



MISSOURI ACA MEMBER –
INDIVIDUAL AND SMALL GROUP (2-50)

2022

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:

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

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

Blue Cross and Blue Shield of Kansas City

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| Analgesics | | |
| Nonsteroidal Anti-inflammatory Drugs | | |
| adult aspirin regimen | 1 | PV |
| aspirin adult low dose | 1 | PV |
| aspirin adult low strength | 1 | PV |
| aspirin childrens | 1 | PV |
| aspirin ec low dose | 1 | PV |
| aspirin ec low strength | 1 | PV |
| aspirin ec oral tablet delayed release 325 mg | 1 | PV |
| aspirin low dose | 1 | PV |
| aspirin oral tablet | 1 | PV |
| aspirin oral tablet delayed release | 1 | PV |
| BAYER ASPIRIN | 3 | PV |
| BAYER ASPIRIN EC LOW DOSE | 3 | PV |
| celecoxib oral | 1 | QL (2 EA per 1 day) |
| diclofenac potassium oral tablet 50 mg | 1 | |
| diclofenac sodium er | 1 | |
| diclofenac sodium external gel 1 % | 1 | QL (33.33 GM per 1 day) |
| diclofenac sodium external solution 1.5 % | 1 | PA |
| diclofenac sodium oral | 1 | |
| diclofenac-misoprostol | 1 | |
| diflunisal oral | 1 | |
| ec-naproxen | 1 | |
| etodolac | 1 | |
| etodolac er | 1 | |
| fenoprofen calcium oral capsule 400 mg | 3 | |
| fenoprofen calcium oral tablet | 3 | |
| flurbiprofen oral | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| genuine aspirin | 1 | PV |
| goodsense aspirin adults | 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 25 mg, 50 mg | 1 | |
| ketoprofen oral | 1 | |
| ketorolac tromethamine injection | 1 | |
| ketorolac tromethamine intramuscular | 1 | |
| ketorolac tromethamine oral | 1 | QL (20 EA per 5 days) |
| mefenamic acid oral | 3 | |
| meloxicam oral tablet | 1 | |
| nabumetone oral | 1 | |
| naproxen oral tablet | 1 | |
| naproxen oral tablet delayed release | 1 | |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 | |
| oxaprozin | 1 | |
| piroxicam oral | 1 | |
| ST JOSEPH LOW DOSE | 3 | PV |
| sulindac oral | 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 | 1 | PA; QL (1 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|---------------------------|
| fentanyl transdermal patch 72 hour 12 mcg/hr, 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 | 1 | PA; QL (1 EA per 1 day) |
| hydromorphone hcl er | 3 | PA; QL (2 EA per 1 day) |
| methadone hcl injection | 1 | |
| methadone hcl oral solution | 1 | |
| methadone hcl oral tablet | 1 | PA |
| methadone hcl oral tablet soluble | 1 | |
| methadose oral tablet soluble | 1 | |
| 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) |
| NUCYNTA ER | 3 | PA; QL (2 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) | 3 | PA; QL (1 EA per 1 day) |
| tramadol hcl er oral tablet extended release 24 hour | 3 | PA; QL (1 EA per 1 day) |
| XTAMPZA ER | 2 | PA; QL (4 EA per 1 day) |
| Opioid Analgesics, Short-acting | | |
| acetaminophen-codeine #2 | 1 | QL (13 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|--------------------------|
| acetaminophen-codeine #3 | 1 | QL (13 EA per 1 day) |
| acetaminophen-codeine #4 | 1 | QL (10 EA per 1 day) |
| 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) |
| apap-caff-dihydrocodeine | 3 | PA; QL (12 EA per 1 day) |
| ascomp-codeine | 3 | |
| bac | 1 | |
| butalbital-acetaminophen oral tablet 50-325 mg | 1 | |
| butalbital-apap-caff-cod | 3 | |
| butalbital-apap-caffeine | 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) |
| carisoprodol-aspirin-codeine | 3 | |
| 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) |
| duramorph injection solution 0.5 mg/ml | 3 | |
| 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) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| endocet oral tablet 7.5-325 mg | 1 | QL (8 EA per 1 day) |
| fentanyl citrate buccal lozenge on a handle | 3 | PA; QL (4 EA per 1 day) |
| hydrocodone-acetaminophen oral solution | 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 | 1 | QL (9 EA per 1 day) |
| hydrocodone-ibuprofen oral tablet 5-200 mg | 1 | QL (16 EA per 1 day) |
| hydrocodone-ibuprofen oral tablet 7.5-200 mg | 1 | QL (12 EA per 1 day) |
| hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml | 3 | |
| hydromorphone hcl oral liquid | 1 | QL (22.5 ML per 1 day) |
| hydromorphone hcl oral tablet 2 mg | 1 | QL (11 EA per 1 day) |
| hydromorphone hcl oral tablet 4 mg | 1 | QL (5 EA per 1 day) |
| hydromorphone hcl oral tablet 8 mg | 1 | QL (2 EA per 1 day) |
| hydromorphone hcl pf | 3 | |
| morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml | 1 | QL (4.5 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml | 3 | |
| morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml | 1 | |
| morphine sulfate injection solution 2 mg/ml, 4 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) |
| NUCYNTA ORAL TABLET 100 MG, 75 MG | 3 | PA; QL (1 EA per 1 day) |
| NUCYNTA ORAL TABLET 50 MG | 3 | PA; QL (2 EA per 1 day) |
| orphenadrine-aspirin-caffeine | 3 | QL (4 EA per 1 day) |
| 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) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------|
| 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 | 1 | QL (10 EA per 1 day) |
| tramadol hcl oral tablet 50 mg | 1 | QL (8 EA per 1 day) |
| tramadol-acetaminophen | 1 | QL (8 EA per 1 day) |
| Anesthetics | | |
| Local Anesthetics | | |
| glydo | 1 | |
| lidocaine external ointment 5 % | 1 | |
| lidocaine external patch 5 % | 1 | |
| lidocaine hcl external solution | 1 | |
| lidocaine hcl urethral/mucosal | 1 | |
| lidocaine viscous hcl | 1 | |
| lidocaine-prilocaine external cream | 1 | |
| LIDOCAINE-TETRACAINE | 3 | PA |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| Alcohol Deterrents/Anti-craving | | |
| acamprosate calcium | 3 | |
| disulfiram oral | 3 | |
| naltrexone hcl oral | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------------|
| VIVITROL | 5 | |
| Opioid Dependence Treatments | | |
| buprenorphine hcl injection | 1 | |
| buprenorphine hcl sublingual tablet sublingual 2 mg | 1 | QL (12 EA per 1 day) |
| buprenorphine hcl sublingual tablet sublingual 8 mg | 1 | QL (3 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 12-3 mg | 1 | QL (2 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg | 1 | QL (12 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 4-1 mg | 1 | QL (6 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 8-2 mg | 1 | QL (3 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg | 1 | QL (12 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg | 1 | QL (3 EA per 1 day) |
| Opioid Reversal Agents | | |
| KLOXXADO | 2 | |
| naloxone hcl injection | 1 | |
| naloxone hcl nasal | 1 | |
| NARCAN | 2 | |
| Smoking Cessation Agents | | |
| APO-VARENICLINE | 3 | ST; PV; QL (180 EA per 365 days) |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------------|
| bupropion hcl er (smoking det) | 1 | PV; QL (180 EA per 365 days) |
| goodsense nicotine mouth/throat lozenge 4 mg | 1 | PV; QL (180 EA per 365 days) |
| habitrol | 1 | PV; QL (180 EA per 365 days) |
| NICORETTE MOUTH/THROAT GUM 2 MG | 3 | PV; QL (180 EA per 365 days) |
| NICORETTE MOUTH/THROAT LOZENGE 4 MG | 3 | PV; QL (180 EA per 365 days) |
| nicotine polacrilex mini | 1 | PV; QL (180 EA per 365 days) |
| nicotine polacrilex mouth/throat | 1 | PV; QL (180 EA per 365 days) |
| nicotine step 1 | 1 | PV; QL (180 EA per 365 days) |
| nicotine step 2 | 1 | PV; QL (180 EA per 365 days) |
| nicotine step 3 | 1 | PV; QL (180 EA per 365 days) |
| nicotine transdermal kit | 1 | PV; QL (180 EA per 365 days) |
| NICOTROL | 3 | ST; PV; QL (180 EA per 365 days) |
| NICOTROL NS | 3 | ST; PV; QL (180 ML per 365 days) |
| varenicline tartrate | 1 | PV; QL (180 EA per 365 days) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------|
| Antibacterials | | |
| Aminoglycosides | | |
| amikacin sulfate injection | 1 | |
| gentamicin sulfate external | 1 | |
| neomycin sulfate oral | 1 | |
| paromomycin sulfate oral | 1 | |
| streptomycin sulfate intramuscular | 3 | |
| Antibacterials, Other | | |
| ALTABAX | 3 | |
| aztreonam | 1 | |
| clindamycin hcl oral | 1 | |
| clindamycin palmitate hcl | 1 | |
| clindamycin phosphate injection | 1 | |
| clindamycin phosphate vaginal | 1 | |
| fosfomycin tromethamine | 3 | |
| iodine tincture external tincture 2 % | 1 | |
| linezolid oral suspension reconstituted | 3 | QL (32.2 ML per 1 day) |
| linezolid oral tablet | 3 | QL (28 EA per 30 days) |
| mafenide acetate external | 1 | |
| methenamine hippurate | 3 | |
| metronidazole oral tablet | 1 | |
| metronidazole vaginal | 1 | |
| mupirocin external | 1 | |
| nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------|
| nitrofurantoin monohydrate macrocrystals | 1 | |
| polymyxin b sulfate injection | 1 | |
| silver sulfadiazine external | 1 | |
| ssd | 1 | |
| trimethoprim oral | 1 | |
| vancomycin hcl oral capsule 125 mg | 3 | QL (4 EA per 1 day) |
| vancomycin hcl oral capsule 250 mg | 3 | QL (8 EA per 1 day) |
| vancomycin hcl oral solution reconstituted | 3 | QL (40 ML per 1 day) |
| vandazole | 1 | |
| XEPI | 3 | |
| XIFAXAN | 3 | PA |
| Beta-lactam, Cephalosporins | | |
| cefaclor | 1 | |
| cefaclor er | 1 | |
| cefadroxil oral capsule | 1 | |
| cefadroxil oral suspension reconstituted | 1 | |
| cefazolin sodium injection | 1 | |
| cefdinir | 1 | |
| cefepime hcl injection | 1 | |
| cefotaxime sodium | 1 | |
| cefotetan disodium | 1 | |
| cefpodoxime proxetil | 3 | |
| cefprozil | 1 | |
| ceftazidime injection | 1 | |
| ceftriaxone sodium injection | 1 | |
| cefuroxime axetil | 1 | |
| cephalexin oral capsule 250 mg, 500 mg | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| cephalexin oral suspension reconstituted | 1 | |
| tazicef injection | 1 | |
| Beta-lactam, Penicillins | | |
| amoxicillin | 1 | |
| amoxicillin-potassium clavulanate | 1 | |
| amoxicillin-potassium clavulanate er | 3 | |
| ampicillin | 1 | |
| ampicillin sodium injection | 1 | |
| ampicillin-sulbactam sodium injection | 1 | |
| BICILLIN L-A | 3 | |
| dicloxacillin sodium | 1 | |
| nafcillin sodium injection | 1 | |
| oxacillin sodium injection | 1 | |
| penicillin g potassium injection solution reconstituted 20000000 unit | 1 | |
| penicillin v potassium | 1 | |
| Carbapenems | | |
| ertapenem sodium | 3 | |
| Macrolides | | |
| azithromycin oral | 1 | |
| clarithromycin oral suspension reconstituted | 3 | |
| clarithromycin oral tablet | 1 | |
| DIFICID ORAL TABLET | 3 | |
| erythromycin base | 3 | |
| erythromycin ethylsuccinate oral | 3 | |
| erythromycin oral | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| Quinolones | | |
| BAXDELA ORAL | 3 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | 1 | |
| levofloxacin oral | 1 | |
| moxifloxacin hcl oral | 1 | |
| ofloxacin oral | 1 | |
| Sulfonamides | | |
| sulfadiazine oral | 3 | |
| sulfamethoxazole-trimethoprim oral | 1 | |
| sulfatrim pediatric | 1 | |
| Tetracyclines | | |
| avidoxy | 1 | |
| demeclocycline hcl | 3 | |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | 1 | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 1 | |
| doxycycline monohydrate oral suspension reconstituted | 3 | |
| doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg | 1 | |
| minocycline hcl oral capsule | 1 | |
| mondoxyne nl | 1 | |
| tetracycline hcl oral | 3 | |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |
| BRIVIACT ORAL | 3 | ST |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------|
| EPIDIOLEX | 5 | PA |
| levetiracetam er | 1 | |
| levetiracetam oral | 1 | |
| roweepra | 1 | |
| Calcium Channel Modifying Agents | | |
| CELONTIN | 3 | |
| ethosuximide oral | 1 | |
| zonisamide oral | 1 | |
| Gamma-aminobutyric Acid (GABA) Augmenting Agents | | |
| clobazam | 1 | PA |
| DIACOMIT | 5 | PA |
| diazepam rectal | 1 | QL (2 EA per 1 fill) |
| gabapentin oral | 1 | |
| pentobarbital sodium injection | 1 | |
| phenobarbital oral | 1 | |
| phenobarbital sodium injection | 1 | |
| primidone oral | 1 | |
| tiagabine hcl | 1 | |
| valproic acid oral | 1 | |
| Glutamate Reducing Agents | | |
| felbamate | 1 | |
| FYCOMPA | 3 | |
| lamotrigine er | 1 | |
| lamotrigine oral | 1 | |
| lamotrigine starter kit-blue | 1 | |
| lamotrigine starter kit-green | 1 | |
| lamotrigine starter kit-orange | 1 | |
| subvenite | 1 | |
| subvenite starter kit-blue | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|---------------------|
| subvenite starter kit-green | 1 | |
| subvenite starter kit-orange | 1 | |
| topiramate er | 1 | |
| topiramate oral | 1 | |
| Sodium Channel Agents | | |
| carbamazepine er | 1 | |
| carbamazepine oral | 1 | |
| DILANTIN ORAL CAPSULE 30 MG | 3 | |
| epitol | 1 | |
| fosphenytoin sodium injection solution 500 mg pe/10ml | 1 | |
| lacosamide oral solution | 1 | |
| lacosamide oral tablet | 3 | |
| oxcarbazepine | 1 | |
| phenytoin infatabs | 1 | |
| phenytoin oral | 1 | |
| phenytoin sodium extended | 1 | |
| phenytoin sodium injection | 1 | |
| rufinamide | 1 | PA |
| VIMPAT ORAL | 3 | |
| Antidementia Agents | | |
| Antidementia Agents, Other | | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | QL (1 EA per 1 day) |
| Cholinesterase Inhibitors | | |
| donepezil hcl | 1 | |
| galantamine hydrobromide | 1 | |
| galantamine hydrobromide er | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| rivastigmine | 3 | |
| rivastigmine tartrate | 1 | |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist | | |
| memantine hcl | 1 | |
| memantine hcl er | 3 | QL (1 EA per 1 day) |
| 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 | |
| chlordiazepoxide-amitriptyline | 1 | |
| mirtazapine oral tablet 15 mg, 30 mg, 45 mg | 1 | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg | 1 | QL (1 EA per 1 day) |
| olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg | 1 | QL (3 EA per 1 day) |
| perphenazine-amitriptyline | 1 | |
| Monoamine Oxidase Inhibitors | | |
| EMSAM | 3 | ST; QL (1 EA per 1 day) |
| 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, 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 | |
| FETZIMA | 3 | ST; QL (1 EA per 1 day) |
| FETZIMA TITRATION | 3 | ST; QL (56 EA per 365 days) |
| fluoxetine hcl oral capsule | 1 | |
| fluvoxamine maleate | 3 | |
| fluvoxamine maleate er | 3 | QL (2 EA per 1 day) |
| nefazodone hcl | 3 | |
| paroxetine hcl oral tablet | 1 | |
| paroxetine mesylate | 1 | QL (1 EA per 1 day) |
| sertraline hcl oral concentrate | 1 | |
| sertraline hcl oral tablet | 1 | |
| trazodone hcl oral tablet 100 mg, 150 mg, 50 mg | 1 | |
| trazodone hcl oral tablet 300 mg | 3 | |
| TRINTELLIX | 3 | ST; QL (1 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|---------------------------|
| venlafaxine hcl | 1 | |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | |
| VIIBRYD | 3 | PA; QL (1 EA per 1 day) |
| VIIBRYD STARTER PACK | 3 | PA; QL (30 EA per 1 fill) |
| vilazodone hcl | 1 | PA; QL (1 EA per 1 day) |
| Tricyclics | | |
| amitriptyline hcl oral | 3 | |
| amoxapine | 3 | |
| clomipramine hcl oral | 3 | |
| desipramine hcl oral | 3 | |
| doxepin hcl oral capsule | 3 | |
| doxepin hcl oral concentrate | 3 | |
| imipramine hcl oral | 1 | |
| imipramine pamoate | 3 | |
| nortriptyline hcl oral capsule | 1 | |
| nortriptyline hcl oral solution | 3 | |
| protriptyline hcl | 3 | |
| trimipramine maleate oral | 3 | |
| Antiemetics | | |
| Antiemetics, Other | | |
| compro | 3 | |
| dimenhydrinate injection | 1 | |
| droperidol injection | 1 | |
| meclizine hcl oral tablet | 1 | |
| metoclopramide hcl injection | 1 | |
| metoclopramide hcl oral solution | 1 | |
| metoclopramide hcl oral tablet | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| perphenazine oral | 1 | |
| prochlorperazine | 3 | |
| prochlorperazine maleate oral | 1 | |
| scopolamine | 1 | |
| Emetogenic Therapy Adjuncts | | |
| AKYNZEO ORAL | 3 | QL (0.07 EA per 1 day) |
| ANZEMET | 3 | QL (0.07 EA per 1 day) |
| aprepitant oral capsule 125 mg | 3 | QL (2 EA per 30 days) |
| aprepitant oral capsule 40 mg | 3 | QL (1 EA per 30 days) |
| aprepitant oral capsule 80 mg | 3 | QL (4 EA per 30 days) |
| dronabinol | 3 | PA; QL (2 EA per 1 day) |
| granisetron hcl oral | 1 | QL (0.13 EA per 1 day) |
| ondansetron hcl injection | 1 | |
| ondansetron hcl oral solution | 1 | QL (4 ML per 1 day) |
| ondansetron hcl oral tablet 4 mg, 8 mg | 1 | |
| ondansetron odt | 1 | |
| Antifungals | | |
| ciclodan | 1 | |
| ciclopirox external | 1 | |
| ciclopirox olamine external | 1 | |
| clotrimazole external | 1 | |
| clotrimazole mouth/throat | 1 | |
| clotrimazole-betamethasone | 1 | |
| CRESEMBA ORAL | 3 | PA |
| econazole nitrate external | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|------------------------------------|---------------|-------------------------|
| ERTACZO | 3 | PA |
| fluconazole oral | 1 | |
| flucytosine oral | 1 | |
| griseofulvin microsize oral | 3 | |
| griseofulvin ultramicrosize | 3 | |
| GYNAZOLE-1 | 3 | |
| itraconazole oral capsule | 3 | PA |
| ketoconazole external cream | 1 | |
| ketoconazole external shampoo | 1 | |
| ketoconazole oral | 1 | |
| LULICONAZOLE | 3 | PA |
| MENTAX | 3 | PA |
| miconazole 3 | 1 | |
| naftifine hcl | 1 | |
| nyamyc | 1 | |
| nystatin external | 1 | |
| nystatin mouth/throat | 1 | |
| nystatin oral | 3 | |
| nystatin-triamcinolone | 1 | |
| nystop | 1 | |
| oxiconazole nitrate | 3 | |
| posaconazole | 3 | PA |
| SULCONAZOLE NITRATE EXTERNAL CREAM | 3 | PA |
| tavaborole | 1 | PA |
| terbinafine hcl oral | 1 | QL (84 EA per 180 days) |
| terconazole vaginal cream | 1 | |
| voriconazole oral tablet | 3 | PA |
| Antigout Agents | | |
| allopurinol oral | 1 | |
| colchicine oral tablet | 1 | |
| colchicine-probenecid | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| febuxostat | 1 | ST |
| probenecid | 1 | |
| Antimigraine Agents | | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 2 | PA; QL (0.04 ML per 1 day) |
| AIMOVIG | 2 | PA; QL (0.07 ML per 1 day) |
| EMGALITY | 2 | PA; QL (0.04 ML per 1 day) |
| EMGALITY (300 MG DOSE) | 2 | PA; QL (0.1 ML per 1 day) |
| Ergot Alkaloids | | |
| dihydroergotamine mesylate injection | 3 | PA; QL (0.86 ML per 1 day) |
| ergotamine-caffeine | 3 | PA |
| Serotonin (5-HT) Receptor Agonists | | |
| almotriptan malate | 3 | QL (0.4 EA per 1 day) |
| eletriptan hydrobromide | 3 | QL (0.4 EA per 1 day) |
| naratriptan hcl | 1 | QL (0.3 EA per 1 day) |
| rizatriptan benzoate | 1 | QL (0.6 EA per 1 day) |
| sumatriptan succinate oral | 1 | QL (0.3 EA per 1 day) |
| sumatriptan succinate refill subcutaneous solution cartridge | 3 | QL (0.17 ML per 1 day) |
| sumatriptan succinate subcutaneous solution | 1 | QL (0.17 ML per 1 day) |
| sumatriptan succinate subcutaneous solution auto-injector | 3 | QL (0.17 ML per 1 day) |
| sumatriptan-naproxen sodium | 3 | QL (0.3 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|------------------------------------|---------------|---------------------------|
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG | 3 | ST; QL (0.4 EA per 1 day) |
| zolmitriptan nasal solution 5 mg | 1 | QL (0.4 EA per 1 day) |
| zolmitriptan oral | 1 | QL (0.4 EA per 1 day) |
| ZOMIG NASAL | 3 | ST; QL (0.4 EA per 1 day) |
| Antimyasthenic Agents | | |
| Parasympathomimetics | | |
| pyridostigmine bromide er | 1 | |
| pyridostigmine bromide oral | 1 | |
| Antimycobacterials | | |
| Antimycobacterials, Other | | |
| dapsone oral | 3 | |
| rifabutin | 3 | |
| Antituberculars | | |
| cycloserine oral | 1 | |
| ethambutol hcl oral | 3 | |
| isoniazid injection | 1 | |
| isoniazid oral | 1 | |
| PASER | 3 | |
| PRIFTIN | 3 | |
| pyrazinamide oral | 1 | |
| rifampin oral | 1 | |
| SIRTURO | 3 | |
| TRECTOR | 3 | |
| Antineoplastics | | |
| Alkylating Agents | | |
| cyclophosphamide injection | 4 | |
| cyclophosphamide oral capsule | CM | |
| CYCLOPHOSPHAMID E ORAL TABLET | CM | |

