



**KANSAS ACA MEMBER –
INDIVIDUAL (STANDARD PLAN OPTIONS)**

2025

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:

IN	Infertility Drug
1	Preferred Generic Drug
2	Generic and Preferred Brand Drugs
3	Non-Preferred Drug
4	Generic, Preferred and Non-Preferred Brand Specialty Drugs
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	StepTherapy. 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		
aspirin 81 oral tablet delayed release	1	PV
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec adult low dose	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin low dose	1	PV
aspirin oral tablet chewable	1	PV
aspirin oral tablet delayed release 81 mg	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	3	
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	
diflunisal oral	3	
etodolac	1	
etodolac er	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral	1	
ft aspirin low dose	1	PV
ft aspirin oral tablet chewable	1	PV
goodsense aspirin low dose	1	PV

Drug Name	Drug Category	Limits/ Required
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL (20 EA per 5 days)
meclofenamate sodium oral	3	
mefenamic acid oral	3	
meloxicam oral tablet	1	
mm aspirin	1	PV
nabumetone oral	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
ST JOSEPH LOW DOSE	3	PV
sulindac oral	1	
tolmetin sodium	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	3	PA; QL (1 EA per 1 day)
fentanyl transdermal patch 72 hour 12 mcg/hr	3	PA; QL (0.5 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	1	PA; QL (0.5 EA per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	3	PA; QL (1 EA per 1 day)
hydromorphone hcl er	3	PA; QL (2 EA per 1 day)
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
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) oral tablet extended release 24 hour	3	PA; QL (1 EA per 1 day)
tramadol hcl er	3	PA; QL (1 EA per 1 day)
XTAMPZA ER	2	PA; QL (4 EA per 1 day)
Opioid Analgesics, Short-acting		
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)

Drug Name	Drug Category	Limits/ Required
acetaminophen-codeine oral tablet 300-60 mg	1	QL (10 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 oral tablet	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)
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)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	QL (180 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (9 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
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	3	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	3	QL (10 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	1	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 4 mg, 8 mg	1	QL (2 EA per 1 day)
hydromorphone hcl pf	3	
meperidine hcl oral tablet	3	QL (18 EA per 1 day)
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	
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)

Drug Name	Drug Category	Limits/ Required
morphine sulfate oral tablet 30 mg	1	QL (3 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)
pentazocine-naloxone hcl	3	QL (10 EA per 1 day)
tramadol hcl oral tablet 50 mg	1	QL (5 EA per 1 day)
tramadol-acetaminophen	1	QL (6 EA per 1 day)
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	

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Drug Name	Drug Category	Limits/ Required
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	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	4	
Opioid Dependence Treatments		
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	3	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	3	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	3	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	3	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)

Drug Name	Drug Category	Limits/ Required
Opioid Reversal Agents		
KLOXXADO	2	
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	PV; QL (2 EA per 1 day)
ft nicotine mini	1	PV; QL (20 EA per 1 day)
ft nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
ft nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
goodsense nicotine mouth/throat gum 2 mg	1	PV; QL (24 EA per 1 day)
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL (20 EA per 1 day)
habitrol	1	PV; QL (1 EA per 1 day)
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	3	PV; QL (20 EA per 1 day)
NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL (24 EA per 1 day)
NICORETTE MOUTH/THROAT LOZENGE	3	PV; QL (20 EA per 1 day)
nicotine mini	1	PV; QL (20 EA per 1 day)
nicotine polacrilex mini	1	PV; QL (20 EA per 1 day)
nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
nicotine step 1	1	PV; QL (1 EA per 1 day)
nicotine step 2	1	PV; QL (1 EA per 1 day)
nicotine step 3	1	PV; QL (1 EA per 1 day)
nicotine transdermal kit	1	PV; QL (1 EA per 1 day)
nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL (1 EA per 1 day)
NICOTROL	3	ST; PV; QL (16 EA per 1 day)
NICOTROL NS	3	ST; PV; QL (4 ML per 1 day)
varenicline tartrate	1	PV; QL (2 EA per 1 day)
varenicline tartrate (starter)	1	PV; QL (53 EA per 31 days)
varenicline tartrate(continue)	1	PV; QL (2 EA per 1 day)
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	1	
HUMATIN	2	
neomycin sulfate oral	1	
streptomycin sulfate intramuscular	3	
Antibacterials, Other		
aztreonam injection solution reconstituted 1 gm	1	
aztreonam injection solution reconstituted 2 gm	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	

Drug Name	Drug Category	Limits/ Required
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
iodine tincture external tincture 2 %	1	
linezolid oral suspension reconstituted	3	QL (32.2 ML per 1 day)
linezolid oral tablet	2	QL (28 EA per 30 days)
mafenide acetate external	1	
methenamine hippurate	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
mupirocin external	1	
NEO-SYNALAR	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals	1	
polymyxin b sulfate injection	1	
silver sulfadiazine external	1	
ssd	1	
trimethoprim oral	1	
vancomycin hcl oral	3	
XIFAXAN ORAL TABLET 550 MG	3	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	3	

Drug Name	Drug Category	Limits/ Required
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
cefdinir	1	
cefepime hcl injection	3	
cefotetan disodium	1	
cefopodoxime proxetil	3	
cefprozil	1	
ceftazidime injection	1	
ceftriaxone sodium injection	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
tazicef injection	1	
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	3	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin	1	

Drug Name	Drug Category	Limits/ Required
ampicillin sodium injection	1	
ampicillin-sulbactam sodium injection	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
BICILLIN L-A	3	
dicloxacillin sodium	1	
nafcillin sodium injection	1	
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin v potassium	1	
Carbapenems		
ertapenem sodium	3	
Macrolides		
azithromycin oral	1	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
erythromycin base oral	3	
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral	1	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	
moxifloxacin hcl oral	1	

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Drug Name	Drug Category	Limits/ Required
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
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	
minocycline hcl oral capsule	1	
mondoxylene nl	1	
tetracycline hcl oral capsule	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	3	ST
EPIDIOLEX	4	PA
levetiracetam er	3	
levetiracetam oral	1	
roweepra	1	

