1/20 tablet 20mcg; 75mg; 1mg	
aviane tablet 20mcg; 0.1mg	
ayuna tablet 0.03mg; 0.15mg	
azurette tablet 0; 0	
balziva tablet 35mcg; 0.4mg	
blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	
blisovi fe 1/20 tablet 20mcg; 75mg; 1mg	
briellyn tablet 35mcg; 0.4mg	

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

Drug Name	Requirements/Limits
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	
lutera 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	
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	
norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg	
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	
nortrel 1/35 tablet 35mcg; 1mg	
nortrel 7/7/7 tablet 35mcg; 0	
nylia 1/35 tablet 35mcg; 1mg	
nylia 7/7/7 tablet 35mcg; 0	

Drug Name	Requirements/Limits
philith tablet 35mcg; 0.4mg	
pimtrea tablet 0; 0	
portia-28 tablet 0.03mg; 0.15mg	
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	
rivelsa tablet 0; 0	QL (91 EA per 91 days)
rosyrah tablet 0; 0	QL (91 EA per 91 days)
setlakin tablet 0.03mg; 0.15mg	QL (91 EA per 91 days)
simliya tablet 0; 0	
simpesse tablet 0; 0	QL (91 EA per 91 days)
sprintec 28 tablet 35mcg; 0.25mg	
sronyx tablet 20mcg; 0.1mg	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	
tri-estarylla tablet 0; 0	
tri-linyah tablet 0; 0	
tri-mili tablet 0; 0	
tri-nymyo tablet 0; 0	
tri-sprintec tablet 0; 0	
tri-vylibra tablet 0; 0	
trivora-28 tablet 0; 0	
turqoz tablet 30mcg; 0.3mg	
VALTYA 1/35 TABLET 35MCG; 1MG	
valtya 1/50 tablet 50mcg; 1mg	
vienva tablet 20mcg; 0.1mg	
viorele tablet 0; 0	
volnea tablet 0; 0	
vyfemla tablet 35mcg; 0.4mg	
vylibra tablet 35mcg; 0.25mg	
wera tablet 35mcg; 0.5mg	
xulane patch weekly 35mcg/24hr; 150mcg/24hr	
yuvafem tablet 10mcg	
zafemy patch weekly 35mcg/24hr; 150mcg/24hr	
zovia 1/35 tablet 35mcg; 1mg	
Progestins	
camila tablet 0.35mg	
deblitane tablet 0.35mg	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	QL (0.65 ML per 90 days)
emzahh tablet 0.35mg	
errin tablet 0.35mg	
gallifrey tablet 5mg	
heather tablet 0.35mg	
incassia tablet 0.35mg	
jencycla tablet 0.35mg	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	
lyleq tablet 0.35mg	
lyza tablet 0.35mg	
medroxyprogesterone acetate injection 150mg/ml	QL (1 ML per 90 days)

Drug Name	Requirements/Limits
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	
megestrol acetate suspension 40mg/ml	
megestrol acetate suspension 625mg/5ml	
megestrol acetate tablet 20mg, 40mg	
meleya tablet 0.35mg	
NEXPLANON INJECTION 68MG	
nora-be tablet 0.35mg	
norethindrone acetate tablet 5mg	
norethindrone tablet 0.35mg	
norlyroc tablet 0.35mg	
orquidea tablet 0.35mg	
progesterone capsule 100mg, 200mg	
sharobel tablet 0.35mg	
Selective Estrogen Receptor Modifying Agents	
OSPHENA TABLET 60MG	QL (30 EA per 30 days) PA
raloxifene hydrochloride tablet 60mg	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
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	
levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
liomny tablet 25mcg, 50mcg, 5mcg	
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	
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)	
Hormonal Agents, Suppressant (Adrenal or Pituitary)	
cabergoline tablet 0.5mg	
FIRMAGON INJECTION 80MG	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	QL (4 EA per 365 days) PA
leuprolide acetate injection 1mg/0.2ml	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

