Arkansas
BlueCross BlueShield
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# Arkansas Blue Cross and Blue Shield Blue Choice Formulary

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## INTRODUCTION

We are pleased to provide the 2027 Arkansas Blue Cross and Blue Shield Essential Value Formulary as a useful reference and informational tool. This document can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document 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. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document 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.

We assume no 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 document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Arkansas Blue Cross and Blue Shield will utilize the services of the independent National P&T Committee as well as internal pharmacy and medical advisory committees to direct formulary decisions as it relates to our benefit certificates and policies.

## DRUG LIST PRODUCT DESCRIPTIONS

There are two ways to find your drug on this drug list:

1. Medical Conditions

The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under Cardiovascular. If you know what your drug is used for, look for the category name in the list and then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the drug list. The Index is an alphabetical list of all drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find the coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in the lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug. Their requirements and limits may include:

- **Prior Authorization**: Your plan needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from your plan before you fill your prescriptions.
- **Quantity Limits**: For certain drugs, your plan limits the amount of the drug that it will cover. Your plan may also limit the amount of drugs you may receive within a class of drugs. For example, for opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.
- **Step Therapy**: Your plan needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B. If you don't get approval, your plan may not cover the drug.

## LEGEND

| Symbol | Name |
|---|---|
| AGE | Age Limit |
| OTC | Over the counter |
| PA | Prior Authorization |
| PA* | If Quantity Limit is exceeded, Prior Authorization may apply |
| PA** | If Step Therapy requirements are not met, Prior Authorization may apply |
| QL | Quantity Limit |
| SP | Specialty Drug subject to Specialty Guideline Management |
| ST | Step Therapy |

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## SPECIALTY MEDICATIONS

A rapidly growing category of drugs, specialty medications are the result of continued advances in drug development technology and design. They are created to target and treat complex chronic or genetic medical conditions and include bioengineered proteins, blood-derived products and complex molecules.

### Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medications based on currently accepted evidence-based medicine guidelines. The utilization management program is available for therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as "SP" for your reference. For additional information, please call 1-866-814-5506.

## PLAN DESIGN

Preferred brand-name medications are listed to help identify product that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Special note for opioid containing products: The quantity of opioid product prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30 day supply. Members who are opioid-naïve will be required to use an immediate-release (IR) formulation before moving to an extended-release (ER) formulation and will be subject to quantity limit restrictions.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. If covered in the pharmacy benefit, OTC products require a valid prescription.

Some Plans exclude mental health drugs.

## PREVENTIVE SERVICES

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for $0 member cost share. These items may include:

- Bowel Preparations for Colorectal Cancer Screening

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

- Fluoride Supplementation in Children
- Folic Acid Supplementation
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Medications for Risk Reduction of Primary Breast Cancer
- Contraceptives
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults
- Antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection
- Diabetes Prevention Medicine for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity

Items that may be covered as preventive services under this formulary will not be specifically noted since final coverage is determined by the plan sponsor.

**NOTICE**

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

| Drug Name | Requirements/Limits |
|---|---|
| **ANALGESICS** | |
| ***GOUT*** | |
| *allopurinol tabs 100mg, 300mg* | |
| *colchicine caps .6mg; tabs .6mg* | |
| *probenecid tabs 500mg* | |
| ***NSAIDS*** | |
| *diclofenac potassium tabs 50mg* | |
| *diclofenac sodium delayed-rel tbec 25mg, 50mg, 75mg* | |
| *diclofenac sodium ext-rel tb24 100mg* | |
| *etodolac caps 200mg, 300mg; tabs 400mg, 500mg* | |
| *flurbiprofen tabs 50mg* | |
| *ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg* | |
| *ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg* | |
| *meloxicam tabs 7.5mg, 15mg* | |
| *nabumetone tabs 500mg, 750mg* | |
| *naproxen tabs 250mg, 375mg, 500mg* | |
| *naproxen tbec 375mg, 500mg* | |
| *naproxen sodium tabs 275mg, 550mg* | |
| *oxaprozin tabs 600mg* | |
| *piroxicam caps 10mg, 20mg* | |
| *sulindac tabs 150mg, 200mg* | |
| ***OPIOID ANALGESICS*** | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | QL |
| *acetaminophen w/ codeine tab 300-15 mg* | QL |
| *acetaminophen w/ codeine tab 300-30 mg* | QL |
| *acetaminophen w/ codeine tab 300-60 mg* | QL |
| *codeine sulfate tabs 30mg* | QL; PA* |
| *fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr* | QL; PA*, Initial PA may apply to higher strengths |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | QL |
| *hydrocodone-acetaminophen tab 5-325 mg* | QL |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | QL |
| *hydrocodone-acetaminophen tab 10-325 mg* | QL |
| *hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg* | QL; PA* |
| *methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg* | QL; PA* |
| *morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg* | QL; PA*, Initial PA may apply to higher strengths |
| *morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg* | QL; PA* |
| *oxycodone hcl conc 20mg/ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg* | QL; PA* |

| Drug Name | Requirements/Limits |
|---|---|
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | QL |
| *oxycodone w/ acetaminophen tab 5-325 mg* | QL |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | QL |
| *oxycodone w/ acetaminophen tab 10-325 mg* | QL |
| *tramadol hcl tabs 50mg* | QL; PA* |
| *tramadol hcl tb24 100mg, 200mg, 300mg* | QL; PA*, Initial PA may apply to higher strengths |
| ***OPIOID PARTIAL AGONISTS*** | |
| BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG | QL; PA*, Initial PA may apply to higher strengths |
| *buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr* | QL; PA*, Initial PA may apply to higher strengths |
| ***SALICYLATES*** | |
| *diflunisal tabs 500mg* | |
| **ANTI-INFECTIVES** | |
| ***ANTHELMINTICS*** | |
| EMVERM CHEW 100MG | QL; PA* |
| *ivermectin tabs 3mg* | |
| *praziquantel tabs 600mg* | QL; PA* |
| ***ANTI-BACTERIALS - MISCELLANEOUS*** | |
| ARIKAYCE SUSP 590MG/8.4ML | SP, PA |
| *tinidazole tabs 250mg, 500mg* | |
| ***ANTIFUNGALS*** | |
| *fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg* | |
| *griseofulvin microsize susp 125mg/5ml; tabs 500mg* | |
| *itraconazole caps 100mg; soln 10mg/ml* | |
| *nystatin tabs 500000unit* | |
| *terbinafine hcl tabs 250mg* | |
| *voriconazole susr 40mg/ml; tabs 50mg, 200mg* | |
| ***ANTIRETROVIRAL AGENTS*** | |
| *abacavir sulfate soln 20mg/ml; tabs 300mg* | QL; PA* |
| APRETUDE SUER 600MG/3ML | QL |
| *atazanavir sulfate caps 150mg, 200mg, 300mg* | QL; PA* |
| *darunavir tabs 600mg, 800mg* | QL; PA* |
| *efavirenz tabs 600mg* | QL; PA* |
| *emtricitabine caps 200mg* | QL; PA* |
| EMTRIVA SOLN 10MG/ML | QL; PA* |
| *etravirine tabs 100mg, 200mg* | QL; PA* |
| *fosamprenavir calcium tabs 700mg* | QL; PA* |
| ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG | QL; PA* |
| ISENTRESS HD TABS 600MG | QL; PA* |

| Drug Name | Requirements/Limits |
|---|---|
| *lamivudine soln 10mg/ml; tabs 150mg, 300mg* | QL; PA* |
| *maraviroc tabs 150mg, 300mg* | QL; PA* |
| *nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg* | QL; PA* |
| NORVIR PACK 100MG | QL; PA* |
| REYATAZ PACK 50MG | QL; PA* |
| *ritonavir tabs 100mg* | QL; PA* |
| RUKOBIA TB12 600MG | QL; PA* |
| SUNLENCA SOLN 463.5MG/1.5ML; TABS 300MG; TBPK 300MG | QL |
| *tenofovir disoproxil fumarate tabs 300mg* | QL; PA* |
| TIVICAY TABS 50MG | QL; PA* |
| TIVICAY PD TBSO 5MG | QL; PA* |
| TROGARZO SOLN 200MG/1.33ML | |
| VIREAD POWD 40MG/GM; TABS 150MG, 200MG, 250MG | QL; PA* |
| YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG | QL; PA* |
| *zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg* | QL; PA* |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | QL; PA* |
| BIKTARVY TAB | QL; PA* |
| CABENUVA SUS 400-600 | QL |
| CABENUVA SUS 600-900 | QL |
| CIMDUO TAB 300-300 | QL; PA* |
| DESCOVY TAB 120-15MG | QL; PA* |
| DESCOVY TAB 200/25MG | QL; PA* |
| DOVATO TAB 50-300MG | QL; PA* |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | QL; PA* |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | QL; PA* |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | QL; PA* |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | QL; PA* |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | QL; PA* |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | QL; PA* |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | QL; PA* |
| EVOTAZ TAB 300-150 | QL; PA* |
| GENVOYA TAB | QL; PA* |
| JULUCA TAB 50-25MG | QL; PA* |
| KALETRA SOL | QL |
| *lamivudine-zidovudine tab 150-300 mg* | QL; PA* |
| *lopinavir-ritonavir tab 100-25 mg* | QL |
| *lopinavir-ritonavir tab 200-50 mg* | QL |
| ODEFSEY TAB | QL; PA* |
| PREZCOBIX TAB 675/150 | QL; PA* |
| PREZCOBIX TAB 800-150 | QL; PA* |
| SYMTUZA TAB | QL; PA* |
| TRIUMEQ PD TAB | QL; PA* |

