



Kansas City

MISSOURI ACA MEMBER
INDIVIDUAL AND SMALL GROUP (2-50)

2022

PRESCRIPTION DRUG LIST

Please see the benefit schedule in your member certificate for member cost sharing associated with Generic and Brand (Preferred and Non Preferred) drugs.

List of Abbreviations for Prescription Drugs

Drug Category:

CM	Oral Chemo Drug
1	Generic Drug
2	Preferred Drug
3	Non-Preferred Drug
4	Generic Specialty Drug and Preferred Specialty Drug
5	Non-Preferred Specialty Drug
PV	Affordable Care Act. These preventative drugs may be covered at no cost (check your benefits to confirm).
PV*	Available at \$0 if Health Care Reform copay waiver is approved.
PA	Prior Authorization. The Plan requires you or your physician to get your prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, your plan may not cover the drug.
ST	Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
QL	Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

*Your plan has tobacco use coverage through the Routine Preventive Care benefit. Tobacco use includes two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.

Tier Exception Requests for Contraceptives & HIV Pre-Exposure Prophylaxis (PrEP)

If, for medical reasons, you need a contraceptive or HIV PrEP medication that is not included on these Preventive Service list(s), you may request an exception to waive the otherwise applicable cost sharing for your medication. To request an exception, your doctor must complete and submit one online at bluekc.com.

Syringe and Needle Coverage

Syringes and needles are covered by prescription only, and only for members taking medications requiring injection. Techlite/Arkray supplies are covered at \$0 cost; all other syringe/needle products are covered at a non-preferred brand copay.

Blue Cross and Blue Shield of Kansas City

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Drug Name	Drug Category	Limits/ Required
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
adult aspirin regimen	1	PV
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin ec oral tablet delayed release 325 mg	1	PV
aspirin low dose	1	PV
aspirin oral tablet	1	PV
aspirin oral tablet delayed release	1	PV
aspirin regimen	1	PV
celecoxib oral	1	QL (2 EA per 1 day)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	1	QL (33.33 GM per 1 day)
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
diflunisal oral	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
fenopropfen calcium oral capsule 400 mg	3	
fenopropfen calcium oral tablet	3	
flurbiprofen oral	1	
genuine aspirin	1	PV

Drug Name	Drug Category	Limits/ Required
goodsense aspirin adults	1	PV
goodsense aspirin low dose	1	PV
ibuprofen oral suspension 100 mg/5ml	1	
indomethacin er	1	
indomethacin oral capsule 50 mg	1	
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular	1	
ketorolac tromethamine oral	1	QL (20 EA per 5 days)
mefenamic acid oral	3	
mm aspirin	1	PV
nabumetone oral	1	
naproxen oral tablet 250 mg	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin	1	
piroxicam oral	1	
ST JOSEPH LOW DOSE	3	PV
sulindac oral	1	
Opioid Analgesics, Long-acting		
buprenorphine	3	PA; QL (0.15 EA per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	1	PA; QL (1 EA per 1 day)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr	1	PA; QL (0.5 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	PA; QL (1 EA per 1 day)
hydromorphone hcl er	3	PA; QL (2 EA per 1 day)
methadone hcl injection	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
methadose oral tablet soluble	1	
mitigo	3	
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; QL (3 EA per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; QL (3 EA per 1 day)
NUCYNTA ER	3	PA; QL (2 EA per 1 day)
OXYCONTIN	2	PA; QL (4 EA per 1 day)
oxymorphone hcl er	3	PA; QL (4 EA per 1 day)
tramadol hcl er (biphasic)	3	PA; QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour	3	PA; QL (1 EA per 1 day)
XTAMPZA ER	2	PA; QL (4 EA per 1 day)
Opioid Analgesics, Short-acting		
acetaminophen-codeine #2	1	QL (13 EA per 1 day)
acetaminophen-codeine #3	1	QL (13 EA per 1 day)
acetaminophen-codeine #4	1	QL (10 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
acetaminophen-codeine oral solution	1	QL (166.5 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (10 EA per 1 day)
apap-caff-dihydrocodeine	3	PA; QL (12 EA per 1 day)
ascomp-codeine	3	
bac	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	3	
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	3	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	3	QL (2.5 ML per 1 fill)
codeine sulfate oral tablet 15 mg	1	QL (40 EA per 1 day)
codeine sulfate oral tablet 30 mg	1	QL (20 EA per 1 day)
codeine sulfate oral tablet 60 mg	1	QL (10 EA per 1 day)
duramorph injection solution 0.5 mg/ml	3	
endocet oral tablet 10-325 mg	1	QL (6 EA per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
endocet oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
fentanyl citrate buccal lozenge on a handle	3	PA; QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
hydrocodone-acetaminophen oral solution	1	QL (180 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg	1	QL (9 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (16 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (12 EA per 1 day)
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	3	
hydromorphone hcl oral liquid	1	QL (22.5 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	1	QL (11 EA per 1 day)
hydromorphone hcl oral tablet 4 mg	1	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 8 mg	1	QL (2 EA per 1 day)
hydromorphone hcl pf	3	
morphine sulfate (concentrate)	1	QL (4.5 ML per 1 day)
morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml	3	
morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml	1	

Drug Name	Drug Category	Limits/ Required
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	
morphine sulfate oral solution 10 mg/5ml	1	QL (45 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml	1	QL (22.5 ML per 1 day)
morphine sulfate oral tablet 15 mg	1	QL (6 EA per 1 day)
morphine sulfate oral tablet 30 mg	1	QL (3 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG	3	PA; QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	3	PA; QL (2 EA per 1 day)
oxycodone hcl oral capsule	1	QL (12 EA per 1 day)
oxycodone hcl oral solution	1	QL (60 ML per 1 day)
oxycodone hcl oral tablet 10 mg	1	QL (6 EA per 1 day)
oxycodone hcl oral tablet 15 mg	1	QL (4 EA per 1 day)
oxycodone hcl oral tablet 20 mg	1	QL (3 EA per 1 day)
oxycodone hcl oral tablet 30 mg	1	QL (2 EA per 1 day)
oxycodone hcl oral tablet 5 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	1	QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	1	QL (3 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
pentazocine-naloxone hcl	1	QL (10 EA per 1 day)
tramadol hcl oral tablet 50 mg	1	QL (8 EA per 1 day)
tramadol-acetaminophen	1	QL (8 EA per 1 day)
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	3	
disulfiram oral	3	
naltrexone hcl oral	1	
VIVITROL	5	
Opioid Dependence Treatments		
buprenorphine hcl injection	1	
buprenorphine hcl sublingual tablet sublingual 2 mg	1	QL (12 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (3 EA per 1 day)
Opioid Reversal Agents		
KLOXXADO	2	
naloxone hcl injection	1	
naloxone hcl nasal	1	
NARCAN	2	
Smoking Cessation Agents		
APO-VARENICLINE	3	ST; PV; QL (180 EA per 365 days)
bupropion hcl er (smoking det)	1	PV; QL (180 EA per 365 days)
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL (180 EA per 365 days)
habitrol	1	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT LOZENGE 4 MG	3	PV; QL (180 EA per 365 days)

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Drug Name	Drug Category	Limits/ Required
nicotine polacrilex mini	1	PV; QL (180 EA per 365 days)
nicotine polacrilex mouth/throat	1	PV; QL (180 EA per 365 days)
nicotine step 1	1	PV; QL (180 EA per 365 days)
nicotine step 2	1	PV; QL (180 EA per 365 days)
nicotine step 3	1	PV; QL (180 EA per 365 days)
nicotine transdermal kit	1	PV; QL (180 EA per 365 days)
NICOTROL	3	ST; PV; QL (180 EA per 365 days)
NICOTROL NS	3	ST; PV; QL (180 ML per 365 days)
varenicline tartrate	1	PV; QL (180 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection	1	
gentamicin sulfate external	1	
paromomycin sulfate oral	1	
streptomycin sulfate intramuscular	3	
Antibacterials, Other		
ALTABAX	3	
aztreonam	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	

