



**KANSAS ACA MEMBER –
INDIVIDUAL (NON-STANDARD PLANS)**

2026

PRESCRIPTION DRUG LIST

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

List of Abbreviations for Prescription Drugs

Drug Category:

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

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

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

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

Syringe and Needle Coverage

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

Blue Cross and Blue Shield of Kansas City

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-----------------------|
| Analgesics | | |
| JOURNAVX | 3 | QL (2.5 EA per 1 day) |
| Nonsteroidal Anti-inflammatory Drugs | | |
| aspirin 81 oral tablet delayed release | 1 | PV |
| aspirin adult low dose | 1 | PV |
| aspirin adult low strength | 1 | PV |
| aspirin childrens | 1 | PV |
| aspirin ec adult low dose | 1 | PV |
| aspirin ec low dose | 1 | PV |
| aspirin ec low strength | 1 | PV |
| aspirin low dose | 1 | PV |
| aspirin oral tablet chewable | 1 | PV |
| aspirin oral tablet delayed release 81 mg | 1 | PV |
| aspirin regimen | 1 | PV |
| celecoxib oral | 1 | QL (2 EA per 1 day) |
| diclofenac potassium oral tablet 50 mg | 1 | |
| diclofenac sodium er | 3 | |
| diclofenac sodium external solution 1.5 % | 1 | PA |
| diclofenac sodium oral | 1 | |
| diflunisal oral | 3 | |
| etodolac | 1 | |
| etodolac er | 1 | |
| flurbiprofen oral | 1 | |
| ft aspirin low dose | 1 | PV |
| ft aspirin oral tablet chewable | 1 | PV |
| goodsense aspirin low dose | 1 | PV |
| ibuprofen oral suspension 100 mg/5ml | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | LCG | |
| indomethacin er | 1 | |
| indomethacin oral capsule 25 mg | LCG | |
| indomethacin oral capsule 50 mg | 1 | |
| ketoprofen oral capsule 25 mg, 50 mg | 1 | |
| ketorolac tromethamine oral | 1 | QL (20 EA per 5 days) |
| meclofenamate sodium oral | 3 | |
| mefenamic acid oral | 3 | |
| meloxicam oral tablet | LCG | |
| mm aspirin | 1 | PV |
| nabumetone oral | 1 | |
| naproxen oral tablet 250 mg | 1 | |
| naproxen oral tablet 375 mg, 500 mg | LCG | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| oxaprozin oral tablet | 1 | |
| piroxicam oral | 1 | |
| ST JOSEPH LOW DOSE | 3 | PV |
| sulindac oral | 1 | |
| tolmetin sodium | 1 | |
| Opioid Analgesics, Long-acting | | |
| buprenorphine | 3 | PA; QL (0.15 EA per 1 day) |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr | 3 | PA; QL (1 EA per 1 day) |
| fentanyl transdermal patch 72 hour 12 mcg/hr | 3 | PA; QL (0.5 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|---------------------------|
| fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr | 1 | PA; QL (0.5 EA per 1 day) |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent | 3 | PA; QL (1 EA per 1 day) |
| hydromorphone hcl er | 3 | PA; QL (2 EA per 1 day) |
| methadone hcl intensol | 1 | |
| methadone hcl oral concentrate | 1 | |
| methadone hcl oral solution | 1 | |
| methadone hcl oral tablet | 1 | PA |
| mitigo | 3 | |
| morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg | 3 | PA; QL (3 EA per 1 day) |
| morphine sulfate er oral tablet extended release 15 mg, 30 mg | 1 | PA; QL (3 EA per 1 day) |
| OXYCONTIN | 2 | PA; QL (4 EA per 1 day) |
| oxymorphone hcl er | 3 | PA; QL (4 EA per 1 day) |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | 3 | PA; QL (1 EA per 1 day) |
| tramadol hcl er | 3 | PA; QL (1 EA per 1 day) |
| XTAMPZA ER | 2 | PA; QL (4 EA per 1 day) |
| Opioid Analgesics, Short-acting | | |
| acetaminophen-codeine oral solution | 1 | QL (166.5 ML per 1 day) |
| acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg | 1 | QL (13 EA per 1 day) |
| acetaminophen-codeine oral tablet 300-60 mg | 1 | QL (10 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------|
| ascomp-codeine | 3 | |
| bac (butalbital-acetamin-caff) | 1 | |
| butalbital-acetaminophen oral tablet 50-325 mg | 1 | |
| butalbital-apap-caff-cod | 3 | |
| butalbital-apap-caffeine oral tablet | 1 | |
| butalbital-asa-caff-codeine | 3 | |
| butalbital-aspirin-caffeine | 1 | |
| butorphanol tartrate injection | 1 | |
| butorphanol tartrate nasal | 3 | QL (2.5 ML per 1 fill) |
| codeine sulfate oral tablet 15 mg | 1 | QL (40 EA per 1 day) |
| codeine sulfate oral tablet 30 mg | 1 | QL (20 EA per 1 day) |
| codeine sulfate oral tablet 60 mg | 1 | QL (10 EA per 1 day) |
| endocet oral tablet 10-325 mg | 1 | QL (6 EA per 1 day) |
| endocet oral tablet 2.5-325 mg, 5-325 mg | 1 | QL (12 EA per 1 day) |
| endocet oral tablet 7.5-325 mg | 1 | QL (8 EA per 1 day) |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml | 1 | QL (180 ML per 1 day) |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg | 1 | QL (9 EA per 1 day) |
| hydrocodone-acetaminophen oral tablet 5-300 mg | 1 | QL (13 EA per 1 day) |
| hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 | QL (12 EA per 1 day) |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------|
| hydrocodone-ibuprofen oral tablet 10-200 mg | 3 | QL (9 EA per 1 day) |
| hydrocodone-ibuprofen oral tablet 5-200 mg | 1 | QL (16 EA per 1 day) |
| hydrocodone-ibuprofen oral tablet 7.5-200 mg | 1 | QL (12 EA per 1 day) |
| hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml | 3 | |
| hydromorphone hcl oral liquid | 3 | QL (10 ML per 1 day) |
| hydromorphone hcl oral tablet 2 mg | 1 | QL (5 EA per 1 day) |
| hydromorphone hcl oral tablet 4 mg, 8 mg | 1 | QL (2 EA per 1 day) |
| hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml | 3 | |
| meperidine hcl oral tablet | 3 | QL (18 EA per 1 day) |
| morphine sulfate (concentrate) oral solution 100 mg/5ml | 1 | QL (4.5 ML per 1 day) |
| morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml | 3 | |
| morphine sulfate (pf) intravenous solution 2 mg/ml | 3 | |
| morphine sulfate injection solution 2 mg/ml | 3 | |
| morphine sulfate oral solution 10 mg/5ml | 1 | QL (45 ML per 1 day) |
| morphine sulfate oral solution 20 mg/5ml | 1 | QL (22.5 ML per 1 day) |
| morphine sulfate oral tablet 15 mg | 1 | QL (6 EA per 1 day) |
| morphine sulfate oral tablet 30 mg | 1 | QL (3 EA per 1 day) |
| nalbuphine hcl injection solution 10 mg/ml | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------|
| oxycodone hcl oral capsule | 1 | QL (12 EA per 1 day) |
| oxycodone hcl oral solution | 1 | QL (60 ML per 1 day) |
| oxycodone hcl oral tablet 10 mg | 1 | QL (6 EA per 1 day) |
| oxycodone hcl oral tablet 15 mg | 1 | QL (4 EA per 1 day) |
| oxycodone hcl oral tablet 20 mg | 1 | QL (3 EA per 1 day) |
| oxycodone hcl oral tablet 30 mg | 1 | QL (2 EA per 1 day) |
| oxycodone hcl oral tablet 5 mg | 1 | QL (12 EA per 1 day) |
| oxycodone-acetaminophen oral tablet 10-325 mg | 1 | QL (6 EA per 1 day) |
| oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg | 1 | QL (12 EA per 1 day) |
| oxycodone-acetaminophen oral tablet 7.5-325 mg | 1 | QL (8 EA per 1 day) |
| oxymorphone hcl oral tablet 10 mg | 1 | QL (1 EA per 1 day) |
| oxymorphone hcl oral tablet 5 mg | 1 | QL (3 EA per 1 day) |
| pentazocine-naloxone hcl | 3 | QL (10 EA per 1 day) |
| tramadol hcl oral tablet 50 mg | 1 | QL (5 EA per 1 day) |
| tramadol-acetaminophen | 1 | QL (6 EA per 1 day) |
| Anesthetics | | |
| Local Anesthetics | | |
| glydo | 1 | |
| lidocaine external ointment 5 % | 1 | |
| lidocaine external patch 5 % | 1 | |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| lidocaine hcl urethral/mucosal external prefilled syringe | 1 | |
| lidocaine viscous hcl | LCG | |
| lidocaine-prilocaine external cream | 1 | |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| Alcohol Deterrents/Anti-craving | | |
| acamprosate calcium | 3 | |
| disulfiram oral | 3 | |
| naltrexone hcl oral | 1 | |
| Opioid Dependence Treatments | | |
| buprenorphine hcl sublingual | 1 | |
| buprenorphine hcl-naloxone hcl sublingual film | 3 | |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1 | |
| Opioid Reversal Agents | | |
| ft naloxone hcl | 1 | |
| KLOXXADO | 2 | |
| naloxone hcl injection solution | 1 | |
| naloxone hcl injection solution cartridge | 1 | |
| naloxone hcl injection solution prefilled syringe 2 mg/2ml | 1 | |
| naloxone hcl nasal | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------------|
| Smoking Cessation Agents | | |
| bupropion hcl er (smoking det) | 1 | PV; QL (180 EA per 365 days) |
| ft nicotine | 1 | PV; QL (180 EA per 365 days) |
| ft nicotine mini | 1 | PV; QL (180 EA per 365 days) |
| goodsense nicotine mouth/throat gum | 1 | PV; QL (180 EA per 365 days) |
| goodsense nicotine mouth/throat lozenge 4 mg | 1 | PV; QL (180 EA per 365 days) |
| goodsense nicotine polacrilex | 1 | PV; QL (180 EA per 365 days) |
| habitrol | 1 | PV; QL (180 EA per 365 days) |
| NICORETTE MINI | 3 | PV; QL (180 EA per 365 days) |
| NICORETTE MOUTH/THROAT GUM 2 MG | 3 | PV; QL (180 EA per 365 days) |
| NICORETTE MOUTH/THROAT LOZENGE | 3 | PV; QL (180 EA per 365 days) |
| nicotine mini | 1 | PV; QL (180 EA per 365 days) |
| nicotine polacrilex mini | 1 | PV; QL (180 EA per 365 days) |
| nicotine polacrilex mouth/throat | 1 | PV; QL (180 EA per 365 days) |
| nicotine step 1 | 1 | PV; QL (180 EA per 365 days) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------------|
| nicotine step 2 | 1 | PV; QL (180 EA per 365 days) |
| nicotine step 3 | 1 | PV; QL (180 EA per 365 days) |
| nicotine transdermal kit | 1 | PV; QL (180 EA per 365 days) |
| nicotine transdermal patch 24 hour 21 mg/24hr | 1 | PV; QL (180 EA per 365 days) |
| NICOTROL NS | 3 | ST; PV; QL (180 ML per 365 days) |
| varenicline tartrate | 1 | PV; QL (180 EA per 365 days) |
| varenicline tartrate (starter) | 1 | PV; QL (180 EA per 365 days) |
| varenicline tartrate(continue) | 1 | PV; QL (180 EA per 365 days) |
| Antibacterials | | |
| Aminoglycosides | | |
| gentamicin sulfate external | 1 | |
| HUMATIN | 2 | |
| neomycin sulfate oral | LCG | |
| streptomycin sulfate intramuscular | 3 | |
| Antibacterials, Other | | |
| aztreonam injection solution reconstituted 1 gm | 1 | |
| aztreonam injection solution reconstituted 2 gm | 3 | |
| clindamycin hcl oral | 1 | |
| clindamycin palmitate hcl | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------|
| clindamycin phosphate in d5w | 1 | |
| clindamycin phosphate injection | 1 | |
| clindamycin phosphate vaginal | 1 | |
| daptomycin | 3 | |
| iodine tincture external tincture 2 % | 1 | |
| linezolid in sodium chloride | 1 | |
| linezolid intravenous | 1 | |
| linezolid oral suspension reconstituted | 3 | QL (65 ML per 1 day) |
| linezolid oral tablet | 2 | QL (2 EA per 1 day) |
| methenamine hippurate | 3 | |
| metronidazole intravenous | 1 | |
| metronidazole oral tablet 250 mg, 500 mg | LCG | |
| metronidazole vaginal | 1 | |
| mupirocin ointment | 1 | |
| nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| polymyxin b sulfate injection | 1 | |
| silver sulfadiazine external | 1 | |
| ssd | 1 | |
| trimethoprim oral | LCG | |
| vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 500 mg, 750 mg | 1 | |
| vancomycin hcl oral | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| XIFAXAN ORAL TABLET 550 MG | 3 | PA |
| Beta-lactam, Cephalosporins | | |
| cefaclor | 1 | |
| cefadroxil oral capsule | 1 | |
| cefadroxil oral suspension reconstituted | 3 | |
| cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg | 1 | |
| cefazolin sodium intravenous solution reconstituted 1 gm | 1 | |
| cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-% | 1 | |
| cefdinir | 1 | |
| cefepime hcl injection | 3 | |
| cefepime hcl intravenous solution 1 gm/50ml | 3 | |
| cefepime hcl intravenous solution reconstituted 2 gm | 3 | |
| cefotetan disodium | 1 | |
| cefoxitin sodium | 1 | |
| cefpodoxime proxetil | 3 | |
| cefprozil | 1 | |
| ceftazidime injection | 1 | |
| ceftazidime intravenous | 1 | |
| ceftriaxone sodium injection | 1 | |
| ceftriaxone sodium intravenous | 1 | |
| cefuroxime axetil | 1 | |
| cephalexin oral capsule 250 mg, 500 mg | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| cephalexin oral suspension reconstituted | 1 | |
| tazicef injection | 1 | |
| tazicef intravenous solution reconstituted | 1 | |
| Beta-lactam, Penicillins | | |
| amoxicillin | LCG | |
| amoxicillin-potassium clavulanate er | 1 | |
| amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml | 1 | |
| amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml | 3 | |
| amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg | 1 | |
| ampicillin | 1 | |
| ampicillin sodium | 1 | |
| ampicillin-sulbactam sodium | 1 | |
| AUGMENTIN | 3 | |
| BICILLIN L-A | 3 | |
| dicloxacillin sodium | LCG | |
| nafcillin sodium | 1 | |
| penicillin g potassium injection solution reconstituted 20000000 unit | 1 | |
| penicillin v potassium | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm | 1 | |
| Carbapenems | | |
| ertapenem sodium | 3 | |
