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:

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

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

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

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

Syringe and Needle Coverage

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

Blue Cross and Blue Shield of Kansas City

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 15
Antimyasthenic Agents 15
Antimycobacterials 15
Antineoplastics 16
Antiparasitics 18
Antiparkinson Agents 18
Antipsychotics 19
Antivirals 20
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 30
Cholestatic Pruritus Agent 31
Dental and Oral Agents 31
Dermatological Agents 32
Electrolytes/Minerals/Metals/Vitamins 33
Gastrointestinal Agents 35
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment 37
Genitourinary Agents 37
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) 38
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 48
Ophthalmic Agents 52
Otic Agents 53
Respiratory Tract/Pulmonary Agents 54
Skeletal Muscle Relaxants 56
Sleep Disorder Agents 56

Drug Name	Drug Category	Limits/ Required
Analgesics		
JOURNAVX	3	QL (2.5 EA per 1 day)
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	PV
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec adult low dose	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin low dose	1	PV
aspirin oral tablet 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 adult low dose	1	PV
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	
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	
Opioid Analgesics, Long-acting		
buprenorphine	3	PA; QL (0.15 EA per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	3	PA; QL (1 EA per 1 day)
fentanyl transdermal patch 72 hour 12 mcg/hr	3	PA; QL (0.5 EA per 1 day)
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	1	PA; QL (0.5 EA per 1 day)

Last Updated Date: 08/18/2026

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)
Opioid Analgesics, Short-acting		
acetaminophen-codeine oral solution	1	QL (166.5 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (10 EA per 1 day)
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)

Last Updated Date: 08/18/2026

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

Last Updated Date: 08/18/2026

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

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

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

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
XEPI	3	
XIFAXAN ORAL TABLET 550 MG	3	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	3	
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
cefazolin sodium-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	
cephalexin oral suspension reconstituted	1	
tazicef injection	1	
tazicef intravenous solution reconstituted	1	
Beta-lactam, Penicillins		
amoxicillin	LCG	
amoxicillin trihydrate oral	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	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 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	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
Carbapenems		
ertapenem sodium	3	
imipenem-cilastatin	3	
Macrolides		
azithromycin intravenous	1	
azithromycin oral	LCG	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
erythromycin base oral	3	
erythromycin ethylsuccinate oral suspension reconstituted	3	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	LCG	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in d5w	3	
levofloxacin intravenous	3	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim intravenous	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	LCG	
sulfamethoxazole-trimethoprim oral tablet	LCG	
sulfatrim pediatric	LCG	
Tetracyclines		
demeclocycline hcl	3	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral capsule	1	
tetracycline hcl oral capsule	3	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam oral	3	
EPIDIOLEX	5	PA
levetiracetam er	3	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet	1	
roweepra	1	
Calcium Channel Modifying Agents		
ethosuximide oral capsule	1	
ethosuximide oral solution	3	
methsuximide	2	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral tablet	2	PA
diazepam rectal	3	QL (2 EA per 1 fill)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
NAYZILAM	3	
phenobarbital oral	1	
primidone oral tablet 250 mg, 50 mg	LCG	
tiagabine hcl	3	
valproate sodium intravenous	1	
valproic acid oral capsule	LCG	
valproic acid oral solution 250 mg/5ml	LCG	
Glutamate Reducing Agents		
lamotrigine er	3	
lamotrigine odt	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
perampanel	3	
subvenite oral tablet	1	
topiramate oral capsule sprinkle 15 mg	1	
topiramate oral capsule sprinkle 25 mg	3	
topiramate oral tablet	1	
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet	LCG	
carbamazepine oral tablet chewable 100 mg	1	
DILANTIN ORAL CAPSULE 30 MG	3	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet	3	
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytek	3	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule 100 mg	1	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection	1	
rufinamide oral suspension 40 mg/ml	3	PA
rufinamide oral tablet	3	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	
rivastigmine tartrate	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	3	QL (1 EA per 1 day)
memantine hcl oral solution 2 mg/ml	3	
memantine hcl oral tablet	1	
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr)	1	QL (2 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (1 EA per 1 day)
bupropion hcl oral	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	LCG	

Drug Name	Drug Category	Limits/ Required
olanzapine-fluoxetine hcl	1	
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral tablet	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	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	LCG	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (3 EA per 1 day)
vilazodone hcl	1	QL (1 EA per 1 day)
Tricyclics		
amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	LCG	
amitriptyline hcl oral tablet 150 mg	3	
amoxapine	3	
clomipramine hcl oral	3	
desipramine hcl oral	3	
doxepin hcl oral capsule 10 mg, 50 mg	LCG	
doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg	3	
doxepin hcl oral concentrate	3	
imipramine hcl oral	1	
nortriptyline hcl oral capsule	LCG	
nortriptyline hcl oral solution	3	
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, Other		
meclizine hcl oral tablet 12.5 mg, 25 mg	LCG	
meclizine hcl oral tablet 50 mg	2	
meclizine hcl oral tablet chewable	1	
metoclopramide hcl +rfid	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution 5 mg/5ml	LCG	
metoclopramide hcl oral tablet	LCG	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral tablet 10 mg	LCG	
prochlorperazine maleate oral tablet 5 mg	1	
promethazine hcl oral solution 6.25 mg/5ml	LCG	
promethazine hcl oral tablet 12.5 mg, 50 mg	1	
promethazine hcl oral tablet 25 mg	LCG	
promethazine hcl rectal	3	
scopolamine	2	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg	3	QL (6 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 oral capsule	3	PA; QL (2 EA per 1 day)
granisetron hcl intravenous	1	
granisetron hcl oral	1	QL (4 EA per 30 days)

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
ondansetron hcl oral solution 4 mg/5ml	1	QL (4 ML per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
Antifungals		
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	
klayesta	1	
LULICONAZOLE	3	
miconazole 3 vaginal suppository	1	
nystatin external cream	LCG	
nystatin external ointment	1	
nystatin external powder	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral	3	
nystatin-triamcinolone	1	
nystop	1	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	LCG	QL (84 day supply per 180 days)
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	LCG	
allopurinol sodium	1	
colchicine oral tablet	1	
colchicine-probenecid	2	
febuxostat	3	ST
probenecid	2	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL (0.11 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	2	PA; QL (0.04 ML per 1 day)
NURTEC	2	PA; QL (0.54 EA per 1 day)
QULIPTA	2	PA; QL (1 EA per 1 day)
UBRELVY	2	PA; QL (0.54 EA per 1 day)
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	PA; QL (0.86 ML per 1 day)
ERGOMAR	3	
ergotamine-caffeine	3	PA; QL (0.86 EA per 1 day)
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	2	QL (0.4 EA per 1 day)
eletriptan hydrobromide	2	QL (0.4 EA per 1 day)
naratriptan hcl	1	QL (0.3 EA per 1 day)
rizatriptan benzoate oral tablet 10 mg	1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg	1	QL (0.6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg	1	QL (0.6 EA per 1 day)
sumatriptan nasal	2	QL (0.4 EA per 1 day)
sumatriptan succinate oral	1	QL (0.3 EA per 1 day)
sumatriptan succinate subcutaneous	2	QL (0.17 ML per 1 day)
zolmitriptan oral tablet	1	QL (0.4 EA per 1 day)
zolmitriptan oral tablet dispersible	2	QL (0.4 EA per 1 day)
Antimyasthenic Agents		
Parasympathomimetics		
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	3	
neostigmine methylsulfate rfid intravenous solution prefilled syringe	3	
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	3	
rifabutin	3	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral syrup	1	
isoniazid oral tablet 100 mg	1	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
isoniazid oral tablet 300 mg	LCG	
PRETOMANID	2	
PRIFTIN	3	
pyrazinamide oral	1	
rifampin oral	2	
rifapentine	1	
SIRTURO	3	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	3	
CYCLOPHOSPHAMIDE ORAL TABLET	2	
GLEOSTINE	5	
LEUKERAN	5	
lomustine	4	
melphalan hcl	4	
temozolomide	4	PA
Antiandrogens		
abiraterone acetate oral tablet 250 mg	4	PA
abirtega	4	PA
bicalutamide	1	
nilutamide	4	PA
NUBEQA	5	PA
ORGOVYX	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
lenalidomide	4	PA
pomalidomide oral capsule 1 mg, 2 mg	4	PA; QL (1 EA per 1 day)
pomalidomide oral capsule 3 mg, 4 mg	4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG	5	PA; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5	PA
REVLIMID	4	PA

Drug Name	Drug Category	Limits/ Required
Antiestrogens/Modifiers		
ORSERDU	5	PA
tamoxifen citrate oral tablet 10 mg	1	PA
tamoxifen citrate oral tablet 20 mg	1	PA; PV*
toremifene citrate	3	
Antimetabolites		
capecitabine	4	
decitabine	4	
DROXIA	3	
fludarabine phosphate	4	
fluorouracil intravenous	4	
hydroxyurea oral	1	
mercaptopurine oral tablet	1	
Antineoplastics, Other		
diclofenac sodium external gel 3 %	1	QL (10 GM per 1 day)
ETHYOL	5	
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	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
leucovorin calcium oral tablet 10 mg, 5 mg	1	
leucovorin calcium oral tablet 15 mg, 25 mg	3	
VERZENIO	4	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	1	PV*
exemestane	1	PV*
letrozole oral	1	PV*
Enzyme Inhibitors		
etoposide oral	4	
HYCAMTIN ORAL	5	
VORANIGO ORAL TABLET 10 MG	5	PA; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG	5	PA
Molecular Target Inhibitors		
ALECENSA	4	PA
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA
dasatinib	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
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	4	PA; QL (1 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG, 44 MG, 55 MG	4	PA
KOSELUGO ORAL CAPSULE SPRINKLE	5	PA
lapatinib ditosylate	4	PA
LYNPARZA	4	PA
MEKINIST	4	PA
nilotinib hcl	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)
yulithira	4	PA; QL (1 EA per 1 day)

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	4	PA
Retinoids		
bexarotene oral	4	PA
tretinoin oral	4	
Treatment Adjuncts		
mesna oral	4	
MESNEX ORAL	5	
Antiparasitics		
Anthelmintics		
albendazole oral	3	PA; QL (120 EA per 180 days)
EMVERM	2	QL (6 EA per 180 days)
ivermectin oral tablet 3 mg	3	QL (18 EA per 180 days)
praziquantel oral	3	QL (105 EA per 180 days)
Antiprotozoals		
atovaquone	3	
atovaquone-proguanil hcl oral tablet 250-100 mg	3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	1	
BENZNIDAZOLE	3	
chloroquine phosphate oral	3	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg	1	
hydroxychloroquine sulfate oral tablet 200 mg	LCG	
hydroxychloroquine sulfate oral tablet 400 mg	2	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	3	
primaquine phosphate	1	
pyrimethamine oral	4	PA
quinine sulfate	1	
Pediculicides/Scabicides		
CROTAN	5	
EURAX	2	
malathion	3	
permethrin external	1	
spinosad	3	
sulfurated lime	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate injection	1	
benztropine mesylate oral	LCG	
trihexyphenidyl hcl oral solution	1	
trihexyphenidyl hcl oral tablet 2 mg	LCG	
trihexyphenidyl hcl oral tablet 5 mg	1	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	1	
amantadine hcl oral solution 50 mg/5ml	1	
entacapone	3	
tolcapone	1	
Dopamine Agonists		
apomorphine hcl subcutaneous	4	PA; QL (3 ML per 1 day)
bromocriptine mesylate oral	3	
NEUPRO	3	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ropinirole hcl er	3	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	1	
carbidopa-levodopa er oral tablet extended release	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	3	
selegiline hcl oral	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	3	
fluphenazine hcl oral tablet	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
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	

