



Kansas City

KANSAS ACA MEMBER – INDIVIDUAL

2021

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
IN	Infertility 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.

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

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

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

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

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

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

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

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

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

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

Arabic:

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

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

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

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

Laotian: ຖ້າທ່ານ, ຫຼື ທີ່ທ່ານກຳລັງ ຈຸ່ມ ອະທິບາຍ, ມີ ຄຳຖາມ ກ່ຽວກັບ Blue KC, ທ່ານມີ ສິດ ທີ່ຈະ ໄດ້ ຮັບ ບາດກ້ອນ ຈຸ່ມ ອະທິບາຍ ທີ່ ບໍ່ ມີ ຄ່າ ຈ້າງ ຫຼື ຄ່າ ອື່ນ ທີ່ ຈຳເປັນ ທີ່ ຈະ ຈ່າຍ. ການ ໃຊ້ ລິ ມັກ ບໍ່ ນາຍພາສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

Persian:

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

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

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

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



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

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	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
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	
inavix	1	
indomethacin er	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketoprofen er	1	
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular	1	
ketorolac tromethamine oral	1	QL (20 EA per 5 days)
meclofenamate sodium oral	1	
meloxicam oral	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	
salsalate oral	1	
ST JOSEPH LOW DOSE	3	PV
sulindac oral	1	
Opioid Analgesics, Long-acting		
buprenorphine	1	PA; QL (0.15 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	1	PA; QL (1 EA per 1 day)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	PA; QL (0.5 EA per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	1	PA; QL (2 EA per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg	1	PA; QL (4 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	1	PA; QL (2 EA per 1 day)
HYSINGLA ER	2	PA; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	3	PA; QL (2 EA per 1 day)
methadone hcl injection	1	
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
methadone hcl oral tablet soluble	1	
methadose oral concentrate 10 mg/ml	1	
methadose oral tablet soluble	1	
methadose sugar-free	1	
mitigo	1	

Drug Name	Drug Category	Limits/ Required
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	1	PA; QL (2 EA per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL (1 EA per 1 day)
morphine sulfate er oral capsule extended release 24 hour	1	PA; QL (2 EA per 1 day)
morphine sulfate er oral tablet extended release	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	1	PA; QL (4 EA per 1 day)
tramadol hcl er (biphasic)	1	QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour	1	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)
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)

Drug Name	Drug Category	Limits/ Required
apap-caff-dihydrocodeine oral capsule	1	PA; QL (12 EA per 1 day)
ascomp-codeine	1	
bac	1	
butalbital-acetaminophen oral capsule	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	1	
butalbital-apap-caffeine	1	
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	QL (2.5 ML per 1 fill)
codeine sulfate oral tablet 15 mg	1	QL (40 EA per 1 day)
codeine sulfate oral tablet 30 mg	1	QL (20 EA per 1 day)
codeine sulfate oral tablet 60 mg	1	QL (10 EA per 1 day)
duramorph	1	
endocet oral tablet 10-325 mg	1	QL (6 EA per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
endocet oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
fentanyl citrate buccal lozenge on a handle	1	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)

Drug Name	Drug Category	Limits/ Required
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	1	
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	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL (4.5 ML per 1 day)
morphine sulfate (pf) injection	1	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	1	
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)

Drug Name	Drug Category	Limits/ Required
oxycodone hcl oral capsule	1	QL (12 EA per 1 day)
oxycodone hcl oral concentrate 100 mg/5ml	1	QL (3 ML per 1 day)
oxycodone hcl oral solution	1	QL (60 ML per 1 day)
oxycodone hcl oral tablet 10 mg	1	QL (6 EA per 1 day)
oxycodone hcl oral tablet 15 mg	1	QL (4 EA per 1 day)
oxycodone hcl oral tablet 20 mg	1	QL (3 EA per 1 day)
oxycodone hcl oral tablet 30 mg	1	QL (2 EA per 1 day)
oxycodone hcl oral tablet 5 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	1	QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	1	QL (3 EA per 1 day)
pentazocine-naloxone hcl	1	QL (10 EA per 1 day)
tramadol hcl oral tablet 100 mg	1	QL (4 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		
ethyl chloride	1	
glydo	1	

Drug Name	Drug Category	Limits/ Required
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl (pf) injection solution 2 %	1	
lidocaine hcl external solution	1	
lidocaine hcl injection solution 2 %	1	
lidocaine hcl mouth/throat	1	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	
LIDOCAINE-TETRACAINE	3	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	1	
disulfiram oral	1	
naltrexone hcl oral	1	
VIVITROL	1	
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)

Drug Name	Drug Category	Limits/ Required
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)
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	QL (12 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	1	QL (6 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	1	QL (3 EA per 1 day)
ZUBSOLV	1	
Opioid Reversal Agents		
KLOXXADO	1	
naloxone hcl injection	1	
NARCAN	1	
Smoking Cessation Agents		
APO-VARENICLINE	3	ST; PV; QL (180 EA per 365 days)
bupropion hcl er (smoking det)	1	PV; QL (180 EA per 365 days)