Drug Name	Drug Category	Limits/ Required
Calcium Channel Modifying Agents		
ethosuximide oral capsule	1	
ethosuximide oral solution	3	
methsuximide	2	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral tablet	2	PA
DIACOMIT	4	PA
diazepam rectal	3	QL (2 EA per 1 fill)
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
NAYZILAM	3	
pentobarbital sodium injection	1	
phenobarbital oral	1	
phenobarbital sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
tiagabine hcl	3	
valproic acid oral	1	
Glutamate Reducing Agents		
FYCOMPA	3	
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
subvenite	1	

Drug Name	Drug Category	Limits/ Required
topiramate oral capsule sprinkle 15 mg	1	
topiramate oral capsule sprinkle 25 mg	3	
topiramate oral tablet	1	
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral	1	
DILANTIN ORAL CAPSULE 30 MG	3	
epitol	1	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet	3	
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytek	3	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection	1	
rufinamide	3	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	

Drug Name	Drug Category	Limits/ Required
rivastigmine	3	
rivastigmine tartrate	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	3	QL (1 EA per 1 day)
memantine hcl oral solution	3	
memantine hcl oral tablet	1	
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	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	3	QL (1 EA per 1 day)

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Drug Name	Drug Category	Limits/ Required
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)
fluoxetine hcl oral capsule	1	
fluvoxamine maleate er	3	QL (2 EA per 1 day)
fluvoxamine maleate oral tablet 100 mg, 50 mg	2	
fluvoxamine maleate oral tablet 25 mg	3	
paroxetine hcl oral tablet	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
TRINTELLIX	3	ST; QL (1 EA per 1 day)
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (3 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
vilazodone hcl	1	PA; QL (1 EA per 1 day)
Tricyclics		
amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline hcl oral tablet 150 mg	3	
amoxapine	3	
clomipramine hcl oral	3	
desipramine hcl oral	3	
doxepin hcl oral capsule 10 mg, 50 mg	1	
doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg	3	
doxepin hcl oral concentrate	3	
imipramine hcl oral	1	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	3	
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, Other		
compro	3	
dimenhydrinate injection	1	
droperidol injection	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
meclizine hcl oral tablet 50 mg	2	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	2	

Drug Name	Drug Category	Limits/ Required
prochlorperazine	3	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	3	
promethegan rectal suppository 12.5 mg, 25 mg	3	
scopolamine	2	
Emetogenic Therapy Adjuncts		
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 oral tablet dispersible 4 mg, 8 mg	1	
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	

Drug Name	Drug Category	Limits/ Required
clotrimazole-betamethasone external cream	1	
econazole nitrate external	1	
ERTACZO	3	PA
fluconazole oral	1	
flucytosine oral capsule 250 mg	1	
flucytosine oral capsule 500 mg	3	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1	3	
itraconazole oral capsule	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
LULICONAZOLE	3	PA
miconazole 3	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	3	
nystatin-triamcinolone	1	
nystop	1	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
terbinafine hcl oral	1	QL (84 EA per 180 days)
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA

Drug Name	Drug Category	Limits/ Required
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet	1	
colchicine-probenecid	2	
febuxostat	3	ST
probenecid	2	
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)
AJOVY	2	PA; QL (0.06 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL (0.1 ML per 1 day)
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	PA; QL (0.86 ML per 1 day)
ERGOMAR	3	
ergotamine-caffeine	3	PA; QL (0.86 EA per 1 day)
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	2	QL (0.4 EA per 1 day)
eletriptan hydrobromide	2	QL (0.4 EA per 1 day)
naratriptan hcl	1	QL (0.3 EA per 1 day)
rizatriptan benzoate oral tablet 10 mg	1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg	1	QL (0.6 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg	1	QL (0.6 EA per 1 day)
sumatriptan nasal	2	QL (0.4 EA per 1 day)
sumatriptan succinate oral	1	QL (0.3 EA per 1 day)
sumatriptan succinate subcutaneous	2	QL (0.17 ML per 1 day)
zolmitriptan oral tablet	1	QL (0.4 EA per 1 day)
zolmitriptan oral tablet dispersible	2	QL (0.4 EA per 1 day)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	3	
rifabutin	3	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral	1	
PRETOMANID	2	
PRIFTIN	3	
pyrazinamide oral	1	
rifampin oral	2	
SIRTURO	3	
TRECATOR	3	

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Drug Name	Drug Category	Limits/ Required
Antineoplastics		
Alkylating Agents		
cyclophosphamide injection	4	
cyclophosphamide oral capsule	3	
CYCLOPHOSPHAMID E ORAL TABLET	2	
GLEOSTINE	4	
LEUKERAN	2	
MATULANE	4	
MYLERAN	2	
temozolomide	4	PA
Antiandrogens		
abiraterone acetate oral tablet 250 mg	4	PA
bicalutamide	1	
ORGOVYX	4	PA
XTANDI	4	PA
Antiangiogenic Agents		
lenalidomide	4	PA
POMALYST	4	PA
REVLIMID	4	PA
THALOMID	4	PA
Antiestrogens/Modifiers		
EMCYT	3	
ORSERDU	4	PA
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	PV*
toremifene citrate	3	
Antimetabolites		
capecitabine	4	
DROXIA	3	
hydroxyurea oral	1	
mercaptopurine oral	1	

Drug Name	Drug Category	Limits/ Required
Antineoplastics, Other		
AMELUZ	3	
diclofenac sodium external gel 3 %	1	ST; QL (10 GM per 1 day)
fluorouracil external cream 5 %	3	
fluorouracil external solution	1	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral tablet 10 mg, 5 mg	1	
leucovorin calcium oral tablet 15 mg, 25 mg	3	
NINLARO	4	PA
ONUREG	4	PA
PIQRAY	4	PA
ROZLYTREK ORAL CAPSULE	4	PA
VERZENIO ORAL TABLET 100 MG, 50 MG	4	PA
ZOLINZA	4	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	1	PV*
exemestane	1	PV*
letrozole oral	1	
Enzyme Inhibitors		
etoposide oral	4	
HYCAMTIN ORAL	4	
Molecular Target Inhibitors		
ALECENSA	4	PA
BOSULIF ORAL TABLET	4	PA
CABOMETYX	4	PA
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
CAPRELSA ORAL TABLET 300 MG	4	PA
COMETRIQ	4	PA
COTELLIC	4	PA
ERIVEDGE	4	PA
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA
erlotinib hcl oral tablet 25 mg	4	PA; QL (3 EA per 1 day)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL (1 EA per 1 day)
everolimus oral tablet soluble	4	PA
GILOTRIF	4	PA; QL (1 EA per 1 day)
IBRANCE	4	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	4	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	4	PA
imatinib mesylate	4	PA
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	4	PA
IMBRUVICA ORAL TABLET	4	PA; QL (1 EA per 1 day)
INLYTA	4	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	4	PA; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	4	PA
KOSELUGO	4	PA
lapatinib ditosylate	4	PA