| imipenem-cilastatin | 3 | |
| Macrolides | | |
| azithromycin intravenous | 1 | |
| azithromycin oral | LCG | |
| clarithromycin oral suspension reconstituted | 3 | |
| clarithromycin oral tablet | 1 | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 3 | |
| erythromycin base oral | 3 | |
| erythromycin ethylsuccinate oral suspension reconstituted | 3 | |
| erythromycin oral | 3 | |
| Quinolones | | |
| BAXDELA ORAL | 3 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg | LCG | |
| ciprofloxacin hcl oral tablet 750 mg | 1 | |
| ciprofloxacin in d5w | 3 | |
| levofloxacin intravenous | 3 | |
| levofloxacin oral solution | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| levofloxacin oral tablet | 1 | |
| moxifloxacin hcl in nacl | 1 | |
| moxifloxacin hcl oral | 1 | |
| ofloxacin oral | 3 | |
| Sulfonamides | | |
| sulfadiazine oral | 3 | |
| sulfamethoxazole-trimethoprim intravenous | 1 | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | LCG | |
| sulfamethoxazole-trimethoprim oral tablet | LCG | |
| sulfatrim pediatric | LCG | |
| Tetracyclines | | |
| demeclocycline hcl | 3 | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | 1 | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 1 | |
| doxycycline monohydrate oral suspension reconstituted | 3 | |
| doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg | 1 | |
| minocycline hcl oral capsule | 1 | |
| tetracycline hcl oral capsule | 3 | |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |
| EPIDIOLEX | 5 | PA |
| levetiracetam er | 3 | |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------|
| levetiracetam oral solution | 1 | |
| levetiracetam oral tablet | 1 | |
| roweepra | 1 | |
| Calcium Channel Modifying Agents | | |
| ethosuximide oral capsule | 1 | |
| ethosuximide oral solution | 3 | |
| methsuximide | 2 | |
| zonisamide oral | 1 | |
| Gamma-aminobutyric Acid (GABA) Augmenting Agents | | |
| clobazam oral tablet | 2 | PA |
| diazepam rectal | 3 | QL (2 EA per 1 fill) |
| gabapentin oral capsule | 1 | |
| gabapentin oral solution | 1 | |
| gabapentin oral tablet 600 mg, 800 mg | 1 | |
| NAYZILAM | 3 | |
| phenobarbital oral | 1 | |
| primidone oral tablet 250 mg, 50 mg | LCG | |
| tiagabine hcl | 3 | |
| valproate sodium intravenous | 1 | |
| valproic acid oral capsule | LCG | |
| valproic acid oral solution 250 mg/5ml | LCG | |
| Glutamate Reducing Agents | | |
| lamotrigine er | 3 | |
| lamotrigine oral tablet | 1 | |
| lamotrigine oral tablet chewable | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| lamotrigine oral tablet dispersible | 3 | |
| subvenite oral tablet | 1 | |
| topiramate oral capsule sprinkle 15 mg | 1 | |
| topiramate oral capsule sprinkle 25 mg | 3 | |
| topiramate oral tablet | 1 | |
| Sodium Channel Agents | | |
| carbamazepine er | 3 | |
| carbamazepine oral suspension 100 mg/5ml | 1 | |
| carbamazepine oral tablet | LCG | |
| carbamazepine oral tablet chewable 100 mg | 1 | |
| DILANTIN ORAL CAPSULE 30 MG | 3 | |
| fosphenytoin sodium injection solution 500 mg pe/10ml | 1 | |
| lacosamide oral solution 10 mg/ml | 1 | |
| lacosamide oral tablet | 3 | |
| oxcarbazepine oral suspension | 3 | |
| oxcarbazepine oral tablet | 1 | |
| phenytek | 3 | |
| phenytoin infatabs | 1 | |
| phenytoin oral suspension 125 mg/5ml | 1 | |
| phenytoin oral tablet chewable | 1 | |
| phenytoin sodium extended oral capsule 100 mg | 1 | |
| phenytoin sodium extended oral capsule 200 mg, 300 mg | 3 | |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|---------------------|
| phenytoin sodium injection | 1 | |
| rufinamide oral suspension 40 mg/ml | 3 | PA |
| rufinamide oral tablet | 3 | PA |
| Antidementia Agents | | |
| Cholinesterase Inhibitors | | |
| donepezil hcl | 1 | |
| galantamine hydrobromide | 1 | |
| galantamine hydrobromide er | 1 | |
| rivastigmine | 3 | |
| rivastigmine tartrate | 1 | |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist | | |
| memantine hcl er | 3 | QL (1 EA per 1 day) |
| memantine hcl oral solution 2 mg/ml | 3 | |
| memantine hcl oral tablet | 1 | |
| Antidepressants | | |
| Antidepressants, Other | | |
| bupropion hcl er (sr) | 1 | QL (2 EA per 1 day) |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg | 1 | QL (3 EA per 1 day) |
| bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg | 1 | QL (1 EA per 1 day) |
| bupropion hcl oral | 1 | |
| mirtazapine oral tablet 15 mg, 30 mg, 45 mg | LCG | |
| olanzapine-fluoxetine hcl | 1 | |
| perphenazine-amitriptyline | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|---------------------|
| Monoamine Oxidase Inhibitors | | |
| MARPLAN | 3 | |
| phenelzine sulfate oral | 3 | |
| tranylcypromine sulfate | 3 | |
| SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors) | | |
| citalopram hydrobromide oral tablet | LCG | |
| desvenlafaxine succinate er | 3 | QL (1 EA per 1 day) |
| duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg | 1 | QL (2 EA per 1 day) |
| duloxetine hcl oral capsule delayed release particles 30 mg | 1 | QL (3 EA per 1 day) |
| escitalopram oxalate oral tablet | 1 | |
| fluoxetine hcl oral capsule | LCG | |
| fluvoxamine maleate er | 3 | QL (2 EA per 1 day) |
| fluvoxamine maleate oral tablet 100 mg, 50 mg | 2 | |
| fluvoxamine maleate oral tablet 25 mg | 3 | |
| nefazodone hcl | 1 | |
| paroxetine hcl oral tablet | LCG | |
| sertraline hcl oral concentrate | 1 | |
| sertraline hcl oral tablet | 1 | |
| trazodone hcl oral tablet 100 mg, 150 mg, 50 mg | LCG | |
| venlafaxine hcl | 1 | |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|---------------------|
| venlafaxine hcl er oral capsule extended release 24 hour 150 mg | 1 | QL (2 EA per 1 day) |
| venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg | 1 | QL (1 EA per 1 day) |
| venlafaxine hcl er oral capsule extended release 24 hour 75 mg | 1 | QL (3 EA per 1 day) |
| vilazodone hcl | 1 | QL (1 EA per 1 day) |
| Tricyclics | | |
| amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg | LCG | |
| amitriptyline hcl oral tablet 150 mg | 3 | |
| amoxapine | 3 | |
| clomipramine hcl oral | 3 | |
| desipramine hcl oral | 3 | |
| doxepin hcl oral capsule 10 mg, 50 mg | LCG | |
| doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg | 3 | |
| doxepin hcl oral concentrate | 3 | |
| imipramine hcl oral | 1 | |
| nortriptyline hcl oral capsule | LCG | |
| nortriptyline hcl oral solution | 3 | |
| trimipramine maleate oral | 3 | |
| Antiemetics | | |
| Antiemetics, Other | | |
| meclizine hcl oral tablet 12.5 mg, 25 mg | LCG | |
| meclizine hcl oral tablet 50 mg | 2 | |
| metoclopramide hcl +rfid | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| metoclopramide hcl injection | 1 | |
| metoclopramide hcl oral solution 5 mg/5ml | LCG | |
| metoclopramide hcl oral tablet | LCG | |
| perphenazine oral | 2 | |
| prochlorperazine | 3 | |
| prochlorperazine maleate oral tablet 10 mg | LCG | |
| prochlorperazine maleate oral tablet 5 mg | 1 | |
| promethazine hcl oral solution 6.25 mg/5ml | LCG | |
| promethazine hcl oral tablet 12.5 mg, 50 mg | 1 | |
| promethazine hcl oral tablet 25 mg | LCG | |
| promethazine hcl rectal | 3 | |
| scopolamine | 2 | |
| Emetogenic Therapy Adjuncts | | |
| ANZEMET | 3 | QL (0.07 EA per 1 day) |
| aprepitant oral capsule 125 mg | 3 | QL (2 EA per 30 days) |
| aprepitant oral capsule 40 mg | 3 | QL (1 EA per 30 days) |
| aprepitant oral capsule 80 mg | 3 | QL (4 EA per 30 days) |
| dronabinol | 3 | PA; QL (2 EA per 1 day) |
| granisetron hcl intravenous | 1 | |
| granisetron hcl oral | 1 | QL (4 EA per 30 days) |
| ondansetron hcl oral solution 4 mg/5ml | 1 | QL (4 ML per 1 day) |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| ondansetron odt oral tablet dispersible 4 mg, 8 mg | 1 | |
| Antifungals | | |
| amphotericin b intravenous | 1 | |
| amphotericin b liposome | 3 | |
| caspofungin acetate | 3 | |
| ciclodan | 1 | |
| ciclopirox external | 1 | |
| ciclopirox olamine external | 1 | |
| clotrimazole external | LCG | |
| clotrimazole mouth/throat | 1 | |
| clotrimazole-betamethasone external cream | 1 | |
| econazole nitrate external cream | 1 | |
| ERTACZO | 3 | |
| fluconazole in sodium chloride | 1 | |
| fluconazole oral | LCG | |
| flucytosine oral capsule 250 mg | 1 | |
| flucytosine oral capsule 500 mg | 3 | |
| griseofulvin microsize oral | 3 | |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | 3 | |
| GYNAZOLE-1 | 3 | |
| itraconazole oral capsule | 3 | PA |
| ketoconazole external cream | 1 | |
| ketoconazole external shampoo | 1 | |
| ketoconazole oral | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|---------------------------------|
| klayesta | 1 | |
| LULICONAZOLE | 3 | |
| miconazole 3 vaginal suppository | 1 | |
| nyamyc | 1 | |
| nystatin external cream | LCG | |
| nystatin external ointment | 1 | |
| nystatin external powder | 1 | |
| nystatin mouth/throat | 1 | |
| nystatin oral | 3 | |
| nystatin-triamcinolone | 1 | |
| nystop | 1 | |
| SULCONAZOLE NITRATE EXTERNAL CREAM | 3 | |
| terbinafine hcl oral | LCG | QL (84 day supply per 180 days) |
| terconazole vaginal cream | 1 | |
| voriconazole oral tablet | 3 | PA |
| Antigout Agents | | |
| allopurinol oral tablet 100 mg, 300 mg | LCG | |
| allopurinol sodium | 1 | |
| colchicine oral tablet | 1 | |
| colchicine-probenecid | 2 | |
| febuxostat | 3 | ST |
| probenecid | 2 | |
| Antimigraine Agents | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist | | |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 2 | PA; QL (0.04 ML per 1 day) |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 2 | PA; QL (0.1 ML per 1 day) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 2 | PA; QL (0.04 ML per 1 day) |
| NURTEC | 2 | PA; QL (0.54 EA per 1 day) |
| QULIPTA | 2 | PA; QL (1 EA per 1 day) |
| UBRELVY | 2 | PA; QL (0.54 EA per 1 day) |
| Ergot Alkaloids | | |
| dihydroergotamine mesylate injection | 3 | PA; QL (0.86 ML per 1 day) |
| ERGOMAR | 3 | |
| ergotamine-caffeine | 3 | PA; QL (0.86 EA per 1 day) |
| Serotonin (5-HT) Receptor Agonists | | |
| almotriptan malate | 2 | QL (0.4 EA per 1 day) |
| eletriptan hydrobromide | 2 | QL (0.4 EA per 1 day) |
| naratriptan hcl | 1 | QL (0.3 EA per 1 day) |
| rizatriptan benzoate oral tablet 10 mg | 1 | QL (0.4 EA per 1 day) |
| rizatriptan benzoate oral tablet 5 mg | 1 | QL (0.6 EA per 1 day) |
| rizatriptan benzoate oral tablet dispersible 10 mg | 1 | QL (0.4 EA per 1 day) |
| rizatriptan benzoate oral tablet dispersible 5 mg | 1 | QL (0.6 EA per 1 day) |
| sumatriptan nasal | 2 | QL (0.4 EA per 1 day) |
| sumatriptan succinate oral | 1 | QL (0.3 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------|
| sumatriptan succinate subcutaneous | 2 | QL (0.17 ML per 1 day) |
| zolmitriptan oral tablet | 1 | QL (0.4 EA per 1 day) |
| zolmitriptan oral tablet dispersible | 2 | QL (0.4 EA per 1 day) |
| Antimyasthenic Agents | | |
| Parasympathomimetics | | |
| neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml | 3 | |
| neostigmine methylsulfate rfid intravenous solution prefilled syringe | 3 | |
| pyridostigmine bromide oral tablet | 1 | |
| Antimycobacterials | | |
| Antimycobacterials, Other | | |
| dapsone oral | 3 | |
| rifabutin | 3 | |
| Antituberculars | | |
| cycloserine oral | 1 | |
| ethambutol hcl oral | 3 | |
| isoniazid injection | 1 | |
| isoniazid oral syrup | 1 | |
| isoniazid oral tablet 100 mg | 1 | |
| isoniazid oral tablet 300 mg | LCG | |
| PRETOMANID | 2 | |
| PRIFTIN | 3 | |
| pyrazinamide oral | 1 | |
| rifampin oral | 2 | |
| SIRTURO | 3 | |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| Antineoplastics | | |
| Alkylating Agents | | |
| cyclophosphamide oral capsule | 3 | |
| CYCLOPHOSPHAMID E ORAL TABLET | 2 | |
| GLEOSTINE | 5 | |
| LEUKERAN | 5 | |
| lomustine | 4 | |
| melphalan hcl | 4 | |
| temozolomide | 4 | PA |
| Antiandrogens | | |
| abiraterone acetate oral tablet 250 mg | 4 | PA |
| abirtega | 4 | PA |
| bicalutamide | 1 | |
| nilutamide | 4 | PA |
| ORGOVYX | 5 | PA |
| XTANDI | 5 | PA |
| Antiangiogenic Agents | | |
| lenalidomide | 4 | PA |
| pomalidomide oral capsule 1 mg, 2 mg | 4 | PA; QL (1 EA per 1 day) |
| pomalidomide oral capsule 3 mg, 4 mg | 4 | PA |
| POMALYST ORAL CAPSULE 1 MG, 2 MG | 5 | PA; QL (1 EA per 1 day) |
| POMALYST ORAL CAPSULE 3 MG, 4 MG | 5 | PA |
| REVLIMID | 4 | PA |
| Antiestrogens/Modifiers | | |
| ORSERDU | 5 | PA |
| tamoxifen citrate oral tablet 10 mg | 1 | PA |
| tamoxifen citrate oral tablet 20 mg | 1 | PA; PV* |
| toremifene citrate | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------|
| Antimetabolites | | |
| capecitabine | 4 | |
| decitabine | 4 | |
| DROXIA | 3 | |
| fludarabine phosphate | 4 | |
| fluorouracil intravenous | 4 | |
| hydroxyurea oral | 1 | |
| mercaptopurine oral tablet | 1 | |
| Antineoplastics, Other | | |
| diclofenac sodium external gel 3 % | 1 | QL (10 GM per 1 day) |