Drug Name	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	QL (1 EA per 84 days) PA
mifepristone tablet 200mg	
mifepristone tablet 300mg	QL (120 EA per 30 days) PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	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)	
Antithyroid Agents	
methimazole tablet 10mg, 5mg	
propylthiouracil tablet 50mg	
Immunological Agents	
Angioedema Agents	
CINRYZE INJECTION 500UNIT	PA
icatibant acetate injection 30mg/3ml	PA
Immunoglobulins	
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
Immunological Agents, Other	
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
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

Drug Name	Requirements/Limits
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
tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg	QL (30 EA per 30 days) PA
tofacitinib citrate solution 1mg/ml	QL (300 ML per 30 days) PA
tofacitinib citrate tablet 10mg, 5mg	QL (60 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
ustekinumab injection 130mg/26ml	QL (104 ML per 365 days) PA
ustekinumab injection 45mg/0.5ml, 90mg/ml	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 PEN INJECTION 500MCG/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
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA
adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml	QL (3 EA per 28 days) PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only

Drug Name	Requirements/Limits
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJECTION 40MG/0.8ML	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	QL (2 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM 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
azathioprine tablet 50mg	B/D
cyclosporine modified capsule 100mg, 25mg, 50mg	B/D
cyclosporine modified solution 100mg/ml	B/D
cyclosporine capsule 100mg, 25mg	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
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	B/D
everolimus tablet 0.25mg	B/D
everolimus tablet 0.5mg, 0.75mg, 1mg	B/D
gengraf capsule 100mg, 25mg	B/D
gengraf solution 100mg/ml	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
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

Drug Name	Requirements/Limits
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
leflunomide tablet 10mg, 20mg	
methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml	
methotrexate sodium tablet 2.5mg	
methotrexate injection 50mg/2ml	
mycophenolate mofetil capsule 250mg	B/D
mycophenolate mofetil suspension reconstituted 200mg/ml	B/D
mycophenolate mofetil tablet 500mg	B/D
mycophenolic acid dr tablet delayed release 180mg, 360mg	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
sirolimus solution 1mg/ml	B/D
sirolimus tablet 0.5mg, 1mg, 2mg	B/D
tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	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)
bcg vaccine injection 50mg	
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	
DENGVAXIA 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
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	
IPOL INACTIVATED IPV INJECTION 0	
IXIARO INJECTION 0	
JYNNEOS INJECTION 0.5ML	

Drug Name	Requirements/Limits
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	
PEDVAXHIB 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	
shingrix injection 50mcg/0.5ml	
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	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
balsalazide disodium capsule 750mg	
mesalamine dr tablet delayed release 1.2gm	
mesalamine er capsule extended release 24 hour 0.375gm	

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

Drug Name	Requirements/Limits
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
sodium chloride 0.9% solution 0.9%	
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	
Ophthalmic Agents, Other	
atropine sulfate solution 1%	
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	
COMBIGAN SOLUTION 0.2%; 0.5%	
cyclosporine emulsion 0.05%	
CYSTARAN SOLUTION 0.44%	QL (60 ML per 28 days)
dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml	
loteprednol etabonate/tobramycin suspension 0.5%; 0.3%	
MIEBO SOLUTION 1.338GM/ML	QL (12 ML per 30 days)
neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	
neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	
neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	