| Drug Name | Requirements/Limits |
|---|---|
| TRIUMEQ TAB | QL; PA* |
| ***ANTITUBERCULAR AGENTS*** | |
| *cycloserine caps 250mg* | |
| *ethambutol hcl tabs 100mg, 400mg* | |
| *isoniazid syrp 50mg/5ml; tabs 100mg, 300mg* | |
| PRIFTIN TABS 150MG | |
| *pyrazinamide tabs 500mg* | |
| *rifabutin caps 150mg* | |
| *rifampin caps 150mg, 300mg* | |
| *streptomycin sulfate solr 1gm* | |
| ***ANTIVIRALS*** | |
| *acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg* | |
| *famciclovir tabs 125mg, 250mg, 500mg* | |
| *oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml* | QL; PA* |
| PAXLOVID PAK | QL |
| PAXLOVID TAB 150-100 | QL |
| PAXLOVID TAB 300-100 | QL |
| *valacyclovir hcl tabs 1gm, 500mg* | |
| *valganciclovir hcl solr 50mg/ml; tabs 450mg* | QL |
| ***CEPHALOSPORINS*** | |
| *cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm* | |
| *cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml* | |
| *cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg* | |
| *cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | |
| *cefuroxime axetil tabs 250mg, 500mg* | |
| *cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | |
| ***ERYTHROMYCINS/MACROLIDES*** | |
| *azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg* | |
| *clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | |
| *clarithromycin ext-rel tb24 500mg* | |
| DIFICID SUSR 40MG/ML | PA |
| *erythromycin susr 200mg/5ml; tabs 400mg* | |
| *erythromycin base tabs 500mg* | |
| *erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg* | |
| *fidaxomicin tabs 200mg* | |
| ZITHROMAX PACK 1GM | |

| Drug Name | Requirements/Limits |
|---|---|
| ***FLUOROQUINOLONES*** | |
| CIPRO SUSR 5GM/100ML, 500MG/5ML | |
| *ciprofloxacin hcl tabs 250mg, 500mg, 750mg* | |
| *levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg* | |
| *moxifloxacin hcl tabs 400mg* | |
| ***HEPATITIS B*** | |
| *entecavir tabs .5mg, 1mg* | QL |
| *lamivudine (hbv) tabs 100mg* | |
| ***HEPATITIS C*** | |
| MAVYRET PAK 50-20MG | SP, PA, QL |
| MAVYRET TAB 100-40MG | SP, PA, QL |
| *ribavirin caps 200mg; tabs 200mg* | |
| ***MISCELLANEOUS*** | |
| *atovaquone susp 750mg/5ml* | |
| *clindamycin hcl caps 75mg, 150mg, 300mg* | |
| *dapsone tabs 25mg, 100mg* | |
| *linezolid susr 100mg/5ml; tabs 600mg* | PA |
| *linezolid inj soln 600mg/300ml* | PA |
| *metronidazole caps 375mg; tabs 250mg, 500mg* | |
| *nitrofurantoin ext-rel caps 100mg* | |
| *nitrofurantoin macrocrystals caps 25mg, 50mg, 100mg* | |
| *sulfamethoxazole/trimethoprim* | |
| *sulfamethoxazole/trimethoprim ds* | |
| *vancomycin hcl caps 125mg, 250mg* | QL |
| XIFAXAN TABS 550MG | PA |
| ***PENICILLINS*** | |
| *amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg* | |
| *amoxicillin & k clavulanate chew tab 400-57 mg* | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | |
| *amoxicillin & k clavulanate tab 250-125 mg* | |
| *amoxicillin & k clavulanate tab 500-125 mg* | |
| *amoxicillin & k clavulanate tab 875-125 mg* | |
| *amoxicillin & pot clavulanate ext-rel* | |
| *ampicillin caps 500mg* | |
| *dicloxacillin sodium caps 250mg, 500mg* | |
| *penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***TETRACYCLINES*** | |
| *doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg* | |
| *doxycycline monohydrate susp susr 25mg/5ml* | |
| *minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg* | |
| *tetracycline hcl caps 250mg, 500mg* | |
| **ANTINEOPLASTIC AGENTS** | |
| ***ALKYLATING AGENTS*** | |
| *cyclophosphamide caps 25mg, 50mg* | |
| CYCLOPHOSPHAMIDE TABS 25MG, 50MG | |
| LEUKERAN TABS 2MG | |
| MYLERAN TABS 2MG | |
| *temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg* | SP, PA |
| ***ANTIMETABOLITES*** | |
| *capecitabine tabs 150mg, 500mg* | SP, PA |
| LONSURF TAB 15-6.14 | SP, PA, QL |
| LONSURF TAB 20-8.19 | SP, PA, QL |
| *mercaptopurine tabs 50mg* | |
| *methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm* | |
| ONUREG TABS 200MG, 300MG | SP, PA, QL |
| TABLOID TABS 40MG | |
| ***BIOLOGIC RESPONSE MODIFIERS*** | |
| ENHERTU SOLR 100MG | SP, PA |
| ERIVEDGE CAPS 150MG | SP, PA, QL |
| KADCYLA SOLR 100MG, 160MG | SP, PA |
| *lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg* | SP, PA, QL |
| PADCEV SOLR 20MG, 30MG | SP, PA, QL |
| *pomalidomide caps 1mg, 2mg, 3mg, 4mg* | SP, PA, QL |
| THALOMID CAPS 50MG, 100MG | SP, PA, QL |
| ***BIOSIMILARS*** | |
| OGIVRI SOLR 150MG, 420MG | SP, PA |
| TRAZIMERA SOLR 150MG, 420MG | SP, PA |
| TRUXIMA SOLN 100MG/10ML, 500MG/50ML | SP, PA |
| ZIRABEV SOLN 100MG/4ML, 400MG/16ML | SP, PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | |
| *abiraterone acetate tabs 250mg* | SP, PA, QL |
| *anastrozole tabs 1mg* | |
| *bicalutamide tabs 50mg* | |
| ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG | SP, PA |
| ERLEADA TABS 60MG, 240MG | SP, PA, QL |

| Drug Name | Requirements/Limits |
|---|---|
| *exemestane tabs 25mg* | |
| *fulvestrant sosy 250mg/5ml* | SP, PA |
| *letrozole tabs 2.5mg* | |
| LUPRON DEPOT (1-MONTH) KIT 3.75MG | SP, PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25MG | SP, PA |
| LYSODREN TABS 500MG | |
| *megestrol acetate tabs 20mg, 40mg* | |
| *nilutamide tabs 150mg* | |
| NUBEQA TABS 300MG | SP, PA, QL |
| *tamoxifen citrate tabs 10mg, 20mg* | |
| *toremifene citrate tabs 60mg* | |
| XTANDI CAPS 40MG; TABS 40MG, 80MG | SP, PA, QL |
| YONSA TABS 125MG | SP, PA, QL |
| ***KINASE INHIBITORS*** | |
| ALECENSA CAPS 150MG | SP, PA, QL |
| ALUNBRIG TABS 30MG, 90MG, 180MG | SP, PA, QL |
| ALUNBRIG PAK | SP, PA, QL |
| AUGTYRO CAPS 40MG, 160MG | SP, PA, QL |
| *bosutinib tabs 100mg, 400mg, 500mg* | SP, PA, QL |
| BRAFTOVI CAPS 75MG | SP, PA, QL |
| BRUKINSA CAPS 80MG; TABS 160MG | SP, PA, QL |
| CABOMETYX TABS 20MG, 40MG, 60MG | SP, PA, QL |
| CALQUENCE TABS 100MG | SP, PA, QL |
| CAPRELSA TABS 100MG, 300MG | SP, PA, QL |
| *dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg* | SP, PA, QL |
| *erlotinib hcl tabs 25mg, 100mg, 150mg* | SP, PA, QL |
| *everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg* | SP, PA, QL |
| GAVRETO CAPS 100MG | SP, PA, QL |
| *gefitinib tabs 250mg* | SP, PA, QL |
| GILOTRIF TABS 20MG, 30MG, 40MG | SP, PA, QL |
| GOMEKLI CAPS 1MG, 2MG; TBSO 1MG | SP, PA, QL |
| IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG | SP, PA, QL |
| IBTROZI CAPS 200MG | SP, PA, QL |
| *imatinib mesylate tabs 100mg, 400mg* | SP, PA, QL |
| INLYTA TABS 1MG, 5MG | SP, PA, QL |
| ITOVEBI TABS 3MG, 9MG | SP, PA, QL |
| JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG | SP, PA, QL |
| JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG | SP, PA, QL |
| KISQALI TBPK 200MG | SP, PA, QL |
| KOSELUGO CAPS 10MG, 25MG; CPSP 5MG, 7.5MG | SP, PA, QL |
| *lapatinib ditosylate tabs 250mg* | SP, PA, QL |

| Drug Name | Requirements/Limits |
|---|---|
| LENVIMA 4 MG DAILY DOSE CPPK 4MG | SP, PA, QL |
| LENVIMA 8 MG DAILY DOSE CPPK 4MG | SP, PA, QL |
| LENVIMA 10 MG DAILY DOSE CPPK 10MG | SP, PA, QL |
| LENVIMA 12MG DAILY DOSE CPPK 4MG | SP, PA, QL |
| LENVIMA 20 MG DAILY DOSE CPPK 10MG | SP, PA, QL |
| LENVIMA CAP 14 MG | SP, PA, QL |
| LENVIMA CAP 18 MG | SP, PA, QL |
| LENVIMA CAP 24 MG | SP, PA, QL |
| LORBRENA TABS 25MG, 100MG | SP, PA, QL |
| MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG | SP, PA, QL |
| MEKTOVI TABS 15MG | SP, PA, QL |
| NERLYNX TABS 40MG | SP, PA, QL |
| *nilotinib hcl caps 50mg, 150mg, 200mg* | SP, PA, QL |
| *pazopanib hcl tabs 200mg* | SP, PA, QL |
| PIQRAY 200MG DAILY DOSE TBPK 200MG | SP, PA, QL |
| PIQRAY 250MG TAB DOSE | SP, PA, QL |
| PIQRAY 300MG DAILY DOSE TBPK 150MG | SP, PA, QL |
| RETEVMO TABS 40MG, 80MG, 120MG, 160MG | SP, PA, QL |
| ROZLYTREK CAPS 100MG, 200MG; PACK 50MG | SP, PA, QL |
| RYDAPT CAPS 25MG | SP, PA, QL |
| SCEMBLIX TABS 20MG, 40MG, 100MG | SP, PA, QL |
| *sorafenib tosylate tabs 200mg* | SP, PA, QL |
| STIVARGA TABS 40MG | SP, PA, QL |
| *sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg* | SP, PA, QL |
| TAFINLAR CAPS 50MG, 75MG; TBSO 10MG | SP, PA, QL |
| TAGRISSO TABS 40MG, 80MG | SP, PA, QL |
| TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG | SP, PA, QL |
| TUKYSA TABS 50MG, 150MG | SP, PA, QL |
| TURALIO CAPS 125MG | SP, PA, QL |
| VERZENIO TABS 50MG, 100MG, 150MG, 200MG | SP, PA, QL |
| VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML | SP, PA, QL |
| XALKORI CPSP 20MG, 50MG, 150MG | SP, PA, QL |
| XOSPATA TABS 40MG | SP, PA, QL |
| ZYKADIA TABS 150MG | SP, PA, QL |
| ***MISCELLANEOUS*** | |
| *bexarotene caps 75mg* | SP, PA |
| CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML | SP, PA, QL |
| *etoposide caps 50mg* | |
| *hydroxyurea caps 500mg* | |
| KRAZATI TABS 200MG | SP, PA, QL |
| LUMAKRAS TABS 120MG, 240MG, 320MG | SP, PA, QL |
| LYNPARZA TABS 100MG, 150MG | SP, PA, QL |
| MATULANE CAPS 50MG | |

