Kansas City

MISSOURI ACA MEMBER –
INDIVIDUAL (STANDARD PLAN OPTIONS) **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:

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

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

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

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

Syringe and Needle Coverage

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

Blue Cross and Blue Shield of Kansas City

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Drug Name	Drug Category	Limits/ Required
Analgesics		
JOURNAVX	3	QL (2.5 EA per 1 day)
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	PV
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec adult low dose	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin low dose	1	PV
aspirin oral tablet 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	1	
indomethacin er	1	
indomethacin oral capsule	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	1	
mm aspirin	1	PV
nabumetone oral	1	
naproxen oral tablet	1	
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)
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)

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Drug Name	Drug Category	Limits/ Required
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	
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)
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)

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Drug Name	Drug Category	Limits/ Required
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	
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	

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Drug Name	Drug Category	Limits/ Required
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	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	PV; QL (2 EA per 1 day)
ft nicotine mini	1	PV; QL (20 EA per 1 day)
ft nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
ft nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
ft nicotine transdermal	1	PV; QL (1 EA per 1 day)
goodsense nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL (20 EA per 1 day)
goodsense nicotine policrilex	1	PV; QL (24 EA per 1 day)
habitrol	1	PV; QL (1 EA per 1 day)
NICORETTE MINI	3	PV; QL (20 EA per 1 day)
NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL (24 EA per 1 day)
NICORETTE MOUTH/THROAT LOZENGE	3	PV; QL (20 EA per 1 day)
nicotine mini	1	PV; QL (20 EA per 1 day)
nicotine polacrilex mini	1	PV; QL (20 EA per 1 day)
nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
nicotine step 1	1	PV; QL (1 EA per 1 day)
nicotine step 2	1	PV; QL (1 EA per 1 day)
nicotine step 3	1	PV; QL (1 EA per 1 day)
nicotine transdermal kit	1	PV; QL (1 EA per 1 day)
nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL (1 EA per 1 day)
NICOTROL NS	3	ST; PV; QL (4 ML per 1 day)
varenicline tartrate	1	PV; QL (2 EA per 1 day)

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Drug Name	Drug Category	Limits/ Required
varenicline tartrate (starter)	1	PV; QL (53 EA per 31 days)
varenicline tartrate(continue)	1	PV; QL (2 EA per 1 day)
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	1	
HUMATIN	2	
neomycin sulfate oral	1	
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	

Drug Name	Drug Category	Limits/ Required
metronidazole oral tablet 250 mg, 500 mg	1	
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	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 500 mg, 750 mg	1	
vancomycin hcl oral	3	
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	

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Drug Name	Drug Category	Limits/ Required
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	1	
cephalexin oral suspension reconstituted	1	
tazicef injection	1	
tazicef intravenous solution reconstituted	1	
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin trihydrate oral	1	
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	1	
nafcillin sodium	1	
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin v potassium	1	
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	1	

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Drug Name	Drug Category	Limits/ Required
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	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	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	

Drug Name	Drug Category	Limits/ Required
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	4	PA
levetiracetam er	3	
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	

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Drug Name	Drug Category	Limits/ Required
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	1	
tiagabine hcl	3	
valproate sodium intravenous	1	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
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	

Drug Name	Drug Category	Limits/ Required
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable 100 mg	1	
DILANTIN ORAL CAPSULE 30 MG	3	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet	3	
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytek	3	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection	1	
rufinamide oral suspension 40 mg/ml	3	PA
rufinamide oral tablet	3	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl	1	

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Drug Name	Drug Category	Limits/ Required
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	1	
olanzapine-fluoxetine hcl	1	
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	3	

Drug Name	Drug Category	Limits/ Required
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral tablet	1	
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	1	
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	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
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	1	
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	1	
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	1	
nortriptyline hcl oral solution	3	
trimipramine maleate oral	3	
Antiemetics		
Antiemetics, Other		
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
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	1	
metoclopramide hcl oral tablet	1	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet	1	
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)
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	

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Drug Name	Drug Category	Limits/ Required
caspofungin acetate	3	
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
econazole nitrate external cream	1	
ERTACZO	3	
fluconazole in sodium chloride	1	
fluconazole oral	1	
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	1	
klayesta	1	
LULICONAZOLE	3	
miconazole 3 vaginal suppository	1	
nystatin external	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	1	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	1	
allopurinol sodium	1	
colchicine oral tablet	1	
colchicine-probenecid	2	
febuxostat	3	ST
probenecid	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA; QL (0.04 ML per 1 day)
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)

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Drug Name	Drug Category	Limits/ Required
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)

Drug Name	Drug Category	Limits/ Required
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	1	
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	4	
LEUKERAN	4	
lomustine	4	
melphalan hcl	4	

