



Kansas City

MISSOURI 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:

<b>LCG</b>	Low Cost Generic Drug
<b>1</b>	Generic Drug
<b>2</b>	Generic and Preferred Brand Drugs
<b>3</b>	Non-Preferred Drug
<b>4</b>	Generic and Preferred Brand Specialty Drugs
<b>5</b>	Non-Preferred Specialty Drug
<b>PV</b>	Affordable Care Act. These preventative drugs may be covered at no cost (check your benefits to confirm).
<b>PV*</b>	Available at \$0 if Health Care Reform copay waiver is approved.
<b>PA</b>	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.
<b>ST</b>	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.
<b>QL</b>	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](http://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

## Table of Contents

Analgesics .....	4
Anesthetics .....	6
Anti-Addiction/Substance Abuse Treatment Agents .....	7
Antibacterials .....	8
Anticonvulsants .....	10
Antidementia Agents .....	12
Antidepressants .....	12
Antiemetics .....	13
Antifungals .....	14
Antigout Agents .....	14
Antimigraine Agents .....	14
Antimyasthenic Agents .....	15
Antimycobacterials .....	15
Antineoplastics .....	16
Antiparasitics .....	17
Antiparkinson Agents .....	18
Antipsychotics .....	18
Antivirals .....	19
Anxiolytics .....	21
Bipolar Agents .....	22
Blood Glucose Monitoring .....	22
Blood Glucose Regulators .....	24
Blood Products and Modifiers .....	25
Cardiovascular Agents .....	26
Central Nervous System Agents .....	29
Cholestatic Pruritus Agent .....	31
Dental and Oral Agents .....	31
Dermatological Agents .....	31
Electrolytes/Minerals/Metals/Vitamins .....	33
Gastrointestinal Agents .....	34
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment .....	36
Genitourinary Agents .....	36
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) .....	37
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) .....	39
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) .....	39
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) .....	43
Hormonal Agents, Suppressant (Adrenal) .....	43
Hormonal Agents, Suppressant (Pituitary) .....	43
Hormonal Agents, Suppressant (Thyroid) .....	44
Immunological Agents .....	44
Inflammatory Bowel Disease Agents .....	47
Metabolic Bone Disease Agents .....	47
Miscellaneous Therapeutic Agents .....	47
Ophthalmic Agents .....	51
Otic Agents .....	53
Respiratory Tract/Pulmonary Agents .....	53
Skeletal Muscle Relaxants .....	56
Sleep Disorder Agents .....	56

Drug Name	Drug Category	Limits/ Required
<b>Analgesics</b>		
JOURNAVX	3	QL (2.5 EA per 1 day)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
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	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	
<b>Opioid Analgesics, Long-acting</b>		
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)
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	1	PA; QL (0.5 EA per 1 day)

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
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)
<b>Opioid Analgesics, Short-acting</b>		
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)
ascomp-codeine	3	

Drug Name	Drug Category	Limits/ Required
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)

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)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine viscous hcl	LCG	
lidocaine-prilocaine external cream	1	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
acamprosate calcium	3	
disulfiram oral	3	
naltrexone hcl oral	1	
<b>Opioid Dependence Treatments</b>		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film	3	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
<b>Opioid Reversal Agents</b>		
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
<b>Smoking Cessation Agents</b>		
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)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate external	1	
HUMATIN	2	
neomycin sulfate oral	LCG	
streptomycin sulfate intramuscular	3	
<b>Antibacterials, Other</b>		
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
<b>Beta-lactam, Cephalosporins</b>		
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	
<b>Beta-lactam, Penicillins</b>		
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	
<b>Carbapenems</b>		
ertapenem sodium	3	
imipenem-cilastatin	3	
<b>Macrolides</b>		
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	
<b>Quinolones</b>		
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	
<b>Sulfonamides</b>		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim intravenous	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	LCG	
sulfamethoxazole-trimethoprim oral tablet	LCG	
sulfatrim pediatric	LCG	
<b>Tetracyclines</b>		
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	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
EPIDIOLEX	5	PA
levetiracetam er	3	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
roweepra	1	
<b>Calcium Channel Modifying Agents</b>		
ethosuximide oral capsule	1	
ethosuximide oral solution	3	
methsuximide	2	
zonisamide oral	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
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	
<b>Glutamate Reducing Agents</b>		
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	
<b>Sodium Channel Agents</b>		
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	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
phenytoin sodium injection	1	
rufinamide oral suspension 40 mg/ml	3	PA
rufinamide oral tablet	3	PA
<b>Antidementia Agents</b>		
<b>Cholinesterase Inhibitors</b>		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	
rivastigmine tartrate	1	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
memantine hcl er	3	QL (1 EA per 1 day)
memantine hcl oral solution 2 mg/ml	3	
memantine hcl oral tablet	1	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
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
<b>Monoamine Oxidase Inhibitors</b>		
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	3	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>		
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	

Last Updated Date: 03/15/2026

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)
<b>Tricyclics</b>		
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	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
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	
<b>Emetogenic Therapy Adjuncts</b>		
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	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
<b>Antifungals</b>		
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
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	LCG	
allopurinol sodium	1	
colchicine oral tablet	1	
colchicine-probenecid	2	
febuxostat	3	ST
probenecid	2	
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist</b>		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA; QL (0.04 ML per 1 day)

Last Updated Date: 03/15/2026

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)
<b>Ergot Alkaloids</b>		
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)
<b>Serotonin (5-HT) Receptor Agonists</b>		
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)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	3	
neostigmine methylsulfate rfid intravenous solution prefilled syringe	3	
pyridostigmine bromide oral tablet	1	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
dapsone oral	3	
rifabutin	3	
<b>Antituberculars</b>		
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	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
cyclophosphamide oral capsule	3	
CYCLOPHOSPHAMID E ORAL TABLET	2	
GLEOSTINE	5	
LEUKERAN	5	
lomustine	4	
melphalan hcl	4	
temozolomide	4	PA
<b>Antiandrogens</b>		
abiraterone acetate oral tablet 250 mg	4	PA
abirtega	4	PA
bicalutamide	1	
nilutamide	4	PA
ORGOVYX	5	PA
XTANDI	5	PA
<b>Antiangiogenic Agents</b>		
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
<b>Antiestrogens/Modifiers</b>		
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
<b>Antimetabolites</b>		
capecitabine	4	
decitabine	4	
DROXIA	3	
fludarabine phosphate	4	
fluorouracil intravenous	4	
hydroxyurea oral	1	
mercaptopurine oral tablet	1	
<b>Antineoplastics, Other</b>		
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
<b>Aromatase Inhibitors, 3rd Generation</b>		
anastrozole oral	1	PV*
exemestane	1	PV*
letrozole oral	1	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
<b>Enzyme Inhibitors</b>		
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
<b>Molecular Target Inhibitors</b>		
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)
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
ADCETRIS	4	PA
<b>Retinoids</b>		
bexarotene oral	4	PA
tretinoin oral	4	
<b>Treatment Adjuncts</b>		
mesna oral	4	
MESNEX ORAL	5	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole oral	3	PA
EMVERM	2	
ivermectin oral tablet 3 mg	3	
praziquantel oral	3	
<b>Antiprotozoals</b>		
atovaquone	3	
atovaquone-proguanil hcl oral tablet 250-100 mg	3	

Last Updated Date: 03/15/2026

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	
<b>Pediculicides/Scabicides</b>		
CROTAN	5	
malathion	3	
permethrin external	1	
spinosad	3	
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
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
<b>Antiparkinson Agents, Other</b>		
amantadine hcl oral capsule	1	
amantadine hcl oral solution 50 mg/5ml	1	
entacapone	3	
tolcapone	1	
<b>Dopamine Agonists</b>		
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	
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>		
carbidopa oral	3	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release	1	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
rasagiline mesylate oral	3	
selegiline hcl oral	1	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
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	
<b>2nd Generation/Atypical</b>		
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)
<b>Treatment-Resistant</b>		
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)
<b>Antivirals</b>		
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)
<b>Anti-cytomegalovirus (CMV) Agents</b>		
cidofovir intravenous	1	
valganciclovir hcl	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
adefovir dipivoxil	3	
BARACLUDGE ORAL SOLUTION	3	QL (21 ML per 1 day)
entecavir	1	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	1	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET ORAL TABLET	3	PA; QL (3 EA per 1 day)
PEGASYS	4	PA
ribavirin oral	4	
<b>Antitherpetic Agents</b>		
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)
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
APRETUDE	3	PV*
DOVATO	2	QL (1 EA per 1 day)
ISENTRESS	2	
ISENTRESS HD	2	
TIVICAY	2	
TIVICAY PD	2	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
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
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
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	
<b>Anti-HIV Agents, Other</b>		
maraviroc	1	PA
SELZENTRY ORAL SOLUTION	2	PA
<b>Anti-HIV Agents, Protease Inhibitors</b>		
atazanavir sulfate	3	

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	
<b>Anti-influenza Agents</b>		
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	
TAMIFLU ORAL CAPSULE	2	QL (20 EA per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED	3	QL (360 ML per 365 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
buspirone hcl oral tablet 10 mg, 5 mg	LCG	

Drug Name	Drug Category	Limits/ Required
buspirone hcl oral tablet 15 mg, 30 mg	1	
hydroxyzine hcl oral syrup 10 mg/5ml	LCG	
hydroxyzine hcl oral tablet	LCG	
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	LCG	
meprobamate	3	
<b>Benzodiazepines</b>		
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)

Drug Name	Drug Category	Limits/ Required
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (4 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	1	QL (10 EA per 1 day)
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)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
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	
<b>Blood Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ADVANTAGE SAFETY LANCETS 28G	2	

Drug Name	Drug Category	Limits/ Required
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
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	

Drug Name	Drug Category	Limits/ Required
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
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

Drug Name	Drug Category	Limits/ Required
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN REAL-TIME CHARGER	3	
GUARDIAN REAL-TIME TEST PLUG	3	
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	
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	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
SENSILANCE SAFETY LANCETS 28G	2	
TECHLITE LANCETS 26G	2	
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	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
acarbose oral	3	
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	

Drug Name	Drug Category	Limits/ Required
metformin hcl er oral tablet extended release 24 hour 750 mg	1	
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	
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	3	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT	2	
<b>Insulins</b>		
HUMALOG	2	
HUMALOG KWIKPEN	2	

Drug Name	Drug Category	Limits/ Required
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R 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
<b>Blood Products and Modifiers</b>		
<b>Anticoagulants</b>		
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)

Drug Name	Drug Category	Limits/ Required
ELIQUIS ORAL TABLET	2	QL (2 EA per 1 day)
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)
<b>Blood Formation Modifiers</b>		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA
eltrombopag olamine	4	PA
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
NIVESTYM	4	PA