Drug Name	Drug Category	Limits/ Required
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
fosfomycin tromethamine	3	
iodine tincture external tincture 2 %	1	
linezolid oral suspension reconstituted	3	QL (32.2 ML per 1 day)
linezolid oral tablet	3	QL (28 EA per 30 days)
mafenide acetate external	1	
methenamine hippurate	3	
metronidazole vaginal	1	
mupirocin external	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals	1	
polymyxin b sulfate injection	1	
silver sulfadiazine external	1	
ssd	1	
vancomycin hcl oral capsule 125 mg	3	QL (4 EA per 1 day)
vancomycin hcl oral capsule 250 mg	3	QL (8 EA per 1 day)
vancomycin hcl oral solution reconstituted	3	QL (40 ML per 1 day)
vandazole	1	
XEPI	3	
XIFAXAN	3	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefaclor er	1	

Drug Name	Drug Category	Limits/ Required
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefazolin sodium injection solution reconstituted	1	
cefdinir	1	
cefepime hcl injection	1	
cefotetan disodium	1	
cefpodoxime proxetil	3	
cefprozil	1	
ceftazidime injection	1	
ceftriaxone sodium injection	1	
cefuroxime axetil	1	
cephalexin oral suspension reconstituted	1	
tazicef injection	1	
Beta-lactam, Penicillins		
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	3	
ampicillin	1	
ampicillin sodium injection	1	
ampicillin-sulbactam sodium injection	1	
BICILLIN L-A	3	
nafcillin sodium injection	1	
oxacillin sodium injection	1	
penicillin g potassium injection solution reconstituted 20000000 unit	1	
Carbapenems		
ertapenem sodium	3	

Drug Name	Drug Category	Limits/ Required
Macrolides		
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFICID ORAL TABLET	3	
erythromycin base oral	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 750 mg	1	
levofloxacin oral	1	
moxifloxacin hcl oral	1	
ofloxacin oral	1	
Sulfonamides		
sulfadiazine oral	3	
Tetracyclines		
avidoxy	1	
demeclocycline hcl	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	

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Drug Name	Drug Category	Limits/ Required
minocycline hcl oral capsule	1	
mondoxyne nl	1	
tetracycline hcl oral	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	3	ST
EPIDIOLEX	5	PA
levetiracetam er	1	
levetiracetam oral	1	
roweepra	1	
Calcium Channel Modifying Agents		
CELONTIN	3	
ethosuximide oral	1	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam	1	PA
DIACOMIT	5	PA
diazepam rectal	1	QL (2 EA per 1 fill)
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
tiagabine hcl	1	
Glutamate Reducing Agents		
felbamate	1	
FYCOMPA	3	

Drug Name	Drug Category	Limits/ Required
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
topiramate er	1	
topiramate oral	1	
Sodium Channel Agents		
carbamazepine er	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet chewable	1	
DILANTIN ORAL CAPSULE 30 MG	3	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
lacosamide oral solution	1	
lacosamide oral tablet	3	
oxcarbazepine	1	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
rufinamide	1	PA
VIMPAT ORAL	3	

Drug Name	Drug Category	Limits/ Required
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL (1 EA per 1 day)
Cholinesterase Inhibitors		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	
rivastigmine tartrate	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl	1	
memantine hcl er	3	QL (1 EA per 1 day)
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr)	1	QL (2 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (1 EA per 1 day)
bupropion hcl oral	1	
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1	QL (3 EA per 1 day)
perphenazine-amitriptyline	1	

Drug Name	Drug Category	Limits/ Required
Monoamine Oxidase Inhibitors		
EMSAM	3	ST; QL (1 EA per 1 day)
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
desvenlafaxine succinate er	3	QL (1 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (3 EA per 1 day)
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL (1 EA per 1 day)
FETZIMA TITRATION	3	ST; QL (56 EA per 365 days)
fluvoxamine maleate	3	
fluvoxamine maleate er	3	QL (2 EA per 1 day)
nefazodone hcl	3	
paroxetine mesylate	1	QL (1 EA per 1 day)
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 300 mg	3	
TRINTELLIX	3	ST; QL (1 EA per 1 day)
venlafaxine hcl	1	

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Drug Name	Drug Category	Limits/ Required
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	3	PA; QL (1 EA per 1 day)
VIIBRYD STARTER PACK	3	PA; QL (30 EA per 1 fill)
vilazodone hcl	1	PA; QL (1 EA per 1 day)
Tricyclics		
amitriptyline hcl oral	3	
amoxapine	3	
clomipramine hcl oral	3	
desipramine hcl oral	3	
doxepin hcl oral capsule	3	
doxepin hcl oral concentrate	3	
imipramine hcl oral	1	
imipramine pamoate	3	
nortriptyline hcl oral solution	3	
protriptyline hcl	3	
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, Other		
compro	3	
dimenhydrinate injection	1	
droperidol injection	1	
metoclopramide hcl injection	1	
perphenazine oral	1	
prochlorperazine	3	
prochlorperazine maleate oral tablet 5 mg	1	
scopolamine	1	

Drug Name	Drug Category	Limits/ Required
Emetogenic Therapy Adjuncts		
AKYNZEO ORAL	3	QL (0.07 EA per 1 day)
ANZEMET	3	QL (0.07 EA per 1 day)
aprepitant oral capsule 125 mg	3	QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	3	QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	3	QL (4 EA per 30 days)
dronabinol	3	PA; QL (2 EA per 1 day)
granisetron hcl oral	1	QL (0.13 EA per 1 day)
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL (4 ML per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
econazole nitrate external	1	
ERTACZO	3	PA
flucytosine oral	1	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1	3	

Drug Name	Drug Category	Limits/ Required
itraconazole oral capsule	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
LULICONAZOLE	3	PA
MENTAX	3	PA
miconazole 3	1	
naftifine hcl	1	
nyamyc	1	
nystatin external ointment	1	
nystatin external powder	1	
nystatin mouth/throat	1	
nystatin oral	3	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	3	
posaconazole	3	PA
SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
tavaborole	1	PA
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA
Antigout Agents		
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
probenecid	1	

Drug Name	Drug Category	Limits/ Required
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (0.04 ML per 1 day)
AIMOVIG	2	PA; QL (0.07 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL (0.1 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	PA; QL (0.04 ML per 1 day)
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	PA; QL (0.86 ML per 1 day)
ergotamine-caffeine	3	PA
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	QL (0.4 EA per 1 day)
eletriptan hydrobromide	3	QL (0.4 EA per 1 day)
naratriptan hcl	1	QL (0.3 EA per 1 day)
rizatriptan benzoate	1	QL (0.6 EA per 1 day)
sumatriptan succinate oral	1	QL (0.3 EA per 1 day)
sumatriptan succinate refill subcutaneous solution cartridge	3	QL (0.17 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
sumatriptan succinate subcutaneous solution	1	QL (0.17 ML per 1 day)
sumatriptan succinate subcutaneous solution auto-injector	3	QL (0.17 ML per 1 day)
sumatriptan-naproxen sodium	3	QL (0.3 EA per 1 day)
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	ST; QL (0.4 EA per 1 day)
zolmitriptan nasal solution 5 mg	1	QL (0.4 EA per 1 day)
zolmitriptan oral	1	QL (0.4 EA per 1 day)
ZOMIG NASAL	3	ST; QL (0.4 EA per 1 day)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er	1	
pyridostigmine bromide oral	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	3	
rifabutin	3	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral syrup	1	
isoniazid oral tablet 100 mg	1	
PASER	3	
PRIFTIN	3	
pyrazinamide oral	1	
rifampin oral	1	
SIRTURO	3	

Drug Name	Drug Category	Limits/ Required
TRECTOR	3	
Antineoplastics		
Alkylating Agents		
cyclophosphamide injection	4	
cyclophosphamide oral capsule	CM	
CYCLOPHOSPHAMID E ORAL TABLET	CM	
GLEOSTINE	CM	
LEUKERAN	CM	
MATULANE	CM	
melphalan	CM	
MYLERAN	CM	
temozolomide	CM	PA
Antiandrogens		
abiraterone acetate	CM	PA
bicalutamide	CM	
flutamide	CM	
nilutamide	CM	
ORGOVYX	CM	PA
XTANDI	CM	PA
Antiangiogenic Agents		
lenalidomide	CM	PA
POMALYST	CM	PA
REVLIMID	CM	PA
THALOMID	CM	PA
Antiestrogens/Modifiers		
EMCYT	CM	
SOLTAMOX	CM	PV*
tamoxifen citrate oral tablet 10 mg	CM	
tamoxifen citrate oral tablet 20 mg	CM	PV*
toremifene citrate	CM	
Antimetabolites		
capecitabine	CM	PA

