

DC Healthy Families Formulary

(List of Covered Drugs)

Effective 10/01/2026

medstarfamilychoicedc.com

Notice: This formulary is updated periodically and subject to change. All previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at medstarfamilychoicedc.com



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GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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INTRODUCTION

MedStar Family Choice District of Columbia (DC) is pleased to provide the *2026 DC Healthy Families Prescribing Guide* for the District of Columbia. This Prescribing Guide is to be used when prescribing for patients covered by the pharmacy plan offered by Medstar Family Choice DC. **This is a closed formulary and only those drugs listed in this formulary will be covered by Medstar Family Choice DC for the DC Healthy Families Medicaid enrollees unless a Medical Exception is requested and approved by Medstar Family Choice DC.**

The drugs listed in this *2026 DC Healthy Families Prescribing Guide* have been reviewed and approved by the Medstar Family Choice DC Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have drug benefits administered through Medstar Family Choice DC. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Medical Exception process.

*The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. This formulary is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Medstar Family Choice DC does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Medstar Family Choice DC does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. **The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.***

PREFACE

The *DC Healthy Families Prescribing Guide* is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. All drugs listed were selected to be on this formulary. If a generic drug is covered, it is listed by generic name and may include the brand-name of the drug in parentheses as a reference to assist in drug name recognition. Brand name drugs are listed by their brand name. This formulary document lists all dosages, strengths and formulations of each drug that is covered.

Drugs, dosages, strengths, and formulations not listed are considered non-formulary.

MEDICATIONS CARVED OUT TO THE DC DEPARTMENT OF HEALTHCARE FINANCE

HIV Medications and Pre-Exposure Prophylaxis (PrEP) – HIV/AIDS medications, PEP, and PrEP for DC Healthy Families beneficiaries are covered through the DC Fee-for-Service and are not the responsibility of Medstar Family Choice DC.

Additional information can be found at the Medstar Family Choice DC website, medstarfamilychoicedc.com [HIV Medications and Pre-Exposure Prophylaxis \(PrEP\)](#)

Cell and Gene Therapies (CGTs) – Coverage of some Cell and Gene Therapies are considered “carved out” therapies and are billed directly to the DC Department of Healthcare Finance (DHCF). The list of carved out CGTs along with billing instructions is maintained by DHCF and is available on the DHCF website.

LEGEND

“PA” – Drugs that require a prior authorization. See section **Medical Exception, Prior Authorization and Non-Formulary** below.

“ST” – Drugs that require Step Therapy authorization for coverage. Step Therapy requires that drugs be used in a specific prescribing order. More information for ST drugs can be found on the PA table on the Medstar Family Choice DC website, medstarfamilychoicedc.com, in the Pharmacy Benefits section.

Drugs that have an Age-Related Restriction for coverage are indicated with a specific notation next to the medication.

“QL” – Drugs that have dispensing quantity limitation. Drugs are designated with a QL because they are typically not taken on a regular schedule and/or because of potential safety and utilization concerns. The specific limits are noted in the parentheses for applicable drugs.

The Quantity Limit Program provides for a maximum quantity of drug product that an enrollee may receive per prescription and/or over a specific period of time. Many drug products on the *Medstar Family Choice DC Prescribing Guide* have quantity limits based upon the dosage described in product labeling.

OVER-THE-COUNTER MEDICINES

MedStar Family Choice covers many common over-the-counter (OTC) products. You are encouraged to prescribe OTC products when clinically appropriate. A prescription is required, and refills are permitted. Prescriptions may be written for the State limited 12-month maximum. Generic OTC products are preferred when available.

Condoms and emergency contraception do not require a prescription.

DURABLE MEDICAL EQUIPMENT

Blood pressure monitors and at-home diabetic testing machines and supplies are covered as part of the prescription benefit. MedStar Family Choice prefers Accu-Chek branded products when appropriate for patients. These include Accu-Chek Aviva, Accu-Chek Guide, and Accu-Chek Smart line of glucometers and coordinating supplies.

Additionally, pen needles are also covered as part of the prescription benefit. MedStar Family Choice prefers Unifine products when appropriate for patients. These include Unifine Pentips, Unifine Pentips Plus and Unifine Safe Control of different sizes.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The MedStar Family Choice DC Pharmacy and Therapeutics (P&T) Committee includes physicians, pharmacists, and nurses. The Committee meets quarterly to evaluate drugs for formulary inclusion and to develop policies concerning formulary and drug utilization management. Please visit the Medstar Family Choice DC website at **medstarfamilychoicedc.com** to view the decisions of the Medstar Family Choice DC P&T Committee and any applicable changes. The main features of the Medstar Family Choice DC P&T Policies are also on the website in the FAQs.

PRODUCT SELECTION CRITERIA

The Medstar Family Choice DC P&T Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire *DC Healthy Families Prescribing Guide* is reviewed on an annual basis.

All the information in the DC Healthy Families Prescribing Guide is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

GENERIC SUBSTITUTION

Brand name drugs that have a generic will be automatically substituted by the pharmacy. Pharmacies will only substitute medications if they are evaluated by the FDA and found to be clinically equivalent. Generic biosimilar therapies will also be substituted when permitted under FDA guidelines.

MAIL SERVICE PRESCRIPTIONS AND 90-DAY SUPPLIES

Medstar Family Choice DC offers a 90-day fill option for many drugs used to treat chronic conditions. These drugs can be found on the Medstar Family Choice DC website, **medstarfamilychoicedc.com** in the Pharmacy Benefit section.

Enrollees are also able to order their prescriptions from CVS Caremark Mail Service Pharmacy™. Receiving a 90-day supply of medication by mail may be more convenient for Enrollees, especially when filling prescriptions for routine or maintenance type medications. Mail service may also improve patient adherence to their therapies.

To start the process, prescribers may call CVS Caremark Mail Service Pharmacy at **1-800-996-5772** or submit a prescription to the CVS Caremark Mail Service Pharmacy. Additional information can be found at the Medstar Family Choice DC website, **medstarfamilychoicedc.com** or at **caremark.com**.

Please note that medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. As such, please advise members to allow up to 14 days for delivery from the time mail service receives the request. Any prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

MEDICAL EXCEPTION, PRIOR AUTHORIZATION and NON-FORMULARY REQUESTS

If a drug requiring prior authorization is desired for medical management of a patient, Medstar Family Choice DC has a prior authorization table that can be accessed to see the prior authorization requirements. This table can be found on the Medstar Family Choice DC website, **medstarfamilychoicedc.com**.

If a non-covered drug or a drug requiring prior authorization is desired for medical management of a patient, a medication exception may be requested by calling Medstar Family Choice DC at: **855-798-4244** or send in the completed PA/Non-formulary request form that can be found on the website **medstarfamilychoicedc.com**.

Medstar Family Choice DC must make a decision and notification on all pharmacy requests within twenty-four (24) hours of receipt. To comply with this stringent turnaround time, we ask that your office provides complete clinical information at the time of original submission. Please consult this document and the Pharmacy Prior Authorization table that can be found on our website prior to submitting your request. If additional clinical information is required, please be advised that your office must return it promptly or the request may be denied due to incomplete information.

OPIOID DRUG MANAGEMENT

In alignment with the Federal Support Act, Medstar Family Choice DC limits new-start opioid analgesic prescriptions to a 7-day supply for adults or a 3-day supply for persons under 18 years of age.

A new-start opioid analgesic prescription means:

- the patient has not had an opioid medication filled under MedStar Family Choice in the preceding 30 days, OR
- the patient had one fill of a short-acting opioid at ≤ 50 morphine milligram equivalents (MME) per day in the previous 90 days, filled within 7 days of a subsequent request

New prescriptions for more than 7-day supply will require Prior Authorization.

For complete information regarding the requirements of the District of Columbia Medicaid Opioid Drug Utilization Review for opioid prescribing, please visit [medstarfamilychoicedc.com Opioid Prescribing](https://medstarfamilychoicedc.com/OpioidPrescribing)

FERTILITY DRUG COVERAGE

Beginning on January 1, 2024, MedStar Family Choice DC will pay for drugs ordered to treat female infertility due to anovulation (females whose ovaries do not release eggs). Coverage through any DC Medicaid or managed care plan is limited to three (3) treatment cycles in an enrollee's lifetime. Enrollees must obtain prior authorization or medical exception approval from MedStar Family Choice DC for any fertility drug ordered for this reason.

EDITOR

Your comments and suggestions regarding the *DC Healthy Families Prescribing Guide* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments via email to: MFC-FormularyFeedback@MedStar.net

NOTICE

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MedStar Family Choice District of Columbia does not operate the websites/organizations listed here, nor is it responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by MedStar Family Choice District of Columbia.

Nondiscrimination Statement

MedStar Family Choice-District of Columbia ("We") do not discriminate on the basis of race, color, national origin, sex, gender identity, age, disability (physical or mental), religion or political beliefs ("discrimination"). We comply with applicable federal civil rights laws. We do not exclude people or treat them differently on the basis of discrimination.

We provide free communication aids and services to people with disabilities, such as:

- Qualified sign language interpreters
- Written information in other formats (e.g. large print, audio, accessible electronic, other)

We provide free language services to those whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these aids or services, contact Enrollee Services at **888-404-3549 (TTY: 7-1-1)**.

We have a grievance procedure to resolve complaints alleging discrimination. If you believe we have failed to provide these services or discriminated in another way, you can file a grievance in the following ways:

- By phone: **888-404-3549 (TTY: 7-1-1)**
- By e-mail: MFCDC1557Coordinator@medstar.net
- By mail: Section 1557 Coordinator, 3007 Tilden Street, NW, POD 3N, Washington, DC 20008

Enrollee Services or the Section 1557 Coordinator can help you file a grievance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the web portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>;
- By mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; or
- By phone at **800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Interpreter Services Are Available for Free

*Help is available in your language:
888-404-3549 (TTY: 7-1-1).*

Spanish/Español

Atención: Si no habla y/o lee inglés, llame al 888-404-3549 entre las 8:00 a.m. y las 5:30 p.m. Un representante lo asistirá.

Amharic/አማርኛ

ማሳሰቢያ፡ ኢንግሊዝኛ የማይናገሩ እና/ወይም የማያነቡ ከሆነ፣ እባክዎ ከጧት 8:00 እስከ አመሻሽ 5:30 ባሉ ሰዓታት ውስጥ ወደ 888-404-3549 ይደውሉ። ተወካይ ያግዝዎታል።

Arabic/العربية

تنبيه: إذا كنت لا تتحدث أو تقرأ اللغة الإنجليزية، يرجى الاتصال بـ 888-404-3549 بين الساعة 8:00 صباحاً و5:30 مساءً. أحد مندوبينا سيقوم بمساعدتك.

Bassa/Básɔ̀

DÉ DÈ NÌÀ KÈ DYÉDÉ GBO: Ǿ Jǔ ké m̩ se Xwí-Wùdù wùdù pɔɛ dyuò mɔɔ wuɖuún zàà dyuò ní, dǎ nòbà nìà kɛ 888-404-3549 sòin 8:00 AM ké 5:30 PM gbo muɛ. À ké-baɖa-nyò dǒ mu m̩ gbo kpáun.

Burmese/မြန်မာဘာသာစကား

သတိပြုရန်- အကယ်၍ သင်သည် အင်္ဂလိပ်စကား မပြောတတ်၊ မဖတ်တတ်လျှင် ကျေးဇူးပြု၍ နံနက် ၈:၀၀ နာရီနှင့် ညနေ ၅:၃၀ နာရီ အကြားတွင် ၈၈၈-၄၀၄-၃၅၄၉ သို့ ဖုန်းခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးက သင့်ကို ကူညီလိမ့်မည်။

Chinese (Traditional)/粵語

注意：如果你不會說或讀 英語，請在早上8點到下午5點半之間撥打888-404-3549。有個代表會幫助你的。

Chinese (Simplified)/普通话

注意：如果你不会说或读 英语，请在早上8点到下午5点半之间拨打888-404-3549。有个代表会帮助你的。

Farsi/پارسی

توجه: اگر قادر به صحبت کردن و/یا خواندن به انگلیسی نیستید، لطفاً بین ساعات 8.00 صبح تا 5.30 عصر با شماره 888-404-3549 تماس بگیرید. نماینده‌ای به شما کمک خواهد کرد.

French/Français

Attention : Si vous ne parlez pas et / ou ne lisez pas l'anglais, veuillez appeler le 888-404-3549 entre 8h00 et 17h30, un représentant vous répondra.

Gujarati/ગુજરાતી

ધ્યાન આપો: જો તમે અંગ્રેજી બોલી અને/અથવા વાંચી શકતા ન હોય તો, કૃપા કરીને 888-404-3549 નંબર પર 8:00 a.m. થી 5:30 p.m. વચ્ચે કોલ કરો. પ્રતિનિધિ તમારી મદદ કરશે.

Haitian Creole/Kreyòl Ayisyen

Atansyon: Si ou pa pale ak/oswa li anglè, tanpri rele 888-404-3549 ant 8:00 a.m. ak 5:30 p.m. Yon reprezantan pral ede ou.

Hindi/हिन्दी

ध्यान दें: यदि आप अंग्रेज़ी बोलते और / अथवा पढ़ते नहीं हैं, तो कृपया 888-404-3549 पर सुबह 8:00 बजे से शाम 5:30 बजे के बीच फोन करें। एक प्रतिनिधि आपकी सहायता करेगा।

Hmong/Hmong

Nco ntsoov: Yog tias koj tsis hais thiab / los sis tsis nyeem As Kiv, thov hu rau 888-404-3549 thaum 8:00 sawv ntxov thiab 5:30 tsaus ntuj. Ib tus sawv cev yuav pab koj.

Igbo/Igbo

Gee ntị: O buru na i naghị asụ ma/màgbụ agụ Bekee, biko kpọọ 888-404-3549 ihe dikà ebe 8:00 nke ututu ruo 5:30 nke mgbede. Onye nnọchị anya ga-enyere gị aka.

Italian/Italiano

Attenzione: Se non parli e/o leggi inglese, chiama il numero 888-404-3549 tra le 8:00 e le 17:30. Un rappresentante ti assisterà.

Japanese/日本語

注意: 英語が話せないまたは読めない場合は、888-404-3549までご連絡をお入れください。受付の営業時間は朝8時から昼5時半まででございます。係員がお手伝い致します。

Korean/한국어

알립니다: 영어를 읽거나 말할 수 없다면, 오전 8시에서 오후 5시 30분 사이에 888-404-3549로 문의하십시오. 대표가 도움을 드릴 것입니다.