Drug Name	Drug Category	Limits/ Required
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)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection	1	

Drug Name	Drug Category	Limits/ Required
gentamicin sulfate external	1	
gentamicin sulfate injection	1	
neomycin sulfate oral	1	
paromomycin sulfate oral	1	
streptomycin sulfate intramuscular	1	
tobramycin sulfate injection	1	
Antbacterials, Other		
aztreonam	1	
Antibacterials, Other		
ALTABAX	3	
bacitracin intramuscular	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
colistimethate sodium (cba)	1	
fosfomycin tromethamine	1	
iodine tincture external tincture 2 %	1	
lincomycin hcl injection	1	
linezolid oral suspension reconstituted	1	QL (32.2 ML per 1 day)
linezolid oral tablet	1	QL (28 EA per 30 days)
mafenide acetate external	1	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	1	
mupirocin external	1	

Drug Name	Drug Category	Limits/ Required
NEO-SYNALAR EXTERNAL CREAM	3	
nitrofurantoin	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
polymyxin b sulfate injection	1	
PRIMSOL	3	
silver sulfadiazine external	1	
ssd	1	
tinidazole oral	1	
trimethoprim oral	1	
vancomycin hcl oral	1	
XIFAXAN	3	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefaclor er	1	
cefadroxil	1	
cefazolin sodium injection	1	
cefdinir	1	
cefepime hcl injection	1	
cefixime	1	
cefotaxime sodium	1	
cefotetan disodium	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection	1	
ceftriaxone sodium injection	1	
cefuroxime axetil	1	
cephalexin	1	
tazicef injection	1	

Drug Name	Drug Category	Limits/ Required
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	1	
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	1	
penicillin g sodium	1	
penicillin v potassium	1	
Carbapenems		
ertapenem sodium	1	
Macrolides		
azithromycin oral	1	
clarithromycin er	1	
clarithromycin oral	1	
DIFICID ORAL TABLET	3	
erythromycin base	1	
erythromycin ethylsuccinate oral	1	
erythromycin oral	1	
ZITHROMAX ORAL PACKET	3	
Quinolones		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	

Drug Name	Drug Category	Limits/ Required
ciprofloxacin hcl oral	1	
levofloxacin oral	1	
moxifloxacin hcl oral	1	
ofloxacin oral	1	
Sulfonamides		
sulfadiazine oral	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
Tetracyclines		
avidoxy	1	
demeclocycline hcl	1	
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	1	
doxycycline monohydrate oral tablet	1	
minocycline hcl oral	1	
mondoxyne nl oral capsule 100 mg	1	
tetracycline hcl oral	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	3	ST
EPIDIOLEX	5	PA
levetiracetam er	1	
levetiracetam oral	1	
roweepra	1	
Calcium Channel Modifying Agents		
CELONTIN	3	

Drug Name	Drug Category	Limits/ Required
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	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
topiramate er	1	
topiramate oral	1	

Drug Name	Drug Category	Limits/ Required
Sodium Channel Agents		
BANZEL	3	PA
carbamazepine er	1	
carbamazepine oral	1	
DILANTIN ORAL CAPSULE 30 MG	3	
epitol	1	
fosphenytoin sodium	1	
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	
rivastigmine	1	
rivastigmine tartrate	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl	1	
memantine hcl er	1	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Antidepressants		
Antidepressants, Other		
APLENZIN	3	ST; QL (1 EA per 1 day)
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	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	QL (1 EA per 1 day)
MARPLAN	3	
phenelzine sulfate oral	1	
tranylcypromine sulfate	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide	1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1	QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1	QL (1 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	1	QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (3 EA per 1 day)
escitalopram oxalate	1	
FETZIMA	3	ST; QL (1 EA per 1 day)
FETZIMA TITRATION	3	ST; QL (56 EA per 365 days)
fluoxetine hcl (pmdd)	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	QL (0.15 EA per 1 day)
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	QL (2 EA per 1 day)
nefazodone hcl	3	
paroxetine hcl	1	
paroxetine hcl er	1	
paroxetine mesylate	1	QL (1 EA per 1 day)
PAXIL ORAL SUSPENSION	2	ST
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL (1 EA per 1 day)
venlafaxine hcl	1	

Drug Name	Drug Category	Limits/ Required
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	
VIIBRYD	3	QL (1 EA per 1 day)
VIIBRYD STARTER PACK	3	QL (30 EA per 1 fill)
Tricyclics		
amitriptyline hcl oral	1	
amoxapine	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral	1	
imipramine pamoate	1	
nortriptyline hcl oral	1	
protriptyline hcl	1	
trimipramine maleate oral	1	
Antiemetics		
Antiemetics, Other		
compro	1	
dimenhydrinate injection	1	
droperidol injection	1	
meclizine hcl oral tablet	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	