Drug Name	Drug Category	Limits/ Required
DROXIA	3	
hydroxyurea oral	CM	
mercaptopurine oral	CM	
TABLOID	CM	
Antineoplastics, Other		
AMELUZ	3	
diclofenac sodium external gel 3 %	1	ST; QL (10 GM per 1 day)
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
leucovorin calcium injection	1	
leucovorin calcium oral	CM	
NINLARO	CM	PA
ONUREG	CM	PA
PIQRAY	CM	PA
ROZLYTREK	CM	PA
SYNRIBO	5	PA
ZOLINZA	CM	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	CM	PV*
exemestane	CM	PV*
letrozole oral	CM	
Enzyme Inhibitors		
etoposide oral	CM	
HYCAMTIN ORAL	CM	
RUBRACA	CM	PA
Molecular Target Inhibitors		
AFINITOR DISPERZ	CM	PA
ALECENSA	CM	PA
BOSULIF	CM	PA
CABOMETYX	CM	PA

Drug Name	Drug Category	Limits/ Required
CAPRELSA ORAL TABLET 100 MG	CM	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	CM	PA
COMETRIQ	CM	PA
COTELLIC	CM	PA
ERIVEDGE	CM	PA
erlotinib hcl oral tablet 100 mg, 150 mg	CM	PA
erlotinib hcl oral tablet 25 mg	CM	PA; QL (3 EA per 1 day)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CM	PA; QL (1 EA per 1 day)
everolimus oral tablet soluble	CM	PA
GILOTRIF	CM	PA; QL (1 EA per 1 day)
IBRANCE	CM	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	CM	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	CM	PA
imatinib mesylate	CM	PA
IMBRUVICA ORAL CAPSULE 140 MG	CM	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	CM	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	5	PA
IMBRUVICA ORAL TABLET	CM	PA; QL (1 EA per 1 day)
INLYTA	CM	PA
JAKAFI ORAL TABLET 10 MG	CM	PA; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	CM	PA
KOSELUGO	CM	PA
lapatinib ditosylate	CM	PA

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Drug Name	Drug Category	Limits/ Required
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	CM	PA
LYNPARZA	CM	PA
MEKINIST	CM	PA
NEXAVAR	CM	PA
QINLOCK	CM	PA
RETEVMO	CM	PA
RYDAPT	CM	PA
sorafenib tosylate	CM	PA
SPRYCEL	CM	PA
STIVARGA	CM	PA
sunitinib malate	CM	PA
SUTENT	CM	PA
TABRECTA	CM	PA
TAFINLAR	CM	PA
TAGRISSE ORAL TABLET 40 MG	CM	PA; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 80 MG	CM	PA
TASIGNA	CM	PA
TUKYSA	CM	PA
TURALIO	CM	PA
VENCLEXTA	CM	PA
VENCLEXTA STARTING PACK	CM	PA
VOTRIENT	CM	PA
XALKORI	CM	PA
ZELBORAF	CM	PA
ZYDELIG	CM	PA
ZYKADIA	CM	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
RITUXAN HYCELA	5	PA

Drug Name	Drug Category	Limits/ Required
Retinoids		
bexarotene external	4	PA
bexarotene oral	CM	PA
PANRETIN	3	
TARGRETIN EXTERNAL	5	PA
tretinoin oral	CM	
Treatment Adjuncts		
MESNEX ORAL	CM	
Antiparasitics		
Anthelmintics		
albendazole oral	3	PA
EMVERM	2	
ivermectin oral	1	PA; QL (20 EA per 1 fill)
praziquantel oral	3	
Antiprotozoals		
atovaquone	3	
atovaquone-proguanil hcl oral tablet 250-100 mg	3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	1	
BENZNIDAZOLE	3	
chloroquine phosphate oral	3	
COARTEM	3	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	1	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	3	
pentamidine isethionate	1	
primaquine phosphate	1	
pyrimethamine oral	4	PA
quinine sulfate oral	3	PA

Drug Name	Drug Category	Limits/ Required
Pediculicides/Scabicides		
crotan	1	
lindane	3	
malathion	1	
permethrin external	1	
spinosad	1	
sulfurated lime	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate injection	1	
trihexyphenidyl hcl oral solution	1	
trihexyphenidyl hcl oral tablet 5 mg	1	
Antiparkinson Agents, Other		
amantadine hcl oral	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
tolcapone	1	
Dopamine Agonists		
APOKYN	5	PA; QL (3 ML per 1 day)
apomorphine hcl subcutaneous	4	PA; QL (3 ML per 1 day)
bromocriptine mesylate oral	1	
NEUPRO	3	ST
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
ropinirole hcl	1	
ropinirole hcl er	1	

Drug Name	Drug Category	Limits/ Required
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	1	
selegiline hcl oral	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	3	
fluphenazine hcl oral tablet	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate	1	
haloperidol oral tablet 10 mg, 20 mg	1	
loxapine succinate	3	
pimozide	1	
thioridazine hcl oral	1	
thiothixene	3	
trifluoperazine hcl	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL (1 EA per 1 day)
asenapine maleate	1	QL (2 EA per 1 day)
FANAPT	3	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK	3	ST; QL (8 EA per 180 days)
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	

Drug Name	Drug Category	Limits/ Required
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL (1 EA per 1 day)
LATUDA ORAL TABLET 80 MG	3	PA; QL (2 EA per 1 day)
olanzapine intramuscular	3	
olanzapine oral tablet	1	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	3	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	3	QL (2 EA per 1 day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	3	QL (2 EA per 1 day)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	3	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (2 EA per 1 day)
REXULTI	3	QL (1 EA per 1 day)
RISPERDAL CONSTA	3	
risperidone oral tablet	1	QL (2 EA per 1 day)
ziprasidone hcl	3	QL (2 EA per 1 day)
Treatment-Resistant		
clozapine oral tablet 100 mg, 25 mg	3	QL (9 EA per 1 day)
clozapine oral tablet 200 mg	3	QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
clozapine oral tablet 50 mg	3	QL (6 EA per 1 day)
Antivirals		
LAGEVRIO	3	QL (8 EA per 1 day)
PAXLOVID (150/100)	3	QL (4 EA per 1 day)
PAXLOVID (300/100)	3	QL (6 EA per 1 day)
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE ORAL SOLUTION	5	QL (21 ML per 1 day)
entecavir	4	QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION	4	
lamivudine oral tablet 100 mg	4	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG	4	PA; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	4	PA; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET	4	PA; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG	4	PA; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG	4	PA; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG	4	PA; QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
MAVYRET ORAL PACKET	4	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	4	PA; QL (3 EA per 1 day)
PEGASYS	4	PA
ribavirin oral	4	
ZEPATIER	5	PA; QL (1 EA per 1 day)
Anti-hepatitis C (HCV) Agents, Other		
INTRON A	5	PA
Antitherpetic Agents		
acyclovir external ointment	1	
acyclovir oral suspension	3	
famciclovir oral	1	
valacyclovir hcl oral	1	QL (4 EA per 1 day)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	QL (1 EA per 1 day)
DOVATO	2	QL (1 EA per 1 day)
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL (1 EA per 1 day)
TIVICAY	2	
TIVICAY PD	2	
TYBOST	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	2	QL (1 EA per 1 day)
EDURANT	2	
efavirenz	3	

Drug Name	Drug Category	Limits/ Required
efavirenz-emtricitab-tenofo df	3	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir	3	QL (1 EA per 1 day)
etravirine	1	
INTELENCE ORAL TABLET 25 MG	2	
nevirapine	3	
nevirapine er	3	
PIFELTRO	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine	1	QL (1 EA per 1 day)
CIMDUO	2	QL (1 EA per 1 day)
emtricitabine	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	3	PV*; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution	3	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	1	QL (1 EA per 1 day)
ODEFSEY	3	QL (1 EA per 1 day)
stavudine	1	
tenofovir disoproxil fumarate	1	PV*

Drug Name	Drug Category	Limits/ Required
TRIUMEQ	2	QL (1 EA per 1 day)
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
zidovudine	3	
Anti-HIV Agents, Other		
FUZEON	2	
maraviroc	1	PA
RUKOBIA	2	
SELZENTRY	2	PA
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	2	
atazanavir sulfate	3	
EVOTAZ	2	QL (1 EA per 1 day)
fosamprenavir calcium	3	
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet	1	
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
PREZCOBIX	2	QL (1 EA per 1 day)
PREZISTA	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
SYMTUZA	3	QL (1 EA per 1 day)
VIRACEPT	2	
Anti-influenza Agents		
oseltamivir phosphate oral capsule 30 mg	3	QL (40 EA per 365 days)