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	4	PA
LYNPARZA	4	PA
MEKINIST	4	PA
OGSIVEO	4	PA
pazopanib hcl	4	PA
QINLOCK	4	PA
RETEVMO ORAL CAPSULE	4	PA
RYDAPT	4	PA
sorafenib tosylate	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA
sunitinib malate	4	PA
TABRECTA	4	PA
TAFINLAR	4	PA
TAGRISSE ORAL TABLET 40 MG	4	PA; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 80 MG	4	PA
TASIGNA	4	PA
torpenz	4	PA; QL (1 EA per 1 day)
TUKYSA	4	PA
TURALIO	4	PA
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA
VOTRIENT	4	PA
XALKORI ORAL CAPSULE	4	PA
ZELBORAF	4	PA
ZYDELIG	4	PA
ZYKADIA	4	PA

Drug Name	Drug Category	Limits/ Required
Retinoids		
bexarotene	4	PA
tretinoin oral	4	
Treatment Adjuncts		
MESNEX ORAL	4	
Antiparasitics		
Anthelmintics		
albendazole oral	3	PA
EMVERM	2	
ivermectin oral	3	
praziquantel oral	3	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
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	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg	1	
hydroxychloroquine sulfate oral tablet 400 mg	2	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	3	
primaquine phosphate	1	
pyrimethamine oral	4	PA
quinine sulfate	1	
Pediculicides/Scabicides		
CROTAN	4	

Drug Name	Drug Category	Limits/ Required
malathion	3	
permethrin external	1	
spinosad	3	
sulfurated lime	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate	1	
trihexyphenidyl hcl	1	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
entacapone	3	
tolcapone	1	
Dopamine Agonists		
apomorphine hcl subcutaneous	4	PA; QL (3 ML per 1 day)
bromocriptine mesylate oral	3	
NEUPRO	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ropinirole hcl er	3	
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	3	
selegiline hcl oral	1	

Drug Name	Drug Category	Limits/ Required
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	3	
fluphenazine hcl oral tablet	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
loxapine succinate	3	
pimozide	3	
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	3	QL (2 EA per 1 day)
FANAPT	3	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK	3	ST; QL (16 EA per 365 days)
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	1	QL (2 EA per 1 day)
olanzapine intramuscular	3	

Drug Name	Drug Category	Limits/ Required
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	1	QL (2 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)
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)
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	

Drug Name	Drug Category	Limits/ Required
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	3	
BARACLUDE ORAL SOLUTION	3	QL (21 ML per 1 day)
entecavir	1	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	1	
Anti-hepatitis C (HCV) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG	3	PA; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	3	PA; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET	3	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)
MAVYRET ORAL PACKET	3	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	3	PA; QL (3 EA per 1 day)
PEGASYS	4	PA
ribavirin oral	4	
ZEPATIER	4	PA; QL (1 EA per 1 day)
Antitherpetic Agents		
acyclovir external ointment	1	QL (1 GM per 1 day)
acyclovir oral capsule	1	
acyclovir oral suspension	3	
acyclovir oral tablet	1	
famciclovir oral	1	

Drug Name	Drug Category	Limits/ Required
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	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	3	QL (1 EA per 1 day)
EDURANT	3	
efavirenz	3	
efavirenz-emtricitab-tenofo df	3	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir	3	QL (1 EA per 1 day)
etravirine	3	
INTELENCE ORAL TABLET 25 MG	3	
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	

Drug Name	Drug Category	Limits/ Required
abacavir sulfate-lamivudine	3	QL (1 EA per 1 day)
CIMDUO	2	QL (1 EA per 1 day)
emtricitabine	3	
emtricitabine-tenofovir df	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	3	QL (1 EA per 1 day)
ODEFSEY	3	QL (1 EA per 1 day)
tenofovir disoproxil fumarate	1	PV*
TRIUMEQ	2	QL (1 EA per 1 day)
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG	3	
VIREAD ORAL TABLET 200 MG, 250 MG	2	
zidovudine	3	
Anti-HIV Agents, Other		
FUZEON	2	
maraviroc	1	PA
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
Anti-HIV Agents, Protease Inhibitors		
atazanavir sulfate	3	
darunavir	1	
EVOTAZ	2	QL (1 EA per 1 day)
fosamprenavir calcium	3	

Drug Name	Drug Category	Limits/ Required
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet 100-25 mg	1	
lopinavir-ritonavir oral tablet 200-50 mg	3	
NORVIR ORAL PACKET	2	
PREZCOBIX	2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
SYMTUZA	3	QL (1 EA per 1 day)
VIRACEPT	4	
Anti-influenza Agents		
oseltamivir phosphate oral capsule 30 mg	2	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg	2	QL (20 EA per 365 days)
oseltamivir phosphate oral capsule 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		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral capsule 100 mg	3	

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Drug Name	Drug Category	Limits/ Required
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
meprobamate	3	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg	2	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 1 mg	1	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	2	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	2	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 1 mg	1	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 3 mg	2	QL (3 EA per 1 day)
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 EA per 1 day)
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)
diazepam intensol	2	

Drug Name	Drug Category	Limits/ Required
diazepam oral concentrate	2	
diazepam oral solution	2	
diazepam oral tablet	1	
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)
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	1	
divalproex sodium oral capsule delayed release sprinkle	3	
divalproex sodium oral tablet delayed release	1	
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Glucose Monitoring		
CHEMSTRIP 10 MD	3	
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	
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 KIT	2	