| fluorouracil external cream 5 % | 3 | PA |
| fluorouracil external solution | 1 | PA |
| IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG | 4 | |
| KISQALI (200 MG DOSE) | 4 | PA |
| KISQALI (400 MG DOSE) | 4 | PA |
| KISQALI (600 MG DOSE) | 4 | PA |
| lederle leucovorin | 1 | |
| leucovorin calcium injection solution reconstituted | 1 | |
| leucovorin calcium oral tablet 10 mg, 5 mg | 1 | |
| leucovorin calcium oral tablet 15 mg, 25 mg | 3 | |
| VERZENIO | 4 | PA |
| Aromatase Inhibitors, 3rd Generation | | |
| anastrozole oral | 1 | PV* |
| exemestane | 1 | PV* |
| letrozole oral | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| Enzyme Inhibitors | | |
| etoposide oral | 4 | |
| HYCANTIN ORAL | 5 | |
| VORANIGO ORAL TABLET 10 MG | 5 | PA; QL (2 EA per 1 day) |
| VORANIGO ORAL TABLET 40 MG | 5 | PA |
| Molecular Target Inhibitors | | |
| ALECENSA | 4 | PA |
| CAPRELSA ORAL TABLET 100 MG | 4 | PA; QL (2 EA per 1 day) |
| CAPRELSA ORAL TABLET 300 MG | 4 | PA |
| erlotinib hcl oral tablet 100 mg, 150 mg | 4 | PA |
| erlotinib hcl oral tablet 25 mg | 4 | PA; QL (3 EA per 1 day) |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 4 | PA; QL (1 EA per 1 day) |
| everolimus oral tablet soluble | 4 | PA |
| IBRANCE | 5 | PA |
| imatinib mesylate oral | 4 | PA |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA; QL (3 EA per 1 day) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA; QL (1 EA per 1 day) |
| IMBRUVICA ORAL SUSPENSION | 5 | PA |
| IMBRUVICA ORAL TABLET | 5 | PA; QL (1 EA per 1 day) |
| INLYTA | 5 | PA |
| JAKAFI ORAL TABLET 10 MG, 5 MG | 4 | PA; QL (2 EA per 1 day) |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG | 4 | PA |
| KOSELUGO ORAL CAPSULE SPRINKLE | 5 | PA |
| lapatinib ditosylate | 4 | PA |
| LYNPARZA | 4 | PA |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| MEKINIST | 4 | PA |
| OGSIVEO | 5 | PA |
| pazopanib hcl | 4 | PA |
| ROMVIMZA | 5 | PA |
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA; QL (2 EA per 1 day) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA; QL (8 EA per 1 day) |
| sorafenib tosylate | 4 | PA |
| STIVARGA | 5 | PA |
| sunitinib malate | 4 | PA |
| TAFINLAR | 4 | PA |
| torpenz | 4 | PA; QL (1 EA per 1 day) |
| Monoclonal Antibody/Antibody-Drug Conjugate | | |
| ADCETRIS | 4 | PA |
| Retinoids | | |
| bexarotene oral | 4 | PA |
| tretinoin oral | 4 | |
| Treatment Adjuncts | | |
| mesna oral | 4 | |
| MESNEX ORAL | 5 | |
| Antiparasitics | | |
| Anthelmintics | | |
| albendazole oral | 3 | PA |
| EMVERM | 2 | |
| ivermectin oral tablet 3 mg | 3 | |
| praziquantel oral | 3 | |
| Antiprotozoals | | |
| atovaquone | 3 | |
| atovaquone-proguanil hcl oral tablet 250-100 mg | 3 | |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| atovaquone-proguanil hcl oral tablet 62.5-25 mg | 1 | |
| BENZNIDAZOLE | 3 | |
| chloroquine phosphate oral | 3 | |
| hydroxychloroquine sulfate oral tablet 100 mg, 300 mg | 1 | |
| hydroxychloroquine sulfate oral tablet 200 mg | LCG | |
| hydroxychloroquine sulfate oral tablet 400 mg | 2 | |
| IMPAVIDO | 3 | |
| mefloquine hcl | 1 | |
| nitazoxanide oral | 3 | |
| primaquine phosphate | 1 | |
| pyrimethamine oral | 4 | PA |
| quinine sulfate | 1 | |
| Pediculicides/Scabicides | | |
| CROTAN | 5 | |
| malathion | 3 | |
| permethrin external | 1 | |
| spinosad | 3 | |
| sulfurated lime | 1 | |
| Antiparkinson Agents | | |
| Anticholinergics | | |
| benztropine mesylate injection | 1 | |
| benztropine mesylate oral | LCG | |
| trihexyphenidyl hcl oral solution | 1 | |
| trihexyphenidyl hcl oral tablet 2 mg | LCG | |
| trihexyphenidyl hcl oral tablet 5 mg | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| Antiparkinson Agents, Other | | |
| amantadine hcl oral capsule | 1 | |
| amantadine hcl oral solution 50 mg/5ml | 1 | |
| entacapone | 3 | |
| tolcapone | 1 | |
| Dopamine Agonists | | |
| apomorphine hcl subcutaneous | 4 | PA; QL (3 ML per 1 day) |
| bromocriptine mesylate oral | 3 | |
| NEUPRO | 3 | |
| pramipexole dihydrochloride | 1 | |
| ropinirole hcl | 1 | |
| ropinirole hcl er | 3 | |
| Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors | | |
| carbidopa oral | 3 | |
| carbidopa-levodopa | 1 | |
| carbidopa-levodopa er oral tablet extended release | 1 | |
| Monoamine Oxidase B (MAO-B) Inhibitors | | |
| rasagiline mesylate oral | 3 | |
| selegiline hcl oral | 1 | |
| Antipsychotics | | |
| 1st Generation/Typical | | |
| chlorpromazine hcl oral tablet | 3 | |
| fluphenazine hcl oral tablet | 3 | |
| haloperidol decanoate intramuscular | 1 | |
| haloperidol lactate injection | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-----------------------------|
| haloperidol lactate oral concentrate 2 mg/ml | 1 | |
| haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg | LCG | |
| haloperidol oral tablet 10 mg, 20 mg | 1 | |
| loxapine succinate | 3 | |
| thioridazine hcl oral | 1 | |
| thiothixene | 3 | |
| trifluoperazine hcl | 3 | |
| 2nd Generation/Atypical | | |
| aripiprazole oral tablet | 1 | QL (1 EA per 1 day) |
| asenapine maleate | 3 | QL (2 EA per 1 day) |
| FANAPT | 3 | ST; QL (2 EA per 1 day) |
| FANAPT TITRATION PACK A | 3 | ST; QL (16 EA per 365 days) |
| FANAPT TITRATION PACK B | 3 | ST; QL (24 EA per 365 days) |
| FANAPT TITRATION PACK C | 3 | ST; QL (16 EA per 365 days) |
| lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg | 1 | QL (1 EA per 1 day) |
| lurasidone hcl oral tablet 80 mg | 1 | QL (2 EA per 1 day) |
| olanzapine intramuscular | 3 | |
| olanzapine oral tablet | 1 | QL (1 EA per 1 day) |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg | 3 | QL (1 EA per 1 day) |
| paliperidone er oral tablet extended release 24 hour 6 mg | 3 | QL (2 EA per 1 day) |
| quetiapine fumarate er | 1 | QL (2 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------|
| quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg | 1 | QL (3 EA per 1 day) |
| quetiapine fumarate oral tablet 300 mg, 400 mg | 1 | QL (2 EA per 1 day) |
| risperidone oral tablet | 1 | QL (2 EA per 1 day) |
| ziprasidone hcl | 3 | QL (2 EA per 1 day) |
| Treatment-Resistant | | |
| clozapine oral tablet 100 mg, 25 mg | 2 | QL (9 EA per 1 day) |
| clozapine oral tablet 200 mg | 2 | QL (4 EA per 1 day) |
| clozapine oral tablet 50 mg | 2 | QL (6 EA per 1 day) |
| Antivirals | | |
| LAGEVRIO | 3 | QL (8 EA per 1 day) |
| PAXLOVID (150/100) | 3 | QL (4 EA per 1 day) |
| PAXLOVID (300/100 & 150/100) | 3 | QL (11 EA per 56 days) |
| PAXLOVID (300/100) | 3 | QL (6 EA per 1 day) |
| Anti-cytomegalovirus (CMV) Agents | | |
| cidofovir intravenous | 1 | |
| valganciclovir hcl | 3 | |
| Anti-hepatitis B (HBV) Agents | | |
| adefovir dipivoxil | 3 | |
| BARACLUDE ORAL SOLUTION | 3 | QL (21 ML per 1 day) |
| entecavir | 1 | QL (1 EA per 1 day) |
| lamivudine oral tablet 100 mg | 1 | |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| Anti-hepatitis C (HCV) Agents | | |
| MAVYRET ORAL TABLET | 3 | PA; QL (3 EA per 1 day) |
| PEGASYS | 4 | PA |
| ribavirin oral | 4 | |
| Antitherpetic Agents | | |
| acyclovir external ointment | 1 | QL (1 GM per 1 day) |
| acyclovir oral capsule | LCG | |
| acyclovir oral suspension 200 mg/5ml | 3 | |
| acyclovir oral tablet | LCG | |
| acyclovir sodium | 1 | |
| famciclovir oral | 1 | |
| valacyclovir hcl oral | 1 | QL (4 EA per 1 day) |
| Anti-HIV Agents, Integrase Inhibitors (INSTI) | | |
| APRETUDE | 3 | PV* |
| DOVATO | 2 | QL (1 EA per 1 day) |
| ISENTRESS | 2 | |
| ISENTRESS HD | 2 | |
| TIVICAY | 2 | |
| TIVICAY PD | 2 | |
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) | | |
| EDURANT PED | 3 | |
| efavirenz | 3 | |
| efavirenz-emtricitab-tenofo df | 3 | QL (1 EA per 1 day) |
| efavirenz-lamivudine-tenofovir | 3 | QL (1 EA per 1 day) |
| etravirine | 3 | |
| INTELENCE ORAL TABLET 25 MG | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|---------------------|
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | | |
| abacavir sulfate oral solution | 3 | |
| abacavir sulfate oral tablet | 1 | |
| abacavir sulfate-lamivudine | 3 | QL (1 EA per 1 day) |
| DESCOVY ORAL TABLET 200-25 MG | 3 | PA; PV* |
| emtricitabine | 3 | |
| emtricitabine-tenofovir df | 3 | QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION | 2 | |
| lamivudine oral solution 10 mg/ml | 3 | |
| lamivudine oral tablet 150 mg, 300 mg | 1 | |
| lamivudine-zidovudine | 3 | |
| tenofovir disoproxil fumarate | 1 | PV* |
| TRIUMEQ | 2 | QL (1 EA per 1 day) |
| VIREAD ORAL POWDER | 2 | |
| VIREAD ORAL TABLET 150 MG | 3 | |
| VIREAD ORAL TABLET 200 MG, 250 MG | 2 | |
| zidovudine | 3 | |
| Anti-HIV Agents, Other | | |
| maraviroc | 1 | PA |
| SELZENTRY ORAL SOLUTION | 2 | PA |
| Anti-HIV Agents, Protease Inhibitors | | |
| atazanavir sulfate | 3 | |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|--------------------------|
| darunavir | 1 | |
| EVOTAZ | 2 | QL (1 EA per 1 day) |
| fosamprenavir calcium | 3 | |
| lopinavir-ritonavir oral tablet 100-25 mg | 1 | |
| lopinavir-ritonavir oral tablet 200-50 mg | 3 | |
| NORVIR ORAL PACKET | 2 | |
| PREZCOBIX ORAL TABLET 675-150 MG | 2 | |
| PREZISTA ORAL SUSPENSION | 2 | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | |
| REYATAZ ORAL PACKET | 2 | |
| ritonavir | 3 | |
| VIRACEPT | 5 | |
| Anti-influenza Agents | | |
| oseltamivir phosphate oral capsule 30 mg | 2 | QL (40 EA per 365 days) |
| oseltamivir phosphate oral capsule 45 mg, 75 mg | 2 | QL (20 EA per 365 days) |
| oseltamivir phosphate oral suspension reconstituted | 3 | QL (360 ML per 365 days) |
| RELENZA DISKHALER | 3 | QL (40 EA per 365 days) |
| rimantadine hcl | 1 | |
| Anxiolytics | | |
| Anxiolytics, Other | | |
| bupirone hcl oral tablet 10 mg, 5 mg | LCG | |
| bupirone hcl oral tablet 15 mg, 30 mg | 1 | |
| hydroxyzine hcl oral syrup 10 mg/5ml | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------|
| hydroxyzine hcl oral tablet | LCG | |
| hydroxyzine pamoate oral capsule 100 mg | 3 | |
| hydroxyzine pamoate oral capsule 25 mg, 50 mg | LCG | |
| meprobamate | 3 | |
| Benzodiazepines | | |
| alprazolam er oral tablet extended release 24 hour 0.5 mg | 2 | QL (1 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 1 mg | 1 | QL (1 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 2 mg | 2 | QL (5 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 3 mg | 2 | QL (3 EA per 1 day) |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg | 1 | QL (4 EA per 1 day) |
| alprazolam oral tablet 2 mg | 1 | QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 0.5 mg | 2 | QL (1 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 1 mg | 1 | QL (1 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 2 mg | 2 | QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 3 mg | 2 | QL (3 EA per 1 day) |
| chlordiazepoxide hcl oral capsule 10 mg | 1 | QL (30 EA per 1 day) |
| chlordiazepoxide hcl oral capsule 25 mg | 1 | QL (12 EA per 1 day) |
| chlordiazepoxide hcl oral capsule 5 mg | 1 | QL (4 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------|
| clonazepam oral tablet 0.5 mg, 1 mg | 1 | QL (3 EA per 1 day) |
| clonazepam oral tablet 2 mg | 1 | QL (10 EA per 1 day) |
| diazepam intensol | 2 | |
| diazepam oral concentrate | 2 | |
| diazepam oral solution | 2 | |
| diazepam oral tablet | 1 | |
| lorazepam intensol | 3 | QL (5 ML per 1 day) |
| lorazepam oral concentrate 2 mg/ml | 3 | QL (5 ML per 1 day) |
| lorazepam oral tablet 0.5 mg, 1 mg | 1 | QL (3 EA per 1 day) |
| lorazepam oral tablet 2 mg | 1 | QL (5 EA per 1 day) |
| Bipolar Agents | | |
| Mood Stabilizers | | |
| divalproex sodium er | 1 | |
| divalproex sodium oral capsule delayed release sprinkle | 3 | |
| divalproex sodium oral tablet delayed release | 1 | |
| lithium | 1 | |
| lithium carbonate er | LCG | |
| lithium carbonate oral | LCG | |
| Blood Glucose Monitoring | | |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 2 | |
| ADVANTAGE SAFETY LANCETS 28G | 2 | |
| ADVOCATE SAFETY LANCETS 21G | 2 | |
| ADVOCATE SAFETY LANCETS 23G | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|---------------------------------------|---------------|------------------|
| ADVOCATE SAFETY LANCETS 28G | 2 | |
| CARESENS LANCETS 30G | 2 | |
| CEQUR SIMPLICITY 2U 10PK | 2 | |
| CHEMSTRIP 10 MD | 3 | |
| CHEMSTRIP 10/SG | 3 | |
| CHEMSTRIP 2 GP | 3 | |
| CHEMSTRIP 5 OB | 3 | |
| CHEMSTRIP 7 | 3 | |
| CHEMSTRIP 9 | 3 | |
| CHEMSTRIP K | 3 | |
| CHEMSTRIP UGK | 3 | |
| CHOSEN LANCETS 30G | 2 | |
| CHOSEN SAFETY LANCETS 28G | 2 | |
| CLEVER CHOICE COMFORT EZ | 2 | |
| COMFORT TOUCH TWIST LANCET 30G | 2 | |
| CONTOUR CONTROL SOLUTION | 2 | |
| CONTOUR MONITOR DEVICE | 2 | |
| CONTOUR MONITOR KIT W/DEVICE | 2 | |
| CONTOUR NEXT CONTROL SOLUTION | 2 | |
| CONTOUR NEXT EZ KIT W/DEVICE | 2 | |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE | 2 | |
| CONTOUR NEXT LINK KIT W/DEVICE | 2 | |
| CONTOUR NEXT MONITOR KIT W/DEVICE | 2 | |
| CONTOUR NEXT ONE KIT | 2 | |