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| Drug Name | Drug Category | Limits/ Required |
|-------------------------------------|---------------|--------------------------|
| GLEOSTINE | CM | |
| LEUKERAN | CM | |
| MATULANE | CM | |
| melphalan | CM | |
| MYLERAN | CM | |
| temozolomide | CM | PA |
| Antiandrogens | | |
| abiraterone acetate | CM | PA |
| bicalutamide | CM | |
| flutamide | CM | |
| nilutamide | CM | |
| ORGOVYX | CM | PA |
| XTANDI | CM | PA |
| Antiangiogenic Agents | | |
| lenalidomide | CM | PA |
| POMALYST | CM | PA |
| REVLIMID | CM | PA |
| THALOMID | CM | PA |
| Antiestrogens/Modifiers | | |
| EMCYT | CM | |
| SOLTAMOX | CM | PV* |
| tamoxifen citrate oral tablet 10 mg | CM | |
| tamoxifen citrate oral tablet 20 mg | CM | PV* |
| toremifene citrate | CM | |
| Antimetabolites | | |
| capecitabine | CM | PA |
| DROXIA | 3 | |
| hydroxyurea oral | CM | |
| mercaptopurine oral | CM | |
| TABLOID | CM | |
| Antineoplastics, Other | | |
| AMELUZ | 3 | |
| diclofenac sodium external gel 3 % | 1 | ST; QL (10 GM per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| FLUOROPLEX | 3 | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | 2 | |
| fluorouracil external cream 5 % | 1 | |
| fluorouracil external solution | 1 | |
| leucovorin calcium injection | 1 | |
| leucovorin calcium oral | CM | |
| NINLARO | CM | PA |
| ONUREG | CM | PA |
| PIQRAY | CM | PA |
| ROZLYTREK | CM | PA |
| SYNRIBO | 5 | PA |
| ZOLINZA | CM | PA |
| Aromatase Inhibitors, 3rd Generation | | |
| anastrozole oral | CM | PV* |
| exemestane | CM | PV* |
| letrozole oral | CM | |
| Enzyme Inhibitors | | |
| etoposide oral | CM | |
| HYCAMTIN ORAL | CM | |
| RUBRACA | CM | PA |
| Molecular Target Inhibitors | | |
| AFINITOR DISPERZ | CM | PA |
| ALECENSA | CM | PA |
| BOSULIF | CM | PA |
| CABOMETYX | CM | PA |
| CAPRELSA ORAL TABLET 100 MG | CM | PA; QL (2 EA per 1 day) |
| CAPRELSA ORAL TABLET 300 MG | CM | PA |
| COMETRIQ | CM | PA |
| COTELLIC | CM | PA |
| ERIVEDGE | CM | PA |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| erlotinib hcl oral tablet 100 mg, 150 mg | CM | PA |
| erlotinib hcl oral tablet 25 mg | CM | PA; QL (3 EA per 1 day) |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | CM | PA; QL (1 EA per 1 day) |
| everolimus oral tablet soluble | CM | PA |
| GILOTRIF | CM | PA; QL (1 EA per 1 day) |
| IBRANCE | CM | PA |
| ICLUSIG ORAL TABLET 10 MG, 15 MG | CM | PA; QL (1 EA per 1 day) |
| ICLUSIG ORAL TABLET 30 MG, 45 MG | CM | PA |
| imatinib mesylate | CM | PA |
| IMBRUVICA ORAL CAPSULE 140 MG | CM | PA; QL (3 EA per 1 day) |
| IMBRUVICA ORAL CAPSULE 70 MG | CM | PA; QL (1 EA per 1 day) |
| IMBRUVICA ORAL TABLET | CM | PA; QL (1 EA per 1 day) |
| INLYTA | CM | PA |
| JAKAFI ORAL TABLET 10 MG | CM | PA; QL (2 EA per 1 day) |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG | CM | PA |
| KOSELUGO | CM | PA |
| lapatinib ditosylate | CM | PA |
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | CM | PA |
| LYNPARZA | CM | PA |
| MEKINIST | CM | PA |
| NEXAVAR | CM | PA |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| QINLOCK | CM | PA |
| RETEVMO | CM | PA |
| RYDAPT | CM | PA |
| sorafenib tosylate | CM | PA |
| SPRYCEL | CM | PA |
| STIVARGA | CM | PA |
| sunitinib malate | CM | PA |
| SUTENT | CM | PA |
| TABRECTA | CM | PA |
| TAFINLAR | CM | PA |
| TAGRISSO ORAL TABLET 40 MG | CM | PA; QL (1 EA per 1 day) |
| TAGRISSO ORAL TABLET 80 MG | CM | PA |
| TASIGNA | CM | PA |
| TUKYSA | CM | PA |
| TURALIO | CM | PA |
| VENCLEXTA | CM | PA |
| VENCLEXTA STARTING PACK | CM | PA |
| XALKORI | CM | PA |
| ZELBORAF | CM | PA |
| ZYDELIG | CM | PA |
| ZYKADIA | CM | PA |
| Monoclonal Antibody/Antibody-Drug Conjugate | | |
| RITUXAN HYCELA | 5 | PA |
| Retinoids | | |
| bexarotene external | 4 | PA |
| bexarotene oral | CM | PA |
| PANRETIN | 3 | |
| TARGRETIN EXTERNAL | 5 | PA |
| tretinoin oral | CM | |
| Treatment Adjuncts | | |
| MESNEX ORAL | CM | |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|---------------------------|
| Antiparasitics | | |
| Anthelmintics | | |
| albendazole oral | 3 | PA |
| EMVERM | 2 | |
| ivermectin external lotion | 1 | |
| ivermectin oral | 1 | PA; QL (20 EA per 1 fill) |
| praziquantel oral | 3 | |
| 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 | |
| COARTEM | 3 | |
| hydroxychloroquine sulfate oral | 1 | |
| IMPAVIDO | 3 | |
| mefloquine hcl | 1 | |
| nitazoxanide oral | 3 | |
| pentamidine isethionate | 1 | |
| primaquine phosphate | 1 | |
| pyrimethamine oral | 4 | PA |
| quinine sulfate oral | 3 | PA |
| Pediculicides/Scabicides | | |
| crotan | 1 | |
| lindane | 3 | |
| malathion | 1 | |
| permethrin external | 1 | |
| spinosad | 1 | |
| sulfurated lime | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| Antiparkinson Agents | | |
| Anticholinergics | | |
| benztropine mesylate | 1 | |
| trihexyphenidyl hcl | 1 | |
| Antiparkinson Agents, Other | | |
| amantadine hcl oral | 1 | |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg | 1 | |
| entacapone | 1 | |
| tolcapone | 1 | |
| Dopamine Agonists | | |
| APOKYN | 5 | PA; QL (3 ML per 1 day) |
| apomorphine hcl subcutaneous | 4 | PA; QL (3 ML per 1 day) |
| bromocriptine mesylate oral | 1 | |
| NEUPRO | 3 | ST |
| pramipexole dihydrochloride | 1 | |
| pramipexole dihydrochloride er | 1 | |
| ropinirole hcl | 1 | |
| ropinirole hcl er | 1 | |
| Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors | | |
| carbidopa-levodopa er oral tablet extended release 50-200 mg | 1 | |
| carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg | 1 | |
| carbidopa-levodopa oral tablet dispersible 25-100 mg | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors | | |
| carbidopa oral | 3 | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg | 1 | |
| carbidopa-levodopa oral tablet 25-100 mg | 1 | |
| carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-250 mg | 1 | |
| carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 1 | |
| Monoamine Oxidase B (MAO-B) Inhibitors | | |
| rasagiline mesylate oral | 1 | |
| selegiline hcl oral | 1 | |
| Antipsychotics | | |
| 1st Generation/Typical | | |
| chlorpromazine hcl oral tablet | 3 | |
| fluphenazine hcl oral tablet | 3 | |
| haloperidol decanoate intramuscular | 1 | |
| haloperidol lactate | 1 | |
| haloperidol oral | 1 | |
| loxapine succinate | 3 | |
| pimozide | 1 | |
| thioridazine hcl oral | 1 | |
| thiothixene | 3 | |
| trifluoperazine hcl | 3 | |
| 2nd Generation/Atypical | | |
| ABILIFY MAINTENA | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| aripiprazole oral tablet | 1 | QL (1 EA per 1 day) |
| asenapine maleate | 1 | QL (2 EA per 1 day) |
| FANAPT | 3 | ST; QL (2 EA per 1 day) |
| FANAPT TITRATION PACK | 3 | ST; QL (8 EA per 180 days) |
| INVEGA SUSTENNA | 3 | |
| INVEGA TRINZA | 3 | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 3 | PA; QL (1 EA per 1 day) |
| LATUDA ORAL TABLET 80 MG | 3 | PA; QL (2 EA per 1 day) |
| 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 oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg | 3 | QL (2 EA per 1 day) |
| quetiapine fumarate er oral tablet extended release 24 hour 200 mg | 3 | QL (3 EA per 1 day) |
| quetiapine fumarate oral tablet 100 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) |
| REXULTI | 3 | QL (1 EA per 1 day) |
| RISPERDAL CONSTA | 3 | |
| risperidone oral tablet | 1 | QL (2 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| ziprasidone hcl | 3 | QL (2 EA per 1 day) |
| Treatment-Resistant | | |
| clozapine oral tablet 100 mg, 25 mg | 3 | QL (9 EA per 1 day) |
| clozapine oral tablet 200 mg | 3 | QL (4 EA per 1 day) |
| clozapine oral tablet 50 mg | 3 | QL (6 EA per 1 day) |
| Antivirals | | |
| LAGEVRIO | 3 | QL (8 EA per 1 day) |
| PAXLOVID ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG | 3 | QL (4 EA per 1 day) |
| PAXLOVID ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG | 3 | QL (6 EA per 1 day) |
| Anti-cytomegalovirus (CMV) Agents | | |
| valganciclovir hcl | 3 | |
| Anti-hepatitis B (HBV) Agents | | |
| adefovir dipivoxil | 4 | |
| BARACLUDE ORAL SOLUTION | 5 | QL (21 ML per 1 day) |
| entecavir | 4 | QL (1 EA per 1 day) |
| EPIVIR HBV ORAL SOLUTION | 4 | |
| lamivudine oral tablet 100 mg | 4 | |
| VEMLIDY | 5 | |
| Anti-hepatitis C (HCV) Agents | | |
| EPCLUSA ORAL PACKET 150-37.5 MG | 4 | PA; QL (1 EA per 1 day) |
| EPCLUSA ORAL PACKET 200-50 MG | 4 | PA; QL (2 EA per 1 day) |
| EPCLUSA ORAL TABLET | 4 | PA; QL (1 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| HARVONI ORAL PACKET 33.75-150 MG | 4 | PA; QL (1 EA per 1 day) |
| HARVONI ORAL PACKET 45-200 MG | 4 | PA; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 45-200 MG | 4 | PA; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 90-400 MG | 4 | PA; QL (1 EA per 1 day) |
| MAVYRET ORAL PACKET | 4 | PA; QL (5 EA per 1 day) |
| MAVYRET ORAL TABLET | 4 | PA; QL (3 EA per 1 day) |
| PEGASYS | 4 | PA |
| ribavirin oral | 4 | |
| ZEPATIER | 5 | PA; QL (1 EA per 1 day) |
| Anti-hepatitis C (HCV) Agents, Other | | |
| INTRON A | 5 | PA |
| Antitherpetic Agents | | |
| acyclovir external ointment | 1 | |
| acyclovir oral capsule | 1 | |
| acyclovir oral suspension | 3 | |
| acyclovir oral tablet | 1 | |
| famciclovir oral | 1 | |
| valacyclovir hcl oral | 1 | QL (4 EA per 1 day) |
| Anti-HIV Agents, Integrase Inhibitors (INSTI) | | |
| BIKTARVY | 3 | QL (1 EA per 1 day) |
| DOVATO | 2 | QL (1 EA per 1 day) |
| ISENTRESS | 2 | |
| ISENTRESS HD | 2 | |
| JULUCA | 2 | QL (1 EA per 1 day) |
| TIVICAY | 2 | |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|--------------------------|
| TIVICAY PD | 2 | |
| TYBOST | 2 | |
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) | | |
| COMPLERA | 2 | QL (1 EA per 1 day) |
| EDURANT | 2 | |
| efavirenz | 3 | |
| efavirenz-emtricitab-tenofovir | 3 | QL (1 EA per 1 day) |
| efavirenz-lamivudine-tenofovir | 3 | QL (1 EA per 1 day) |
| etravirine | 1 | |
| INTELENCE ORAL TABLET 25 MG | 2 | |
| nevirapine | 3 | |
| nevirapine er | 3 | |
| PIFELTRO | 3 | |
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | | |
| abacavir sulfate oral solution | 3 | |
| abacavir sulfate oral tablet | 1 | |
| abacavir sulfate-lamivudine | 1 | QL (1 EA per 1 day) |
| CIMDUO | 2 | QL (1 EA per 1 day) |
| emtricitabine | 1 | |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 3 | QL (1 EA per 1 day) |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 3 | PV*; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|---------------------|
| lamivudine oral solution | 3 | |
| lamivudine oral tablet 150 mg, 300 mg | 1 | |
| lamivudine-zidovudine | 1 | QL (1 EA per 1 day) |
| ODEFSEY | 3 | QL (1 EA per 1 day) |
| stavudine | 1 | |
| tenofovir disoproxil fumarate | 1 | PV* |
| TRIUMEQ | 2 | QL (1 EA per 1 day) |
| VIREAD ORAL POWDER | 2 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | |
| zidovudine | 3 | |
| Anti-HIV Agents, Other | | |
| FUZEON | 2 | |
| maraviroc | 1 | PA |
| RUKOBIA | 2 | |
| SELZENTRY | 2 | PA |
| Anti-HIV Agents, Protease Inhibitors | | |
| APTIVUS | 2 | |
| atazanavir sulfate | 3 | |
| EVOTAZ | 2 | QL (1 EA per 1 day) |
| fosamprenavir calcium | 3 | |
| lopinavir-ritonavir oral solution | 3 | |
| lopinavir-ritonavir oral tablet | 1 | |
| NORVIR ORAL PACKET | 2 | |
| NORVIR ORAL SOLUTION | 2 | |
| PREZCOBIX | 2 | QL (1 EA per 1 day) |