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Drug Name	Drug Category	Limits/ Required
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL (10 EA per 1 day)
CONTOUR TEST STRIPS	2	QL (10 EA per 1 day)
CVS KETONE CARE	3	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR	2	PA
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN SENSOR (3)	3	PA
GUARDIAN SENSOR 3	3	PA
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	3	
BYDUREON BCISE AUTOINJECTOR	2	PA; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN	2	PA; QL (0.08 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
BYETTA 5 MCG PEN	2	PA; QL (0.04 ML per 1 day)
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl	1	
glipizide-metformin hcl	3	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	
JENTADUETO	2	ST
JENTADUETO XR	2	ST
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA; QL (0.08 ML per 1 day)
nateglinide	3	
OZEMPIC	2	PA; QL (0.11 ML per 1 day)
pioglitazone hcl	1	
repaglinide	3	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 EA per 365 days)
SOLIQUA	2	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	ST
TRULICITY	2	PA; QL (0.08 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
XIGDUO XR	2	
XULTOPHY	2	
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	3	
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	
INSULIN LISPRO	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR FLEXPEN	3	PA
LEVEMIR U-100 VIAL	3	PA
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	

Drug Name	Drug Category	Limits/ Required
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg	1	QL (2 EA per 1 day)
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	2	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	3	
fondaparinux sodium	3	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	3	
jantoven	1	
PRADAXA ORAL CAPSULE 110 MG	2	QL (2 EA per 1 day)
warfarin sodium oral	1	
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)

Drug Name	Drug Category	Limits/ Required
Blood Formation Modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA
NEULASTA	4	PA
NEULASTA ONPRO	4	PA
NIVESTYM	4	PA
plerixafor	4	
PROMACTA	4	PA
PYRUKYND	4	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK	4	PA; QL (1 EA per 1 day)
REBLOZYL	4	PA
RETACRIT	4	PA
Hemostasis Agents		
aminocaproic acid oral tablet	3	
HEMLIBRA	4	
Platelet Modifying Agents		
aspirin-dipyridamole er	3	
BRILINTA	2	
CABLIVI	4	PA; QL (1 EA per 1 day)
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	2	
prasugrel hcl	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral	1	
guanfacine hcl	1	
METHYLDOPA	1	
midodrine hcl	1	

Drug Name	Drug Category	Limits/ Required
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	3	PA
prazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	
enalapril maleate oral tablet	1	
fosinopril sodium	1	
lisinopril oral	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate	3	
dofetilide	3	
flecainide acetate	1	
mexiletine hcl oral	3	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
quinidine sulfate	1	
sotalol hcl (af)	1	

Drug Name	Drug Category	Limits/ Required
sotalol hcl oral	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral	1	
carvedilol	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral tablet 40 mg	1	
nebivolol hcl	3	
pindolol	3	
propranolol hcl er	3	
propranolol hcl oral	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er 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	

Drug Name	Drug Category	Limits/ Required
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	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	1	
bisoprolol-hydrochlorothiazide	1	
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET	2	QL (2 EA per 1 day)
epinephrine injection solution	1	

Drug Name	Drug Category	Limits/ Required
epinephrine pf	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
metyrosine	1	PA; QL (16 EA per 1 day)
olmesartan medoxomil-hctz	1	
pentoxifylline er	1	
quinapril-hydrochlorothiazide	1	
ranolazine er	3	
spironolactone-hctz	1	
triamterene-hctz	1	
valsartan-hydrochlorothiazide	1	
VYNDAMAX	4	PA; QL (1 EA per 1 day)
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide injection	1	
furosemide oral	1	
torseamide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	3	
spironolactone oral tablet	1	
Diuretics, Thiazide		
chlorthalidone	1	
hydrochlorothiazide oral	1	

Drug Name	Drug Category	Limits/ Required
indapamide	1	
metolazone oral tablet 10 mg	1	
metolazone oral tablet 2.5 mg, 5 mg	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 67 mg	1	
fenofibrate micronized oral capsule 200 mg, 43 mg	3	
fenofibrate oral capsule 134 mg, 67 mg	1	
fenofibrate oral capsule 200 mg	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	
gemfibrozil oral	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
fluvastatin sodium	3	
lovastatin oral	1	PV
pravastatin sodium	1	
rosuvastatin calcium oral	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV*
simvastatin oral tablet 80 mg	1	

Drug Name	Drug Category	Limits/ Required
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl oral tablet	3	
colestipol hcl	3	
ezetimibe	1	
ezetimibe-simvastatin	3	
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		
hydralazine hcl oral	1	
minoxidil oral	1	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
RECTIV	3	

Drug Name	Drug Category	Limits/ Required
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)
dextroamphetamine sulfate oral tablet 5 mg	1	QL (3 EA per 1 day)
lisdexamfetamine dimesylate	2	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	2	QL (1 EA per 1 day)
atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg	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 (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 oral tablet extended release 10 mg	3	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	3	QL (3 EA per 1 day)
methylphenidate hcl oral tablet	1	QL (3 EA per 1 day)
Central Nervous System, Other		
riluzole	3	

Drug Name	Drug Category	Limits/ Required
SKYCLARYS	4	PA; QL (3 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	3	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)
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)
dalfampridine er	4	PA; QL (2 EA per 1 day)
dimethyl fumarate oral	3	PA; QL (2 EA per 1 day)
dimethyl fumarate starter pack	3	PA; QL (120 EA per 365 days)
fingolimod hcl	4	PA; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
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)
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (14 EA per 365 days)
Dental and Oral Agents		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
easygel	1	
fluoridex daily renewal	1	
kourzeq	1	
oralone	1	
periogard	1	
pilocarpine hcl oral tablet 5 mg	2	
pilocarpine hcl oral tablet 7.5 mg	3	
PREVIDENT MOUTH/THROAT	3	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride dental	1	

Drug Name	Drug Category	Limits/ Required
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
acutane	3	
acitretin	3	
adapalene external cream	3	
adapalene external gel 0.1 %	1	
adapalene external gel 0.3 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
ammonium lactate external	1	
amneestem	3	
benzoyl peroxide-erythromycin	3	
calcipotriene external cream	2	
calcipotriene external ointment	2	
calcipotriene external solution	2	
calcitriol external	3	
CIBINQO	4	PA; QL (1 EA per 1 day)
claravis	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	3	