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| Drug Name | Drug Category | Limits/ Required |
|--------------------------------|---------------|-----------------------------------|
| CONTOUR NEXT GEN TEST STRIPS | 2 | QL (10 EA per 1 day) |
| CONTOUR PLUS BLUE KIT W/DEVICE | 2 | |
| CONTOUR PLUS TEST STRIP | 2 | QL (10 EA per 1 day) |
| CONTOUR TEST STRIPS | 2 | QL (10 EA per 1 day) |
| DROPSAFE ACTI-LANCE 23G | 2 | |
| DROPSAFE MEDLANCE LANCET 30G | 2 | |
| FONDCIRCLE SINGLE USE LANCETS | 2 | |
| FREESTYLE LIBRE 14 DAY READER | 2 | PA; QL (1 EA per 1 calendar year) |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 2 READER | 2 | PA; QL (1 EA per 1 calendar year) |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | PA; QL (2 EA per 28 days) |
| FREESTYLE LIBRE 3 READER | 2 | PA; QL (1 EA per 1 calendar year) |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA; QL (2 EA per 28 days) |
| FREESTYLE LIBRE READER | 2 | PA; QL (1 EA per 1 calendar year) |
| GUARDIAN 4 GLUCOSE SENSOR | 3 | PA |
| GUARDIAN 4 TRANSMITTER | 3 | PA |
| GUARDIAN REAL-TIME CHARGER | 3 | |
| GUARDIAN REAL-TIME TEST PLUG | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--------------------------------|---------------|------------------|
| GUARDIAN SENSOR 3 | 3 | PA |
| INPEN 100-BLUE-LILLY-HUMALOG | 3 | |
| INPEN 100-BLUE-NOVOLOG-FIASP | 3 | |
| INPEN 100-GREY-LILLY-HUMALOG | 3 | |
| INPEN 100-GREY-NOVOLOG-FIASP | 3 | |
| INPEN 100-PINK-LILLY-HUMALOG | 3 | |
| INPEN 100-PINK-NOVOLOG-FIASP | 3 | |
| KETO-DIASTIX | 3 | |
| KETONE CARE | 3 | |
| KETOSTIX | 3 | |
| LANCETS | 2 | |
| LANCETS 28G THIN | 2 | |
| LANCETS SUPER THIN | 2 | |
| MICROLET NEXT LANCETS | 2 | |
| MOBILE LANCETS 30G | 2 | |
| NOVOPEN ECHO | 3 | |
| ONETOUCH DELICA PLUS LANCING | 3 | |
| ONETOUCH DELICA SAFETY LANCING | 2 | |
| PERFECT POINT SAFETY LANCETS | 2 | |
| PURE COMFORT SAFETY LANCET 30G | 2 | |
| SENSILANCE SAFETY LANCETS 21G | 2 | |
| SENSILANCE SAFETY LANCETS 26G | 2 | |
| SENSILANCE SAFETY LANCETS 28G | 2 | |
| TECHLITE LANCETS 26G | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|---------------------------|
| VERIFINE SAFE LANCET MINI 21G | 2 | |
| VERIFINE SAFE LANCET MINI 23G | 2 | |
| VERIFINE SAFE LANCET MINI 28G | 2 | |
| VERIFINE SAFE LANCET MINI 30G | 2 | |
| VIVAGUARD LANCETS 30G | 2 | |
| VIVAGUARD SAFETY LANCETS 28G | 2 | |
| Blood Glucose Regulators | | |
| Antidiabetic Agents | | |
| acarbose oral | 3 | |
| dapagliflozin propanediol oral tablet 10 mg, 5 mg | 1 | ST |
| FARXIGA | 2 | ST |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | LCG | |
| glipizide er | LCG | |
| glipizide oral tablet 10 mg, 5 mg | LCG | |
| glipizide-metformin hcl | 3 | |
| glyburide | LCG | |
| glyburide-metformin | 1 | |
| GLYXAMBI | 2 | ST |
| JANUMET | 2 | |
| JANUMET XR | 2 | |
| JANUVIA | 2 | |
| JARDIANCE | 2 | ST |
| liraglutide | 2 | PA; QL (0.3 ML per 1 day) |
| metformin hcl er oral tablet extended release 24 hour 500 mg | LCG | |
| metformin hcl er oral tablet extended release 24 hour 750 mg | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-----------------------------|
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | LCG | |
| MOUNJARO | 2 | PA; QL (0.08 ML per 1 day) |
| nateglinide | 3 | |
| OZEMPIC | 2 | PA; QL (0.11 ML per 1 day) |
| pioglitazone hcl | 1 | |
| pioglitazone hcl-glimepiride | 1 | |
| repaglinide | 1 | |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | 2 | PA; QL (1 EA per 1 day) |
| RYBELSUS ORAL TABLET 3 MG | 2 | PA; QL (60 EA per 365 days) |
| saxagliptin hcl | 1 | |
| saxagliptin-metformin er | 1 | |
| SOLIQUA | 2 | |
| SYNJARDY | 2 | ST |
| SYNJARDY XR | 2 | ST |
| TRULICITY | 2 | PA; QL (0.08 ML per 1 day) |
| XIGDUO XR | 2 | ST |
| XULTOPHY | 2 | |
| Glycemic Agents | | |
| BAQSIMI ONE PACK | 2 | |
| BAQSIMI TWO PACK | 2 | |
| diazoxide oral | 3 | |
| glucagon emergency kit injection solution reconstituted 1 mg | 1 | |
| GLUCAGON EMERGENCY KIT | 2 | |
| Insulins | | |
| HUMALOG | 2 | |
| HUMALOG KWIKPEN | 2 | |
| HUMALOG MIX 50/50 KWIKPEN | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|--------------------------|
| HUMALOG MIX 75/25 KWIKPEN | 2 | |
| HUMALOG MIX 75/25 VIAL | 2 | |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | |
| HUMULIN 70/30 KWIKPEN | 2 | |
| HUMULIN 70/30 VIAL | 2 | |
| HUMULIN N KWIKPEN | 2 | |
| HUMULIN N VIAL | 2 | |
| HUMULIN R U-500 KWIKPEN | 2 | |
| HUMULIN R VIAL | 2 | |
| INSULIN LISPRO | 2 | |
| LANTUS SOLOSTAR | 2 | |
| LANTUS U-100 VIAL | 2 | |
| TOUJEO MAX SOLOSTAR | 2 | |
| TOUJEO SOLOSTAR | 2 | |
| TRESIBA | 3 | PA |
| TRESIBA FLEXTOUCH | 3 | PA |
| Blood Products and Modifiers | | |
| Anticoagulants | | |
| dabigatran etexilate mesylate oral capsule 110 mg | 1 | QL (2 EA per 1 day) |
| dabigatran etexilate mesylate oral capsule 150 mg, 75 mg | 2 | QL (2 EA per 1 day) |
| ELIQUIS (1.5 MG PACK) | 2 | QL (12 EA per 1 day) |
| ELIQUIS (2 MG PACK) | 2 | QL (16 EA per 1 day) |
| ELIQUIS DVT/PE STARTER PACK | 2 | QL (148 EA per 365 days) |
| ELIQUIS ORAL CAPSULE SPRINKLE | 2 | QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET | 2 | QL (2 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|--------------------------|
| ELIQUIS ORAL TABLET SOLUBLE | 2 | QL (4 EA per 1 day) |
| enoxaparin sodium | 3 | |
| fondaparinux sodium | 3 | |
| heparin sodium (porcine) injection solution prefilled syringe | 1 | |
| heparin sodium (porcine) pf injection solution 5000 unit/ml | 3 | |
| jantoven | LCG | |
| PRADAXA ORAL CAPSULE 110 MG | 2 | QL (2 EA per 1 day) |
| rivaroxaban oral suspension reconstituted | 2 | QL (20 ML per 1 day) |
| rivaroxaban oral tablet | 2 | QL (2 EA per 1 day) |
| warfarin sodium oral | LCG | |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 2 | QL (20 ML per 1 day) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 2 | QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 2 | QL (2 EA per 1 day) |
| XARELTO STARTER PACK | 2 | QL (102 EA per 365 days) |
| Blood Formation Modifiers | | |
| anagrelide hcl | 3 | |
| ARANESP (ALBUMIN FREE) | 4 | PA |
| eltrombopag olamine | 4 | PA |
| NEULASTA ONPRO | 5 | PA |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA |
| NIVESTYM | 4 | PA |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| plerixafor | 4 | |
| PROMACTA | 5 | PA |
| RETACRIT | 4 | PA |
| XOLREMDI | 5 | PA; QL (4 EA per 1 day) |
| Hemostasis Agents | | |
| tranexamic acid oral | 2 | |
| Platelet Modifying Agents | | |
| aspirin-dipyridamole er | 3 | |
| BRILINTA | 2 | |
| cilostazol | 1 | |
| clopidogrel bisulfate oral | 1 | |
| dipyridamole oral | 2 | |
| prasugrel hcl | 3 | |
| ticagrelor | 2 | |
| Cardiovascular Agents | | |
| Alpha-adrenergic Agonists | | |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg | LCG | |
| clonidine hcl oral tablet 0.3 mg | 1 | |
| guanfacine hcl | LCG | |
| methyl dopa | LCG | |
| midodrine hcl | 1 | |
| Alpha-adrenergic Blocking Agents | | |
| doxazosin mesylate oral | LCG | |
| phenoxybenzamine hcl oral | 3 | PA |
| prazosin hcl oral | LCG | |
| Angiotensin II Receptor Antagonists | | |
| candesartan cilexetil | 1 | |
| irbesartan | 1 | |
| losartan potassium oral | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| olmesartan medoxomil oral | 1 | |
| telmisartan | 1 | |
| valsartan oral tablet | 1 | |
| Angiotensin-converting Enzyme (ACE) Inhibitors | | |
| benazepril hcl oral | LCG | |
| captopril oral | 1 | |
| enalapril maleate oral tablet | LCG | |
| fosinopril sodium | LCG | |
| lisinopril oral | LCG | |
| quinapril hcl | LCG | |
| ramipril | LCG | |
| trandolapril | LCG | |
| Antiarrhythmics | | |
| amiodarone hcl oral tablet 200 mg | 1 | |
| disopyramide phosphate | 3 | |
| dofetilide | 3 | |
| flecainide acetate | 1 | |
| mexiletine hcl oral | 3 | |
| procainamide hcl injection solution 100 mg/ml | 3 | |
| propafenone hcl | 1 | |
| quinidine sulfate | 1 | |
| sotalol hcl (af) | 1 | |
| sotalol hcl oral tablet 120 mg, 160 mg, 240 mg | 1 | |
| sotalol hcl oral tablet 80 mg | LCG | |
| Beta-adrenergic Blocking Agents | | |
| acebutolol hcl oral | 2 | |
| atenolol oral | LCG | |
| betaxolol hcl oral | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| bisoprolol fumarate oral tablet 10 mg, 5 mg | LCG | |
| carvedilol | LCG | |
| labetalol hcl oral tablet 100 mg, 200 mg, 300 mg | 1 | |
| metoprolol succinate er | 1 | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | LCG | |
| nadolol oral tablet 40 mg | 1 | |
| nebivolol hcl | 3 | |
| pindolol | 3 | |
| propranolol hcl er | 3 | |
| propranolol hcl intravenous | 1 | |
| propranolol hcl oral solution | 1 | |
| propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg | LCG | |
| propranolol hcl oral tablet 60 mg | 1 | |
| timolol maleate oral | 1 | |
| Calcium Channel Blocking Agents | | |
| amlodipine besylate oral | LCG | |
| cartia xt | 1 | |
| diltiazem hcl er beads | 1 | |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg | 1 | |
| diltiazem hcl er oral capsule extended release 24 hour | 1 | |
| diltiazem hcl oral | 1 | |
| dilt-xr | 1 | |
| felodipine er | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| isradipine | 1 | |
| nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg | 1 | |
| nifedipine er oral tablet extended release 24 hour 90 mg | 3 | |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg | 1 | |
| nifedipine er osmotic release oral tablet extended release 24 hour 90 mg | 3 | |
| tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg | 1 | |
| verapamil hcl er oral tablet extended release | 1 | |
| verapamil hcl oral tablet 120 mg, 80 mg | LCG | |
| verapamil hcl oral tablet 40 mg | 1 | |
| Cardiovascular Agents, Other | | |
| amiloride-hydrochlorothiazide | LCG | |
| amlodipine besylate-benazepril hcl | 1 | |
| amlodipine besylate-valsartan | 3 | |
| amlodipine-olmesartan | 3 | |
| atenolol-chlorthalidone | LCG | |
| benazepril-hydrochlorothiazide | 1 | |
| bisoprolol-hydrochlorothiazide | LCG | |
| candesartan cilexetil-hctz | 1 | |
| digoxin oral solution | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|--------------------------|
| digoxin oral tablet 125 mcg, 250 mcg | LCG | |
| droxidopa | 4 | |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg | 1 | |
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg | LCG | |
| epinephrine injection solution | 1 | |
| epinephrine pf | 1 | |
| fosinopril sodium-hctz | 1 | |
| irbesartan-hydrochlorothiazide | 1 | |
| lisinopril-hydrochlorothiazide | LCG | |
| LODOCO | 3 | ST |
| losartan potassium-hctz | LCG | |
| metoprolol-hydrochlorothiazide | 1 | |
| metyrosine | 1 | PA; QL (16 EA per 1 day) |
| olmesartan medoxomil-hctz | 1 | |
| pentoxifylline er | 1 | |
| quinapril-hydrochlorothiazide | 1 | |
| ranolazine er | 3 | |
| sacubitril-valsartan | 1 | QL (2 EA per 1 day) |
| spironolactone-hctz | LCG | |
| telmisartan-hctz | 1 | |
| triamterene-hctz | LCG | |
| valsartan-hydrochlorothiazide | 1 | |
| Diuretics, Carbonic Anhydrase Inhibitors | | |
| acetazolamide er | 3 | |
| acetazolamide oral | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| Diuretics, Loop | | |
| bumetanide oral | 1 | |
| ethacrynic acid | 3 | |
| furosemide injection | 1 | |
| furosemide oral solution 10 mg/ml | LCG | |
| furosemide oral solution 8 mg/ml | 1 | |
| furosemide oral tablet | LCG | |
| toremide | LCG | |
| Diuretics, Potassium-sparing | | |
| amiloride hcl oral | 1 | |
| eplerenone | 3 | |
| spironolactone oral tablet | LCG | |
| Diuretics, Thiazide | | |
| chlorthalidone | LCG | |
| hydrochlorothiazide oral | LCG | |
| indapamide | LCG | |
| metolazone oral tablet 10 mg | 1 | |
| metolazone oral tablet 2.5 mg, 5 mg | 3 | |
| Dyslipidemics, Fibric Acid Derivatives | | |
| fenofibrate micronized oral capsule 134 mg, 67 mg | 1 | |
| fenofibrate micronized oral capsule 200 mg, 43 mg | 3 | |
| fenofibrate oral capsule 134 mg, 67 mg | 1 | |
| fenofibrate oral capsule 200 mg | 3 | |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------|
| fenofibric acid oral capsule delayed release | 3 | |
| gemfibrozil oral | LCG | |
| Dyslipidemics, HMG CoA Reductase Inhibitors | | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | LCG | PV* |
| atorvastatin calcium oral tablet 40 mg, 80 mg | LCG | |
| fluvastatin sodium | 3 | |
| lovastatin oral | 1 | PV |
| pravastatin sodium | 1 | PV* |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | 1 | PV* |
| rosuvastatin calcium oral tablet 20 mg, 40 mg | 1 | |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | LCG | PV* |
| simvastatin oral tablet 80 mg | LCG | |
| Dyslipidemics, Other | | |
| cholestyramine light | 3 | |
| cholestyramine oral | 3 | |
| colesevelam hcl oral tablet | 3 | |
| colestipol hcl | 3 | |
| ezetimibe | 1 | |
| ezetimibe-simvastatin | 3 | |
| niacin er (antihyperlipidemic) | 3 | |
| omega-3-acid ethyl esters | 3 | |
| prevalite | 3 | |
| REPATHA | 2 | QL (0.11 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| REPATHA SURECLICK | 2 | QL (0.11 ML per 1 day) |
| TRYNGOLZA | 5 | PA; QL (0.03 ML per 1 day) |
| Vasodilators, Direct-acting Arterial | | |
| hydralazine hcl oral | LCG | |
| minoxidil oral | 1 | |
| Vasodilators, Direct-acting Arterial/Venous | | |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | 1 | |
| isosorbide mononitrate | 1 | |
| isosorbide mononitrate er oral tablet extended release 24 hour 120 mg | 1 | |
| isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg | LCG | |
| nitroglycerin rectal | 1 | |
| nitroglycerin sublingual | 1 | |
| nitroglycerin transdermal patch 24 hour | 1 | |
| RECTIV | 3 | |
| Central Nervous System Agents | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines | | |
| amphetamine sulfate | 3 | QL (6 EA per 1 day) |
| amphetamine-dextroamphetamine er | 1 | QL (2 EA per 1 day) |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg | 1 | QL (3 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------|
| amphetamine-dextroamphetamine oral tablet 30 mg | 1 | QL (2 EA per 1 day) |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg | 3 | QL (6 EA per 1 day) |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg | 3 | QL (4 EA per 1 day) |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg | 3 | QL (3 EA per 1 day) |
| dextroamphetamine sulfate oral solution | 3 | QL (60 ML per 1 day) |
| dextroamphetamine sulfate oral tablet 10 mg | 1 | QL (6 EA per 1 day) |
| dextroamphetamine sulfate oral tablet 5 mg | 1 | QL (3 EA per 1 day) |
| lisdexamfetamine dimesylate | 2 | QL (1 EA per 1 day) |
| Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines | | |
| atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg | 2 | QL (1 EA per 1 day) |
| atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg | 3 | QL (1 EA per 1 day) |
| clonidine hcl er | 1 | |
| dexmethylphenidate hcl | 1 | QL (2 EA per 1 day) |
| dexmethylphenidate hcl er | 3 | QL (1 EA per 1 day) |
| guanfacine hcl er | 3 | |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg | 3 | QL (1 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------------|
| methylphenidate hcl er (osm) oral tablet extended release 36 mg | 3 | QL (2 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 10 mg | 3 | QL (2 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 20 mg | 3 | QL (3 EA per 1 day) |
| methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg | 3 | QL (1 EA per 1 day) |
| methylphenidate hcl er(diffus) oral tablet extended release 36 mg | 3 | QL (2 EA per 1 day) |
| methylphenidate hcl oral tablet | 1 | QL (3 EA per 1 day) |
| Central Nervous System, Other | | |
| riluzole | 3 | |
| tetrabenazine | 4 | PA |
| Fibromyalgia Agents | | |
| milnacipran hcl oral | 3 | ST; QL (110 EA per 365 days) |
| milnacipran hcl oral tablet | 1 | ST; QL (2 EA per 1 day) |
| pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg | 1 | QL (3 EA per 1 day) |
| pregabalin oral capsule 300 mg | 1 | QL (2 EA per 1 day) |
| pregabalin oral solution | 3 | QL (30 ML per 1 day) |
| SAVELLA | 3 | ST; QL (2 EA per 1 day) |
| SAVELLA TITRATION PACK | 3 | ST; QL (110 EA per 365 days) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------------|
| Multiple Sclerosis Agents | | |
| BETASERON | 4 | PA; QL (0.5 EA per 1 day) |
| dalfampridine er | 4 | PA; QL (2 EA per 1 day) |
| dimethyl fumarate oral | 3 | PA; QL (2 EA per 1 day) |
| dimethyl fumarate starter pack | 3 | PA; QL (120 EA per 365 days) |
| fingolimod hcl | 4 | PA; QL (1 EA per 1 day) |