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| Drug Name | Drug Category | Limits/ Required |
|---|---------------|--------------------------|
| PREZISTA | 2 | |
| REYATAZ ORAL PACKET | 2 | |
| ritonavir | 3 | |
| SYMTUZA | 3 | QL (1 EA per 1 day) |
| VIRACEPT | 2 | |
| Anti-influenza Agents | | |
| oseltamivir phosphate oral capsule 30 mg | 3 | QL (40 EA per 365 days) |
| oseltamivir phosphate oral capsule 45 mg, 75 mg | 3 | QL (20 EA per 365 days) |
| oseltamivir phosphate oral suspension reconstituted | 3 | QL (360 ML per 365 days) |
| RELENZA DISKHALER | 3 | QL (40 EA per 365 days) |
| rimantadine hcl | 1 | |
| Anxiolytics | | |
| Anxiolytics, Other | | |
| bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg | 1 | |
| hydroxyzine hcl intramuscular | 1 | |
| hydroxyzine hcl oral | 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, 1 mg | 1 | QL (1 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 2 mg | 1 | QL (5 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------|
| alprazolam er oral tablet extended release 24 hour 3 mg | 1 | 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, 1 mg | 1 | QL (1 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 2 mg | 1 | QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 3 mg | 1 | 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) |
| clorazepate dipotassium oral tablet 15 mg | 1 | QL (6 EA per 1 day) |
| clorazepate dipotassium oral tablet 3.75 mg | 1 | QL (24 EA per 1 day) |
| clorazepate dipotassium oral tablet 7.5 mg | 1 | QL (12 EA per 1 day) |
| diazepam intensol | 1 | |
| diazepam oral | 1 | |
| estazolam | 1 | QL (1 EA per 1 day) |
| lorazepam injection | 1 | |
| lorazepam intensol | 3 | QL (5 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|------------------------------------|---------------|----------------------|
| lorazepam oral concentrate 2 mg/ml | 3 | QL (5 ML per 1 day) |
| lorazepam oral tablet 0.5 mg, 1 mg | 1 | QL (3 EA per 1 day) |
| lorazepam oral tablet 2 mg | 1 | QL (5 EA per 1 day) |
| oxazepam | 3 | QL (4 EA per 1 day) |
| triazolam | 1 | QL (2 EA per 1 day) |
| Bipolar Agents | | |
| Mood Stabilizers | | |
| divalproex sodium er | 1 | |
| divalproex sodium oral | 1 | |
| lithium carbonate er | 1 | |
| lithium carbonate oral | 1 | |
| Blood Glucose Monitoring | | |
| 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 | |
| CONTOUR MONITOR KIT W/DEVICE | 2 | |
| CONTOUR NEXT EZ KIT W/DEVICE | 2 | |
| CONTOUR NEXT GEN MONITOR | 2 | |
| CONTOUR NEXT LINK KIT W/DEVICE | 2 | |
| CONTOUR NEXT MONITOR KIT W/DEVICE | 2 | |
| CONTOUR NEXT TEST STRIPS | 2 | QL (10 EA per 1 day) |
| CONTOUR TEST STRIPS | 2 | QL (10 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| CVS KETONE CARE | 3 | |
| KETO-DIASTIX | 3 | |
| KETONE TEST | 3 | |
| KETOSTIX | 3 | |
| Blood Glucose Regulators | | |
| Antidiabetic Agents | | |
| acarbose oral | 3 | |
| BYDUREON BCISE AUTOINJECTOR | 2 | ST; QL (0.15 ML per 1 day) |
| BYETTA 10 MCG PEN | 2 | ST; QL (0.08 ML per 1 day) |
| BYETTA 5 MCG PEN | 2 | ST; QL (0.04 ML per 1 day) |
| FARXIGA | 2 | ST |
| glimepiride | 1 | |
| glipizide er | 1 | |
| glipizide ir | 1 | |
| glipizide xl | 1 | |
| glipizide-metformin hcl | 3 | |
| glyburide micronized | 1 | |
| glyburide oral | 1 | |
| glyburide-metformin | 3 | |
| GLYXAMBI | 2 | ST |
| JANUMET | 2 | ST |
| JANUMET XR | 2 | ST |
| JANUVIA | 2 | ST |
| JARDIANCE | 2 | ST |
| JENTADUETO | 2 | ST |
| JENTADUETO XR | 2 | ST |
| metformin hcl er | 1 | |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1 | |
| miglitol | 3 | |
| nateglinide | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-----------------------------|
| OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML | 2 | ST; QL (0.06 ML per 1 day) |
| OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML | 2 | ST; QL (0.11 ML per 1 day) |
| pioglitazone hcl | 1 | |
| pioglitazone hcl-glimepiride | 3 | |
| pioglitazone hcl-metformin hcl | 3 | |
| repaglinide | 3 | |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | 2 | ST; QL (1 EA per 1 day) |
| RYBELSUS ORAL TABLET 3 MG | 2 | ST; QL (60 EA per 365 days) |
| SOLIQUA | 2 | ST; QL (0.6 ML per 1 day) |
| SYNJARDY | 2 | ST |
| SYNJARDY XR | 2 | ST |
| TRADJENTA | 2 | ST |
| TRULICITY | 2 | ST; QL (0.08 ML per 1 day) |
| VICTOZA | 2 | ST; QL (0.3 ML per 1 day) |
| XIGDUO XR | 2 | ST |
| XULTOPHY | 2 | ST; QL (0.5 ML per 1 day) |
| Glycemic Agents | | |
| diazoxide oral | 1 | |
| glucagon emergency kit | 1 | |
| GLUCAGON EMERGENCY KIT | 2 | |
| Insulins | | |
| HUMALOG | 2 | |
| HUMALOG KWIKPEN | 2 | |
| HUMALOG MIX 50/50 KWIKPEN | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|-------------------------------------|---------------|--------------------------|
| HUMALOG MIX 50/50 VIAL | 2 | |
| HUMALOG MIX 75/25 KWIKPEN | 2 | |
| HUMALOG MIX 75/25 VIAL | 2 | |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | |
| HUMULIN 70/30 KWIKPEN | 2 | |
| HUMULIN 70/30 VIAL | 2 | |
| HUMULIN N KWIKPEN | 2 | |
| HUMULIN N VIAL | 2 | |
| HUMULIN R U-500 KWIKPEN | 2 | |
| HUMULIN R U-500 VIAL | 2 | |
| HUMULIN R VIAL | 2 | |
| LANTUS SOLOSTAR | 2 | |
| LANTUS U-100 VIAL | 2 | |
| LEVEMIR U-100 FLEXTOUCH | 3 | PA |
| LEVEMIR U-100 VIAL | 3 | PA |
| TOUJEO MAX SOLOSTAR | 2 | |
| TOUJEO SOLOSTAR | 2 | |
| TRESIBA | 3 | PA |
| TRESIBA FLEXTOUCH | 3 | PA |
| Blood Products and Modifiers | | |
| Anticoagulants | | |
| ELIQUIS DVT/PE STARTER PACK | 2 | QL (148 EA per 365 days) |
| ELIQUIS ORAL TABLET 2.5 MG | 2 | QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET 5 MG | 2 | QL (3 EA per 1 day) |
| enoxaparin sodium | 4 | QL (35 ML per 180 days) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------------|
| fondaparinux sodium | 4 | QL (35 ML per 180 days) |
| heparin sodium (porcine) injection solution prefilled syringe | 1 | |
| heparin sodium (porcine) pf injection solution 5000 unit/ml | 1 | |
| jantoven | 1 | |
| PRADAXA | 2 | QL (2 EA per 1 day) |
| SAVAYSA | 3 | QL (1 EA per 1 day) |
| warfarin sodium oral | 1 | |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 2 | QL (20 ML per 1 day) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 2 | QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 2 | QL (2 EA per 1 day) |
| XARELTO STARTER PACK | 2 | QL (102 EA per 365 days) |
| ZONTIVITY | 3 | |
| Blood Formation Modifiers | | |
| anagrelide hcl | 3 | |
| ARANESP (ALBUMIN FREE) | 4 | PA |
| MOZOBIL | 4 | PA; QL (9.6 ML per 365 days) |
| NEULASTA | 5 | PA |
| NEULASTA ONPRO | 5 | PA |
| NIVESTYM | 4 | PA |
| PROCRIT | 4 | PA |
| PROMACTA | 5 | PA |
| REBLOZYL | 5 | PA |
| RETACRIT | 4 | PA |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| Hemostasis Agents | | |
| aminocaproic acid oral tablet | 1 | |
| HEMLIBRA | 5 | |
| Platelet Modifying Agents | | |
| aspirin-dipyridamole er | 3 | |
| BRILINTA | 2 | |
| CABLIVI | 5 | PA; QL (1 EA per 1 day) |
| cilostazol | 1 | |
| clopidogrel bisulfate oral | 1 | |
| dipyridamole oral | 1 | |
| prasugrel hcl | 3 | |
| Cardiovascular Agents | | |
| Alpha-adrenergic Agonists | | |
| clonidine | 3 | |
| clonidine hcl oral | 1 | |
| guanfacine hcl | 1 | |
| methyldopa | 1 | |
| midodrine hcl | 1 | |
| Alpha-adrenergic Blocking Agents | | |
| doxazosin mesylate oral | 1 | |
| phenoxybenzamine hcl oral | 1 | |
| 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 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| Angiotensin-converting Enzyme (ACE) Inhibitors | | |
| benazepril hcl oral | 1 | |
| captopril oral | 1 | |
| enalapril maleate oral tablet | 1 | |
| fosinopril sodium | 1 | |
| lisinopril oral | 1 | |
| moexipril hcl | 1 | |
| perindopril erbumine | 1 | |
| quinapril hcl | 1 | |
| ramipril | 1 | |
| trandolapril | 1 | |
| Antiarrhythmics | | |
| amiodarone hcl oral tablet 200 mg | 1 | |
| disopyramide phosphate | 1 | |
| dofetilide | 3 | |
| flecainide acetate | 1 | |
| mexiletine hcl oral | 1 | |
| procainamide hcl injection solution 100 mg/ml | 3 | |
| propafenone hcl | 1 | |
| quinidine sulfate | 1 | |
| sorine | 1 | |
| sotalol hcl (af) | 1 | |
| sotalol hcl oral | 1 | |
| Beta-adrenergic Blocking Agents | | |
| acebutolol hcl oral | 1 | |
| atenolol oral | 1 | |
| betaxolol hcl oral | 1 | |
| bisoprolol fumarate oral | 1 | |
| carvedilol | 1 | |
| labetalol hcl oral | 1 | |
| metoprolol succinate er | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 1 | |
| nebivolol hcl | 1 | |
| pindolol | 3 | |
| propranolol hcl er | 3 | |
| propranolol hcl oral | 1 | |
| timolol maleate oral | 3 | |
| Calcium Channel Blocking Agents | | |
| amlodipine besylate oral | 1 | |
| cartia xt | 1 | |
| diltiazem hcl er | 1 | |
| diltiazem hcl er beads | 1 | |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | 1 | |
| diltiazem hcl oral | 1 | |
| dilt-xr | 1 | |
| felodipine er | 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 | |
| nimodipine oral | 3 | |
| taztia xt | 1 | |
| tiadylt er | 1 | |
| verapamil hcl er oral capsule extended release 24 hour | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|--------------------------|
| verapamil hcl er oral tablet extended release | 1 | |
| verapamil hcl oral | 1 | |
| Cardiovascular Agents, Other | | |
| aliskiren fumarate | 3 | |
| amiloride-hydrochlorothiazide | 1 | |
| amlodipine besylate-benazepril hcl | 1 | |
| amlodipine besylate-valsartan | 3 | |
| amlodipine-atorvastatin | 1 | |
| amlodipine-olmesartan | 3 | |
| atenolol-chlorthalidone | 1 | |
| benazepril-hydrochlorothiazide | 1 | |
| bisoprolol-hydrochlorothiazide | 1 | |
| CORLANOR ORAL SOLUTION | 3 | PA; QL (15 ML per 1 day) |
| CORLANOR ORAL TABLET | 3 | PA; QL (2 EA per 1 day) |
| DEMSEER | 3 | |
| digitek | 1 | |
| digox | 1 | |
| digoxin oral solution | 3 | |
| digoxin oral tablet 125 mcg, 250 mcg | 1 | |
| enalapril-hydrochlorothiazide | 1 | |
| ENTRESTO | 2 | QL (2 EA per 1 day) |
| epinephrine injection solution | 1 | |
| epinephrine pf | 1 | |
| fosinopril sodium-hctz | 1 | |
| irbesartan-hydrochlorothiazide | 1 | |
| lisinopril-hydrochlorothiazide | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| losartan potassium-hctz | 1 | |
| metoprolol-hydrochlorothiazide | 1 | |
| metyrosine | 1 | |
| olmesartan medoxomil-hctz | 1 | |
| pentoxifylline er | 1 | |
| quinapril-hydrochlorothiazide | 1 | |
| ranolazine er | 3 | |
| spironolactone-hctz | 1 | |
| triamterene-hctz | 1 | |
| valsartan-hydrochlorothiazide | 1 | |
| VYNDAMAX | 5 | PA; QL (1 EA per 1 day) |
| Diuretics, Carbonic Anhydrase Inhibitors | | |
| acetazolamide er | 3 | |
| acetazolamide oral | 3 | |
| methazolamide oral tablet 25 mg | 1 | |
| methazolamide oral tablet 50 mg | 3 | |
| Diuretics, Loop | | |
| bumetanide oral | 1 | |
| ethacrynic acid | 3 | |
| furosemide oral | 1 | |
| toremide | 1 | |
| Diuretics, Potassium-sparing | | |
| amiloride hcl oral | 1 | |
| eplerenone | 1 | |
| spironolactone oral | 1 | |
| triamterene oral | 3 | |
| Diuretics, Thiazide | | |
| chlorthalidone | 1 | |
| hydrochlorothiazide oral | 1 | |
| indapamide | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| metolazone | 3 | |
| Dyslipidemics, Fibric Acid Derivatives | | |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg | 3 | |
| fenofibrate micronized oral capsule 67 mg | 1 | |
| fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg | 3 | |
| fenofibrate oral capsule 67 mg | 1 | |
| 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 | |
| lovastatin oral | 1 | PV |
| pravastatin sodium | 1 | |
| rosuvastatin calcium | 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 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| ezetimibe | 1 | |
| ezetimibe-simvastatin | 3 | |
| NEXLETOL | 2 | PA; QL (1 EA per 1 day) |
| NEXLIZET | 2 | PA; QL (1 EA per 1 day) |
| niacin er (antihyperlipidemic) | 3 | |
| omega-3-acid ethyl esters | 3 | |
| prevalite | 3 | |
| REPATHA | 2 | PA; QL (0.11 ML per 1 day) |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA; QL (0.13 ML per 1 day) |
| REPATHA SURECLICK | 2 | PA; QL (0.11 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 sublingual | 1 | |
| nitroglycerin transdermal | 1 | |
| nitroglycerin translingual | 3 | |
| RECTIV | 3 | |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------|
| 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) |
| VYVANSE | 2 | QL (1 EA per 1 day) |
| Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines | | |
| atomoxetine hcl | 3 | QL (1 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------|
| clonidine hcl er | 1 | |
| dexmethylphenidate hcl | 1 | QL (2 EA per 1 day) |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg | 3 | QL (1 EA per 1 day) |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg | 3 | QL (2 EA per 1 day) |
| guanfacine hcl er | 3 | |
| methylphenidate hcl er (cd) | 3 | QL (1 EA per 1 day) |
| methylphenidate hcl er (la) | 3 | QL (1 EA per 1 day) |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg | 3 | QL (1 EA per 1 day) |
| methylphenidate hcl er (osm) oral tablet extended release 36 mg | 3 | QL (2 EA per 1 day) |
| methylphenidate hcl er (xr) | 3 | QL (1 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 10 mg | 3 | QL (2 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 20 mg | 3 | QL (3 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg | 3 | QL (1 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 24 hour 36 mg | 3 | QL (2 EA per 1 day) |
| methylphenidate hcl oral solution 10 mg/5ml | 3 | QL (30 ML per 1 day) |
| methylphenidate hcl oral solution 5 mg/5ml | 3 | QL (60 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------------|
| methylphenidate hcl oral tablet | 1 | QL (3 EA per 1 day) |
| methylphenidate hcl oral tablet chewable 10 mg | 3 | QL (6 EA per 1 day) |
| methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg | 3 | QL (3 EA per 1 day) |
| Central Nervous System, Other | | |
| caffeine citrate oral | 1 | |
| riluzole | 3 | PA; QL (2 EA per 1 day) |
| tetrabenazine | 4 | PA |
| Fibromyalgia Agents | | |
| 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 | 1 | 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 | | |
| AVONEX PEN | 4 | PA; QL (0.04 EA per 1 day) |
| AVONEX PREFILLED | 4 | PA; QL (0.04 EA per 1 day) |
| BAFIERTAM | 4 | PA; QL (4 EA per 1 day) |
| BETASERON | 4 | PA; QL (0.5 EA per 1 day) |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 4 | PA; QL (1 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------------|
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 4 | PA; QL (0.43 ML per 1 day) |
| dalfampridine er | 4 | PA; QL (2 EA per 1 day) |
| dimethyl fumarate oral | 4 | PA; QL (2 EA per 1 day) |
| dimethyl fumarate starter pack | 4 | PA; QL (120 EA per 365 days) |
| GILENYA | 5 | PA; QL (1 EA per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml | 4 | PA; QL (1 ML per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml | 4 | PA; QL (0.43 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 20 mg/ml | 4 | PA; QL (1 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 40 mg/ml | 4 | PA; QL (0.43 ML per 1 day) |