Drug Name	Drug Category	Limits/ Required
2nd Generation/Atypical		
aripiprazole oral tablet	1	QL (1 EA per 1 day)
asenapine maleate	3	QL (2 EA per 1 day)
FANAPT	3	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK A	3	ST; QL (16 EA per 365 days)
FANAPT TITRATION PACK B	3	ST; QL (24 EA per 365 days)
FANAPT TITRATION PACK C	3	ST; QL (16 EA per 365 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	1	QL (2 EA per 1 day)
olanzapine intramuscular	3	
olanzapine oral tablet	1	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	3	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	3	QL (2 EA per 1 day)
quetiapine fumarate er	1	QL (2 EA per 1 day)
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)

Drug Name	Drug Category	Limits/ Required
Treatment-Resistant		
clozapine oral tablet 100 mg, 25 mg	2	QL (9 EA per 1 day)
clozapine oral tablet 200 mg	2	QL (4 EA per 1 day)
clozapine oral tablet 50 mg	2	QL (6 EA per 1 day)
Antivirals		
LAGEVRIO	3	QL (8 EA per 1 day)
PAXLOVID (150/100)	3	QL (4 EA per 1 day)
PAXLOVID (300/100 & 150/100)	3	QL (11 EA per 56 days)
PAXLOVID (300/100)	3	QL (6 EA per 1 day)
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous	1	
valganciclovir hcl	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	3	
BARACLUDE ORAL SOLUTION	3	QL (21 ML per 1 day)
entecavir	1	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	1	
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL TABLET	3	PA; QL (3 EA per 1 day)
PEGASYS	4	PA
ribavirin oral	4	
Antiherpetic Agents		
acyclovir external ointment	1	QL (1 GM per 1 day)
acyclovir oral capsule	LCG	
acyclovir oral suspension 200 mg/5ml	3	
acyclovir oral tablet	LCG	
acyclovir sodium	1	
famciclovir oral	1	
valacyclovir hcl oral	1	QL (4 EA per 1 day)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	3	PV*
DOVATO	2	QL (1 EA per 1 day)
ISENTRESS	2	
ISENTRESS HD	2	
TIVICAY	2	
TIVICAY PD	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT PED	3	
efavirenz	3	
efavirenz-emtricitab-tenofo df	3	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir	3	QL (1 EA per 1 day)
etravirine	3	
INTELENCE ORAL TABLET 25 MG	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine	3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	3	PA; PV*
emtricitabine	3	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
emtricitabine-tenofovir df	3	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution 10 mg/ml	3	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	3	
tenofovir disoproxil fumarate	1	PV*
TRIUMEQ	2	QL (1 EA per 1 day)
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG	3	
VIREAD ORAL TABLET 200 MG, 250 MG	2	
zidovudine	3	
Anti-HIV Agents, Other		
maraviroc	1	PA
Anti-HIV Agents, Protease Inhibitors		
atazanavir sulfate	3	
darunavir	1	
EVOTAZ	2	QL (1 EA per 1 day)
fosamprenavir calcium	3	
lopinavir-ritonavir oral tablet 100-25 mg	1	
lopinavir-ritonavir oral tablet 200-50 mg	3	
NORVIR ORAL PACKET	2	
PREZCOBIX ORAL TABLET 675-150 MG	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
VIRACEPT	5	
Anti-influenza Agents		
oseltamivir phosphate oral capsule 30 mg	2	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	2	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	3	QL (360 ML per 365 days)
RELENZA DISKHALER	3	QL (40 EA per 365 days)
rimantadine hcl	1	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 5 mg	LCG	
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	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg	2	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 1 mg	1	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
alprazolam er oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	2	QL (3 EA per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (4 EA per 1 day)
alprazolam oral tablet 2 mg	1	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg	2	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 1 mg	1	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 3 mg	2	QL (3 EA per 1 day)
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (4 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	1	QL (10 EA per 1 day)
diazepam intensol	2	
diazepam oral concentrate	2	
diazepam oral solution	2	
diazepam oral tablet	1	
lorazepam intensol	3	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	3	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
lorazepam oral tablet 2 mg	1	QL (5 EA per 1 day)
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	1	
divalproex sodium oral capsule delayed release sprinkle	3	
divalproex sodium oral tablet delayed release	1	
lithium	1	
lithium carbonate er	LCG	
lithium carbonate oral	LCG	
Blood Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
ADVANTAGE SAFETY LANCETS 28G	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 28G	2	
CARESENS LANCETS 30G	2	
CEQUR SIMPLICITY 1U EXTND WEAR	2	
CEQUR SIMPLICITY 2U 10PK	2	
CEQUR SIMPLICITY 2U EXTND WEAR	2	
CHEMSTRIP 10 MD	3	
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	
CHEMSTRIP 7	3	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
CHEMSTRIP 9	3	
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CHOSEN LANCETS 30G	2	
CHOSEN SAFETY LANCETS 28G	2	
CLEVER CHOICE COMFORT EZ	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL SOLUTION	2	
CONTOUR MONITOR DEVICE	2	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT CONTROL SOLUTION	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
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	

Drug Name	Drug Category	Limits/ Required
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)
GOJJI STERILE LANCETS	2	
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 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	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
INPEN 100-PINK-LILLY-HUMALOG	3	
INPEN 100-PINK-NOVOLOG-FIASP	3	
KETO-DIASTIX	3	
KETONE CARE	3	
KETOSTIX	3	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS SUPER THIN	2	
MICROLET NEXT LANCETS	2	
MOBILE LANCETS 30G	2	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	
ONETOUCH DELICA SAFETY LANCING	2	
PERFECT POINT SAFETY LANCETS	2	
PURE COMFORT SAFETY LANCET 30G	2	
SENSILANCE SAFETY LANCETS 21G	2	
SENSILANCE SAFETY LANCETS 26G	2	
SENSILANCE SAFETY LANCETS 28G	2	
TECHLITE LANCETS 26G	2	
ULTRA-CARE SAFETY LANCETS 30G	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	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	3	
dapaglifloz base-metformin er	2	ST
dapagliflozin	2	ST
FARXIGA	2	ST
glimepiride oral tablet 1 mg, 2 mg, 4 mg	LCG	
glipizide er	LCG	
glipizide oral tablet 10 mg, 5 mg	LCG	
glipizide-metformin hcl	3	
glyburide	LCG	
glyburide-metformin	1	
GLYXAMBI	2	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	ST
liraglutide	2	PA; QL (0.3 ML per 1 day)
metformin hcl er oral tablet extended release 24 hour 500 mg	LCG	
metformin hcl er oral tablet extended release 24 hour 750 mg	1	
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)

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
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	
sitaglip phos-metformin hcl er	2	
sitagliptin phos-metformin hcl	2	
sitagliptin phosphate	2	
SOLIQUA	2	
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRULICITY	2	PA; QL (0.08 ML per 1 day)
XIGDUO XR	2	ST
XULTOPHY	2	
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	3	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT	2	
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R VIAL	2	
INSULIN LISPRO	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg	1	QL (2 EA per 1 day)
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	2	QL (2 EA per 1 day)
ELIQUIS (1.5 MG PACK)	2	QL (12 EA per 1 day)
ELIQUIS (2 MG PACK)	2	QL (16 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK	2	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE	2	QL (4 EA per 1 day)
enoxaparin sodium	3	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
fondaparinux sodium	3	
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	3	
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 TABLET 10 MG, 20 MG	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG	2	QL (2 EA per 1 day)
XARELTO STARTER PACK	2	QL (102 EA per 365 days)
Blood Formation Modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA
eltrombopag olamine	4	PA
NEULASTA ONPRO	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NIVESTYM	4	PA
plerixafor	4	
RETACRIT	4	PA
XOLREMDI	5	PA; QL (4 EA per 1 day)
Hemostasis Agents		
tranexamic acid oral	2	
Platelet Modifying Agents		
aspirin-dipyridamole er	3	

Drug Name	Drug Category	Limits/ Required
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	2	
prasugrel hcl	3	
ticagrelor	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg	LCG	
clonidine hcl oral tablet 0.3 mg	1	
guanfacine hcl	LCG	
methyldopa	LCG	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	LCG	
phenoxybenzamine hcl oral	3	PA
prazosin hcl oral	LCG	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
irbesartan	1	
losartan potassium oral	LCG	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	LCG	
captopril oral	1	
enalapril maleate oral tablet	LCG	
fosinopril sodium	LCG	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
lisinopril oral	LCG	
quinapril hcl	LCG	
ramipril	LCG	
trandolapril	LCG	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate	3	
dofetilide	3	
flecainide acetate	1	
mexiletine hcl oral	3	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	1	
sotalol hcl oral tablet 80 mg	LCG	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	LCG	
betaxolol hcl oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	LCG	
carvedilol	LCG	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	LCG	
nadolol oral tablet 40 mg	1	
nebivolol hcl	3	
pindolol	3	
propranolol hcl er	3	
propranolol hcl intravenous	1	
propranolol hcl oral solution	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	
propranolol hcl oral tablet 60 mg	1	
timolol maleate oral	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	LCG	
cartia xt	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
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	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
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	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	LCG	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	LCG	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	LCG	
candesartan cilexetil-hctz	1	
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	LCG	
droxidopa	4	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	LCG	
epinephrine injection solution	1	
epinephrine pf	1	
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	LCG	
LODOCO	3	ST
losartan potassium-hctz	LCG	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	PA; QL (16 EA per 1 day)
olmesartan medoxomil-hctz	1	
pentoxifylline er	1	
quinapril-hydrochlorothiazide	1	
ranolazine er	3	
sacubitril-valsartan	1	QL (2 EA per 1 day)
spironolactone-hctz	LCG	
telmisartan-hctz	1	
triamterene-hctz	LCG	
valsartan-hydrochlorothiazide	1	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide injection	1	
furosemide oral solution 10 mg/ml	LCG	
furosemide oral solution 8 mg/ml	1	
furosemide oral tablet	LCG	
torsemide	LCG	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	3	
spironolactone oral tablet	LCG	
Diuretics, Thiazide		
chlorthalidone	LCG	
hydrochlorothiazide oral	LCG	
indapamide	LCG	
metolazone oral tablet 10 mg	1	
metolazone oral tablet 2.5 mg, 5 mg	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 67 mg	1	
fenofibrate micronized oral capsule 200 mg, 43 mg	3	
fenofibrate oral capsule 134 mg, 67 mg	1	
fenofibrate oral capsule 200 mg	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	
gemfibrozil oral	LCG	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	LCG	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	LCG	
fluvastatin sodium	3	
lovastatin oral	1	PV
pravastatin sodium	1	PV*
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV*
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	LCG	PV*
simvastatin oral tablet 80 mg	LCG	
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl oral tablet	3	
colestipol hcl	3	
ezetimibe oral	1	
ezetimibe-simvastatin	3	
niacin er (antihyperlipidemic)	3	
omega-3-acid ethyl esters	3	
prevalite	3	
REPATHA SURECLICK	2	QL (0.11 ML per 1 day)
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	5	PA; QL (0.03 ML per 1 day)
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	LCG	
minoxidil oral	1	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg	LCG	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
RECTIV	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	3	QL (6 EA per 1 day)
amphetamine-dextroamphetamine er	1	QL (2 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	1	QL (2 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	3	QL (6 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	3	QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution	3	QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	1	QL (6 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	1	QL (3 EA per 1 day)
lisdexamfetamine dimesylate	2	QL (1 EA per 1 day)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	2	QL (1 EA per 1 day)
atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg	3	QL (1 EA per 1 day)
clonidine hcl er	1	
dexmethylphenidate hcl	1	QL (2 EA per 1 day)
dexmethylphenidate hcl er	3	QL (1 EA per 1 day)
guanfacine hcl er	3	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	3	QL (1 EA per 1 day)
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)