Drug Name	Drug Category	Limits/ Required
temozolomide	4	PA
Antiandrogens		
abiraterone acetate oral tablet 250 mg	4	PA
abirtega	4	PA
bicalutamide	1	
nilutamide	4	PA
NUBEQA	3	PA
ORGOVYX	4	PA
XTANDI	4	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	4	PA; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG	4	PA
REVLIMID	4	PA
Antiestrogens/Modifiers		
ORSERDU	4	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	

Drug Name	Drug Category	Limits/ Required
Antineoplastics, Other		
diclofenac sodium external gel 3 %	1	QL (10 GM per 1 day)
ETHYOL	4	
fluorouracil external cream 5 %	3	PA
fluorouracil external solution	1	PA
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	4	
KISQALI (200 MG DOSE)	4	PA
KISQALI (400 MG DOSE)	4	PA
KISQALI (600 MG DOSE)	4	PA
lederle leucovorin	1	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral tablet 10 mg, 5 mg	1	
leucovorin calcium oral tablet 15 mg, 25 mg	3	
VERZENIO	4	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	1	PV*
exemestane	1	PV*
letrozole oral	1	PV*
Enzyme Inhibitors		
etoposide oral	4	
HYCAMTIN ORAL	4	
VORANIGO ORAL TABLET 10 MG	4	PA; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG	4	PA

Drug Name	Drug Category	Limits/ Required
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	4	PA
imatinib mesylate oral	4	PA
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	4	PA
IMBRUVICA ORAL TABLET	4	PA; QL (1 EA per 1 day)
INLYTA	4	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	4	PA
lapatinib ditosylate	4	PA
LYNPARZA	4	PA
MEKINIST	4	PA
nilotinib hcl	4	PA
OGSIVEO	4	PA
pazopanib hcl	4	PA
ROMVIMZA	4	PA
SCEMBLIX ORAL TABLET 100 MG	4	PA
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (8 EA per 1 day)
sorafenib tosylate	4	PA
STIVARGA	4	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)
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	4	PA
Retinoids		
bexarotene oral	4	PA
tretinoin oral	4	
Treatment Adjuncts		
mesna oral	4	
MESNEX ORAL	4	
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)

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Drug Name	Drug Category	Limits/ Required
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, 200 mg, 300 mg	1	
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	4	
EURAX	2	
malathion	3	
permethrin external	1	
spinosad	3	
sulfurated lime	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate	1	
trihexyphenidyl hcl	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	
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	1	

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Drug Name	Drug Category	Limits/ Required
loxapine succinate	3	
thioridazine hcl oral	1	
thiothixene	3	
trifluoperazine hcl	3	
2nd Generation/Atypical		
aripiprazole oral tablet	1	QL (1 EA per 1 day)
asenapine maleate	3	QL (2 EA per 1 day)
FANAPT	3	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK A	3	ST; QL (16 EA per 365 days)
FANAPT TITRATION PACK B	3	ST; QL (24 EA per 365 days)
FANAPT TITRATION PACK C	3	ST; QL (16 EA per 365 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	1	QL (2 EA per 1 day)
olanzapine intramuscular	3	
olanzapine oral tablet	1	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	3	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	3	QL (2 EA per 1 day)
quetiapine fumarate er	1	QL (2 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (2 EA per 1 day)
risperidone oral tablet	1	QL (2 EA per 1 day)
ziprasidone hcl	3	QL (2 EA per 1 day)
Treatment-Resistant		
clozapine oral tablet 100 mg, 25 mg	2	QL (9 EA per 1 day)
clozapine oral tablet 200 mg	2	QL (4 EA per 1 day)
clozapine oral tablet 50 mg	2	QL (6 EA per 1 day)
Antivirals		
LAGEVRIO	3	QL (8 EA per 1 day)
PAXLOVID (150/100)	3	QL (4 EA per 1 day)
PAXLOVID (300/100 & 150/100)	3	QL (11 EA per 56 days)
PAXLOVID (300/100)	3	QL (6 EA per 1 day)
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous	1	
valganciclovir hcl	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	3	
BARACLUDE ORAL SOLUTION	3	QL (21 ML per 1 day)
entecavir	1	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	1	
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)

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Drug Name	Drug Category	Limits/ Required
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	3	
acyclovir oral tablet	1	
acyclovir sodium	1	
famciclovir oral	1	
valacyclovir hcl oral	1	QL (4 EA per 1 day)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	3	
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
emtricitabine	3	
emtricitabine-tenofovir df	3	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution 10 mg/ml	3	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	3	
tenofovir disoproxil fumarate	1	
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	