Polish/Polski

Uwaga: Jeśli nie mówisz i/lub nie czytasz po Angielski, zadzwoń pod numer 888-404-3549 między 8:00 a 17:30. Nasz przedstawiciel będzie mógł Ci pomóc.



Portuguese/Português

Atenção: Se você não fala ou lê Inglês, ligue para 888-404-3549; horário de atendimento das 08:00 às 17:00. Nosso representante irá ajudá-lo.

Punjabi/ਪੰਜਾਬੀ

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਬੋਲ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ ਹੋ, ਕਿਰਪਾ ਕਰਕੇ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ ਦੇ ਵਿਚਕਾਰ 888-404-3549 'ਤੇ ਕਾਲ ਕਰੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

Russian / русский

Внимание: Если вы не говорите и/или не можете читать на английском языке, позвоните по телефону 888-404-3549 с 8:00 до 17:30. Представитель поможет вам.

Somali/Soomaaliga

Ogeysiis: Haddii aadan ku hadlin iyo/ama aadan Akhriyi karin Ingiriisi, fadlan wac lambarkaan 888-404-3549 inta u dhexeysa 8:00 subaxnimo iyo 5:30 galabnimo waxaa ku caawin doona qof wakiil ka ah.

Tagalog/Tagalog

Paunawa: Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang 888-404-3549 sa pagitan ng 8:00 a.m. at 5:30 p.m. May kinatawan na tutulong sa iyo.

Urdu/اردو

توجہ فرمائیں: اگر آپ انگریزی بولتے اور/یا پڑھتے نہیں ہیں تو براہ کرم 888-404-3549 پر صبح 8:00 بجے سے شام 5:30 بجے کے درمیان کال کریں۔ ایک نمائندہ آپ کی مدد کرے گا۔

Vietnamese/Tiếng Việt

Chú ý: Nếu bạn không nói và/hoặc đọc Tiếng Anh, vui lòng gọi 888-404-3549 giữa 8 giờ sáng đến 5 giờ 30 chiều. Một người đại diện sẽ hỗ trợ bạn

Yoruba/Yorùbá

Àkíyèsí: Bí o ko bá sọ àtí/tàbí ka èdè Gẹ̀ẹ̀sì, jòwọ̀ pe 888-404-3549 láàárín 8:00 òwúró àtí 5:30 ìròlẹ̀. Àsojú kan yòò ràn ọ lówọ̀.



Drug Name	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	
AMPHETAMINES	
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)	
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)	
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)	
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)	
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)	
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)	
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)	
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)	
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)	
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)	
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)	
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)	
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)	
dextroamphetamine sulfate cp24 5mg; tabs 5mg, 10mg, 15mg, 20mg, 30mg	
dextroamphetamine sulfate (generic of DEXEDRINE) cp24 10mg, 15mg	
lisdexamfetamine dimesylate (generic of VYVANSE) caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	ST
ANTI-OBESITY AGENTS	
WEGOVY SOAJ 1.7MG/0.75ML, 2.4MG/0.75ML	PA, QL (4 pens every 28 days); Covered for age 18 and older
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML	PA, QL (4 pens every year); Covered for age 18 and older
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	PA, QL (4 pens every year); Covered for age 18 and older
ZEPBOUND SOAJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	PA, QL (4 pens every 28 days); Covered for age 18 and older

Drug Name	Requirements/Limits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	
atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	
clonidine hcl (adhd) tb12 .1mg	
guanfacine hcl (adhd) (generic of INTUNIV) tb24 1mg, 2mg, 3mg, 4mg	
QELBREE CP24 100MG, 150MG, 200MG	ST
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	
SUNOSI TABS 75MG, 150MG	PA, QL (30 tabs every 30 days)
STIMULANTS - MISC.	
armodafinil (generic of NUVIGIL) tabs 50mg, 150mg, 200mg, 250mg	PA
dexmethylphenidate hcl (generic of FOCALIN XR) cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	
dexmethylphenidate hcl (generic of FOCALIN) tabs 2.5mg, 5mg, 10mg	
JORNAY PM CP24 20MG, 40MG, 60MG, 80MG, 100MG	PA, QL (30 caps every 30 days)
methylphenidate hcl cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; tb24 18mg, 27mg, 36mg, 54mg; tbcr 10mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg	
methylphenidate hcl (generic of RITALIN LA) cp24 10mg, 30mg, 40mg	
methylphenidate hcl (generic of METADATE CD) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	
methylphenidate hcl (generic of METHYLIN) soln 5mg/5ml, 10mg/5ml	
methylphenidate hcl (generic of RITALIN) tabs 5mg, 10mg, 20mg	
methylphenidate hcl (generic of CONCERTA) tbcr 18mg, 27mg, 36mg, 54mg	
modafinil (generic of PROVIGIL) tabs 100mg, 200mg	PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	
ALLERGENIC EXTRACTS	
GRASTEK SUBL 2800BAU	
ORALAIR SUB 300 IR	
PALFORZIA CAP 1-3YRS	
PALFORZIA CAP 4-17YRS	
PALFORZIA CAP ESCALAT	
PALFORZIA CAP LEVEL 3	
PALFORZIA CAP LEVEL 7	
PALFORZIA CAP LEVEL 8	

Drug Name	Requirements/Limits
PALFORZIA CAP LEVEL 10	
PALFORZIA LEVEL 0 CSPK 1MG	
PALFORZIA LEVEL 1 CSPK 1MG	
PALFORZIA LEVEL 2 CSPK 1MG	
PALFORZIA LEVEL 4 CSPK 20MG	
PALFORZIA LEVEL 5 CSPK 20MG	
PALFORZIA LEVEL 6 CSPK 20MG	
PALFORZIA LEVEL 9 CSPK 100MG	
PALFORZIA LEVEL 11 (MAINT PACK 300MG	
PALFORZIA LEVEL 11 (TITRA PACK 300MG	
RAGWITEK SUBL 12AMBA1-U	

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tabs 500mg</i>	
<i>tobramycin (generic of BETHKIS) nebu 300mg/4ml</i>	PA, QL (56 nebulas every 28 days)

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-AATY 1-PEN KIT AJKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
ADALIMUMAB-AATY 1-PEN KIT AJKT 80MG/0.8ML	PA, QL (2 injections every 28 days)
ADALIMUMAB-AATY 2-SYRINGE PSKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
ADALIMUMAB-AATY CD/UC/HS AJKT 80MG/0.8ML	PA, QL (3 injections every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	PA, QL (4 injections every 28 days)
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	PA, QL (4 syringes every 28 days)
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	PA, QL (4 pens every 28 days)
YUFLYMA 1-PEN KIT AJKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
YUFLYMA 1-PEN KIT AJKT 80MG/0.8ML	PA, QL (2 injections every 28 days)
YUFLYMA 2-PEN KIT AJKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
YUFLYMA 2-SYRINGE KIT PSKT 40MG/0.4ML	PA, QL (4 injections every 28 days)
YUFLYMA CD/UC/HS STARTER AJKT 80MG/0.8ML	PA, QL (2 injections every 28 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TABS 2MG, 4MG	PA, QL (30 tabs every 30 days)
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Drug Name	Requirements/Limits
<i>tofacitinib citrate</i> (generic of XELJANZ) <i>tabs 5mg, 10mg</i>	PA, QL (60 tabs every 30 days)
<i>tofacitinib citrate</i> (generic of XELJANZ XR) <i>tb24 11mg, 22mg</i>	PA, QL (30 tabs every 30 days)
ANTIRHEUMATIC ANTIMETABOLITES	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML	QL (4 pens every 28 days)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	
<i>celecoxib</i> (generic of CELEBREX) <i>caps 50mg, 100mg, 200mg, 400mg</i>	
<i>diclofenac potassium tabs 50mg</i>	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	
<i>etodolac caps 200mg, 300mg; tabs 500mg</i>	
<i>etodolac</i> (generic of LODINE) <i>tabs 400mg</i>	
<i>flurbiprofen tabs 100mg</i>	
<i>ibuprofen susp 100mg/5ml, 200mg/10ml; tabs 400mg, 600mg, 800mg</i>	
<i>indomethacin caps 25mg, 50mg</i>	
<i>ketorolac tromethamine tabs 10mg</i>	QL (20 tabs every 30 days)
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	
<i>oxaprozin tabs 600mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
OTEZLA TABS 20MG, 30MG	PA, QL (60 tabs every 30 days)
OTEZLA TAB 10/20	PA, QL (starter dose: 1-time fill)
OTEZLA TAB 10/20/30	PA, QL (starter dose: 1-time fill)
OTEZLA XR TB24 75MG	PA, QL (30 tabs every 30 days)
OTEZLA/XR TAB 28 DAY	PA, QL (starter dose: 1-time fill)
PYRIMIDINE SYNTHESIS INHIBITORS	
<i>leflunomide</i> (generic of ARAVA) <i>tabs 10mg, 20mg</i>	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL SOSY 25MG/0.5ML	PA, QL (8 syringes every 28 days)
ENBREL SOSY 50MG/ML	PA, QL (4 syringes every 28 days)
ENBREL MINI SOCT 50MG/ML	PA, QL (4 injections every 28 days)
ENBREL SURECLICK SOAJ 50MG/ML	PA, QL (4 pens every 28 days)

Drug Name	Requirements/Limits
ANALGESICS - NONNARCOTIC	
ANALGESIC COMBINATIONS	
<i>butalbital-acetaminophen tab 50-325 mg</i>	QL (18 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	QL (18 tabs every 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	QL (18 caps every 30 days)
ANALGESICS - OPIOID	
OPIOID AGONISTS	
<i>codeine sulfate tabs 30mg</i>	PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	PA
<i>hydromorphone hcl (generic of DILAUDID) liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	PA
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg</i>	PA
<i>morphine sulfate cp24 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; soln 10mg/5ml, 20mg/5ml, 20mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg; tbc 100mg, 200mg</i>	PA
<i>morphine sulfate (generic of MS CONTIN) tbc 15mg, 30mg, 60mg</i>	PA
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	PA
<i>oxycodone hcl caps 5mg; conc 20mg/ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	PA
<i>oxycodone hcl (generic of ROXICODONE) tabs 15mg, 30mg</i>	PA
<i>OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG</i>	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	PA
<i>tramadol hcl cp24 100mg, 200mg, 300mg; tabs 50mg; tb24 100mg, 200mg, 300mg</i>	PA
OPIOID COMBINATIONS	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	PA
<i>acetaminophen w/ codeine tab 300-15 mg</i>	PA
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA
<i>acetaminophen w/ codeine tab 300-60 mg</i>	PA
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	PA, QL (18 caps every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	PA, QL (18 caps every 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	PA, QL (18 caps every 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	PA
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	PA

Drug Name	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	PA
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	PA
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PA PERCOCET)</i>	
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PA PERCOCET)</i>	
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PA PERCOCET)</i>	

OPIOID PARTIAL AGONISTS

<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	PA
<i>BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML</i>	
<i>buprenorphine (generic of BUTRANS) ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	PA
<i>buprenorphine hcl soln .3mg/ml; subl 2mg, 8mg</i>	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i>	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i>	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i>	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	
<i>SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML</i>	
<i>SUBOXONE MIS 2-0.5MG</i>	
<i>SUBOXONE MIS 4-1MG</i>	
<i>SUBOXONE MIS 8-2MG</i>	
<i>SUBOXONE MIS 12-3MG</i>	

ANDROGENS-ANABOLIC

ANDROGENS

<i>testosterone (generic of ANDROGEL PUMP) gel 1.62%</i>	
<i>testosterone gel 10mg/act, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	
<i>TLANDO CAPS 112.5MG</i>	QL (60 caps every 30 days)

Drug Name	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS	
INTRARECTAL STEROIDS	
CORTIFOAM FOAM 10%	
hydrocortisone (intrarectal) (generic of CORTENEMA)	
enem 100mg/60ml	
RECTAL COMBINATIONS	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	
RECTAL STEROIDS	
hydrocortisone (rectal) crea 1%	
hydrocortisone (rectal) (generic of ANUSOL-HC) crea 2.5%	
VASODILATING AGENTS	
nitroglycerin (intra-anal) (generic of RECTIV) oint .4%	QL (30 gm every 48 days)
ANTHELMINTICS	
ANTHELMINTICS	
albendazole tabs 200mg	
ivermectin (generic of STROMECTOL) tabs 3mg	PA
praziquantel tabs 600mg	
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
metronidazole tabs 250mg, 500mg	
pentamidine isethionate (generic of NEBUPENT) solr 300mg	
tinidazole tabs 250mg, 500mg	
trimethoprim tabs 100mg	
XIFAXAN TABS 550MG	
ANTI-INFECTIVE MISC. - COMBINATIONS	
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	
ANTIPROTOZOAL AGENTS	
atovaquone (generic of MEPRON) susp 750mg/5ml	
LAMPIT TABS 30MG, 120MG	
nitazoxanide tabs 500mg	

Drug Name	Requirements/Limits
GLYCOPEPTIDES	
vancomycin hcl (generic of VANCOCIN) caps 125mg, 250mg	
vancomycin hcl (generic of FIRVANQ) solr 25mg/ml, 50mg/ml	
vancomycin hcl solr 250mg/5ml	
LEPROSTATICS	
dapsone tabs 25mg, 100mg	
LINCOSAMIDES	
clindamycin hcl (generic of CLEOCIN) caps 75mg	
clindamycin hcl caps 150mg, 300mg	
clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) solr 75mg/5ml	
OXAZOLIDINONES	
linezolid susr 100mg/5ml; tabs 600mg	
URINARY ANTI-INFECTIVES	
fosfomycin tromethamine pack 3gm	QL (3 packets every 9 days)
methenamine hippurate tabs 1gm	
methenamine mandelate tabs .5gm, 1gm	
nitrofurantoin susp 25mg/5ml, 50mg/10ml	Covered for younger than age 8
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	
nitrofurantoin monohyd macro (generic of MACROBID) caps 100mg	
ANTIANGINAL AGENTS	
ANTIANGINALS-OTHER	
ranolazine tb12 500mg, 1000mg	
NITRATES	
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	
isosorbide mononitrate tb24 30mg, 60mg, 120mg	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	
nitroglycerin (generic of NITROLINGUAL) soln .4mg/spray	
nitroglycerin (generic of NITROSTAT) subl .3mg, .4mg, .6mg	
ANTIANXIETY AGENTS	
ANTIANXIETY AGENTS - MISC.	
buspirone hcl tabs 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	
hydroxyzine hcl syrp 10mg/5ml, 50mg/25ml; tabs 10mg, 25mg, 50mg	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	