Drug Name	Requirements/Limits
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	
polycin ointment 500unit/gm; 10000unit/gm	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	
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%	
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	
TOBRADEX OINTMENT 0.1%; 0.3%	
tobramycin/dexamethasone suspension 0.1%; 0.3%	
XIIDRA SOLUTION 5%	QL (60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	
Ophthalmic Anti-allergy Agents	
azelastine hcl ophthalmic solution 0.05%	
cromolyn sodium solution 4%	
olopatadine hydrochloride solution 0.2%	
Ophthalmic Anti-Infectives	
bacitracin ointment 500unit/gm	
BESIVANCE SUSPENSION 0.6%	
ciprofloxacin hydrochloride solution 0.3%	
erythromycin ointment 5mg/gm	
gatifloxacin solution 0.5%	
gentamicin sulfate ophthalmic solution 0.3%	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%	
moxifloxacin hydrochloride solution 0.5%	
NATACYN SUSPENSION 5%	
ofloxacin ophthalmic solution 0.3%	
sulfacetamide sodium ointment 10%	
sulfacetamide sodium solution 10%	
tobramycin solution 0.3%	
trifluridine solution 1%	
XDEMVY SOLUTION 0.25%	QL (10 ML per 42 days)
ZIRGAN GEL 0.15%	
Ophthalmic Anti-inflammatories	
bromfenac sodium solution 0.07%	QL (12 ML per 365 days)
dexamethasone sodium phosphate solution 0.1%	
diclofenac sodium ophthalmic solution 0.1%	
FLAREX SUSPENSION 0.1%	
fluorometholone suspension 0.1%	
flurbiprofen sodium solution 0.03%	
ILEVRO SUSPENSION 0.3%	QL (4 ML per 30 days)
ketorolac tromethamine ophthalmic solution 0.5%	
ketorolac tromethamine ophthalmic solution 0.4%	
LOTEMAX SM GEL 0.38%	QL (20 GM per 365 days)
prednisolone acetate suspension 1%	

Drug Name	Requirements/Limits
Ophthalmic Beta-Adrenergic Blocking Agents	
betaxolol hcl solution 0.5%	
carteolol hcl solution 1%	
levobunolol hcl solution 0.5%	
timolol maleate solution 0.25%, 0.5%	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
acetazolamide er capsule extended release 12 hour 500mg	
acetazolamide tablet 125mg, 250mg	
BRIMONIDINE TARTRATE SOLUTION 0.1%	
brimonidine tartrate solution 0.2%	
brinzolamide suspension 1%	
dorzolamide hydrochloride solution 2%	
methazolamide tablet 25mg, 50mg	
pilocarpine hydrochloride solution 1%, 2%, 4%	
RHOPRESSA SOLUTION 0.02%	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs	
latanoprost solution 0.005%	
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	
acetic acid solution 2%	
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	
hydrocortisone/acetic acid solution 2%; 1%	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	
neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml	
ofloxacin otic solution 0.3%	
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)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	QL (120 ML per 30 days) B/D
flunisolide solution 0.025%	QL (50 ML per 30 days)
fluticasone propionate suspension 50mcg/act	
mometasone furoate suspension 50mcg/act	QL (34 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	QL (21.2 GM per 30 days)
Antihistamines	
azelastine hcl nasal solution 0.15%	QL (60 ML per 30 days)

Drug Name	Requirements/Limits
azelastine hydrochloride solution 0.1%	QL (60 ML per 30 days)
cetirizine hydrochloride solution 5mg/5ml	
cyproheptadine hydrochloride tablet 4mg	
diphenhydramine hydrochloride injection 50mg/ml	
hydroxyzine hcl tablet 50mg	
hydroxyzine hydrochloride syrup 10mg/5ml	
hydroxyzine hydrochloride tablet 10mg, 25mg	
hydroxyzine pamoate capsule 100mg, 25mg, 50mg	
levocetirizine dihydrochloride tablet 5mg	
Antileukotrienes	
montelukast sodium packet 4mg	
montelukast sodium tablet chewable 4mg, 5mg	
montelukast sodium tablet 10mg	
zafirlukast tablet 10mg, 20mg	
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)
ipratropium bromide hfa aerosol solution 17mcg/act	QL (25.8 GM per 30 days)
ipratropium bromide nasal solution 0.03%, 0.06%	
ipratropium bromide inhalation solution 0.02%	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)
tiotropium bromide capsule 18mcg	QL (30 EA per 30 days)
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic	
albuterol sulfate hfa aerosol solution 108mcg/act	QL (13.4 GM per 30 days); (6.7 GM Pack Size)
albuterol sulfate hfa aerosol solution 108mcg/act	QL (17 GM per 30 days); (8.5 GM Pack Size)
albuterol sulfate hfa aerosol solution 108mcg/act	QL (48 GM per 30 days); (18 GM Pack Size)
albuterol sulfate nebulization solution 2.5mg/0.5ml	QL (100 EA per 30 days) B/D
albuterol sulfate nebulization solution 0.083%	QL (525 ML per 30 days) B/D
albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml	QL (375 ML per 30 days) B/D
arformoterol tartrate nebulization solution 15mcg/2ml	QL (120 ML per 30 days) PA
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	
formoterol fumarate nebulization solution 20mcg/2ml	QL (120 ML per 30 days) B/D
levalbuterol hcl nebulization solution 1.25mg/3ml	QL (270 ML per 30 days) B/D
levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml	QL (540 ML per 30 days) B/D
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	QL (540 ML per 30 days) B/D
levalbuterol tartrate hfa aerosol 45mcg/act	QL (30 GM per 30 days)
levalbuterol nebulization solution 1.25mg/0.5ml	QL (90 EA per 30 days) B/D
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