Drug Name	Drug Category	Limits/ Required
methylphenidate hcl er oral tablet extended release 20 mg	3	QL (3 EA per 1 day)
methylphenidate hcl oral tablet	1	QL (3 EA per 1 day)
Central Nervous System, Other		
riluzole	3	
tetrabenazine	4	PA
Fibromyalgia Agents		
milnacipran hcl oral	3	ST; QL (110 EA per 365 days)
milnacipran hcl oral tablet	1	ST; QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	1	QL (2 EA per 1 day)
pregabalin oral solution	3	QL (30 ML per 1 day)
SAVELLA	3	ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK	3	ST; QL (110 EA per 365 days)
Multiple Sclerosis Agents		
BETASERON	4	PA; QL (0.5 EA per 1 day)
dalfampridine er	4	PA; QL (2 EA per 1 day)
dimethyl fumarate oral	3	PA; QL (2 EA per 1 day)
dimethyl fumarate starter pack	3	PA; QL (120 EA per 365 days)
fingolimod hcl	4	PA; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	5	PA; QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (0.43 ML per 1 day)
KESIMPTA	4	PA; QL (0.02 ML per 1 day)
teriflunomide	1	
Cholestatic Pruritus Agent		
Ileal Bile Acid Transporter Inhibitor		
BYLVAY	5	PA
BYLVAY (PELLETS)	5	PA
Dental and Oral Agents		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	LCG	
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	
sodium fluoride mouth/throat	1	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
accutane	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	1	
clindacin-p	1	
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	

Drug Name	Drug Category	Limits/ Required
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	
lactic acid e	1	
metronidazole external cream	1	

Last Updated Date: 08/18/2026

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

Last Updated Date: 08/18/2026

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	
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	
ZYCUBO	5	PA; QL (1 EA per 1 day)
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA
sodium polystyrene sulfonate	1	
SPS (SODIUM POLYSTYRENE SULF)	3	
trientine hcl oral capsule 250 mg	4	PA

Drug Name	Drug Category	Limits/ Required
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
sevelamer carbonate oral tablet	3	
Vitamins		
b-plex	1	
b-plex plus	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
folate	1	PV
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
ft folic acid	1	PV
ft prenatal	1	PV
MASONATAL	3	PV
multivitamin w/fluoride	1	
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

Last Updated Date: 08/18/2026

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 vitamins oral tablet 27-0.8 mg	1	PV
prenatal/folic acid+dha	1	PV
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	1	
TRUE FOLIC ACID ORAL TABLET 400 MCG	3	PV
v-c forte	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
wescaps	1	
yl folic acid	1	PV
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	LCG	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	LCG	
glycopyrrolate +rfid injection solution	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral solution 1 mg/5ml	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL (4 EA per 1 day)
glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml	1	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
amoxicill-clarithro-lansopraz	3	
bis subcit-metronid-tetracyc	3	
bismuth/metronidaz/tetracyclin	3	
cromolyn sodium oral	3	
CTEXLI	5	PA
diphenoxylate-atropine oral tablet	1	
loperamide hcl oral capsule	1	
MOTOFEN	3	
MOVANTIK	3	
prucalopride succinate	3	ST; QL (1 EA per 1 day)
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	3	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	1	
cimetidine oral	1	
famotidine (pf)	1	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg	LCG	

Last Updated Date: 08/18/2026

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

Drug Name	Drug Category	Limits/ Required
lactulose encephalopathy	1	
lactulose oral solution	LCG	
laxative osmotic	1	PV; QL (2 fill per 365 days)
magnesium citrate oral solution	1	PV; QL (2 fill per 365 days)
mm clearlax	1	PV; QL (2 fill per 365 days)
na sulfate-k sulfate-mg sulf	1	PV; QL (354 ML per 365 days)
peg 3350 oral powder	1	PV; QL (2 fill per 365 days)
peg 3350-kcl-na bicarb-nacl	1	PV; QL (8000 ML per 365 days)
peg-3350/electrolytes	1	PV; QL (8000 ML per 365 days)
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
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)
Protectants		
misoprostol oral	1	
sucralfate oral tablet	LCG	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	1	QL (2 EA per 1 day)
lansoprazole oral capsule delayed release	1	QL (2 EA per 1 day)

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
omeprazole oral capsule delayed release	LCG	QL (2 EA per 1 day)
pantoprazole sodium intravenous	1	QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release	LCG	QL (2 EA per 1 day)
rabeprazole sodium oral tablet delayed release	2	QL (2 EA per 1 day)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	4	
CREON	2	
CYSTAGON	5	
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; QL (8 ML per 1 day)
KYGEVVI	5	PA
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
zelvysia	4	PA
ZENPEP	2	
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er	3	
flavoxate hcl	1	

Drug Name	Drug Category	Limits/ Required
mirabegron er oral tablet extended release 24 hour	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	
tolterodine tartrate	2	
tolterodine tartrate er	2	
trospium chloride	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	LCG	
silodosin	2	
tamsulosin hcl	LCG	
terazosin hcl	LCG	
Genitourinary Agents, Other		
acetic acid irrigation	1	
bethanechol chloride oral	1	
ENCARE	3	PV
glycine irrigation	1	
glycine urologic	1	
OPTIONS GYNOL II CONTRACEPTIVE	3	PV
penicillamine oral tablet	4	
phenazopyridine hcl oral tablet 100 mg, 200 mg	LCG	
RENACIDIN	3	
sorbitol-mannitol	1	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (1 EA per 1 day)
tiopronin oral tablet	5	
TODAY SPONGE	3	PV
VCF VAGINAL CONTRACEPTIVE	3	PV
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort	1	
alclometasone dipropionate	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	3	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
clobetasol prop emollient base	3	
clobetasol propionate external cream 0.05 %	3	
clobetasol propionate external gel	3	

Drug Name	Drug Category	Limits/ Required
clobetasol propionate external ointment	3	
clobetasol propionate external solution	3	
clocortolone pivalate	3	
desonide external cream	3	
desonide external ointment	3	
desoximetasone external cream 0.25 %	1	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	3	
dexamethasone intensol	LCG	
dexamethasone oral elixir	3	
dexamethasone oral solution	LCG	
dexamethasone oral tablet	LCG	
diflorasone diacetate external cream	3	
fludrocortisone acetate oral	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external cream	3	
fluocinolone acetonide external ointment	3	
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	3	
fluocinonide external	1	
fluticasone propionate external cream	1	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
fluticasone propionate external ointment	1	
halcinonide external cream	3	ST
halobetasol propionate external cream	3	
halobetasol propionate external ointment	3	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %	1	
hydrocortisone external cream 2.5 %	LCG	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	LCG	
hydrocortisone valerate external cream	3	
methylprednisolone oral	LCG	
mometasone furoate external	1	
prednisolone oral solution	LCG	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	LCG	QL (16 ML per 1 day)
prednisone oral tablet	LCG	
prednisone oral tablet therapy pack	LCG	
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
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	5	PA
desmopressin ace spray refrig	3	
desmopressin acetate oral	3	
desmopressin acetate spray	3	
NORDITROPIN FLEXPRO	4	PA
vasopressin	1	
vasopressin +rfid	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	3	
INTRAROSA	3	ST
testosterone cypionate intramuscular	1	PA; QL (0.4 ML per 1 day)
testosterone enanthate intramuscular	1	PA; QL (0.2 ML per 1 day)
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA; QL (5 GM per 1 day)
testosterone transdermal gel 12.5 mg/act (1%)	3	PA; QL (10 GM per 1 day)
testosterone transdermal solution	3	PA; QL (6 ML per 1 day)
Estrogens		
abigale	1	
abigale lo	1	

Last Updated Date: 08/18/2026

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)

Drug Name	Drug Category	Limits/ Required
delyla	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	
etonogestrel-ethinyl estradiol	1	PV
falmina	1	PV
feirza 1.5/30	1	PV
feirza 1/20	1	PV
finzala	1	PV
fyavolv	2	
galbriela	1	PV
gemmily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
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 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 oral tablet 0.1-20 mg-mcg, 90-20 mcg	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-linyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
nikki	1	PV
norelgestromin-eth estradiol	1	PV
norethin ace-eth estrad-fe	1	PV
norethindrone acet-ethinyl est	1	PV
norethindrone-eth estradiol	2	
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

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
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 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
tri-linyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-sprintec	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
turqoz	1	PV
tydemy	1	PV
valtya 1/35	1	PV
valtya 1/50	1	PV
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV
volnea	1	PV
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
Progestins		
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
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

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
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	
sharobel	1	PV
shewise	1	PV
SKYLA	3	PV
take action	1	PV
your choice	1	PV
Selective Estrogen Receptor Modifying Agents		
raloxifene hcl	1	PV*

Drug Name	Drug Category	Limits/ Required
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	LCG	
levothyroxine sodium oral tablet 300 mcg	1	
levoxyl	LCG	
liomny	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
np thyroid	1	
thyroid oral	1	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	LCG	
unithroid oral tablet 300 mcg	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (Pituitary)		
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

Drug Name	Drug Category	Limits/ Required
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	4	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG	4	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; QL (0.02 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG	4	PA; QL (0.02 EA per 1 day)
LUPRON DEPOT-PED (6-MONTH)	4	PA; QL (0.01 EA per 1 day)
octreotide acetate injection	4	PA
octreotide acetate subcutaneous	4	PA
SIGNIFOR	5	PA; QL (2 ML per 1 day)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	2	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA; QL (1.2 EA per 1 day)
icatibant acetate	4	PA; QL (0.6 ML per 1 day)
Immune Suppressants		
ADALIMUMAB-ADBM (2 PEN)	4	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	4	PA; QL (0.08 EA per 1 day)
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (0.15 EA per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	PA; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG	4	PA; QL (0.03 ML per 1 day)
AVSOLA	4	PA
azathioprine oral tablet 100 mg	3	
azathioprine oral tablet 50 mg	1	
cyclosporine modified	2	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
cyclosporine oral capsule 100 mg	3	
cyclosporine oral capsule 25 mg	2	
ENBREL	4	PA; QL (0.15 ML per 1 day)
ENBREL MINI	4	PA; QL (0.15 ML per 1 day)
ENBREL SURECLICK	4	PA; QL (0.15 ML per 1 day)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf	2	
INFLECTRA	4	PA
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil hcl	3	
mycophenolate mofetil intravenous	3	
mycophenolate mofetil oral capsule	2	
mycophenolate mofetil oral suspension reconstituted	3	
mycophenolate mofetil oral tablet	2	
mycophenolate sodium	2	
mycophenolic acid	2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; QL (0.15 EA per 1 day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (0.08 EA per 1 day)
SIMLANDI (2 PEN)	4	PA; QL (0.15 EA per 1 day)
SIMLANDI (2 SYRINGE)	4	PA; QL (0.15 EA per 1 day)
SIMPONI ARIA	4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	4	PA; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	4	PA; QL (0.02 ML per 1 day)
sirolimus oral	3	
SKYRIZI PEN	4	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	4	PA; QL (0.005 ML per 1 day)
tacrolimus oral	2	
temsirolimus	4	
tofacitinib citrate er	4	PA; QL (1 EA per 1 day)
tofacitinib citrate oral solution	4	PA; QL (10 ML per 1 day)
tofacitinib citrate oral tablet	4	PA; QL (2 EA per 1 day)

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
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)
Immunoglobulins		
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 GM/50ML	5	PA
Immunomodulators		
ACTIMMUNE	4	PA
AVTOZMA INTRAVENOUS	5	PA
AVTOZMA SUBCUTANEOUS	5	PA; QL (0.13 ML per 1 day)
leflunomide oral	1	
OTEZLA ORAL TABLET	4	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK	4	PA; QL (55 EA per 365 days)
OTEZLA XR	4	PA; QL (1 EA per 1 day)
OTEZLA/OTEZLA XR INITIATION PK	4	PA; QL (55 EA per 365 days)
RINVOQ	4	PA; QL (1 EA per 1 day)
TREMFYA INTRAVENOUS	4	PA
TREMFYA ONE-PRESS	4	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	4	PA; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	4	PA; QL (0.08 ML per 1 day)
TREMFYA-CD/UC INDUCTION	4	PA; QL (0.08 ML per 1 day)
TYENNE SUBCUTANEOUS	5	PA; QL (0.13 ML per 1 day)
Vaccines		
ABRYSVO	3	QL (1 EA per 999 days)
ACTHIB	2	PV
ADACEL	2	PV
AREXVY	3	QL (1 EA per 999 days)
BEXSERO	2	PV