Drug Name	Requirements/Limits
BENZODIAZEPINES	
alprazolam (generic of XANAX) tabs .25mg, .5mg, 1mg, 2mg	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	PA
diazepam (generic of VALIUM) tabs 2mg, 5mg, 10mg	
lorazepam conc 2mg/ml	
lorazepam (generic of ATIVAN) tabs .5mg, 1mg, 2mg	
oxazepam caps 10mg, 15mg, 30mg	
ANTIARRHYTHMICS	
ANTIARRHYTHMICS TYPE I-A	
NORPACE CR CP12 100MG, 150MG	
ANTIARRHYTHMICS TYPE I-B	
mexiletine hcl caps 150mg, 200mg, 250mg	
ANTIARRHYTHMICS TYPE I-C	
flecainide acetate tabs 50mg, 100mg, 150mg	
propafenone hcl tabs 150mg, 225mg, 300mg	
ANTIARRHYTHMICS TYPE III	
amiodarone hcl tabs 100mg, 200mg, 400mg	
dofetilide (generic of TIKOSYN) caps 125mcg, 250mcg, 500mcg	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	
ANTI-INFLAMMATORY AGENTS	
cromolyn sodium nebu 20mg/2ml	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	
FASENRA SOSY 10MG/0.5ML	PA, QL (1 syringe every 56 days); Covered for age 6 to 12
FASENRA SOSY 30MG/ML	PA, QL (1 syringe every 56 days)
FASENRA PEN SOAJ 30MG/ML	PA, QL (1 pen every 56 days)
NUCALA SOAJ 100MG/ML	PA, QL (3 pens every 28 days)
NUCALA SOSY 40MG/0.4ML	PA, QL (1 syringe every 28 days)
NUCALA SOSY 100MG/ML	PA, QL (3 syringes every 28 days)
XOLAIR SOAJ 75MG/0.5ML	PA, QL (2 pens every 28 days); Covered for age 12 and older
XOLAIR SOAJ 150MG/ML	PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	PA, QL (4 pens every 28 days)
XOLAIR SOSY 75MG/0.5ML	PA, QL (2 syringes every 28 days); Covered for age 6 and older
XOLAIR SOSY 150MG/ML	PA, QL (8 syringes every 28 days)

Drug Name	Requirements/Limits
XOLAIR SOSY 300MG/2ML	PA, QL (4 syringes every 28 days)

BRONCHODILATORS - ANTICHOLINERGICS

<i>ipratropium bromide soln .02%</i>	
<i>ipratropium bromide hfa (generic of ATROVENT HFA)</i>	QL (2 inhalers every 50 days)
<i>aers 17mcg/act</i>	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT PA	
<i>tiotropium bromide (generic of SPIRIVA HANDIHALER)</i>	
<i>caps 18mcg</i>	
<i>umeclidinium bromide aepb 62.5mcg/inh</i>	

LEUKOTRIENE MODULATORS

<i>montelukast sodium (generic of SINGULAIR) chew</i>	
<i>4mg, 5mg; pack 4mg; tabs 10mg</i>	
<i>zafirlukast tabs 10mg, 20mg</i>	

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

<i>roflumilast (generic of DALIRESP) tabs 250mcg, 500mcg</i>	
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STEROID INHALANTS

ALVESCO AERS 80MCG/ACT, 160MCG/ACT	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	
<i>budesonide (inhalation) (generic of PULMICORT) susp</i>	
<i>.25mg/2ml, .5mg/2ml, 1mg/2ml</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
PULMICORT FLEXHALER AEPB 90MCG/ACT	QL (3 inhalers every 90 days)
PULMICORT FLEXHALER AEPB 180MCG/ACT	QL (6 inhalers every 90 days)
QVAR REDIHALER AERB 40MCG/ACT	QL (3 inhalers every 90 days)
QVAR REDIHALER AERB 80MCG/ACT	QL (6 inhalers every 90 days)

SYMPATHOMIMETICS

AIRSUPRA AER 90-80MCG	QL (6 inhalers every year)
<i>albuterol sulfate aers 108mcg/act</i>	QL (6 inhalers every year)
<i>albuterol sulfate (generic of VENTOLIN HFA) aers</i>	QL (6 inhalers every year)
<i>108mcg/act</i>	
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; syrp 2mg/5ml, 8mg/20ml</i>	
BREO ELLIPTA INH 50-25MCG	
BREO ELLIPTA INH 100-25	
BREO ELLIPTA INH 200-25	
BREZTRI AERO AER 9MCG	QL (3 inhalers every 90 days)

Drug Name	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT)</i>	
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT)</i>	
COMBIVENT AER 20-100	QL (2 inhalers every 50 days)
DULERA AER 50-5MCG	QL (1 inhaler every 30 days); Covered for age 5 to 11
DULERA AER 100-5MCG	QL (1 inhaler every 30 days)
DULERA AER 200-5MCG	QL (1 inhaler every 30 days)
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (3 inhalers every 90 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS)</i>	QL (3 inhalers every 90 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	
<i>levalbuterol tartrate aero 45mcg/act</i>	QL (6 inhalers every year)
SEREVENT DISKUS AEPB 50MCG/DOSE	
STIOLTO AER 2.5-2.5	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	
<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	

XANTHINES

theophylline tb12 100mg, 200mg

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg

DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5MG, 5MG

ELIQUIS STARTER PACK TBPK 5MG QL (starter dose: 1-time fill)

rivaroxaban (generic of XARELTO) tabs 2.5mg QL (60 tabs every 30 days)

XARELTO TABS 2.5MG QL (60 tabs every 30 days)

XARELTO TABS 10MG, 20MG QL (30 tabs every 30 days)

XARELTO TABS 15MG QL (42 tabs every 180 days)

XARELTO STAR TAB 15/20MG QL (starter dose: 1-time fill)

Drug Name	Requirements/Limits
HEPARINS AND HEPARINOID-LIKE AGENTS	
<i>enoxaparin sodium (generic of LOVENOX) soln</i> 300mg/3ml; <i>sosy</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	
THROMBIN INHIBITORS	
<i>dabigatran etexilate mesylate (generic of PRADAXA)</i> <i>caps</i> 75mg, 110mg, 150mg	
ANTICONVULSANTS	
ANTICONVULSANTS - BENZODIAZEPINES	
<i>clonazepam (generic of KLONOPIN) tabs</i> .5mg, 1mg, 2mg	
<i>clonazepam tbdp</i> .125mg	
<i>diazepam (anticonvulsant) gel</i> 2.5mg, 10mg, 20mg	
LIBERVANT FILM 5MG, 7.5MG, 10MG, 12.5MG	QL (10 films every 30 days)
NAYZILAM SOLN 5MG/0.1ML	QL (10 doses every 30 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	PA, QL (10 doses every 30 days)
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	PA, QL (10 doses every 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	PA, QL (10 doses every 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	PA, QL (10 doses every 30 days)
ANTICONVULSANTS - MISC.	
<i>carbamazepine chew</i> 100mg	
<i>carbamazepine (generic of CARBATROL) cp12</i> 100mg, 200mg, 300mg	
<i>carbamazepine (generic of TEGRETOL) susp</i> 100mg/5ml, 200mg/10ml; <i>tabs</i> 200mg	
<i>carbamazepine (generic of TEGRETOL-XR) tb12</i> 100mg, 200mg, 400mg	
<i>gabapentin (generic of NEURONTIN) caps</i> 100mg, 300mg, 400mg; <i>soln</i> 250mg/5ml, 300mg/6ml; <i>tabs</i> 600mg, 800mg	
<i>gabapentin caps</i> 200mg	
<i>lacosamide (generic of VIMPAT) soln</i> 10mg/ml, 50mg/5ml; <i>tabs</i> 50mg, 100mg, 150mg, 200mg	
<i>lamotrigine (generic of LAMICTAL CHEWABLE</i> DISPERS) <i>chew</i> 5mg, 25mg	
<i>lamotrigine (generic of LAMICTAL) tabs</i> 25mg, 100mg, 150mg, 200mg	
<i>lamotrigine (generic of LAMICTAL XR) tb24</i> 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	

Drug Name	Requirements/Limits
levetiracetam (generic of KEPPRA) soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg	
levetiracetam (generic of KEPPRA XR) tb24 500mg, 750mg	
oxcarbazepine (generic of TRILEPTAL) susp 300mg/5ml; tabs 150mg, 300mg, 600mg	
oxcarbazepine (generic of OXTELLAR XR) tb24 150mg, PA 300mg, 600mg	
OXTELLAR XR TB24 150MG, 300MG, 600MG	PA
pregabalin (generic of LYRICA) caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml	
primidone (generic of MYSOLINE) tabs 50mg, 250mg	
topiramate (generic of TOPAMAX SPRINKLE) cpsp 15mg, 25mg	
topiramate cpsp 50mg	
topiramate (generic of TOPAMAX) tabs 25mg, 50mg, 100mg, 200mg	
zonisamide (generic of ZONEGRAN) caps 25mg, 100mg	
zonisamide caps 50mg	
GABA MODULATORS	
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	
vigabatrin (generic of SABRIL) pack 500mg	PA, QL (180 packets every 30 days)
HYDANTOINS	
phenytoin (generic of DILANTIN INFATABS) chew 50mg	
phenytoin (generic of DILANTIN-125) susp 125mg/5ml	
phenytoin sodium extended (generic of DILANTIN) caps 100mg	
phenytoin sodium extended caps 200mg, 300mg	
SUCCINIMIDES	
ethosuximide (generic of ZARONTIN) caps 250mg; soln 250mg/5ml	
VALPROIC ACID	
divalproex sodium (generic of DEPAKOTE ER) tb24 250mg, 500mg	
divalproex sodium (generic of DEPAKOTE) tbec 125mg, 250mg, 500mg	
valproate sodium soln 250mg/5ml, 500mg/10ml	
valproic acid caps 250mg	

Drug Name	Requirements/Limits
ANTIDEPRESSANTS	
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	
mirtazapine tabs 7.5mg, 45mg	
mirtazapine (generic of REMERON) tabs 15mg, 30mg	
ANTIDEPRESSANTS - MISC.	
bupropion hcl tabs 75mg, 100mg; tb24 450mg	
bupropion hcl (generic of WELLBUTRIN SR) tb12 100mg, 150mg, 200mg	
bupropion hcl (generic of WELLBUTRIN XL) tb24 150mg, 300mg	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	
citalopram hydrobromide (generic of CELEXA) tabs 10mg, 20mg, 40mg	
escitalopram oxalate soln 5mg/5ml	
escitalopram oxalate (generic of LEXAPRO) tabs 5mg, 10mg, 20mg	
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml; tabs 60mg	
fluoxetine hcl tabs 10mg, 20mg	
fluvoxamine maleate tabs 25mg, 50mg, 100mg	
paroxetine hcl (generic of PAXIL) tabs 10mg, 20mg, 30mg, 40mg	
paroxetine hcl (generic of PAXIL CR) tb24 12.5mg, 25mg, 37.5mg	
sertraline hcl (generic of ZOLOFT) conc 20mg/ml; tabs 25mg, 50mg, 100mg	
SEROTONIN MODULATORS	
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	
duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg	
venlafaxine hcl (generic of EFFEXOR XR) cp24 37.5mg, 75mg, 150mg	
venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg, 225mg	
TRICYCLIC AGENTS	
amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
clomipramine hcl (generic of ANAFRANIL) caps 25mg, 50mg, 75mg	
doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	
imipramine hcl tabs 10mg, 25mg, 50mg	
nortriptyline hcl (generic of PAMELOR) caps 10mg, 25mg, 50mg, 75mg	

Drug Name	Requirements/Limits
<i>nortriptyline hcl soln 10mg/5ml</i>	
ANTIDIABETICS	
ALPHA-GLUCOSIDASE INHIBITORS	
<i>acarbose tabs 25mg, 50mg, 100mg</i>	
ANTIDIABETIC COMBINATIONS	
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	
<i>alogliptin-pioglitazone tab 25-15 mg</i>	
<i>alogliptin-pioglitazone tab 25-30 mg</i>	
<i>alogliptin-pioglitazone tab 25-45 mg</i>	
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg (generic of XIGDUO XR)</i>	
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg (generic of XIGDUO XR)</i>	
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg (generic of XIGDUO XR)</i>	
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg (generic of XIGDUO XR)</i>	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
<i>glyburide-metformin tab 1.25-250 mg</i>	
<i>glyburide-metformin tab 2.5-500 mg</i>	
<i>glyburide-metformin tab 5-500 mg</i>	
GLYXAMBI TAB 10-5 MG	
GLYXAMBI TAB 25-5 MG	
INVOKAMET TAB 50-500MG	
INVOKAMET TAB 50-1000	
INVOKAMET TAB 150-500	
INVOKAMET TAB 150-1000	
INVOKAMET XR TAB 50-500MG	
INVOKAMET XR TAB 50-1000	
INVOKAMET XR TAB 150-500	
INVOKAMET XR TAB 150-1000	
<i>pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	
SOLQUA INJ 100/33	
STEGLUJAN TAB 5-100MG	

Drug Name	Requirements/Limits
STEGLUJAN TAB 15-100MG	
SYNJARDY TAB	
SYNJARDY TAB 5-500MG	
SYNJARDY TAB 5-1000MG	
SYNJARDY TAB 12.5-500	
SYNJARDY XR TAB	
SYNJARDY XR TAB 5-1000MG	
SYNJARDY XR TAB 10-1000	
SYNJARDY XR TAB 25-1000	
TRIJARDY XR TAB	
XIGDUO XR TAB 2.5-1000	

BIGUANIDES

<i>metformin hcl tabs 500mg; tb24 500mg</i>	QL (120 tabs every 30 days)
<i>metformin hcl tabs 850mg; tb24 750mg</i>	QL (90 tabs every 30 days)
<i>metformin hcl tabs 1000mg</i>	QL (60 tabs every 30 days)

DIABETIC OTHER

BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>diazoxide (generic of PROGLYCEM) susp 50mg/ml</i>	
<i>glucagon solr 1mg</i>	
<i>mifepristone (hyperglycemia) (generic of KORLYM) tabs 300mg</i>	PA, QL (120 tabs every 30 days)

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	QL (30 tabs every 30 days)
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INCRETIN MIMETIC AGENTS

<i>liraglutide (generic of VICTOZA) sopn 6mg/ml, 18mg/3ml</i>	PA, QL (3 pens every 30 days)
MOUNJARO SOAJ 2.5MG/0.5ML	PA, QL (starter dose: 1-time fill)
MOUNJARO SOAJ 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/3ML	PA, QL (titration dose: 2-time fill)
OZEMPIC SOPN 4MG/3ML, 8MG/3ML	PA, QL (1 pen every 28 days)
OZEMPIC TABS 1.5MG, 4MG, 9MG	PA, QL (30 tabs every 30 days)
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	PA, QL (30 tabs every 30 days)