Drug Name	Requirements/Limits
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
tobramycin nebulization solution 300mg/5ml	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	QL (84 EA per 28 days) PA
Mast Cell Stabilizers	
cromolyn sodium nebulization solution 20mg/2ml	B/D
Phosphodiesterase Inhibitors, Airways Disease	
roflumilast tablet 250mcg, 500mcg	PA
theophylline er tablet extended release 12 hour 300mg, 450mg	
theophylline er tablet extended release 24 hour 400mg, 600mg	
Pulmonary Antihypertensives	
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	QL (90 EA per 30 days) PA
alyq tablet 20mg	QL (60 EA per 30 days) PA
ambrisentan tablet 10mg, 5mg	QL (30 EA per 30 days) PA
macitentan tablet 10mg	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
riociguat tablet 0.5mg, 1.5mg, 1mg, 2.5mg, 2mg	QL (90 EA per 30 days) PA
sildenafil citrate tablet 20mg	QL (90 EA per 30 days) PA; (20mg)
tadalafil tablet 20mg	QL (60 EA per 30 days) PA
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	QL (270 ML per 30 days) PA
WINREVAIR INJECTION 45MG, 60MG	QL (1 EA per 21 days) PA
Pulmonary Fibrosis Agents	
nintedanib esylate capsule 100mg, 150mg	PA
OFEV CAPSULE 100MG, 150MG	PA
pirfenidone capsule 267mg	PA
pirfenidone tablet 267mg, 534mg, 801mg	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)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	QL (60 EA per 30 days)
breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	QL (10.3 GM per 30 days)

Drug Name	Requirements/Limits
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
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	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
fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	QL (60 EA per 30 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	QL (60 EA per 30 days)
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	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)
wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	QL (60 EA per 30 days)
Skeletal Muscle Relaxants	
Skeletal Muscle Relaxants	
cyclobenzaprine hydrochloride tablet 10mg, 5mg	PA
methocarbamol tablet 500mg, 750mg	
orphenadrine citrate er tablet extended release 12 hour 100mg	
Sleep Disorder Agents	
Sleep Promoting Agents	
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	QL (30 EA per 30 days)
eszopiclone tablet 1mg, 2mg, 3mg	QL (30 EA per 30 days)
ramelteon tablet 8mg	QL (30 EA per 30 days)
temazepam capsule 15mg, 30mg	QL (30 EA per 30 days)
zaleplon capsule 5mg	QL (30 EA per 30 days)
zaleplon capsule 10mg	QL (60 EA per 30 days)
zolpidem tartrate er tablet extended release 12.5mg, 6.25mg	QL (30 EA per 30 days)
zolpidem tartrate tablet 10mg, 5mg	QL (30 EA per 30 days)
Wakefulness Promoting Agents	
armodafinil tablet 150mg, 200mg, 250mg	QL (30 EA per 30 days) PA
armodafinil tablet 50mg	QL (60 EA per 30 days) PA

Drug Name	Requirements/Limits
modafinil tablet 100mg, 200mg	QL (30 EA per 30 days) PA
sodium oxybate solution 500mg/ml	QL (540 ML per 30 days) PA

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