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
BOOSTRIX	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
PEDIARIX	2	PV
PEDVAXHIB	2	PV
PENTACEL	2	PV
PNEUMOVAX 23	2	PV
PREVNAR 20	2	PV
PRIORIX	2	PV
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
ROTARIX	2	PV
ROTATEQ	2	PV
SHINGRIX	2	PV
SPIKEVAX	2	PV
SPIKEVAX 6M-11Y	2	PV
TENIVAC	2	PV
TRUMENBA	2	PV
TWINRIX	2	PV
VAQTA	2	PV
VARIVAX	2	PV
VAXNEUVANCE	2	PV
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	3	
DIPENTUM	3	
mesalamine er oral capsule 0.375 gm	3	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine rectal	3	
Glucocorticoids		
budesonide er	3	
budesonide oral	3	
CORTIFOAM	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	3	
procto-med hc	1	
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	LCG	QL (0.15 EA per 1 day)
calcitonin (salmon) injection	1	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
calcitonin (salmon) nasal	1	QL (0.13 ML per 1 day)
calcitriol intravenous	1	
calcitriol oral	1	
cinacalcet hcl	3	PA
ENOBY	4	PA; QL (2 ML per 250 days)
ibandronate sodium	1	QL (0.04 EA per 1 day)
paricalcitol	1	
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
XTRENBO	4	PA
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	

Drug Name	Drug Category	Limits/ Required
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	
AUTOKEEPER SAFETY PEN NEEDLE	3	
BD AUTOSHIELD DUO PEN NEEDLES	3	
BD PEN NEEDLE MICRO ULTRAFINE	3	
BD PEN NEEDLE MINI ULTRAFINE	3	
BD PEN NEEDLE NANO ULTRAFINE	3	
BD PEN NEEDLE ORIG ULTRAFINE	3	

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

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

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
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	
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 , 34G X 3.5 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)

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
MICROCHAMBER DEVICE	2	
MIUDELLA	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	
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	
TOPFINE INSULIN PEN NEEDLE	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)

Last Updated Date: 08/18/2026

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

Drug Name	Drug Category	Limits/ Required
Antifungals		
NATACYN	2	
Antiherpetic Agents		
trifluridine	3	
Macrolides		
AZASITE	3	
erythromycin ophthalmic	1	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	LCG	
cyclopentolate hcl ophthalmic	1	
cyclosporine (pf)	3	PA; QL (2 EA per 1 day)
CYSTADROPS	5	QL (0.72 ML per 1 day)
CYSTARAN	5	QL (2.15 ML per 1 day)
loteprednol-tobramycin	3	
sulfacetamide-prednisolone	1	
ZYLET	3	
Ophthalmic Anti-allergy Agents		
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
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	1	

Drug Name	Drug Category	Limits/ Required
betaxolol hcl ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	2	
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	2	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	3	QL (0.1 ML per 1 day)
SIMBRINZA	2	
timolol maleate ophthalmic solution	LCG	
Ophthalmic Anti-inflammatories		
bromfenac sodium (once-daily)	3	QL (6.8 ML per 365 days)
bromfenac sodium ophthalmic solution 0.07 %	1	QL (12 ML per 365 days)
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
ketorolac tromethamine ophthalmic	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost ophthalmic solution 0.01 %	2	QL (0.1 ML per 1 day)
bimatoprost ophthalmic solution 0.03 %	3	QL (0.1 ML per 1 day)
latanoprost ophthalmic	1	
LUMIGAN	2	QL (0.1 ML per 1 day)
tafluprost (pf)	2	QL (1 EA per 1 day)
travoprost (bak free)	3	QL (0.12 ML per 1 day)
Quinolones		
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
levofloxacin ophthalmic solution 0.5 %	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	3	
ciprofloxacin-hydrocortisone	1	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
CORTISPORIN-TC	3	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal	1	QL (2 ML per 1 day)
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
clemastine fumarate oral tablet	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet	1	
desloratadine oral tablet	3	
diphenhydramine hcl injection	1	
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal	3	QL (1.02 GM per 1 day)
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	2	QL (0.4 GM per 1 day)
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
BREO ELLIPTA	2	QL (2 EA per 1 day)
breyna	2	QL (0.35 GM per 1 day)
budesonide inhalation	3	QL (4 ML per 1 day)
budesonide-formoterol fumarate	2	QL (0.35 GM per 1 day)
flunisolide nasal	2	QL (0.84 ML per 1 day)
FLUTICASONE FUROATE-VILANTEROL	2	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	QL (0.8 GM per 1 day)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (0.71 GM per 1 day)
fluticasone propionate nasal	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (2 EA per 1 day)

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 EA per 1 day)
QVAR REDIHALER	2	QL (0.71 GM per 1 day)
wixela inhub	2	QL (2 EA per 1 day)
Antileukotrienes		
montelukast sodium oral tablet	LCG	
montelukast sodium oral tablet chewable	LCG	
zafirlukast	3	
zileuton er	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (0.86 GM per 1 day)
ipratropium bromide hfa	3	QL (0.86 GM per 1 day)
ipratropium bromide inhalation	LCG	QL (10.42 ML per 1 day)
ipratropium bromide nasal	LCG	
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	1	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	LCG	QL (5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	LCG	QL (5 EA per 1 day)
arformoterol tartrate	3	QL (4 ML per 1 day)
epinephrine injection solution auto-injector	1	
formoterol fumarate inhalation	3	QL (4 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	3	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	3	QL (9 ML per 1 day)
SEREVENT DISKUS	2	QL (2 EA per 1 day)
Cystic Fibrosis Agents		
PULMOZYME	4	PA
tobramycin inhalation nebulization solution 300 mg/5ml	4	QL (10 ML per 1 day)
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	1	PA
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour	3	

Last Updated Date: 08/18/2026

Drug Name	Drug Category	Limits/ Required
Pulmonary Antihypertensives		
alyq	4	PA; QL (2 EA per 1 day)
ambrisentan	4	PA; QL (1 EA per 1 day)
bosentan oral tablet	4	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble	4	PA; QL (4 EA per 1 day)
sildenafil citrate oral suspension reconstituted	4	PA; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; QL (3 EA per 1 day)
tadalafil (pah)	4	PA; QL (2 EA per 1 day)
Pulmonary Fibrosis Agents		
nintedanib esylate	4	PA; QL (2 EA per 1 day)
OFEV	5	PA; QL (2 EA per 1 day)
Respiratory Tract Agents, Other		
ANORO ELLIPTA	2	QL (2 EA per 1 day)
azelastine-fluticasone	1	QL (0.77 GM per 1 day)
benzonatate oral capsule 100 mg, 200 mg	LCG	
benzonatate oral capsule 150 mg	1	
COMBIVENT RESPIMAT	2	QL (0.27 GM per 1 day)
hydrocodone bit-homatrop mbr oral solution	1	QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral tablet	1	QL (6 EA per 1 day)
ipratropium-albuterol	1	QL (18 ML per 1 day)
mometasone furoate nasal	3	QL (1.14 GM per 1 day)
sodium chloride inhalation	1	
TRELEGY ELLIPTA	2	QL (2 EA per 1 day)
UMECLIDINIUM-VILANTEROL	2	QL (2 EA per 1 day)
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg	LCG	
baclofen oral tablet 20 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	LCG	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	LCG	
orphenadrine citrate er	1	QL (2 EA per 1 day)
orphenadrine-aspirin-caffeine	3	QL (4 EA per 1 day)
tizanidine hcl oral capsule 2 mg, 4 mg	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1	QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg	1	QL (2 EA per 1 day)

Last Updated Date: 08/18/2026

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

Index of Drugs

abacavir sulfate 20
abacavir sulfate-lamivudine 20
abigale 39
abigale lo 39
abiraterone acetate 16
abirtega 16
ABRYSVO 46
acamprosate calcium 7
acarbose 24
ACCU-CHEK FASTCLIX LANCET KIT 22
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT 22
accutane 32
acebutolol hcl 27
acetaminophen-codeine 5
acetazolamide 28
acetazolamide er 28
acetic acid 37, 53
ACTHIB 46
ACTIMMUNE 46
acyclovir 20
acyclovir sodium 20
ADACEL 46
ADALIMUMAB-ADBM (2 PEN) 44
ADALIMUMAB-ADBM (2 SYRINGE) 44
adapalene 32
adapalene-benzoyl peroxide 32
ADBRY 32
ADCETRIS 18
adefovir dipivoxil 20
ADVAIR HFA 54
ADVANTAGE SAFETY LANCETS 28G 22
ADVOCATE SAFETY LANCETS 21G 22
ADVOCATE SAFETY LANCETS 23G 22
ADVOCATE SAFETY LANCETS 28G 22
AEROCHAMBER HOLDING CHAMBER 48
AEROCHAMBER MINI CHAMBER 48
AEROCHAMBER MV 48
AEROCHAMBER PLS FLOVU MTHPIECE 48
AEROCHAMBER PLUS FLO-VU INTERM 48
AEROCHAMBER PLUS FLO-VU LARGE 48
AEROCHAMBER PLUS FLO-VU MEDIUM 48
AEROCHAMBER PLUS FLO-VU SMALL 48
AEROCHAMBER PLUS FLOW VU 48
AEROCHAMBER2GO ANTI-STATIC 48
afirmelle 40
aftera 42
ala-cort 38
albendazole 18
albuterol sulfate 55
albuterol sulfate hfa 55
alclometasone dipropionate 38
ALCOHOL PREP PADS 48
ALECENSA 17
alendronate sodium 47
alfuzosin hcl er 37
allopurinol 14
allopurinol sodium 14
almotriptan malate 15
alosetron hcl 36
alprazolam 22
alprazolam er 21, 22
alprazolam xr 22
altavera 40
alyacen 1/35 40
alyacen 7/7/7 40
alyq 56
amantadine hcl 18
ambrisentan 56
amethyst 40
amiloride hcl 29
amiloride-hydrochlorothiazide 28
amiodarone hcl 27
amitriptyline hcl 13
AMJEVITA 44
AMJEVITA-PED 15KG TO <30KG 44
amlodipine besylate 27
amlodipine besylate-benazepril hcl 28
amlodipine besylate-valsartan 28
amlodipine-olmesartan 28
ammonium lactate 32
amnesteem 32
amoxapine 13
amoxicill-clarithro-lansopraz 35
amoxicillin 9
amoxicillin trihydrate 9
amoxicillin-potassium clavulanate 9
amoxicillin-potassium clavulanate er 9
amphetamine sulfate 30
amphetamine-dextroamphetamine 30
amphetamine-dextroamphetamine er 30
amphotericin b 14
amphotericin b liposome 14
ampicillin 9
ampicillin sodium 9
ampicillin-sulbactam sodium 9
anagrelide hcl 26
anastrozole 17
ANNOVERA 40
ANORO ELLIPTA 56
apomorphine hcl 18
apraclonidine hcl 52
aprepitant 13
APRETUDE 20
apri 40
AQ INSULIN SYRINGE 48
AQINJECT PEN NEEDLE 48
aranelle 40
ARANESP (ALBUMIN FREE) 26
AREXVY 46
arformoterol tartrate 55
aripiprazole 19
armodafinil 57
ARNUITY ELLIPTA 54
ascomp-codeine 5
asenapine maleate 19
ashlyna 40
aspirin 4
aspirin 81 4
aspirin adult low dose 4
aspirin adult low strength 4
aspirin childrens 4
aspirin ec adult low dose 4
aspirin ec low dose 4
aspirin ec low strength 4
aspirin low dose 4
aspirin regimen 4
aspirin-dipyridamole er 26
ASSURE ID DUO PRO PEN NEEDLES 48
ASSURE ID PRO PEN NEEDLES 48
atazanavir sulfate 21
atenolol 27
atenolol-chlorthalidone 28
atomoxetine hcl 30
atorvastatin calcium 29