INSULIN

HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	
INSULIN DEGLUDEC SOLN 100UNIT/ML	
INSULIN DEGLUDEC FLEXTUOC SOPN 100UNIT/ML, 200UNIT/ML	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	

Drug Name	Requirements/Limits
LANTUS SOLN 100UNIT/ML	
LANTUS SOLOSTAR SOPN 100UNIT/ML	
NOVOLOG SOLN 100UNIT/ML	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	
NOVOLOG FLEXPEN RELION SOPN 100UNIT/ML	
NOVOLOG MIX INJ 70/30	
NOVOLOG MIX INJ FLEX REL	
NOVOLOG MIX INJ FLEXPEN	
NOVOLOG PENFILL SOCT 100UNIT/ML	
NOVOLOG RELI INJ 70/30	
NOVOLOG RELION SOLN 100UNIT/ML	
REZVOGLAR KWIKPEN SOPN 100UNIT/ML	
TRESIBA SOLN 100UNIT/ML	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	
INSULIN SENSITIZING AGENTS	
<i>pioglitazone hcl (generic of ACTOS) tabs 15mg, 30mg, 45mg</i>	
MEGLITINIDE ANALOGUES	
<i>nateglinide tabs 60mg, 120mg</i>	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
<i>dapagliflozin (generic of FARXIGA) tabs 5mg, 10mg</i>	
JARDIANCE TABS 10MG, 25MG	PA, QL (30 tabs every 30 days)
SULFONYLUREAS	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 10mg</i>	
<i>glipizide (generic of GLUCOTROL XL) tb24 5mg</i>	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
ANTIPERISTALTIC AGENTS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	QL (1200 mL every 30 days)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	QL (240 tabs every 30 days)
<i>loperamide hcl caps 2mg</i>	
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES - CHELATING AGENTS	
<i>deferasirox (generic of JADENU SPRINKLE) pack 90mg, 180mg, 360mg</i>	
<i>deferasirox (generic of JADENU) tabs 90mg, 180mg, 360mg</i>	

Drug Name	Requirements/Limits
OPIOID ANTAGONISTS	
KLOXXADO LIQD 8MG/0.1ML	
<i>naloxone hcl liqd 4mg/0.1ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
REXTOVY LIQD 4MG/0.25ML	
VIVITROL SUSR 380MG	QL (1 injection every 28 days)
ANTIEMETICS	
5-HT3 RECEPTOR ANTAGONISTS	
<i>granisetron hcl soln 1mg/ml</i>	
<i>granisetron hcl tabs 1mg</i>	QL (60 tabs every 30 days)
<i>ondansetron tbdp 4mg, 8mg</i>	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg</i>	
ANTIEMETICS - ANTICHOLINERGIC	
<i>meclizine hcl chew 25mg; tabs 12.5mg, 25mg</i>	
<i>scopolamine (generic of TRANSDERM SCOP) pt72</i>	
<i>1mg/3days</i>	
ANTIEMETICS - MISCELLANEOUS	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)	QL (120 tabs every 30 days)
<i>dronabinol (generic of MARINOL) caps 2.5mg</i>	
<i>dronabinol caps 5mg, 10mg</i>	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	
<i>aprepitant (generic of EMEND BIPACK) caps 80mg</i>	QL (4 caps every 21 days)
<i>aprepitant caps 125mg</i>	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	QL (6 caps every 21 days)
ANTIFUNGALS	
ANTIFUNGALS	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	
IMIDAZOLE-RELATED ANTIFUNGALS	
<i>fluconazole susr 10mg/ml; tabs 50mg, 100mg, 200mg</i>	
<i>fluconazole (generic of DIFLUCAN) susr 40mg/ml</i>	
<i>fluconazole tabs 150mg</i>	QL (4 tabs every 30 days)
<i>itraconazole (generic of SPORANOX) caps 100mg</i>	
<i>posaconazole susp 40mg/ml; tbec 100mg</i>	PA
<i>voriconazole (generic of VFEND) susr 40mg/ml</i>	
<i>voriconazole tabs 50mg, 200mg</i>	
ANTIHYSTAMINES	
ANTIHYSTAMINES - ETHANOLAMINES	
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	

Drug Name	Requirements/Limits
ANTI HISTAMINES - NON-SEDATING	
cetirizine hcl soln 1mg/ml	
desloratadine (generic of CLARINEX) tabs 5mg	
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	
ANTI HISTAMINES - PHENOTHIAZINES	
promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml	QL (240 mL every 90 days)
promethazine hcl supp 12.5mg, 25mg, 50mg; tabs 12.5mg, 25mg, 50mg	
ANTI HISTAMINES - PIPERIDINES	
cycloheptadine hcl syrp 2mg/5ml; tabs 4mg	
ANTI HYPERLIPIDEMICS	
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	
NEXLETOL TABS 180MG	
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS	
EVKEEZA SOLN 345MG/2.3ML, 1200MG/8ML	PA, QL (2 vials every 28 days)
ANTI HYPERLIPIDEMICS - COMBINATIONS	
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)	
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)	
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)	
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)	
NEXLIZET TAB 180/10MG	
ANTI HYPERLIPIDEMICS - MISC.	
icosapent ethyl (generic of VASCEPA) caps .5gm, 1gm	PA
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	
BILE ACID SEQUESTRANTS	
cholestyramine (generic of QUESTRAN) pack 4gm; powd 4gm/dose	
cholestyramine light pack 4gm	
cholestyramine light (generic of QUESTRAN LIGHT) powd 4gm/dose	
colestipol hcl (generic of COLESTID) tabs 1gm	
FIBRIC ACID DERIVATIVES	
fenofibrate tabs 48mg, 54mg, 160mg	
fenofibrate (generic of TRICOR) tabs 145mg	
fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg	

Drug Name	Requirements/Limits
HMG COA REDUCTASE INHIBITORS	
atorvastatin calcium (generic of LIPITOR) tabs 10mg, 20mg, 40mg, 80mg	
lovastatin tabs 10mg, 20mg, 40mg	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	
rosuvastatin calcium (generic of CRESTOR) tabs 5mg, 10mg, 20mg, 40mg	
simvastatin tabs 5mg	
simvastatin (generic of ZOCOR) tabs 10mg, 20mg, 40mg	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
ezetimibe (generic of ZETIA) tabs 10mg	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	
JUXTAPID CAPS 5MG, 10MG	PA, QL (28 caps every 28 days)
JUXTAPID CAPS 20MG, 30MG	PA, QL (56 caps every 28 days)
NICOTINIC ACID DERIVATIVES	
niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
PRALUENT SOAJ 75MG/ML, 150MG/ML	QL (2 pens every 28 days)
ANTIHYPERTENSIVES	
ACE INHIBITORS	
benazepril hcl tabs 5mg	
benazepril hcl (generic of LOTENSIN) tabs 10mg, 20mg, 40mg	
captopril tabs 12.5mg, 25mg, 50mg, 100mg	
enalapril maleate (generic of VASOTEC) tabs 2.5mg, 5mg, 10mg, 20mg	
fosinopril sodium tabs 10mg, 20mg, 40mg	
lisinopril (generic of ZESTRIL) tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
candesartan cilexetil (generic of ATACAND) tabs 4mg, 8mg, 16mg, 32mg	
irbesartan tabs 75mg	
irbesartan (generic of AVAPRO) tabs 150mg, 300mg	
losartan potassium (generic of COZAAR) tabs 25mg, 50mg, 100mg	
olmesartan medoxomil (generic of BENICAR) tabs 5mg, 20mg, 40mg	
telmisartan tabs 20mg, 80mg	

Drug Name	Requirements/Limits
<i>telmisartan (generic of MICARDIS) tabs 40mg</i>	
<i>valsartan (generic of DIOVAN) tabs 40mg, 80mg, 160mg, 320mg</i>	

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine (generic of CATAPRES-TTS-1) ptwk .1mg/24hr</i>
<i>clonidine (generic of CATAPRES-TTS-2) ptwk .2mg/24hr</i>
<i>clonidine (generic of CATAPRES-TTS-3) ptwk .3mg/24hr</i>
<i>clonidine hcl tabs .05mg, .1mg, .2mg, .3mg</i>
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>
<i>guanfacine hcl tabs 1mg, 2mg</i>
<i>methyldopa tabs 250mg, 500mg</i>
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>
<i>TEZRULY SOLN 1MG/ML</i>

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>
<i>amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)</i>
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED)</i>
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)</i>

Drug Name	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)</i>	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)</i>	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	

Drug Name	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
<i>eplerenone tabs 25mg, 50mg</i>	
VASODILATORS	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>minoxidil tabs 2.5mg, 10mg</i>	

Drug Name	Requirements/Limits
ANTIMALARIALS	
ANTIMALARIAL COMBINATIONS	
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	
ANTIMALARIALS	
chloroquine phosphate tabs 250mg, 500mg	
hydroxychloroquine sulfate (generic of PLAQUENIL) tabs 200mg	
mefloquine hcl tabs 250mg	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) tabs 26.3mg	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
pyridostigmine bromide (generic of MESTINON) soln 60mg/5ml; tabs 60mg	
ANTIMYCOBACTERIAL AGENTS	
ANTIMYCOBACTERIAL AGENTS	
ethambutol hcl tabs 100mg, 400mg	
isoniazid syrp 50mg/5ml; tabs 100mg, 300mg	
pyrazinamide tabs 500mg	
rifabutin caps 150mg	
rifampin caps 150mg, 300mg	
rifapentine (generic of PRIFTIN) tabs 150mg	
SIRTURO TABS 20MG, 100MG	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
cyclophosphamide caps 25mg, 50mg	
LEUKERAN TABS 2MG	
MYLERAN TABS 2MG	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	
ANTIMETABOLITES	
capecitabine tabs 150mg, 500mg	
mercaptopurine tabs 50mg	
methotrexate sodium tabs 2.5mg	
ONUREG TABS 200MG, 300MG	PA, QL (14 tabs every 28 days)
ANTINEOPLASTIC - ANTIBODIES	
LUNSUMIO SOLN 30MG/30ML	PA, QL (2 vials every 21 days)
ZYNLONTA SOLR 10MG	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS	
VENCLEXTA TABS 10MG, 50MG	QL (120 tabs every 30 days)

Drug Name	Requirements/Limits
VENCLEXTA TABS 100MG	QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	QL (starter dose: 1-time fill)
ANTINEOPLASTIC - EGFR INHIBITORS	
<i>erlotinib hcl tabs 25mg</i>	QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	QL (30 tabs every 30 days)
TAGRISSE TABS 40MG, 80MG	QL (30 tabs every 30 days)
VIZIMPRO TABS 15MG, 30MG, 45MG	QL (30 tabs every 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
<i>abiraterone acetate (generic of ZYTIGA) tabs 250mg</i>	QL (120 tabs every 30 days)
<i>abiraterone acetate (generic of ZYTIGA) tabs 500mg</i>	QL (60 tabs every 30 days)
<i>anastrozole (generic of ARIMIDEX) tabs 1mg</i>	
<i>bicalutamide (generic of CASODEX) tabs 50mg</i>	
ELIGARD KIT 45MG	PA
<i>exemestane (generic of AROMASIN) tabs 25mg</i>	
FIRMAGON SOLR 80MG, 120MG/VIAL	
<i>letrozole (generic of FEMARA) tabs 2.5mg</i>	
<i>leuprolide acetate kit 1mg/0.2ml</i>	PA
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	PA
LUPRON DEPOT (4-MONTH) KIT 30MG	PA
LYSODREN TABS 500MG	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	
NUBEQA TABS 300MG	PA, QL (120 tabs every 30 days)
ORGOVYX TABS 120MG	QL (30 tabs every 30 days)
ORSERDU TABS 86MG	PA, QL (90 tabs every 30 days)
ORSERDU TABS 345MG	PA, QL (30 tabs every 30 days)
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate (generic of FARESTON) tabs 60mg</i>	
TRELSTAR MIXJECT SUSR 3.75MG, 11.25MG, 22.5MG	PA
XTANDI TABS 80MG	PA, QL (60 tabs every 30 days)
ZOLADEX IMPL 3.6MG, 10.8MG	PA
ANTINEOPLASTIC - IMMUNOMODULATORS	
<i>pomalidomide (generic of POMALYST) caps 1mg, 2mg, 3mg, 4mg</i>	QL (21 caps every 28 days)
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	QL (21 caps every 28 days)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS	
AYVAKIT TABS 100MG, 200MG, 300MG	PA, QL (30 tabs every 30 days)
ANTINEOPLASTIC COMBINATIONS	
DARZALEX INJ FASPRO	
LONSURF TAB 15-6.14	QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	QL (80 tabs every 28 days)

Drug Name	Requirements/Limits
RITUXAN INJ HYCELA	
ANTINEOPLASTIC ENZYME INHIBITORS	
ALECENSA CAPS 150MG	PA, QL (240 caps every 30 days)
ALUNBRIG TABS 30MG	PA, QL (120 tabs every 30 days)
ALUNBRIG TABS 90MG, 180MG	PA, QL (30 tabs every 30 days)
ALUNBRIG PAK	PA, QL (starter dose: 1-time fill)
<i>bosutinib</i> (generic of BOSULIF) <i>tabs 100mg</i>	PA, QL (90 tabs every 30 days)
<i>bosutinib</i> (generic of BOSULIF) <i>tabs 500mg</i>	PA, QL (30 tabs every 30 days)
BRUKINSA CAPS 80MG	QL (120 caps every 30 days)
CABOMETYX TABS 20MG, 40MG, 60MG	PA, QL (30 tabs every 30 days)
CALQUENCE TABS 100MG	QL (60 tabs every 30 days)
<i>dasatinib</i> (generic of SPRYCEL) <i>tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	QL (30 tabs every 30 days)
FOTIVDA CAPS .89MG, 1.34MG	PA, QL (21 caps every 28 days)
IBRANCE CAPS 75MG, 100MG, 125MG	PA, QL (21 caps every 28 days)
ICLUSIG TABS 15MG, 30MG, 45MG	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate</i> (generic of GLEEVEC) <i>tabs 100mg</i>	QL (120 tabs every 30 days)
<i>imatinib mesylate</i> (generic of GLEEVEC) <i>tabs 400mg</i>	QL (60 tabs every 30 days)
IMBRUVICA CAPS 140MG	PA, QL (90 caps every 30 days)
ITOVEBI TABS 3MG	PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9MG	PA, QL (30 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	PA, QL (60 tabs every 30 days)
KISQALI TAB 200 MG DOSE TBPK 200MG	QL (42 tabs every 28 days)
KISQALI TAB 400 MG DOSE TBPK 200MG	QL (84 tabs every 28 days)
KISQALI TAB 600 MG DOSE TBPK 200MG	QL (126 tabs every 28 days)
KRAZATI TABS 200MG	PA, QL (180 tabs every 30 days)
<i>lapatinib ditosylate</i> (generic of TYKERB) <i>tabs 250mg</i>	QL (180 tabs every 30 days)
LYNPARZA TABS 100MG, 150MG	QL (120 tabs every 30 days)
MEKINIST TABS 2MG	QL (30 tabs every 30 days)
MEKINIST TABS .5MG	QL (90 tabs every 30 days)
OGSIVEO TABS 150MG	PA, QL (60 tabs every 30 days)
PHYRAGO TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	PA, QL (30 tabs every 30 days)
RETEVMO TABS 120MG, 160MG	QL (60 tabs every 30 days)
<i>sunitinib malate</i> (generic of SUTENT) <i>caps 12.5mg, 25mg, 37.5mg, 50mg</i>	QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	PA, QL (120 caps every 30 days)
TURALIO CAPS 125MG	QL (120 caps every 30 days)
VITRAKVI CAPS 25MG	PA, QL (180 caps every 30 days)

Drug Name	Requirements/Limits
VITRAKVI CAPS 100MG	PA, QL (60 caps every 30 days)
XALKORI CAPS 200MG, 250MG	PA, QL (120 caps every 30 days)
XOSPATA TABS 40MG	PA, QL (90 tabs every 30 days)

ANTINEOPLASTICS MISC.