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Drug Name	Drug Category	Limits/ Required
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
VIRACEPT	4	
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, 15 mg, 30 mg, 5 mg	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
meprobamate	3	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg	2	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 1 mg	1	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	2	QL (3 EA per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (4 EA per 1 day)
alprazolam oral tablet 2 mg	1	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg	2	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 1 mg	1	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 3 mg	2	QL (3 EA per 1 day)
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (4 EA per 1 day)
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)

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Drug Name	Drug Category	Limits/ Required
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	1	
lithium carbonate oral	1	
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	
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	

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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	
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	

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Drug Name	Drug Category	Limits/ Required
VIVAGUARD LANCETS 30G	2	
VIVAGUARD SAFETY LANCETS 28G	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	3	
dapagliflozin base-metformin er	2	ST
dapagliflozin	2	ST
FARXIGA	2	ST
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl	3	
glyburide	1	
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	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA; QL (0.08 ML per 1 day)
nateglinide	3	
OZEMPIC	2	PA; QL (0.11 ML per 1 day)
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	1	
repaglinide	1	

Drug Name	Drug Category	Limits/ Required
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	

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Drug Name	Drug Category	Limits/ Required
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	
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	1	
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	4	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
NIVESTYM	4	PA
plerixafor	4	
RETACRIT	4	PA
XOLREMDI	4	PA; QL (4 EA per 1 day)
Hemostasis Agents		
tranexamic acid oral	2	
Platelet Modifying Agents		
aspirin-dipyridamole er	3	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	2	
prasugrel hcl	3	

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

Drug Name	Drug Category	Limits/ Required
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	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol	1	
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	1	
nadolol oral tablet 40 mg	1	
nebivolol hcl	3	
pindolol	3	
propranolol hcl er	3	
propranolol hcl intravenous	1	
propranolol hcl oral	1	
timolol maleate oral	1	

Drug Name	Drug Category	Limits/ Required
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
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	
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	1	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	1	

Drug Name	Drug Category	Limits/ Required
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	1	
candesartan cilexetil-hctz	1	
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
droxidopa	4	
enalapril-hydrochlorothiazide	1	
epinephrine injection solution	1	
epinephrine pf	1	
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
LODOCO	3	ST
losartan potassium-hctz	1	
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	1	

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Drug Name	Drug Category	Limits/ Required
telmisartan-hctz	1	
triamterene-hctz	1	
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	1	
torsemide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	3	
spironolactone oral tablet	1	
Diuretics, Thiazide		
chlorthalidone	1	
hydrochlorothiazide oral	1	
indapamide	1	
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	

Drug Name	Drug Category	Limits/ Required
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	
gemfibrozil oral	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
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	1	PV*
simvastatin oral tablet 80 mg	1	
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	

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Drug Name	Drug Category	Limits/ Required
REPATHA SURECLICK	2	QL (0.11 ML per 1 day)
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	4	PA; QL (0.03 ML per 1 day)
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	1	
minoxidil oral	1	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
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)

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Drug Name	Drug Category	Limits/ Required
methylphenidate hcl er oral tablet extended release 10 mg	3	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	3	QL (3 EA per 1 day)
methylphenidate hcl oral tablet	1	QL (3 EA per 1 day)
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	4	PA; QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (0.43 ML per 1 day)
KESIMPTA	4	PA; QL (0.02 ML per 1 day)
teriflunomide	1	
Cholestatic Pruritus Agent		
Ileal Bile Acid Transporter Inhibitor		
BYLVAY	4	PA
BYLVAY (PELLETS)	4	PA
Dental and Oral Agents		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	1	
periogard	1	
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	

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Drug Name	Drug Category	Limits/ Required
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
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	

Drug Name	Drug Category	Limits/ Required
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
coal tar external	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	4	PA; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	4	PA; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (0.29 ML per 1 day)
EBGLYSS	4	PA; QL (0.15 ML per 1 day)
erythromycin external	1	
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ivermectin external cream	3	

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Drug Name	Drug Category	Limits/ Required
lactic acid e	1	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
neuac	1	
pimecrolimus	3	ST; QL (2 GM per 1 day)
podofilox external solution	1	
selenium sulfide external lotion	1	
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (0.05 ML per 1 day)
SPEVIGO SUBCUTANEOUS	4	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	4	PA; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	4	PA; QL (0.01 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	4	PA; QL (0.02 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	4	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	

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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	4	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

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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	1	
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	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
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	4	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, 40 mg	1	

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Drug Name	Drug Category	Limits/ Required
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	1	
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)
lactulose encephalopathy	1	
lactulose oral solution	1	
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	1	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	1	QL (2 EA per 1 day)
lansoprazole oral capsule delayed release	1	QL (2 EA per 1 day)
omeprazole oral capsule delayed release	1	QL (2 EA per 1 day)
pantoprazole sodium intravenous	1	QL (1 EA per 1 day)