atovaquone 18
atovaquone-proguanil hcl 18
atropine sulfate 52
ATROVENT HFA 55
aubra eq 40
AUGMENTIN 9
AUM ALCOHOL PREP PADS .. 48
AUM INSULIN SAFETY PEN NEEDLE 48
AUM MINI INSULIN PEN NEEDLE 48
AUM PEN NEEDLE 48
AUM READYGARD DUO PEN NEEDLE 48
AUM SAFETY PEN NEEDLE ... 48
aurovela 1.5/30 40
aurovela 1/20 40
aurovela 24 fe 40
aurovela fe 1.5/30 40
aurovela fe 1/20 40
AUTOKEEPER SAFETY PEN NEEDLE 48
aviane 40
AVSOLA 44
AVTOZMA 46
ayuna 40
AZASITE 52
azathioprine 44
azelaic acid 32
azelastine hcl 52, 54
azelastine-fluticasone 56
azithromycin 10
aztreonam 8
azurette 40
bac (butalbital-acetamin-caff) 5
bacitracin-polymyxin b 52
bacitra-neomycin-polymyxin-hc 52
baclofen 56
balsalazide disodium 47
balziva 40
BAQSIMI ONE PACK 25
BAQSIMI TWO PACK 25
BARACLUDE 20
BAXDELA 10
BD AUTOSHIELD DUO PEN NEEDLES 48
BD PEN NEEDLE MICRO ULTRAFINE 48
BD PEN NEEDLE MINI ULTRAFINE 48
BD PEN NEEDLE NANO ULTRAFINE 48
BD PEN NEEDLE ORIG ULTRAFINE 48
BD PEN NEEDLE SHORT ULTRAFINE 49
BD ULTRA-FINE INSULIN SYRINGES 49
BD ULTRA-FINE PEN NEEDLES 49
BD VEO INSULIN SYR ULTRAFINE 49
benazepril hcl 26
benazepril-hydrochlorothiazide . 28
benzalkonium chloride 49
BENZNIDAZOLE 18
benzonatate 56
benzoyl peroxide-erythromycin . 32
benztropine mesylate 18
betaine 37
betamethasone dipropionate 38
betamethasone dipropionate aug 38
betamethasone valerate 38
BETASERON 31
betaxolol hcl 27, 53
bethanechol chloride 37
bexarotene 18
BEXSERO 46
bicalutamide 16
BICILLIN L-A 9
bimatoprost 53
bis subcit-metronid-tetracyc 35
bisacodyl ec 36
bismuth/metronidaz/tetracyclin . 35
bisoprolol fumarate 27
bisoprolol-hydrochlorothiazide .. 28
blisovi 24 fe 40
blisovi fe 1.5/30 40
blisovi fe 1/20 40
BOOSTRIX 47
bosentan 56
BOTOX 49
b-plex 34
b-plex plus 34
BREATHE COMFORT CHAMBER/ADULT 49
BREATHE COMFORT CHAMBER/CHILD 49
BREATHE EASE LARGE 49
BREATHE EASE MEDIUM 49
BREATHE EASE SMALL 49
BREATHERITE VALVED MDI CHAMBER 49
BREO ELLIPTA 54
breyna 54
briellyn 40
brimonidine tartrate 53
brimonidine tartrate-timolol 53
brivaracetam 10
bromfenac sodium 53
bromfenac sodium (once-daily) . 53
bromocriptine mesylate 18
budesonide 47, 54
budesonide er 47
budesonide-formoterol fumarate 54
bumetanide 28
buprenorphine 4
buprenorphine hcl 7
buprenorphine hcl-naloxone hcl 7
bupropion hcl 12
bupropion hcl er (smoking det) ... 7
bupropion hcl er (sr) 12
bupropion hcl er (xl) 12
buspirone hcl 21
butalbital-acetaminophen 5
butalbital-apap-caff-cod 5
butalbital-apap-caffeine 5
butalbital-asa-caff-codeine 5
butalbital-aspirin-caffeine 5
butorphanol tartrate 5
BYLVAY 31
BYLVAY (PELLETS) 31
cabergoline 39
calcipotriene 32
calcipotriene-betameth diprop ... 32
calcitonin (salmon) 47, 48
calcitriol 32, 48
calcium acetate 34
calcium acetate (phos binder) ... 34
camila 42
camrese 40
camrese lo 40
candesartan cilexetil 26
candesartan cilexetil-hctz 28
capecitabine 16
CAPRELSA 17
captopril 26
carbamazepine 11
carbamazepine er 11
carbidopa 19
carbidopa-levodopa 19
carbidopa-levodopa er 19
carbinoxamine maleate 54
CARESENS LANCETS 30G 22
carglumic acid 33

carisoprodol 56
carteolol hcl 53
cartia xt 27
carvedilol 27
caspofungin acetate 14
CAYA 49
cefaclor 9
cefadroxil 9
cefazolin sodium 9
cefazolin sodium-dextrose 9
cefdinir 9
cefepime hcl 9
cefotetan disodium 9
cefoxitin sodium 9
cefpodoxime proxetil 9
cefprozil 9
ceftazidime 9
ceftriaxone sodium 9
cefuroxime axetil 9
celecoxib 4
cephalexin 9
CEQUR SIMPLICITY 1U EXTND WEAR 22
CEQUR SIMPLICITY 2U 10PK 22
CEQUR SIMPLICITY 2U EXTND WEAR 22
cetirizine hcl 54
cevimeline hcl 31
charlotte 24 fe 40
chateal eq 40
CHEMET 34
CHEMSTRIP 10 MD 22
CHEMSTRIP 10/SG 22
CHEMSTRIP 2 GP 22
CHEMSTRIP 5 OB 22
CHEMSTRIP 7 22
CHEMSTRIP 9 23
CHEMSTRIP K 23
CHEMSTRIP UGK 23
chlordiazepoxide hcl 22
chlorhexidine gluconate 31
chloroquine phosphate 18
chlorpromazine hcl 19
chlorthalidone 29
chlorzoxazone 56
cholestyramine 29
cholestyramine light 29
CHORIONIC GONADOTROPIN 39
CHOSEN LANCETS 30G 23
CHOSEN SAFETY LANCETS 28G 23
ciclodan 14
ciclopirox 14
ciclopirox olamine 14
cidofovir 20
cilostazol 26
cimetidine 35
cimetidine hcl 35
cinacalcet hcl 48
CINRYZE 44
CIPRO 10
CIPRO HC 53
ciprofloxacin hcl 10, 53
ciprofloxacin in d5w 10
ciprofloxacin-dexamethasone 53
ciprofloxacin-hydrocortisone 53
citalopram hydrobromide 12
claravis 32
clarithromycin 10
clearlax 36
clemastine fumarate 54
CLEVER CHOICE COMFORT EZ 23
CLEVER CHOICE HOLDING CHAMBER 49
CLIMARA 40
clindacin etz 32
clindacin-p 32
clindamycin hcl 8
clindamycin palmitate hcl 8
clindamycin phos (once-daily) 32
clindamycin phos (twice-daily) 32
clindamycin phosphate 8, 32
clindamycin phosphate in d5w 8
clindamycin phosphate-benzoyl peroxide 32
clobazam 11
clobetasol prop emollient base 38
clobetasol propionate 38
clocortolone pivalate 38
clomipramine hcl 13
clonazepam 22
clonidine hcl 26
clonidine hcl er 30
clopidogrel bisulfate 26
clotrimazole 14
clotrimazole-betamethasone 14
clozapine 20
coal tar 32
codeine sulfate 5
colchicine 14
colchicine-probenecid 14
colesevelam hcl 29
colestipol hcl 29
COMBIPATCH 40
COMBIVENT RESPIMAT 56
COMFORT EZ PRO PEN NEEDLES 49
COMFORT TOUCH TWIST LANCET 30G 23
COMPACT SPACE CHAMBER 49
COMPACT SPACE CHAMBER/LG MASK 49
COMPACT SPACE CHAMBER/MED MASK 49
COMPACT SPACE CHAMBER/SM MASK 49
CONDOMS 49
constulose 36
CONTOUR CONTROL SOLUTION 23
CONTOUR MONITOR DEVICE 23
CONTOUR MONITOR KIT W/DEVICE 23
CONTOUR NEXT CONTROL SOLUTION 23
CONTOUR NEXT EZ KIT W/DEVICE 23
CONTOUR NEXT GEN MONITOR KIT W/DEVICE 23
CONTOUR NEXT GEN TEST STRIPS 23
CONTOUR NEXT LINK KIT W/DEVICE 23
CONTOUR NEXT MONITOR KIT W/DEVICE 23
CONTOUR NEXT ONE KIT 23
CONTOUR PLUS BLUE KIT W/DEVICE 23
CONTOUR PLUS TEST STRIP 23
CONTOUR TEST STRIPS 23
CORTIFOAM 47
CORTISPORIN-TC 54
corvita 150 33
CREON 37
cromolyn sodium 35, 52
CROTAN 18
cryselle 40
CTEXLI 35
cyanocobalamin 34
cyclobenzaprine hcl 56
cyclopentolate hcl 52
cyclophosphamide 16
CYCLOPHOSPHAMIDE 16
cycloserine 15

cyclosporine 45
cyclosporine (pf) 52
cyclosporine modified 44
cyproheptadine hcl 54
cyred eq 40
CYSTADROPS 52
CYSTAGON 37
CYSTARAN 52
dabigatran etexilate mesylate ... 25
dalfampridine er 31
danazol 39
dapagliflozin base-metformin er ... 24
dapagliflozin 24
dapsone 15
DAPTACEL 47
daptomycin 8
darunavir 21
dasatinib 17
dasetta 1/35 (28) 40
dasetta 7/7/7 40
daysee 40
deblitane 42
decitabine 16
deferasirox 34
deferiprone 34
delyla 40
demeclocycline hcl 10
DEPO-SUBQ PROVERA 104 ... 42
DESCOVY 20
desipramine hcl 13
desloratadine 54
desmopressin ace spray refrig .. 39
desmopressin acetate 39
desmopressin acetate spray 39
desonide 38
desoximetasone 38
desvenlafaxine succinate er 12
dexamethasone 38
dexamethasone intensol 38
dexamethasone sodium phosphate 53
dexmethylphenidate hcl 30
dexmethylphenidate hcl er 30
dextroamphetamine sulfate 30
dextroamphetamine sulfate er .. 30
DIASCREEN 10 49
DIASCREEN 1B 49
DIASCREEN 1G 49
DIASCREEN 1K 49
DIASCREEN 2GK 49
DIASCREEN 2GP 49
DIASCREEN 3 49
DIASCREEN 4NL 49
DIASCREEN 4OBL 49
DIASCREEN 4PH 49
DIASCREEN 5 49
DIASCREEN 6 49
DIASCREEN 7 49
DIASCREEN 8 49
DIASCREEN 9 49
DIASCREEN LIQUID URINE CONTROL 49
diazepam 11, 22
diazepam intensol 22
diazoxide 25
diclofenac potassium 4
diclofenac sodium 4, 16, 53
diclofenac sodium er 4
dicloxacillin sodium 9
dicyclomine hcl 35
DIFICID 10
diflorasone diacetate 38
diflunisal 4
difluprednate 53
digoxin 28
dihydroergotamine mesylate 15
DILANTIN 11
diltiazem hcl 27
diltiazem hcl er 27
diltiazem hcl er beads 27
diltiazem hcl er coated beads ... 27
dilt-xr 27
dimethyl fumarate 31
dimethyl fumarate starter pack .. 31
DIPENTUM 47
diphenhydramine hcl 54
diphenoxylate-atropine 35
dipyridamole 26
disopyramide phosphate 27
disulfiram 7
divalproex sodium 22
divalproex sodium er 22
dofetilide 27
dolishale 40
donepezil hcl 12
dorzolamide hcl 53
dorzolamide hcl-timolol mal 53
dotti 40
DOVATO 20
doxazosin mesylate 26
doxepin hcl 13, 57
doxycycline hyclate 10
doxycycline monohydrate 10
dronabinol 13
DROPLET MICRON 49
DROPSAFE ACTI-LANCE 23G 23
DROPSAFE ALCOHOL PREP . 49
DROPSAFE AUTOPROTECT DUO 49
DROPSAFE MEDLANCE LANCET 30G 23
DROPSAFE SAFETY SYRINGE/NEEDLE 49
drospiren-eth estrad-levomefol . 40
drospirenone-ethinyl estradiol ... 40
DROXIA 16
droxidopa 28
duloxetine hcl 12
DUPIXENT 32
DUREX EXTRA SENSITIVE THIN 49
DUREX TROPICAL 49
dutasteride 37
EASIVENT 49
EBGLYSS 32
econazole nitrate 14
econtra one-step 42
EDURANT PED 20
efavirenz 20
efavirenz-emtricitab-tenofo df ... 20
efavirenz-lamivudine-tenofovir .. 20
eletriptan hydrobromide 15
elinest 40
ELIQUIS 25
ELIQUIS (1.5 MG PACK) 25
ELIQUIS (2 MG PACK) 25
ELIQUIS DVT/PE STARTER PACK 25
ELLA 42
eltrombopag olamine 26
eluryng 40
EMBECTA AUTOSHIELD DUO 49
EMBECTA INS SYR U/F 1/2 UNIT 49
EMBECTA INSULIN SYR ULTRAFINE 49
EMBECTA INSULIN SYRINGE 50
EMBECTA INSULIN SYRINGE U-100 50
EMBECTA INSULIN SYRINGE U-500 50
EMBECTA PEN NEEDLE NANO 50
EMBECTA PEN NEEDLE NANO 2 GEN 50