Drug Name	Drug Category	Limits/ Required
oseltamivir phosphate oral capsule 45 mg, 75 mg	3	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	3	QL (360 ML per 365 days)
RELENZA DISKHALER	3	QL (40 EA per 365 days)
rimantadine hcl	1	
Anxiolytics		
Anxiolytics, Other		
bupirone hcl oral tablet 15 mg, 30 mg	1	
hydroxyzine hcl intramuscular	1	
hydroxyzine pamoate oral capsule 100 mg	3	
meprobamate	3	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	1	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	1	QL (3 EA per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (4 EA per 1 day)
alprazolam oral tablet 2 mg	1	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	1	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 3 mg	1	QL (3 EA per 1 day)
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (4 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	1	QL (10 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg	1	QL (6 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (24 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (12 EA per 1 day)
diazepam intensol	1	
diazepam oral	1	
estazolam	1	QL (1 EA per 1 day)
lorazepam injection	1	
lorazepam intensol	3	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	3	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
lorazepam oral tablet 2 mg	1	QL (5 EA per 1 day)
oxazepam	3	QL (4 EA per 1 day)
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	1	
divalproex sodium oral	1	
Blood Glucose Monitoring		
CHEMSTRIP 10 MD	3	
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	

Drug Name	Drug Category	Limits/ Required
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR	2	
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT TEST STRIPS	2	QL (10 EA per 1 day)
CONTOUR TEST STRIPS	2	QL (10 EA per 1 day)
CVS KETONE CARE	3	
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	3	
BYDUREON BCISE AUTOINJECTOR	2	ST; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN	2	ST; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN	2	ST; QL (0.04 ML per 1 day)
FARXIGA	2	ST
glipizide-metformin hcl	3	
glyburide-metformin	3	
GLYXAMBI	2	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST

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Drug Name	Drug Category	Limits/ Required
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er oral tablet extended release 24 hour 750 mg	1	
miglitol	3	
nateglinide	3	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	ST; QL (0.06 ML per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	ST; QL (0.11 ML per 1 day)
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	3	
pioglitazone hcl-metformin hcl	3	
repaglinide	3	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	ST; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	ST; QL (60 EA per 365 days)
SOLIQUA	2	ST; QL (0.6 ML per 1 day)
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	ST; QL (0.08 ML per 1 day)
VICTOZA	2	ST; QL (0.3 ML per 1 day)
XIGDUO XR	2	ST
XULTOPHY	2	ST; QL (0.5 ML per 1 day)
Glycemic Agents		
diazoxide oral	1	

Drug Name	Drug Category	Limits/ Required
glucagon emergency kit	1	
GLUCAGON EMERGENCY KIT	2	
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	2	
HUMULIN R VIAL	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR U-100 FLEXTOUCH	3	PA
LEVEMIR U-100 VIAL	3	PA
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA

Drug Name	Drug Category	Limits/ Required
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate	1	QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK	2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	2	QL (3 EA per 1 day)
enoxaparin sodium	4	QL (35 ML per 180 days)
fondaparinux sodium	4	QL (35 ML per 180 days)
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	1	
PRADAXA	2	QL (2 EA per 1 day)
SAVAYSA	3	QL (1 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (2 EA per 1 day)
XARELTO STARTER PACK	2	QL (102 EA per 365 days)
ZONTIVITY	3	
Blood Formation Modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA

Drug Name	Drug Category	Limits/ Required
MOZOBIL	4	PA; QL (9.6 ML per 365 days)
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
NIVESTYM	4	PA
PROCRIPT	4	PA
PROMACTA	5	PA
PYRUKYND	5	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK	5	PA; QL (1 EA per 1 day)
REBLOZYL	5	PA
RETACRIT	4	PA
Hemostasis Agents		
aminocaproic acid oral tablet	1	
HEMLIBRA	5	
Platelet Modifying Agents		
aspirin-dipyridamole er	3	
BRILINTA	2	
CABLIVI	5	PA; QL (1 EA per 1 day)
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	3	
clonidine hcl oral tablet 0.3 mg	1	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hcl oral	1	

Drug Name	Drug Category	Limits/ Required
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
irbesartan	1	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
captopril oral	1	
moexipril hcl	1	
perindopril erbumine	1	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate	1	
dofetilide	3	
flecainide acetate	1	
mexiletine hcl oral	1	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
quinidine sulfate	1	
sorine oral tablet 120 mg, 160 mg, 240 mg	1	
sotalol hcl (af)	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	1	
betaxolol hcl oral	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
nebivolol hcl	1	

Drug Name	Drug Category	Limits/ Required
pindolol	3	
propranolol hcl er	3	
propranolol hcl oral solution	1	
propranolol hcl oral tablet 60 mg	1	
timolol maleate oral	3	
Calcium Channel Blocking Agents		
cartia xt	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	
nimodipine oral	3	
taztia xt	1	
tiadyt er	1	
verapamil hcl er oral capsule extended release 24 hour	3	
verapamil hcl er oral tablet extended release	1	

Drug Name	Drug Category	Limits/ Required
verapamil hcl oral tablet 40 mg	1	
Cardiovascular Agents, Other		
aliskiren fumarate	3	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	3	
benazepril-hydrochlorothiazide	1	
CORLANOR ORAL SOLUTION	3	PA; QL (15 ML per 1 day)
CORLANOR ORAL TABLET	3	PA; QL (2 EA per 1 day)
DEMSEER	3	
digoxin oral solution	3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	
ENTRESTO	2	QL (2 EA per 1 day)
epinephrine injection solution	1	
epinephrine pf	1	
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	
olmesartan medoxomil-hctz	1	
pentoxifylline er	1	
quinapril-hydrochlorothiazide	1	
ranolazine er	3	
valsartan-hydrochlorothiazide	1	

Drug Name	Drug Category	Limits/ Required
VYNDAMAX	5	PA; QL (1 EA per 1 day)
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
methazolamide oral tablet 25 mg	1	
methazolamide oral tablet 50 mg	3	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide oral solution 8 mg/ml	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	1	
triamterene oral	3	
Diuretics, Thiazide		
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg	3	
fenofibrate micronized oral capsule 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg	3	
fenofibrate oral capsule 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	

Drug Name	Drug Category	Limits/ Required
Dyslipidemics, HMG CoA Reductase Inhibitors		
lovastatin oral	1	PV
pravastatin sodium	1	
rosuvastatin calcium	1	
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl oral tablet	3	
colestipol hcl	3	
ezetimibe	1	
ezetimibe-simvastatin	3	
NEXLETOL	2	PA; QL (1 EA per 1 day)
NEXLIZET	2	PA; QL (1 EA per 1 day)
niacin er (antihyperlipidemic)	3	
omega-3-acid ethyl esters	3	
prevalite	3	
REPATHA	2	PA; QL (0.11 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (0.13 ML per 1 day)
REPATHA SURECLICK	2	PA; QL (0.11 ML per 1 day)
Vasodilators, Direct-acting Arterial		
minoxidil oral	1	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	

Drug Name	Drug Category	Limits/ Required
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	3	
RECTIV	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	3	QL (6 EA per 1 day)
amphetamine-dextroamphetamine er	1	QL (2 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	1	QL (2 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	3	QL (6 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	3	QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution	3	QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	1	QL (6 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
dextroamphetamine sulfate oral tablet 5 mg	1	QL (3 EA per 1 day)
VYVANSE	2	QL (1 EA per 1 day)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL (1 EA per 1 day)
clonidine hcl er oral tablet extended release 12 hour	1	
dexmethylphenidate hcl	1	QL (2 EA per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	3	QL (1 EA per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	3	QL (2 EA per 1 day)
guanfacine hcl er	3	
methylphenidate hcl er (cd)	3	QL (1 EA per 1 day)
methylphenidate hcl er (la)	3	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	3	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	3	QL (2 EA per 1 day)
methylphenidate hcl er (xr)	3	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	3	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
methylphenidate hcl er oral tablet extended release 20 mg	3	QL (3 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	3	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	3	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	3	QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	3	QL (60 ML per 1 day)
methylphenidate hcl oral tablet	1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	3	QL (6 EA per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	3	QL (3 EA per 1 day)
Central Nervous System, Other		
caffeine citrate oral	1	
riluzole	3	PA; QL (2 EA per 1 day)
tetrabenazine	4	PA
Fibromyalgia Agents		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	1	QL (2 EA per 1 day)
pregabalin oral solution	1	QL (30 ML per 1 day)
SAVELLA	3	ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK	3	ST; QL (110 EA per 365 days)