<i>bexarotene (generic of TARGRETIN) caps 75mg</i>
<i>hydroxyurea (generic of HYDREA) caps 500mg</i>
<i>tretinoin (chemotherapy) caps 10mg</i>

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>
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MITOTIC INHIBITORS

<i>etoposide caps 50mg</i>

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>
<i>trihexyphenidyl hcl tabs 2mg, 5mg</i>

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl caps 100mg; soln 50mg/5ml, 100mg/10ml</i>
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>
<i>carbidopa & levodopa tab 25-250 mg</i>
<i>carbidopa & levodopa tab er 25-100 mg</i>
<i>carbidopa & levodopa tab er 50-200 mg</i>
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>
<i>NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR</i>
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl caps 5mg; tabs 5mg</i>
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Drug Name	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
ANTIMANIC AGENTS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 450mg</i>	
<i>lithium carbonate (generic of LITHOBID) tbc 300mg</i>	
ANTIPSYCHOTICS - MISC.	
CAPLYTA CAPS 10.5MG, 21MG, 42MG	PA
<i>lurasidone hcl (generic of LATUDA) tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	PA
<i>ziprasidone hcl (generic of GEODON) caps 20mg, 40mg, 60mg, 80mg</i>	
BENZISOXAZOLES	
ERZOFRI SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	
<i>paliperidone tb24 1.5mg</i>	
<i>paliperidone (generic of INVEGA) tb24 3mg, 6mg, 9mg</i>	
PERSERIS PRSY 90MG, 120MG	
<i>risperidone (generic of RISPERDAL) soln 1mg/ml; tabs .5mg, 1mg, 2mg, 3mg, 4mg</i>	
<i>risperidone tabs .25mg</i>	
<i>risperidone microspheres (generic of RISPERDAL CONSTA) srr 12.5mg, 25mg, 37.5mg, 50mg</i>	
BUTYROPHENONES	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	
<i>haloperidol lactate conc 2mg/ml</i>	
DIBENZAPINES	
<i>clozapine (generic of CLOZARIL) tabs 25mg, 100mg</i>	
<i>clozapine tabs 50mg, 200mg</i>	
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	
<i>olanzapine (generic of ZYPREXA) tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	
<i>quetiapine fumarate (generic of SEROQUEL) tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	
<i>quetiapine fumarate tabs 150mg</i>	
ZYPREXA RELPREVV SUSR 210MG, 300MG, 405MG	
PHENOTHIAZINES	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	

Drug Name	Requirements/Limits
<i>fluphenazine decanoate soln 25mg/ml</i>	
<i>fluphenazine hcl conc 5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	
<i>prochlorperazine supp 25mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	

QUINOLINONE DERIVATIVES

<i>ABILIFY MAINTENA PRSY 400MG; SRER 400MG</i>	
<i>aripiprazole soln 1mg/ml; tbdp 10mg, 15mg</i>	
<i>aripiprazole (generic of ABILIFY) tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	
<i>ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML</i>	
<i>ARISTADA INITIO PRSY 675MG/2.4ML</i>	QL (5 injections every year)

THIOXANTHENES

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
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ANTIVIRALS

ANTIVIRAL COMBINATIONS

<i>PAXLOVID TAB 150-100</i>	QL (20 tabs every 180 days)
<i>PAXLOVID TAB 300-100</i>	QL (30 tabs every 180 days)

CMV AGENTS

<i>LIVTENCITY TABS 200MG</i>	PA, QL (120 tabs every 30 days)
<i>valganciclovir hcl (generic of VALCYTE) solr 50mg/ml</i>	QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	QL (120 tabs every 30 days)

HEPATITIS AGENTS

<i>BARACLUDE SOLN .05MG/ML</i>	QL (630 mL every 30 days)
<i>entecavir (generic of BARACLUDE) tabs .5mg, 1mg</i>	QL (30 tabs every 30 days)
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	
<i>SOFOS/VELPAT TAB 400-100</i>	QL (84 tabs every year)
<i>VEMLIDY TABS 25MG</i>	PA, QL (30 tabs every 30 days)

HERPES AGENTS

<i>acyclovir caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>valacyclovir hcl (generic of VALTREX) tabs 1gm, 500mg</i>	

INFLUENZA AGENTS

<i>oseltamivir phosphate caps 30mg, 45mg</i>	QL (2 fills per year)
<i>oseltamivir phosphate (generic of TAMIFLU) caps 75mg; susr 6mg/ml</i>	QL (2 fills per year)

Drug Name	Requirements/Limits
MISC. ANTIVIRALS	
LAGEVRIO CAPS 200MG	QL (40 caps every 81 days)
BETA BLOCKERS	
ALPHA-BETA BLOCKERS	
carvedilol (generic of COREG) tabs 3.125mg, 6.25mg, 12.5mg, 25mg	
carvedilol phosphate (generic of COREG CR) cp24 10mg, 20mg, 40mg, 80mg	
labetalol hcl tabs 100mg, 200mg, 300mg	
BETA BLOCKERS CARDIO-SELECTIVE	
atenolol (generic of TENORMIN) tabs 25mg, 50mg, 100mg	
bisoprolol fumarate tabs 5mg, 10mg	
metoprolol succinate (generic of TOPROL XL) tb24 25mg, 50mg, 100mg, 200mg	
metoprolol tartrate tabs 25mg	
metoprolol tartrate (generic of LOPRESSOR) tabs 50mg, 100mg	
nebivolol hcl (generic of BYSTOLIC) tabs 2.5mg, 5mg, 10mg, 20mg	
BETA BLOCKERS NON-SELECTIVE	
nadolol tabs 20mg, 40mg, 80mg	
propranolol hcl (generic of Inderal LA) cp24 60mg, 80mg, 120mg, 160mg	
propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	
sotalol hcl (generic of BETAPACE) tabs 80mg, 120mg, 160mg	
sotalol hcl tabs 240mg	
sotalol hcl (afib/afl) (generic of BETAPACE AF) tabs 80mg, 120mg, 160mg	
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
amlodipine besylate (generic of NORVASC) tabs 2.5mg, 5mg, 10mg	
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 90mg	
diltiazem hcl (generic of CARDIZEM) tabs 30mg, 60mg, 120mg	
diltiazem hcl (generic of CARDIZEM LA) tb24 360mg	
diltiazem hcl coated beads (generic of CARDIZEM CD) cp24 120mg, 180mg, 240mg, 300mg, 360mg	

Drug Name	Requirements/Limits
<i>diltiazem hcl extended release beads (generic of TIAZAC) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	
<i>nifedipine (generic of PROCARDIA XL) tb24 30mg, 60mg</i>	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin soln .05mg/ml</i>
<i>digoxin (generic of LANOXIN) tabs 125mcg, 250mcg</i>

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

<i>CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG</i>	<i>QL (30 caps every 30 days)</i>
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	
<i>ENTRESTO CAP 6-6MG</i>	<i>QL (120 caps every 30 days)</i>
<i>ENTRESTO CAP 15-16MG</i>	<i>QL (120 caps every 30 days)</i>
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>	
<i>OPSYNVI TAB 10-20MG</i>	<i>PA, QL (30 tabs every 30 days)</i>
<i>OPSYNVI TAB 10-40MG</i>	<i>PA, QL (30 tabs every 30 days)</i>

Drug Name	Requirements/Limits
sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO)	
sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO)	
sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO)	

PROSTAGLANDIN VASODILATORS

treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

ambrisentan (generic of LETAIRIS) tabs 5mg, 10mg	QL (30 tabs every 30 days)
macitentan (generic of OPSUMIT) tabs 10mg	PA, QL (30 tabs every 30 days)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

sildenafil citrate (pulmonary hypertension) susr 10mg/ml	QL (224 mL every 30 days); PA required for age 6 and older
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) tabs 20mg	PA, QL (90 tabs every 30 days)
tadalafil (pulmonary hypertension) (generic of ADCIRCA) tabs 20mg	PA, QL (60 tabs every 30 days)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TABS 200MCG	PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	PA, QL (starter dose: 1-time fill)

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	PA, QL (90 tabs every 30 days)
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SINUS NODE INHIBITORS

ivabradine hcl (generic of CORLANOR) tabs 5mg, 7.5mg

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm
cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml

CEPHALOSPORINS - 2ND GENERATION

cefuroxime axetil tabs 250mg, 500mg

CEPHALOSPORINS - 3RD GENERATION

cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml
cefpodoxime proxetil tabs 100mg, 200mg
ceftriaxone sodium solr 500mg

Drug Name	Requirements/Limits
CONTRACEPTIVES	
COMBINATION CONTRACEPTIVES - ORAL	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	

Drug Name	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	
COMBINATION CONTRACEPTIVES - VAGINAL	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	
COPPER CONTRACEPTIVES - IUD	
MIUDELLA IUD	
MIUDELLA IUD COPPER	
PARAGARD IUD T380A	
EMERGENCY CONTRACEPTIVES	
ELLA TABS 30MG	
PROGESTIN CONTRACEPTIVES - IMPLANTS	
NEXPLANON IMPL 68MG	
PROGESTIN CONTRACEPTIVES - INJECTABLE	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) susp 150mg/ml; susy 150mg/ml</i>	
PROGESTIN CONTRACEPTIVES - IUD	
KYLEENA IUD 19.5MG	
LILETTA IUD 20.1MCG/DAY	
MIRENA IUD 21MCG/DAY	
SKYLA IUD 13.5MG	
PROGESTIN CONTRACEPTIVES - ORAL	
<i>norethindrone (contraceptive) tabs .35mg</i>	
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
<i>budesonide cpep 3mg</i>	

Drug Name	Requirements/Limits
<i>budesonide</i> (generic of UCERIS) <i>tb</i> 24 9mg	
<i>dexamethasone elix</i> .5mg/5ml; <i>soln</i> .5mg/5ml; <i>tabs</i> .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	
DEXAMETHASONE INTENSOL CONC 1MG/ML	
<i>hydrocortisone</i> (generic of CORTEF) <i>tabs</i> 5mg, 10mg, 20mg	
<i>methylprednisolone</i> (generic of MEDROL) <i>tabs</i> 4mg, 8mg, 16mg	
<i>methylprednisolone tabs</i> 32mg	
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) <i>tbpk</i> 4mg	
<i>prednisolone soln</i> 15mg/5ml	
<i>prednisolone sodium phosphate soln</i> 5mg/5ml, 15mg/5ml	
<i>prednisone soln</i> 5mg/5ml; <i>tabs</i> 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; <i>tbpk</i> 5mg, 10mg	
TARPEYO CPDR 4MG	PA, QL (120 caps every 30 days)
MINERALOCORTICIDS	
<i>fludrocortisone acetate tabs</i> .1mg	
COUGH/COLD/ALLERGY	
ANTITUSSIVES	
<i>benzonatate caps</i> 100mg, 200mg	
COUGH/COLD/ALLERGY COMBINATIONS	
<i>pseudoephed-bromphen-dm syrup</i> 30-2-10 mg/5ml	
EXPECTORANTS	
<i>potassium iodide</i> (expectorant) <i>soln</i> 1gm/ml	
MISC. RESPIRATORY INHALANTS	
<i>sodium chloride</i> (inhalant) <i>nebu</i> .9%, 3%, 7%, 10%	
MUCOLYTICS	
<i>acetylcysteine soln</i> 10%, 20%	
DERMATOLOGICALS	
ACNE PRODUCTS	
<i>adapalene crea</i> .1%	
<i>adapalene</i> (generic of DIFFERIN) <i>gel</i> .3%	
<i>adapalene-benzoyl peroxide gel</i> 0.1-2.5%	
<i>adapalene-benzoyl peroxide gel</i> 0.3-2.5% (generic of EPIDUO FORTE)	
AKLIEF CREA .005%	
<i>benzoyl peroxide-erythromycin gel</i> 5-3% (generic of BENZAMYCIN)	
CABTREO GEL	

Drug Name	Requirements/Limits
<i>clindamycin phosphate (topical) (generic of CLINDAGEL) gel 1%</i>	
<i>clindamycin phosphate (topical) gel 1%; soln 1%; swab 1%</i>	
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) lotn 1%</i>	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)</i>	
<i>erythromycin (acne aid) gel 2%; pads 2%; soln 2%</i>	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	
<i>tretinoin (generic of RETIN-A) crea .025%, .05%, .1%; gel .01%, .025%</i>	
<i>TWYNEO CRE 0.1-3%</i>	
ANTI-INFLAMMATORY AGENTS - TOPICAL	
<i>diclofenac sodium (topical) gel 1%; soln 1.5%</i>	
ANTIBIOTICS - TOPICAL	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	
<i>mupirocin oint 2%</i>	
ANTIFUNGALS - TOPICAL	
<i>ciclopirox sham 1%; soln 8%</i>	
<i>ciclopirox olamine crea .77%; susp .77%</i>	
<i>clotrimazole (topical) crea 1%; soln 1%</i>	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	
<i>ketoconazole (topical) crea 2%; sham 2%</i>	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>fluorouracil (topical) crea 5%</i>	
ANTIPSORIATICS	
<i>calcipotriene oint .005%</i>	
<i>calcipotriene (generic of PELLIX) soln .005%</i>	
COSENTYX SOSY 75MG/0.5ML	PA, QL (1 syringe every 28 days)
COSENTYX SOSY 150MG/ML	PA, QL (2 syringes every 28 days)
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	PA, QL (2 pens every 28 days)
COSENTYX UNOREADY SOAJ 300MG/2ML	PA, QL (1 pen every 28 days)
STEQEYMA SOSY 45MG/0.5ML	PA, QL (1 syringe every 84 days)