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Drug Name	Drug Category	Limits/ Required
pantoprazole sodium oral tablet delayed release	1	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	4	
EVRYSDI ORAL SOLUTION RECONSTITUTED	4	PA; QL (8 ML per 1 day)
KYGEVVI	4	PA
nitisinone	4	PA
ORFADIN ORAL SUSPENSION	4	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	
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	1	
silodosin	2	
tamsulosin hcl	1	
terazosin hcl	1	
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	1	
RENACIDIN	3	
sorbitol-mannitol	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (1 EA per 1 day)
tiopronin oral tablet	4	
TODAY SPONGE	3	PV
VCF VAGINAL CONTRACEPTIVE	3	PV

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Drug Name	Drug Category	Limits/ Required
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	
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	1	
dexamethasone oral elixir	3	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
diflorasone diacetate external cream	3	
fludrocortisone acetate oral	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external cream	3	
fluocinolone acetonide external ointment	3	
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	3	
fluocinonide external	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halcinonide external cream	3	ST

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Drug Name	Drug Category	Limits/ Required
halobetasol propionate external cream	3	
halobetasol propionate external ointment	3	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
hydrocortisone valerate external cream	3	
methylprednisolone oral	1	
mometasone furoate external	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	QL (16 ML per 1 day)
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	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	
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)

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Drug Name	Drug Category	Limits/ Required
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)
delyla	1	PV
dolishale	1	PV
dotti	3	
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV

Drug Name	Drug Category	Limits/ Required
elinest	1	PV
eluryng	1	PV
enilloring	1	PV
enskyce	1	PV
estarylla	1	PV
estradiol oral	1	
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
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)

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Drug Name	Drug Category	Limits/ Required
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

Drug Name	Drug Category	Limits/ Required
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
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

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Drug Name	Drug Category	Limits/ Required
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
lyza	1	PV
medroxyprogesterone acetate intramuscular	1	PV; QL (0.02 ML per 1 day)
medroxyprogesterone acetate oral	1	

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Drug Name	Drug Category	Limits/ Required
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
megestrol acetate oral tablet	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*
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium intravenous	1	
liothyronine sodium oral	1	
np thyroid	1	
thyroid oral	1	
unithroid	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (Pituitary)		
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	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)	4	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH)	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	4	PA; QL (2 ML per 1 day)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	2	

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Drug Name	Drug Category	Limits/ Required
Immunological Agents		
Angioedema Agents		
CINRYZE	4	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	
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

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Drug Name	Drug Category	Limits/ Required
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)
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	4	PA
Immunomodulators		
ACTIMMUNE	4	PA
AVTOZMA INTRAVENOUS	4	PA
AVTOZMA SUBCUTANEOUS	4	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)

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

Drug Name	Drug Category	Limits/ Required
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

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Drug Name	Drug Category	Limits/ Required
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	1	QL (0.15 EA per 1 day)
calcitonin (salmon) injection	1	
calcitonin (salmon) nasal	1	QL (0.13 ML per 1 day)
calcitriol intravenous	1	
calcitriol oral	1	

Drug Name	Drug Category	Limits/ Required
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	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER2GO ANTI-STATIC	2	

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Drug Name	Drug Category	Limits/ Required
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	
BD PEN NEEDLE SHORT ULTRAFINE	3	

Drug Name	Drug Category	Limits/ Required
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	

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	

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Drug Name	Drug Category	Limits/ Required
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 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)

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	

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Drug Name	Drug Category	Limits/ Required
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)
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	1	
tobramycin-dexamethasone	1	
TOBREX	3	
Antibacterials, Other		
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-hc ophthalmic	1	
polymyxin b-trimethoprim	1	

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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 %	1	
cyclopentolate hcl ophthalmic	1	
cyclosporine (pf)	3	PA; QL (2 EA per 1 day)
CYSTADROPS	4	QL (0.72 ML per 1 day)
CYSTARAN	4	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	
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	1	
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	

Drug Name	Drug Category	Limits/ Required
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	
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)

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Drug Name	Drug Category	Limits/ Required
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)
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	1	
montelukast sodium oral tablet chewable	1	
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	1	QL (10.42 ML per 1 day)
ipratropium bromide nasal	1	
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%	1	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)

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Drug Name	Drug Category	Limits/ Required
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	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	

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	4	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	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)

Drug Name	Drug Category	Limits/ Required
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, 20 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
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)
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)

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

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Blue KC:

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

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

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

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

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

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

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

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

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

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

Arabic:
إن كان لديك أو لدى شخص 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.

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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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