| GILENYA ORAL CAPSULE 0.25 MG | 5 | PA; QL (1 EA per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml | 4 | PA; QL (1 ML per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml | 4 | PA; QL (0.43 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 20 mg/ml | 4 | PA; QL (1 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 40 mg/ml | 4 | PA; QL (0.43 ML per 1 day) |
| KESIMPTA | 4 | PA; QL (0.02 ML per 1 day) |
| teriflunomide | 1 | |
| Cholestatic Pruritus Agent | | |
| Ileal Bile Acid Transporter Inhibitor | | |
| BYLVAY | 5 | PA |
| BYLVAY (PELLETS) | 5 | PA |
| Dental and Oral Agents | | |
| cevimeline hcl | 3 | |
| chlorhexidine gluconate mouth/throat | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| perio gard | LCG | |
| pilocarpine hcl oral tablet 5 mg | 2 | |
| pilocarpine hcl oral tablet 7.5 mg | 3 | |
| PREVIDENT MOUTH/THROAT | 3 | |
| sodium fluoride 5000 plus | 1 | |
| sodium fluoride 5000 ppm dental gel | 1 | |
| sodium fluoride dental | 1 | |
| sodium fluoride mouth/throat | 1 | |
| triamcinolone acetonide mouth/throat | 1 | |
| Dermatological Agents | | |
| acutane | 3 | |
| adapalene external cream | 3 | |
| adapalene external gel 0.1 % | 1 | |
| adapalene external gel 0.3 % | 3 | |
| adapalene-benzoyl peroxide external gel 0.1-2.5 % | 1 | |
| adapalene-benzoyl peroxide external gel 0.3-2.5 % | 3 | |
| ADBRY | 4 | PA; QL (0.15 ML per 1 day) |
| ammonium lactate external | 1 | |
| amnesteem | 3 | |
| azelaic acid external | 3 | |
| benzoyl peroxide-erythromycin | 3 | |
| calcipotriene external cream | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| calcipotriene external ointment | 2 | |
| calcipotriene external solution | 2 | |
| calcipotriene-betameth diprop external ointment | 1 | |
| calcitriol external | 3 | |
| claravis | 3 | |
| clindacin etz | 1 | |
| clindacin-p | 1 | |
| clindamycin phos (once-daily) | 1 | |
| clindamycin phos (twice-daily) | 1 | |
| clindamycin phos-benzoyl perox external gel 1.2-5 % | 1 | |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 % | 3 | |
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| coal tar external | 1 | |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | 4 | PA; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 4 | PA; QL (0.29 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | 4 | PA; QL (0.17 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 4 | PA; QL (0.29 ML per 1 day) |
| EBGLYSS | 4 | PA; QL (0.15 ML per 1 day) |
| erythromycin external | 1 | |
| imiquimod external cream 5 % | 1 | |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 3 | |
| ivermectin external cream | 3 | |
| lactic acid e | 1 | |
| metronidazole external cream | 1 | |
| metronidazole external gel 0.75 % | 1 | |
| neuac | 1 | |
| pimecrolimus | 3 | ST; QL (2 GM per 1 day) |
| podofilox external solution | 1 | |
| selenium sulfide external lotion | 1 | |
| SKYRIZI INTRAVENOUS | 4 | PA |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML | 4 | PA; QL (0.03 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | 4 | PA; QL (0.05 ML per 1 day) |
| SPEVIGO SUBCUTANEOUS | 5 | PA; QL (0.08 ML per 1 day) |
| sulfacetamide sodium (acne) | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| tacrolimus external | 3 | QL (2 GM per 1 day) |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5 | PA; QL (0.04 ML per 1 day) |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML | 5 | PA; QL (0.01 ML per 1 day) |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML | 5 | PA; QL (0.02 ML per 1 day) |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML | 5 | PA; QL (0.04 ML per 1 day) |
| tazarotene external cream 0.1 % | 3 | PA |
| tretinoin external cream 0.025 %, 0.05 % | 2 | |
| tretinoin external cream 0.1 % | 3 | |
| tretinoin external gel 0.01 %, 0.025 % | 3 | |
| zenatane | 3 | |
| Electrolytes/Minerals/ Metals/Vitamins | | |
| Electrolyte/Mineral Replacement | | |
| carglumic acid | 4 | PA |
| corvita 150 | 1 | |
| ferotrinsic | 1 | |
| foltrin | 1 | |
| iodine strong | 1 | |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| klor-con oral packet | 3 | |
| klor-con oral tablet extended release | 1 | |
| K-PHOS | 3 | |
| k-tan plus | 1 | |
| levocarnitine oral solution | 2 | |
| levocarnitine oral tablet | 2 | |
| levocarnitine sf | 2 | |
| na ferric gluc cplx in sucrose | 1 | |
| PHOSPHO-TRIN K500 | 3 | |
| polysaccharide iron forte | 1 | |
| potassium chloride cryser | 1 | |
| potassium chloride er | 1 | |
| potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml | 1 | |
| potassium chloride oral packet 20 meq | 3 | |
| potassium chloride oral solution | 1 | |
| potassium citrate er | 2 | |
| purevit dualfe plus | 1 | |
| se-tan plus | 1 | |
| sod citrate-citric acid | 1 | |
| sodium acetate intravenous solution 2 meq/ml | 3 | |
| sodium citrate-citric acid | 1 | |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml | 1 | PV |
| sodium fluoride oral tablet | 1 | PV |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| sodium fluoride oral tablet chewable | 1 | PV |
| trigels-f forte | 1 | |
| Electrolyte/Mineral/Metal Modifiers | | |
| CHEMET | 3 | |
| deferasirox oral tablet soluble | 3 | PA |
| deferiprone | 3 | PA |
| sodium polystyrene sulfonate | 1 | |
| SPS (SODIUM POLYSTYRENE SULF) | 3 | |
| trientine hcl oral capsule 250 mg | 4 | PA |
| Phosphate Binders | | |
| calcium acetate (phos binder) | 1 | |
| calcium acetate oral tablet 667 mg | 1 | |
| FOSRENOL ORAL PACKET | 3 | |
| sevelamer carbonate oral tablet | 3 | |
| Vitamins | | |
| b-plex | 1 | |
| b-plex plus | 1 | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | |
| ergocalciferol oral capsule | 1 | |
| folate | 1 | PV |
| folic acid oral tablet 1 mg | 1 | |
| folic acid oral tablet 400 mcg, 800 mcg | 1 | PV |
| ft folic acid | 1 | PV |
| ft prenatal | 1 | PV |
| MASONATAL | 3 | PV |
| multivitamin w/fluoride | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| multi-vitamin/fluoride | 1 | |
| multivitamin/fluoride oral tablet chewable | 1 | |
| multi-vitamin/fluoride/iron | 1 | |
| NEONATAL PRENATAL | 3 | PV |
| ONE A DAY PRENATAL ORAL CAPSULE | 3 | PV |
| ONE VITE WOMENS | 3 | PV |
| prenatal multi +dha | 1 | PV |
| prenatal multivit plus folate | 1 | PV |
| prenatal oral tablet 27-0.8 mg, 28-0.8 mg | 1 | PV |
| prenatal oral tablet 27-1 mg | LCG | |
| prenatal plus vitamin/mineral | LCG | |
| prenatal vitamins oral tablet 27-0.8 mg | 1 | PV |
| prenatal/folic acid+dha | 1 | PV |
| thiamine hcl injection | 1 | |
| triphrocaps | 1 | |
| tri-vite/fluoride | 1 | |
| TRUE FOLIC ACID ORAL TABLET 400 MCG | 3 | PV |
| v-c forte | 1 | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) | 1 | |
| wescaps | 1 | |
| yl folic acid | 1 | PV |
| Gastrointestinal Agents | | |
| Antispasmodics, Gastrointestinal | | |
| dicyclomine hcl oral capsule | LCG | |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|---------------------|
| dicyclomine hcl oral solution 10 mg/5ml | 1 | |
| dicyclomine hcl oral tablet 20 mg | LCG | |
| glycopyrrolate +rfid injection solution | 1 | |
| glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml | 1 | |
| glycopyrrolate oral solution | 1 | PA |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | QL (4 EA per 1 day) |
| glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml | 1 | |
| glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml | 1 | |
| hyoscyamine sulfate oral | 1 | |
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| methscopolamine bromide oral | 3 | |
| Gastrointestinal Agents, Other | | |
| amoxicill-clarithro-lansopraz | 3 | |
| bis subcit-metronid-tetracyc | 3 | |
| bismuth/metronidaz/tetracyclin | 3 | |
| cromolyn sodium oral | 3 | |
| CTEXLI | 5 | PA |
| diphenoxylate-atropine oral tablet | 1 | |
| loperamide hcl oral capsule | 1 | |
| MOTOFEN | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------------|
| MOVANTIK | 3 | |
| ursodiol oral capsule 300 mg | 3 | |
| ursodiol oral tablet | 3 | |
| Histamine2 (H2) Receptor Antagonists | | |
| cimetidine hcl | 1 | |
| cimetidine oral | 1 | |
| famotidine (pf) | 1 | |
| famotidine oral suspension reconstituted | 3 | |
| famotidine oral tablet 20 mg | LCG | |
| famotidine oral tablet 40 mg | 1 | |
| nizatidine | 1 | |
| Irritable Bowel Syndrome Agents | | |
| alosetron hcl | 3 | PA |
| LINZESS | 2 | ST; QL (1 EA per 1 day) |
| lubiprostone | 2 | QL (2 EA per 1 day) |
| Laxatives | | |
| bisacodyl ec | 1 | PV; QL (2 fill per 365 days) |
| clearlax | 1 | PV; QL (2 fill per 365 days) |
| constulose | LCG | |
| enulose | 1 | |
| ft clearlax | 1 | PV; QL (2 fill per 365 days) |
| ft laxative | 1 | PV; QL (2 fill per 365 days) |
| ft magnesium citrate | 1 | PV; QL (2 fill per 365 days) |
| gavilax oral powder | 1 | PV; QL (2 fill per 365 days) |
| gavilyte-c | 1 | PV; QL (8000 ML per 365 days) |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------------|
| gavilyte-g | 1 | PV; QL (8000 ML per 365 days) |
| gavilyte-n with flavor pack | 1 | PV; QL (8000 ML per 365 days) |
| generlac | 1 | |
| gentle laxative oral tablet delayed release | 1 | PV; QL (2 fill per 365 days) |
| glycolax | 1 | PV; QL (2 fill per 365 days) |
| goodsense clearlax | 1 | PV; QL (2 fill per 365 days) |
| lactulose encephalopathy | 1 | |
| lactulose oral solution | LCG | |
| laxative osmotic | 1 | PV; QL (2 fill per 365 days) |
| magnesium citrate oral solution | 1 | PV; QL (2 fill per 365 days) |
| mm clearlax | 1 | PV; QL (2 fill per 365 days) |
| na sulfate-k sulfate-mg sulf | 1 | PV; QL (354 ML per 365 days) |
| peg 3350 oral powder | 1 | PV; QL (2 fill per 365 days) |
| peg 3350-kcl-na bicarb-nacl | 1 | PV; QL (8000 ML per 365 days) |
| peg-3350/electrolytes | 1 | PV; QL (8000 ML per 365 days) |
| peg-3350/electrolytes/ascorbic acid | 1 | |
| peg-kcl-nacl-nasulf-na asc-c | 1 | |
| PLENVU | 3 | |
| polyethylene glycol 3350 oral powder | 1 | PV; QL (2 fill per 365 days) |
| smooth lax oral powder | 1 | PV; QL (2 fill per 365 days) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| Protectants | | |
| misoprostol oral | 1 | |
| sucralfate oral tablet | LCG | |
| Proton Pump Inhibitors | | |
| esomeprazole magnesium oral capsule delayed release | 1 | QL (2 EA per 1 day) |
| lansoprazole oral capsule delayed release | 1 | QL (2 EA per 1 day) |
| omeprazole oral capsule delayed release | LCG | QL (2 EA per 1 day) |
| pantoprazole sodium intravenous | 1 | QL (1 EA per 1 day) |
| pantoprazole sodium oral tablet delayed release | LCG | QL (2 EA per 1 day) |
| rabeprazole sodium oral tablet delayed release | 2 | QL (2 EA per 1 day) |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| betaine | 4 | |
| CREON | 2 | |
| CYSTAGON | 5 | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 5 | PA; QL (8 ML per 1 day) |
| nitisinone | 4 | PA |
| ORFADIN ORAL SUSPENSION | 5 | PA |
| sapropterin dihydrochloride | 4 | PA |
| sod benz-sod phenylacet | 1 | |
| sodium phenylbutyrate oral | 4 | PA |
| STRENSIQ | 4 | PA |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| zelvysia | 4 | PA |
| ZENPEP | 2 | |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| fesoterodine fumarate er | 3 | |
| flavoxate hcl | 1 | |
| mirabegron er | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral solution | 1 | |
| oxybutynin chloride oral tablet 5 mg | 1 | |
| solifenacin succinate | 1 | |
| tolterodine tartrate | 2 | |
| tolterodine tartrate er | 2 | |
| tropium chloride | 1 | |
| Benign Prostatic Hypertrophy Agents | | |
| alfuzosin hcl er | 1 | |
| dutasteride oral | 1 | |
| finasteride oral tablet 5 mg | LCG | |
| silodosin | 2 | |
| tamsulosin hcl | LCG | |
| terazosin hcl | LCG | |
| Genitourinary Agents, Other | | |
| acetic acid irrigation | 1 | |
| bethanechol chloride oral | 1 | |
| ENCARE | 3 | PV |
| glycine irrigation | 1 | |
| glycine urologic | 1 | |
| OPTIONS GYNOL II CONTRACEPTIVE | 3 | PV |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| penicillamine oral tablet | 4 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | LCG | |
| RENACIDIN | 3 | |
| sorbitol-mannitol | 1 | |
| tadalafil oral tablet 2.5 mg, 5 mg | 1 | PA; QL (1 EA per 1 day) |
| tiopronin oral tablet | 5 | |
| TODAY SPONGE | 3 | PV |
| VCF VAGINAL CONTRACEPTIVE | 3 | PV |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | |
| ala-cort | 1 | |
| alclometasone dipropionate | 1 | |
| betamethasone dipropionate aug external cream | 1 | |
| betamethasone dipropionate aug external lotion | 3 | |
| betamethasone dipropionate aug external ointment | 3 | |
| betamethasone dipropionate external cream | 1 | |
| betamethasone dipropionate external lotion | 1 | |
| betamethasone dipropionate external ointment | 3 | |
| betamethasone valerate external cream | 1 | |
| betamethasone valerate external lotion | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| betamethasone valerate external ointment | 1 | |
| clobetasol prop emollient base | 3 | |
| clobetasol propionate external cream 0.05 % | 3 | |
| clobetasol propionate external gel | 3 | |
| clobetasol propionate external ointment | 3 | |
| clobetasol propionate external solution | 3 | |
| clocortolone pivalate | 3 | |
| desonide external cream | 3 | |
| desonide external ointment | 3 | |
| desoximetasone external cream 0.25 % | 1 | |
| desoximetasone external liquid | 3 | |
| desoximetasone external ointment 0.25 % | 3 | |
| dexamethasone intensol | LCG | |
| dexamethasone oral elixir | 3 | |
| dexamethasone oral solution | LCG | |
| dexamethasone oral tablet | LCG | |
| diflorasone diacetate external cream | 3 | |
| fludrocortisone acetate oral | 1 | |
| fluocinolone acetonide body | 1 | |
| fluocinolone acetonide external cream | 3 | |
| fluocinolone acetonide external ointment | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------|
| fluocinolone acetonide external solution | 1 | |
| fluocinolone acetonide scalp | 1 | |
| fluocinonide emulsified base | 3 | |
| fluocinonide external | 1 | |
| fluticasone propionate external cream | 1 | |
| fluticasone propionate external ointment | 1 | |
| halcinonide external cream | 3 | ST |
| halobetasol propionate external cream | 3 | |
| halobetasol propionate external ointment | 3 | |
| hydrocortisone butyrate external solution | 1 | |
| hydrocortisone external cream 1 % | 1 | |
| hydrocortisone external cream 2.5 % | LCG | |
| hydrocortisone external lotion 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| hydrocortisone oral | LCG | |
| hydrocortisone valerate external cream | 3 | |
| methylprednisolone oral | LCG | |
| mometasone furoate external | 1 | |
| prednisolone oral solution | LCG | |
| prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml | LCG | QL (16 ML per 1 day) |
| prednisone oral tablet | LCG | |
| prednisone oral tablet therapy pack | LCG | |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| triamcinolone acetonide external cream | LCG | |
| triamcinolone acetonide external lotion | 1 | |
| triamcinolone acetonide external ointment 0.025 %, 0.5 % | 1 | |
| triamcinolone acetonide external ointment 0.1 % | LCG | |
| triderm | LCG | |
| Hormonal Agents, Stimulant/Replaceme nt/Modifying (Pituitary) | | |
| cabergoline | 1 | |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR | 5 | PA |
| desmopressin ace spray refrig | 3 | |
| desmopressin acetate oral | 3 | |
| desmopressin acetate spray | 3 | |
| FOLLISTIM AQ | IN | |
| GONAL-F | IN | |
| GONAL-F RFF REDIJECT | IN | |
| MENOPUR | IN | |
| NORDITROPIN FLEXPPO | 4 | PA |
| OVIDREL | IN | |
| vasopressin | 1 | |
| vasopressin +rfid | 1 | |
| Selective Estrogen Receptor Modifying Agents | | |
| clomid | IN | |
| clomiphene citrate oral | IN | |
| milophene | IN | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| Hormonal Agents, Stimulant/Replaceme nt/Modifying (Sex Hormones/Modifiers) | | |
| Androgens | | |
| danazol oral | 3 | |
| INTRAROSA | 3 | ST |
| testosterone cypionate intramuscular | 1 | PA; QL (0.4 ML per 1 day) |
| testosterone enanthate intramuscular | 1 | PA; QL (0.2 ML per 1 day) |
| testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%) | 3 | PA; QL (5 GM per 1 day) |
| testosterone transdermal gel 12.5 mg/act (1%) | 3 | PA; QL (10 GM per 1 day) |
| testosterone transdermal solution | 3 | PA; QL (6 ML per 1 day) |
| Estrogens | | |
| abigale | 1 | |
| abigale lo | 1 | |
| afirmelle | 1 | PV |
| altavera | 1 | PV |
| alyacen 1/35 | 1 | PV |
| alyacen 7/7/7 | 1 | PV |
| amethyst | 1 | PV |
| ANNOVERA | 3 | PV; QL (1 EA per 350 days) |
| apri | 1 | PV |
| aranelle | 1 | PV |
| ashlyna | 1 | PV; QL (1 EA per 1 day) |
| aubra eq | 1 | PV |
| aurovela 1.5/30 | 1 | PV |
| aurovela 1/20 | 1 | PV |
| aurovela 24 fe | 1 | PV |
| aurovela fe 1.5/30 | 1 | PV |