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
plerixafor	4	
PROMACTA	5	PA
RETACRIT	4	PA
XOLREMDI	5	PA; QL (4 EA per 1 day)
<b>Hemostasis Agents</b>		
tranexamic acid oral	2	
<b>Platelet Modifying Agents</b>		
aspirin-dipyridamole er	3	
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	2	
prasugrel hcl	3	
ticagrelor	2	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
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	
<b>Alpha-adrenergic Blocking Agents</b>		
doxazosin mesylate oral	LCG	
phenoxybenzamine hcl oral	3	PA
prazosin hcl oral	LCG	
<b>Angiotensin II Receptor Antagonists</b>		
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	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
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	
<b>Antiarrhythmics</b>		
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	
<b>Beta-adrenergic Blocking Agents</b>		
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	
<b>Calcium Channel Blocking Agents</b>		
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	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral tablet 120 mg, 80 mg	LCG	
verapamil hcl oral tablet 40 mg	1	
<b>Cardiovascular Agents, Other</b>		
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	
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
acetazolamide er	3	
acetazolamide oral	3	

Drug Name	Drug Category	Limits/ Required
<b>Diuretics, Loop</b>		
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	
torsemide	LCG	
<b>Diuretics, Potassium-sparing</b>		
amiloride hcl oral	1	
eplerenone	3	
spironolactone oral tablet	LCG	
<b>Diuretics, Thiazide</b>		
chlorthalidone	LCG	
hydrochlorothiazide oral	LCG	
indapamide	LCG	
metolazone oral tablet 10 mg	1	
metolazone oral tablet 2.5 mg, 5 mg	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
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	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
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	
<b>Dyslipidemics, Other</b>		
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)
<b>Vasodilators, Direct-acting Arterial</b>		
hydralazine hcl oral	LCG	
minoxidil oral	1	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
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	1	
RECTIV	3	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
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)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
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 oral tablet	1	QL (3 EA per 1 day)
<b>Central Nervous System, Other</b>		
riluzole	3	
tetrabenazine	4	PA
<b>Fibromyalgia Agents</b>		
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)
<b>Multiple Sclerosis Agents</b>		
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)

Drug Name	Drug Category	Limits/ Required
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	
<b>Cholestatic Pruritus Agent</b>		
<b>Ileal Bile Acid Transporter Inhibitor</b>		
BYLVAY	5	PA
BYLVAY (PELLETS)	5	PA
<b>Dental and Oral Agents</b>		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	LCG	
periogard	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	

Drug Name	Drug Category	Limits/ Required
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
<b>Dermatological Agents</b>		
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	
calcipotriene external ointment	2	
calcipotriene external solution	2	
calcipotriene-betameth diprop external ointment	1	
calcitriol external	3	
claravis	3	
clindacin etz external swab	1	
clindacin-p	1	

Drug Name	Drug Category	Limits/ Required
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)
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	

Drug Name	Drug Category	Limits/ Required
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	
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)

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
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	
<b>Electrolytes/Minerals/ Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
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	
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	

Drug Name	Drug Category	Limits/ Required
potassium chloride crys er	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
sodium fluoride oral tablet chewable	1	PV
trigels-f forte	1	
<b>Electrolyte/Mineral/Me tal Modifiers</b>		
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

Drug Name	Drug Category	Limits/ Required
<b>Phosphate Binders</b>		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
sevelamer carbonate oral tablet	3	
<b>Vitamins</b>		
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	
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

Drug Name	Drug Category	Limits/ Required
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
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
dicyclomine hcl oral capsule	LCG	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	LCG	
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	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
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	
<b>Gastrointestinal Agents, Other</b>		
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	
MOVANTIK	3	
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	3	
<b>Histamine2 (H2) Receptor Antagonists</b>		
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	

Drug Name	Drug Category	Limits/ Required
nizatidine	1	
<b>Irritable Bowel Syndrome Agents</b>		
alosetron hcl	3	PA
LINZESS	2	ST; QL (1 EA per 1 day)
lubiprostone	2	QL (2 EA per 1 day)
<b>Laxatives</b>		
bisacodyl ec	1	PV; QL (2 fill per 365 days)
citroma	1	PV; QL (2 fill per 365 days)
clearlax	1	PV; QL (2 fill per 365 days)
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)
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)
lactulose encephalopathy	1	
lactulose oral solution	LCG	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
laxative osmotic	1	PV; QL (2 fill per 365 days)
magnesium citrate oral solution	1	PV; QL (2 fill per 365 days)
mineral oil heavy oral	1	
mm clearlax	1	PV; QL (2 fill per 365 days)
na sulfate-k sulfate-mg sulf	1	PV; QL (354 ML per 365 days)
peg 3350 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-naasc-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)
<b>Protectants</b>		
misoprostol oral	1	
sucralfate oral tablet	LCG	
<b>Proton Pump Inhibitors</b>		
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)

Drug Name	Drug Category	Limits/ Required
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)
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
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
zelysia	4	PA
ZENPEP	2	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
fesoterodine fumarate er	3	
flavoxate hcl	1	
mirabegron er	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	

Drug Name	Drug Category	Limits/ Required
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	
<b>Benign Prostatic Hypertrophy Agents</b>		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	LCG	
silodosin	2	
tamsulosin hcl	LCG	
terazosin hcl	LCG	
<b>Genitourinary Agents, Other</b>		
acetic acid irrigation	1	
bethanechol chloride oral	1	
ENCARE	3	PV
glycine irrigation	1	
glycine urologic	1	
OPTIONS GYNOL II CONTRACEPTIVE	3	PV
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

Drug Name	Drug Category	Limits/ Required
<b>Hormonal Agents, Stimulant/Replaceme nt/Modifying (Adrenal)</b>		
ala-cort	1	
alclometasone dipropionate	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	3	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
clobetasol 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	

Drug Name	Drug Category	Limits/ Required
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	
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

Drug Name	Drug Category	Limits/ Required
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	
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	

Drug Name	Drug Category	Limits/ Required
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	5	PA
desmopressin ace spray refig	3	
desmopressin acetate oral	3	
desmopressin acetate spray	3	
NORDITROPIN FLEXPRO	4	PA
vasopressin	1	
vasopressin +rfid	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
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)
<b>Estrogens</b>		
abigale	1	
abigale lo	1	

Drug Name	Drug Category	Limits/ Required
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
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)

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
delyla	1	PV
desogestrel-ethinyl estradiol	1	PV
dolishale	1	PV
dotti	3	
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
elinest	1	PV
eluryng	1	PV
enilloring	1	PV
enskyce	1	PV
estarylla	1	PV
estradiol oral	LCG	
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

Drug Name	Drug Category	Limits/ Required
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
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)

Drug Name	Drug Category	Limits/ Required
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
lutera	1	PV
lyllana	3	
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-lynyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
nikki	1	PV
norelgestromin-eth estradiol	1	PV
norethin ace-eth estrad-fe	1	PV
norethindrone acet-ethinyl est	1	PV

Drug Name	Drug Category	Limits/ Required
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	
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

Drug Name	Drug Category	Limits/ Required
tri-lynyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-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
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV
xarah fe	1	PV
xelria fe	1	PV
xulane	1	PV
yuvafem	3	
zafemy	1	PV
zovia 1/35 (28)	1	PV
zumandimine	1	PV
<b>Progestins</b>		
aftera	1	PV
camila	1	PV
deblitane	1	PV
DEPO-SUBQ PROVERA 104	3	QL (0.02 ML per 1 day)
econtra one-step	1	PV
ELLA	3	PV
emzahh	1	PV

Drug Name	Drug Category	Limits/ Required
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	
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	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
sharobel	1	PV
shewise	1	PV
SKYLA	3	PV
take action	1	PV
<b>Selective Estrogen Receptor Modifying Agents</b>		
raloxifene hcl	1	PV*
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
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	
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	

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

Drug Name	Drug Category	Limits/ Required
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)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
methimazole oral	1	
propylthiouracil oral	2	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
CINRYZE	5	PA; QL (1.2 EA per 1 day)
icatibant acetate	4	PA; QL (0.6 ML per 1 day)
<b>Immune Suppressants</b>		
ADALIMUMAB-ADBIM (2 PEN)	4	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	4	PA; QL (0.08 EA per 1 day)
ADALIMUMAB-ADBIM (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)

Drug Name	Drug Category	Limits/ Required
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
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	

Drug Name	Drug Category	Limits/ Required
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)
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)

Drug Name	Drug Category	Limits/ Required
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)
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)
<b>Immunoglobulins</b>		
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 GM/50ML	5	PA
<b>Immunomodulators</b>		
ACTIMMUNE	4	PA
AVTOZMA SUBCUTANEOUS	5	PA; QL (0.13 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
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)
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)
<b>Vaccines</b>		
ABRYSVO	3	QL (1 EA per 999 days)
ACTHIB	2	PV
ADACEL	2	PV

Drug Name	Drug Category	Limits/ Required
AFLURIA	2	PV
AFLURIA PRESERVATIVE FREE	2	PV
AREXVY	3	QL (1 EA per 999 days)
BEXSERO	2	PV
BOOSTRIX	2	PV
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

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
PENTACEL	2	PV
PNEUMOVAX 23	2	PV
PREVNAR 20	2	PV
PRIORIX	2	PV
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
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
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
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	
<b>Glucocorticoids</b>		
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	

Drug Name	Drug Category	Limits/ Required
<b>Sulfonamides</b>		
sulfasalazine oral	1	
<b>Metabolic Bone Disease Agents</b>		
alendronate sodium oral tablet 10 mg	1	
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
<b>Miscellaneous Therapeutic Agents</b>		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
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	

Drug Name	Drug Category	Limits/ Required
BD PEN NEEDLE MINI ULTRAFINE	3	
BD PEN NEEDLE NANO ULTRAFINE	3	
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	

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
COMFORT EZ PRO PEN NEEDLES	3	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS	3	PV
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	

Drug Name	Drug Category	Limits/ Required
EMBECTA AUTOSHIELD DUO	3	
EMBECTA INS SYR U/F 1/2 UNIT	3	
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	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G 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, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	
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 SAFEPACK 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
<b>Ophthalmic Agents</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	LCG	
tobramycin-dexamethasone	1	
TOBREX	3	
<b>Antibacterials, Other</b>		
bacitracin ophthalmic	3	
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
<b>Antifungals</b>		
NATACYN	2	
<b>Antiherpetic Agents</b>		
trifluridine	3	
<b>Macrolides</b>		
AZASITE	3	
erythromycin ophthalmic	1	
<b>Ophthalmic Agents, Other</b>		
atropine sulfate ophthalmic solution 1 %	LCG	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	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	
<b>Ophthalmic Anti-allergy Agents</b>		
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
<b>Ophthalmic Antiglaucoma Agents</b>		
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	
<b>Ophthalmic Anti-inflammatories</b>		
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	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
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)
<b>Quinolones</b>		
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	
<b>Sulfonamides</b>		
sulfacetamide sodium ophthalmic	1	
<b>Otic Agents</b>		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	3	