EMBECTA PEN NEEDLE ULTRAFINE 50
EMBRACE PEN NEEDLES 50
EMGALITY 15
emtricitabine 20
emtricitabine-tenofovir df 21
EMTRIVA 21
EMVERM 18
emzahh 42
enalapril maleate 26
enalapril-hydrochlorothiazide 28
ENBREL 45
ENBREL MINI 45
ENBREL SURECLICK 45
ENCARE 37
endocet 5
ENGERIX-B 47
enilloring 40
ENOBY 48
enoxaparin sodium 25
enskyce 40
entacapone 18
entecavir 20
enulose 36
EPIDIOLEX 10
epinastine hcl 52
epinephrine 28, 55
epinephrine pf 28
eplerenone 29
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
ETHYOL 16
etodolac 4
etodolac er 4
etonogestrel-ethinyl estradiol 40
etoposide 17
etravirine 20
EURAX 18
everolimus 17, 45
EVOTAZ 21
EVRYSDI 37
exemestane 17
ezetimibe 29
ezetimibe-simvastatin 29
falmina 40
famciclovir 20
famotidine 35, 36
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 50
febuxostat 14
feirza 1.5/30 40
feirza 1/20 40
felodipine er 27
FEMCAP 50
fenofibrate 29
fenofibrate micronized 29
fenofibric acid 29
fentanyl 4
ferotrinsic 33
fesoterodine fumarate er 37
finasteride 37
fingolimod hcl 31
finzala 40
FLAREX 53
flavoxate hcl 37
flecainide acetate 27
FLEXICHAMBER 50
FLEXICHAMBER ADULT MASK/SMALL 50
FLEXICHAMBER CHILD MASK/LARGE 50
FLEXICHAMBER CHILD MASK/SMALL 50
FLUAD 47
FLUARIX 47
FLUBLOK 47
FLUCELVAX 47
fluconazole 14
fluconazole in sodium chloride 14
flucytosine 14
fludarabine phosphate 16
fludrocortisone acetate 38
FLULAVAL 47
FLUMIST 47
flunisolide 54
fluocinolone acetonide 38, 54
fluocinolone acetonide body 38
fluocinolone acetonide scalp 38
fluocinonide 38
fluocinonide emulsified base 38
fluorometholone 53
fluorouracil 16
fluoxetine hcl 12
fluphenazine hcl 19
flurbiprofen 4
flurbiprofen sodium 53
FLUTICASONE FUROATE-VILANTEROL 54
fluticasone propionate 38, 39, 54
FLUTICASONE PROPIONATE DISKUS 54
FLUTICASONE PROPIONATE HFA 54
fluticasone propionate hfa 54
fluticasone-salmeterol 54
FLUTICASONE-SALMETEROL 55
fluvastatin sodium 29
fluvoxamine maleate 12
fluvoxamine maleate er 12
FLUZONE 47
FLUZONE HIGH-DOSE 47
folate 34
folic acid 34
foltrin 33
fondaparinux sodium 26
FONDCIRCLE 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
ft aspirin.... 4
ft aspirin adult low dose.... 4
ft aspirin low dose.... 4
ft clearlax....36
ft folic acid.... 34
ft laxative....36
ft magnesium citrate....36
ft naloxone hcl....7
ft nicotine....7
ft nicotine mini.... 7
ft prenatal.... 34
furosemide.... 28
fyavolv....40
gabapentin.... 11
galantamine hydrobromide..... 12
galantamine hydrobromide er... 12
galbriela.... 40
gallifrey....42
GARDASIL 9....47
gatifloxacin.... 53
gavilax....36
gavilyte-c....36
gavilyte-g....36
gavilyte-n with flavor pack.....36
gemfibrozil....29
gemmily....40
generlac.... 36
gengraf....45
gentamicin sulfate..... 8, 52
gentle laxative.... 36
GILENYA.... 31
glatiramer acetate.... 31
glatopa.... 31
GLEOSTINE.... 16
glimepiride....24
glipizide er....24
glipizide ir....24
glipizide-metformin hcl.... 24
glucagon emergency kit.... 25
GLUCAGON EMERGENCY KIT.... 25
glyburide.... 24
glyburide-metformin.... 24
glycine....37
glycine urologic.... 37
glycolax.... 36
glycopyrrolate....35
glycopyrrolate +rfid....35
glycopyrrolate pf....35
glycopyrrolate pf +rfid....35
glydo.... 6
GLYXAMBI....24
GOJJI STERILE LANCETS..... 23
GOODSENSE ALCOHOL SWABS.... 50
goodsense aspirin low dose.....4
goodsense clearlax.... 36
goodsense nicotine.... 7
goodsense nicotine policrilex..... 7
granisetron hcl..... 13
griseofulvin microsize....14
griseofulvin ultramicrosize.....14
guanfacine hcl....26
guanfacine hcl er....30
GUARDIAN 4 GLUCOSE SENSOR....23
GUARDIAN 4 TRANSMITTER. 23
GUARDIAN REAL-TIME CHARGER.... 23
GUARDIAN REAL-TIME TEST PLUG.... 23
GUARDIAN SENSOR 3....23
GYNAZOLE-1..... 14
habitrol.... 7
hailey 1.5/30....40
hailey 24 fe....40
hailey fe 1.5/30....40
hailey fe 1/20....40
halcinonide....39
halobetasol propionate....39
haloperidol..... 19
haloperidol decanoate....19
haloperidol lactate....19
HAVRIX....47
heather....42
heparin sodium (porcine)..... 26
heparin sodium (porcine) pf..... 26
HEPLISAV-B....47
her style.... 42
HIBERIX....47
HIZENTRA.... 46
HUMALOG....25
HUMALOG KWIKPEN..... 25
HUMALOG MIX 50/50 KWIKPEN..... 25
HUMALOG MIX 75/25 KWIKPEN..... 25
HUMALOG MIX 75/25 VIAL.....25
HUMALOG U-100 JUNIOR KWIKPEN..... 25
HUMATIN....8
HUMULIN 70/30 KWIKPEN..... 25
HUMULIN 70/30 VIAL....25
HUMULIN N KWIKPEN..... 25
HUMULIN N VIAL..... 25
HUMULIN R U-500 KWIKPEN..25
HUMULIN R VIAL..... 25
HYCAMTIN.... 17
hydralazine hcl.... 29
hydrochlorothiazide....29
hydrocodone bitartrate er.....5
hydrocodone bit-homatrop mbr.56
hydrocodone-acetaminophen..... 5
hydrocodone-ibuprofen.... 6
hydrocortisone..... 39, 47
hydrocortisone (perianal)..... 47
hydrocortisone ace-pramoxine..47
hydrocortisone butyrate..... 39
hydrocortisone valerate....39
hydrocortisone-acetic acid..... 54
hydromorphone hcl.... 6
hydromorphone hcl er.....5
hydromorphone hcl pf.... 6
hydroxychloroquine sulfate..... 18
hydroxyurea.... 16
hydroxyzine hcl.... 21
hydroxyzine pamoate....21
hyoscyamine sulfate..... 35
hyoscyamine sulfate sl.....35
ibandronate sodium..... 48
IBRANCE.... 17
ibuprofen.... 4
icatibant acetate....44
iclevia....41
imatinib mesylate.... 17
IMBRUVICA.... 17
imipenem-cilastatin.... 10
imipramine hcl....13
imiquimod....32
IMPAVIDO.... 18
incassia....42
INCONTROL ULTICARE PEN NEEDLES.... 50
indapamide.... 29
indomethacin....4
indomethacin er..... 4
INFANRIX.... 47
INFLECTRA....45
INLYTA.... 17
INPEN 100-BLUE-LILLY-HUMALOG....23
INPEN 100-BLUE-NOVOLOG-FIASP....23
INPEN 100-GREY-LILLY-HUMALOG....23
INPEN 100-GREY-NOVOLOG-FIASP..... 23

INPEN 100-PINK-LILLY-HUMALOG 24
INPEN 100-PINK-NOVOLOG-FIASP 24
INSPIREASE RESERVOIR BAGS 50
INSULIN LISPRO 25
INSULIN PEN NEEDLES 50
INSULIN SYRINGES 50
INSUPEN32G EXTR3ME 50
INTELENCE 20
INTRAROSA 39
introvale 41
iodine strong 33
iodine tincture 8
IPOL 47
ipratropium bromide 55
ipratropium bromide hfa 55
ipratropium-albuterol 56
irbesartan 26
irbesartan-hydrochlorothiazide 28
ISENTRESS 20
ISENTRESS HD 20
isibloom 41
isoniazid 15, 16
isosorbide dinitrate 30
isosorbide mononitrate 30
isosorbide mononitrate er 30
isotretinoin 32
isradipine 27
itraconazole 14
ivermectin 18, 32
IXEMPRA KIT 16
jaimiess 41
JAKAFI 17
JAKAFI XR 17
JANUMET 24
JANUMET XR 24
JANUVIA 24
JARDIANCE 24
jasmiel 41
jencycla 42
jinteli 41
jolessa 41
JOURNAVX 4
joyeaux 41
J-TIP KIT W/VIAL ADAPTERS 50
juleber 41
junel 1.5/30 41
junel 1/20 41
junel fe 1.5/30 41
junel fe 1/20 41
junel fe 24 41
kaitlib fe 41
kalliga 41
kariva 41
kelnor 1/35 41
KESIMPTA 31
ketoconazole 14
KETO-DIASTIX 24
KETONE CARE 24
ketoprofen 4
ketorolac tromethamine 4, 53
KETOSTIX 24
KINRIX 47
KISQALI (200 MG DOSE) 16
KISQALI (400 MG DOSE) 16
KISQALI (600 MG DOSE) 16
klayesta 14
klor-con 33
klor-con 10 33
klor-con m10 33
klor-con m15 33
klor-con m20 33
KLOXXADO 7
KOSELUGO 17
K-PHOS 33
k-tan plus 33
kurvelo 41
KYGEVVI 37
KYLEENA 42
labetalol hcl 27
lacosamide 11
lactic acid e 32
lactulose 36
lactulose encephalopathy 36
LAGEVRIO 20
lamivudine 20, 21
lamivudine-zidovudine 21
lamotrigine 11
lamotrigine er 11
lamotrigine odt 11
LANCETS 24
LANCETS 28G THIN 24
LANCETS SUPER THIN 24
lansoprazole 36
LANTUS SOLOSTAR 25
LANTUS U-100 VIAL 25
lapatinib ditosylate 17
larin 1.5/30 41
larin 1/20 41
larin 24 fe 41
larin fe 1.5/30 41
larin fe 1/20 41
latanoprost 53
laxative osmotic 36
lederle leucovorin 16
leflunomide 46
lenalidomide 16
lessina 41
letrozole 17
leucovorin calcium 16, 17
LEUKERAN 16
leuprolide acetate 43
levalbuterol hcl 55
levetiracetam 11
levetiracetam er 10
levobunolol hcl 53
levocarnitine 33
levocarnitine sf 33
levocetirizine dihydrochloride 54
levofloxacin 10, 53
levonest 41
levonorgest-eth estrad 91-day 41
levonorgest-eth estradiol-iron 41
levonorgestrel 42
levonorgestrel-ethinyl estrad 41
levonorg-eth estrad triphasic 41
levothyroxine sodium 43
levoxyl 43
lidocaine 6
lidocaine hcl urethral/mucosal 7
lidocaine viscous hcl 7
lidocaine-prilocaine 7
LILETTA (52 MG) 42
linezolid 8
linezolid in sodium chloride 8
LINZESS 36
liomny 43
liothyronine sodium 43
liraglutide 24
lisdexamfetamine dimesylate 30
lisinopril 27
lisinopril-hydrochlorothiazide 28
lithium 22
lithium carbonate 22
lithium carbonate er 22
LODOCO 28
lojaimiess 41
lomustine 16
loperamide hcl 35
lopinavir-ritonavir 21
lorazepam 22
lorazepam intensol 22
loryna 41
losartan potassium 26
losartan potassium-hctz 28
loteprednol-tobramycin 52
lovastatin 29