| Drug Name | Drug Category | Limits/ Required |
|--------------------------------|---------------|-------------------------|
| aurovela fe 1/20 | 1 | PV |
| aviane | 1 | PV |
| ayuna | 1 | PV |
| azurette | 1 | PV |
| balziva | 1 | PV |
| blisovi 24 fe | 1 | PV |
| blisovi fe 1.5/30 | 1 | PV |
| blisovi fe 1/20 | 1 | PV |
| briellyn | 1 | PV |
| camrese | 1 | PV; QL (1 EA per 1 day) |
| camrese lo | 1 | PV; QL (1 EA per 1 day) |
| charlotte 24 fe | 1 | PV |
| chateal eq | 1 | PV |
| CLIMARA | 3 | |
| COMBIPATCH | 3 | |
| cryselle | 1 | PV |
| cyred eq | 1 | PV |
| dasetta 1/35 (28) | 1 | PV |
| dasetta 7/7/7 | 1 | PV |
| daysee | 1 | PV; QL (1 EA per 1 day) |
| delyla | 1 | PV |
| desogestrel-ethinyl estradiol | 1 | PV |
| dolishale | 1 | PV |
| dotti | 3 | |
| drospiren-eth estrad-levomefol | 1 | PV |
| drospirenone-ethinyl estradiol | 1 | PV |
| elinst | 1 | PV |
| eluryng | 1 | PV |
| enilloring | 1 | PV |
| enskyce | 1 | PV |
| estarylla | 1 | PV |
| estradiol oral | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm | 1 | |
| estradiol transdermal patch twice weekly | 3 | |
| estradiol transdermal patch weekly | 1 | |
| estradiol vaginal cream | 1 | |
| estradiol vaginal tablet | 3 | |
| estradiol-norethindrone acet | 1 | |
| estrogens conjugated | 1 | |
| ethynodiol diac-eth estradiol | 1 | PV |
| etonogestrel-ethinyl estradiol | 1 | PV |
| falmina | 1 | PV |
| feirza 1.5/30 | 1 | PV |
| feirza 1/20 | 1 | PV |
| finzala | 1 | PV |
| fyavolv | 2 | |
| galbriela | 1 | PV |
| gemmily | 1 | PV |
| hailey 1.5/30 | 1 | PV |
| hailey 24 fe | 1 | PV |
| hailey fe 1.5/30 | 1 | PV |
| hailey fe 1/20 | 1 | PV |
| iclevia | 1 | PV; QL (1 EA per 1 day) |
| introvale | 1 | PV; QL (1 EA per 1 day) |
| isibloom | 1 | PV |
| jaimiess | 1 | PV; QL (1 EA per 1 day) |
| jasmiel | 1 | PV |
| jinteli | 2 | |
| jolessa | 1 | PV; QL (1 EA per 1 day) |
| joyeaux | 1 | PV |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| juleber | 1 | PV |
| junel 1.5/30 | 1 | PV |
| junel 1/20 | 1 | PV |
| junel fe 1.5/30 | 1 | PV |
| junel fe 1/20 | 1 | PV |
| junel fe 24 | 1 | PV |
| kaitlib fe | 1 | PV |
| kalliga | 1 | PV |
| kariva | 1 | PV |
| kelnor 1/35 | 1 | PV |
| kurvelo | 1 | PV |
| larin 1.5/30 | 1 | PV |
| larin 1/20 | 1 | PV |
| larin 24 fe | 1 | PV |
| larin fe 1.5/30 | 1 | PV |
| larin fe 1/20 | 1 | PV |
| lessina | 1 | PV |
| levonest | 1 | PV |
| levonorgest-eth est & eth est | 1 | PV; QL (1 EA per 1 day) |
| levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg | 1 | PV; QL (1 EA per 1 day) |
| levonorgest-eth estradiol-iron | 1 | PV |
| levonorgestrel-ethinyl estrad | 1 | PV |
| levonorg-eth estrad triphasic | 1 | PV |
| lojaimiess | 1 | PV; QL (1 EA per 1 day) |
| loryna | 1 | PV |
| low-ogestrel | 1 | PV |
| lo-zumandimine | 1 | PV |
| luizza 1.5/30 | 1 | PV |
| luizza 1/20 | 1 | PV |
| luteru | 1 | PV |
| lyllana | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| marlissa | 1 | PV |
| mibelas 24 fe | 1 | PV |
| microgestin 1.5/30 | 1 | PV |
| microgestin 1/20 | 1 | PV |
| microgestin fe 1.5/30 | 1 | PV |
| microgestin fe 1/20 | 1 | PV |
| mili | 1 | PV |
| mimvey | 1 | |
| MINIVELLE | 3 | |
| minzoya | 1 | PV |
| mono-linyah | 1 | PV |
| NATAZIA | 2 | PV |
| necon 0.5/35 (28) | 1 | PV |
| nikki | 1 | PV |
| norelgestromin-eth estradiol | 1 | PV |
| norethin ace-eth estrad-fe | 1 | PV |
| norethindrone acet-ethinyl est | 1 | PV |
| norethindrone-eth estradiol | 2 | |
| norethin-eth estradiol-fe | 1 | PV |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | 1 | PV |
| norgestimate-ethinyl estradiol triphasic | 1 | PV |
| nortrel 0.5/35 (28) | 1 | PV |
| nortrel 1/35 (21) | 1 | PV |
| nortrel 1/35 (28) | 1 | PV |
| nortrel 7/7/7 | 1 | PV |
| nylia 1/35 | 1 | PV |
| nylia 7/7/7 | 1 | PV |
| philith | 1 | PV |
| pimtrea | 1 | PV |
| portia-28 | 1 | PV |
| PREMARIN ORAL | 2 | |
| PREMARIN VAGINAL | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|-------------------|---------------|-------------------------|
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| reclipsen | 1 | PV |
| rivelsa | 1 | PV; QL (1 EA per 1 day) |
| rosyrah | 1 | PV; QL (1 EA per 1 day) |
| setlakin | 1 | PV; QL (1 EA per 1 day) |
| simliya | 1 | PV |
| simpesse | 1 | PV; QL (1 EA per 1 day) |
| sprintec 28 | 1 | PV |
| syeda | 1 | PV |
| tarina 24 fe | 1 | PV |
| tarina fe 1/20 eq | 1 | PV |
| taysofy | 1 | PV |
| tilia fe | 1 | PV |
| tri-estarylla | 1 | PV |
| tri-legest fe | 1 | PV |
| tri-linyah | 1 | PV |
| tri-lo-estarylla | 1 | PV |
| tri-lo-marzia | 1 | PV |
| tri-lo-mili | 1 | PV |
| tri-lo-sprintec | 1 | PV |
| tri-mili | 1 | PV |
| tri-sprintec | 1 | PV |
| tri-vylibra | 1 | PV |
| tri-vylibra lo | 1 | PV |
| turqoz | 1 | PV |
| tydemy | 1 | PV |
| valtya 1/35 | 1 | PV |
| valtya 1/50 | 1 | PV |
| velivet | 1 | PV |
| vestura | 1 | PV |
| vienva | 1 | PV |
| viorele | 1 | PV |
| volnea | 1 | PV |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| vyfemla | 1 | PV |
| vylibra | 1 | PV |
| wera | 1 | PV |
| wymzya fe | 1 | PV |
| xarah fe | 1 | PV |
| xelria fe | 1 | PV |
| xulane | 1 | PV |
| yuvaferm | 3 | |
| zafemy | 1 | PV |
| zovia 1/35 (28) | 1 | PV |
| zumandimine | 1 | PV |
| Progestins | | |
| aftera | 1 | PV |
| camila | 1 | PV |
| CRINONE VAGINAL GEL 8 % | IN | QL (0.6 GM per 1 day) |
| deblitane | 1 | PV |
| DEPO-SUBQ PROVERA 104 | 3 | QL (0.02 ML per 1 day) |
| econtra one-step | 1 | PV |
| ELLA | 3 | PV |
| emzahn | 1 | PV |
| ENDOMETRIN | IN | |
| errin | 1 | PV |
| gallifrey | 1 | |
| heather | 1 | PV |
| her style | 1 | PV |
| incassia | 1 | PV |
| jencycla | 1 | PV |
| KYLEENA | 3 | PV |
| levonorgestrel | 1 | PV |
| LILETTA (52 MG) | 3 | PV |
| lyleq | 1 | PV |
| lyza | 1 | PV |
| medroxyprogesterone acetate intramuscular | 1 | PV; QL (0.02 ML per 1 day) |
| medroxyprogesterone acetate oral | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml | 1 | |
| megestrol acetate oral tablet 20 mg | LCG | |
| megestrol acetate oral tablet 40 mg | 1 | |
| meleya | 1 | PV |
| MIRENA (52 MG) | 3 | PV |
| my choice | 1 | PV |
| my way | 1 | PV |
| new day | 1 | PV |
| NEXPLANON | 3 | PV |
| nora-be | 1 | PV |
| norethindrone acetate oral | 1 | |
| norethindrone oral | 1 | PV |
| norlyroc | 1 | PV |
| opcicon one-step | 1 | PV |
| OPILL | 3 | PV |
| option 2 | 1 | PV |
| orquidea | 1 | PV |
| progesterone oral | 1 | |
| sharobel | 1 | PV |
| shewise | 1 | PV |
| SKYLA | 3 | PV |
| take action | 1 | PV |
| Selective Estrogen Receptor Modifying Agents | | |
| raloxifene hcl | 1 | PV* |
| Hormonal Agents, Stimulant/Replacem nt/Modifying (Thyroid) | | |
| levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| levo-t oral tablet 300 mcg | 1 | |
| levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | LCG | |
| levothyroxine sodium oral tablet 300 mcg | 1 | |
| levoxyl | LCG | |
| liomny | 1 | |
| liothyronine sodium intravenous | 1 | |
| liothyronine sodium oral | 1 | |
| np thyroid | 1 | |
| thyroid oral | 1 | |
| unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | LCG | |
| unithroid oral tablet 300 mcg | 1 | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| LYSODREN | 3 | |
| Hormonal Agents, Suppressant (Pituitary) | | |
| CETROTIDE | IN | |
| FYREMADEL | IN | |
| ganirelix acetate | IN | |
| leuprolide acetate injection | 4 | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 5 | PA |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------------|
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 4 | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 4 | PA |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | 4 | PA |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | 4 | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA; QL (0.04 EA per 1 day) |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG | 4 | PA; QL (0.04 EA per 1 day) |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA; QL (0.02 EA per 1 day) |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG | 4 | PA; QL (0.02 EA per 1 day) |
| LUPRON DEPOT-PED (6-MONTH) | 4 | PA; QL (0.01 EA per 1 day) |
| octreotide acetate injection | 4 | PA |
| octreotide acetate subcutaneous | 4 | PA |
| SIGNIFOR | 5 | PA; QL (2 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------------|
| Hormonal Agents, Suppressant (Thyroid) | | |
| Antithyroid Agents | | |
| methimazole oral | 1 | |
| propylthiouracil oral | 2 | |
| Immunological Agents | | |
| Angioedema Agents | | |
| CINRYZE | 5 | PA; QL (1.2 EA per 1 day) |
| icatibant acetate | 4 | PA; QL (0.6 ML per 1 day) |
| Immune Suppressants | | |
| ADALIMUMAB-ADB (2 PEN) | 4 | PA; QL (0.15 EA per 1 day) |
| ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML | 4 | PA; QL (0.08 EA per 1 day) |
| ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML | 4 | PA; QL (0.15 EA per 1 day) |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML, 80 MG/0.8ML | 4 | PA; QL (0.06 ML per 1 day) |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 4 | PA; QL (0.06 ML per 1 day) |
| AMJEVITA-PED 15KG TO <30KG | 4 | PA; QL (0.03 ML per 1 day) |
| AVSOLA | 4 | PA |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| azathioprine oral tablet 100 mg | 3 | |
| azathioprine oral tablet 50 mg | 1 | |
| cyclosporine modified | 2 | |
| cyclosporine oral capsule 100 mg | 3 | |
| cyclosporine oral capsule 25 mg | 2 | |
| ENBREL | 4 | PA; QL (0.15 ML per 1 day) |
| ENBREL MINI | 4 | PA; QL (0.15 ML per 1 day) |
| ENBREL SURECLICK | 4 | PA; QL (0.15 ML per 1 day) |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 3 | |
| gengraf | 2 | |
| INFLECTRA | 4 | PA |
| methotrexate sodium | 1 | |
| methotrexate sodium (pf) | 1 | |
| mycophenolate mofetil hcl | 3 | |
| mycophenolate mofetil intravenous | 3 | |
| mycophenolate mofetil oral capsule | 2 | |
| mycophenolate mofetil oral suspension reconstituted | 3 | |
| mycophenolate mofetil oral tablet | 2 | |
| mycophenolate sodium | 2 | |
| mycophenolic acid | 2 | |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | 4 | PA; QL (0.15 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-----------------------------|
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 4 | PA; QL (0.08 EA per 1 day) |
| SIMLANDI (2 PEN) | 4 | PA; QL (0.15 EA per 1 day) |
| SIMLANDI (2 SYRINGE) | 4 | PA; QL (0.15 EA per 1 day) |
| SIMPONI ARIA | 4 | PA |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 4 | PA; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML | 4 | PA; QL (0.02 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 4 | PA; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | 4 | PA; QL (0.02 ML per 1 day) |
| sirolimus oral | 3 | |
| SKYRIZI PEN | 4 | PA; QL (0.02 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL (0.02 ML per 1 day) |
| tacrolimus oral | 2 | |
| temsirolimus | 4 | |
| USTEKINUMAB-AAUZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 4 | PA; QL (0.009 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-----------------------------|
| USTEKINUMAB-AAUZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 4 | PA; QL (0.02 ML per 1 day) |
| XELJANZ ORAL SOLUTION | 4 | PA; QL (10 ML per 1 day) |
| XELJANZ ORAL TABLET | 4 | PA; QL (2 EA per 1 day) |
| XELJANZ XR | 4 | PA; QL (1 EA per 1 day) |
| YESINTEK SUBCUTANEOUS SOLUTION | 4 | PA; QL (0.009 ML per 1 day) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 4 | PA; QL (0.009 ML per 1 day) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 4 | PA; QL (0.02 ML per 1 day) |
| Immunoglobulins | | |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 GM/50ML | 5 | PA |
| Immunomodulators | | |
| ACTIMMUNE | 4 | PA |
| AVTOZMA INTRAVENOUS | 5 | PA |
| AVTOZMA SUBCUTANEOUS | 5 | PA; QL (0.13 ML per 1 day) |
| leflunomide oral | 1 | |
| OTEZLA ORAL TABLET | 4 | PA; QL (2 EA per 1 day) |
| OTEZLA ORAL TABLET THERAPY PACK | 4 | PA; QL (55 EA per 365 days) |
| OTEZLA XR | 4 | PA; QL (1 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-----------------------------|
| OTEZLA/OTEZLA XR INITIATION PK | 4 | PA; QL (55 EA per 365 days) |
| RINVOQ | 4 | PA; QL (1 EA per 1 day) |
| TREMFYA INTRAVENOUS | 4 | PA |
| TREMFYA ONE-PRESS | 4 | PA; QL (0.02 ML per 1 day) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 4 | PA; QL (0.02 ML per 1 day) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 4 | PA; QL (0.08 ML per 1 day) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 4 | PA; QL (0.02 ML per 1 day) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | 4 | PA; QL (0.08 ML per 1 day) |
| TREMFYA-CD/UC INDUCTION | 4 | PA; QL (0.08 ML per 1 day) |
| TYENNE SUBCUTANEOUS | 5 | PA; QL (0.13 ML per 1 day) |
| Vaccines | | |
| ABRYSVO | 3 | QL (1 EA per 999 days) |
| ACTHIB | 2 | PV |
| ADACEL | 2 | PV |
| AFLURIA | 2 | PV |
| AFLURIA PRESERVATIVE FREE | 2 | PV |
| AREXVY | 3 | QL (1 EA per 999 days) |
| BEXSERO | 2 | PV |
| BOOSTRIX | 2 | PV |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| COMIRNATY | 2 | PV |
| COMIRNATY 5-11 YEARS | 2 | PV |
| DAPTACEL | 2 | PV |
| ENGERIX-B | 2 | PV |
| FLUAD | 2 | PV |
| FLUARIX | 2 | PV |
| FLUBLOK | 2 | PV |
| FLUCELVAX | 2 | PV |
| FLULAVAL | 2 | PV |
| FLUMIST | 2 | PV |
| FLUZONE HIGH-DOSE | 2 | PV |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | PV |
| GARDASIL 9 | 2 | PV |
| HAVRIX | 2 | PV |
| HEPLISAV-B | 2 | PV |
| HIBERIX | 2 | PV |
| INFANRIX | 2 | PV |
| IPOL | 2 | PV |
| KINRIX | 2 | PV |
| MENQUADFI | 2 | PV |
| MENVEO | 2 | PV |
| M-M-R II | 2 | PV |
| MNEXSPIKE | 2 | PV |
| NUVAXOVID COVID-19 VACCINE | 2 | PV |
| PEDIARIX | 2 | PV |
| PEDVAX HIB | 2 | PV |
| PENTACEL | 2 | PV |
| PNEUMOVAX 23 | 2 | PV |
| PREVNAR 20 | 2 | PV |
| PRIORIX | 2 | PV |
| PROQUAD | 2 | PV |
| QUADRACEL | 2 | PV |
| RECOMBIVAX HB | 2 | PV |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| ROTARIX | 2 | PV |
| ROTATEQ | 2 | PV |
| SHINGRIX | 2 | PV |
| SPIKEVAX | 2 | PV |
| SPIKEVAX 6M-11Y | 2 | PV |
| TENIVAC | 2 | PV |
| TRUMENBA | 2 | PV |
| TWINRIX | 2 | PV |
| VAQTA | 2 | PV |
| VARIVAX | 2 | PV |
| VAXNEUVANCE | 2 | PV |
| Inflammatory Bowel Disease Agents | | |
| Aminosalicylates | | |
| balsalazide disodium | 3 | |
| DIPENTUM | 3 | |
| mesalamine er oral capsule 0.375 gm | 3 | |
| mesalamine oral tablet delayed release 1.2 gm | 3 | |
| mesalamine rectal | 3 | |
| Glucocorticoids | | |
| budesonide er | 3 | |
| budesonide oral | 3 | |
| CORTIFOAM | 3 | |
| hydrocortisone (perianal) | 1 | |
| hydrocortisone ace-pramoxine external cream 1-1 % | 1 | |
| hydrocortisone rectal | 3 | |
| procto-med hc | 1 | |
| Sulfonamides | | |
| sulfasalazine oral | 1 | |
| Metabolic Bone Disease Agents | | |
| alendronate sodium oral tablet 10 mg | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| alendronate sodium oral tablet 35 mg, 70 mg | LCG | QL (0.15 EA per 1 day) |
| calcitonin (salmon) injection | 1 | |
| calcitonin (salmon) nasal | 1 | QL (0.13 ML per 1 day) |
| calcitriol intravenous | 1 | |
| calcitriol oral | 1 | |
| cinacalcet hcl | 3 | PA |
| ibandronate sodium | 1 | QL (0.04 EA per 1 day) |
| paricalcitol | 1 | |
| PROLIA | 4 | PA; QL (2 ML per 250 days) |
| risedronate sodium oral tablet 150 mg | 3 | QL (0.04 EA per 1 day) |
| risedronate sodium oral tablet 30 mg | 3 | |
| risedronate sodium oral tablet 35 mg | 1 | QL (0.15 EA per 1 day) |
| risedronate sodium oral tablet 5 mg | 1 | |
| risedronate sodium oral tablet delayed release | 3 | QL (0.15 EA per 1 day) |
| TERIPARATIDE | 4 | PA |
| XGEVA | 4 | PA |
| Miscellaneous Therapeutic Agents | | |