Drug Name	Drug Category	Limits/ Required
ciprofloxacin-hydrocortisone	1	
CORTISPORIN-TC	3	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
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)
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA	2	QL (0.4 GM per 1 day)
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
BREO ELLIPTA	2	QL (2 EA per 1 day)

Last Updated Date: 03/15/2026

Drug Name	Drug Category	Limits/ Required
breyana	2	QL (0.35 GM per 1 day)
budesonide inhalation	3	QL (4 ML per 1 day)
budesonide-formoterol fumarate	2	QL (0.35 GM per 1 day)
flunisolide nasal	2	QL (0.84 ML per 1 day)
FLUTICASON FUROATE- VILANTEROL	2	QL (2 EA per 1 day)
FLUTICASON PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	QL (2 EA per 1 day)
FLUTICASON PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (8 EA per 1 day)
FLUTICASON PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	QL (0.8 GM per 1 day)
FLUTICASON PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (0.71 GM per 1 day)
fluticasone propionate nasal	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
FLUTICASON- 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)
<b>Antileukotrienes</b>		
montelukast sodium oral tablet	LCG	
montelukast sodium oral tablet chewable	LCG	
zafirlukast	3	
zileuton er	3	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	QL (0.86 GM per 1 day)
ipratropium bromide inhalation	LCG	QL (10.42 ML per 1 day)
ipratropium bromide nasal	LCG	
<b>Bronchodilators, Sympathomimetic</b>		
albuterol sulfate hfa	1	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution (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)

Drug Name	Drug Category	Limits/ Required
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 (anaphylaxis) injection solution 30 mg/30ml	1	
epinephrine injection solution auto-injector	1	
formoterol fumarate inhalation	3	QL (4 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	3	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	3	QL (9 ML per 1 day)
SEREVENT DISKUS	2	QL (2 EA per 1 day)
<b>Cystic Fibrosis Agents</b>		
PULMOZYME	4	PA
tobramycin inhalation nebulization solution 300 mg/5ml	4	QL (10 ML per 1 day)
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
roflumilast	1	PA
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	

Drug Name	Drug Category	Limits/ Required
theophylline er oral tablet extended release 24 hour	3	
<b>Pulmonary Antihypertensives</b>		
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)
<b>Pulmonary Fibrosis Agents</b>		
OFEV	5	PA
<b>Respiratory Tract Agents, Other</b>		
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)
hydromet	1	PA; QL (240 ML per 1 fill)
ipratropium-albuterol	1	QL (18 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
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)
<b>Skeletal Muscle Relaxants</b>		
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	
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
eszopiclone	1	QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg	1	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	1	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
zolpidem tartrate er	1	QL (1 EA per 1 day)
zolpidem tartrate oral tablet	1	QL (1 EA per 1 day)
<b>Sleep Disorders, Other</b>		
doxepin hcl oral tablet	1	QL (1 EA per 1 day)
ramelteon	3	QL (1 EA per 1 day)
<b>Wakefulness Promoting Agents</b>		
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)

Last Updated Date: 03/15/2026

## Index of Drugs

abacavir sulfate.....	20	AEROCHAMBER PLUS FLO- VU MEDIUM.....	48	amoxicill-clarithro-lansopraz.....	35
abacavir sulfate-lamivudine.....	20	AEROCHAMBER PLUS FLO- VU SMALL.....	48	amoxicillin.....	9
abigale.....	39	AEROCHAMBER PLUS FLOW VU.....	48	amoxicillin-potassium clavulanate.....	9
abigale lo.....	39	AEROCHAMBER PLUS FLOW VU.....	48	amoxicillin-potassium clavulanate er.....	9
abiraterone acetate.....	16	AEROCHAMBER2GO ANTI- STATIC.....	48	amphetamine sulfate.....	29
abirtega.....	16	afirmelle.....	39	amphetamine- dextroamphetamine.....	29, 30
ABRYSVO.....	46	AFLURIA.....	46	amphetamine- dextroamphetamine er.....	29
acamprosate calcium.....	7	AFLURIA PRESERVATIVE FREE.....	46	amphotericin b.....	14
acarbose.....	24	aftera.....	42	amphotericin b liposome.....	14
ACCU-CHEK FASTCLIX LANCET KIT.....	22	ala-cort.....	37	ampicillin.....	9
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....	22	albendazole.....	17	ampicillin sodium.....	9
accutane.....	31	albuterol sulfate.....	54, 55	ampicillin-sulbactam sodium.....	9
acebutolol hcl.....	26	albuterol sulfate hfa.....	54	anagrelide hcl.....	25
acetaminophen-codeine.....	5	alclometasone dipropionate.....	37	anastrozole.....	16
acetazolamide.....	28	ALCOHOL PREP PADS.....	48	ANNOVERA.....	39
acetazolamide er.....	28	ALECENSA.....	17	ANORO ELLIPTA.....	55
acetic acid.....	37, 53	alendronate sodium.....	47	ANZEMET.....	13
ACTHIB.....	46	alfuzosin hcl er.....	37	apomorphine hcl.....	18
ACTIMMUNE.....	45	allopurinol.....	14	apraclonidine hcl.....	52
acyclovir.....	20	allopurinol sodium.....	14	aprepitant.....	13
acyclovir sodium.....	20	almotriptan malate.....	15	APRETUDE.....	20
ADACEL.....	46	ALOCRI.....	52	apri.....	39
ADALIMUMAB-ADB (2 PEN) ADALIMUMAB-ADB (2 SYRINGE).....	44	alozetron hcl.....	35	AQ INSULIN SYRINGE.....	48
adapalene.....	31	alprazolam.....	21	AQINJECT PEN NEEDLE.....	48
adapalene-benzoyl peroxide.....	31	alprazolam er.....	21	aranelle.....	39
ADBRY.....	31	alprazolam xr.....	21	ARANESP (ALBUMIN FREE).....	25
ADCETRIS.....	17	altafrin.....	52	AREXVY.....	46
adefovir dipivoxil.....	19	altavera.....	39	arformoterol tartrate.....	55
ADVAIR HFA.....	53	alyacen 1/35.....	39	aripiprazole.....	19
ADVANTAGE SAFETY LANCETS 28G.....	22	alyacen 7/7/7.....	39	armodafinil.....	56
ADVOCATE SAFETY LANCETS 21G.....	22	alyq.....	55	ARNUIITY ELLIPTA.....	53
ADVOCATE SAFETY LANCETS 23G.....	22	amantadine hcl.....	18	ascomp-codeine.....	5
ADVOCATE SAFETY LANCETS 28G.....	22	ambrisentan.....	55	asenapine maleate.....	19
AEROCHAMBER HOLDING CHAMBER.....	47	amethyst.....	39	ashlyna.....	39
AEROCHAMBER MINI CHAMBER.....	47	amiloride hcl.....	28	aspirin.....	4
AEROCHAMBER MV.....	47	amiloride-hydrochlorothiazide... amidarone hcl.....	27 26	aspirin 81.....	4
AEROCHAMBER PLS FLOVU MTHPIECE.....	47	amitriptyline hcl.....	13	aspirin adult low dose.....	4
AEROCHAMBER PLUS FLO- VU INTERM.....	48	AMJEVITA.....	44	aspirin adult low strength.....	4
AEROCHAMBER PLUS FLO- VU LARGE.....	48	AMJEVITA-PED 15KG TO <30KG.....	44	aspirin childrens.....	4
		amlodipine besylate.....	27	aspirin ec adult low dose.....	4
		amlodipine besylate-benazepril hcl.....	27 27	aspirin ec low dose.....	4
		amlodipine besylate-valsartan.. amlodipine-olmesartan.....	27 27	aspirin ec low strength.....	4
		ammonium lactate.....	31	aspirin low dose.....	4
		amnesteem.....	31	aspirin regimen.....	4
		amoxapine.....	13	aspirin-dipyridamole er.....	26
				ASSURE ID DUO PRO PEN NEEDLES.....	48
				ASSURE ID PRO PEN NEEDLES.....	48

atazanavir sulfate.....	20	BD PEN NEEDLE MINI ULTRAFINE.....	48	BREATHE EASE SMALL.....	48
atenolol.....	26	BD PEN NEEDLE NANO ULTRAFINE.....	48	BREATHERITE VALVED MDI CHAMBER.....	48
atenolol-chlorthalidone.....	27	BD PEN NEEDLE ORIG ULTRAFINE.....	48	BREO ELLIPTA.....	53
atomoxetine hcl.....	30	BD PEN NEEDLE SHORT ULTRAFINE.....	48	brey-na.....	54
atorvastatin calcium.....	29	BD ULTRA-FINE INSULIN SYRINGES.....	48	briellyn.....	39
atovaquone.....	17	BD ULTRA-FINE PEN NEEDLES.....	48	BRILINTA.....	26
atovaquone-proguanil hcl....	17, 18	BD VEO INSULIN SYR ULTRAFINE.....	48	brimonidine tartrate.....	52
atropine sulfate.....	52	benazepril hcl.....	26	brimonidine tartrate-timolol.....	52
ATROVENT HFA.....	54	benazepril-hydrochlorothiazide..	27	bromfenac sodium.....	52
abra eq.....	39	benzalkonium chloride.....	48	bromfenac sodium (once-daily)..	52
AUGMENTIN.....	9	BENZNIDAZOLE.....	18	bromocriptine mesylate.....	18
AUM ALCOHOL PREP PADS..	48	benzonatate.....	55	budesonide.....	47, 54
AUM INSULIN SAFETY PEN NEEDLE.....	48	benzoyl peroxide-erythromycin..	31	budesonide er.....	47
AUM MINI INSULIN PEN NEEDLE.....	48	benztropine mesylate.....	18	budesonide-formoterol fumarate.....	54
AUM PEN NEEDLE.....	48	betaine.....	36	bumetanide.....	28
AUM READYGARD DUO PEN NEEDLE.....	48	betamethasone dipropionate....	37	buprenorphine.....	4
AUM SAFETY PEN NEEDLE...	48	betamethasone dipropionate		buprenorphine hcl.....	7
aurovela 1.5/30.....	39	aug.....	37	buprenorphine hcl-naloxone hcl.....	7
aurovela 1/20.....	39	betamethasone valerate.....	37	bupropion hcl.....	12
aurovela 24 fe.....	39	BETASERON.....	30	bupropion hcl er (smoking det)...	7
aurovela fe 1.5/30.....	39	betaxolol hcl.....	26, 52	bupropion hcl er (sr).....	12
aurovela fe 1/20.....	39	bethanechol chloride.....	37	bupropion hcl er (xl).....	12
aviane.....	39	bexarotene.....	17	buspirone hcl.....	21
AVSOLA.....	44	BEXSERO.....	46	butalbital-acetaminophen.....	5
AVTOZMA.....	45	bicalutamide.....	16	butalbital-apap-caff-cod.....	5
ayuna.....	39	BICILLIN L-A.....	9	butalbital-apap-caffeine.....	5
AZASITE.....	52	bimatoprost.....	53	butalbital-asa-caff-codeine.....	5
azathioprine.....	44	bis subcit-metronid-tetracyc.....	35	butalbital-aspirin-caffeine.....	5
azelaic acid.....	31	bisacodyl ec.....	35	butorphanol tartrate.....	5
azelastine hcl.....	52, 53	bismuth/metronidaz/tetracyclin..	35	BYLVAY.....	31
azelastine-fluticasone.....	55	bisoprolol fumarate.....	27	BYLVAY (PELLETS).....	31
azithromycin.....	10	bisoprolol-hydrochlorothiazide..	27	cabergoline.....	39
aztreonam.....	8	blisovi 24 fe.....	39	calcipotriene.....	31
azurette.....	39	blisovi fe 1.5/30.....	39	calcipotriene-betameth diprop...	31
bac (butalbital-acetamin-caff).....	5	blisovi fe 1/20.....	39	calcitonin (salmon).....	47
bacitracin.....	51	BOOSTRIX.....	46	calcitriol.....	31, 47
bacitracin-polymyxin b.....	51	bosentan.....	55	calcium acetate.....	34
bacitra-neomycin-polymyxin-hc	51	BOTOX.....	48	calcium acetate (phos binder)...	34
baclofen.....	56	b-plex.....	34	camila.....	42
balsalazide disodium.....	47	b-plex plus.....	34	camrese.....	39
balziva.....	39	BREATHE COMFORT CHAMBER/ADULT.....	48	camrese lo.....	39
BAQSIMI ONE PACK.....	24	BREATHE COMFORT CHAMBER/CHILD.....	48	candesartan cilexetil.....	26
BAQSIMI TWO PACK.....	24	BREATHE EASE LARGE.....	48	candesartan cilexetil-hctz.....	27
BARACLUDE.....	19	BREATHE EASE MEDIUM.....	48	capecitabine.....	16
BAXDELA.....	10			CAPRELSA.....	17
BD AUTOSHIELD DUO PEN NEEDLES.....	48			captopril.....	26
BD PEN NEEDLE MICRO ULTRAFINE.....	48			carbamazepine.....	11
				carbamazepine er.....	11
				carbidopa.....	18
				carbidopa-levodopa.....	18