| MAYZENT ORAL TABLET 0.25 MG | 5 | PA; QL (4 EA per 1 day) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 5 | PA; QL (1 EA per 1 day) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG | 5 | PA; QL (14 EA per 365 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 5 | PA; QL (24 EA per 365 days) |
| Dental and Oral Agents | | |
| cavarest | 1 | |
| cevimeline hcl | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| chlorhexidine gluconate mouth/throat | 1 | |
| DEBACTEROL | 3 | |
| easygel | 1 | |
| fluoridex daily renewal | 1 | |
| oralone | 1 | |
| periogard | 1 | |
| pilocarpine hcl oral | 1 | |
| PREVIDENT MOUTH/THROAT | 3 | |
| sodium fluoride 5000 plus | 1 | |
| sodium fluoride 5000 ppm dental cream | 1 | |
| sodium fluoride 5000 ppm dental gel | 1 | |
| sodium fluoride dental | 1 | |
| sodium fluoride mouth/throat | 3 | |
| triamcinolone acetonide mouth/throat | 1 | |
| Dermatological Agents | | |
| accutane | 1 | PA |
| acitretin | 3 | |
| adapalene external cream | 1 | PA |
| adapalene external gel | 1 | PA |
| adapalene-benzoyl peroxide external gel | 1 | |
| ammonium lactate external | 1 | |
| amneesteem | 1 | PA |
| azelaic acid external | 1 | |
| AZELEX | 3 | |
| benzoyl peroxide-erythromycin | 1 | |
| calcipotriene external cream | 3 | |
| calcipotriene external ointment | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| calcipotriene external solution | 3 | |
| calcitriol external | 3 | |
| claravis | 1 | PA |
| clindacin etz external swab | 1 | |
| clindacin-p | 1 | |
| clindamycin phosphate-benzoyl peroxide | 1 | |
| clindamycin phosphate external gel | 3 | |
| clindamycin phosphate external lotion | 3 | |
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| coal tar external | 1 | |
| CONDYLOX | 3 | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML | 4 | PA; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML | 4 | PA; QL (0.29 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 4 | PA; QL (0.05 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) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-----------------------------|
| EPIDUO FORTE | 3 | |
| ery | 1 | |
| erythromycin external | 1 | |
| imiquimod external cream 5 % | 1 | |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 1 | PA |
| ivermectin external cream | 1 | |
| lactic acid e | 1 | |
| lactic acid external | 1 | |
| methoxsalen rapid | 1 | |
| metronidazole external | 1 | |
| MIRVASO | 2 | |
| myorisan | 1 | PA |
| neuac external gel | 1 | |
| pimecrolimus | 1 | ST |
| podofilox external | 1 | |
| REGRANEX | 3 | PA |
| rosadan external cream | 1 | |
| rosadan external gel | 1 | |
| SANTYL | 3 | |
| selenium sulfide external lotion | 1 | |
| STELARA SUBCUTANEOUS SOLUTION | 4 | PA; QL (0.009 ML per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 4 | PA; QL (0.009 ML per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 4 | PA; QL (0.02 ML per 1 day) |
| sulfacetamide sodium (acne) | 1 | |
| tacrolimus external | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| TALTZ | 5 | PA |
| tazarotene external cream | 3 | PA |
| TREMFYA | 4 | PA |
| tretinoin external cream | 1 | PA |
| tretinoin external gel 0.01 %, 0.025 % | 1 | PA |
| zenatane | 1 | PA |
| Electrolytes/Minerals/ Metals/Vitamins | | |
| Electrolyte/Mineral Replacement | | |
| CARBAGLU | 4 | |
| carglumic acid | 4 | |
| corvita 150 | 1 | |
| ferocon | 1 | |
| ferotinsic | 1 | |
| ferrocite plus | 1 | |
| fluoritab | 1 | PV |
| foltrin | 1 | |
| hemocyte-f | 1 | |
| iodine strong oral | 1 | |
| klor-con | 1 | |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| k-tan plus | 1 | |
| levocarnitine oral solution | 1 | |
| levocarnitine oral tablet | 1 | |
| levocarnitine sf | 1 | |
| nafrinse | 1 | PV |
| nafrinse drops | 1 | PV |
| polysaccharide iron forte | 1 | |
| potassium chloride cryser | 1 | |
| potassium chloride er | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| potassium chloride oral | 1 | |
| potassium citrate er | 1 | |
| purevit dualfe plus | 1 | |
| se-tan plus | 1 | |
| sod 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 |
| tl-hem 150 | 1 | |
| trigels-f forte | 1 | |
| Electrolyte/Mineral/Metal Modifiers | | |
| CHEMET | 3 | |
| deferasirox oral tablet soluble | 3 | PA |
| deferiprone | 3 | PA |
| sodium polystyrene sulfonate | 1 | |
| sps | 3 | |
| trientine hcl | 4 | PA |
| VELTASSA | 3 | |
| Phosphate Binders | | |
| calcium acetate (phos binder) | 1 | |
| calcium acetate oral tablet 667 mg | 1 | |
| FOSRENOL ORAL PACKET | 3 | |
| lanthanum carbonate | 3 | |
| PHOSLYRA | 3 | |
| sevelamer carbonate oral tablet | 3 | |
| VELPHORO | 3 | |
| Vitamins | | |
| adc/f (0.5mg/ml) | 1 | |
| airavite | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| b-6 folic acid | 1 | |
| biocel | 1 | |
| bp vit 3 | 1 | |
| b-plex | 1 | |
| b-plex plus | 1 | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | |
| ergocalciferol oral capsule | 1 | |
| fabb | 1 | |
| fa-vitamin b-6-vitamin b-12 | 1 | |
| folate | 1 | PV |
| folbee | 1 | |
| folbee plus | 1 | |
| folic acid oral tablet 1 mg | 1 | |
| folic acid oral tablet 400 mcg, 800 mcg | 1 | PV |
| folplex 2.2 | 1 | |
| hydroxocobalamin acetate | 1 | |
| lysiplex plus oral tablet | 1 | |
| MASONATAL | 3 | PV |
| multi-vitamin/fluoride | 1 | |
| multivitamin/fluoride oral tablet chewable | 1 | |
| multi-vitamin/fluoride/iron | 1 | |
| NASCOBAL | 3 | |
| nephronex oral tablet | 1 | |
| nufol | 1 | |
| nutrifac zx | 1 | |
| ONE VITE WOMENS | 3 | PV |
| ONE-A-DAY WOMENS PRENATAL 1 | 3 | PV |
| phytonadione injection | 1 | |
| phytonadione oral | 1 | |
| prenatal multi +dha | 1 | PV |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| prenatal oral tablet 27-0.8 mg | 1 | PV |
| prenatal oral tablet 27-1 mg | 1 | |
| prenatal plus vitamin/mineral | 1 | |
| prenatal vitamin plus low iron | 1 | |
| prenatal/folic acid+dha | 1 | PV |
| pyridoxine hcl injection | 1 | |
| thiamine hcl injection | 1 | |
| triphrocaps | 1 | |
| tri-vite/fluoride | 1 | |
| v-c forte | 1 | |
| virt-caps | 1 | |
| virt-gard | 1 | |
| vita s forte | 1 | |
| vitacel | 1 | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 | |
| vitamin k1 injection | 1 | |
| vitamins acd-fluoride | 1 | |
| vp-vite rx | 1 | |
| wescaps | 1 | |
| westab mini | 1 | |
| westab one | 1 | |
| yl folic acid | 1 | PV |
| Gastrointestinal Agents | | |
| Antispasmodics, Gastrointestinal | | |
| CUVPOSA | 3 | |
| dicyclomine hcl oral | 1 | |
| glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml | 1 | |
| glycopyrrolate oral solution | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| glycopyrrolate pf | 1 | |
| hyoscyamine sulfate oral | 1 | |
| hyoscyamine sulfate sl | 1 | |
| hyoscyamine sulfate sublingual | 1 | |
| methscopolamine bromide oral | 3 | |
| Gastrointestinal Agents, Other | | |
| alvimopan | 1 | |
| amoxicill-clarithro-lansopraz | 1 | |
| cromolyn sodium oral | 1 | |
| diphenoxylate-atropine | 1 | |
| GATTEX | 5 | PA |
| loperamide hcl oral capsule | 1 | |
| MOTTEGRITY | 3 | ST; QL (1 EA per 1 day) |
| MOTOFEN | 3 | PA |
| OMECLAMOX-PAK | 2 | |
| PYLERA | 2 | |
| SYMPROIC | 2 | ST; QL (1 EA per 1 day) |
| ursodiol oral capsule 300 mg | 1 | |
| ursodiol oral tablet | 1 | |
| Histamine2 (H2) Receptor Antagonists | | |
| cimetidine hcl | 1 | |
| cimetidine oral | 1 | |
| famotidine oral suspension reconstituted | 1 | |
| famotidine oral tablet 20 mg, 40 mg | 1 | |
| nizatidine | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------------|
| Irritable Bowel Syndrome Agents | | |
| alosetron hcl | 3 | PA |
| LINZESS | 2 | ST; QL (1 EA per 1 day) |
| Laxatives | | |
| bisacodyl ec | 1 | PV; QL (2 fill per 365 days) |
| cascara sagrada oral fluid extract | 1 | |
| citroma | 1 | PV; QL (2 fill per 365 days) |
| clearlax | 1 | PV; QL (2 fill per 365 days) |
| CLENPIQ | 3 | |
| constulose | 1 | |
| enulose | 1 | |
| 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 | 1 | PV; QL (2 fill per 365 days) |
| gentlelax | 1 | PV; QL (2 fill per 365 days) |
| glycolax | 1 | PV; QL (2 fill per 365 days) |
| lactulose encephalopathy | 1 | |
| lactulose oral solution | 1 | |
| magnesium citrate oral solution | 1 | PV; QL (2 fill per 365 days) |
| mineral oil heavy oral | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------------|
| mm clearlax | 1 | PV; QL (2 fill per 365 days) |
| peg 3350-kcl-na bicarb-nacl | 1 | PV; QL (8000 ML per 365 days) |
| peg-3350/electrolytes | 1 | PV; QL (8000 ML per 365 days) |
| peg-3350/electrolytes/ascorbic acid | 1 | |
| peg-kcl-nacl-nasulf-naascorbic acid | 1 | |
| polyethylene glycol 3350 oral powder | 1 | PV; QL (2 fill per 365 days) |
| qc magnesium citrate | 1 | PV; QL (2 fill per 365 days) |
| SUPREP BOWEL PREP KIT | 3 | |
| Protectants | | |
| misoprostol oral | 1 | |
| sucralfate oral | 1 | |
| Proton Pump Inhibitors | | |
| DEXILANT | 2 | QL (1 EA per 1 day) |
| lansoprazole oral capsule delayed release | 1 | QL (1 EA per 1 day) |
| omeprazole oral capsule delayed release | 1 | QL (1 EA per 1 day) |
| pantoprazole sodium oral | 1 | QL (1 EA per 1 day) |
| rabeprazole sodium oral tablet delayed release | 1 | QL (1 EA per 1 day) |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| CERDELGA | 5 | PA |
| CHOLBAM | 5 | PA |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|---------------------------|
| CREON | 2 | |
| CYSTAGON | 5 | |
| EVRYSDI | 5 | PA; QL (8 ML per 1 day) |
| GALAFOLD | 5 | PA; QL (0.5 EA per 1 day) |
| miglustat | 4 | PA |
| MYALEPT | 5 | PA |
| nitisinone | 4 | PA |
| ORFADIN ORAL CAPSULE 20 MG | 5 | PA |
| ORFADIN ORAL SUSPENSION | 5 | PA |
| REVCOVI | 5 | PA |
| sapropterin dihydrochloride | 4 | PA |
| sodium phenylbutyrate oral tablet | 4 | |
| STRENSIQ | 4 | PA |
| SUCRAID | 5 | |
| TEGSEDI | 5 | PA |
| ZENPEP | 2 | |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| darifenacin hydrobromide er | 1 | |
| flavoxate hcl | 1 | |
| GELNIQUE | 3 | ST |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral | 1 | |
| solifenacin succinate | 1 | |
| tolterodine tartrate | 1 | |
| tolterodine tartrate er | 1 | |
| TOVIAZ | 3 | |
| tropium chloride | 1 | |
| tropium chloride er | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------------|
| Benign Prostatic Hypertrophy Agents | | |
| alfuzosin hcl er | 1 | |
| dutasteride oral | 1 | |
| dutasteride-tamsulosin hcl | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| silodosin | 1 | |
| tamsulosin hcl | 1 | |
| terazosin hcl | 1 | |
| Genitourinary Agents, Other | | |
| bethanechol chloride oral | 1 | |
| ELMIRON | 3 | PA |
| ENCARE | 3 | PV; QL (12 EA per 23 days) |
| OPTIONS GYNOL II CONTRACEPTIVE | 3 | PV; QL (85.5 GM per 23 days) |
| penicillamine oral tablet | 4 | |
| phenazo oral tablet 200 mg | 1 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | |
| TODAY SPONGE | 3 | PV; QL (12 EA per 23 days) |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | 3 | PV; QL (12 EA per 23 days) |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM | 3 | PV; QL (17 GM per 23 days) |
| vcf vaginal contraceptive vaginal gel | 1 | PV; QL (2.7 GM per 23 days) |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | |
| ala-cort | 1 | |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| alclometasone dipropionate | 1 | |
| amcinonide external lotion | 1 | |
| betamethasone dipropionate aug external cream | 1 | |
| betamethasone dipropionate aug external gel | 3 | |
| betamethasone dipropionate aug external lotion | 3 | |
| betamethasone dipropionate aug external ointment | 3 | |
| betamethasone dipropionate external | 1 | |
| betamethasone valerate external cream | 1 | |
| betamethasone valerate external lotion | 1 | |
| betamethasone valerate external ointment | 1 | |
| clobetasol prop emollient base | 3 | |
| clobetasol propionate external cream | 3 | |
| clobetasol propionate external gel | 3 | |
| clobetasol propionate external lotion | 3 | |
| clobetasol propionate external ointment | 3 | |
| clobetasol propionate external shampoo | 3 | |
| clobetasol propionate external solution | 3 | |
| clodan external shampoo | 3 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML | 3 | |
| desonide external cream | 3 | |
| desonide external lotion | 3 | |
| desonide external ointment | 3 | |
| desoximetasone external cream 0.25 % | 1 | |
| desoximetasone external gel | 3 | |
| 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 | |
| dexamethasone sod phosphate pf | 1 | |
| dexamethasone sodium phosphate injection | 1 | |
| diflorasone diacetate external cream | 3 | |
| fludrocortisone acetate oral | 1 | |
| fluocinolone acetonide body | 1 | |
| fluocinolone acetonide external | 1 | |
| fluocinolone acetonide scalp | 1 | |
| fluocinonide emulsified base | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| fluocinonide external | 1 | |
| flurandrenolide external cream | 3 | |
| fluticasone propionate external cream | 1 | |
| fluticasone propionate external ointment | 1 | |
| halcinonide | 3 | ST |
| 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 | 1 | |
| KENALOG-80 | 3 | |
| methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml | 1 | |
| methylprednisolone oral | 1 | |
| mometasone furoate external | 1 | |
| prednicarbate | 1 | |
| prednisolone oral | 1 | |
| prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml | 1 | |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG | 3 | |
| triamcinolone acetonide external cream | 1 | |
| triamcinolone acetonide external lotion | 1 | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 | |
| triamcinolone acetonide injection suspension 40 mg/ml | 1 | |
| triderm | 1 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | |
| cabergoline | 1 | |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR | 5 | PA |
| desmopressin ace spray refrig | 3 | |
| desmopressin acetate oral | 3 | |
| desmopressin acetate spray | 3 | |
| INCRELEX | 4 | PA |
| NORDITROPIN FLEXPRO | 4 | PA |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT | 5 | PA |
| NUTROPIN AQ NUSPIN 10 | 4 | PA |
| NUTROPIN AQ NUSPIN 20 | 4 | PA |
| NUTROPIN AQ NUSPIN 5 | 4 | PA |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-------------------------|
| oxytocin injection | 1 | |
| PREGNYL | 5 | PA |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | |
| mifepristone | 1 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | |
| Androgens | | |
| danazol oral | 3 | |
| INTRAROSA | 3 | ST |
| oxandrolone oral tablet 10 mg | 1 | PA; QL (2 EA per 1 day) |
| oxandrolone oral tablet 2.5 mg | 1 | PA; QL (8 EA per 1 day) |
| testosterone cypionate intramuscular | 1 | PA |
| testosterone enanthate intramuscular | 1 | PA |
| testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 3 | PA |
| testosterone transdermal solution | 3 | PA |
| Estrogens | | |
| afirmelle | 1 | PV |
| altavera | 1 | PV |
| alyacen 1/35 | 1 | PV |
| alyacen 7/7/7 | 1 | PV |
| amabelz | 1 | |
| amethia | 1 | PV; QL (1 EA per 1 day) |
| amethyst | 1 | PV |