| AEROCHAMBER HOLDING CHAMBER | 2 | |
| AEROCHAMBER MINI CHAMBER | 2 | |
| AEROCHAMBER MV | 2 | |
| AEROCHAMBER PLS FLOVU MTHPIECE | 2 | |
| AEROCHAMBER PLUS FLO-VU INTERM | 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE | 2 | |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE | 2 | |
| AEROCHAMBER PLUS FLOW VU | 2 | |
| AEROCHAMBER2GO ANTI-STATIC | 2 | |
| ALCOHOL PREP PADS PAD , 70 % | 3 | |
| AQ INSULIN SYRINGE | 3 | |
| AQINJECT PEN NEEDLE | 3 | |
| ASSURE ID DUO PRO PEN NEEDLES | 3 | |
| ASSURE ID PRO PEN NEEDLES | 3 | |
| AUM ALCOHOL PREP PADS | 3 | |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM | 3 | |
| AUM MINI INSULIN PEN NEEDLE | 3 | |
| AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 3 | |
| AUM READYGARD DUO PEN NEEDLE | 3 | |
| AUM SAFETY PEN NEEDLE | 3 | |
| BD AUTOSHIELD DUO PEN NEEDLES | 3 | |
| BD PEN NEEDLE MICRO ULTRAFINE | 3 | |
| BD PEN NEEDLE MINI ULTRAFINE | 3 | |
| BD PEN NEEDLE NANO ULTRAFINE | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| BD PEN NEEDLE ORIG ULTRAFINE | 3 | |
| BD PEN NEEDLE SHORT ULTRAFINE | 3 | |
| BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML | 3 | |
| BD ULTRA-FINE PEN NEEDLES | 3 | |
| BD VEO INSULIN SYR ULTRAFINE | 3 | |
| benzalkonium chloride external solution | 1 | |
| BOTOX | 3 | PA |
| BREATHE COMFORT CHAMBER/ADULT | 2 | |
| BREATHE COMFORT CHAMBER/CHILD | 2 | |
| BREATHE EASE LARGE | 2 | |
| BREATHE EASE MEDIUM | 2 | |
| BREATHE EASE SMALL | 2 | |
| BREATHERITE VALVED MDI CHAMBER | 2 | |
| CAYA | 3 | PV |
| CLEVER CHOICE HOLDING CHAMBER | 2 | |
| COMFORT EZ PRO PEN NEEDLES | 3 | |
| COMPACT SPACE CHAMBER | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|--------------------------------|---------------|------------------|
| COMPACT SPACE CHAMBER/LG MASK | 2 | |
| COMPACT SPACE CHAMBER/MED MASK | 2 | |
| COMPACT SPACE CHAMBER/SM MASK | 2 | |
| CONDOMS | 3 | PV |
| DIASCREEN 10 | 3 | |
| DIASCREEN 1B | 3 | |
| DIASCREEN 1G | 3 | |
| DIASCREEN 1K | 3 | |
| DIASCREEN 2GK | 3 | |
| DIASCREEN 2GP | 3 | |
| DIASCREEN 3 | 3 | |
| DIASCREEN 4NL | 3 | |
| DIASCREEN 4OBL | 3 | |
| DIASCREEN 4PH | 3 | |
| DIASCREEN 5 | 3 | |
| DIASCREEN 6 | 3 | |
| DIASCREEN 7 | 3 | |
| DIASCREEN 8 | 3 | |
| DIASCREEN 9 | 3 | |
| DIASCREEN LIQUID URINE CONTROL | 3 | |
| DROPLET MICRON | 3 | |
| DROPSAFE ALCOHOL PREP | 3 | |
| DROPSAFE AUTOPROTECT DUO | 3 | |
| DROPSAFE SAFETY SYRINGE/NEEDLE | 3 | |
| DUREX EXTRA SENSITIVE THIN | 3 | PV |
| DUREX TROPICAL | 3 | PV |
| EASIVENT | 2 | |
| EMBECTA AUTOSHIELD DUO | 3 | |
| EMBECTA INS SYR U/F 1/2 UNIT | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| EMBECTA INSULIN SYR ULTRAFINE | 3 | |
| EMBECTA INSULIN SYRINGE | 3 | |
| EMBECTA INSULIN SYRINGE U-100 | 3 | |
| EMBECTA INSULIN SYRINGE U-500 | 3 | |
| EMBECTA PEN NEEDLE NANO | 3 | |
| EMBECTA PEN NEEDLE NANO 2 GEN | 3 | |
| EMBECTA PEN NEEDLE ULTRAFINE | 3 | |
| EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 3 | |
| FC2 FEMALE CONDOM | 3 | PV |
| FEMCAP | 3 | PV |
| FLEXICHAMBER | 2 | |
| FLEXICHAMBER ADULT MASK/SMALL | 2 | |
| FLEXICHAMBER CHILD MASK/LARGE | 2 | |
| FLEXICHAMBER CHILD MASK/SMALL | 2 | |
| GOODSENSE ALCOHOL SWABS | 3 | |
| INCONTROL ULTICARE PEN NEEDLES | 3 | |
| INSPIREASE RESERVOIR BAGS | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-----------------------|
| INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 3 | |
| INSULIN PEN NEEDLES | 2 | |
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| INSUPEN32G EXTR3ME | 3 | |
| J-TIP KIT W/VIAL ADAPTERS | 3 | |
| methylergonovine maleate oral | 3 | QL (28 EA per 1 fill) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| MICROCHAMBER DEVICE | 2 | |
| MIUDELLA INTRAUTERINE COPPER | 3 | PV |
| NOVOFINE PEN NEEDLE | 3 | |
| NOVOFINE PLUS PEN NEEDLE | 3 | |
| OPTICHAMBER DIAMOND | 2 | |
| OPTICHAMBER DIAMOND-LG MASK | 2 | |
| OPTICHAMBER DIAMOND-MD MASK | 2 | |
| OPTICHAMBER DIAMOND-SM MASK | 2 | |
| PANDA MASK LARGE | 2 | |
| PANDA MASK MEDIUM | 2 | |
| PANDA MASK SMALL | 2 | |
| PARAGARD INTRAUTERINE COPPER | 3 | PV |
| PARI VORTEX ADULT MASK | 2 | |
| PARI VORTEX PEDIATRIC MASK | 2 | |
| PEDIATRIC PANDA MASK | 2 | |
| PEN NEEDLE/5-BEVEL TIP | 3 | |
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM | 3 | |
| PIP PEN NEEDLES 32G X 4MM | 3 | |
| POCKET SPACER | 2 | |
| PRO COMFORT SPACER ADULT | 2 | |
| PRO COMFORT SPACER CHILD | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|--------------------------------|---------------|----------------------------|
| PRO COMFORT SPACER INFANT | 2 | |
| PROCARE SPACER/ADULT MASK | 2 | |
| PROCARE SPACER/CHILD MASK | 2 | |
| PURE COMFORT SAFETY PEN NEEDLE | 3 | |
| PURE COMFORT SPACER CHAMBER | 2 | |
| QUICK TOUCH INSULIN PEN NEEDLE | 3 | |
| RAYA SURE PEN NEEDLE | 3 | |
| SAFETY PEN NEEDLES | 3 | |
| TECHLITE PLUS PEN NEEDLES | 3 | |
| TRUE COMFORT SAFETY PEN NEEDLE | 3 | |
| TRUE COVER | 3 | PV |
| ULTIGUARD SAFEPAK SYR/NEEDLE | 3 | |
| UNIFINE OTC PEN NEEDLES | 3 | |
| UNIFINE PROTECT PEN NEEDLE | 3 | |
| VERIFINE INSULIN PEN NEEDLE | 3 | |
| VERIFINE INSULIN SYRINGE | 3 | |
| VERIFINE PLUS PEN NEEDLE | 3 | |
| VISTOGARD | 3 | |
| VORTEX VALVE CHAMBER-PEDI MASK | 2 | |
| VORTEX VALVED HOLDING CHAMBER | 2 | |
| VYJUVEK | 4 | PA; QL (0.36 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|----------------------------------|---------------|------------------|
| WIDE-SEAL DIAPHRAGM 60 | 3 | PV |
| WIDE-SEAL DIAPHRAGM 65 | 3 | PV |
| WIDE-SEAL DIAPHRAGM 70 | 3 | PV |
| WIDE-SEAL DIAPHRAGM 75 | 3 | PV |
| WIDE-SEAL DIAPHRAGM 80 | 3 | PV |
| WIDE-SEAL DIAPHRAGM 85 | 3 | PV |
| WIDE-SEAL DIAPHRAGM 90 | 3 | PV |
| WIDE-SEAL DIAPHRAGM 95 | 3 | PV |
| Ophthalmic Agents | | |
| Aminoglycosides | | |
| gentamicin sulfate ophthalmic | 1 | |
| neomycin-polymyxin-gramicidin | 1 | |
| TOBRADEX | 3 | |
| TOBRADEX ST | 3 | |
| tobramycin ophthalmic | LCG | |
| tobramycin-dexamethasone | 1 | |
| TOBEX | 3 | |
| Antibacterials, Other | | |
| bacitracin-polymyxin b | 1 | |
| bacitra-neomycin-polymyxin-hc | 1 | |
| neomycin-bacitracin zn-polymyx | 1 | |
| neomycin-polymyxin-dexameth | LCG | |
| neomycin-polymyxin-hc ophthalmic | 1 | |
| polymyxin b-trimethoprim | LCG | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| Antifungals | | |
| NATACYN | 2 | |
| Antiherpetic Agents | | |
| trifluridine | 3 | |
| Macrolides | | |
| AZASITE | 3 | |
| erythromycin ophthalmic | 1 | |
| Ophthalmic Agents, Other | | |
| atropine sulfate ophthalmic solution 1 % | LCG | |
| cyclopentolate hcl ophthalmic | 1 | |
| cyclosporine (pf) | 3 | PA; QL (2 EA per 1 day) |
| CYSTADROPS | 5 | QL (0.72 ML per 1 day) |
| CYSTARAN | 5 | QL (2.15 ML per 1 day) |
| loteprednol-tobramycin | 3 | |
| sulfacetamide-prednisolone | 1 | |
| ZYLET | 3 | |
| Ophthalmic Anti-allergy Agents | | |
| ALOCRIAL | 3 | |
| altafrin | 1 | |
| azelastine hcl ophthalmic | 1 | |
| cromolyn sodium ophthalmic | 1 | |
| epinastine hcl | 3 | |
| olopatadine hcl ophthalmic solution 0.2 % | 1 | |
| phenylephrine hcl ophthalmic | 1 | |
| ZERVIATE | 3 | ST |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|--------------------------|
| Ophthalmic Antiglaucoma Agents | | |
| apraclonidine hcl | 1 | |
| betaxolol hcl ophthalmic | 1 | |
| brimonidine tartrate ophthalmic solution 0.1 % | 2 | |
| brimonidine tartrate ophthalmic solution 0.2 % | 1 | |
| brimonidine tartrate-timolol | 2 | |
| carteolol hcl | 1 | |
| dorzolamide hcl ophthalmic | 1 | |
| dorzolamide hcl-timolol mal | 1 | |
| levobunolol hcl | 1 | |
| PHOSPHOLINE IODIDE | 3 | |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 | |
| RHOPRESSA | 3 | QL (0.1 ML per 1 day) |
| SIMBRINZA | 2 | |
| timolol maleate ophthalmic solution | LCG | |
| Ophthalmic Anti-inflammatories | | |
| bromfenac sodium (once-daily) | 3 | QL (6.8 ML per 365 days) |
| bromfenac sodium ophthalmic solution 0.07 % | 1 | QL (12 ML per 365 days) |
| dexamethasone sodium phosphate ophthalmic | 1 | |
| diclofenac sodium ophthalmic | 1 | |
| difluprednate | 3 | |
| FLAREX | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------|
| fluorometholone | 1 | |
| flurbiprofen sodium | 1 | |
| ketorolac tromethamine ophthalmic | 1 | |
| prednisolone acetate ophthalmic | 1 | |
| prednisolone sodium phosphate ophthalmic | 1 | |
| Ophthalmic Prostaglandin and Prostanamide Analogs | | |
| bimatoprost ophthalmic solution 0.01 % | 2 | QL (0.1 ML per 1 day) |
| bimatoprost ophthalmic solution 0.03 % | 3 | QL (0.1 ML per 1 day) |
| latanoprost ophthalmic | 1 | |
| LUMIGAN | 2 | QL (0.1 ML per 1 day) |
| tafluprost (pf) | 2 | QL (1 EA per 1 day) |
| travoprost (bak free) | 3 | QL (0.12 ML per 1 day) |
| Quinolones | | |
| ciprofloxacin hcl ophthalmic | 1 | |
| gatifloxacin ophthalmic | 1 | |
| levofloxacin ophthalmic solution 0.5 % | 3 | |
| moxifloxacin hcl (2x day) | 3 | |
| moxifloxacin hcl ophthalmic | 1 | |
| ofloxacin ophthalmic | 1 | |
| Sulfonamides | | |
| sulfacetamide sodium ophthalmic | 1 | |
| Otic Agents | | |
| acetic acid otic | 1 | |
| CIPRO HC | 3 | |
| ciprofloxacin hcl otic | 3 | |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------|
| ciprofloxacin-dexamethasone | 3 | |
| ciprofloxacin-hydrocortisone | 1 | |
| CORTISPORIN-TC | 3 | |
| fluocinolone acetonide otic | 1 | |
| hydrocortisone-acetic acid | 3 | |
| neomycin-polymyxin-hc otic | 2 | |
| ofloxacin otic | 1 | |
| Respiratory Tract/Pulmonary Agents | | |
| Antihistamines | | |
| azelastine hcl nasal | 1 | QL (2 ML per 1 day) |
| carbinoxamine maleate oral solution | 1 | |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| cetirizine hcl oral solution | 1 | |
| clemastine fumarate oral tablet | 1 | |
| cyproheptadine hcl oral | 1 | |
| desloratadine oral tablet | 3 | |
| diphenhydramine hcl injection | 1 | |
| levocetirizine dihydrochloride oral tablet | 1 | |
| olopatadine hcl nasal | 3 | QL (1.02 GM per 1 day) |
| Anti-inflammatories, Inhaled Corticosteroids | | |
| ADVAIR HFA | 2 | QL (0.4 GM per 1 day) |
| ARNUITY ELLIPTA | 2 | QL (1 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------|
| BREO ELLIPTA | 2 | QL (2 EA per 1 day) |
| brey-na | 2 | QL (0.35 GM per 1 day) |
| budesonide inhalation | 3 | QL (4 ML per 1 day) |
| budesonide-formoterol fumarate | 2 | QL (0.35 GM per 1 day) |
| flunisolide nasal | 2 | QL (0.84 ML per 1 day) |
| FLUTICASONE FUROATE-VILANTEROL | 2 | QL (2 EA per 1 day) |
| FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT | 2 | QL (2 EA per 1 day) |
| FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT | 2 | QL (8 EA per 1 day) |
| fluticasone propionate hfa aerosol 44 mcg/act inhalation | 1 | QL (0.71 GM per 1 day) |
| FLUTICASONE PROPIONATE HFA AEROSOL 44 MCG/ACT INHALATION | 2 | QL (0.71 GM per 1 day) |
| FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | 2 | QL (0.8 GM per 1 day) |
| fluticasone propionate nasal | 1 | |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 2 | QL (2 EA per 1 day) |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 3 | QL (0.04 EA per 1 day) |
| QVAR REDHALER | 2 | QL (0.71 GM per 1 day) |
| wixela inhub | 2 | QL (2 EA per 1 day) |
| Antileukotrienes | | |
| montelukast sodium oral tablet | LCG | |
| montelukast sodium oral tablet chewable | LCG | |
| zafirlukast | 3 | |
| zileuton er | 3 | |
| Bronchodilators, Anticholinergic | | |
| ATROVENT HFA | 3 | QL (0.86 GM per 1 day) |
| ipratropium bromide hfa | 1 | QL (0.86 GM per 1 day) |
| ipratropium bromide inhalation | LCG | QL (10.42 ML per 1 day) |
| ipratropium bromide nasal | LCG | |
| Bronchodilators, Sympathomimetic | | |
| albuterol sulfate hfa | 1 | QL (1.2 GM per 1 day) |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083% | 1 | QL (18 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------|
| albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5% | LCG | QL (5 ML per 1 day) |
| albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml | 1 | QL (12.5 ML per 1 day) |
| albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml | LCG | QL (5 EA per 1 day) |
| arformoterol tartrate | 3 | QL (4 ML per 1 day) |
| epinephrine injection solution auto-injector | 1 | |
| formoterol fumarate inhalation | 3 | QL (4 ML per 1 day) |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml | 3 | QL (18 ML per 1 day) |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml | 3 | QL (3 EA per 1 day) |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml | 3 | QL (9 ML per 1 day) |
| SEREVENT DISKUS | 2 | QL (2 EA per 1 day) |
| Cystic Fibrosis Agents | | |
| PULMOZYME | 4 | PA |
| tobramycin inhalation nebulization solution 300 mg/5ml | 4 | QL (10 ML per 1 day) |
| Phosphodiesterase Inhibitors, Airways Disease | | |
| roflumilast | 1 | PA |
| theophylline er oral tablet extended release 12 hour 100 mg, 200 mg | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | 3 | |
| theophylline er oral tablet extended release 24 hour | 3 | |
| Pulmonary Antihypertensives | | |
| alyq | 4 | PA; QL (2 EA per 1 day) |
| ambrisentan | 4 | PA; QL (1 EA per 1 day) |
| bosentan oral tablet | 4 | PA; QL (2 EA per 1 day) |
| bosentan oral tablet soluble | 4 | PA; QL (4 EA per 1 day) |
| sildenafil citrate oral suspension reconstituted | 4 | PA; QL (7.5 ML per 1 day) |
| sildenafil citrate oral tablet 20 mg | 4 | PA; QL (3 EA per 1 day) |
| tadalafil (pah) | 4 | PA; QL (2 EA per 1 day) |
| Pulmonary Fibrosis Agents | | |
| nintedanib esylate | 4 | PA |
| OFEV | 5 | PA |
| Respiratory Tract Agents, Other | | |
| ANORO ELLIPTA | 2 | QL (2 EA per 1 day) |
| azelastine-fluticasone | 1 | QL (0.77 GM per 1 day) |
| benzonatate | LCG | |
| COMBIVENT RESPIMAT | 2 | QL (0.27 GM per 1 day) |
| hydrocodone bit-homatrop mbr oral solution | 1 | PA; QL (240 ML per 1 fill) |
| hydrocodone bit-homatrop mbr oral tablet | 1 | PA; QL (6 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| hydromet | 1 | PA; QL (240 ML per 1 fill) |
| ipratropium-albuterol | 1 | QL (18 ML per 1 day) |
| mometasone furoate nasal | 3 | QL (1.14 GM per 1 day) |
| sodium chloride inhalation | 1 | |
| TRELEGY ELLIPTA | 2 | QL (2 EA per 1 day) |
| UMECLIDINIUM-VILANTEROL | 2 | QL (2 EA per 1 day) |
| Skeletal Muscle Relaxants | | |
| baclofen oral tablet 10 mg | LCG | |
| baclofen oral tablet 20 mg | 1 | |
| carisoprodol oral tablet 350 mg | 1 | |
| chlorzoxazone oral tablet 500 mg | 1 | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | LCG | |
| methocarbamol injection | 1 | |
| methocarbamol oral tablet 500 mg, 750 mg | LCG | |
| orphenadrine citrate er | 1 | QL (2 EA per 1 day) |
| orphenadrine-aspirin-caffeine | 3 | QL (4 EA per 1 day) |
| tizanidine hcl oral capsule 2 mg, 4 mg | 1 | |
| tizanidine hcl oral tablet | 1 | |
| Sleep Disorder Agents | | |
| GABA Receptor Modulators | | |
| eszopiclone | 1 | QL (1 EA per 1 day) |
| temazepam oral capsule 15 mg, 30 mg | 1 | QL (1 EA per 1 day) |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| zaleplon oral capsule 10 mg | 1 | QL (2 EA per 1 day) |
| zaleplon oral capsule 5 mg | 1 | QL (1 EA per 1 day) |
| zolpidem tartrate er | 1 | QL (1 EA per 1 day) |
| zolpidem tartrate oral tablet | 1 | QL (1 EA per 1 day) |
| Sleep Disorders, Other | | |
| doxepin hcl oral tablet | 1 | QL (1 EA per 1 day) |
| ramelteon | 3 | QL (1 EA per 1 day) |
| Wakefulness Promoting Agents | | |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg | 2 | PA; QL (1 EA per 1 day) |
| armodafinil oral tablet 50 mg | 2 | PA; QL (2 EA per 1 day) |
| modafinil oral | 1 | PA; QL (1 EA per 1 day) |