carbidopa-levodopa er.....	18	ciclopirox.....	14	COMBIPATCH.....	39
carbinoxamine maleate.....	53	ciclopirox olamine.....	14	COMBIVENT RESPIMAT.....	55
CARESENS LANCETS 30G.....	22	cidofovir.....	19	COMFORT EZ PRO PEN	
carglumic acid.....	33	cilostazol.....	26	NEEDLES.....	49
carisoprodol.....	56	cimetidine.....	35	COMFORT TOUCH TWIST	
carteolol hcl.....	52	cimetidine hcl.....	35	LANCET 30G.....	22
cartia xt.....	27	cinacalcet hcl.....	47	COMIRNATY.....	46
carvedilol.....	27	CINRYZE.....	44	COMIRNATY 5-11 YEARS.....	46
caspofungin acetate.....	14	CIPRO.....	10	COMPACT SPACE	
CAYA.....	48	CIPRO HC.....	53	CHAMBER.....	49
cefaclor.....	9	ciprofloxacin hcl.....	10, 53	COMPACT SPACE	
cefadroxil.....	9	ciprofloxacin in d5w.....	10	CHAMBER/LG MASK.....	49
cefazolin sodium.....	9	ciprofloxacin-dexamethasone...	53	COMPACT SPACE	
cefazolin sodium-dextrose.....	9	ciprofloxacin-hydrocortisone.....	53	CHAMBER/MED MASK.....	49
cefdinir.....	9	citalopram hydrobromide.....	12	COMPACT SPACE	
cefepime hcl.....	9	citroma.....	35	CHAMBER/SM MASK.....	49
cefotetan disodium.....	9	claravis.....	31	CONDOMS.....	49
cefoxitin sodium.....	9	clarithromycin.....	10	constulose.....	35
cefpodoxime proxetil.....	9	clearlax.....	35	CONTOUR CONTROL	
cefprozil.....	9	clemastine fumarate.....	53	SOLUTION.....	22
ceftazidime.....	9	CLEVER CHOICE COMFORT		CONTOUR MONITOR	
ceftriaxone sodium.....	9	EZ.....	22	DEVICE.....	22
cefuroxime axetil.....	9	CLEVER CHOICE HOLDING		CONTOUR MONITOR KIT	
celecoxib.....	4	CHAMBER.....	48	W/DEVICE.....	22
cephalexin.....	9	CLIMARA.....	39	CONTOUR NEXT CONTROL	
CEQR SIMPLICITY 2U 10PK.....	22	clindacin etz.....	31	SOLUTION.....	22
cetirizine hcl.....	53	clindacin-p.....	31	CONTOUR NEXT EZ KIT	
cevimeline hcl.....	31	clindamycin hcl.....	8	W/DEVICE.....	22
charlotte 24 fe.....	39	clindamycin palmitate hcl.....	8	CONTOUR NEXT GEN	
chateal eq.....	39	clindamycin phos (once-daily)...	32	MONITOR KIT W/DEVICE.....	22
CHEMET.....	33	clindamycin phos (twice-daily)..	32	CONTOUR NEXT GEN TEST	
CHEMSTRIP 10 MD.....	22	clindamycin phosphate.....	8, 32	STRIPS.....	23
CHEMSTRIP 10/SG.....	22	clindamycin phosphate in d5w....	8	CONTOUR NEXT LINK KIT	
CHEMSTRIP 2 GP.....	22	clindamycin phosphate-		W/DEVICE.....	22
CHEMSTRIP 5 OB.....	22	benzoyl peroxide.....	32	CONTOUR NEXT MONITOR	
CHEMSTRIP 7.....	22	clobazam.....	11	KIT W/DEVICE.....	23
CHEMSTRIP 9.....	22	clobetasol prop emollient base.	37	CONTOUR NEXT ONE KIT.....	23
CHEMSTRIP K.....	22	clobetasol propionate.....	37	CONTOUR PLUS BLUE KIT	
CHEMSTRIP UGK.....	22	clocortolone pivalate.....	37	W/DEVICE.....	23
chlordiazepoxide hcl.....	21, 22	clomipramine hcl.....	13	CONTOUR PLUS TEST	
chlorhexidine gluconate.....	31	clonazepam.....	22	STRIP.....	23
chloroquine phosphate.....	18	clonidine hcl.....	26	CONTOUR TEST STRIPS.....	23
chlorpromazine hcl.....	18	clonidine hcl er.....	30	CORTIFOAM.....	47
chlorthalidone.....	28	clopidogrel bisulfate.....	26	CORTISPORIN-TC.....	53
chlorzoxazone.....	56	clotrimazole.....	14	corvita 150.....	33
cholestyramine.....	29	clotrimazole-betamethasone....	14	CREON.....	36
cholestyramine light.....	29	clozapine.....	19	cromolyn sodium.....	35, 52
CHORIONIC		coal tar.....	32	CROTAN.....	18
GONADOTROPIN.....	39	codeine sulfate.....	5	cryselle.....	39
CHOSEN LANCETS 30G.....	22	colchicine.....	14	CTEXLI.....	35
CHOSEN SAFETY LANCETS		colchicine-probenecid.....	14	cyanocobalamin.....	34
28G.....	22	colesevelam hcl.....	29	cyclobenzaprine hcl.....	56
ciclodan.....	14	colestipol hcl.....	29	cyclopentolate hcl.....	52

cyclophosphamide.....	16	DIASCREEN 4OBL.....	49	DROPSAFE ACTI-LANCE	
CYCLOPHOSPHAMIDE.....	16	DIASCREEN 4PH.....	49	23G.....	23
cycloserine.....	15	DIASCREEN 5.....	49	DROPSAFE ALCOHOL PREP.....	49
cyclosporine.....	44, 52	DIASCREEN 6.....	49	DROPSAFE AUTOPROTECT	
cyclosporine modified.....	44	DIASCREEN 7.....	49	DUO.....	49
cyproheptadine hcl.....	53	DIASCREEN 8.....	49	DROPSAFE MEDLANCE	
cyred eq.....	39	DIASCREEN 9.....	49	LANCET 30G.....	23
CYSTADROPS.....	52	DIASCREEN LIQUID URINE		DROPSAFE SAFETY	
CYSTAGON.....	36	CONTROL.....	49	SYRINGE/NEEDLE.....	49
CYSTARAN.....	52	diazepam.....	11, 22	drosipren-eth estrad-levomefol.....	40
dabigatran etexilate mesylate...	25	diazepam intensol.....	22	drosiprenone-ethinyl estradiol...	40
dalfampridine er.....	30	diazoxide.....	24	DROXIA.....	16
danazol.....	39	diclofenac potassium.....	4	droxidopa.....	28
dapsone.....	15	diclofenac sodium.....	4, 16, 52	duloxetine hcl.....	12
DAPTACEL.....	46	diclofenac sodium er.....	4	DUPIXENT.....	32
daptomycin.....	8	dicloxacillin sodium.....	9	DUREX EXTRA SENSITIVE	
darunavir.....	21	dicyclomine hcl.....	34	THIN.....	49
dasetta 1/35 (28).....	39	DIFICID.....	10	DUREX TROPICAL.....	49
dasetta 7/7/7.....	39	diflorasone diacetate.....	38	dutasteride.....	37
daysee.....	39	diflunisal.....	4	EASIVENT.....	49
deblitane.....	42	difluprednate.....	52	EBGLYSS.....	32
decitabine.....	16	digoxin.....	27, 28	econazole nitrate.....	14
deferasirox.....	33	dihydroergotamine mesylate....	15	econtra one-step.....	42
deferiprone.....	33	DILANTIN.....	11	EDURANT PED.....	20
delyla.....	40	diltiazem hcl.....	27	efavirenz.....	20
demeclocycline hcl.....	10	diltiazem hcl er.....	27	efavirenz-emtricitab-tenofo df...	20
DEPO-SUBQ PROVERA 104...	42	diltiazem hcl er beads.....	27	efavirenz-lamivudine-tenofovir..	20
DESCOVY.....	20	diltiazem hcl er coated beads...	27	eletriptan hydrobromide.....	15
desipramine hcl.....	13	dilt-xr.....	27	elinest.....	40
desloratadine.....	53	dimethyl fumarate.....	30	ELIQUIS.....	25
desmopressin ace spray refrig..	39	dimethyl fumarate starter pack..	30	ELIQUIS (1.5 MG PACK).....	25
desmopressin acetate.....	39	DIPENTUM.....	47	ELIQUIS (2 MG PACK).....	25
desmopressin acetate spray....	39	diphenhydramine hcl.....	53	ELIQUIS DVT/PE STARTER	
desogestrel-ethinyl estradiol....	40	diphenoxylate-atropine.....	35	PACK.....	25
desonide.....	38	dipyridamole.....	26	ELLA.....	42
desoximetasone.....	38	disopyramide phosphate.....	26	eltrombopag olamine.....	25
desvenlafaxine succinate er.....	12	disulfiram.....	7	eluryng.....	40
dexamethasone.....	38	divalproex sodium.....	22	EMBECTA AUTOSHIELD	
dexamethasone intensol.....	38	divalproex sodium er.....	22	DUO.....	49
dexamethasone sodium		dofetilide.....	26	EMBECTA INS SYR U/F 1/2	
phosphate.....	52	dolishale.....	40	UNIT.....	49
dexmethylphenidate hcl.....	30	donepezil hcl.....	12	EMBECTA INSULIN SYR	
dexmethylphenidate hcl er.....	30	dorzolamide hcl.....	52	ULTRAFINE.....	49
dextroamphetamine sulfate.....	30	dorzolamide hcl-timolol mal....	52	EMBECTA INSULIN SYRINGE.....	49
dextroamphetamine sulfate er..	30	dotti.....	40	EMBECTA INSULIN SYRINGE	
DIASCREEN 10.....	49	DOVATO.....	20	U-100.....	49
DIASCREEN 1B.....	49	doxazosin mesylate.....	26	EMBECTA INSULIN SYRINGE	
DIASCREEN 1G.....	49	doxepin hcl.....	13, 56	U-500.....	49
DIASCREEN 1K.....	49	doxycycline hyclate.....	10	EMBECTA PEN NEEDLE	
DIASCREEN 2GK.....	49	doxycycline monohydrate.....	10	NANO.....	49
DIASCREEN 2GP.....	49	dronabinol.....	13	EMBECTA PEN NEEDLE	
DIASCREEN 3.....	49	DROPLET MICRON.....	49	NANO 2 GEN.....	49
DIASCREEN 4NL.....	49				