| Drug Name | Requirements/Limits |
|---|---|
| ODOMZO CAPS 200MG | SP, PA, QL |
| POLIVY SOLR 30MG, 140MG | SP, PA |
| *tretinoin (chemotherapy) caps 10mg* | |
| VENCLEXTA TABS 10MG, 50MG, 100MG | SP, PA, QL |
| VENCLEXTA TAB START PK | SP, PA, QL |
| VISTOGARD PACK 10GM | QL |
| ZEJULA TABS 100MG, 200MG, 300MG | SP, PA, QL |
| ZOLINZA CAPS 100MG | SP, PA, QL |
| ***MONOCLONAL ANTIBODIES*** | |
| PERJETA SOLN 420MG/14ML | SP, PA |
| PHESGO SOL | SP, PA |
| ***POLYCYTHEMIA VERA*** | |
| BESREMI SOSY 500MCG/ML | SP, PA, QL |
| JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG | SP, PA, QL |
| JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG | SP, PA, QL |
| ***PROTEASOME INHIBITORS*** | |
| *bortezomib solr 3.5mg* | SP, PA, QL |
| NINLARO CAPS 2.3MG, 3MG, 4MG | SP, PA, QL |
| **CARDIOVASCULAR** | |
| ***ACE INHIBITOR COMBINATIONS*** | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | |
| ***ACE INHIBITORS*** | |
| *captopril tabs 12.5mg, 25mg, 50mg, 100mg* | |
| *enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg* | |
| *lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg* | |
| *perindopril erbumine tabs 2mg, 4mg, 8mg* | |
| *ramipril caps 1.25mg, 2.5mg, 5mg, 10mg* | |
| *trandolapril tabs 1mg, 2mg, 4mg* | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | |
| *eplerenone tabs 25mg, 50mg* | |
| KERENDIA TABS 10MG, 20MG, 40MG | PA |
| *spironolactone tabs 25mg, 50mg, 100mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | |
| *irbesartan tabs 75mg, 150mg, 300mg* | |
| *losartan potassium tabs 25mg, 50mg, 100mg* | |
| *olmesartan medoxomil tabs 5mg, 20mg, 40mg* | |
| *valsartan tabs 40mg, 80mg, 160mg, 320mg* | |
| ***ANTIARRHYTHMICS*** | |
| *amiodarone tabs 100mg, 200mg, 400mg* | |
| *disopyramide phosphate caps 100mg, 150mg* | |
| *dofetilide caps 125mcg, 250mcg, 500mcg* | |
| *flecainide acetate tabs 50mg, 100mg, 150mg* | |
| *ibutilide fumarate soln 1mg/10ml* | |
| *propafenone ext-rel cp12 225mg, 325mg, 425mg* | |
| *propafenone hcl tabs 150mg, 225mg, 300mg* | |
| *sotalol tabs 80mg, 120mg, 160mg* | |
| *sotalol hcl tabs 80mg, 120mg, 160mg, 240mg* | |
| ***ANTILIPEMICS, BILE ACID RESINS*** | |
| *cholestyramine powd 4gm/dose* | |
| *cholestyramine light powd 4gm/dose* | |
| *colestipol hcl gran 5gm; pack 5gm; tabs 1gm* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR*** | |
| *ezetimibe tabs 10mg* | |
| ***ANTILIPEMICS, FIBRATES*** | |
| *fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg* | |
| *gemfibrozil tabs 600mg* | |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS*** | |
| *atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg* | |
| *pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg* | |
| *rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg* | |
| *simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg* | |
| ***ANTILIPEMICS, MISCELLANEOUS*** | |
| *niacin ext-rel tbcr 500mg, 750mg, 1000mg* | |
| ***ANTILIPEMICS, OMEGA-3 FATTY ACIDS*** | |
| *icosapent ethyl caps .5gm, 1gm* | |
| ***ANTILIPEMICS, PCSK9 INHIBITORS*** | |
| LIPFENDRA TABS 20MG | QL |
| REPATHA SOSY 140MG/ML | QL |
| REPATHA SURECLICK SOAJ 140MG/ML | QL |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | |
| *atenolol & chlorthalidone tab 50-25 mg* | |
| *atenolol & chlorthalidone tab 100-25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | |
| ***BETA-BLOCKERS*** | |
| *acebutolol hcl caps 200mg, 400mg* | |
| *atenolol tabs 25mg, 50mg, 100mg* | |
| *bisoprolol fumarate tabs 5mg, 10mg* | |
| *carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg* | |
| *labetalol hcl tabs 100mg, 200mg, 300mg* | |
| *metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg* | |
| *metoprolol tartrate tabs 25mg, 50mg, 100mg* | |
| *nadolol tabs 20mg, 40mg, 80mg* | |
| *pindolol tabs 5mg, 10mg* | |
| *propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg* | |
| *propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***CALCIUM CHANNEL BLOCKERS*** | |
| *amlodipine besylate tabs 2.5mg, 5mg, 10mg* | |
| *diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg* | |
| *felodipine ext-rel tb24 2.5mg, 5mg, 10mg* | |
| *isradipine caps 2.5mg, 5mg* | |
| *nicardipine hcl caps 20mg, 30mg* | |
| *nifedipine ext-rel tb24 30mg, 60mg, 90mg* | |
| *verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbcr 120mg, 180mg, 240mg* | |
| ***DIGITALIS GLYCOSIDES*** | |
| *digoxin tabs 62.5mcg, 125mcg, 250mcg* | |
| *digoxin ped elixir soln .05mg/ml* | |
| ***DIURETICS*** | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | |
| *amiloride hcl tabs 5mg* | |
| *bumetanide tabs .5mg, 1mg, 2mg* | |
| *chlorthalidone tabs 25mg, 50mg* | |
| *ethacrynic acid tabs 25mg* | |
| *furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg* | |
| *hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg* | |
| *indapamide tabs 1.25mg, 2.5mg* | |
| *metolazone tabs 2.5mg, 5mg, 10mg* | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | |
| *torsemide tabs 5mg, 10mg, 20mg, 100mg* | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | |
| ***HEART FAILURE*** | |
| CORLANOR SOLN 5MG/5ML | |
| *dapagliflozin tabs 5mg, 10mg* | ST; PA** |
| *isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg* | |
| *ivabradine hcl tabs 5mg, 7.5mg* | |
| JARDIANCE TABS 10MG, 25MG | ST; PA** |
| *sacubitril-valsartan tab 24-26 mg* | |
| *sacubitril-valsartan tab 49-51 mg* | |
| *sacubitril-valsartan tab 97-103 mg* | |
| ***MISCELLANEOUS*** | |
| CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG | SP, PA, QL |
| *clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr* | |
| *clonidine hcl tabs .1mg, .2mg, .3mg* | |
| *hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *midodrine hcl tabs 2.5mg, 5mg, 10mg* | |
| *ranolazine ext-rel tb12 500mg, 1000mg* | |
| VYNDAMAX CAPS 61MG | SP, PA, QL |
| ***NITRATES*** | |
| *isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg* | |
| *isosorbide mononitrate ext-rel tb24 30mg, 60mg, 120mg* | |
| NITRO-DUR PT24 .3MG/HR, .8MG/HR | |
| *nitroglycerin sublingual subl .3mg, .4mg, .6mg* | |
| *nitroglycerin transdermal pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr* | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | |
| ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG | SP, PA, QL |
| *ambrisentan tabs 5mg, 10mg* | SP, PA, QL |
| *bosentan tabs 62.5mg, 125mg* | SP, PA, QL |
| *epoprostenol sodium solr .5mg, 1.5mg* | SP, PA |
| *macitentan tabs 10mg* | SP, PA, QL |
| OPSYNVI TAB 10-20MG | SP, PA, QL |
| OPSYNVI TAB 10-40MG | SP, PA, QL |
| ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG | SP, PA |
| ORENITRAM TAB MONTH 1 | SP, PA |
| ORENITRAM TAB MONTH 2 | SP, PA |
| ORENITRAM TAB MONTH 3 | SP, PA |
| *sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg* | SP, PA, QL |
| TADLIQ SUSP 20MG/5ML | SP, PA, QL |
| UPTRAVI SOLR 1800MCG; TABS 100MCG, 150MCG, 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG | SP, PA, QL |
| UPTRAVI PACK TAB 200/800 | SP, PA, QL |
| YUTREPIA CAPS 26.5MCG, 53MCG, 79.5MCG, 106MCG | SP, PA, QL |
| **CENTRAL NERVOUS SYSTEM** | |
| ***AMYOTROPHIC LATERAL SCLEROSIS (ALS)*** | |
| RADICAVA ORS SUSP 105MG/5ML | SP, PA, QL |
| *riluzole tabs 50mg* | |
| ***ANTIDEMENTIA*** | |
| *donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg* | |
| *galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg* | |
| *memantine hcl soln 2mg/ml; tabs 5mg, 10mg* | |
| *rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr* | |
| *rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***ANTIPARKINSONIAN AGENTS*** | |
| *amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg* | |
| *benztropine mesylate tabs .5mg, 1mg, 2mg* | |
| *bromocriptine mesylate caps 5mg; tabs 2.5mg* | |
| *carbidopa & levodopa tab 10-100 mg* | |
| *carbidopa & levodopa tab 25-100 mg* | |
| *carbidopa & levodopa tab 25-250 mg* | |
| *carbidopa & levodopa tab er 25-100 mg* | |
| *carbidopa & levodopa tab er 50-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | |
| *entacapone tabs 200mg* | |
| INBRIJA CAPS 42MG | SP, PA, QL |
| *pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg* | |
| *rasagiline mesylate tabs .5mg, 1mg* | |
| *ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg* | |
| *selegiline hcl caps 5mg; tabs 5mg* | |
| *trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg* | |
| ***ANTISEIZURE AGENTS*** | |
| *carbamazepine chew 100mg, 200mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg* | |
| *clobazam susp 2.5mg/ml; tabs 10mg, 20mg* | PA |
| *clonazepam tabs .5mg, 1mg, 2mg* | QL |
| *clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg* | QL |
| *diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg* | |
| *divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg* | |
| *eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg* | |
| *ethosuximide caps 250mg; soln 250mg/5ml* | |
| *felbamate susp 600mg/5ml; tabs 400mg, 600mg* | |
| *gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg* | |
| *lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg* | |
| *levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg* | |
| *oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg* | |
| *phenytoin chew 50mg; susp 125mg/5ml* | |
| *phenytoin sodium extended caps 100mg* | |
| *primidone tabs 50mg, 250mg* | |
| *tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg* | |
| *topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg* | |
| *valproic acid caps 250mg* | |
| *vigabatrin pack 500mg; tabs 500mg* | SP, PA, QL |
| *zonisamide caps 25mg, 50mg, 100mg* | |
| ***BOTULINUM TOXINS*** | |
| DAXXIFY SOLR 100UNIT | SP, PA |
| DYSPORT SOLR 300UNIT, 500UNIT | SP, PA |
| XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT | SP, PA |
| ***FIBROMYALGIA*** | |
| *milnacipran hcl tabs 12.5mg, 25mg, 50mg, 100mg* | PA |
| *milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak* | PA |
| ***MIGRAINE - MISCELLANEOUS*** | |
| QULIPTA TABS 10MG, 30MG, 60MG | ST, QL; PA** |
| UBRELVY TABS 50MG, 100MG | ST, QL; PA** |
| ***MIGRAINE - MONOCLONAL ANTIBODIES*** | |
| AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML | ST, QL; PA** |
| EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML | ST, QL; PA** |
| ***MIGRAINE - TRIPTANS AND COMBINATIONS*** | |
| *naratriptan hcl tabs 1mg, 2.5mg* | QL; PA* |
| *rizatriptan benzoate tabs 5mg, 10mg* | QL; PA* |
| *rizatriptan orally disintegrating tabs tbdp 5mg, 10mg* | QL; PA* |
| *sumatriptan soln 5mg/act, 20mg/act* | QL; PA* |
| *sumatriptan succinate soaj 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg* | QL; PA* |
| *zolmitriptan soln 5mg; tabs 2.5mg, 5mg* | QL; PA* |
| *zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg* | QL; PA* |
| ***MISCELLANEOUS*** | |
| ENSPRYNG SOSY 120MG/ML | SP, PA, QL |
| EVRYSDI SOLR .75MG/ML; TABS 5MG | SP, PA, QL |
| ***MOVEMENT DISORDERS*** | |
| AUSTEDO TABS 6MG, 9MG, 12MG | SP, PA, QL |
| INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG | SP, PA, QL |
| INGREZZA CAP 40-80MG | SP, PA, QL |
| *tetrabenazine tabs 12.5mg, 25mg* | SP, PA, QL |