| Drug Name | Drug Category | Limits/ Required |
|--------------------|---------------|----------------------------|
| ANNOVERA | 3 | PV; QL (1 EA per 350 days) |
| apri | 1 | PV |
| aranelle | 1 | PV |
| ashlyna | 1 | PV; QL (1 EA per 1 day) |
| aubra | 1 | PV |
| 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 |
| BIJUVA | 3 | |
| 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) |
| caziant | 1 | PV |
| charlotte 24 fe | 1 | PV |
| chateal | 1 | PV |
| chateal eq | 1 | PV |
| COMBIPATCH | 3 | |
| cryselle-28 | 1 | PV |
| cyred | 1 | PV |
| cyred eq | 1 | PV |
| dasetta 1/35 | 1 | PV |
| dasetta 7/7/7 | 1 | PV |
| daysee | 1 | PV; QL (1 EA per 1 day) |
| delyla | 1 | PV |

| Drug Name | Drug Category | Limits/ Required |
|----------------------------------|---------------|-------------------------|
| desogestrel-ethinyl estradiol | 1 | PV |
| DIVIGEL | 3 | |
| dolishale | 1 | PV |
| dotti | 1 | |
| drospiren-eth estrad-levomefol | 1 | PV |
| drospirenone-ethinyl estradiol | 1 | PV |
| DUAVEE | 2 | |
| elinest | 1 | PV |
| eluryng | 1 | PV |
| emoquette | 1 | PV |
| enpresse-28 | 1 | PV |
| enskyce | 1 | PV |
| estarylla | 1 | PV |
| estradiol oral | 1 | |
| estradiol transdermal | 1 | |
| estradiol vaginal cream | 1 | |
| estradiol vaginal tablet | 3 | |
| estradiol valerate intramuscular | 1 | |
| estradiol-norethindrone acet | 1 | |
| ethynodiol diac-eth estradiol | 1 | PV |
| etonogestrel-ethinyl estradiol | 1 | PV |
| falmina | 1 | PV |
| fayosim | 1 | PV; QL (1 EA per 1 day) |
| femynor | 1 | PV |
| fyavolv | 1 | |
| 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) |