EMBECTA PEN NEEDLE			
ULTRAFINE.....	49		
EMBRACE PEN NEEDLES.....	49		
EMGALITY.....	14, 15		
emtricitabine.....	20		
emtricitabine-tenofovir df.....	20		
EMTRIVA.....	20		
EMVERM.....	17		
emzahh.....	42		
enalapril maleate.....	26		
enalapril-hydrochlorothiazide.....	28		
ENBREL.....	44		
ENBREL MINI.....	44		
ENBREL SURECLICK.....	44		
ENCARE.....	37		
endocet.....	5		
ENGERIX-B.....	46		
enilloring.....	40		
enoxaparin sodium.....	25		
enskyce.....	40		
entacapone.....	18		
entecavir.....	19		
enulose.....	35		
EPIDIOLEX.....	10		
epinastine hcl.....	52		
epinephrine.....	28, 55		
epinephrine (anaphylaxis).....	55		
epinephrine pf.....	28		
eplerenone.....	28		
ergocalciferol.....	34		
ERGOMAR.....	15		
ergotamine-caffeine.....	15		
erlotinib hcl.....	17		
errin.....	42		
ERTACZO.....	14		
ertapenem sodium.....	10		
erythromycin.....	10, 32, 52		
erythromycin base.....	10		
erythromycin ethylsuccinate.....	10		
escitalopram oxalate.....	12		
esomeprazole magnesium.....	36		
estarylla.....	40		
estradiol.....	40		
estradiol-norethindrone acet.....	40		
estrogens conjugated.....	40		
eszopiclone.....	56		
ethacrynic acid.....	28		
ethambutol hcl.....	15		
ethosuximide.....	11		
ethynodiol diac-eth estradiol.....	40		
etodolac.....	4		
etodolac er.....	4		
etonogestrel-ethinyl estradiol.....	40		
etoposide.....	17		
etravirine.....	20		
everolimus.....	17, 44		
EVOTAZ.....	21		
EVRYSDI.....	36		
exemestane.....	16		
ezetimibe.....	29		
ezetimibe-simvastatin.....	29		
falmina.....	40		
famciclovir.....	20		
famotidine.....	35		
famotidine (pf).....	35		
FANAPT.....	19		
FANAPT TITRATION PACK A..	19		
FANAPT TITRATION PACK B..	19		
FANAPT TITRATION PACK C..	19		
FARXIGA.....	24		
FC2 FEMALE CONDOM.....	49		
febuxostat.....	14		
feirza 1.5/30.....	40		
feirza 1/20.....	40		
felodipine er.....	27		
FEMCAP.....	49		
fenofibrate.....	28		
fenofibrate micronized.....	28		
fenofibric acid.....	29		
fentanyl.....	4		
ferotinsic.....	33		
fesoterodine fumarate er.....	36		
finasteride.....	37		
fingolimod hcl.....	30		
finzala.....	40		
FLAREX.....	52		
flavoxate hcl.....	36		
flecainide acetate.....	26		
FLEXICHAMBER.....	49		
FLEXICHAMBER ADULT			
MASK/SMALL.....	49		
FLEXICHAMBER CHILD			
MASK/LARGE.....	49		
FLEXICHAMBER CHILD			
MASK/SMALL.....	49		
FLUAD.....	46		
FLUARIX.....	46		
FLUBLOK.....	46		
FLUCELVAX.....	46		
fluconazole.....	14		
fluconazole in sodium chloride..	14		
flucytosine.....	14		
fludarabine phosphate.....	16		
fludrocortisone acetate.....	38		
FLULAVAL.....	46		
FLUMIST.....	46		
flunisolide.....	54		
fluocinolone acetonide.....	38, 53		
fluocinolone acetonide body.....	38		
fluocinolone acetonide scalp.....	38		
fluocinonide.....	38		
fluocinonide emulsified base.....	38		
fluorometholone.....	53		
fluorouracil.....	16		
fluoxetine hcl.....	12		
fluphenazine hcl.....	18		
flurbiprofen.....	4		
flurbiprofen sodium.....	53		
FLUTICASONE FUROATE-			
VILANTEROL.....	54		
fluticasone propionate.....	38, 54		
FLUTICASONE PROPIONATE			
DISKUS.....	54		
FLUTICASONE PROPIONATE			
HFA.....	54		
fluticasone-salmeterol.....	54		
FLUTICASONE-			
SALMETEROL.....	54		
fluvastatin sodium.....	29		
fluvoxamine maleate.....	12		
fluvoxamine maleate er.....	12		
FLUZONE.....	46		
FLUZONE HIGH-DOSE.....	46		
folate.....	34		
folic acid.....	34		
foltrin.....	33		
fondaparinux sodium.....	25		
FONDICIRCLE SINGLE USE			
LANCETS.....	23		
formoterol fumarate.....	55		
fosamprenavir calcium.....	21		
fosinopril sodium.....	26		
fosinopril sodium-hctz.....	28		
fosphenytoin sodium.....	11		
FOSRENOL.....	34		
FREESTYLE LIBRE 14 DAY			
READER.....	23		
FREESTYLE LIBRE 14 DAY			
SENSOR.....	23		
FREESTYLE LIBRE 2			
READER.....	23		
FREESTYLE LIBRE 2			
SENSOR.....	23		
FREESTYLE LIBRE 3 PLUS			
SENSOR.....	23		
FREESTYLE LIBRE 3			
READER.....	23		
FREESTYLE LIBRE 3			
SENSOR.....	23		

FREESTYLE LIBRE READER..	23	goodsense aspirin low dose.....	4	HYCANTIN.....	17
ft aspirin.....	4	goodsense nicotine.....	7	hydralazine hcl.....	29
ft aspirin low dose.....	4	goodsense nicotine polacrilex.....	7	hydrochlorothiazide.....	28
ft clearlax.....	35	granisetron hcl.....	13	hydrocodone bitartrate er.....	5
ft folic acid.....	34	griseofulvin microsize.....	14	hydrocodone bit-homatrop mbr.....	55
ft laxative.....	35	griseofulvin ultramicrosize.....	14	hydrocodone-acetaminophen.....	5
ft magnesium citrate.....	35	guanfacine hcl.....	26	hydrocodone-ibuprofen.....	6
ft naloxone hcl.....	7	guanfacine hcl er.....	30	hydrocortisone.....	38, 47
ft nicotine.....	7	GUARDIAN 4 GLUCOSE		hydrocortisone (perianal).....	47
ft nicotine mini.....	7	SENSOR.....	23	hydrocortisone ace-pramoxine..	47
ft prenatal.....	34	GUARDIAN 4 TRANSMITTER..	23	hydrocortisone butyrate.....	38
furosemide.....	28	GUARDIAN LINK 3		hydrocortisone valerate.....	38
fyavolv.....	40	TRANSMITTER.....	23	hydrocortisone-acetic acid.....	53
gabapentin.....	11	GUARDIAN REAL-TIME		hydromet.....	55
galantamine hydrobromide.....	12	CHARGER.....	23	hydromorphone hcl.....	6
galantamine hydrobromide er...	12	GUARDIAN REAL-TIME TEST		hydromorphone hcl er.....	5
galbriela.....	40	PLUG.....	23	hydromorphone hcl pf.....	6
gallifrey.....	42	GUARDIAN SENSOR 3.....	23	hydroxychloroquine sulfate.....	18
GARDASIL 9.....	46	GYNAZOLE-1.....	14	hydroxyurea.....	16
gatifloxacin.....	53	habitrol.....	7	hydroxyzine hcl.....	21
gavilax.....	35	hailey 1.5/30.....	40	hydroxyzine pamoate.....	21
gavilyte-c.....	35	hailey 24 fe.....	40	hyoscyamine sulfate.....	35
gavilyte-g.....	35	hailey fe 1.5/30.....	40	hyoscyamine sulfate sl.....	35
gavilyte-n with flavor pack.....	35	hailey fe 1/20.....	40	ibandronate sodium.....	47
gemfibrozil.....	29	halcinonide.....	38	IBRANCE.....	17
gemmily.....	40	halobetasol propionate.....	38	ibuprofen.....	4
generlac.....	35	haloperidol.....	19	icatibant acetate.....	44
gengraf.....	44	haloperidol decanoate.....	18	iclevia.....	40
gentamicin sulfate.....	8, 51	haloperidol lactate.....	18, 19	imatinib mesylate.....	17
gentle laxative.....	35	HAVRIX.....	46	IMBRUVICA.....	17
GILENYA.....	31	heather.....	42	imipenem-cilastatin.....	10
glatiramer acetate.....	31	heparin sodium (porcine).....	25	imipramine hcl.....	13
glatopa.....	31	heparin sodium (porcine) pf.....	25	imiquimod.....	32
GLEOSTINE.....	16	HEPLISAV-B.....	46	IMPAVIDO.....	18
glimepiride.....	24	her style.....	42	incassia.....	42
glipizide er.....	24	HIBERIX.....	46	INCONTROL ULTICARE PEN	
glipizide ir.....	24	HIZENTRA.....	45	NEEDLES.....	49
glipizide-metformin hcl.....	24	HUMALOG.....	24	indapamide.....	28
glucagon emergency kit.....	24	HUMALOG KWIKPEN.....	24	indomethacin.....	4
GLUCAGON EMERGENCY		HUMALOG MIX 50/50		indomethacin er.....	4
KIT.....	24	KWIKPEN.....	25	INFANRIX.....	46
glyburide.....	24	HUMALOG MIX 75/25		INFLECTRA.....	44
glyburide-metformin.....	24	KWIKPEN.....	25	INLYTA.....	17
glycine.....	37	HUMALOG MIX 75/25 VIAL.....	25	INPEN 100-BLUE-LILLY-	
glycine urologic.....	37	HUMALOG U-100 JUNIOR		HUMALOG.....	23
glycolax.....	35	KWIKPEN.....	25	INPEN 100-BLUE-NOVOLOG-	
glycopyrrolate.....	34	HUMATIN.....	8	FIASP.....	23
glycopyrrolate pf.....	35	HUMULIN 70/30 KWIKPEN.....	25	INPEN 100-GREY-LILLY-	
glycopyrrolate pf +rfid.....	34	HUMULIN 70/30 VIAL.....	25	HUMALOG.....	23
glydo.....	6	HUMULIN N KWIKPEN.....	25	INPEN 100-GREY-	
GLYXAMBI.....	24	HUMULIN N VIAL.....	25	NOVOLOG-FIASP.....	23
GOODSENSE ALCOHOL		HUMULIN R U-500 KWIKPEN..	25	INPEN 100-PINK-LILLY-	
SWABS.....	49	HUMULIN R VIAL.....	25	HUMALOG.....	23