| Drug Name | Requirements/Limits |
|---|---|
| ***MULTIPLE SCLEROSIS AGENTS*** | |
| AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML | SP, PA, QL |
| BETASERON KIT .3MG | SP, PA, QL |
| BRIUMVI SOLN 150MG/6ML | SP, PA, QL |
| *dimethyl fumarate delayed-rel cpdr 120mg, 240mg* | SP, PA, QL |
| *fingolimod hcl caps .5mg* | SP, PA, QL |
| *glatiramer acetate sosy 20mg/ml, 40mg/ml* | SP, PA, QL |
| KESIMPTA SOAJ 20MG/0.4ML | SP, PA, QL |
| MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG | SP, PA, QL |
| MAYZENT STARTER PACK TBPK .25MG | SP, PA, QL |
| OCREVUS SOLN 300MG/10ML | SP, PA, QL |
| REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML | SP, PA, QL |
| *teriflunomide tabs 7mg, 14mg* | SP, PA, QL |
| TYRUKO CONC 300MG/15ML | SP, PA, QL |
| ZEPOSIA CAPS .92MG | SP, PA, QL |
| ZEPOSIA CAP STR KIT | SP, PA, QL |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | |
| *baclofen tabs 5mg, 10mg, 20mg* | |
| *cyclobenzaprine hcl tabs 5mg, 10mg* | |
| *dantrolene sodium caps 25mg, 50mg, 100mg* | |
| *methocarbamol tabs 500mg, 750mg* | |
| *tizanidine hcl tabs 2mg, 4mg* | |
| ***MYASTHENIA GRAVIS*** | |
| EPYSQLI SOLN 300MG/30ML | SP, PA, QL |
| *pyridostigmine bromide soln 60mg/5ml; tabs 60mg* | |
| RYSTIGGO SOLN 280MG/2ML, 420MG/3ML, 560MG/4ML, 840MG/6ML | SP, PA, QL |
| VYVGART SOLN 400MG/20ML | SP, PA, QL |
| VYVGART INJ HYTRULO | SP, PA, QL |
| ***NARCOLEPSY/CATAPLEXY*** | |
| LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM | SP, PA, QL |
| LUMRYZ PAK STARTER | SP, PA, QL |
| WAKIX TABS 4.45MG, 17.8MG | SP, PA, QL |
| XYWAV SOL 0.5GM/ML | SP, PA, QL |
| **ENDOCRINE AND METABOLIC** | |
| ***ACROMEGALY*** | |
| *octreotide acetate kit 20mg, 30mg; soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml* | SP, PA, QL |
| SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML | SP, PA, QL |

| Drug Name | Requirements/Limits |
|---|---|
| ***ANDROGENS*** | |
| NATESTO GEL 5.5MG/ACT | |
| *testosterone gel 25mg/2.5gm* | PA |
| *testosterone cypionate soln 100mg/ml, 200mg/ml* | PA |
| *testosterone enanthate soln 200mg/ml* | PA |
| ***ANTIDIABETICS, BIGUANIDE*** | |
| *metformin ext-rel tb24 500mg, 750mg* | Listing does not include generics for FORTAMET and GLUMETZA |
| *metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg* | |
| ***ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS*** | |
| *glipizide-metformin hcl tab 2.5-250 mg* | |
| *glipizide-metformin hcl tab 2.5-500 mg* | |
| *glipizide-metformin hcl tab 5-500 mg* | |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS*** | |
| *saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg* | ST; PA** |
| *saxagliptin-metformin hcl tab er 24hr 5-500 mg* | ST; PA** |
| *saxagliptin-metformin hcl tab er 24hr 5-1000 mg* | ST; PA** |
| TRIJARDY XR TAB | ST; PA** |
| ZITUVIMET TAB 50-500MG | ST; PA** |
| ZITUVIMET TAB 50-1000 | ST; PA** |
| ZITUVIMET XR TAB 50-500MG | ST; PA** |
| ZITUVIMET XR TAB 50-1000 | ST; PA** |
| ZITUVIMET XR TAB 100-1000 | ST; PA** |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | |
| *saxagliptin hcl tabs 2.5mg, 5mg* | ST; PA** |
| ZITUVIO TABS 25MG, 50MG, 100MG | ST; PA** |
| ***ANTIDIABETICS, INCRETIN MIMETIC AGENTS*** | |
| *liraglutide sopn 18mg/3ml* | ST, QL; PA** |
| MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML | ST, QL; PA** |
| OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML; TABS 1.5MG, 4MG, 9MG | ST, QL; PA** |
| RYBELSUS TABS 3MG, 7MG, 14MG | ST, QL; PA** |
| TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML | ST, QL; PA** |
| ***ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS*** | |
| SOLIQUA | ST; PA** |
| ***ANTIDIABETICS, INSULIN*** | |
| AWIQLI FLEXTOUCH SOPN 700UNIT/ML | |
| FIASP SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML | |
| HUMULIN R U-500 SOPN 500UNIT/ML | |