Drug Name	Drug Category	Limits/ Required
clindamycin phosphate external gel	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
coal tar external	1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	4	PA; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	4	PA; QL (0.29 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)
ery pad 2%	3	
erythromycin external	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ivermectin external cream	3	
lactic acid e	1	
lactic acid external	1	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
neuac	1	

Drug Name	Drug Category	Limits/ Required
pimecrolimus	3	ST; QL (2 GM per 1 day)
podofilox external solution	1	
REGRANEX	3	PA
SANTYL	3	QL (3 GM per 1 day)
selenium sulfide external lotion	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (0.05 ML per 1 day)
SPEVIGO SUBCUTANEOUS	4	PA; QL (0.08 ML per 1 day)
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)	3	
tacrolimus external	3	QL (2 GM per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (0.04 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	4	PA; QL (0.04 ML per 1 day)
tazarotene external cream	3	PA
TREMFYA	4	PA; QL (0.02 ML per 1 day)
tretinoin external cream 0.025 %, 0.05 %	2	
tretinoin external cream 0.1 %	3	
tretinoin external gel 0.01 %, 0.025 %	3	
zenatane	3	
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	4	PA
corvita 150	1	
ferocon	1	
ferotrinsic	1	
ferrocite plus	1	
foltrin	1	
iodine strong oral	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet	3	
klor-con oral tablet extended release	1	
K-PHOS	3	
k-tan plus	1	
levocarnitine oral solution	2	
levocarnitine oral tablet	2	
levocarnitine sf	2	
PHOSPHO-TRIN K500	3	

Drug Name	Drug Category	Limits/ Required
polysaccharide iron forte	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	3	
potassium chloride oral solution	1	
potassium citrate er	2	
purevit dualfe plus	1	
se-tan plus	1	
sod citrate-citric acid	1	
sodium fluoride oral	1	PV
trigels-f forte	1	
Electrolyte/Mineral/Me tal Modifiers		
CHEMET	3	
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA
sodium polystyrene sulfonate	1	
SPS	3	
trientine hcl oral capsule 250 mg	4	PA
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
sevelamer carbonate oral tablet	3	
Vitamins		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
biocel	1	
bp vit 3	1	
b-plex	1	

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Drug Name	Drug Category	Limits/ Required
b-plex plus	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
ergocalciferol oral capsule	1	
fa-vitamin b-6-vitamin b-12	1	
folate	1	PV
folbee plus	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
folplex 2.2	1	
ft folic acid	1	PV
hydroxocobalamin acetate	1	
lysiplex plus oral tablet	1	
MASONATAL	3	PV
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
multi-vitamin/fluoride/iron	1	
NASCOBAL	3	
NEONATAL PRENATAL	3	PV
nephronex oral tablet	1	
nutrifac zx	1	
ONE VITE WOMENS	3	PV
ONE-A-DAY WOMENS PRENATAL 1	3	PV
phytonadione injection solution 1 mg/0.5ml	1	
phytonadione injection solution 10 mg/ml	3	
phytonadione oral	3	
prenatal multi +dha	1	PV

Drug Name	Drug Category	Limits/ Required
prenatal oral tablet 27-0.8 mg	1	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral	1	
prenatal/folic acid+dha	1	PV
pyridoxine hcl injection	1	
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	1	
TRUE FOLIC ACID ORAL TABLET 400 MCG	3	PV
v-c forte	1	
vita s forte	1	
vitacel	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection solution 1 mg/0.5ml	1	
vitamin k1 injection solution 10 mg/ml	3	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
wescaps	1	
yl folic acid	1	PV
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL (4 EA per 1 day)

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Drug Name	Drug Category	Limits/ Required
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	1	
amoxicill-clarithro-lansopraz	3	
bis subcit-metronid-tetracyc	3	
bismuth/metronidaz/tetracyclin	3	
cromolyn sodium oral	3	
diphenoxylate-atropine oral tablet	1	
GATTEX	4	PA
loperamide hcl oral capsule	1	
MOTEGRITY	3	ST; QL (1 EA per 1 day)
MOTOFEN	3	PA
OMECLAMOX-PAK	2	
REBYOTA	4	PA
SYMPROIC	2	ST; QL (1 EA per 1 day)
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	3	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	1	
cimetidine oral	1	
famotidine oral suspension reconstituted	3	

Drug Name	Drug Category	Limits/ Required
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine	1	
Irritable Bowel Syndrome Agents		
alosetron hcl	3	PA
LINZESS	2	ST; QL (1 EA per 1 day)
lubiprostone	2	QL (2 EA per 1 day)
Laxatives		
bisacodyl ec	1	PV; QL (2 fill per 365 days)
bisacodyl oral	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)
constulose	1	
enulose	1	
ft clearlax	1	PV; QL (2 fill per 365 days)
ft laxative	1	PV; QL (2 fill per 365 days)
ft magnesium citrate	1	PV; QL (2 fill per 365 days)
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)
gavilyte-n with flavor pack	1	PV; QL (8000 ML per 365 days)
generlac	1	
gentle laxative oral tablet delayed release	1	PV; QL (2 fill per 365 days)

Drug Name	Drug Category	Limits/ Required
gentlelax	1	PV; QL (2 fill per 365 days)
glycolax	1	PV; QL (2 fill per 365 days)
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution	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	PV; 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-naasc-c	1	
PLENVU	3	ST
polyethylene glycol 3350 oral powder	1	PV; QL (2 fill per 365 days)
true laxative	1	PV; QL (2 fill per 365 days)
Protectants		
misoprostol oral	1	
sucralfate oral tablet	1	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	1	

Drug Name	Drug Category	Limits/ Required
lansoprazole oral capsule delayed release	1	QL (1 EA per 1 day)
omeprazole oral capsule delayed release	1	QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release	1	QL (1 EA per 1 day)
rabeprazole sodium oral tablet delayed release	2	QL (1 EA per 1 day)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
CERDELGA	4	PA
CHOLBAM	4	PA
CREON	2	
CYSTAGON	4	
EVRYSDI	4	PA; QL (8 ML per 1 day)
GALAFOLD	4	PA; QL (0.5 EA per 1 day)
miglustat	4	PA
MYALEPT	4	PA
nitisinone	4	PA
ORFADIN ORAL SUSPENSION	4	PA
REVCOVI	4	PA
sapropterin dihydrochloride	4	PA
sodium phenylbutyrate oral tablet	4	PA
STRENSIQ	4	PA
SUCRAID	4	PA
TEGSEDI	4	PA; QL (0.22 ML per 1 day)
yargesa	4	PA
ZENPEP	2	