Drug Name	Requirements/Limits
STEQEYMA SOSY 90MG/ML	PA, QL (1 syringe every 56 days)
<i>tazarotene (generic of TAZORAC) crea .1%; gel .1%</i>	
YESINTEK SOSY 45MG/0.5ML	PA, QL (1 syringe every 84 days)
YESINTEK SOSY 90MG/ML	PA, QL (1 syringe every 56 days)

ANTISEBORRHEIC PRODUCTS

selenium sulfide lotn 2.5%

BURN PRODUCTS

silver sulfadiazine (generic of SILVADENE) crea 1%

CORTICOSTEROIDS - TOPICAL

alclometasone dipropionate crea .05%; oint .05%

betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%

betamethasone valerate crea .1%; lotn .1%; oint .1%

clobetasol propionate crea .05%; gel .05%; oint .05%; soln .05%

clobetasol propionate emollient base crea .05%

desonide crea .05%; oint .05%

fluocinolone acetonide crea .01%; soln .01%

fluocinolone acetonide (generic of SYNALAR) crea .025%; oint .025%

fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) oil .01%

fluocinolone acetonide (generic of DERMA-SMOOTH/FS SCALP) oil .01%

fluocinonide crea .05%; gel .05%; oint .05%; soln .05%

fluocinonide emulsified base crea .05%

halobetasol propionate crea .05%; oint .05%

hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%

hydrocortisone valerate crea .2%; oint .2%

mometasone furoate crea .1%; oint .1%; soln .1%

triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%

ECZEMA AGENTS

DUPIXENT SOAJ 200MG/1.14ML	PA, QL (2 pens every 28 days)
DUPIXENT SOAJ 300MG/2ML	PA, QL (4 pens every 28 days)
DUPIXENT SOSY 200MG/1.14ML	PA, QL (2 syringes every 28 days)
DUPIXENT SOSY 300MG/2ML	PA, QL (4 syringes every 28 days)
EBGLYSS SOAJ 250MG/2ML	PA, QL (2 pens every 28 days)

Drug Name	Requirements/Limits
EBGLYSS SOSY 250MG/2ML	PA, QL (2 syringes every 28 days)
EMOLLIENT/KERATOLYTIC AGENTS	
urea crea 20%	
EMOLLIENTS	
lactic acid (ammonium lactate) crea 12%; lotn 12%	
ENZYMES - TOPICAL	
SANTYL OINT 250UNIT/GM	QL (30 gm every 30 days)
IMMUNOMODULATING AGENTS - TOPICAL	
imiquimod crea 5%	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	
pimecrolimus crea 1%	Covered for age 2 and older
tacrolimus (topical) oint .1%	Covered for age 16 and older
tacrolimus (topical) oint .03%	Covered for age 2 and older
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS	
podofilox soln .5%	
LOCAL ANESTHETICS - TOPICAL	
lidocaine (generic of LIDODERM) ptch 5%	
lidocaine hcl crea 3%; gel 2%; soln 4%	
lidocaine-prilocaine cream 2.5-2.5%	
MISC. TOPICAL	
DRYSOL SOLN 20%	
QBREXZA PADS 2.4%	PA, QL (30 pads every 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA OINT 2%	ST, QL (60 gm every 30 days); PA required for age 2 and older
ZORYVE CREA .15%, .3%; FOAM .3%	QL (60 gm every 30 days)
ROSACEA AGENTS	
azelaic acid (generic of FINACEA) gel 15%	ST
metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%	
SCABICIDES & PEDICULICIDES	
malathion lotn .5%	
permethrin (generic of PERMETHRIN) crea 5%	
WOUND CARE PRODUCTS	
REGRANEX GEL .01%	
VYJUVEK GEL	PA, QL (4 cartons every 28 days)
DIGESTIVE AIDS	
DIGESTIVE ENZYMES	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	

Drug Name	Requirements/Limits
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide</i> cp12 500mg; tabs 125mg, 250mg
<i>methazolamide</i> tabs 25mg, 50mg

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide</i> tab 5-50 mg
<i>spironolactone & hydrochlorothiazide</i> tab 25-25 mg
<i>triamterene & hydrochlorothiazide</i> cap 37.5-25 mg
<i>triamterene & hydrochlorothiazide</i> tab 37.5-25 mg
<i>triamterene & hydrochlorothiazide</i> tab 75-50 mg

LOOP DIURETICS

<i>bumetanide</i> tabs 1mg, 2mg	
<i>bumetanide</i> (generic of BUMEX) tabs .5mg	
<i>ethacrynic acid</i> (generic of EDECRIN) tabs 25mg	
FUROSCIX CTKT 80MG/10ML	PA, QL (8 each every 30 days)
<i>furosemide</i> soln 10mg/ml, 40mg/5ml	
<i>furosemide</i> (generic of LASIX) tabs 20mg, 40mg, 80mg	
<i>torsemide</i> tabs 5mg, 10mg, 20mg, 100mg	

POTASSIUM SPARING DIURETICS

<i>amiloride hcl</i> tabs 5mg
<i>spironolactone</i> (generic of ALDACTONE) tabs 25mg, 50mg, 100mg
<i>triamterene</i> (generic of DYRENIUM) caps 50mg, 100mg

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone</i> tabs 25mg, 50mg
DIURIL SUSP 250MG/5ML
<i>hydrochlorothiazide</i> caps 12.5mg; tabs 12.5mg, 25mg, 50mg
<i>indapamide</i> tabs 1.25mg, 2.5mg
<i>metolazone</i> tabs 2.5mg, 5mg, 10mg
THALITONE TABS 15MG

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium</i> tabs 10mg, 35mg
<i>alendronate sodium</i> (generic of FOSAMAX) tabs 70mg

Drug Name	Requirements/Limits
<i>calcitonin (salmon) soln 200unit/act</i>	
ENOBY SOSY 60MG/ML	QL (1 syringe every 180 days)
FOSAMAX + D TAB 70-2800	
FOSAMAX + D TAB 70-5600	
<i>teriparatide (generic of FORTEO) sopn 560mcg/2.24ml</i>	PA, QL (1 pen every 30 days)
TYMLOS SOPN 3120MCG/1.56ML	PA, QL (1 pen every 30 days)
XTRENBO SOLN 120MG/1.7ML	QL (1 vial every 28 days)
GNRH/LHRH ANTAGONISTS	
ORILISSA TABS 150MG, 200MG	
GROWTH HORMONE RELEASING HORMONES (GHRH)	
EGRIFTA SV SOLR 2MG	PA, QL (30 vials every 30 days)
GROWTH HORMONES	
NGENLA SOPN 24MG/1.2ML, 60MG/1.2ML	PA
NORDITROPIN FLEXPOR SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	PA
SEROSTIM SOLR 4MG, 5MG, 6MG	PA
HORMONE RECEPTOR MODULATORS	
<i>raloxifene hcl (generic of EVISTA) tabs 60mg</i>	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG	PA
MENOPAUSAL SYMPTOMS SUPPRESSANTS	
VEOZAH TABS 45MG	PA
METABOLIC MODIFIERS	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>cinacalcet hcl (generic of SENSIPAR) tabs 30mg, 60mg</i>	QL (60 tabs every 30 days)
<i>cinacalcet hcl (generic of SENSIPAR) tabs 90mg</i>	QL (120 tabs every 30 days)
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	
<i>nitisinone (generic of ORFADIN) caps 2mg, 5mg, 10mg, 20mg</i>	PA
NULIBRY SOLR 9.5MG	PA, QL (150 vials every 30 days)
XENPOZYME SOLR 4MG, 20MG	PA
YORVIPATH SOPN 168MCG/0.56ML, 294MCG/0.98ML, 420MCG/1.4ML	PA, QL (2 pens every 28 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TABS 10MG, 20MG, 40MG	PA
POSTERIOR PITUITARY HORMONES	
DESMOPRESSIN ACETATE SOLN 1.5MG/ML	

Drug Name	Requirements/Limits
desmopressin acetate (generic of DDAVP) tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .1mg/ml	
PROLACTIN INHIBITORS	
cabergoline tabs .5mg	
VASOPRESSIN RECEPTOR ANTAGONISTS	
tolvaptan tab therapy pack 45 & 15 mg (generic of JYNARQUE)	QL (56 tabs every 28 days)
tolvaptan tab therapy pack 60 & 30 mg (generic of JYNARQUE)	QL (56 tabs every 28 days)
tolvaptan tab therapy pack 90 & 30 mg (generic of JYNARQUE)	QL (56 tabs every 28 days)
ESTROGENS	
ESTROGEN COMBINATIONS	
CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
ORIAHNN CAP	PA, QL (56 caps every 28 days); Limit of 24 fills per lifetime
ESTROGENS	
DEPO-ESTRADIOL OIL 5MG/ML	
estradiol (generic of MINIVELLE) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
estradiol (generic of VIVELLE-DOT) pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
estradiol (generic of CLIMARA) ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	
estradiol tabs .5mg, 1mg, 2mg	
estradiol valerate (generic of DELESTROGEN) oil 10mg/ml, 20mg/ml	
estradiol valerate oil 40mg/ml	
FLUOROQUINOLONES	
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML	

Drug Name	Requirements/Limits
<i>ciprofloxacin hcl (generic of CIPRO) tabs 250mg, 500mg</i>	
<i>ciprofloxacin hcl tabs 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
GASTROINTESTINAL AGENTS - MISC.	
GALLSTONE SOLUBILIZING AGENTS	
<i>ursodiol caps 300mg; tabs 250mg</i>	
<i>ursodiol (generic of URSO FORTE) tabs 500mg</i>	
GASTROINTESTINAL ANTIALLERGY AGENTS	
<i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) conc 100mg/5ml</i>	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	
<i>lubiprostone (generic of AMITIZA) caps 8mcg, 24mcg QL (60 caps every 30 days)</i>	
GASTROINTESTINAL STIMULANTS	
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml</i>	
<i>metoclopramide hcl (generic of REGLAN) tabs 5mg, 10mg</i>	
HEPATOTROPICS	
REZDIFFRA TABS 80MG, 100MG	PA, QL (30 tabs every 30 days)
INFLAMMATORY BOWEL AGENTS	
CIMZIA KIT 200MG	PA, QL (2 vials every 28 days)
CIMZIA (1 SYRINGE) PSKT 200MG/ML	PA, QL (2 injections every 28 days)
CIMZIA (2 SYRINGE) PSKT 200MG/ML	PA, QL (2 injections every 28 days)
CIMZIA STARTER KIT PSKT 200MG/ML	PA, QL (starter dose: 1-time fill)
ENTYVIO PEN SOAJ 108MG/0.68ML	PA, QL (2 pens every 28 days)
<i>mesalamine (generic of APRISO) cp24 .375gm</i>	
<i>mesalamine (generic of PENTASA) cpcr 500mg</i>	
<i>mesalamine cpdr 400mg; enem 4gm; tbec 800mg</i>	
<i>mesalamine (generic of CANASA) supp 1000mg</i>	
<i>mesalamine (generic of LIALDA) tbec 1.2gm</i>	
<i>mesalamine w/ cleanser (generic of ROWASA) kit 4gm</i>	
OMVOH SOAJ 100MG/ML	PA, QL (2 pens every 28 days)
<i>sulfasalazine (generic of AZULFIDINE) tabs 500mg</i>	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) tbec 500mg</i>	
VELSIPITY TABS 2MG	PA, QL (30 tabs every 30 days)
INTESTINAL ACIDIFIERS	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	

Drug Name	Requirements/Limits
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	
alosetron hcl (generic of LOTRONEX) tabs .5mg, 1mg	PA, QL (60 tabs every 30 days); Covered for females only
LIVE FECAL MICROBIOTA	
VOWST CAP	PA, QL (24 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	
MOVANTIK TABS 12.5MG, 25MG	QL (30 tabs every 30 days)
PHOSPHATE BINDER AGENTS	
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	
ferric citrate (generic of AURYXIA) tabs 210mg	
lanthanum carbonate (generic of FOSRENOL) chew 500mg, 750mg, 1000mg	
sevelamer carbonate (generic of RENVELA) pack .8gm, 2.4gm; tabs 800mg	
VELPHORO CHEW 500MG	QL (180 tabs every 30 days)
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
potassium citrate & citric acid soln 1100-334 mg/5ml	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) tbc 10meq	
potassium citrate (alkalinizer) tbc 540mg	
sodium citrate & citric acid soln 500-334 mg/5ml	
HYPEROXALURIA AGENTS	
OXLUMO SOLN 94.5MG/0.5ML	PA, QL (4 vials every 90 days)
INTERSTITIAL CYSTITIS AGENTS	
ELMIRON CAPS 100MG	
PROSTATIC HYPERTROPHY AGENTS	
alfuzosin hcl (generic of UROXATRAL) tb 24 10mg	
dutasteride (generic of AVODART) caps .5mg	
finasteride (generic of PROSCAR) tabs 5mg	
silodosin caps 4mg, 8mg	
tamsulosin hcl caps .4mg	
URINARY ANALGESICS	
phenazopyridine hcl tabs 100mg, 200mg	
GOUT AGENTS	
GOUT AGENT COMBINATIONS	
colchicine w/ probenecid tab 0.5-500 mg	
GOUT AGENTS	
allopurinol tabs 100mg, 300mg	
colchicine tabs .6mg	QL (60 tabs every 30 days)
KRYSTEXXA SOLN 8MG/ML	PA