| Drug Name | Requirements/Limits |
|---|---|
| INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML | |
| LANTUS SOLN 100UNIT/ML | |
| LANTUS SOLOSTAR SOPN 100UNIT/ML | |
| NOVOLIN MIX | OTC |
| NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML | OTC |
| NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML | OTC |
| NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML | |
| NOVOLOG MIX | |
| TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML | |
| ***ANTIDIABETICS, INSULIN SENSITIZER*** | |
| *pioglitazone hcl tabs 15mg, 30mg, 45mg* | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION*** | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION*** | |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS*** | |
| *dapagliflozin-metformin hcl tab er 24hr 5-500 mg* | ST; PA** |
| *dapagliflozin-metformin hcl tab er 24hr 5-1000 mg* | ST; PA** |
| *dapagliflozin-metformin hcl tab er 24hr 10-500 mg* | ST; PA** |
| *dapagliflozin-metformin hcl tab er 24hr 10-1000 mg* | ST; PA** |
| SYNJARDY TAB | ST; PA** |
| SYNJARDY TAB 5-500MG | ST; PA** |
| SYNJARDY TAB 5-1000MG | ST; PA** |
| SYNJARDY TAB 12.5-500 | ST; PA** |
| SYNJARDY XR TAB | ST; PA** |
| SYNJARDY XR TAB 5-1000MG | ST; PA** |
| SYNJARDY XR TAB 10-1000 | ST; PA** |
| SYNJARDY XR TAB 25-1000 | ST; PA** |
| XIGDUO XR TAB 2.5-1000 | ST; PA** |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS*** | |
| GLYXAMBI TAB 10-5 MG | ST; PA** |
| GLYXAMBI TAB 25-5 MG | ST; PA** |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS*** | |
| *dapagliflozin tabs 5mg, 10mg* | ST; PA** |
| JARDIANCE TABS 10MG, 25MG | ST; PA** |
| ***ANTIDIABETICS, SULFONYLUREA*** | |
| *glimepiride tabs 1mg, 2mg, 4mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *glipizide tabs 5mg, 10mg* | |
| *glipizide ext-rel tb24 2.5mg, 5mg, 10mg* | |
| *glipizide xl tb24 2.5mg, 5mg, 10mg* | |
| ***CALCIUM RECEPTOR AGONISTS*** | |
| *cinacalcet hcl tabs 30mg, 60mg, 90mg* | SP, PA, QL |
| ***CALCIUM REGULATORS, BISPHOSPHONATES*** | |
| *alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg* | |
| *ibandronate sodium tabs 150mg* | |
| *risedronate sodium tabs 5mg, 30mg, 35mg, 150mg* | |
| *zoledronic acid soln 5mg/100ml* | |
| ***CALCIUM REGULATORS, MISCELLANEOUS*** | |
| BILPREVDA SOLN 120MG/1.7ML | SP, PA, QL |
| OSENVELT SOLN 120MG/1.7ML | SP, PA, QL |
| OSPOMYV SOSY 60MG/ML | SP, PA, QL |
| STOBOCLO SOSY 60MG/ML | SP, PA, QL |
| ***CALCIUM REGULATORS, PARATHYROID HORMONES*** | |
| BONSITY SOPN 560MCG/2.24ML | SP, PA, QL |
| *teriparatide sopn 560mcg/2.24ml* | SP, PA, QL |
| TERIPARATIDE SOPN 560MCG/2.24ML | SP, PA, QL |
| TYMLOS SOPN 3120MCG/1.56ML | SP, PA, QL |
| ***CENTRAL PRECOCIOUS PUBERTY*** | |
| FENSOLVI KIT 45MG | SP, PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG | SP, PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG | SP, PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45MG | SP, PA |
| SUPPRELIN LA KIT 50MG | SP, PA |
| TRIPTODUR SRER 22.5MG | SP, PA |
| ***CHELATING AGENTS*** | |
| *deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg* | SP, PA |
| *deferiprone tabs 500mg* | SP, PA |
| *deferoxamine mesylate solr 2gm, 500mg* | SP, PA |
| *penicillamine tabs 250mg* | |
| ***CONTRACEPTIVES*** | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | |
| *desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg* | |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | |
| ELLA TABS 30MG | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | |
| KYLEENA IUD 19.5MG | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | |
| LO LOESTRIN TAB 1-10-10 | |
| *medroxyprogesterone acetate 150 mg/ml susp 150mg/ml; susy 150mg/ml* | |
| MIRENA IUD 21MCG/DAY | |
| NEXPLANON IMPL 68MG | |
| *norelgestromin/ethinyl estradiol - xulane* | |
| *norethindrone tabs .35mg* | |
| *norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg* | |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* | |
| *norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg* | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* | |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* | |
| *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* | |
| *norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg* | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | |
| *norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg* | |
| PARAGARD IUD T380A | |
| SKYLA IUD 13.5MG | |
| ***DIABETIC SUPPLIES*** | |
| ACCU-CHEK AVIVA PLUS STRIPS AND KITS | OTC |
| ACCU-CHEK GUIDE STRIPS AND KITS | OTC |
| ACCU-CHEK LANCETS / LANCING DEVICE | OTC |
| ACCU-CHEK SMARTVIEW STRIPS AND KITS | OTC |
| BD INSULIN SYRINGES AND NEEDLES | |
| BD INSULIN SYRINGES AND NEEDLES | OTC |

| Drug Name | Requirements/Limits |
|---|---|
| EMBECTA ULTRAFINE INSULIN SYRINGES (EXCEPT CERTAIN NDCS) | OTC |
| EMBECTA ULTRAFINE NEEDLES (EXCEPT CERTAIN NDCS) | OTC |
| FREESTYLE LIBRE RECEIVER | PA, QL |
| FREESTYLE LIBRE SENSOR | PA, QL |
| KETO-DIASTIX TES | OTC |
| KETONE TEST TES | OTC |
| MULTISTIX 10 TES SG | OTC |
| OMNIPOD 5 INSULIN INFUSION PUMP | QL; PA* |
| OMNIPOD DASH INSULIN INFUSION PUMP | QL; PA* |
| TRUE METRIX STRIPS AND KITS | OTC |
| TRUEPLUS LANCETS | OTC |
| ***ENDOMETRIOSIS*** | |
| *danazol caps 50mg, 100mg, 200mg* | |
| ORILISSA TABS 150MG, 200MG | PA |
| ***FERTILITY REGULATORS*** | |
| *cetrorelix acetate kit .25mg* | SP, PA |
| *clomiphene citrate tabs 50mg* | |
| FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML | SP, PA, QL |
| GANIRELIX ACETATE SOSY 250MCG/0.5ML | SP, PA |
| MENOPUR SOLR 75UNIT | SP, PA |
| PREGNYL SOLR 10000UNIT | SP, PA |
| ***GLUCOCORTICOIDS*** | |
| *dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg* | |
| *fludrocortisone acetate tabs .1mg* | |
| *hydrocortisone tabs 5mg, 10mg, 20mg* | |
| MEDROL TABS 2MG | |
| *methylprednisolone tabs 4mg, 8mg, 16mg, 32mg* | |
| *prednisolone soln 15mg/5ml* | |
| *prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml* | |
| *prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg* | |
| ***GLUCOSE ELEVATING AGENTS*** | |
| BAQSIMI ONE PACK POWD 3MG/DOSE | |
| BAQSIMI TWO PACK POWD 3MG/DOSE | |
| *glucagon solr 1mg* | |
| GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML | |
| GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML | |
| GVOKE KIT SOLN 1MG/0.2ML | |
| GVOKE PFS SOSY 1MG/0.2ML | |

| Drug Name | Requirements/Limits |
|---|---|
| ***HEREDITARY TYROSINEMIA TYPE 1 AGENTS*** | |
| *nitisinone caps 2mg, 5mg, 10mg, 20mg* | SP, PA |
| ORFADIN CAPS 20MG; SUSP 4MG/ML | SP, PA |
| ***HUMAN GROWTH HORMONES*** | |
| NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML | SP, PA |
| SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML | SP, PA, QL |
| ***LYSOSOMAL STORAGE DISORDERS*** | |
| NEXVIAZYME SOLR 100MG | SP, PA |
| ***LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE*** | |
| ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML | SP, PA |
| FABRAZYME SOLR 5MG, 35MG | SP, PA |
| GALAFOLD CAPS 123MG | SP, PA |
| ***LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE*** | |
| CERDELGA CAPS 84MG | SP, PA, QL |
| CEREZYME SOLR 400UNIT | SP, PA, QL |
| ***MENOPAUSAL SYMPTOM AGENTS*** | |
| COMBIPATCH DIS | |
| *estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg* | |
| *estradiol vaginal tabs 10mcg* | |
| *estradiol vaginal crm crea .1mg/gm* | |
| *estradiol/norethindrone* | |
| IMVEXXY INST 4MCG, 10MCG | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | |
| ***MISCELLANEOUS*** | |
| *betaine powder for oral solution* | SP, PA |
| *cabergoline tabs .5mg* | |
| CYSTAGON CAPS 50MG, 150MG | SP, PA |
| *raloxifene hcl tabs 60mg* | |
| *sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg* | SP, PA |
| STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML | SP, PA |
| XIAFLEX SOLR .9MG | SP, PA |
| ***PHOSPHATE BINDER AGENTS*** | |
| *calcium acetate caps caps 667mg* | |
| *sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg* | |
| ***POTASSIUM-REMOVING AGENTS*** | |
| *sodium polystyrene sulfonate susp 15gm/60ml* | |
| ***PROGESTINS*** | |
| CRINONE GEL 4%, 8% | |