Drug Name	Drug Category	Limits/ Required
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er	3	
flavoxate hcl	1	
mirabegron er	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	
tolterodine tartrate	2	
tolterodine tartrate er	2	
tropium chloride	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	2	
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary Agents, Other		
bethanechol chloride oral	1	
ENCARE	3	PV
OPTIONS GYNOL II CONTRACEPTIVE	3	PV
penicillamine oral tablet	4	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

Drug Name	Drug Category	Limits/ Required
tiopronin oral tablet	4	
TODAY SPONGE	3	PV
VCF VAGINAL CONTRACEPTIVE	3	PV
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort	1	
alclometasone dipropionate	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	3	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
clobetasol propionate external cream	3	
clobetasol propionate external gel	3	
clobetasol propionate external ointment	3	
clobetasol propionate external solution	3	

Drug Name	Drug Category	Limits/ Required
clocortolone pivalate	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
desonide external cream	3	
desonide external ointment	3	
desoximetasone external cream 0.25 %	1	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	3	
dexamethasone intensol	1	
dexamethasone oral elixir	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone sod phos +rfid	1	
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 cream	3	
fluocinolone acetonide external ointment	3	
fluocinolone acetonide external solution	1	

Drug Name	Drug Category	Limits/ Required
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	3	
fluocinonide external	1	
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 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
hydrocortisone valerate external cream	3	
KENALOG-10	3	
KENALOG-80	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	
mometasone furoate external	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	QL (16 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 80 MG/ML	3	
triderm	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	PA
desmopressin ace spray refrig	3	
desmopressin acetate oral	3	
desmopressin acetate spray	3	
FOLLISTIM AQ	IN	
GONAL-F	IN	
GONAL-F RFF	IN	
GONAL-F RFF REDIJECT	IN	

Drug Name	Drug Category	Limits/ Required
INCRELEX	4	PA
MENOPUR	IN	
NORDITROPIN FLEXPPO	4	PA
NOVAREL	IN	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
OMNITROPE	4	PA
OVIDREL	IN	
oxytocin injection	1	
PREGNYL	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	3	
INTRAROSA	3	ST
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%), 40.5 mg/2.5gm (1.62%)	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
amethyst	1	PV

Drug Name	Drug Category	Limits/ Required
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 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
aviane	1	PV
ayuna	1	PV
azurette	1	PV
balziva	1	PV
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 eq	1	PV
COMBIPATCH	3	
cryselle-28	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
dolishale	1	PV
dotti	3	

Drug Name	Drug Category	Limits/ Required
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
elinest	1	PV
eluryng	1	PV
enilloring	1	PV
enpresse-28	1	PV
enskyce	1	PV
estarylla	1	PV
estradiol oral	1	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal patch twice weekly	3	
estradiol transdermal patch weekly	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	3	
estradiol-norethindrone acet	1	
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV
falmina	1	PV
finzala	1	PV
fyavolv	2	
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
haloette	1	PV
iclevia	1	PV; QL (1 EA per 1 day)
introvale	1	PV; QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
isibloom	1	PV
jaimiess	1	PV; QL (1 EA per 1 day)
jasmiel	1	PV
jinteli	2	
jolessa	1	PV; QL (1 EA per 1 day)
joyeaux	1	PV
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
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)
levonorgest-eth estradiol-iron	1	PV
levonorgestrel-ethinyl estrad	1	PV
levonorg-eth estrad triphasic	1	PV

Drug Name	Drug Category	Limits/ Required
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	3	
marlissa	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
merzee	1	PV
mibelas 24 fe	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
mili	1	PV
mimvey	1	
mono-lynyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
nikki	1	PV
norelgestromin-eth estradiol	1	PV
norethin ace-eth estrad-fe	1	PV
norethindrone acet-ethinyl est	1	PV
norethindrone-eth estradiol	2	
norethindron-ethinyl estrad-fe	1	PV
norethin-eth estradiol-fe	1	PV
norgestimate-eth estradiol	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV

Drug Name	Drug Category	Limits/ Required
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
pimtree	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)
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 eq	1	PV
taysofy	1	PV
tilia fe	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

Drug Name	Drug Category	Limits/ Required
tri-nymyo	1	PV
tri-sprintec	1	PV
trivora (28)	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
turqoz	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
xulane	1	PV
yuvaferm	3	
zafemy	1	PV
zovia 1/35 (28)	1	PV
zumandimine	1	PV
Progestins		
aftera	1	PV
camila	1	PV
CRINONE VAGINAL GEL 8 %	IN	QL (0.6 GM per 1 day)
curae	1	PV
deblitane	1	PV
DEPO-SUBQ PROVERA 104	3	QL (0.02 ML per 1 day)
econtra one-step	1	PV
ELLA	3	PV
emzahn	1	PV
ENDOMETRIN	IN	
errin	1	PV
heather	1	PV
her style	1	PV
incassia	1	PV

Drug Name	Drug Category	Limits/ Required
jencycla	1	PV
KYLEENA	3	PV
levonorgestrel	1	PV
LILETTA (52 MG)	3	PV
lyleq	1	PV
lyza	1	PV
medroxyprogesterone acetate intramuscular	1	PV; QL (0.02 ML per 1 day)
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
MIRENA (52 MG)	3	PV
my choice	1	PV
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
OPILL	3	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		
raloxifene hcl	1	PV*

Drug Name	Drug Category	Limits/ Required
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg	1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	1	
liothyronine sodium oral	1	
np thyroid	1	
thyroid oral	1	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (pituitary)		
CETROTIDE	IN	

Drug Name	Drug Category	Limits/ Required
fyremadel	IN	
ganirelix acetate	IN	
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	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)	4	PA
LUPRON DEPOT-PED (3-MONTH)	4	PA
LUPRON DEPOT-PED (6-MONTH)	4	PA
octreotide acetate	4	PA
SIGNIFOR	4	PA; QL (2 ML per 1 day)
SOMAVERT	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	2	
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)