low-ogestrel 41
loxapine succinate 19
lo-zumandimine 41
lubiprostone 36
luizza 1.5/30 41
luizza 1/20 41
LULICONAZOLE 14
LUMIGAN 53
LUPRON DEPOT (1-MONTH) 43
LUPRON DEPOT (3-MONTH) 44
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG 44
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG 44
LUPRON DEPOT-PED (1-MONTH) 44
LUPRON DEPOT-PED (3-MONTH) 44
LUPRON DEPOT-PED (6-MONTH) 44
lurasidone hcl 19
lutera 41
lyleq 42
lyllana 41
LYNPARZA 17
LYSODREN 43
lyza 43
magnesium citrate 36
malathion 18
maraviroc 21
marlissa 41
MARPLAN 12
MASONATAL 34
MAVYRET 20
meclizine hcl 13
meclofenamate sodium 4
medroxyprogesterone acetate 43
mefenamic acid 4
mefloquine hcl 18
megestrol acetate 43
MEKINIST 17
meleya 43
meloxicam 4
melphalan hcl 16
memantine hcl 12
memantine hcl er 12
MENQUADFI 47
MENVEO 47
meperidine hcl 6
meprobamate 21
mercaptopurine 16
mesalamine 47
mesalamine er oral capsule 0.375 gm 47
mesna 18
MESNEX 18
metformin hcl er 24
metformin hcl ir 24
methadone hcl 5
methadone hcl intensol 5
methenamine hippurate 8
methimazole 44
methocarbamol 56
methotrexate sodium 45
methotrexate sodium (pf) 45
methscopolamine bromide 35
methsuximide 11
methyldopa 26
methylergonovine maleate 50
methylphenidate hcl 31
methylphenidate hcl er 30, 31
methylphenidate hcl er (osm) 30
methylprednisolone 39
metoclopramide hcl 13
metoclopramide hcl +rfid 13
metolazone 29
metoprolol succinate er 27
metoprolol tartrate 27
metoprolol-hydrochlorothiazide 28
metronidazole 8, 32, 33
metyrosine 28
mexiletine hcl 27
mibelas 24 fe 41
miconazole 3 14
MICROCHAMBER 51
microgestin 1.5/30 41
microgestin 1/20 41
microgestin fe 1.5/30 41
microgestin fe 1/20 41
MICROLET NEXT LANCETS 24
midodrine hcl 26
mili 41
milnacipran hcl 31
mimvey 41
MINIVELLE 41
minocycline hcl 10
minoxidil 29
minzoya 41
mirabegron er 37
MIRENA (52 MG) 43
mirtazapine 12
misoprostol 36
mitigo 5
MIUDELLA 51
mm aspirin 4
mm clearlax 36
M-M-R II 47
MNEXSPIKE 47
MOBILE LANCETS 30G 24
modafinil 57
mometasone furoate 39, 56
mono-linyah 41
montelukast sodium 55
morphine sulfate 6
morphine sulfate (concentrate) 6
morphine sulfate (pf) 6
morphine sulfate er 5
MOTOFEN 35
MOUNJARO 24
MOVANTIK 35
moxifloxacin hcl 10, 53
moxifloxacin hcl (2x day) 53
moxifloxacin hcl in nacl 10
multivitamin w/fluoride 34
multivitamin/fluoride 34
multi-vitamin/fluoride 34
multi-vitamin/fluoride/iron 34
mupirocin 8
my choice 43
my way 43
mycophenolate mofetil 45
mycophenolate mofetil hcl 45
mycophenolate sodium 45
mycophenolic acid 45
MYRBETRIQ 37
na ferric gluc cplx in sucrose 33
na sulfate-k sulfate-mg sulf 36
nabumetone 4
nadolol 27
nafcillin sodium 9
nalbuphine hcl 6
naloxone hcl 7
naltrexone hcl 7
naproxen 4
naproxen sodium 4
naratriptan hcl 15
NATACYN 52
NATAZIA 41
nateglinide 24
NAYZILAM 11
nebivolol hcl 27
necon 0.5/35 (28) 41
nefazodone hcl 12
neomycin sulfate 8
neomycin-bacitracin zn-polymyx 52
neomycin-polymyxin-dexameth 52

neomycin-polymyxin-gramicidin 52
neomycin-polymyxin-hc 52, 54
NEONATAL PRENATAL 34
neostigmine methylsulfate 15
neostigmine methylsulfate rfid .. 15
neuac 33
NEULASTA 26
NEULASTA ONPRO 26
NEUPRO 18
new day 43
NEXPLANON 43
niacin er (antihyperlipidemic) 29
NICORETTE 7
NICORETTE MINI 7
nicotine 8
nicotine mini 7
nicotine polacrilex 7
nicotine polacrilex mini 7
nicotine step 1 7
nicotine step 2 8
nicotine step 3 8
NICOTROL NS 8
nifedipine er 27
nifedipine er osmotic release 27, 28
nikki 41
nilotinib hcl 17
nilutamide 16
nintedanib esylate 56
nitazoxanide 18
nitisinone 37
nitrofurantoin macrocrystal 8
nitrofurantoin monohydrate macrocrystals 8
nitroglycerin 30
NIVESTYM 26
nizatidine 36
nora-be 43
NORDITROPIN FLEXPRO 39
norelgestromin-eth estradiol 41
norethin ace-eth estrad-fe 41
norethindrone 43
norethindrone acetate 43
norethindrone acet-ethinyl est ... 41
norethindrone-eth estradiol 41
norgestimate-eth estradiol 41
norgestimate-ethinyl estradiol triphasic 41
norlyroc 43
nortrel 0.5/35 (28) 41
nortrel 1/35 (21) 41
nortrel 1/35 (28) 42
nortrel 7/7/7 42
nortriptyline hcl 13
NORVIR 21
NOVOFINE PEN NEEDLE 51
NOVOFINE PLUS PEN NEEDLE 51
NOVOPEN ECHO 24
np thyroid 43
NUBEQA 16
NURTEC 15
nylia 1/35 42
nylia 7/7/7 42
nystatin 14
nystatin-triamcinolone 14
nystop 14
octreotide acetate 44
OFEV 56
ofloxacin 10, 53, 54
OGSIVEO 17
olanzapine 19
olanzapine-fluoxetine hcl 12
olmesartan medoxomil 26
olmesartan medoxomil-hctz 28
olopatadine hcl 52, 54
omega-3-acid ethyl esters 29
omeprazole 37
ondansetron hcl 14
ondansetron odt 14
ONE A DAY PRENATAL 34
ONE VITE WOMENS 34
ONETOUCH DELICA PLUS LANCING 24
ONETOUCH DELICA SAFETY LANCING 24
opcicon one-step 43
OPILL 43
OPTICHAMBER DIAMOND 51
OPTICHAMBER DIAMOND-LG MASK 51
OPTICHAMBER DIAMOND-MD MASK 51
OPTICHAMBER DIAMOND-SM MASK 51
option 2 43
OPTIONS GYNOL II CONTRACEPTIVE 37
ORFADIN 37
ORGOVYX 16
orphenadrine citrate er 56
orphenadrine-aspirin-caffeine ... 56
orquidea 43
ORSERDU 16
oseltamivir phosphate 21
OTEZLA 46
OTEZLA XR 46
OTEZLA/OTEZLA XR INITIATION PK 46
oxaprozin 4
oxcarbazepine 11
oxybutynin chloride 37
oxybutynin chloride er 37
oxycodone hcl 6
oxycodone-acetaminophen 6
OXYCONTIN 5
oxymorphone hcl 6
oxymorphone hcl er 5
OZEMPIC 24
paliperidone er 19
PANDA MASK LARGE 51
PANDA MASK MEDIUM 51
PANDA MASK SMALL 51
pantoprazole sodium 37
PARAGARD INTRAUTERINE COPPER 51
PARI VORTEX ADULT MASK .. 51
PARI VORTEX PEDIATRIC MASK 51
paricalcitol 48
paroxetine hcl 12
PAXLOVID (150/100) 20
PAXLOVID (300/100 & 150/100) 20
PAXLOVID (300/100) 20
pazopanib hcl 17
PEDIARIX 47
PEDIATRIC PANDA MASK 51
PEDVAXHIB 47
peg 3350 36
peg 3350-kcl-na bicarb-nacl 36
peg-3350/electrolytes 36
peg-3350/electrolytes/ascorbat . 36
PEGASYS 20
peg-kcl-nacl-nasulf-na asc-c 36
PEN NEEDLE/5-BEVEL TIP 51
penicillamine 37
penicillin g potassium 9
penicillin v potassium 9
PENTACEL 47
pentazocine-naloxone hcl 6
PENTIPS GENERIC PEN NEEDLES 51
pentoxifylline er 28
perampanel 11
PERFECT POINT SAFETY LANCETS 24
periogard 31

permethrin 18
perphenazine 13
perphenazine-amitriptyline 12
phenazopyridine hcl 37
phenelzine sulfate 12
phenobarbital 11
phenoxybenzamine hcl 26
phenylephrine hcl 52
phenytek 11
phenytoin 11
phenytoin infatabs 11
phenytoin sodium 12
phenytoin sodium extended 11, 12
philith 42
PHOSPHOLINE IODIDE 53
PHOSPHO-TRIN K500 33
pilocarpine hcl 31, 53
pimecrolimus 33
pimtrea 42
pindolol 27
pioglitazone hcl 25
pioglitazone hcl-glimepiride 25
PIP PEN NEEDLES 32G X 4MM 51
piperacillin sod-tazobactam sod 10
piroxicam 4
plerixafor 26
PNEUMOVAX 23 47
POCKET SPACER 51
podofilox 33
polyethylene glycol 3350 36
polymyxin b sulfate 8
polymyxin b-trimethoprim 52
polysaccharide iron forte 33
pomalidomide 16
POMALYST 16
portia-28 42
potassium chloride 34
potassium chloride crys er 34
potassium chloride er 34
potassium citrate er 34
pramipexole dihydrochloride 19
prasugrel hcl 26
pravastatin sodium 29
praziquantel 18
prazosin hcl 26
prednisolone 39
prednisolone acetate 53
prednisolone sodium phosphate 39, 53
prednisone 39
pregabalin 31
PREMARIN 42
PREMPHASE 42
PREMPRO 42
prenatal 35
prenatal multi +dha 34
prenatal multivit plus folate 34
prenatal vitamins 35
prenatal/folic acid+dha 35
PRETOMANID 16
prevalite 29
PREVIDENT 31
PREVNAR 20 47
PREZCOBIX 21
PREZISTA 21
PRIFTIN 16
primaquine phosphate 18
primidone 11
PRIORIX 47
PRO COMFORT SPACER ADULT 51
PRO COMFORT SPACER CHILD 51
PRO COMFORT SPACER INFANT 51
probenecid 14
procainamide hcl 27
PROCARE SPACER/ADULT MASK 51
PROCARE SPACER/CHILD MASK 51
prochlorperazine 13
prochlorperazine maleate 13
procto-med hc 47
progesterone 43
promethazine hcl 13
propafenone hcl 27
propranolol hcl 27
propranolol hcl er 27
propylthiouracil 44
PROQUAD 47
prucalopride succinate 35
PULMOZYME 55
PURE COMFORT SAFETY LANCET 30G 24
PURE COMFORT SAFETY PEN NEEDLE 51
PURE COMFORT SPACER CHAMBER 51
purevit dualfe plus 34
pyrazinamide 16
pyridostigmine bromide 15
pyrimethamine 18
QUADRACEL 47
quetiapine fumarate 19
quetiapine fumarate er 19
QUICK TOUCH INSULIN PEN NEEDLE 51
quinapril hcl 27
quinapril-hydrochlorothiazide 28
quinidine sulfate 27
quinine sulfate 18
QULIPTA 15
QVAR REDIHALER 55
rabeprazole sodium 37
raloxifene hcl 43
ramelteon 57
ramipril 27
ranolazine er 28
rasagiline mesylate 19
RAYA SURE PEN NEEDLE 51
reclipsen 42
RECOMBIVAX HB 47
RECTIV 30
RELENZA DISKHALER 21
RENACIDIN 37
repaglinide 25
REPATHA SURECLICK 29
RETACRIT 26
REVLIMID 16
REYATAZ 21
RHOPRESSA 53
ribavirin 20
rifabutin 15
rifampin 16
rifapentine 16
riluzole 31
rimantadine hcl 21
RINVOQ 46
risedronate sodium 48
risperidone 19
ritonavir 21
rivaroxaban 26
rivastigmine 12
rivastigmine tartrate 12
rivelsa 42
rizatriptan benzoate 15
roflumilast 55
ROMVIMZA 17
ropinirole hcl 19
ropinirole hcl er 19
rosuvastatin calcium 29
rosyrah 42
ROTARIX 47
ROTATEQ 47
roweepra 11
rufinamide 12