| Drug Name | Requirements/Limits |
|---|---|
| *medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg* | |
| *megestrol acetate susp 400mg/10ml* | |
| *norethindrone acetate tabs 5mg* | |
| *progesterone, micronized caps 100mg, 200mg* | |
| ***THYROID AGENTS*** | |
| *levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg* | |
| *liothyronine sodium tabs 5mcg, 25mcg, 50mcg* | |
| *methimazole tabs 5mg, 10mg* | |
| *propylthiouracil tabs 50mg* | |
| ***UREA CYCLE DISORDER*** | |
| *carglumic acid tbso 200mg* | SP, PA |
| PHEBURANE PLLT 483MG/GM | SP, PA, QL |
| *sodium phenylbutyrate powd 3gm/tsp; tabs 500mg* | SP, PA, QL |
| ***UTERINE FIBROIDS*** | |
| MYFEMBREE TAB | |
| ORIAHNN CAP | |
| ***VASOPRESSINS*** | |
| *desmopressin acetate tabs .1mg, .2mg* | |
| *desmopressin acetate spray soln .01%* | |
| *desmopressin acetate spray refrigerated soln .01%* | |
| ***VITAMIN D ANALOGS*** | |
| *calcitriol caps .25mcg, .5mcg; soln 1mcg/ml* | |
| *doxercalciferol caps .5mcg, 1mcg, 2.5mcg* | |
| *paricalcitol caps 1mcg, 2mcg, 4mcg* | |
| **GASTROINTESTINAL** | |
| ***ANTICHOLINERGICS*** | |
| *dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg* | |
| *glycopyrrolate soln 1mg/5ml* | AGE |
| *hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; tabs .125mg; tbdp .125mg* | |
| ***ANTIDIARRHEALS*** | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | |
| *loperamide hcl caps 2mg* | |
| ***ANTIEMETICS*** | |
| *aprepitant caps 40mg, 80mg, 125mg* | QL; PA* |
| *aprepitant capsule therapy pack 80 & 125 mg* | QL; PA* |
| *dronabinol caps 2.5mg, 5mg, 10mg* | |
| *granisetron hcl tabs 1mg* | |
| *meclizine hcl tabs 12.5mg, 25mg, 50mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *metoclopramide hcl tabs 5mg, 10mg* | |
| *ondansetron tbdp 4mg, 8mg* | |
| *ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg* | |
| *promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg* | |
| *trimethobenzamide hcl caps 300mg* | |
| ***H2-RECEPTOR ANTAGONISTS*** | |
| *cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 400mg, 800mg* | |
| *famotidine susr 40mg/5ml; tabs 20mg, 40mg* | |
| ***INFLAMMATORY BOWEL DISEASE*** | |
| *balsalazide disodium caps 750mg* | |
| *budesonide cpep 3mg; tb24 9mg* | |
| *budesonide (intrarectal) foam 2mg* | |
| *hydrocortisone (intrarectal) enem 100mg/60ml* | |
| *mesalamine cp24 .375gm; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg* | |
| *sulfasalazine tabs 500mg; tbec 500mg* | |
| ***IRRITABLE BOWEL SYNDROME WITH CONSTIPATION*** | |
| LINZESS CAPS 72MCG, 145MCG, 290MCG | PA |
| *lubiprostone caps 8mcg, 24mcg* | |
| ***IRRITABLE BOWEL SYNDROME WITH DIARRHEA*** | |
| *alosetron hcl tabs .5mg, 1mg* | |
| ***LAXATIVES*** | |
| CLENPIQ SOL | |
| *lactulose soln 10gm/15ml* | |
| *peg-3350/electrolytes* | Listing does not include generics for MOVIPREP |
| ***MISCELLANEOUS*** | |
| IQIRVO TABS 80MG | SP, PA, QL |
| *misoprostol tabs 100mcg, 200mcg* | |
| SUCRAID SOLN 8500UNIT/ML | PA, QL |
| SYMPROIC TABS .2MG | |
| *ursodiol caps 300mg; tabs 250mg, 500mg* | |
| ***PANCREATIC ENZYMES*** | |
| CREON CAP 3000UNIT | |
| CREON CAP 6000UNIT | |
| CREON CAP 12000UNT | |
| CREON CAP 24000UNT | |
| CREON CAP 36000UNT | |
| PANCREAZE CAP 2600UNIT | |
| PANCREAZE CAP 4200UNIT | |
| PANCREAZE CAP 10500UNT | |

| Drug Name | Requirements/Limits |
|---|---|
| PANCREAZE CAP 16800UNT | |
| PANCREAZE CAP 21000UNT | |
| PANCREAZE CAP 37000 | |
| ZENPEP CAP 3000UNIT | |
| ZENPEP CAP 5000UNIT | |
| ZENPEP CAP 10000UNT | |
| ZENPEP CAP 15000UNT | |
| ZENPEP CAP 20000UNT | |
| ZENPEP CAP 25000UNT | |
| ZENPEP CAP 40000UNT | |
| ZENPEP CAP 60000UNT | |
| ***PROTON PUMP INHIBITORS*** | |
| *lansoprazole delayed-rel cpdr 15mg, 30mg* | |
| *omeprazole delayed-rel cpdr 10mg, 20mg, 40mg* | |
| *pantoprazole delayed-rel tabs tbec 20mg, 40mg* | |
| ***RECTAL, CORTICOSTEROIDS*** | |
| *hydrocortisone (rectal) crea 2.5%* | |
| **GENITOURINARY** | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | |
| *alfuzosin ext-rel tb24 10mg* | |
| *doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg* | |
| *finasteride tabs 5mg* | |
| *tamsulosin hcl caps .4mg* | |
| *terazosin hcl caps 1mg, 2mg, 5mg, 10mg* | |
| ***CONTRACEPTIVES*** | |
| PHEXXI GEL | |
| ***MISCELLANEOUS*** | |
| *bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg* | |
| FILSPARI TABS 200MG, 400MG | SP, PA, QL |
| *potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg* | |
| VANRAFIA TABS .75MG | SP, PA, QL |
| ***URINARY ANTISPASMODICS*** | |
| *mirabegron tb24 25mg, 50mg* | |
| *oxybutynin chloride soln 5mg/5ml; tabs 5mg* | |
| *oxybutynin ext-rel tb24 5mg, 10mg, 15mg* | |
| *tolterodine tartrate tabs 1mg, 2mg* | |
| *trospium tabs 20mg* | |
| ***VAGINAL ANTI-INFECTIVES*** | |
| *clindamycin cream crea 2%* | |
| *metronidazole vaginal gel gel .75%* | |
| *terconazole vaginal crea .4%, .8%; supp 80mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| **HEMATOLOGIC** | |
| ***ANTICOAGULANTS*** | |
| *dabigatran etexilate mesylate caps 75mg, 110mg, 150mg* | |
| ELIQUIS CPSP .15MG; TABS 2.5MG, 5MG; TBSO .5MG | |
| ELIQUIS STARTER PACK TBPK 5MG | |
| *enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml* | |
| *fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml* | |
| *rivaroxaban susr 1mg/ml; tabs 2.5mg* | |
| *warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg* | |
| XARELTO TABS 10MG, 15MG, 20MG | |
| XARELTO STAR TAB 15/20MG | |
| ***BLEEDING DISORDERS AGENTS*** | |
| SEVENFACT SOLR 1MG, 2MG, 5MG | SP, PA |
| WILATE INJ | SP, PA |
| ***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 | SP, PA |
| FULPHILA SOSY 6MG/0.6ML | SP, PA, QL |
| NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML | SP, PA |
| NYVEPRIA SOSY 6MG/0.6ML | PA, QL |
| PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML | SP, PA |
| RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML | SP, PA |
| ***HEMOPHILIA A AGENTS*** | |
| ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT | SP, PA |
| AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT | SP, PA |
| ALTUVIIIO SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT | SP, PA |
| ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT | SP, PA |
| ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT | SP, PA |

| Drug Name | Requirements/Limits |
|---|---|
| HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML | SP, PA |
| JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT | SP, PA |
| NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT | SP, PA |
| XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT | SP, PA |
| XYNTHA SOLOFUSE KIT 3000UNIT | SP, PA |
| ***HEMOPHILIA A AND B AGENTS*** | |
| HYMPAVZI SOAJ 75MG/0.5ML, 150MG/ML | SP, PA, QL |
| ***HEMOPHILIA B AGENTS*** | |
| BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | SP, PA |
| IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT | SP, PA |
| REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | SP, PA |
| ***MISCELLANEOUS*** | |
| *anagrelide hcl caps .5mg, 1mg* | |
| *cilostazol tabs 50mg, 100mg* | |
| ***PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS*** | |
| EMPAVELI SOLN 1080MG/20ML | SP, PA, QL |
| EPYSQLI SOLN 300MG/30ML | SP, PA, QL |
| ***PLATELET AGGREGATION INHIBITORS*** | |
| *clopidogrel bisulfate tabs 75mg, 300mg* | |
| *dipyridamole tabs 25mg, 50mg, 75mg* | |
| *dipyridamole ext-rel/aspirin* | |
| *prasugrel hcl tabs 5mg, 10mg* | |
| *ticagrelor tabs 60mg, 90mg* | |
| ***SICKLE CELL DISEASE*** | |
| ADAKVEO SOLN 100MG/10ML | SP, PA |
| *glutamine (sickle cell) pack 5gm* | SP, PA, QL |
| SIKLOS TABS 100MG, 1000MG | |
| ***THROMBOCYTOPENIA AGENTS*** | |
| ALVAIZ TABS 9MG, 18MG, 36MG, 54MG | SP, PA, QL |
| DOPTELET TABS 20MG | SP, PA, QL |
| DOPTELET SPRINKLE CPSP 10MG | SP, PA, QL |
| **IMMUNOLOGIC AGENTS** | |
| ***ALLERGENIC EXTRACTS*** | |
| ORALAIR SUB 300 IR | PA |

| Drug Name | Requirements/Limits |
|---|---|
| ***AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)*** | |
| AVSOLA SOLR 100MG | SP, PA, QL |
| ENTYVIO INTRAVENOUS SOLR 300MG | SP, PA, QL |
| ILUMYA SOSY 100MG/ML | SP, PA, QL |
| INFLIXIMAB SOLR 100MG | SP, PA, QL |
| PYZCHIVA INTRAVENOUS SOLN 130MG/26ML | SP, PA, QL |
| REMICADE SOLR 100MG | SP, PA, QL |
| SIMPONI ARIA SOLN 50MG/4ML | SP, PA, QL |
| SKYRIZI INTRAVENOUS SOLN 600MG/10ML | SP, PA, QL |
| TREMFYA INTRAVENOUS SOLN 200MG/20ML | SP, PA, QL |
| YESINTEK INTRAVENOUS SOLN 130MG/26ML | SP, PA, QL |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | SP, PA, QL |
| ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML | SP, PA, QL |
| HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| *tofacitinib citrate soln 1mg/ml; tabs 5mg, 10mg; tb24 11mg, 22mg* | SP, PA, QL |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | SP, PA, QL |
| COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML | SP, PA, QL |
| ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML | SP, PA, QL |
| HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| RINVOQ TB24 15MG | SP, PA, QL |
| *tofacitinib citrate tabs 5mg; tb24 11mg* | SP, PA, QL |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | SP, PA, QL |
| ENTYVIO PEN SOAJ 108MG/0.68ML | SP, PA, QL |
| HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |

| Drug Name | Requirements/Limits |
|---|---|
| HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| RINVOQ TB24 15MG, 30MG, 45MG | SP, PA, QL |
| SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML | SP, PA, QL |
| TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML | SP, PA, QL |
| TREMFYA PEN SOAJ 100MG/ML | SP, PA, QL |
| YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML | SP, PA, QL |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | SP, PA, QL |
| COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML | SP, PA, QL |
| HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS*** | |
| CIMZIA (2 SYRINGE) PSKT 200MG/ML | SP, PA, QL |
| COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML | SP, PA, QL |
| RINVOQ TB24 15MG | SP, PA, QL |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | SP, PA, QL |
| BIMZELX SOAJ 160MG/ML, 320MG/2ML; SOSY 160MG/ML, 320MG/2ML | SP, PA, QL |
| HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| ICOTYDE TABS 200MG | SP, PA, QL |

| Drug Name | Requirements/Limits |
|---|---|
| OTEZLA TABS 20MG, 30MG | SP, PA, QL |
| OTEZLA TAB 10/20 | SP, PA, QL |
| OTEZLA TAB 10/20/30 | SP, PA, QL |
| OTEZLA XR TB24 75MG | SP, PA, QL |
| OTEZLA/XR TAB 28 DAY | SP, PA, QL |
| PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| SKYRIZI SOAJ 150MG/ML; SOSY 55MG/0.37ML, 150MG/ML | SP, PA, QL |
| SOTYKTU TABS 6MG | SP, PA, QL |
| TREMFYA SOPN 100MG/ML; SOSY 100MG/ML | SP, PA, QL |
| TREMFYA PEN SOAJ 100MG/ML | SP, PA, QL |
| YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML | SP, PA, QL |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | SP, PA, QL |
| COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML | SP, PA, QL |
| ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML | SP, PA, QL |
| HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| OTEZLA TABS 20MG, 30MG | SP, PA, QL |
| OTEZLA TAB 10/20 | SP, PA, QL |
| OTEZLA TAB 10/20/30 | SP, PA, QL |
| OTEZLA XR TB24 75MG | SP, PA, QL |
| OTEZLA/XR TAB 28 DAY | SP, PA, QL |
| PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| RINVOQ SOLN 1MG/ML; TB24 15MG | SP, PA, QL |
| SKYRIZI SOAJ 150MG/ML; SOSY 55MG/0.37ML, 150MG/ML | SP, PA, QL |
| *tofacitinib citrate soln 1mg/ml; tabs 5mg; tb24 11mg* | SP, PA, QL |
| TREMFYA SOPN 100MG/ML; SOSY 100MG/ML | SP, PA, QL |
| TREMFYA PEN SOAJ 100MG/ML | SP, PA, QL |
| YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML | SP, PA, QL |

| Drug Name | Requirements/Limits |
|---|---|
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | SP, PA, QL |
| ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML | SP, PA, QL |
| HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML | SP, PA, QL |
| ORENCIA CLICKJECT SOAJ 125MG/ML | SP, PA, QL |
| ORENCIA SUBCUTANEOUS SOSY 125MG/ML | SP, PA, QL |
| RINVOQ TB24 15MG | SP, PA, QL |
| *tofacitinib citrate tabs 5mg; tb24 11mg* | SP, PA, QL |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS*** | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML | SP, PA, QL |
| ENTYVIO PEN SOAJ 108MG/0.68ML | SP, PA, QL |
| HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL |
| HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML | SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred. |
| RINVOQ TB24 15MG, 30MG, 45MG | SP, PA, QL |
| SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML | SP, PA, QL |
| *tofacitinib citrate tabs 5mg, 10mg; tb24 11mg, 22mg* | SP, PA, QL |
| TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML | SP, PA, QL |
| TREMFYA PEN SOAJ 100MG/ML | SP, PA, QL |
| YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML | SP, PA, QL |
| ZEPOSIA CAPS .92MG | SP, PA, QL |
| ZEPOSIA CAP STR KIT | SP, PA, QL |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | |
| *hydroxychloroquine sulfate tabs 200mg* | |
| *leflunomide tabs 10mg, 20mg* | |
| *methotrexate sodium tabs 2.5mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| 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, 30MG/0.6ML | SP, PA, QL |
| ***HEREDITARY ANGIOEDEMA*** | |
| *icatibant acetate sosy 30mg/3ml* | SP, PA, QL |
| ORLADEYO CAPS 110MG, 150MG; PACK 72MG, 96MG, 108MG, 132MG | SP, PA, QL |
| RUCONEST SOLR 2100UNIT | SP, PA, QL |
| TAKHZYRO SOSY 150MG/ML, 300MG/2ML | SP, PA, QL |
| ***IMMUNOGLOBULIN*** | |
| CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML | SP, PA |
| GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML | SP, PA |
| GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML | SP, PA |
| PRIVIGEN SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML | SP, PA |
| XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML | SP, PA |
| ***IMMUNOSUPPRESSANTS*** | |
| ASTAGRAF XL CP24 .5MG, 1MG, 5MG | |
| *azathioprine tabs 50mg* | |
| BENLYSTA SOAJ 200MG/ML; SOLR 120MG, 400MG; SOSY 200MG/ML | SP, PA, QL |
| CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG | |
| CELLCEPT INTRAVENOUS SOLR 500MG | |
| *cyclosporine caps 25mg, 100mg* | |
| *cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml* | |
| ENVARSUS XR TB24 .75MG, 1MG, 4MG | |
| *everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg* | |
| *mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg* | |
| *mycophenolate sodium tbec 180mg, 360mg* | |
| MYFORTIC TBEC 180MG, 360MG | |
| NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML | |
| NULOJIX SOLR 250MG | |
| PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG | |
| SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML | |
| SAPHNELO SOSY 120MG/0.8ML | SP, PA, QL |
| SAPHNELO PEN SOAJ 120MG/0.8ML | SP, PA, QL |
| *sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg* | |

| Drug Name | Requirements/Limits |
|---|---|
| *tacrolimus caps .5mg, 1mg, 5mg* | |
| ZORTRESS TABS .25MG, .5MG, .75MG, 1MG | |
| ***MISCELLANEOUS*** | |
| BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML | |
| ILARIS SOLN 150MG/ML | SP, PA |
| **NUTRITIONAL/SUPPLEMENTS** | |
| ***ELECTROLYTES*** | |
| *potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq* | |
| *sodium fluoride soln .5mg/ml; tabs .5mg, 1mg* | |
| ***PRENATAL VITAMINS*** | |
| *prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg* | |
| *prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg* | |
| *prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg* | |
| ***VITAMINS*** | |
| *cyanocobalamin soln 1000mcg/ml* | |
| *ergocalciferol caps 1.25mg* | |
| *folic acid tabs 1mg* | |
| *pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml* | |
| *pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml* | |
| *pediatric multiple vitamins w/ fluoride chew tab 0.5 mg* | |
| *pediatric multiple vitamins w/ fluoride chew tab 0.25 mg* | |
| *pediatric multiple vitamins w/ fluoride chew tab 1 mg* | |
| *pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml* | |
| *pediatric vitamins acd w/ fluoride soln 0.5 mg/ml* | |
| *phytonadione tabs 5mg* | |
| **OPHTHALMIC** | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY*** | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | |
| *neomycin-polymyxin-hc ophth susp* | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | |
| ***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) soln .5%* | |
| NATACYN SUSP 5% | |

| Drug Name | Requirements/Limits |
|---|---|
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | |
| *ofloxacin (ophth) soln .3%* | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | |
| *sulfacetamide sodium (ophth) soln 10%* | |
| *tobramycin (ophth) soln .3%* | |
| *trifluridine soln 1%* | |
| XDEMVY SOLN .25% | PA, QL |
| ***ANTI-INFLAMMATORIES*** | |
| *dexamethasone sodium phosphate (ophth) soln .1%* | |
| *diclofenac sodium (ophth) soln .1%* | |
| *fluorometholone (ophth) susp .1%* | |
| *ketorolac tromethamine (ophth) soln .5%* | |
| *loteprednol etabonate susp .5%* | |
| *prednisolone acetate (ophth) susp 1%* | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | |
| ***ANTIALLERGICS*** | |
| *azelastine hcl (ophth) soln .05%* | |
| *cromolyn sodium (ophth) soln 4%* | |
| ***ANTIGLAUCOMA BETA-BLOCKERS*** | |
| *betaxolol hcl (ophth) soln .5%* | |
| *timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%* | |
| ***ANTIGLAUCOMA COMBINATION AGENTS*** | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* | |
| ***CARBONIC ANHYDRASE INHIBITORS*** | |
| *dorzolamide hcl soln 2%* | |
| ***DRY EYE DISEASE*** | |
| *cyclosporine (ophth) emul .05%* | PA, QL |
| RESTASIS EMUL .05% | PA, QL; Multidose is preferred |
| VEVYE SOLN .1% | PA, QL |
| ***PROSTAGLANDINS*** | |
| *bimatoprost soln .03%* | |
| *latanoprost soln .005%* | |
| ***RETINAL DISORDERS*** | |
| BYOOVIZ SOLN .5MG/0.05ML | SP, PA |
| ***SYMPATHOMIMETICS*** | |
| *brimonidine tartrate soln .15%, .2%* | |
| **RESPIRATORY** | |
| ***ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS*** | |
| ARALAST NP SOLR 500MG, 1000MG | SP, PA |
| GLASSIA SOLN 4GM/200ML, 5GM/250ML, 1000MG/50ML | SP, PA |
| ZEMAIRA SOLR 1000MG, 4000MG, 5000MG | SP, PA |