Drug Name	Drug Category	Limits/ Required
Immune Suppressants		
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	4	PA; QL (0.12 EA per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	4	PA; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	4	PA; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	4	PA; QL (0.06 EA per 1 day)
azathioprine oral tablet 100 mg	3	
azathioprine oral tablet 50 mg	1	
CIMZIA	4	PA; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE)	4	PA; QL (0.08 EA per 1 day)
CIMZIA STARTER KIT	4	PA; QL (3 EA per 365 days)
cyclosporine modified	2	
cyclosporine oral capsule 100 mg	3	
cyclosporine oral capsule 25 mg	2	
ENBREL	4	PA; QL (0.15 ML per 1 day)
ENBREL MINI	4	PA; QL (0.15 ML per 1 day)
ENBREL SURECLICK	4	PA; QL (0.15 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf	2	
KINERET	4	PA
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral capsule	2	
mycophenolate mofetil oral suspension reconstituted	3	
mycophenolate mofetil oral tablet	2	
mycophenolate sodium	2	
mycophenolic acid	2	
ORENCIA CLICKJECT	4	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	4	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	4	PA; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	4	PA; QL (0.1 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	4	PA; QL (0.02 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	4	PA; QL (0.02 ML per 1 day)
sirolimus oral	3	
SKYRIZI PEN	4	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (0.02 ML per 1 day)
tacrolimus oral	2	
XELJANZ ORAL SOLUTION	4	PA; QL (10 ML per 1 day)
XELJANZ ORAL TABLET	4	PA; QL (2 EA per 1 day)
XELJANZ XR	4	PA; QL (1 EA per 1 day)
Immunoglobulins		
HEPAGAM B	4	
HIZENTRA	4	PA
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	4	
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	4	
RHOPHYLAC	4	
Immunomodulators		
ACTEMRA ACTPEN	4	PA; QL (0.13 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
ACTEMRA SUBCUTANEOUS	4	PA; QL (0.13 ML per 1 day)
ACTIMMUNE	4	PA
BENLYSTA SUBCUTANEOUS	4	PA
BEYFORTUS	2	PV
ILARIS	4	PA; QL (0.08 ML per 1 day)
leflunomide oral	1	
OTEZLA ORAL TABLET 30 MG	4	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	4	PA; QL (55 EA per 365 days)
RINVOQ	4	PA; QL (1 EA per 1 day)
SYNAGIS	4	PA
VEOPOZ	4	PA
XOLAIR	4	PA
Vaccines		
ABRYSVO	3	QL (1 EA per 999 days)
ACTHIB	2	PV
ADACEL	2	PV
AFLURIA	2	PV
AFLURIA PRESERVATIVE FREE	2	PV
AREXVY	3	
BEXSERO	2	PV
BOOSTRIX	2	PV
COMIRNATY	2	PV
DAPTACEL	2	PV
DENGVAXIA	2	PV
ENGERIX-B	2	PV
FLUAD	2	PV
FLUARIX	2	PV
FLUBLOK	2	PV
FLUCELVAX	2	PV

Drug Name	Drug Category	Limits/ Required
FLULAVAL	2	PV
FLUMIST QUADRIVALENT	2	PV
FLUZONE HIGH-DOSE	2	PV
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
GARDASIL 9	2	PV
HAVRIX	2	PV
HEPLISAV-B	2	PV
HIBERIX	2	PV
INFANRIX	2	PV
IPOL	2	PV
KINRIX	2	PV
MENQUADFI	2	PV
MENVEO	2	PV
M-M-R II	2	PV
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	2	PV
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML	2	PV
PEDIARIX	2	PV
PEDVAX HIB	2	PV
PENBRAYA	2	PV
PENTACEL	2	PV
PFIZER COVID-19 VAC-TRIS 5-11Y	2	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y	2	PV
PNEUMOVAX 23	2	PV
PREHEVBRIO	2	PV
PREVNAR 20	2	PV
PRIORIX	2	PV

Drug Name	Drug Category	Limits/ Required
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
ROTARIX	2	PV
ROTATEQ	2	PV
SHINGRIX	2	PV
SPIKEVAX	2	PV
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	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	3	
DIPENTUM	3	
mesalamine er oral capsule 0.375 gm	3	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine rectal	3	
SFROWASA	3	
Glucocorticoids		
budesonide er	3	
budesonide oral	3	
CORTIFOAM	3	
hydrocortisone (perianal)	1	

Drug Name	Drug Category	Limits/ Required
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	3	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (0.15 EA per 1 day)
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	
PROLIA	4	PA; QL (2 ML per 250 days)
risedronate sodium oral tablet 150 mg	3	QL (0.04 EA per 1 day)
risedronate sodium oral tablet 30 mg	3	
risedronate sodium oral tablet 35 mg	1	QL (0.15 EA per 1 day)
risedronate sodium oral tablet 5 mg	1	
risedronate sodium oral tablet delayed release	3	QL (0.15 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA
XGEVA	4	PA
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ALCOHOL PREP PADS PAD , 70 %	3	
AUM ALCOHOL PREP PADS	3	
BD ULTRA-FINE INSULIN SYRINGES	3	
BD ULTRA-FINE PEN NEEDLES 31G X 8 MM	3	
benzalkonium chloride external solution	1	
BOTOX	3	PA

Drug Name	Drug Category	Limits/ Required
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAYA	3	PV
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	
CONDOMS	3	PV
deferoxamine mesylate	1	
DROPLET MICRON	3	
DROPSAFE ALCOHOL PREP	3	
DUREX EXTRA SENSITIVE THIN	3	PV
DUREX TROPICAL	3	PV
EASIVENT	2	
EMBRACE PEN NEEDLES 31G X 8 MM	3	
ergoloid mesylates oral	3	
FC2 FEMALE CONDOM	3	PV
FEMCAP	3	PV
FLEXICHAMBER	2	

Drug Name	Drug Category	Limits/ Required
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	
INSULIN SYRINGES 29G X 1/2" 0.3 ML, 31G X 1/2" 0.3 ML	3	
methergine	3	QL (28 EA per 1 fill)
methylergonovine maleate oral	3	QL (28 EA per 1 fill)
MICROCHAMBER DEVICE	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G6 PODS (GEN 5)	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
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OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	