| Drug Name | Drug Category | Limits/ Required |
|-------------------------------|---------------|-------------------------|
| introvale | 1 | PV; QL (1 EA per 1 day) |
| isibloom | 1 | PV |
| jaimiess | 1 | PV; QL (1 EA per 1 day) |
| jasmiel | 1 | PV |
| jinteli | 1 | |
| jolessa | 1 | PV; QL (1 EA per 1 day) |
| 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 |
| kelnor 1/50 | 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 |
| larissia | 1 | PV |
| layolis fe | 1 | PV |
| leena | 1 | PV |
| lessina | 1 | PV |
| levonest | 1 | PV |
| levonorgest-eth est & eth est | 1 | PV; QL (1 EA per 1 day) |
| levonorgest-eth estrad 91-day | 1 | PV; QL (1 EA per 1 day) |
| levonorgestrel-ethinyl estrad | 1 | PV |
| levonorg-eth estrad triphasic | 1 | PV |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| levora 0.15/30 (28) | 1 | PV |
| lillow | 1 | PV |
| lojaimiess | 1 | PV; QL (1 EA per 1 day) |
| loryna | 1 | PV |
| low-ogestrel | 1 | PV |
| lo-zumandimine | 1 | PV |
| lutera | 1 | PV |
| lyllana | 1 | |
| marlissa | 1 | PV |
| MENEST | 2 | |
| merzee | 1 | PV |
| microgestin 1.5/30 | 1 | PV |
| microgestin 1/20 | 1 | PV |
| microgestin 24 fe | 1 | PV |
| microgestin fe 1.5/30 | 1 | PV |
| microgestin fe 1/20 | 1 | PV |
| mili | 1 | PV |
| mimvey | 1 | |
| mono-linyah | 1 | PV |
| NATAZIA | 2 | PV |
| necon 0.5/35 (28) | 1 | PV |
| nikki | 1 | PV |
| norethin ace-eth estrad-fe | 1 | PV |
| norethindrone acet-ethinyl est | 1 | PV |
| norethindrone-eth estradiol | 1 | |
| norethin-eth estradiol-fe | 1 | PV |
| norgestimate-eth estradiol | 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 |

| Drug Name | Drug Category | Limits/ Required |
|-------------------|---------------|-------------------------|
| nylia 7/7/7 | 1 | PV |
| nymyo | 1 | PV |
| ocella | 1 | PV |
| philith | 1 | PV |
| pimtrea | 1 | PV |
| pirmella 1/35 | 1 | PV |
| pirmella 7/7/7 | 1 | PV |
| portia-28 | 1 | PV |
| PREMARIN ORAL | 2 | |
| PREMARIN VAGINAL | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| previfem | 1 | PV |
| reclipsen | 1 | PV |
| rivelsa | 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 |
| sronyx | 1 | PV |
| syeda | 1 | PV |
| tarina 24 fe | 1 | PV |
| tarina fe 1/20 | 1 | PV |
| tarina fe 1/20 eq | 1 | PV |
| taysofy | 1 | PV |
| tilia fe | 1 | PV |
| tri femynor | 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 |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------|
| tri-nymyo | 1 | PV |
| tri-sprintec | 1 | PV |
| trivora (28) | 1 | PV |
| tri-vylibra | 1 | PV |
| tri-vylibra lo | 1 | PV |
| tyblume | 1 | PV |
| tydemy | 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 |
| 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 ez | 1 | PV |
| econtra one-step | 1 | PV |
| ELLA | 3 | PV |
| errin | 1 | PV |
| heather | 1 | PV |
| hydroxyprogesterone caproate intramuscular oil | 4 | PA |
| incassia | 1 | PV |
| jencycla | 1 | PV |
| KYLEENA | 3 | PV |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| levonorgestrel | 1 | PV |
| LILETTA (52 MG) | 3 | PV |
| lyleq | 1 | PV |
| lyza | 1 | PV |
| MAKENA SUBCUTANEOUS | 4 | PA |
| medroxyprogesterone acetate intramuscular | 1 | PV; QL (0.02 ML per 1 day) |
| medroxyprogesterone acetate oral | 1 | |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml | CM | |
| megestrol acetate oral suspension 625 mg/5ml | 1 | |
| megestrol acetate oral tablet | CM | |
| 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 |
| norlyda | 1 | PV |
| norlyroc | 1 | PV |
| opcicon one-step | 1 | PV |
| option 2 | 1 | PV |
| progesterone intramuscular | 1 | |
| progesterone oral | 1 | |
| react | 1 | PV |
| sharobel | 1 | PV |
| SKYLA | 3 | PV |
| take action | 1 | PV |
| tulana | 1 | PV |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| Selective Estrogen Receptor Modifying Agents | | |
| OSPHENA | 3 | |
| raloxifene hcl | 1 | PV* |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |
| euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg | 1 | |
| levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg | 1 | |
| levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg | 1 | |
| levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg | 1 | |
| liothyronine sodium oral | 1 | |
| np thyroid | 1 | |
| unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg | 1 | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| LYSODREN | CM | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------|
| Hormonal Agents, Suppressant (Pituitary) | | |
| leuprolide acetate injection | 4 | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 5 | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 4 | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 4 | PA |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | 4 | PA |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | 4 | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG | 4 | PA |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED) | 5 | PA |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED) | 4 | PA |
| octreotide acetate | 4 | PA |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|---------------------------|
| SIGNIFOR | 5 | PA; QL (2 ML per 1 day) |
| SOMATULINE DEPOT | 5 | PA |
| SOMAVERT | 5 | PA |
| SYNAREL | 2 | |
| Hormonal Agents, Suppressant (Thyroid) | | |
| Antithyroid Agents | | |
| methimazole oral | 1 | |
| propylthiouracil oral | 1 | |
| Immunological Agents | | |
| Angioedema Agents | | |
| icatibant acetate | 4 | PA; QL (0.6 ML per 1 day) |
| sajazir | 4 | PA; QL (0.6 ML per 1 day) |
| Immune Suppressants | | |
| AZASAN | 3 | |
| azathioprine oral | 1 | |
| azathioprine sodium | 1 | |
| CIMZIA | 4 | PA |
| CIMZIA PREFILLED KIT | 4 | PA |
| CIMZIA STARTER KIT | 4 | PA |
| cyclosporine modified | 1 | |
| cyclosporine oral | 1 | |
| ENBREL | 5 | PA |
| ENBREL MINI | 5 | PA |
| ENBREL SURECLICK | 5 | PA |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 1 | |
| gengraf | 1 | |
| HUMIRA | 4 | PA |
| HUMIRA PEDIATRIC CROHNS START | 4 | PA |
| HUMIRA PEN | 4 | PA |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-----------------------------------|
| HUMIRA PEN-CD/UC/HS STARTER | 4 | PA |
| HUMIRA PEN-PEDIATRIC UC START | 4 | PA |
| HUMIRA PEN-PS/UV/ADOL HS START | 4 | PA |
| HUMIRA PEN-PSOR/UEIT STARTER | 4 | PA |
| KINERET | 5 | PA |
| methotrexate oral | CM | |
| methotrexate sodium (pf) | 1 | |
| methotrexate sodium injection | 1 | |
| methotrexate sodium oral | CM | |
| mycophenolate mofetil oral | 1 | |
| mycophenolate sodium | 1 | |
| ORENCIA CLICKJECT | 5 | PA |
| ORENCIA SUBCUTANEOUS | 5 | PA |
| SANDIMMUNE ORAL SOLUTION | 2 | |
| SIMPONI | 4 | PA |
| sirolimus oral | 1 | |
| SKYRIZI (150 MG DOSE) | 4 | PA |
| SKYRIZI PEN | 4 | PA; QL (84 day supply per 1 fill) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL (84 day supply per 1 fill) |
| tacrolimus oral | 1 | |
| XELJANZ | 4 | PA |
| XELJANZ XR | 4 | PA |