| Drug Name | Requirements/Limits |
|---|---|
| ***ANAPHYLAXIS TREATMENT AGENTS*** | |
| *epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml* | QL; PA*, Listing does not include certain NDCs |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | |
| ANORO ELLIPT AER 62.5-25 | QL |
| BEVESPI AER 9-4.8MCG | QL |
| *ipratropium/albuterol inhalation soln* | QL |
| ***ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS*** | |
| TRELEGY AER 100MCG | QL |
| TRELEGY AER 200MCG | QL |
| ***ANTICHOLINERGICS*** | |
| *ipratropium bromide (nasal) soln .03%, .06%* | |
| *ipratropium inhalation solution soln .02%* | QL |
| SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT | QL |
| SPIRIVA HANDIHALER CAPS 18MCG | QL |
| YUPELRI NEBU 175MCG/3ML | QL |
| ***ANTIHISTAMINES*** | |
| *azelastine hcl soln 137mcg/spray* | |
| *cyproheptadine hcl syrp 2mg/5ml; tabs 4mg* | |
| *hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg* | |
| ***BETA AGONISTS*** | |
| *albuterol inhalation soln nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml* | QL |
| *albuterol sulfate, cfc-free aerosol aers 108mcg/act* | QL; Listing does not include certain NDCs |
| *formoterol inhalation solution nebu 20mcg/2ml* | QL |
| *levalbuterol nebulizer soln concentrate nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml* | QL |
| *levalbuterol, cfc-free aerosol aero 45mcg/act* | QL |
| STRIVERDI RESPIMAT AERS 2.5MCG/ACT | QL |
| ***CHRONIC OBSTRUCTIVE PULMONARY DISEASE*** | |
| DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML | SP, PA, QL |
| NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML | SP, PA, QL |
| ***CHRONIC RHINOSINUSITIS WITH NASAL POLYPS*** | |
| DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML | SP, PA, QL |
| NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML | SP, PA, QL |
| XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML | SP, PA, QL |
| ***CHRONIC SPONTANEOUS URTICARIA*** | |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML | SP, PA, QL |

| Drug Name | Requirements/Limits |
|---|---|
| XOLAIR SOAJ 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 150MG/ML, 300MG/2ML | SP, PA, QL |
| ***COLD/COUGH*** | |
| *benzonatate caps 100mg, 200mg* | Listing does not include certain NDCs. |
| *hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg* | QL; PA* |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | QL; PA* |
| *promethazine-dm syrup 6.25-15 mg/5ml* | |
| ***CYSTIC FIBROSIS*** | |
| ALYFTREK TAB | SP, PA, QL |
| ALYFTREK TAB 4-20-50 | SP, PA, QL |
| KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG; TABS 150MG | SP, PA, QL |
| PULMOZYME SOLN 2.5MG/2.5ML | SP, PA, QL |
| SYMDEKO TAB 50-75MG | SP, PA, QL |
| SYMDEKO TAB 100-150 | SP, PA, QL |
| *tobramycin nebu 300mg/4ml, 300mg/5ml* | SP, PA, QL |
| TRIKAFTA PAK 59.5MG | SP, PA, QL |
| TRIKAFTA PAK 75MG | SP, PA, QL |
| TRIKAFTA TAB | SP, PA, QL |
| ***EOSINOPHILIC ESOPHAGITIS*** | |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML | SP, PA, QL |
| ***LEUKOTRIENE RECEPTOR ANTAGONISTS*** | |
| *montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg* | |
| ***NASAL STEROIDS*** | |
| *flunisolide spray soln .025%* | |
| *fluticasone spray susp 50mcg/act* | |
| ***PULMONARY FIBROSIS AGENTS*** | |
| JASCAYD TABS 9MG, 18MG | SP, PA, QL |
| *nintedanib esylate caps 100mg, 150mg* | SP, PA, QL |
| *pirfenidone caps 267mg; tabs 267mg, 801mg* | SP, PA, QL |
| ***SEVERE ASTHMA AGENTS*** | |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML | SP, PA, QL |
| FASENRA SOSY 10MG/0.5ML, 30MG/ML | SP, PA, QL |
| FASENRA PEN SOAJ 30MG/ML | SP, PA, QL |
| NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML | SP, PA, QL |
| TEZSPIRE SOAJ 210MG/1.91ML; SOSY 210MG/1.91ML | SP, PA, QL |
| XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML | SP, PA, QL |

| Drug Name | Requirements/Limits |
|---|---|
| ***STEROID INHALANTS*** | |
| ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT | QL |
| *budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml* | QL; PA* |
| PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT | QL |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | |
| AIRSUPRA AER 90-80MCG | QL |
| *breyna 80-4.5 mcg/act* | QL |
| *breyna 160-4.5 mcg/act* | QL |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* | QL |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* | QL |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | QL; Listing does not include certain NDCs |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* | QL; Listing does not include certain NDCs |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* | QL; Listing does not include certain NDCs |
| *wixela inhub 100-50 mcg/act* | QL |
| *wixela inhub 250-50 mcg/act* | QL |
| *wixela inhub 500-50 mcg/act* | QL |
| ***XANTHINES*** | |
| *theophylline tb12 300mg, 450mg; tb24 400mg, 600mg* | |
| **TOPICAL** | |
| ***DERMATOLOGY, ACNE*** | |
| *clindamycin gel gel 1%* | QL; PA*, Listing does not include certain NDCs |
| *clindamycin lotion lotn 1%* | QL; PA* |
| *clindamycin solution soln 1%* | QL; PA* |
| *erythromycin gel 2% gel 2%* | QL; PA* |
| *erythromycin soln soln 2%* | QL; PA* |
| *erythromycin/benzoyl peroxide* | QL; PA* |
| *isotretinoin caps 10mg, 20mg, 30mg, 40mg* | |
| *sulfacetamide lotion 10% lotn 10%* | |
| *tretinoin crea .025%, .05%, .1%; gel .01%, .025%* | |
| ***DERMATOLOGY, ACTINIC KERATOSIS*** | |
| *fluorouracil (topical) crea 5%; soln 2%, 5%* | |
| *imiquimod crea 5%* | |
| ***DERMATOLOGY, ANTIBIOTICS*** | |
| *gentamicin sulfate (topical) crea .1%; oint .1%* | |
| *mupirocin oint 2%* | QL; PA* |
| *silver sulfadiazine crea 1%* | |

| Drug Name | Requirements/Limits |
|---|---|
| ***DERMATOLOGY, ANTIFUNGALS*** | |
| *ciclopirox gel .77%; sham 1%* | QL; PA* |
| *ciclopirox olamine crea .77%; susp .77%* | QL; PA* |
| *clotrimazole (topical) crea 1%; soln 1%* | QL; PA* |
| *econazole nitrate crea 1%* | QL; PA* |
| *ketoconazole (topical) crea 2%* | QL; PA* |
| *nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm* | QL; PA* |
| ***DERMATOLOGY, ANTIPSORIATICS*** | |
| *calcipotriene oint .005%; soln .005%* | QL |
| ENSTILAR AER | |
| ***DERMATOLOGY, ANTISEBORRHEICS*** | |
| *ketoconazole (topical) sham 2%* | QL; PA* |
| *selenium sulfide lotn 2.5%* | |
| ***DERMATOLOGY, ATOPIC DERMATITIS*** | |
| CIBINQO TABS 50MG, 100MG, 200MG | SP, PA, QL |
| DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML | SP, PA, QL |
| EBGLYSS SOAJ 250MG/2ML; SOSY 250MG/2ML | SP, PA, QL |
| NEMLUVIO AUIJ 30MG | SP, PA, QL |
| *pimecrolimus crea 1%* | |
| RINVOQ TB24 15MG, 30MG | SP, PA, QL |
| *tacrolimus (topical) oint .03%, .1%* | |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | |
| *alclometasone dipropionate crea .05%; oint .05%* | QL; PA* |
| *betamethasone dipropionate (topical) crea .05%; lotn .05%* | QL; PA* |
| *betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%* | QL; PA* |
| *betamethasone valerate crea .1%; lotn .1%; oint .1%* | QL; PA* |
| *clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%* | QL; PA* |
| *desonide crea .05%; lotn .05%; oint .05%* | QL; PA* |
| *desoximetasone crea .05%, .25%; gel .05%; oint .25%* | QL; PA* |
| *fluocinolone acetonide crea .025%; oint .025%; soln .01%* | QL; PA* |
| *fluocinonide crea .05%; gel .05%; oint .05%; soln .05%* | QL; PA* |
| *fluticasone propionate crea .05%; oint .005%* | QL; PA* |
| *halobetasol propionate crea .05%; oint .05%* | QL; PA* |
| *hydrocortisone (topical) crea 2.5%* | QL; PA* |
| *hydrocortisone butyrate crea .1%; oint .1%; soln .1%* | QL; PA* |
| *hydrocortisone valerate crea .2%; oint .2%* | QL; PA* |
| *mometasone furoate crea .1%; oint .1%; soln .1%* | QL; PA* |
| *triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%* | QL; PA* |

| Drug Name | Requirements/Limits |
|---|---|
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | |
| *lidocaine ptch 5%* | PA, QL |
| *lidocaine-prilocaine cream 2.5-2.5%* | |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | |
| *bexarotene (topical) gel 1%* | SP, PA |
| *lactic acid (ammonium lactate) crea 12%; lotn 12%* | |
| ***DERMATOLOGY, PRURIGO NODULARIS*** | |
| DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML | SP, PA, QL |
| NEMLUVIO AUIJ 30MG | SP, PA, QL |
| ***DERMATOLOGY, ROSACEA*** | |
| *azelaic acid gel 15%* | |
| *brimonidine tartrate (topical) gel .33%* | |
| *doxycycline (rosacea) cpdr 40mg* | |
| *ivermectin (rosacea) crea 1%* | |
| *metronidazole (topical) crea .75%; gel .75%; lotn .75%* | QL; PA* |
| ***DERMATOLOGY, SCABICIDES AND PEDICULICIDES*** | |
| *malathion lotn .5%* | |
| *permethrin crea 5%* | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | |
| *clotrimazole troches troc 10mg* | |
| *lidocaine hcl (mouth-throat) soln 2%* | |
| *pilocarpine hcl (oral) tabs 5mg, 7.5mg* | |
| *triamcinolone acetonide (mouth) pste .1%* | |
| ***OTIC*** | |
| *acetic acid (otic) soln 2%* | |
| *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%* | |
| *ofloxacin (otic) soln .3%* | |

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