Drug Name	Drug Category	Limits/ Required
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARAGARD INTRAUTERINE COPPER	3	PV
PARI VORTEX ADULT MASK	2	
PEDIATRIC PANDA MASK	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	
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	
TRUE COVER	3	PV
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM	3	
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	3	
VISTOGARD	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	PV
WIDE-SEAL DIAPHRAGM 65	3	PV
WIDE-SEAL DIAPHRAGM 70	3	PV

Drug Name	Drug Category	Limits/ Required
WIDE-SEAL DIAPHRAGM 75	3	PV
WIDE-SEAL DIAPHRAGM 80	3	PV
WIDE-SEAL DIAPHRAGM 85	3	PV
WIDE-SEAL DIAPHRAGM 90	3	PV
WIDE-SEAL DIAPHRAGM 95	3	PV
XIAFLEX	4	PA
ZOKINVY	4	PA; QL (4 EA per 1 day)
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
Antibacterials, Other		
bacitracin ophthalmic	3	
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	

Drug Name	Drug Category	Limits/ Required
neo-polycin hc	1	
polycin	1	
polymyxin b-trimethoprim	1	
Antifungals		
NATACYN	2	
Antiherpetic Agents		
trifluridine	3	
Macrolides		
AZASITE	3	
erythromycin ophthalmic	1	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution 1 %	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	3	PA
CYSTADROPS	4	QL (0.72 ML per 1 day)
CYSTARAN	4	QL (2.15 ML per 1 day)
sulfacetamide-prednisolone	1	
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOCRIIL	3	PA
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
epinastine hcl	3	

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Drug Name	Drug Category	Limits/ Required
olopatadine hcl ophthalmic solution 0.2 %	1	
phenylephrine hcl ophthalmic	1	
ZERVIATE	3	ST
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	2	
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	2	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL (0.1 ML per 1 day)
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
Ophthalmic Anti-inflammatories		
bromfenac sodium (once-daily)	3	QL (6.8 ML per 365 days)
bromfenac sodium ophthalmic solution 0.07 %	1	QL (12 ML per 365 days)

Drug Name	Drug Category	Limits/ Required
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
ketorolac tromethamine ophthalmic	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic	3	QL (0.1 ML per 1 day)
latanoprost ophthalmic	1	
LUMIGAN	2	QL (0.1 ML per 1 day)
tafluprost (pf)	2	QL (1 EA per 1 day)
travoprost (bak free)	3	QL (0.12 ML per 1 day)
Quinolones		
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	

Drug Name	Drug Category	Limits/ Required
CIPRO HC	3	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
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	
clemastine fumarate oral tablet	1	
cyproheptadine hcl oral	1	
diphenhydramine hcl injection	1	
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal	3	QL (1.02 GM per 1 day)
Anti-inflammatory, Inhaled Corticosteroids		
ADVAIR HFA	2	QL (0.4 GM per 1 day)

Drug Name	Drug Category	Limits/ Required
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
BREO ELLIPTA	2	QL (2 EA per 1 day)
breyana	2	QL (0.35 GM per 1 day)
budesonide inhalation	3	QL (4 ML per 1 day)
budesonide-formoterol fumarate	2	QL (0.35 GM per 1 day)
flunisolide nasal	2	QL (0.84 ML per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (0.71 GM 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	2	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
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)
QVAR REDHALER	2	QL (0.71 GM per 1 day)
SYMBICORT	2	QL (0.35 GM per 1 day)
wixela inhub	2	QL (2 EA per 1 day)
Antileukotrienes		
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
zafirlukast	3	
zileuton er	3	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (0.86 GM per 1 day)
ipratropium bromide inhalation	1	QL (10.42 ML per 1 day)
ipratropium bromide nasal	1	
SPIRIVA HANDHALER	2	QL (1 EA per 1 day)
SPIRIVA RESPIMAT	2	QL (0.14 GM per 1 day)
tiotropium bromide monohydrate	2	QL (1 EA 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)

Drug Name	Drug Category	Limits/ Required
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	QL (5 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)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	QL (5 EA per 1 day)
arformoterol tartrate	3	QL (4 ML per 1 day)
epinephrine (anaphylaxis) injection solution 30 mg/30ml	1	
epinephrine injection solution auto-injector	1	
formoterol fumarate inhalation	3	QL (4 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	3	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	3	QL (9 ML per 1 day)
SEREVENT DISKUS	2	QL (2 EA per 1 day)
STRIVERDI RESPIMAT	2	QL (0.14 GM per 1 day)
Cystic Fibrosis Agents		
KALYDECO ORAL TABLET	4	PA
ORKAMBI ORAL PACKET 75-94 MG	4	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	4	PA; QL (112 EA per 28 days)
PULMOZYME	4	PA

Drug Name	Drug Category	Limits/ Required
tobramycin nebulization solution 300 mg/5ml inhalation	4	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	1	PA
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour	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)
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)
TRACLEER 32 MG	4	PA; QL (4 EA per 1 day)
treprostinil	4	PA
TYVASO	4	PA; QL (2.9 ML per 1 day)
TYVASO DPI MAINTENANCE KIT	4	PA; QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
TYVASO DPI TITRATION KIT	4	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT	4	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT	4	PA; QL (2.9 ML per 1 day)
VENTAVIS	4	PA; QL (9 ML per 1 day)
Pulmonary Fibrosis Agents		
OFEV	4	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation	3	
ANORO ELLIPTA	2	QL (2 EA per 1 day)
benzonatate	1	
BREZTRI AEROSPHERE	2	QL (0.36 GM per 1 day)
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	3	QL (1.14 GM per 1 day)
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)

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Drug Name	Drug Category	Limits/ Required
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)
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL (0.14 GM per 1 day)
TRELEGY ELLIPTA	2	QL (2 EA per 1 day)
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	QL (2 EA per 1 day)
orphenadrine-aspirin-caffeine	3	QL (4 EA per 1 day)
tizanidine hcl oral capsule 2 mg, 4 mg	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
temazepam oral capsule 15 mg, 30 mg	1	QL (1 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 tablet	1	QL (1 EA per 1 day)
Sleep Disorders, Other		
BELSOMRA	3	ST; 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	2	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	2	PA; QL (2 EA per 1 day)
modafinil oral	1	PA; QL (1 EA per 1 day)
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