INPEN 100-PINK-NOVOLOG- FIASP.....	23	kelnor 1/35.....	40	leucovorin calcium.....	16
INSPIREASE RESERVOIR BAGS.....	49	KESIMPTA.....	31	LEUKERAN.....	16
INSULIN LISPRO.....	25	ketoconazole.....	14	leuprolide acetate.....	43
INSULIN PEN NEEDLES.....	50	KETO-DIASTIX.....	23	levabuterol hcl.....	55
INSULIN SYRINGES.....	50	KETONE CARE.....	23	levetiracetam.....	11
INSUPEN32G EXTR3ME.....	50	ketoprofen.....	4	levetiracetam er.....	10
INTELENCE.....	20	ketorolac tromethamine.....	4, 53	levobunolol hcl.....	52
INTRAROSA.....	39	KETOSTIX.....	23	levocarnitine.....	33
introvale.....	40	KINRIX.....	46	levocarnitine sf.....	33
iodine strong.....	33	KISQALI (200 MG DOSE).....	16	levocetirizine dihydrochloride....	53
iodine tincture.....	8	KISQALI (400 MG DOSE).....	16	levofloxacin.....	10, 53
IPOL.....	46	KISQALI (600 MG DOSE).....	16	levonest.....	40
ipratropium bromide.....	54	klayesta.....	14	levonorgest-eth est & eth est....	40
ipratropium-albuterol.....	55	klor-con.....	33	levonorgest-eth estrad 91-day..	41
irbesartan.....	26	klor-con 10.....	33	levonorgest-eth estradiol-iron...	41
irbesartan-hydrochlorothiazide..	28	klor-con m10.....	33	levonorgestrel.....	42
ISENTRESS.....	20	klor-con m15.....	33	levonorgestrel-ethinyl estrad....	41
ISENTRESS HD.....	20	klor-con m20.....	33	levonorg-eth estrad triphasic....	41
isibloom.....	40	KLOXXADO.....	7	levo-t.....	43
isoniazid.....	15	KOSELUGO.....	17	levothyroxine sodium.....	43
isosorbide dinitrate.....	29	K-PHOS.....	33	levoxyl.....	43
isosorbide mononitrate.....	29	k-tan plus.....	33	lidocaine.....	6
isosorbide mononitrate er.....	29	kurvelo.....	40	lidocaine hcl urethral/mucosal....	7
isotretinoin.....	32	KYLEENA.....	42	lidocaine viscous hcl.....	7
isradipine.....	27	labetalol hcl.....	27	lidocaine-prilocaine.....	7
itraconazole.....	14	lacosamide.....	11	LILETTA (52 MG).....	42
ivermectin.....	17, 32	lactic acid e.....	32	linezolid.....	8
IXEMPRA KIT.....	16	lactulose.....	35	linezolid in sodium chloride.....	8
jaimiess.....	40	lactulose encephalopathy.....	35	LINZESS.....	35
JAKAFI.....	17	LAGEVRIO.....	19	liomny.....	43
jantoven.....	25	lamivudine.....	19, 20	liothyronine sodium.....	43
JANUMET.....	24	lamivudine-zidovudine.....	20	liraglutide.....	24
JANUMET XR.....	24	lamotrigine.....	11	lisdexamfetamine dimesylate....	30
JANUVIA.....	24	lamotrigine er.....	11	lisinopril.....	26
JARDIANCE.....	24	LANCETS.....	23	lisinopril-hydrochlorothiazide....	28
jasmiel.....	40	LANCETS 28G THIN.....	23	lithium.....	22
jencycla.....	42	LANCETS SUPER THIN.....	23	lithium carbonate.....	22
jinteli.....	40	lansoprazole.....	36	lithium carbonate er.....	22
jolessa.....	40	LANTUS SOLOSTAR.....	25	LODOCO.....	28
JOURNAVX.....	4	LANTUS U-100 VIAL.....	25	lojaimiess.....	41
joyeaux.....	40	lapatinib ditosylate.....	17	lomustine.....	16
J-TIP KIT W/VIAL ADAPTERS..	50	larin 1.5/30.....	40	loperamide hcl.....	35
juleber.....	40	larin 1/20.....	40	lopinavir-ritonavir.....	21
junel 1.5/30.....	40	larin 24 fe.....	40	lorazepam.....	22
junel 1/20.....	40	larin fe 1.5/30.....	40	lorazepam intensol.....	22
junel fe 1.5/30.....	40	larin fe 1/20.....	40	loryna.....	41
junel fe 1/20.....	40	latanoprost.....	53	losartan potassium.....	26
junel fe 24.....	40	laxative osmotic.....	36	losartan potassium-hctz.....	28
kaitlib fe.....	40	lederle leucovorin.....	16	loteprednol-tobramycin.....	52
kalliga.....	40	leflunomide.....	46	lovastatin.....	29
kariva.....	40	lenalidomide.....	16	low-ogestrel.....	41
		lessina.....	40	loxapine succinate.....	19
		letrozole.....	16	lo-zumandimine.....	41

lubiprostone.....	35	metformin hcl er.....	24	modafinil.....	56
luizza 1.5/30.....	41	metformin hcl ir.....	24	mometasone furoate.....	38, 56
luizza 1/20.....	41	methadone hcl.....	5	mono-lynyah.....	41
LULICONAZOLE.....	14	methadone hcl intensol.....	5	montelukast sodium.....	54
LUMIGAN.....	53	methenamine hippurate.....	8	morphine sulfate.....	6
LUPRON DEPOT (1-MONTH).....	43	methimazole.....	44	morphine sulfate (concentrate).....	6
LUPRON DEPOT (3-MONTH).....	43	methocarbamol.....	56	morphine sulfate (pf).....	6
LUPRON DEPOT (4-MONTH)		methotrexate sodium.....	44	morphine sulfate er.....	5
INTRAMUSCULAR KIT 30MG.....	43	methotrexate sodium (pf).....	44	MOTOFEN.....	35
LUPRON DEPOT (6-MONTH)		methscopolamine bromide.....	35	MOUNJARO.....	24
INTRAMUSCULAR KIT 45MG.....	43	methsuximide.....	11	MOVANTIK.....	35
LUPRON DEPOT-PED (1-		methyldopa.....	26	moxifloxacin hcl.....	10, 53
MONTH).....	43	methylergonovine maleate.....	50	moxifloxacin hcl (2x day).....	53
LUPRON DEPOT-PED (3-		methylphenidate hcl.....	30	moxifloxacin hcl in nacl.....	10
MONTH).....	43, 44	methylphenidate hcl er.....	30	multivitamin w/fluoride.....	34
LUPRON DEPOT-PED (6-		methylphenidate hcl er (osm).....	30	multivitamin/fluoride.....	34
MONTH).....	44	methylprednisolone.....	38	multi-vitamin/fluoride.....	34
lurasidone hcl.....	19	metoclopramide hcl.....	13	multi-vitamin/fluoride/iron.....	34
lutea.....	41	metoclopramide hcl +rfd.....	13	mupirocin.....	8
lyleq.....	42	metolazone.....	28	my choice.....	42
lyllana.....	41	metoprolol succinate er.....	27	my way.....	42
LYNPARZA.....	17	metoprolol tartrate.....	27	mycophenolate mofetil.....	44, 45
LYSODREN.....	43	metoprolol-hydrochlorothiazide.....	28	mycophenolate mofetil hcl.....	44
lyza.....	42	metronidazole.....	8, 32	mycophenolate sodium.....	45
magnesium citrate.....	36	metirosine.....	28	mycophenolic acid.....	45
malathion.....	18	mexiletine hcl.....	26	MYRBETRIQ.....	36
maraviroc.....	20	mibelas 24 fe.....	41	na ferric gluc cplx in sucrose.....	33
marlissa.....	41	miconazole 3.....	14	na sulfate-k sulfate-mg sulf.....	36
MARPLAN.....	12	MICROCHAMBER.....	50	nabumetone.....	4
MASONATAL.....	34	microgestin 1.5/30.....	41	nadolol.....	27
MAVYRET.....	20	microgestin 1/20.....	41	nafcillin sodium.....	9
meclizine hcl.....	13	microgestin fe 1.5/30.....	41	nalbuphine hcl.....	6
meclofenamate sodium.....	4	microgestin fe 1/20.....	41	naloxone hcl.....	7
medroxyprogesterone acetate.....	42	midodrine hcl.....	26	naltrexone hcl.....	7
mefenamic acid.....	4	mili.....	41	naproxen.....	4
mefloquine hcl.....	18	mimvey.....	41	naproxen sodium.....	4
megestrol acetate.....	42	mineral oil heavy.....	36	naratriptan hcl.....	15
MEKINIST.....	17	MINIVELLE.....	41	NATACYN.....	52
meleya.....	42	minocycline hcl.....	10	NATAZIA.....	41
meloxicam.....	4	minoxidil.....	29	nateglinide.....	24
melphalan hcl.....	16	minzoya.....	41	NAYZILAM.....	11
memantine hcl.....	12	mirabegron er.....	36	nebivolol hcl.....	27
memantine hcl er.....	12	MIRENA (52 MG).....	42	necon 0.5/35 (28).....	41
MENQUADFI.....	46	mirtazapine.....	12	nefazodone hcl.....	12
MENVEO.....	46	misoprostol.....	36	neomycin sulfate.....	8
meperidine hcl.....	6	mitigo.....	5	neomycin-bacitracin zn-	
meprobamate.....	21	MIUDELLA INTRAUTERINE		polymyx.....	51
mercaptapurine.....	16	COPPER.....	50	neomycin-polymyxin-dexameth.....	51
mesalamine.....	47	mm aspirin.....	4	neomycin-polymyxin-	
mesalamine er oral capsule		mm clearlax.....	36	gramacidin.....	51
0.375 gm.....	47	M-M-R II.....	46	neomycin-polymyxin-hc.....	51, 53
mesna.....	17	MNEXSPIKE.....	46	NEONATAL PRENATAL.....	34
MESNEX.....	17	MOBILE LANCETS 30G.....	23	neostigmine methylsulfate.....	15