Drug Name	Requirements/Limits
URICOSURICS	
<i>probenecid tabs 500mg</i>	
HEMATOLOGICAL AGENTS - MISC.	
ANTIHEMOPHILIC PRODUCTS	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	PA
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS	
<i>icatibant acetate (generic of FIRAZYR) sosy 30mg/3ml</i>	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS	
CINRYZE SOLR 500UNIT	PA, QL (20 vials every 30 days)
EMPAVELI SOLN 1080MG/20ML	PA, QL (10 vials every 30 days)
HAEGARDA SOLR 2000UNIT, 3000UNIT	PA, QL (20 vials every 30 days)
SOLIRIS SOLN 300MG/30ML	PA
ULTOMIRIS SOLN 300MG/3ML, 1100MG/11ML	PA
HEMATOLOGIC - TYROSINE KINASE INHIBITORS	
TAVALISSE TABS 100MG, 150MG	PA, QL (60 tabs every 30 days)
HEMATORHEOLOGIC AGENTS	
<i>pentoxifylline tbc 400mg</i>	
PLASMA KALLIKREIN INHIBITORS	
ORLADEYO CAPS 110MG, 150MG	PA, QL (28 caps every 28 days)
PLATELET AGGREGATION INHIBITORS	
<i>anagrelide hcl caps 1mg</i>	
<i>anagrelide hcl (generic of AGRYLIN) caps .5mg</i>	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	
CABLIVI KIT 11MG	PA, QL (30 kits every 30 days)
<i>cilostazol tabs 50mg, 100mg</i>	
<i>clopidogrel bisulfate (generic of PLAVIX) tabs 75mg</i>	
<i>clopidogrel bisulfate tabs 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>prasugrel hcl (generic of EFFIENT) tabs 5mg, 10mg</i>	
<i>ticagrelor (generic of BRILINTA) tabs 60mg, 90mg</i>	
PYRUVATE KINASE ACTIVATORS	
PYRUKYND TABS 5MG, 20MG, 50MG	PA, QL (28 tabs every 28 days)
HEMATOPOIETIC AGENTS	
AGENTS FOR SICKLE CELL DISEASE	
DROXIA CAPS 200MG, 300MG, 400MG	
<i>glutamine (sickle cell) (generic of ENDARI) pack 5gm</i>	QL (180 packets every 30 days)
SIKLOS TABS 100MG, 1000MG	
COBALAMINS	
<i>cyanocobalamin soln 1000mcg/ml</i>	

Drug Name	Requirements/Limits
FOLIC ACID/FOLATES	
<i>folic acid tabs 1mg</i>	
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	
DOPTELET TABS 20MG	PA, QL (60 tabs every 30 days)
DOPTELET TABS 20MG	PA, QL (90 tabs every 30 days)
<i>eltrombopag olamine (generic of PROMACTA) pack 12.5mg</i>	PA, QL (4 packets every 1 day)
<i>eltrombopag olamine (generic of PROMACTA) pack 25mg</i>	PA, QL (6 packets every 1 day)
<i>eltrombopag olamine (generic of PROMACTA) tabs 12.5mg, 75mg</i>	PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine (generic of PROMACTA) tabs 25mg, 50mg</i>	PA, QL (3 tabs every 1 day)
FULPHILA SOSY 6MG/0.6ML	QL (2 syringes every 28 days)
FYLNETRA SOSY 6MG/0.6ML	QL (2 syringes every 28 days)
JESDUVROQ TABS 1MG, 2MG, 4MG	PA, QL (1 tab every 1 day)
JESDUVROQ TABS 6MG	PA, QL (2 tabs every 1 day)
JESDUVROQ TABS 8MG	PA, QL (3 tabs every 1 day)
MULPLETA TABS 3MG	PA, QL (7 tabs every 14 days)
NYPOZI SOSY 300MCG/0.5ML, 480MCG/0.8ML	
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 40000UNIT/ML	
HEMATOPOIETIC MIXTURES	
<i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i>	
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	
HEMOSTATICS	
HEMOSTATICS - SYSTEMIC	
<i>aminocaproic acid soln .25gm/ml, 250mg/ml; tabs 500mg, 1000mg</i>	
<i>tranexamic acid tabs 650mg</i>	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
BARBITURATE HYPNOTICS	
<i>phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	

Drug Name	Requirements/Limits
HYPNOTICS - TRICYCLIC AGENTS	
doxepin hcl (sleep) (generic of SILENOR) tabs 3mg, 6mg	QL (30 tabs every 30 days)
NON-BARBITURATE HYPNOTICS	
eszopiclone (generic of LUNESTA) tabs 1mg, 2mg, 3mg	
temazepam (generic of RESTORIL) caps 7.5mg, 15mg, 22.5mg, 30mg	
zolpidem tartrate (generic of AMBIEN) tabs 5mg, 10mg	
SELECTIVE MELATONIN RECEPTOR AGONISTS	
ramelteon (generic of ROZEREM) tabs 8mg	QL (30 tabs every 30 days)
LAXATIVES	
LAXATIVE COMBINATIONS	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (generic of MOVIPREP)	QL (4000 mL per fill)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	
LAXATIVES - MISCELLANEOUS	
lactulose soln 10gm/15ml, 20gm/30ml	
MACROLIDES	
AZITHROMYCIN	
azithromycin pack 1gm; susr 100mg/5ml	
azithromycin (generic of ZITHROMAX) susr 200mg/5ml	
azithromycin (generic of ZITHROMAX) tabs 250mg, 500mg	QL (30 tabs every 30 days)
azithromycin tabs 600mg	QL (30 tabs every 30 days)
CLARITHROMYCIN	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
ERYTHROMYCINS	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	
erythromycin ethylsuccinate (generic of E.E.S. GRANULES) susr 200mg/5ml	
erythromycin ethylsuccinate (generic of ERYPED 400) susr 400mg/5ml	
erythromycin ethylsuccinate tabs 400mg	
FIDAXOMICIN	
fidaxomicin (generic of DIFICID) tabs 200mg	

Drug Name	Requirements/Limits
MEDICAL DEVICES AND SUPPLIES	
CONTRACEPTIVES	
CAYA DPR	
FEMCAP MIS 22MM	
FEMCAP MIS 26MM	
FEMCAP MIS 30MM	
OMNIFLEX DPR	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	
DIABETIC SUPPLIES	
DEXCOM G6 MIS RECEIVER	ST, QL (1 receiver every year)
DEXCOM G6 MIS SENSOR	ST, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	ST, QL (1 transmitter every 90 days)
DEXCOM G7 MIS RECEIVER	ST, QL (1 receiver every year)
DEXCOM G7 MIS SENSOR	ST, QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	ST, QL (2 sensors every 30 days)
LANCETS	QL (200 lancets every 30 days), OTC
OMNIPOD5 LIB KIT INTRO	QL (1 kit every year)
OMNIPOD5 LIB MIS PODS	QL (15 pods every 30 days)
OMNIPOD 5 DX KIT INT G7G6	QL (1 kit every year)
OMNIPOD 5 DX MIS POD G7G6	QL (15 pods every 30 days)
OMNIPOD DASH KIT INTRO	QL (1 kit every year)
OMNIPOD DASH KIT PDM	QL (1 kit every year)
OMNIPOD DASH MIS PODS	QL (15 pods every 30 days)
OMNIPOD GO KIT 10UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 15UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 20UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 25UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 30UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 35UNT/DY	QL (10 pods every 30 days)
OMNIPOD GO KIT 40UNT/DY	QL (10 pods every 30 days)
OMNIPOD MIS CLASSIC	QL (15 pods every 30 days)
PARENTERAL THERAPY SUPPLIES	
DISPOSABLE SYRINGES	
INJECTION DEVICE FOR INSULIN	
INSULIN SYRINGES/NEEDLES U-100	
NEEDLES, ASSORTED 14G - 30G	
SYRINGES/NEEDLES	
TUBERCULIN/ALLERGY SYRINGES	

Drug Name	Requirements/Limits
UNIFINE PEN NEEDLES	QL (200 needles every 30 days), OTC

RESPIRATORY THERAPY SUPPLIES

NEBULIZERS	QL (1 each every year)
SPACER/AEROSOL-HOLDING CHAMBER MASKS	
SPACER/AEROSOL-HOLDING CHAMBERS	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70MG/ML, 140MG/ML	PA
AJOVY SOAJ 225MG/1.5ML	PA, QL (1 pen every 25 days)
AJOVY SOSY 225MG/1.5ML	PA, QL (1 syringe every 25 days)
EMGALITY SOAJ 120MG/ML	PA, QL (2 pens every 28 days)
EMGALITY SOSY 100MG/ML	PA, QL (3 syringes every 28 days)
EMGALITY SOSY 120MG/ML	PA, QL (2 syringes every 28 days)
UBRELVY TABS 50MG, 100MG	PA, QL (16 tabs every 30 days)

SEROTONIN AGONISTS

<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL (12 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT) tabs 10mg</i>	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) tbdp 10mg</i>	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act</i>	QL (24 inhalers every 30 days)
<i>sumatriptan soln 20mg/act</i>	QL (12 inhalers every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 6mg/0.5ml</i>	QL (12 injections every 30 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) soaj 6mg/0.5ml</i>	QL (12 injections every 30 days)
<i>sumatriptan succinate (generic of IMITREX) tabs 25mg, 50mg, 100mg</i>	QL (9 tabs every 30 days)
<i>zolmitriptan (generic of ZOMIG) soln 5mg</i>	QL (6 inhalers every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	QL (12 tabs every 30 days)

MINERALS & ELECTROLYTES

FLUORIDE

<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg</i>	
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PHOSPHATE

<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	
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POTASSIUM

<i>potassium bicarbonate tbef 25meq</i>	
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Drug Name	Requirements/Limits
potassium chloride cpr 8meq, 10meq; soln 10%, 20%; tbc 8meq, 10meq, 20meq	
potassium chloride (generic of KLOR-CON 8) tbc 8meq	
potassium chloride microencapsulated crystals er tbc 10meq, 20meq	

MISCELLANEOUS THERAPEUTIC CLASSES

IMMUNOMODULATORS

lenalidomide (generic of REVLIMID) caps 2.5mg, 5mg, 10mg, 15mg	QL (28 caps every 28 days)
lenalidomide (generic of REVLIMID) caps 20mg, 25mg	QL (21 caps every 28 days)
REZUROCK TABS 200MG	PA, QL (30 tabs every 30 days)

IMMUNOSUPPRESSIVE AGENTS

azathioprine (generic of IMURAN) tabs 50mg	
azathioprine tabs 100mg	
cyclosporine (generic of SANDIMMUNE) caps 25mg, 100mg	
cyclosporine modified (for microemulsion) (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml	
ENSPRYNG SOSY 120MG/ML	PA, QL (1 syringe every 28 days)
ENVARUS XR TB24 .75MG, 1MG, 4MG	PA
LUPKYNIS CAPS 7.9MG	PA, QL (180 caps every 30 days)
mycophenolate mofetil (generic of CELLCEPT) caps 250mg; sus 200mg/ml; tabs 500mg	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	
tacrolimus caps .5mg, 1mg, 5mg	
tacrolimus (generic of PROGRAF) caps .5mg, 1mg, 5mg	

POTASSIUM REMOVING AGENTS

LOKELMA PACK 5GM, 10GM	
sodium polystyrene sulfonate susp 15gm/60ml	
sodium polystyrene sulfonate powder	

SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA SOAJ 200MG/ML	PA, QL (4 pens every 28 days)
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MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

lidocaine hcl (mouth-throat) soln 2%	
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ANTI-INFECTIVES - THROAT

clotrimazole troc 10mg	
nystatin (mouth-throat) (generic of NYSTATIN) susp 100000unit/ml	

Drug Name	Requirements/Limits
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) soln .12%</i>	
DENTAL PRODUCTS	
<i>DENTA 5000 GEL PLUS SEN</i>	
<i>FLUORID SENS GEL 1.1-5%</i>	
<i>FLUORMX 5000 GEL SENSITIV</i>	
<i>PREVDNT 5000 GEL 1.1-5%</i>	
<i>SOD FLUORIDE GEL 1.1-5%</i>	
<i>sodium fluoride (dental) crea 1.1%; gel 1.1%; pste 1.1%</i>	
STERIODS - MOUTH/THROAT/DENTAL	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
THROAT PRODUCTS - MISC.	
<i>pilocarpine hcl (oral) (generic of SALAGEN) tabs 5mg</i>	
MULTIVITAMINS	
B-COMPLEX W/ FOLIC ACID	
<i>DIALYVITE/ TAB ZINC</i>	
MULTIPLE VITAMINS W/ MINERALS	
<i>ENLYTE GUMMY CHW BETAFOLE</i>	
<i>multiple vitamins w/ minerals cap</i>	
PED MULTI VITAMINS W/FL & FE	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	
PED MV W/ FLUORIDE	
<i>pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	
<i>pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml</i>	
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	
PRENATAL VITAMINS	
<i>prenatal vitamins</i>	Covered for females age 14 to 49 up to \$25
PRENATAL VITAMINS	Covered for females age 14 to 49 up to \$25
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>chlorzoxazone tabs 500mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>metaxalone tabs 800mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	

Drug Name	Requirements/Limits
<i>orphenadrine citrate tb12</i> 100mg	
<i>tizanidine hcl tabs</i> 2mg	
<i>tizanidine hcl</i> (generic of ZANAFLEX) <i>tabs</i> 4mg	
DIRECT MUSCLE RELAXANTS	
<i>dantrolene sodium</i> (generic of DANTRIUM) <i>caps</i> 25mg	
<i>dantrolene sodium caps</i> 50mg	
VISCOSUPPLEMENTS	
VISCO-3 SOSY 25MG/2.5ML	QL (6 syringes every 150 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL	
NASAL ANTIALLERGY	
<i>azelastine hcl soln</i> .15%, 137mcg/spray	
<i>olopatadine hcl (nasal) soln</i> .6%	
NASAL ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln</i> .03%, .06%	
NASAL STEROIDS	
<i>flunisolide (nasal) soln</i> .025%	
<i>fluticasone propionate (nasal) susp</i> 50mcg/act	
NEUROMUSCULAR AGENTS	
ALS AGENTS	
<i>riluzole tabs</i> 50mg	QL (60 tabs every 30 days)
MUSCULAR DYSTROPHY AGENTS	
AMONDYS 45 SOLN 100MG/2ML	PA, QL (60 vials every 28 days)
VILTEPSO SOLN 250MG/5ML	PA, QL (64 vials every 28 days)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS	
BOTOX SOLR 100UNIT, 200UNIT	PA, QL (2 vials every 70 days)
OPHTHALMIC AGENTS	
BETA-BLOCKERS - OPHTHALMIC	
<i>betaxolol hcl (ophth) soln</i> .5%	
BETIMOL SOLN .25%	
<i>brimonidine tartrate-timolol maleate ophth soln</i> 0.2-0.5% (generic of COMBIGAN)	
<i>carteolol hcl (ophth) soln</i> 1%	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5% (generic of COSOPT)	
<i>levobunolol hcl soln</i> .5%	
<i>timolol</i> (generic of BETIMOL) <i>soln</i> .5%	
<i>timolol maleate (ophth) solg</i> .25%, .5%; <i>soln</i> .25%, .5%	
<i>timolol maleate (ophth)</i> (generic of ISTALOL) <i>soln</i> .5%	
CYCLOPLEGIC MYDRIATICS	
ATROPINE SULFATE SOLN 1%	
<i>atropine sulfate (ophthalmic) soln</i> 1%	
CYCLOGYL SOLN .5%, 2%	