Drug Name	Drug Category	Limits/ Required
Multiple Sclerosis Agents		
AVONEX PEN	4	PA; QL (0.04 EA per 1 day)
AVONEX PREFILLED	4	PA; QL (0.04 EA per 1 day)
BAFIERTAM	4	PA; QL (4 EA per 1 day)
BETASERON	4	PA; QL (0.5 EA per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (1 ML per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (0.43 ML per 1 day)
dalfampridine er	4	PA; QL (2 EA per 1 day)
dimethyl fumarate oral	4	PA; QL (2 EA per 1 day)
dimethyl fumarate starter pack	4	PA; QL (120 EA per 365 days)
fingolimod hcl	4	PA; QL (1 EA per 1 day)
GILENYA	5	PA; QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (0.43 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	5	PA; QL (14 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (24 EA per 365 days)
Dental and Oral Agents		
cavarest	1	
cevimeline hcl	1	
DEBACTEROL	3	
easygel	1	
fluoridex daily renewal	1	
oralone	1	
pilocarpine hcl oral	1	
PREVIDENT MOUTH/THROAT	3	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental gel	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	3	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
acutane	1	PA
acitretin	3	
adapalene external cream	1	PA
adapalene external gel	1	PA

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Drug Name	Drug Category	Limits/ Required
adapalene-benzoyl peroxide external gel	1	
ammonium lactate external	1	
amnesteam	1	PA
azelaic acid external	1	
AZELEX	3	
benzoyl peroxide-erythromycin	1	
calcipotriene external cream	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcitriol external	3	
CIBINQO	4	PA
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phosphate-benzoyl peroxide	1	
clindamycin phosphate external gel	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
coal tar external	1	
CONDYLOX	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	4	PA; QL (0.17 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	4	PA; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; QL (0.05 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (0.29 ML per 1 day)
EPIDUO FORTE	3	
ery	1	
erythromycin external	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
ivermectin external cream	1	
lactic acid e	1	
lactic acid external	1	
methoxsalen rapid	1	
metronidazole external	1	
MIRVASO	2	
myorisan	1	PA
neuac external gel	1	
pimecrolimus	1	ST
podofilox external	1	
REGRANEX	3	PA
rosadan external cream	1	
rosadan external gel	1	

Drug Name	Drug Category	Limits/ Required
SANTYL	3	
selenium sulfide external lotion	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	PA; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	PA; QL (0.02 ML per 1 day)
sulfacetamide sodium (acne)	1	
tacrolimus external	1	
TALTZ	5	PA
tazarotene external cream	3	PA
TREMFYA	4	PA
tretinoin external cream	1	PA
tretinoin external gel 0.01 %, 0.025 %	1	PA
zenatane	1	PA
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
CARBAGLU	4	
carglumic acid	4	
corvita 150	1	
ferocon	1	
ferotrinsic	1	
ferrocite plus	1	
fluoritab	1	PV

Drug Name	Drug Category	Limits/ Required
foltrin	1	
hemocyte-f	1	
iodine strong oral	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
k-tan plus	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
nafrinse	1	PV
nafrinse drops	1	PV
polysaccharide iron forte	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
purevit dualfe plus	1	
se-tan plus	1	
sod citrate-citric acid	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	PV
sodium fluoride oral tablet	1	PV
sodium fluoride oral tablet chewable	1	PV
trigels-f forte	1	
Electrolyte/Mineral/Me tal Modifiers		
CHEMET	3	
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA

Drug Name	Drug Category	Limits/ Required
sodium polystyrene sulfonate	1	
sps	3	
trientine hcl	4	PA
VELTASSA	3	
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
lanthanum carbonate	3	
PHOSLYRA	3	
sevelamer carbonate oral tablet	3	
VELPHORO	3	
Vitamins		
adc/f (0.5mg/ml)	1	
airavite	1	
biocel	1	
bp vit 3	1	
b-plex	1	
b-plex plus	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
fabb	1	
fa-vitamin b-6-vitamin b-12	1	
folate	1	PV
folbee	1	
folbee plus	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
folplex 2.2	1	

Drug Name	Drug Category	Limits/ Required
hydroxocobalamin acetate	1	
lysiplex plus oral tablet	1	
MASONATAL	3	PV
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
multi-vitamin/fluoride/iron	1	
NASCOBAL	3	
nephronex oral tablet	1	
nufol	1	
nutrifac zx	1	
ONE VITE WOMENS	3	PV
ONE-A-DAY WOMENS PRENATAL 1	3	PV
phytonadione injection	1	
phytonadione oral	1	
prenatal multi +dha	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal/folic acid+dha	1	PV
pyridoxine hcl injection	1	
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	1	
v-c forte	1	
virt-caps	1	
virt-gard	1	
vita s forte	1	
vitacel	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection	1	
vitamins acd-fluoride	1	
vp-vite rx	1	
wescaps	1	

Drug Name	Drug Category	Limits/ Required
westab mini	1	
westab one	1	
yl folic acid	1	PV
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CUVPOSA	3	
dicyclomine hcl oral solution	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
glycopyrrolate pf	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	1	
amoxicill-clarithro-lansopraz	1	
cromolyn sodium oral	1	
diphenoxylate-atropine	1	
GATTEX	5	PA
loperamide hcl oral capsule	1	
MOTTEGRITY	3	ST; QL (1 EA per 1 day)
MOTOFEN	3	PA
OMECLAMOX-PAK	2	
PYLERA	2	

Drug Name	Drug Category	Limits/ Required
SYMPROIC	2	ST; QL (1 EA per 1 day)
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	1	
cimetidine oral	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 40 mg	1	
nizatidine	1	
Irritable Bowel Syndrome Agents		
alosetron hcl	3	PA
LINZESS	2	ST; QL (1 EA per 1 day)
Laxatives		
bisacodyl ec	1	PV; QL (2 fill per 365 days)
citroma	1	PV; QL (2 fill per 365 days)
clearlax	1	PV; QL (2 fill per 365 days)
CLENPIQ	3	
enulose	1	
gavilax oral powder	1	PV; QL (2 fill per 365 days)
gavilyte-c	1	PV; QL (8000 ML per 365 days)
gavilyte-g	1	PV; QL (8000 ML per 365 days)
generlac	1	
gentle laxative oral	1	PV; QL (2 fill per 365 days)
gentlelax	1	PV; QL (2 fill per 365 days)

Drug Name	Drug Category	Limits/ Required
glycolax	1	PV; QL (2 fill per 365 days)
lactulose encephalopathy	1	
magnesium citrate oral solution	1	PV; QL (2 fill per 365 days)
mineral oil heavy oral	1	
mm clearlax	1	PV; QL (2 fill per 365 days)
na sulfate-k sulfate-mg sulf	1	QL (354 ML per 365 days)
peg 3350-kcl-na bicarb-nacl	1	PV; QL (8000 ML per 365 days)
peg-3350/electrolytes	1	PV; QL (8000 ML per 365 days)
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-naascorbic acid	1	
polyethylene glycol 3350 oral powder	1	PV; QL (2 fill per 365 days)
qc magnesium citrate	1	PV; QL (2 fill per 365 days)
SUPREP BOWEL PREP KIT	3	
Protectants		
misoprostol oral	1	
sucralfate oral suspension	1	
Proton Pump Inhibitors		
DEXILANT	2	QL (1 EA per 1 day)
DEXLANSOPRAZOLE	2	QL (1 EA per 1 day)
lansoprazole oral capsule delayed release	1	QL (1 EA per 1 day)
pantoprazole sodium oral packet	1	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
rabeprazole sodium oral tablet delayed release	1	QL (1 EA per 1 day)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
CERDELGA	5	PA
CHOLBAM	5	PA
CREON	2	
CYSTAGON	5	
EVRYSDI	5	PA; QL (8 ML per 1 day)
GALAFOLD	5	PA; QL (0.5 EA per 1 day)
miglustat	4	PA
MYALEPT	5	PA
nitisinone	4	PA
ORFADIN ORAL CAPSULE 20 MG	5	PA
ORFADIN ORAL SUSPENSION	5	PA
REVCOVI	5	PA
sapropterin dihydrochloride	4	PA
sodium phenylbutyrate oral tablet	4	
STRENSIQ	4	PA
SUCRAID	5	
TEGSEDI	5	PA
ZENPEP	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	1	
fesoterodine fumarate er	1	
flavoxate hcl	1	
GELNIQUE	3	ST