| Drug Name | Drug Category | Limits/ Required |
|-------------------------------|---------------|----------------------------|
| ZORTRESS ORAL TABLET 1 MG | 3 | |
| Immunoglobulins | | |
| CUVITRU | 5 | PA |
| GAMASTAN | 4 | PA |
| GAMMAGARD | 5 | PA |
| GAMMAKED | 5 | PA |
| GAMUNEX-C | 5 | PA |
| HEPAGAM B | 5 | |
| HIZENTRA | 5 | PA |
| HYPERHEP B | 5 | |
| HYPERRHO S/D | 4 | |
| HYQVIA | 5 | PA |
| MICRHOGAM ULTRA-FILTERED PLUS | 4 | |
| NABI-HB | 5 | |
| RHOGAM ULTRA-FILTERED PLUS | 4 | |
| RHOPHYLAC | 4 | |
| SYNAGIS | 4 | PA |
| WINRHO SDF | 4 | |
| Immunomodulators | | |
| ACTEMRA ACTPEN | 5 | PA |
| ACTEMRA SUBCUTANEOUS | 5 | PA |
| ACTIMMUNE | 4 | PA |
| BENLYSTA SUBCUTANEOUS | 5 | PA |
| ILARIS | 4 | PA; QL (0.08 ML per 1 day) |
| leflunomide oral | 1 | |
| OTEZLA | 4 | PA |
| RINVOQ | 4 | PA |
| XOLAIR | 4 | PA |
| Vaccines | | |
| ACTHIB | 2 | PV |
| ADACEL | 2 | PV |
| AFLURIA QUADRIVALENT | 2 | PV |

| Drug Name | Drug Category | Limits/ Required |
|--------------------------------|---------------|------------------|
| BEXSERO | 2 | PV |
| BOOSTRIX | 2 | PV |
| COMIRNATY | 2 | PV |
| DAPTACEL | 2 | PV |
| DIPHThERIA-TETANUS TOXOIDS DT | 2 | PV |
| ENGERIX-B | 2 | PV |
| FLUAD QUADRIVALENT | 2 | PV |
| FLUARIX QUADRIVALENT | 2 | PV |
| FLUBLOK QUADRIVALENT | 2 | PV |
| FLUCELVAX QUADRIVALENT | 2 | PV |
| FLULAVAL QUADRIVALENT | 2 | PV |
| FLUZONE HIGH-DOSE QUADRIVALENT | 2 | PV |
| FLUZONE QUADRIVALENT | 2 | PV |
| GARDASIL 9 | 2 | PV |
| HAVRIX | 2 | PV |
| HEPLISAV-B | 2 | PV |
| HIBERIX | 2 | PV |
| INFANRIX | 2 | PV |
| IPOL | 2 | PV |
| JANSSSEN COVID-19 VACCINE | 2 | PV |
| KINRIX | 2 | PV |
| MENACTRA | 2 | PV |
| MENQUADFI | 2 | PV |
| MENVEO | 2 | PV |
| M-M-R II | 2 | PV |
| MODERNA COVID-19 VACCINE | 2 | PV |
| PEDIARIX | 2 | PV |
| PEDVAX HIB | 2 | PV |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| PENTACEL | 2 | PV |
| PFIZER COVID-19 VAC-TRIS 5-11Y | 2 | PV |
| PFIZER-BIONT COVID-19 VAC-TRIS | 2 | PV |
| PFIZER-BIONTECH COVID-19 VACC | 2 | PV |
| PNEUMOVAX 23 | 2 | PV |
| PREHEVBRIO | 2 | PV |
| PREVNAR 13 | 2 | PV |
| PREVNAR 20 | 2 | PV |
| PROQUAD | 2 | PV |
| QUADRACEL | 2 | PV |
| RECOMBIVAX HB | 2 | PV |
| ROTARIX | 2 | PV |
| ROTATEQ | 2 | PV |
| SHINGRIX | 2 | PV |
| SPIKEVAX COVID-19 VACCINE | 2 | PV |
| TDVAX | 2 | PV |
| TENIVAC | 2 | PV |
| TETANUS-DIPHThERIA TOXOIDS TD | 2 | PV |
| TRUMENBA | 2 | PV |
| TWINRIX | 2 | PV |
| VAQTA | 2 | PV |
| VARIVAX | 2 | PV |
| VAXELIS | 2 | PV |
| VAXNEUVANCE | 2 | PV |
| Inflammatory Bowel Disease Agents | | |
| Aminosalicylates | | |
| balsalazide disodium | 1 | |
| DIPENTUM | 3 | |
| mesalamine er oral capsule 0.375 gm | 1 | |
| mesalamine oral capsule delayed release 400 mg | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| mesalamine oral tablet delayed release 1.2 gm | 1 | |
| mesalamine rectal | 1 | |
| mesalamine-cleanser | 1 | |
| PENTASA | 3 | |
| Glucocorticoids | | |
| budesonide er | 3 | |
| budesonide oral | 3 | |
| CORTIFOAM | 3 | |
| hydrocortisone (perianal) | 1 | |
| hydrocortisone ace-pramoxine external cream 1-1 % | 1 | |
| hydrocortisone rectal | 1 | |
| procto-med hc | 1 | |
| procto-pak | 1 | |
| proctosol hc | 1 | |
| proctozone-hc | 1 | |
| Sulfonamides | | |
| sulfasalazine oral | 1 | |
| Metabolic Bone Disease Agents | | |
| alendronate sodium oral solution | 1 | |
| alendronate sodium oral tablet 10 mg, 5 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 oral | 1 | |
| cinacalcet hcl | 3 | PA |
| ibandronate sodium oral | 1 | QL (0.04 EA per 1 day) |
| paricalcitol oral | 1 | |
| PROLIA | 4 | PA; QL (2 ML per 250 days) |

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| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-----------------------------------|
| RAYALDEE | 3 | |
| risedronate sodium oral tablet 150 mg | 1 | QL (0.04 EA per 1 day) |
| risedronate sodium oral tablet 30 mg, 5 mg | 1 | |
| risedronate sodium oral tablet 35 mg | 1 | QL (0.15 EA per 1 day) |
| risedronate sodium oral tablet delayed release | 1 | QL (0.15 EA per 1 day) |
| TERIPARATIDE (RECOMBINANT) | 4 | PA |
| XGEVA | 4 | PA |
| Miscellaneous Therapeutic Agents | | |
| AEROCHAMBER MINI CHAMBER | 2 | |
| AEROCHAMBER MV | 2 | |
| AEROCHAMBER PLUS FLO-VU | 2 | |
| AEROCHAMBER PLUS FLOW VU | 2 | |
| AEROCHAMBER W/FLOWSIGNAL | 2 | |
| ALCOHOL PREP PADS PAD , 70 % | 3 | |
| benzalkonium chloride external solution | 1 | |
| BOTOX | 4 | PA |
| BREATHE COMFORT CHAMBER/ADULT | 2 | |
| BREATHE COMFORT CHAMBER/CHILD | 2 | |
| BREATHE EASE LARGE | 2 | |
| BREATHE EASE MEDIUM | 2 | |
| BREATHE EASE SMALL | 2 | |
| CAYA | 3 | PV; QL (1 EA per 1 calendar year) |

| Drug Name | Drug Category | Limits/ Required |
|--------------------------------|---------------|-----------------------------------|
| CLEVER CHOICE HOLDING CHAMBER | 2 | |
| COMPACT SPACE CHAMBER | 2 | |
| COMPACT SPACE CHAMBER/LG MASK | 2 | |
| COMPACT SPACE CHAMBER/MED MASK | 2 | |
| COMPACT SPACE CHAMBER/SM MASK | 2 | |
| deferoxamine mesylate | 1 | |
| DROPLET MICRON | 3 | |
| DROPSAFE ALCOHOL PREP | 3 | |
| EASIVENT | 2 | |
| ergoloid mesylates oral | 3 | |
| FC2 FEMALE CONDOM | 3 | PV; QL (12 EA per 23 days) |
| FEMCAP | 3 | PV; QL (1 EA per 1 calendar year) |
| FLEXICHAMBER | 2 | |
| FLEXICHAMBER ADULT MASK/SMALL | 2 | |
| FLEXICHAMBER CHILD MASK/LARGE | 2 | |
| FLEXICHAMBER CHILD MASK/SMALL | 2 | |
| INSPIREASE RESERVOIR BAGS | 2 | |
| INSULIN PEN NEEDLES 30G X 6 MM | 3 | |
| methergine | 1 | QL (28 EA per 1 fill) |
| methylergonovine maleate oral | 1 | QL (28 EA per 1 fill) |
| MICROCHAMBER | 2 | |
| OPTICHAMBER DIAMOND | 2 | |
| OPTICHAMBER DIAMOND-LG MASK | 2 | |