neostigmine methylsulfate rfid..	15	np thyroid.....	43	oxcarbazepine.....	11
neuac.....	32	NURTEC.....	15	oxybutynin chloride.....	37
NEULASTA.....	25	NUVAXOVID COVID-19		oxybutynin chloride er.....	36
NEULASTA ONPRO.....	25	VACCINE.....	46	oxycodone hcl.....	6
NEUPRO.....	18	nyamyc.....	14	oxycodone-acetaminophen.....	6
new day.....	42	nylia 1/35.....	41	OXYCONTIN.....	5
NEXPLANON.....	42	nylia 7/7/7.....	41	oxymorphone hcl.....	6
niacin er (antihyperlipidemic)....	29	nystatin.....	14	oxymorphone hcl er.....	5
NICORETTE.....	7	nystatin-triamcinolone.....	14	OZEMPIC.....	24
NICORETTE MINI.....	7	nystop.....	14	paliperidone er.....	19
nicotine.....	8	octreotide acetate.....	44	PANDA MASK LARGE.....	50
nicotine mini.....	7	OFEV.....	55	PANDA MASK MEDIUM.....	50
nicotine polacrilex.....	7	ofloxacin.....	10, 53	PANDA MASK SMALL.....	50
nicotine polacrilex mini.....	7	OGSIVEO.....	17	pantoprazole sodium.....	36
nicotine step 1.....	7	olanzapine.....	19	PARAGARD INTRAUTERINE	
nicotine step 2.....	8	olanzapine-fluoxetine hcl.....	12	COPPER.....	50
nicotine step 3.....	8	olmesartan medoxomil.....	26	PARI VORTEX ADULT MASK..	50
NICOTROL NS.....	8	olmesartan medoxomil-hctz.....	28	PARI VORTEX PEDIATRIC	
nifedipine er.....	27	olopatadine hcl.....	52, 53	MASK.....	50
nifedipine er osmotic release....	27	omega-3-acid ethyl esters.....	29	paricalcitol.....	47
nikki.....	41	omeprazole.....	36	paroxetine hcl.....	12
nilutamide.....	16	ondansetron hcl.....	13	PAXLOVID (150/100).....	19
nitazoxanide.....	18	ondansetron odt.....	14	PAXLOVID (300/100 &	
nitisinone.....	36	ONE A DAY PRENATAL.....	34	150/100).....	19
nitrofurantoin macrocrystal.....	8	ONE VITE WOMENS.....	34	PAXLOVID (300/100).....	19
nitrofurantoin monohydrate		ONETOUCH DELICA PLUS		pazopanib hcl.....	17
macrocrystals.....	8	LANCING.....	23	PEDIARIX.....	46
nitroglycerin.....	29	ONETOUCH DELICA SAFETY		PEDIATRIC PANDA MASK.....	50
NIVESTYM.....	25	LANCING.....	23	PEDVAX HIB.....	46
nizatidine.....	35	opcicon one-step.....	42	peg 3350.....	36
nora-be.....	42	OPILL.....	42	peg 3350-kcl-na bicarb-nacl.....	36
NORDITROPIN FLEXPRO.....	39	OPTICHAMBER DIAMOND.....	50	peg-3350/electrolytes.....	36
norelgestromin-eth estradiol.....	41	OPTICHAMBER DIAMOND-		peg-3350/electrolytes/ascorbat.....	36
norethin ace-eth estrad-fe.....	41	LG MASK.....	50	PEGASYS.....	20
norethindrone.....	42	OPTICHAMBER DIAMOND-		peg-kcl-nacl-nasulf-na asc-c.....	36
norethindrone acetate.....	42	MD MASK.....	50	PEN NEEDLE/5-BEVEL TIP.....	50
norethindrone acet-ethinyl est...41		OPTICHAMBER DIAMOND-		penicillamine.....	37
norethindrone-eth estradiol.....	41	SM MASK.....	50	penicillin g potassium.....	9
norethin-eth estradiol-fe.....	41	option 2.....	42	penicillin v potassium.....	9
norgestimate-eth estradiol.....	41	OPTIONS GYNOL II		PENTACEL.....	47
norgestimate-ethinyl estradiol		CONTRACEPTIVE.....	37	pentazocine-naloxone hcl.....	6
triphasic.....	41	ORFADIN.....	36	PENTIPS GENERIC PEN	
norlyroc.....	42	ORGOVYX.....	16	NEEDLES.....	50
nortrel 0.5/35 (28).....	41	orphenadrine citrate er.....	56	pentoxifylline er.....	28
nortrel 1/35 (21).....	41	orphenadrine-aspirin-caffeine...56		PERFECT POINT SAFETY	
nortrel 1/35 (28).....	41	orquidea.....	42	LANCETS.....	23
nortrel 7/7/7.....	41	ORSERDU.....	16	perigard.....	31
nortriptyline hcl.....	13	oseltamivir phosphate.....	21	permethrin.....	18
NORVIR.....	21	OTEZLA.....	46	perphenazine.....	13
NOVOFINE PEN NEEDLE.....	50	OTEZLA XR.....	46	perphenazine-amitriptyline.....	12
NOVOFINE PLUS PEN		OTEZLA/OTEZLA XR		phenazopyridine hcl.....	37
NEEDLE.....	50	INITIATION PK.....	46	phenelzine sulfate.....	12
NOVOPEN ECHO.....	23	oxaprozin.....	4	phenobarbital.....	11

phenoxybenzamine hcl.....	26	prenatal multi +dha.....	34	QUICK TOUCH INSULIN PEN	
phenylephrine hcl.....	52	prenatal multivit plus folate.....	34	NEEDLE.....	51
phenytek.....	11	prenatal plus vitamin/mineral....	34	quinapril hcl.....	26
phenytoin.....	11	prenatal vitamins.....	34	quinapril-hydrochlorothiazide....	28
phenytoin infatabs.....	11	prenatal/folic acid+dha.....	34	quinidine sulfate.....	26
phenytoin sodium.....	12	PRETOMANID.....	15	quinine sulfate.....	18
phenytoin sodium extended.....	11	prevalite.....	29	QULIPTA.....	15
philith.....	41	PREVIDENT.....	31	QVAR REDHALER.....	54
PHOSPHOLINE IODIDE.....	52	PREVNAR 20.....	47	rabeprazole sodium.....	36
PHOSPHO-TRIN K500.....	33	PREZCOBIX.....	21	raloxifene hcl.....	43
pilocarpine hcl.....	31, 52	PREZISTA.....	21	ramelteon.....	56
pimecrolimus.....	32	PRIFTIN.....	15	ramipril.....	26
pimtreea.....	41	primaquine phosphate.....	18	ranolazine er.....	28
pindolol.....	27	primidone.....	11	rasagiline mesylate.....	18
pioglitazone hcl.....	24	PRIORIX.....	47	RAYA SURE PEN NEEDLE.....	51
pioglitazone hcl-glimepiride.....	24	PRO COMFORT SPACER		reclipsen.....	41
PIP PEN NEEDLES 32G X		ADULT.....	50	RECOMBIVAX HB.....	47
4MM.....	50	PRO COMFORT SPACER		RECTIV.....	29
piperacillin sod-tazobactam		CHILD.....	50	RELENZA DISKHALER.....	21
sod.....	10	PRO COMFORT SPACER		RENACIDIN.....	37
piroxicam.....	4	INFANT.....	51	repaglinide.....	24
PLENVU.....	36	probenecid.....	14	REPATHA.....	29
plerixafor.....	26	procainamide hcl.....	26	REPATHA SURECLICK.....	29
PNEUMOVAX 23.....	47	PROCARE SPACER/ADULT		RETACRIT.....	26
POCKET SPACER.....	50	MASK.....	51	REVLIMID.....	16
podofilox.....	32	PROCARE SPACER/CHILD		REYATAZ.....	21
polyethylene glycol 3350.....	36	MASK.....	51	RHOPRESSA.....	52
polymyxin b sulfate.....	8	prochlorperazine.....	13	ribavirin.....	20
polymyxin b-trimethoprim.....	51	prochlorperazine maleate.....	13	rifabutin.....	15
polysaccharide iron forte.....	33	procto-med hc.....	47	rifampin.....	15
pomalidomide.....	16	progesterone.....	42	riluzole.....	30
POMALYST.....	16	PROLIA.....	47	rimantadine hcl.....	21
portia-28.....	41	PROMACTA.....	26	RINVOQ.....	46
potassium chloride.....	33	promethazine hcl.....	13	risedronate sodium.....	47
potassium chloride crys er.....	33	propafenone hcl.....	26	risperidone.....	19
potassium chloride er.....	33	propranolol hcl.....	27	ritonavir.....	21
potassium citrate er.....	33	propranolol hcl er.....	27	rivaroxaban.....	25
PRADAXA.....	25	propylthiouracil.....	44	rivastigmine.....	12
pramipexole dihydrochloride.....	18	PROQUAD.....	47	rivastigmine tartrate.....	12
prasugrel hcl.....	26	PULMOZYME.....	55	rivelsa.....	41
pravastatin sodium.....	29	PURE COMFORT SAFETY		rizatriptan benzoate.....	15
praziquantel.....	17	LANCET 30G.....	23	roflumilast.....	55
prazosin hcl.....	26	PURE COMFORT SAFETY		ROMVIMZA.....	17
prednisolone.....	38	PEN NEEDLE.....	51	ropinirole hcl.....	18
prednisolone acetate.....	53	PURE COMFORT SPACER		ropinirole hcl er.....	18
prednisolone sodium		CHAMBER.....	51	rosuvastatin calcium.....	29
phosphate.....	38, 53	purevit dualfe plus.....	33	rosyrah.....	41
prednisone.....	38	pyrazinamide.....	15	ROTARIX.....	47
pregabalin.....	30	pyridostigmine bromide.....	15	ROTATEQ.....	47
PREMARIN.....	41	pyrimethamine.....	18	roweepra.....	11
PREMPHASE.....	41	QUADRACEL.....	47	rufinamide.....	12
PREMPRO.....	41	quetiapine fumarate.....	19	RYBELSUS.....	24
prenatal.....	34	quetiapine fumarate er.....	19	sacubitril-valsartan.....	28