Drug Name	Drug Category	Limits/ Required
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	
tropium chloride	1	
tropium chloride er	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
silodosin	1	
Genitourinary Agents, Other		
bethanechol chloride oral	1	
ELMIRON	3	PA
ENCARE	3	PV; QL (12 EA per 23 days)
OPTIONS GYNOL II CONTRACEPTIVE	3	PV; QL (85.5 GM per 23 days)
penicillamine oral tablet	4	
TODAY SPONGE	3	PV; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	3	PV; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3	PV; QL (17 GM per 23 days)
vcf vaginal contraceptive vaginal gel	1	PV; QL (2.7 GM per 23 days)

Drug Name	Drug Category	Limits/ Required
Hormonal Agents, Stimulant/Replaceme nt/Modifying (Adrenal)		
ala-cort external cream 1 %	1	
alclometasone dipropionate	1	
amcinonide external lotion	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	3	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
clobetasol prop emollient base	3	
clobetasol propionate external cream	3	
clobetasol propionate external gel	3	
clobetasol propionate external lotion	3	
clobetasol propionate external ointment	3	
clobetasol propionate external shampoo	3	

Drug Name	Drug Category	Limits/ Required
clobetasol propionate external solution	3	
clodan external shampoo	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
desonide external cream	3	
desonide external lotion	3	
desonide external ointment	3	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	3	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	3	
dexamethasone oral elixir	3	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection	1	
diflorasone diacetate external cream	3	
fludrocortisone acetate oral	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	

Drug Name	Drug Category	Limits/ Required
flurandrenolide external cream	3	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halcinonide	3	ST
halobetasol propionate external cream	3	
halobetasol propionate external ointment	3	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	1	
KENALOG-80	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
mometasone furoate external	1	
prednicarbate	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.5 %	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	

Drug Name	Drug Category	Limits/ Required
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	5	PA
desmopressin ace spray refrig	3	
desmopressin acetate oral	3	
desmopressin acetate spray	3	
INCRELEX	4	PA
NORDITROPIN FLEXPRO	4	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	5	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
oxytocin injection	1	
PREGNYL	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	3	
INTRAROSA	3	ST

Drug Name	Drug Category	Limits/ Required
oxandrolone oral tablet 10 mg	1	PA; QL (2 EA per 1 day)
oxandrolone oral tablet 2.5 mg	1	PA; QL (8 EA per 1 day)
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	3	PA
testosterone transdermal solution	3	PA
Estrogens		
afirmelle	1	PV
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amabelz	1	
amethia	1	PV; QL (1 EA per 1 day)
amethyst	1	PV
ANNOVERA	3	PV; QL (1 EA per 350 days)
apri	1	PV
aranelle	1	PV
ashlyna	1	PV; QL (1 EA per 1 day)
aubra	1	PV
aubra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV

Drug Name	Drug Category	Limits/ Required
aviane	1	PV
ayuna	1	PV
azurette	1	PV
balziva	1	PV
BIJUVA	3	
blisovi 24 fe	1	PV
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camrese	1	PV; QL (1 EA per 1 day)
camrese lo	1	PV; QL (1 EA per 1 day)
charlotte 24 fe	1	PV
chateal	1	PV
chateal eq	1	PV
COMBIPATCH	3	
cryselle-28	1	PV
cyred	1	PV
cyred eq	1	PV
dasetta 1/35	1	PV
dasetta 7/7/7	1	PV
daysee	1	PV; QL (1 EA per 1 day)
delyla	1	PV
desogestrel-ethinyl estradiol	1	PV
DIVIGEL	3	
dolishale	1	PV
dotti	1	
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
DUAVEE	2	
elinest	1	PV
eluryng	1	PV
enpresse-28	1	PV
enskyce	1	PV

Drug Name	Drug Category	Limits/ Required
estarylla	1	PV
estradiol transdermal	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	3	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV
falmina	1	PV
fayosim	1	PV; QL (1 EA per 1 day)
femynor	1	PV
finzala	1	PV
fyavolv	1	
gemmily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV
iclevia	1	PV; QL (1 EA per 1 day)
introvale	1	PV; QL (1 EA per 1 day)
isibloom	1	PV
jaimiess	1	PV; QL (1 EA per 1 day)
jasmiel	1	PV
jinteli	1	
jolessa	1	PV; QL (1 EA per 1 day)
juleber	1	PV
junel 1.5/30	1	PV
junel 1/20	1	PV
junel fe 1.5/30	1	PV
junel fe 1/20	1	PV
junel fe 24	1	PV

Drug Name	Drug Category	Limits/ Required
kaitlib fe	1	PV
kalliga	1	PV
kariva	1	PV
kelnor 1/35	1	PV
kelnor 1/50	1	PV
kurvelo	1	PV
larin 1.5/30	1	PV
larin 1/20	1	PV
larin 24 fe	1	PV
larin fe 1.5/30	1	PV
larin fe 1/20	1	PV
layolis fe	1	PV
leena	1	PV
lessina	1	PV
levonest	1	PV
levonorgest-eth est & eth est	1	PV; QL (1 EA per 1 day)
levonorgest-eth estrad 91-day	1	PV; QL (1 EA per 1 day)
levonorgestrel-ethinyl estrad	1	PV
levonorg-eth estrad triphasic	1	PV
levora 0.15/30 (28)	1	PV
lojaimiess	1	PV; QL (1 EA per 1 day)
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
lutera	1	PV
lyllana	1	
marlissa	1	PV
MENEST	2	
merzee	1	PV
microgestin 1.5/30	1	PV
microgestin 1/20	1	PV
microgestin 24 fe	1	PV
microgestin fe 1.5/30	1	PV
microgestin fe 1/20	1	PV

Drug Name	Drug Category	Limits/ Required
mili	1	PV
mimvey	1	
mono-linyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
nikki	1	PV
norethin ace-eth estrad-fe	1	PV
norethindrone acet-ethinyl est	1	PV
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe	1	PV
norethin-eth estradiol-fe	1	PV
norgestimate-eth estradiol	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV
nortrel 0.5/35 (28)	1	PV
nortrel 1/35 (21)	1	PV
nortrel 1/35 (28)	1	PV
nortrel 7/7/7	1	PV
nylia 1/35	1	PV
nylia 7/7/7	1	PV
nymyo	1	PV
ocella	1	PV
philith	1	PV
pimtrea	1	PV
pirmella 1/35	1	PV
pirmella 7/7/7	1	PV
portia-28	1	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
reclipsen	1	PV
rivelsa	1	PV; QL (1 EA per 1 day)

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Drug Name	Drug Category	Limits/ Required
setlakin	1	PV; QL (1 EA per 1 day)
simliya	1	PV
simpesse	1	PV; QL (1 EA per 1 day)
sprintec 28	1	PV
sronyx	1	PV
syeda	1	PV
tarina 24 fe	1	PV
tarina fe 1/20	1	PV
tarina fe 1/20 eq	1	PV
taysofy	1	PV
tilia fe	1	PV
tri femynor	1	PV
tri-estarylla	1	PV
tri-legest fe	1	PV
tri-lynyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-nymyo	1	PV
tri-sprintec	1	PV
trivora (28)	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
tyblume	1	PV
tydemy	1	PV
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV
volnea	1	PV
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV

Drug Name	Drug Category	Limits/ Required
xulane	1	PV
yuvaferm	3	
zafemy	1	PV
zovia 1/35 (28)	1	PV
zumandimine	1	PV
Progestins		
aftera	1	PV
camila	1	PV
deblitane	1	PV
DEPO-SUBQ PROVERA 104	3	QL (0.02 ML per 1 day)
econtra ez	1	PV
econtra one-step	1	PV
ELLA	3	PV
errin	1	PV
heather	1	PV
hydroxyprogesterone caproate intramuscular oil	4	PA
incassia	1	PV
jencycla	1	PV
KYLEENA	3	PV
levonorgestrel	1	PV
LILETTA (52 MG)	3	PV
lyleq	1	PV
lyza	1	PV
MAKENA SUBCUTANEOUS	4	PA
medroxyprogesterone acetate intramuscular	1	PV; QL (0.02 ML per 1 day)
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	CM	
megestrol acetate oral suspension 625 mg/5ml	1	
megestrol acetate oral tablet	CM	
MIRENA (52 MG)	3	PV
my choice	1	PV