RYBELSUS 25
sacubitril-valsartan 28
SAFETY PEN NEEDLES 51
sapropterin dihydrochloride 37
SAVELLA 31
SAVELLA TITRATION PACK ... 31
saxagliptin hcl 25
saxagliptin-metformin er 25
SCEMBLIX 17
scopolamine 13
selegiline hcl 19
selenium sulfide 33
SENSILANCE SAFETY LANCETS 21G 24
SENSILANCE SAFETY LANCETS 26G 24
SENSILANCE SAFETY LANCETS 28G 24
SEREVENT DISKUS 55
sertraline hcl 12
setlakin 42
sevelamer carbonate 34
sharobel 43
shewise 43
SHINGRIX 47
SIGNIFOR 44
sildenafil citrate 56
silodosin 37
silver sulfadiazine 8
SIMBRINZA 53
SIMLANDI (1 PEN) 45
SIMLANDI (2 PEN) 45
SIMLANDI (2 SYRINGE) 45
simliya 42
simpesse 42
SIMPONI 45
SIMPONI ARIA 45
simvastatin 29
sirolimus 45
SIRTURO 16
sitaglip phos-metformin hcl er ... 25
sitagliptin phos-metformin hcl ... 25
sitagliptin phosphate 25
SKYLA 43
SKYRIZI 33, 45
SKYRIZI PEN 45
smooth lax 36
sod benz-sod phenylacet 37
sod citrate-citric acid 34
sodium acetate 34
sodium chloride 56
sodium citrate-citric acid 34
sodium fluoride 31, 34
sodium fluoride 5000 plus 31
sodium fluoride 5000 ppm 31
sodium phenylbutyrate 37
sodium polystyrene sulfonate ... 34
solifenacin succinate 37
SOLIQUA 25
sorafenib tosylate 17
sorbitol-mannitol 37
sotalol hcl 27
sotalol hcl (af) 27
SPEVIGO 33
SPIKEVAX 47
SPIKEVAX 6M-11Y 47
spinosad 18
spironolactone 29
spironolactone-hctz 28
sprintec 28 42
SPS (SODIUM POLYSTYRENE SULF) 34
ssd 8
ST JOSEPH LOW DOSE 4
STIVARGA 17
STRENSIQ 37
streptomycin sulfate 8
subvenite 11
sucralfate 36
SULCONAZOLE NITRATE 14
sulfacetamide sodium 53
sulfacetamide sodium (acne) 33
sulfacetamide-prednisolone 52
sulfadiazine 10
sulfamethoxazole-trimethoprim . 10
sulfasalazine 47
sulfatrim pediatric 10
sulfurated lime 18
sulindac 4
sumatriptan 15
sumatriptan succinate 15
sunitinib malate 17
syeda 42
SYNJARDY 25
SYNJARDY XR 25
tacrolimus 33, 45
tadalafil 38
tadalafil (pah) 56
TAFINLAR 17
tafluprost (pf) 53
take action 43
TALTZ 33
tamoxifen citrate 16
tamsulosin hcl 37
tarina 24 fe 42
tarina fe 1/20 eq 42
taysofy 42
tazarotene 33
tazicef 9
TECHLITE LANCETS 26G 24
TECHLITE PLUS PEN NEEDLES 51
telmisartan 26
telmisartan-hctz 28
temazepam 56
temozolomide 16
temsirolimus 45
TENIVAC 47
tenofovir disoproxil fumarate 21
terazosin hcl 37
terbinafine hcl 14
terconazole 14
teriflunomide 31
TERIPARATIDE 48
testosterone 39
testosterone cypionate 39
testosterone enanthate 39
tetrabenazine 31
tetracycline hcl 10
theophylline er 55
thiamine hcl 35
thioridazine hcl 19
thiothixene 19
thyroid 43
tiadylt er 28
tiagabine hcl 11
ticagrelor 26
tilia fe 42
timolol maleate 27, 53
tiopronin 38
TIVICAY 20
TIVICAY PD 20
tizanidine hcl 56
TOBRADEX 52
TOBRADEX ST 52
tobramycin 52, 55
tobramycin-dexamethasone 52
TOBREX 52
TODAY SPONGE 38
tofacitinib citrate 45
tofacitinib citrate er 45
tolcapone 18
tolmetin sodium 4
tolterodine tartrate 37
tolterodine tartrate er 37
TOPFINE INSULIN PEN NEEDLE 51
topiramate 11
toremifene citrate 16

torpenz 17
torsemide 28
TOUJEO MAX SOLOSTAR 25
TOUJEO SOLOSTAR 25
tramadol hcl (er biphasic) 5
tramadol hcl er 5
tramadol hcl ir 6
tramadol-acetaminophen 6
trandolapril 27
tranexamic acid 26
tranylcypromine sulfate 12
travoprost (bak free) 53
trazodone hcl 13
TRELEGY ELLIPTA 56
TREMFYA 46
TREMFYA ONE-PRESS 46
TREMFYA PEN 46
TREMFYA-CD/UC INDUCTION 46
TRESIBA 25
TRESIBA FLEXTOUCH 25
tretinoin 18, 33
triamcinolone acetonide 32, 39
triamterene-hctz 28
triderm 39
trientine hcl 34
tri-estarylla 42
trifluoperazine hcl 19
trifluridine 52
trigels-f forte 34
trihexyphenidyl hcl 18
tri-legest fe 42
tri-linyah 42
tri-lo-estarylla 42
tri-lo-marzia 42
tri-lo-mili 42
tri-lo-sprintec 42
trimethoprim 8
tri-mili 42
trimipramine maleate 13
triphrocaps 35
tri-sprintec 42
TRIUMEQ 21
tri-vite/fluoride 35
tri-vylibra 42
tri-vylibra lo 42
trospium chloride 37
TRUE COMFORT SAFETY PEN NEEDLE 51
TRUE COVER 51
TRUE FOLIC ACID 35
TRULICITY 25
TRUMENBA 47
TRYNGOLZA 29
turqoz 42
TWINRIX 47
tydemy 42
TYENNE 46
UBRELVY 15
ULTIGUARD SAFEPACK SYR/NEEDLE 51
ULTRA-CARE SAFETY LANCETS 30G 24
UMECLIDINIUM-VILANTEROL 56
UNIFINE OTC PEN NEEDLES 51
UNIFINE PROTECT PEN NEEDLE 51
unithroid 43
ursodiol 35
USTEKINUMAB-AAUZ 46
valacyclovir hcl 20
valganciclovir hcl 20
valproate sodium 11
valproic acid 11
valsartan 26
valsartan-hydrochlorothiazide 28
valtya 1/35 42
valtya 1/50 42
vancomycin hcl 8
VAQTA 47
varenicline tartrate 8
varenicline tartrate (starter) 8
varenicline tartrate(continue) 8
VARIVAX 47
vasopressin 39
vasopressin +rfid 39
VAXNEUVANCE 47
v-c forte 35
VCF VAGINAL CONTRACEPTIVE 38
velivet 42
venlafaxine hcl 13
venlafaxine hcl er 13
verapamil hcl 28
verapamil hcl er 28
VERIFINE INSULIN PEN NEEDLE 51
VERIFINE INSULIN SYRINGE 51
VERIFINE PLUS PEN NEEDLE 51
VERIFINE SAFE LANCET MINI 21G 24
VERIFINE SAFE LANCET MINI 23G 24
VERIFINE SAFE LANCET MINI 28G 24
VERIFINE SAFE LANCET MINI 30G 24
VERZENIO 17
vestura 42
vienva 42
vilazodone hcl 13
viorele 42
VIRACEPT 21
VIREAD 21
VISTOGARD 51
vitamin d (ergocalciferol) 35
VIVAGUARD LANCETS 30G 24
VIVAGUARD SAFETY LANCETS 28G 24
volnea 42
VORANIGO 17
voriconazole 14
VORTEX VALVE CHAMBER-PEDI MASK 51
VORTEX VALVED HOLDING CHAMBER 51
vyfemla 42
VYJUVEK 51
vylibra 42
warfarin sodium 26
wera 42
wescaps 35
WIDE-SEAL DIAPHRAGM 60 52
WIDE-SEAL DIAPHRAGM 65 52
WIDE-SEAL DIAPHRAGM 70 52
WIDE-SEAL DIAPHRAGM 75 52
WIDE-SEAL DIAPHRAGM 80 52
WIDE-SEAL DIAPHRAGM 85 52
WIDE-SEAL DIAPHRAGM 90 52
WIDE-SEAL DIAPHRAGM 95 52
wixela inhub 55
wymzya fe 42
xarah fe 42
XARELTO 26
XARELTO STARTER PACK 26
XELJANZ 46
XELJANZ XR 46
xelria fe 42
XEPI 9
XIFAXAN 9
XIGDUO XR 25
XOLREMDI 26
XTAMPZA ER 5
XTANDI 16
XTRENBO 48
xulane 42

XULTOPHY 25
YESINTEK 46
yl folic acid 35
your choice 43
yulithira 17
yuvafem 42
zafemy 42
zafirlukast 55
zaleplon 56, 57
zelvysia 37
zenatane 33
ZENPEP 37
ZERVIATE 52
zidovudine 21
zileuton er 55
ziprasidone hcl 19
zolmitriptan 15
zolpidem tartrate 57
zolpidem tartrate er 57
zonisamide 11
zovia 1/35 (28) 42
zumandimine 42
ZYCUBO 34
ZYLET 52

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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/

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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 تساعده أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية 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 телефону1-844-395-7126.

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 tinutulangan, 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 sa1-844-395-7126.

Laotian: ຖ້າທ່ານ, ຫຼື ຄົນ ່ທທ່ານກໍ າລັງຊ່ວຍເຫຼືອ, ມ ່ຄາຖາມກ່ຽວກັບ Blue KC, ທ່ານມ ີສດ ່ທລະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະ່ຂ້ ມູ ນຂ່າວສານ ່ທເປັ ນພາສາຂອງທ່ານໍ ່ບມ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ ໂທຫາ 1-844-395-7126.

Mon-Khmer: ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយមានសំណួរអំពី Blue KC អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ 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 کمکو 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 ntawv 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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