SAFETY PEN NEEDLES.....	51	sodium polystyrene sulfonate... 33	tazicef.....	9	
sapropterin dihydrochloride.....	36	solifenacin succinate.....	37	TECHLITE LANCETS 26G.....	24
SAVELLA.....	30	SOLIQUA.....	24	TECHLITE PLUS PEN	
SAVELLA TITRATION PACK... 30		sorafenib tosylate.....	17	NEEDLES.....	51
saxagliptin hcl.....	24	sorbitol-mannitol.....	37	telmisartan.....	26
saxagliptin-metformin er.....	24	sotalol hcl.....	26	telmisartan-hctz.....	28
SCEMBLIX.....	17	sotalol hcl (af).....	26	temazepam.....	56
scopolamine.....	13	SPEVIGO.....	32	temozolomide.....	16
selegiline hcl.....	18	SPIKEVAX.....	47	temsirolimus.....	45
selenium sulfide.....	32	SPIKEVAX 6M-11Y.....	47	TENIVAC.....	47
SELZENTRY.....	20	spinosad.....	18	tenofovir disoproxil fumarate.....	20
SENSILANCE SAFETY		spironolactone.....	28	terazosin hcl.....	37
LANCETS 21G.....	23	spironolactone-hctz.....	28	terbinafine hcl.....	14
SENSILANCE SAFETY		sprintec 28.....	41	terconazole.....	14
LANCETS 26G.....	23	SPS (SODIUM		teriflunomide.....	31
SENSILANCE SAFETY		POLYSTYRENE SULF).....	33	TERIPARATIDE.....	47
LANCETS 28G.....	24	ssd.....	8	testosterone.....	39
SEREVENT DISKUS.....	55	ST JOSEPH LOW DOSE.....	4	testosterone cypionate.....	39
sertraline hcl.....	12	STIVARGA.....	17	testosterone enanthate.....	39
se-tan plus.....	33	STRENSIQ.....	36	tetrabenazine.....	30
setlakin.....	41	streptomycin sulfate.....	8	tetracycline hcl.....	10
sevelamer carbonate.....	34	subvenite.....	11	theophylline er.....	55
sharobel.....	43	sucralfate.....	36	thiamine hcl.....	34
shewise.....	43	SULCONAZOLE NITRATE.....	14	thioridazine hcl.....	19
SHINGRIX.....	47	sulfacetamide sodium.....	53	thiothixene.....	19
SIGNIFOR.....	44	sulfacetamide sodium (acne)....	32	thyroid.....	43
sildenafil citrate.....	55	sulfacetamide-prednisolone.....	52	tiadylt er.....	27
silodosin.....	37	sulfadiazine.....	10	tiagabine hcl.....	11
silver sulfadiazine.....	8	sulfamethoxazole-trimethoprim .	10	ticagrelor.....	26
SIMBRINZA.....	52	sulfasalazine.....	47	tilia fe.....	41
SIMLANDI (1 PEN).....	45	sulfatrim pediatric.....	10	timolol maleate.....	27, 52
SIMLANDI (2 PEN).....	45	sulfurated lime.....	18	tiopronin.....	37
SIMLANDI (2 SYRINGE).....	45	sulindac.....	4	TIVICAY.....	20
simliya.....	41	sumatriptan.....	15	TIVICAY PD.....	20
simpesse.....	41	sumatriptan succinate.....	15	tizanidine hcl.....	56
SIMPONI.....	45	sunitinib malate.....	17	TOBRADEX.....	51
SIMPONI ARIA.....	45	syeda.....	41	TOBRADEX ST.....	51
simvastatin.....	29	SYNJARDY.....	24	tobramycin.....	51, 55
sirolimus.....	45	SYNJARDY XR.....	24	tobramycin-dexamethasone.....	51
SIRTURO.....	15	tacrolimus.....	32, 45	TOBEX.....	51
SKYLA.....	43	tadalafil.....	37	TODAY SPONGE.....	37
SKYRIZI.....	32, 45	tadalafil (pah).....	55	tolcapone.....	18
SKYRIZI PEN.....	45	TAFINLAR.....	17	tolmetin sodium.....	4
smooth lax.....	36	tafluprost (pf).....	53	tolterodine tartrate.....	37
sod benz-sod phenylacet.....	36	take action.....	43	tolterodine tartrate er.....	37
sod citrate-citric acid.....	33	TALTZ.....	32, 33	topiramate.....	11
sodium acetate.....	33	TAMIFLU.....	21	toremifene citrate.....	16
sodium chloride.....	56	tamoxifen citrate.....	16	torpenz.....	17
sodium citrate-citric acid.....	33	tamsulosin hcl.....	37	torsemide.....	28
sodium fluoride.....	31, 33	tarina 24 fe.....	41	TOUJEO MAX SOLOSTAR.....	25
sodium fluoride 5000 plus.....	31	tarina fe 1/20 eq.....	41	TOUJEO SOLOSTAR.....	25
sodium fluoride 5000 ppm.....	31	taysofy.....	41	tramadol hcl (er biphasic).....	5
sodium phenylbutyrate.....	36	tazarotene.....	33	tramadol hcl er.....	5

tramadol hcl ir.....	6	ULTIGUARD SAFEPACK		VIRACEPT.....	21
tramadol-acetaminophen.....	6	SYR/NEEDLE.....	51	VIREAD.....	20
trandolapril.....	26	UMECLIDINIUM-		VISTOGARD.....	51
tranexamic acid.....	26	VILANTEROL.....	56	vitamin d (ergocalciferol).....	34
tranylcypromine sulfate.....	12	UNIFINE OTC PEN NEEDLES.....	51	VIVAGUARD LANCETS 30G...	24
travoprost (bak free).....	53	UNIFINE PROTECT PEN		VIVAGUARD SAFETY	
trazodone hcl.....	12	NEEDLE.....	51	LANCETS 28G.....	24
TRELEGY ELLIPTA.....	56	unithroid.....	43	volnea.....	42
TREMFYA.....	46	ursodiol.....	35	VORANIGO.....	17
TREMFYA ONE-PRESS.....	46	USTEKINUMAB-AAUZ.....	45	voriconazole.....	14
TREMFYA PEN.....	46	valacyclovir hcl.....	20	VORTEX VALVE CHAMBER-	
TREMFYA-CD/UC		valganciclovir hcl.....	19	PEDI MASK.....	51
INDUCTION.....	46	valproate sodium.....	11	VORTEX VALVED HOLDING	
TRESIBA.....	25	valproic acid.....	11	CHAMBER.....	51
TRESIBA FLEXTOUCH.....	25	valsartan.....	26	vyfemla.....	42
tretinoin.....	17, 33	valsartan-hydrochlorothiazide...	28	VYJUVEK.....	51
triamcinolone acetonide.....	31, 38	valtya 1/35.....	42	vylibra.....	42
triamterene-hctz.....	28	valtya 1/50.....	42	warfarin sodium.....	25
triderm.....	38	vancomycin hcl.....	8	wera.....	42
trientine hcl.....	33	VAQTA.....	47	wescaps.....	34
tri-estarylla.....	41	varenicline tartrate.....	8	WIDE-SEAL DIAPHRAGM 60..	51
trifluoperazine hcl.....	19	varenicline tartrate (starter).....	8	WIDE-SEAL DIAPHRAGM 65..	51
trifluridine.....	52	varenicline tartrate(continue).....	8	WIDE-SEAL DIAPHRAGM 70..	51
trigels-f forte.....	33	VARIVAX.....	47	WIDE-SEAL DIAPHRAGM 75..	51
trihexyphenidyl hcl.....	18	vasopressin.....	39	WIDE-SEAL DIAPHRAGM 80..	51
tri-legest fe.....	41	vasopressin +rfid.....	39	WIDE-SEAL DIAPHRAGM 85..	51
tri-linyah.....	42	VAXNEUVANCE.....	47	WIDE-SEAL DIAPHRAGM 90..	51
tri-lo-estarylla.....	42	v-c forte.....	34	WIDE-SEAL DIAPHRAGM 95..	51
tri-lo-marzia.....	42	VCF VAGINAL		wixela inhub.....	54
tri-lo-mili.....	42	CONTRACEPTIVE.....	37	wymzya fe.....	42
tri-lo-sprintec.....	42	velivet.....	42	xarah fe.....	42
trimethoprim.....	8	venlafaxine hcl.....	12	XARELTO.....	25
tri-mili.....	42	venlafaxine hcl er.....	13	XARELTO STARTER PACK....	25
trimipramine maleate.....	13	verapamil hcl.....	27	XELJANZ.....	45
triphrocaps.....	34	verapamil hcl er.....	27	XELJANZ XR.....	45
tri-sprintec.....	42	VERIFINE INSULIN PEN		xelria fe.....	42
TRIUMEQ.....	20	NEEDLE.....	51	XGEVA.....	47
tri-vite/fluoride.....	34	VERIFINE INSULIN SYRINGE.....	51	XIFAXAN.....	9
tri-vylibra.....	42	VERIFINE PLUS PEN		XIGDUO XR.....	24
tri-vylibra lo.....	42	NEEDLE.....	51	XOLREMDI.....	26
tropium chloride.....	37	VERIFINE SAFE LANCET		XTAMPZA ER.....	5
TRUE COMFORT SAFETY		MINI 21G.....	24	XTANDI.....	16
PEN NEEDLE.....	51	VERIFINE SAFE LANCET		xulane.....	42
TRUE COVER.....	51	MINI 23G.....	24	XULTOPHY.....	24
TRUE FOLIC ACID.....	34	VERIFINE SAFE LANCET		YESINTEK.....	45
TRULICITY.....	24	MINI 28G.....	24	yl folic acid.....	34
TRUMENBA.....	47	VERIFINE SAFE LANCET		yuvafem.....	42
TRYNGOLZA.....	29	MINI 30G.....	24	zafemy.....	42
turqoz.....	42	VERZENIO.....	16	zafirlukast.....	54
TWINRIX.....	47	vestura.....	42	zaleplon.....	56
tydemy.....	42	vienna.....	42	zelvysia.....	36
TYENNE.....	46	vilazodone hcl.....	13	zenatane.....	33
UBRELVY.....	15	violele.....	42	ZENPEP.....	36

ZERVIAE .....	52
zidovudine .....	20
zileuton er .....	54
ziprasidone hcl .....	19
zolmitriptan .....	15
zolpidem tartrate .....	56
zolpidem tartrate er .....	56
zonisamide .....	11
zovia 1/35 (28) .....	42
zumandimine .....	42
ZYLET .....	52

## 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 اتصل بـ 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 ກຳລັງຊ່ວຍເຫຼືອ, ມີ ສາອາມກ່ຽວກັບ Blue KC, ທ່ານ ມີ ສິດ ທ່ານ ໄດ້ ຮັບ ການ ຊ່ວຍເຫຼືອ ອາດ ຈະ ຄ່ ມູ ນ ຂໍ ຈ່ວຍ ທ່ານ ທ່ານ ບໍ່ ມາ ສາ ຂອງ ທ່ານ ທ່ານ ບໍ່ ມາ ຄ່ ຈ່ ຈຳ ໃ ຈຳ ຈຳ ຈຳ. ການ ໂອ້ ວິ ມີ ກັບ ນາຍ ພາ ສາ, ໃຫ້ ໂທ ທາ 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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