Drug Name	Drug Category	Limits/ Required
my way	1	PV
new day	1	PV
NEXPLANON	3	PV
nora-be	1	PV
norethindrone acetate oral	1	
norethindrone oral	1	PV
norlyroc	1	PV
opcicon one-step	1	PV
option 2	1	PV
progesterone intramuscular	1	
progesterone oral	1	
react	1	PV
sharobel	1	PV
SKYLA	3	PV
take action	1	PV
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
raloxifene hcl	1	PV*
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levo-t oral tablet 300 mcg	1	
levothyroxine sodium oral tablet 300 mcg	1	
liothyronine sodium oral	1	
np thyroid	1	
unithroid oral tablet 300 mcg	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	CM	

Drug Name	Drug Category	Limits/ Required
Hormonal Agents, Suppressant (Pituitary)		
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG	4	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED)	5	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	4	PA
octreotide acetate	4	PA

Drug Name	Drug Category	Limits/ Required
SIGNIFOR	5	PA; QL (2 ML per 1 day)
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	2	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	1	
Immunological Agents		
Angioedema Agents		
icatibant acetate	4	PA; QL (0.6 ML per 1 day)
sajazir	4	PA; QL (0.6 ML per 1 day)
Immune Suppressants		
AZASAN	3	
azathioprine oral	1	
azathioprine sodium	1	
CIMZIA	4	PA
CIMZIA PREFILLED KIT	4	PA
CIMZIA STARTER KIT	4	PA
cyclosporine modified	1	
cyclosporine oral	1	
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf	1	
HUMIRA	4	PA
HUMIRA PEDIATRIC CROHNS START	4	PA
HUMIRA PEN	4	PA

Drug Name	Drug Category	Limits/ Required
HUMIRA PEN-CD/UC/HS STARTER	4	PA
HUMIRA PEN-PEDIATRIC UC START	4	PA
HUMIRA PEN-PS/UV/ADOL HS START	4	PA
HUMIRA PEN-PSOR/UEIT STARTER	4	PA
KINERET	5	PA
methotrexate oral	CM	
methotrexate sodium (pf)	1	
methotrexate sodium injection	1	
methotrexate sodium oral	CM	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
ORENCIA CLICKJECT	5	PA
ORENCIA SUBCUTANEOUS	5	PA
SANDIMMUNE ORAL SOLUTION	2	
SIMPONI	4	PA
sirolimus oral	1	
SKYRIZI (150 MG DOSE)	4	PA
SKYRIZI PEN	4	PA; QL (84 day supply per 1 fill)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (84 day supply per 1 fill)
tacrolimus oral	1	
XELJANZ	4	PA
XELJANZ XR	4	PA

Drug Name	Drug Category	Limits/ Required
ZORTRESS ORAL TABLET 1 MG	3	
Immunoglobulins		
CUVITRU	5	PA
GAMASTAN	4	PA
GAMMAGARD	5	PA
GAMMAKED	5	PA
GAMUNEX-C	5	PA
HEPAGAM B	5	
HIZENTRA	5	PA
HYPERHEP B	5	
HYPERRHO S/D	4	
HYQVIA	5	PA
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	5	
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
WINRHO SDF	4	
Immunomodulators		
ACTEMRA ACTPEN	5	PA
ACTEMRA SUBCUTANEOUS	5	PA
ACTIMMUNE	4	PA
BENLYSTA SUBCUTANEOUS	5	PA
ILARIS	4	PA; QL (0.08 ML per 1 day)
leflunomide oral	1	
OTEZLA	4	PA
RINVOQ	4	PA
SYNAGIS	4	PA
XOLAIR	4	PA
Vaccines		
ACTHIB	2	PV
ADACEL	2	PV
AFLURIA QUADRIVALENT	2	PV

Drug Name	Drug Category	Limits/ Required
BEXSERO	2	PV
BOOSTRIX	2	PV
COMIRNATY	2	PV
DAPTACEL	2	PV
DIPHTHERIA-TETANUS TOXOIDS DT	2	PV
ENGERIX-B	2	PV
FLUAD QUADRIVALENT	2	PV
FLUARIX QUADRIVALENT	2	PV
FLUBLOK QUADRIVALENT	2	PV
FLUCELVAX QUADRIVALENT	2	PV
FLULAVAL QUADRIVALENT	2	PV
FLUMIST QUADRIVALENT	2	PV
FLUZONE HIGH-DOSE QUADRIVALENT	2	PV
FLUZONE QUADRIVALENT	2	PV
GARDASIL 9	2	PV
HAVRIX	2	PV
HEPLISAV-B	2	PV
HIBERIX	2	PV
INFANRIX	2	PV
IPOL	2	PV
JANSSEN COVID-19 VACCINE	2	PV
KINRIX	2	PV
MENACTRA	2	PV
MENQUADFI	2	PV
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PV
M-M-R II	2	PV

Drug Name	Drug Category	Limits/ Required
MODERNA COVID-19 VACCINE	2	PV
PEDIARIX	2	PV
PEDVAX HIB	2	PV
PENTACEL	2	PV
PFIZER COVID-19 VAC-TRIS 5-11Y	2	PV
PFIZER-BIONT COVID-19 VAC-TRIS	2	PV
PFIZER-BIONTECH COVID-19 VACC	2	PV
PNEUMOVAX 23	2	PV
PREHEVBRIO	2	PV
PREVNAR 13	2	PV
PREVNAR 20	2	PV
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
ROTARIX	2	PV
ROTATEQ	2	PV
SHINGRIX	2	PV
SPIKEVAX COVID-19 VACCINE	2	PV
TDVAX	2	PV
TENIVAC	2	PV
TETANUS-DIPHTHERIA TOXOIDS TD	2	PV
TRUMENBA	2	PV
TWINRIX	2	PV
VAQTA	2	PV
VARIVAX	2	PV
VAXELIS	2	PV
VAXNEUVANCE	2	PV
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	1	
DIPENTUM	3	

Drug Name	Drug Category	Limits/ Required
mesalamine er	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	3	
Glucocorticoids		
budesonide er	3	
budesonide oral	3	
CORTIFOAM	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 5 mg	1	
calcitonin (salmon) injection	1	
calcitonin (salmon) nasal	1	QL (0.13 ML per 1 day)
calcitriol oral	1	
cinacalcet hcl	3	PA
ibandronate sodium oral	1	QL (0.04 EA per 1 day)
paricalcitol oral	1	

Drug Name	Drug Category	Limits/ Required
PROLIA	4	PA; QL (2 ML per 250 days)
RAYALDEE	3	
risedronate sodium oral tablet 150 mg	1	QL (0.04 EA per 1 day)
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet 35 mg	1	QL (0.15 EA per 1 day)
risedronate sodium oral tablet delayed release	1	QL (0.15 EA per 1 day)
TERIPARATIDE (RECOMBINANT)	4	PA
XGEVA	4	PA
Miscellaneous Therapeutic Agents		
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ALCOHOL PREP PADS PAD , 70 %	3	
BD ULTRA-FINE INSULIN SYRINGES	3	
BD ULTRA-FINE PEN NEEDLES 31G X 8 MM	3	
benzalkonium chloride external solution	1	
BOTOX	4	PA
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	

Drug Name	Drug Category	Limits/ Required
BREATHE EASE SMALL	2	
CAYA	3	PV; QL (1 EA per 1 calendar year)
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
deferoxamine mesylate	1	
DROPLET MICRON	3	
DROPSAFE ALCOHOL PREP	3	
EASIVENT	2	
ergoloid mesylates oral	3	
FC2 FEMALE CONDOM	3	PV; QL (12 EA per 23 days)
FEMCAP	3	PV; QL (1 EA per 1 calendar year)
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	3	
INSPIREASE RESERVOIR BAGS	2	
INSULIN PEN NEEDLES 30G X 6 MM , 31G X 8 MM	3	

Drug Name	Drug Category	Limits/ Required
INSULIN SYRINGES 29G X 1/2" 0.3 ML	3	
methergine	1	QL (28 EA per 1 fill)
methylergonovine maleate oral	1	QL (28 EA per 1 fill)
MICROCHAMBER	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G6 POD (GEN 5)	2	
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARAGARD INTRAUTERINE COPPER	3	PV
PEDIATRIC PANDA MASK	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	