| Drug Name | Drug Category | Limits/ Required |
|-------------------------------|---------------|-----------------------------------|
| 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 |
| PEDIATRIC PANDA MASK | 2 | |
| POCKET SPACER | 2 | |
| PRO COMFORT SPACER ADULT | 2 | |
| PRO COMFORT SPACER CHILD | 2 | |
| PRO COMFORT SPACER INFANT | 2 | |
| PROCARE SPACER/ADULT MASK | 2 | |
| PROCARE SPACER/CHILD MASK | 2 | |
| THYROGEN | 4 | PA |
| VISTOGARD | 3 | |
| VORTEX VALVED HOLDING CHAMBER | 2 | |
| WIDE-SEAL DIAPHRAGM 60 | 3 | PV; QL (1 EA per 1 calendar year) |
| WIDE-SEAL DIAPHRAGM 65 | 3 | PV; QL (1 EA per 1 calendar year) |
| WIDE-SEAL DIAPHRAGM 70 | 3 | PV; QL (1 EA per 1 calendar year) |
| WIDE-SEAL DIAPHRAGM 75 | 3 | PV; QL (1 EA per 1 calendar year) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-----------------------------------|
| WIDE-SEAL DIAPHRAGM 80 | 3 | PV; QL (1 EA per 1 calendar year) |
| WIDE-SEAL DIAPHRAGM 85 | 3 | PV; QL (1 EA per 1 calendar year) |
| WIDE-SEAL DIAPHRAGM 90 | 3 | PV; QL (1 EA per 1 calendar year) |
| WIDE-SEAL DIAPHRAGM 95 | 3 | PV; QL (1 EA per 1 calendar year) |
| XIAFLEX | 4 | PA |
| ZOKINVY | 5 | PA; QL (4 EA per 1 day) |
| Ophthalmic Agents | | |
| Aminoglycosides | | |
| gentak | 1 | |
| gentamicin sulfate ophthalmic | 1 | |
| neomycin-polymyxin-gramicidin | 1 | |
| TOBRADEX OPHTHALMIC OINTMENT | 3 | |
| TOBRADEX ST | 3 | |
| tobramycin ophthalmic | 1 | |
| tobramycin-dexamethasone | 1 | |
| TOBREX | 3 | |
| Antibacterials, Other | | |
| ak-poly-bac | 1 | |
| bacitracin ophthalmic | 1 | |
| bacitracin-polymyxin b ophthalmic | 1 | |
| bacitra-neomycin-polymyxin-hc | 1 | |
| neomycin-bacitracin zn-polymyx | 1 | |
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| neomycin-polymyxin-hc ophthalmic | 1 | |
| neo-polycin | 1 | |
| neo-polycin hc | 1 | |
| polycin | 1 | |
| polymyxin b-trimethoprim | 1 | |
| Anti-cytomegalovirus (CMV) Agents | | |
| ZIRGAN | 3 | |
| Antifungals | | |
| NATACYN | 2 | |
| Antiherpetic Agents | | |
| trifluridine | 1 | |
| Macrolides | | |
| AZASITE | 3 | |
| erythromycin ophthalmic | 1 | |
| Ophthalmic Agents, Other | | |
| atropine sulfate ophthalmic ointment | 1 | |
| atropine sulfate ophthalmic solution 1 % | 1 | |
| cyclopentolate hcl ophthalmic | 1 | |
| cyclosporine ophthalmic | 1 | PA |
| CYSTADROPS | 5 | PA; QL (0.72 ML per 1 day) |
| CYSTARAN | 5 | PA; QL (2.15 ML per 1 day) |
| homatropaire | 1 | |
| PRED-G S.O.P. | 3 | |
| RESTASIS | 2 | PA |
| RESTASIS MULTIDOSE | 2 | PA |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------|
| sulfacetamide-prednisolone | 1 | |
| XIIDRA | 2 | PA |
| ZYLET | 3 | |
| Ophthalmic Anti-allergy Agents | | |
| ALOCRIAL | 3 | PA |
| ALOMIDE | 3 | |
| altafrin | 1 | |
| azelastine hcl ophthalmic | 1 | |
| cromolyn sodium ophthalmic | 1 | |
| epinastine hcl | 1 | |
| olopatadine hcl ophthalmic | 1 | |
| phenylephrine hcl ophthalmic | 1 | |
| ZERVIAE | 3 | ST |
| Ophthalmic Antiglaucoma Agents | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | |
| apraclonidine hcl | 1 | |
| betaxolol hcl ophthalmic | 1 | |
| BETIMOL | 3 | |
| brimonidine tartrate ophthalmic solution 0.2 % | 1 | |
| brimonidine tartrate-timolol | 1 | |
| brinzolamide | 1 | |
| carteolol hcl | 1 | |
| COMBIGAN | 2 | |
| dorzolamide hcl ophthalmic | 1 | |
| dorzolamide hcl-timolol mal | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|--------------------------|
| dorzolamide hcl-timolol mal pf | 1 | |
| IOPIDINE | 3 | |
| levobunolol hcl | 1 | |
| PHOSPHOLINE IODIDE | 2 | |
| pilocarpine hcl ophthalmic | 1 | |
| RHOPRESSA | 2 | QL (0.1 ML per 1 day) |
| ROCKLATAN | 2 | QL (0.1 ML per 1 day) |
| SIMBRINZA | 2 | |
| timolol maleate (once-daily) | 1 | |
| timolol maleate ocudose | 1 | |
| timolol maleate ophthalmic solution | 1 | |
| timolol maleate pf | 1 | |
| Ophthalmic Anti-inflammatories | | |
| bromfenac sodium (once-daily) | 1 | QL (6.8 ML per 365 days) |
| dexamethasone sodium phosphate ophthalmic | 1 | |
| diclofenac sodium ophthalmic | 1 | |
| difluprednate | 1 | |
| DUREZOL | 3 | PA |
| EYSUVIS | 3 | PA |
| FLAREX | 3 | |
| fluorometholone | 1 | |
| flurbiprofen sodium | 1 | |
| FML | 2 | |
| ketorolac tromethamine ophthalmic | 1 | |
| loteprednol etabonate ophthalmic suspension | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| prednisolone acetate ophthalmic | 1 | |
| prednisolone sodium phosphate ophthalmic | 1 | |
| PROLENSA | 2 | QL (12 ML per 365 days) |
| Ophthalmic Prostaglandin and Prostanamide Analogs | | |
| bimatoprost ophthalmic | 1 | QL (0.1 ML per 1 day) |
| latanoprost ophthalmic | 1 | |
| LUMIGAN | 2 | QL (0.1 ML per 1 day) |
| travoprost (bak free) | 1 | QL (0.12 ML per 1 day) |
| ZIOPTAN | 3 | QL (1 EA per 1 day) |
| Quinolones | | |
| BESIVANCE | 3 | |
| ciprofloxacin hcl ophthalmic | 1 | |
| gatifloxacin ophthalmic | 1 | |
| levofloxacin ophthalmic | 1 | |
| moxifloxacin hcl (2x day) | 1 | |
| moxifloxacin hcl ophthalmic solution | 1 | |
| ofloxacin ophthalmic | 1 | |
| Sulfonamides | | |
| sulfacetamide sodium ophthalmic | 1 | |
| Otic Agents | | |
| acetic acid otic | 1 | |
| CIPRO HC | 3 | |
| ciprofloxacin hcl otic | 1 | ST |
| ciprofloxacin-dexamethasone | 3 | |
| CORTISPORIN-TC | 3 | |
| flac | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|------------------------|
| fluocinolone acetonide otic | 1 | |
| hydrocortisone-acetic acid | 1 | |
| neomycin-polymyxin-hc otic | 1 | |
| ofloxacin otic | 1 | |
| Respiratory Tract/Pulmonary Agents | | |
| Antihistamines | | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 1 | QL (2 ML per 1 day) |
| carbinoxamine maleate oral solution | 1 | |
| carbinoxamine maleate oral tablet 4 mg | 1 | |
| cetirizine hcl oral solution | 1 | |
| clemastine fumarate oral tablet 2.68 mg | 1 | |
| cyproheptadine hcl oral | 1 | |
| desloratadine oral tablet | 3 | |
| diphenhydramine hcl injection | 1 | |
| diphenhydramine hcl oral elixir | 1 | |
| levocetirizine dihydrochloride oral | 1 | |
| olopatadine hcl nasal | 3 | QL (1.02 GM per 1 day) |
| promethazine hcl oral | 1 | |
| promethazine hcl rectal | 3 | |
| promethegan rectal suppository 12.5 mg, 25 mg | 3 | |
| Anti-inflammatories, Inhaled Corticosteroids | | |
| ADVAIR HFA | 2 | QL (0.4 GM per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|----------------------------|
| ARNUITY ELLIPTA | 2 | QL (1 EA per 1 day) |
| ASMANEX (120 METERED DOSES) | 2 | ST; QL (0.04 EA per 1 day) |
| ASMANEX (14 METERED DOSES) | 2 | ST; QL (0.04 EA per 1 day) |
| ASMANEX (30 METERED DOSES) | 2 | ST; QL (0.04 EA per 1 day) |
| ASMANEX (60 METERED DOSES) | 2 | ST; QL (0.04 EA per 1 day) |
| ASMANEX HFA | 2 | ST; QL (0.44 GM per 1 day) |
| BREO ELLIPTA | 2 | QL (2 EA per 1 day) |
| budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml | 3 | QL (4 ML per 1 day) |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST | 2 | QL (2 EA per 1 day) |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST | 2 | QL (8 EA per 1 day) |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | 2 | QL (0.8 GM per 1 day) |
| FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT | 2 | QL (0.71 GM per 1 day) |
| flunisolide nasal | 1 | QL (0.84 ML per 1 day) |
| fluticasone propionate nasal | 1 | |

Last Updated 06/17/2022

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1 | 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) |
| mometasone furoate nasal | 1 | QL (1.14 GM per 1 day) |
| PULMICORT FLEXHALER | 2 | QL (0.07 EA per 1 day) |
| QVAR REDHALER | 2 | QL (0.71 GM per 1 day) |
| SYMBICORT | 2 | QL (0.34 GM per 1 day) |
| wixela inhub | 1 | QL (2 EA per 1 day) |
| Antileukotrienes | | |
| montelukast sodium oral tablet | 1 | |
| montelukast sodium oral tablet chewable | 1 | |
| zafirlukast | 3 | |
| zileuton er | 3 | ST |
| Bronchodilators, Anticholinergic | | |
| ATROVENT HFA | 3 | QL (0.86 GM per 1 day) |
| BREZTRI AEROSPHERE | 2 | QL (0.36 GM per 1 day) |
| ipratropium bromide inhalation | 1 | QL (10.42 ML per 1 day) |
| ipratropium bromide nasal | 1 | |
| SPIRIVA HANDHALER | 2 | QL (1 EA per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------|
| SPIRIVA RESPIMAT | 2 | QL (0.14 GM per 1 day) |
| STIOLTO RESPIMAT | 2 | QL (0.14 GM per 1 day) |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH | 2 | QL (2 EA per 1 day) |
| 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) |
| albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml | 1 | QL (5 EA per 1 day) |
| arformoterol tartrate | 1 | QL (4 ML per 1 day) |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML | 3 | QL (0.07 EA per 1 day) |
| epinephrine (anaphylaxis) | 1 | |
| epinephrine injection solution auto-injector | 1 | |
| formoterol fumarate inhalation | 1 | QL (4 ML per 1 day) |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml | 1 | QL (18 ML per 1 day) |

| Drug Name | Drug Category | Limits/ Required |
|---|---------------|-----------------------------|
| levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml | 1 | QL (3 EA per 1 day) |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml | 1 | QL (9 ML per 1 day) |
| SEREVENT DISKUS | 2 | QL (2 EA per 1 day) |
| STRIVERDI RESPIMAT | 2 | QL (0.14 GM per 1 day) |
| Cystic Fibrosis Agents | | |
| KALYDECO | 5 | PA |
| ORKAMBI ORAL PACKET | 5 | PA; QL (2 EA per 1 day) |
| ORKAMBI ORAL TABLET | 5 | PA; QL (112 EA per 28 days) |
| PULMOZYME | 4 | PA |
| tobramycin inhalation | 4 | |
| Mast Cell Stabilizers | | |
| cromolyn sodium inhalation | 3 | |
| Phosphodiesterase Inhibitors, Airways Disease | | |
| DALIRESP ORAL TABLET 500 MCG | 3 | PA |
| theophylline er | 3 | |
| Pulmonary Antihypertensives | | |
| ADEMPAS | 4 | PA; QL (3 EA per 1 day) |
| alyq | 4 | PA; QL (2 EA per 1 day) |
| ambrisentan | 4 | PA; QL (1 EA per 1 day) |
| bosentan | 4 | PA; QL (2 EA per 1 day) |
| OPSUMIT | 4 | PA; QL (1 EA per 1 day) |
| ORENITRAM | 5 | PA |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|------------------------------|
| 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) |
| TRACLEER 32 MG | 5 | PA; QL (4 EA per 1 day) |
| treprostinil | 4 | PA |
| TYVASO | 5 | PA; QL (2.9 ML per 1 day) |
| TYVASO REFILL | 5 | PA; QL (2.9 ML per 1 day) |
| TYVASO STARTER | 5 | PA; QL (2.9 ML per 1 day) |
| UPTRAVI ORAL TABLET | 5 | PA; QL (2 EA per 1 day) |
| UPTRAVI ORAL TABLET THERAPY PACK | 5 | PA; QL (400 EA per 365 days) |
| VENTAVIS | 5 | PA; QL (9 ML per 1 day) |
| Pulmonary Fibrosis Agents | | |
| OFEV | 5 | PA |
| Respiratory Tract Agents, Other | | |
| acetylcysteine inhalation | 1 | |
| ANORO ELLIPTA | 2 | QL (2 EA per 1 day) |
| benzonatate | 1 | |
| COMBIVENT RESPIMAT | 2 | QL (0.27 GM per 1 day) |
| hydrocodone bit-homatrop mbr oral solution | 1 | PA; QL (240 ML per 1 fill) |
| hydrocodone bit-homatrop mbr oral tablet | 1 | PA; QL (6 EA per 1 day) |
| hydromet | 1 | PA; QL (240 ML per 1 fill) |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|----------------------------|
| ipratropium-albuterol | 1 | QL (18 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA; QL (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 4 | PA; QL (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 4 | PA; QL (0.02 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; QL (0.11 EA per 1 day) |
| sodium chloride inhalation | 1 | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH | 2 | QL (2 EA per 1 day) |
| TUZISTRA XR | 3 | PA; QL (240 ML per 1 fill) |
| 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 | |
| metaxalone oral tablet 800 mg | 3 | |
| methocarbamol injection | 1 | |
| methocarbamol oral | 1 | |

| Drug Name | Drug Category | Limits/ Required |
|--|---------------|-------------------------|
| orphenadrine citrate er | 1 | |
| orphenadrine citrate injection | 1 | |
| tizanidine hcl oral tablet | 1 | |
| Sleep Disorder Agents | | |
| GABA Receptor Modulators | | |
| eszopiclone | 1 | QL (1 EA per 1 day) |
| temazepam | 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 | 1 | QL (1 EA per 1 day) |
| Sleep Disorders, Other | | |
| BELSOMRA | 3 | ST; QL (1 EA per 1 day) |
| doxepin hcl oral tablet | 3 | QL (1 EA per 1 day) |
| HETLIOZ | 5 | PA; 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 | 3 | PA; QL (1 EA per 1 day) |
| armodafinil oral tablet 50 mg | 3 | PA; QL (2 EA per 1 day) |
| modafinil | 1 | PA; QL (1 EA per 1 day) |
| SUNOSI | 2 | PA; QL (1 EA per 1 day) |

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