Drug Name	Requirements/Limits
cyclopentolate hcl (generic of CYCLOGYL) soln 1%	
HOMATROPAIRE SOLN 5%	
phenylephrine hcl (mydriatic) (generic of PHENYLEPHRINE HYDROCHLORI) soln 2.5%	
tropicamide (generic of MYDRIACYL) soln 1%	
tropicamide soln .5%	
MIOTICS	
pilocarpine hcl soln 1%	
OPHTHALMIC ADRENERGIC AGENTS	
brimonidine tartrate (generic of ALPHAGAN P) soln .1%, .15%	
brimonidine tartrate soln .2%	
SIMBRINZA SUS 1-0.2%	
OPHTHALMIC ANTI-INFECTIVES	
bacitracin (ophthalmic) oint 500unit/gm	
bacitracin-polymyxin b ophth oint	
ciprofloxacin hcl (ophth) soln .3%	
erythromycin (ophth) oint 5mg/gm	
gentamicin sulfate (ophth) soln .3%	
moxifloxacin hcl (ophth) (generic of VIGAMOX) soln .5%	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	
ofloxacin (ophth) (generic of OCUFLOX) soln .3%	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	
sulfacetamide sodium (ophth) oint 10%; soln 10%	
tobramycin (ophth) soln .3%	
TOBREX OINT .3%	
trifluridine soln 1%	
XDEMVI SOLN .25%	PA, QL (10 mL every year)
OPHTHALMIC IMMUNOMODULATORS	
cyclosporine (ophth) (generic of RESTASIS) emul .05% QL (60 single-use vials every 30 days)	
OPHTHALMIC INTEGRIN ANTAGONISTS	
XIIDRA SOLN 5%	PA
OPHTHALMIC KINASE INHIBITORS	
RHOPRESSA SOLN .02%	
OPHTHALMIC STEROIDS	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	
BYQLOVI SUSP .05%	

Drug Name	Requirements/Limits
CLOBETASOL PROPIONATE SUSP .05%	
dexamethasone sodium phosphate (ophth) soln .1%	
difluprednate (generic of DUREZOL) emul .05%	
fluorometholone (ophth) (generic of FML LIQUIFILM) susp .1%	
FML FORTE SUSP .25%	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	
PRED MILD SUSP .12%	
prednisolone acetate (ophth) (generic of PRED FORTE) susp 1%	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	
tobramycin-dexamethasone ophth susp 0.3-0.1%	
OPHTHALMICS - MISC.	
azelastine hcl (ophth) soln .05%	
cromolyn sodium (ophth) soln 4%	
diclofenac sodium (ophth) soln .1%	
dorzolamide hcl soln 2%	
flurbiprofen sodium soln .03%	
ketorolac tromethamine (ophth) soln .4%	
ketorolac tromethamine (ophth) (generic of ACULAR) soln .5%	
PROSTAGLANDINS - OPHTHALMIC	
bimatoprost (generic of LUMIGAN) soln .01%	
bimatoprost soln .03%	
latanoprost (generic of XALATAN) soln .005%	
OTIC AGENTS	
OTIC AGENTS - MISCELLANEOUS	
acetic acid (otic) soln 2%	
OTIC ANTI-INFECTIVES	
ciprofloxacin hcl (otic) (generic of CETRAXAL) soln .2%	
ofloxacin (otic) soln .3%	
OTIC COMBINATIONS	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	
neomycin-polymyxin-hc otic soln 1%	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	

Drug Name	Requirements/Limits
OTIC STEROIDS	
fluocinolone acetonide (otic) (generic of DERMOTIC)	
oil .01%	
hydrocortisone w/ acetic acid otic soln 1-2%	
OXYTOCICS	
OXYTOCICS	
methylergonovine maleate tabs .2mg	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
IMMUNE SERUMS	
CUTAQUIG SOLN 4GM/24ML	PA
PENICILLINS	
AMINOPENICILLINS	
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg;	
susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml;	
tabs 500mg, 875mg	
ampicillin caps 500mg	
NATURAL PENICILLINS	
BICILLIN L-A SUSY 600000UNIT/ML,	
1200000UNIT/2ML, 2400000UNIT/4ML	
LENTOCILIN INJ 1200000	
penicillin v potassium solr 125mg/5ml, 250mg/5ml;	
tabs 250mg, 500mg	
PENICILLIN COMBINATIONS	
amoxicillin & k clavulanate chew tab 400-57 mg	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	
(generic of AUGMENTIN ES-600)	
amoxicillin & k clavulanate tab 250-125 mg	
amoxicillin & k clavulanate tab 500-125 mg	
amoxicillin & k clavulanate tab 875-125 mg	
BICILLIN C-R INJ 900/300	
BICILLIN C-R INJ 1200000	
PENICILLINASE-RESISTANT PENICILLINS	
dicloxacillin sodium caps 250mg, 500mg	
PROGESTINS	
PROGESTINS	
medroxyprogesterone acetate (generic of PROVERA)	
tabs 2.5mg, 5mg, 10mg	
norethindrone acetate tabs 5mg	
progesterone (generic of PROMETRIUM) caps 100mg,	
200mg	

Drug Name	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
AGENTS FOR CHEMICAL DEPENDENCY	
<i>acamprosate calcium tbec 333mg</i>	
<i>disulfiram tabs 250mg, 500mg</i>	
ANTI-CATAPLECTIC AGENTS	
<i>sodium oxybate (generic of XYREM) soln 500mg/ml</i>	PA, QL (540 mL every 30 days)
<i>XYREM SOLN 500MG/ML</i>	PA, QL (540 mL every 30 days)
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride (generic of ARICEPT) tabs 5mg, 10mg</i>	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	
<i>memantine hcl soln 2mg/ml, 10mg/5ml; tabs 5mg, 10mg</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	
<i>rivastigmine (generic of EXELON) pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	
COMBINATION PSYCHOTHERAPEUTICS	
<i>LYBALVI TAB 5-10MG</i>	PA
<i>LYBALVI TAB 10-10MG</i>	PA
<i>LYBALVI TAB 15-10MG</i>	PA
<i>LYBALVI TAB 20-10MG</i>	PA
FIBROMYALGIA AGENTS	
<i>milnacipran hcl (generic of SAVELLA) tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i>	
MOVEMENT DISORDER DRUG THERAPY	
<i>INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG</i>	PA, QL (30 caps every 30 days)
<i>INGREZZA CAP 40-80MG</i>	PA, QL (starter dose: 1-time fill)
MULTIPLE SCLEROSIS AGENTS	
<i>BAFIERTAM CPDR 95MG</i>	QL (120 caps every 30 days)
<i>dalfampridine (generic of AMPYRA) tb12 10mg</i>	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate (generic of TECFIDERA) cpdr 120mg</i>	QL (14 caps every 28 days)
<i>dimethyl fumarate (generic of TECFIDERA) cpdr 240mg</i>	QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)</i>	QL (starter dose: 1-time fill)
<i>fingolimod hcl (generic of GILENYA) caps .5mg</i>	QL (30 caps every 30 days)

Drug Name	Requirements/Limits
<i>glatiramer acetate</i> (generic of COPAXONE) sosy 20mg/ml	QL (30 injections every 30 days)
<i>glatiramer acetate</i> (generic of COPAXONE) sosy 40mg/ml	QL (12 injections every 28 days)
KESIMPTA SOAJ 20MG/0.4ML	PA, QL (1 pen every 28 days)
OCREVUS SOLN 300MG/10ML	PA, QL (2 vials every 180 days)
OCREVUS INJ ZUNOVO	PA, QL (1 vial every 180 days)
PLEGRIDY SOAJ 125MCG/0.5ML	QL (2 pens every 28 days)
PLEGRIDY SOSY 125MCG/0.5ML	QL (2 injections every 28 days)
PLEGRIDY INJ STARTER	QL (starter dose: 1-time fill)
PLEGRIDY PEN INJ STARTER	QL (starter dose: 1-time fill)
<i>teriflunomide</i> (generic of AUBAGIO) tabs 7mg, 14mg	QL (30 tabs every 30 days)
ZEPOSIA CAPS .92MG	PA, QL (30 caps every 30 days)
ZEPOSIA 7DAY CAP STR PACK	PA, QL (starter dose: 1-time fill)
ZEPOSIA CAP STR KIT	PA, QL (starter dose: 1-time fill)

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

<i>gabapentin</i> (once-daily) (generic of GRALISE) tabs 300mg	PA, QL (90 tabs every 30 days)
<i>gabapentin</i> (once-daily) (generic of GRALISE) tabs 450mg, 600mg, 750mg, 900mg	PA, QL (60 tabs every 30 days)

PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS

<i>fluoxetine hcl</i> (pmdd) tabs 10mg, 20mg	
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PSEUDOBULBAR AFFECT (PBA) AGENTS

<i>dextromethorphan hbr-quinidine sulfate cap</i> 20-10 mg (generic of NUEDEXTA)	PA, QL (60 caps every 30 days)
NUEDEXTA CAP 20-10MG	PA, QL (60 caps every 30 days)

SMOKING DETERRENTS

<i>bupropion hcl</i> (smoking deterrent) tb12 150mg	QL (60 tabs every 30 days)
<i>varenicline tartrate</i> (generic of CHANTIX) tabs .5mg, 1mg	QL (60 tabs every 30 days)
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack	QL (53 tabs every 180 days)

TRANSTHYRETIN AMYLOIDOSIS AGENTS

ONPATTRO SOLN 10MG/5ML	PA, QL (3 vials every 21 days)
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RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO TABS 150MG	PA, QL (60 tabs every 30 days)
ORKAMBI TAB 100-125	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	PA, QL (112 tabs every 28 days)
PULMOZYME SOLN 2.5MG/2.5ML	QL (60 ampules every 30 days)
TRIKAFTA TAB	PA, QL (84 tabs every 28 days)

Drug Name	Requirements/Limits
PULMONARY FIBROSIS AGENTS	
<i>nintedanib esylate</i> (generic of OFEV) caps 100mg, 150mg	PA, QL (60 caps every 30 days)
OFEV CAPS 100MG, 150MG	PA, QL (60 caps every 30 days)
<i>pirfenidone</i> caps 267mg	QL (270 caps every 30 days)
TETRACYCLINES	
TETRACYCLINES	
<i>doxycycline</i> (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg	
<i>doxycycline hyclate</i> caps 50mg, 100mg; tabs 20mg, 100mg	
<i>minocycline hcl</i> caps 50mg, 75mg, 100mg; tabs 75mg	
<i>tetracycline hcl</i> caps 250mg, 500mg	
THYROID AGENTS	
ANTITHYROID AGENTS	
<i>methimazole</i> tabs 5mg, 10mg	
<i>propylthiouracil</i> tabs 50mg	
THYROID HORMONES	
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	
EVEXITHROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG	
<i>levothyroxine sodium</i> (generic of SYNTHROID) tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
<i>liothyronine sodium</i> (generic of CYTOMEL) tabs 5mcg, 25mcg, 50mcg	
NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	
NP THYROID 15 TABS 15MG	
NP THYROID 30 TABS 30MG	
NP THYROID 60 TABS 60MG	
NP THYROID 90 TABS 90MG	
NP THYROID 120 TABS 120MG	
RENTHYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	
ANTISPASMODICS	
<i>dicyclomine hcl</i> caps 10mg; soln 10mg/5ml; tabs 20mg	
<i>glycopyrrolate</i> tabs 1mg, 2mg	

Drug Name	Requirements/Limits
hyoscyamine sulfate elix .125mg/5ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg	
methscopolamine bromide tabs 2.5mg, 5mg	
H-2 ANTAGONISTS	
cimetidine tabs 200mg, 300mg, 400mg, 800mg	
famotidine susr 40mg/5ml	
famotidine (generic of PEPCID) tabs 20mg, 40mg	
MISC. ANTI-ULCER	
sucralfate (generic of CARAFATE) tabs 1gm	
PROTON PUMP INHIBITORS	
esomeprazole magnesium (generic of NEXIUM) cpdr 20mg	QL (60 caps every 30 days)
esomeprazole magnesium (generic of NEXIUM) cpdr 40mg	QL (30 caps every 30 days)
lansoprazole cpdr 15mg	QL (60 caps every 30 days)
lansoprazole (generic of PREVACID) cpdr 30mg	QL (60 caps every 30 days)
lansoprazole (generic of PREVACID SOLUTAB) tbdd 15mg, 30mg	QL (30 tabs every 30 days); Covered for younger than age 8
omeprazole cpdr 10mg	QL (30 caps every 30 days)
omeprazole cpdr 20mg, 40mg	QL (60 caps every 30 days)
pantoprazole sodium (generic of PROTONIX) tbec 20mg, 40mg	QL (60 tabs every 30 days)
ULCER DRUGS - PROSTAGLANDINS	
misoprostol (generic of CYTOTEC) tabs 100mcg, 200mcg	
ULCER THERAPY COMBINATIONS	
bismuth subcit-metronidazole-tetracycline cap 140-125-QL (240 caps every year) 125 mg (generic of PYLERA)	
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	
solifenacin succinate tabs 5mg, 10mg	
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	
tropium chloride cp24 60mg; tabs 20mg	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	
mirabegron (generic of MYRBETRIQ) tb24 25mg, 50mg	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	

Drug Name	Requirements/Limits
VACCINES	
BACTERIAL VACCINES	
VIVOTIF CAP EC	QL (4 caps per lifetime)
VAGINAL AND RELATED PRODUCTS	
VAGINAL ANTI-INFECTIVES	
CLEOCIN SUPP 100MG	
clindamycin phosphate vaginal (generic of CLEOCIN)	
crea 2%	
metronidazole vaginal gel .75%	
terconazole vaginal crea .4%, .8%; supp 80mg	
VAGINAL ESTROGENS	
estradiol vaginal (generic of ESTRACE) crea .1mg/gm	
estradiol vaginal (generic of VAGIFEM) tabs 10mcg	
FEMRING RING .05MG/24HR, .1MG/24HR	
VAGINAL PROGESTINS	
CRINONE GEL 4%, 8%	
VASOPRESSORS	
ANAPHYLAXIS THERAPY AGENTS	
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK)	
soaj .3mg/0.3ml	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK)	
soaj .15mg/0.3ml	
epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml	
NEFFY SOLN 2MG/0.1ML	
VASOPRESSORS	
midodrine hcl tabs 2.5mg, 5mg, 10mg	
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OIL SOLUBLE VITAMINS	
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phytonadione tabs 5mg	

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