Drug Name	Drug Category	Limits/ Required
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURE COMFORT SPACER CHAMBER	2	
RAYA SURE PEN NEEDLE 31G X 8 MM	3	
THYROGEN	4	PA
VISTOGARD	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	PV; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 65	3	PV; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 70	3	PV; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 75	3	PV; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 80	3	PV; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 85	3	PV; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 90	3	PV; QL (1 EA per 1 calendar year)
WIDE-SEAL DIAPHRAGM 95	3	PV; QL (1 EA per 1 calendar year)
XIAFLEX	4	PA
ZOKINVY	5	PA; QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Ophthalmic Agents		
Aminoglycosides		
gentak	1	
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
TOBREX	3	
Antibacterials, Other		
ak-poly-bac	1	
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
polycin	1	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	3	
Antifungals		
NATACYN	2	
Antitherpetic Agents		
trifluridine	1	
Macrolides		
AZASITE	3	
erythromycin ophthalmic	1	

Drug Name	Drug Category	Limits/ Required
Ophthalmic Agents, Other		
atropine sulfate ophthalmic ointment	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	1	PA
CYSTADROPS	5	PA; QL (0.72 ML per 1 day)
CYSTARAN	5	PA; QL (2.15 ML per 1 day)
homatropaire	1	
PRED-G S.O.P.	3	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
sulfacetamide-prednisolone	1	
XIIDRA	2	PA
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOCRIIL	3	PA
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
epinastine hcl	1	
olopatadine hcl ophthalmic	1	
phenylephrine hcl ophthalmic	1	
ZERVIAE	3	ST
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	

Drug Name	Drug Category	Limits/ Required
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	2	QL (0.1 ML per 1 day)
ROCKLATAN	2	QL (0.1 ML per 1 day)
SIMBRINZA	2	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate pf ophthalmic solution 0.5 %	1	
Ophthalmic Anti-inflammatory		
bromfenac sodium (once-daily)	1	QL (6.8 ML per 365 days)

Drug Name	Drug Category	Limits/ Required
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	
DUREZOL	3	PA
EYSUVIS	3	PA
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
ketorolac tromethamine ophthalmic	1	
loteprednol etabonate ophthalmic suspension	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	2	QL (12 ML per 365 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic	1	QL (0.1 ML per 1 day)
latanoprost ophthalmic	1	
LUMIGAN	2	QL (0.1 ML per 1 day)
travoprost (bak free)	1	QL (0.12 ML per 1 day)
ZIOPTAN OPTHALMIC SOLUTION 0.0015 %	3	QL (1 EA per 1 day)
Quinolones		
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
levofloxacin ophthalmic solution 0.5 %	1	

Drug Name	Drug Category	Limits/ Required
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	ST
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL (2 ML per 1 day)
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution 1 mg/ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral	1	
desloratadine oral tablet	3	

Drug Name	Drug Category	Limits/ Required
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	1	
levocetirizine dihydrochloride oral	1	
olopatadine hcl nasal	3	QL (1.02 GM per 1 day)
promethazine hcl oral tablet 12.5 mg, 50 mg	1	
promethazine hcl rectal	3	
promethegan rectal suppository 12.5 mg, 25 mg	3	
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	2	QL (0.4 GM per 1 day)
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES)	2	ST; QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES)	2	ST; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES)	2	ST; QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES)	2	ST; QL (0.04 EA per 1 day)
ASMANEX HFA	2	ST; QL (0.44 GM per 1 day)
BREO ELLIPTA	2	QL (2 EA per 1 day)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	3	QL (4 ML per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (8 EA per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	QL (0.8 GM per 1 day)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (0.71 GM per 1 day)
flunisolide nasal	1	QL (0.84 ML per 1 day)
fluticasone propionate nasal	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 EA per 1 day)
PULMICORT FLEXHALER	2	QL (0.07 EA per 1 day)
QVAR REDHALER	2	QL (0.71 GM per 1 day)
SYMBICORT	2	QL (0.34 GM per 1 day)
wixela inhub	1	QL (2 EA per 1 day)
Antileukotrienes		
zafirlukast	3	
zileuton er	3	ST

Drug Name	Drug Category	Limits/ Required
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (0.86 GM per 1 day)
SPIRIVA HANDHALER	2	QL (1 EA per 1 day)
SPIRIVA RESPIMAT	2	QL (0.14 GM per 1 day)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	1	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	QL (12.5 ML per 1 day)
arformoterol tartrate	1	QL (4 ML per 1 day)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	QL (0.07 EA per 1 day)
epinephrine (anaphylaxis)	1	
epinephrine injection solution auto-injector	1	
formoterol fumarate inhalation	1	QL (4 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	1	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	1	QL (9 ML per 1 day)
SEREVENT DISKUS	2	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
STRIVERDI RESPIMAT	2	QL (0.14 GM per 1 day)
Cystic Fibrosis Agents		
KALYDECO	5	PA
ORKAMBI ORAL PACKET	5	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	5	PA; QL (112 EA per 28 days)
PULMOZYME	4	PA
tobramycin inhalation	4	
Mast Cell Stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 500 MCG	3	PA
roflumilast	1	PA
theophylline er	3	
Pulmonary Antihypertensives		
ADEMPAS	4	PA; QL (3 EA per 1 day)
alyq	4	PA; QL (2 EA per 1 day)
ambrisentan	4	PA; QL (1 EA per 1 day)
bosentan	4	PA; QL (2 EA per 1 day)
OPSUMIT	4	PA; QL (1 EA per 1 day)
ORENITRAM	5	PA
sildenafil citrate oral suspension reconstituted	4	PA; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; QL (3 EA per 1 day)
tadalafil (pah)	4	PA; QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
TRACLEER 32 MG	5	PA; QL (4 EA per 1 day)
treprostinil	4	PA
TYVASO	5	PA; QL (2.9 ML per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG	5	PA; QL (8 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT	5	PA; QL (2 EA per 365 days)
TYVASO REFILL	5	PA; QL (2.9 ML per 1 day)
TYVASO STARTER	5	PA; QL (2.9 ML per 1 day)
UPTRAVI ORAL TABLET	5	PA; QL (2 EA per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK	5	PA; QL (400 EA per 365 days)
VENTAVIS	5	PA; QL (9 ML per 1 day)
Pulmonary Fibrosis Agents		
OFEV	5	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation	1	
ANORO ELLIPTA	2	QL (2 EA per 1 day)
benzonatate oral capsule 150 mg	1	
BREZTRI AEROSPHERE	2	QL (0.36 GM per 1 day)

Drug Name	Drug Category	Limits/ Required
COMBIVENT RESPIMAT	2	QL (0.27 GM per 1 day)
hydrocodone bit-homatrop mbr oral solution	1	PA; QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral tablet	1	PA; QL (6 EA per 1 day)
hydromet	1	PA; QL (240 ML per 1 fill)
ipratropium-albuterol	1	QL (18 ML per 1 day)
mometasone furoate nasal	1	QL (1.14 GM per 1 day)
nebusal inhalation nebulization solution 3 %	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (0.11 EA per 1 day)
pulmosal	1	
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL (0.14 GM per 1 day)
TRELEGY ELLIPTA	2	QL (2 EA per 1 day)
TUZISTRA XR	3	PA; QL (240 ML per 1 fill)

Drug Name	Drug Category	Limits/ Required
Skeletal Muscle Relaxants		
baclofen oral tablet 20 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
metaxalone oral tablet 800 mg	3	
methocarbamol injection	1	
orphenadrine citrate er	1	
orphenadrine citrate injection	1	
orphenadrine-aspirin-caffeine	3	QL (4 EA per 1 day)
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1	QL (1 EA per 1 day)
temazepam	1	QL (1 EA per 1 day)
triazolam	1	QL (2 EA per 1 day)
zaleplon oral capsule 10 mg	1	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	1	QL (1 EA per 1 day)
zolpidem tartrate er	1	QL (1 EA per 1 day)
zolpidem tartrate oral	1	QL (1 EA per 1 day)
Sleep Disorders, Other		
BELSOMRA	3	ST; QL (1 EA per 1 day)
doxepin hcl oral tablet	3	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
HETLIOZ	5	PA; QL (1 EA per 1 day)
ramelteon	3	QL (1 EA per 1 day)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	3	PA; QL (2 EA per 1 day)
modafinil	1	PA; QL (1 EA per 1 day)
SUNOSI	2	PA; QL (1 EA per 1 day)

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