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Discrimination is Against the Law

Blue Cross and Blue Shield of Kansas City ("Blue KC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue KC does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact ACA/QHP: 1-866-859-3822 (TTY:711), Commercial: 816-395-3558 (local) or 888-989-8842, Medicare Supplemental: 1-888-890-4423 (TTY:711), Medicare Advantage: 1-866-508-7140 (TTY:711), and Medicare Advantage Employer Group Waiver Plan: 1-888-892-8907 (TTY:711).

Blue KC's Section 1557 Coordinator can be reached by contacting: Section 1557 Coordinator, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals Department is available to help you.

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 Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

This notice is available at Blue KC's website: <https://www.bluekc.com/consumer/non-discrimination-information/>

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.

Arabic:

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue KC ، فلهذا الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اضلل ب. 1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

Tagalog: Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

Laotian: ຖ້າທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳ າວ ຈຸ່ ວ ຍ ຫຼື ອ, ມ ີ ຄ າ ຖ າ ມ ກ ັ ງ ກ ັ ບ Blue KC, ທ່ າ ນ ມ ີ ສ ດ ັ ທ ລ ລ ະ ດ ັ ສ ບ ກ າ ນ ຈຸ່ ວ ຍ ຫຼື ອ ພ ລ ລ ະ ັ ຂ ັ ມ ູ ນ ຂ ັ າ ວ ສ າ ນ ທ ັ ທ ບ ື ນ ບ າ ສ າ ຂ ອ ງ ທ່ າ ນ ັ ບ ມ ັ ທ ັ າ ໃ ຊ ື ລ ັ າ ຍ. ກ າ ນ ໄ ອ້ ວ ິ ມ ັ ກ ັ ບ ນ າ ຍ ພ າ ສ າ, ໃ ທ ັ ໂ ທ ຫ 1-844-395-7126.

Mon-Khmer: ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយមានសំណួរអំពី Blue KC អ្នកមានសិទ្ធិទទួលបានជំនួយ និងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរសព្ទទៅលេខ 1-844-395-7126.

Persian:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue KC ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید . 1-844-395-7126 تماس حاصل نمایید.

Hmong: Yog hais tias koj, los sis ib tus neeg twg uas koj tab tom pab, muaj lus nug txog Blue KC, koj muaj cai tau txais kev pab thiab cov ntaub ntauv sau ua koj hom lus yam tsis xam tus nqi dab tsi li. Yog xav tham nrog ib tus neeg pab txhais lus, hu rau 1-844-395-7126.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call **1-816-842-5607**.



Kansas City

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