Drug Name	Drug Category	Limits/ Required
prochlorperazine maleate oral	1	
scopolamine	1	
Emetogenic Therapy Adjuncts		
AKYNZEO ORAL	3	QL (0.07 EA per 1 day)
aprepitant oral	1	QL (6 EA per 30 days)
aprepitant oral capsule 125 mg	1	QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	1	QL (1 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	1	QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	1	QL (4 EA per 30 days)
dronabinol	1	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 24 mg	1	QL (0.07 EA 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	

Drug Name	Drug Category	Limits/ Required
econazole nitrate external	1	
fluconazole oral	1	
flucytosine oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral	1	PA
KERYDIN	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
miconazole 3	1	
naftifine hcl	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole nitrate	3	
OXISTAT EXTERNAL LOTION	3	
posaconazole	1	
tavaborole	1	PA
terbinafine hcl oral	1	QL (84 EA per 180 days)
terconazole	1	
voriconazole oral	1	
Antigout Agents		
allopurinol oral	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
probenecid	1	

Drug Name	Drug Category	Limits/ Required
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	1	PA; QL (0.86 ML per 1 day)
dihydroergotamine mesylate nasal	1	PA; QL (0.27 ML per 1 day)
ergotamine-caffeine	1	
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	1	QL (0.4 EA per 1 day)
eletriptan hydrobromide	1	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 nasal	1	QL (0.4 EA per 1 day)
sumatriptan succinate oral	1	QL (0.3 EA per 1 day)
sumatriptan succinate refill	1	QL (0.17 ML per 1 day)
sumatriptan succinate subcutaneous	1	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	1	
pyridostigmine bromide oral	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	1	
rifabutin	1	
Antituberculars		
CAPASTAT SULFATE	3	
cycloserine oral	1	
ethambutol hcl oral	1	
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	

Drug Name	Drug Category	Limits/ Required
CYCLOPHOSPHAMID E ORAL TABLET	CM	
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		
POMALYST	CM	PA
REVLIMID	CM	PA
THALOMID	CM	PA
Antiestrogens/Modifiers		
EMCYT	CM	
fulvestrant	4	
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
cytarabine	4	
cytarabine (pf)	4	
DROXIA	3	
floxuridine	4	
hydroxyurea oral	CM	
mercaptopurine oral	CM	
TABLOID	CM	

Drug Name	Drug Category	Limits/ Required
Antineoplastics, Other		
azacitidine	4	
bleomycin sulfate	4	
diclofenac sodium external gel 3 %	1	ST; QL (10 GM per 1 day)
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	
LONSURF	CM	PA
NINLARO	CM	PA
ONCASPAR	4	
ONUREG	CM	PA
PIQRAY	CM	PA
ROZLYTREK	CM	PA
SYNRIBO	5	PA
VELCADE	4	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
BOSULIF	CM	PA
CABOMETYX	CM	PA

Drug Name	Drug Category	Limits/ Required
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
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
FARYDAK	CM	PA
GILOTRIF	CM	PA; QL (1 EA per 1 day)
IBRANCE	CM	PA
ICLUSIG ORAL TABLET 10 MG	CM	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 15 MG	CM	PA; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	CM	PA
imatinib mesylate	CM	PA
IMBRUVICA	CM	PA
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

Last Updated 12/01/2021

Drug Name	Drug Category	Limits/ Required
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
QINLOCK	CM	PA
RETEVMO	CM	PA
RYDAPT	CM	PA
SPRYCEL	CM	PA
STIVARGA	CM	PA
sunitinib malate	CM	PA
SUTENT	CM	PA
TABRECTA	CM	PA
TAFINLAR	CM	PA
TAGRISSE ORAL TABLET 40 MG	CM	PA; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 80 MG	CM	PA
TASIGNA	CM	PA
TUKYSA	CM	PA
TURALIO	CM	PA
TYKERB	CM	PA
VENCLEXTA	CM	PA
VENCLEXTA STARTING PACK	CM	PA
VOTRIENT	CM	PA
XALKORI	CM	PA
ZELBORAF	CM	PA
ZYDELIG	CM	PA
ZYKADIA	CM	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
HERCEPTIN HYLECTA	5	PA

Drug Name	Drug Category	Limits/ Required
RITUXAN HYCELA	5	PA
Retinoids		
bexarotene	CM	PA
PANRETIN	3	
TARGRETIN EXTERNAL	5	PA
tretinoin oral	CM	
Treatment Adjuncts		
MESNEX ORAL	CM	
Antiparasitics		
Anthelmintics		
albendazole oral	1	PA
EMVERM	2	
ivermectin external lotion	1	
ivermectin oral	1	PA
praziquantel oral	1	
Antiprotozoals		
ALINIA	2	
atovaquone	1	
atovaquone-proguanil hcl	1	
BENZNIDAZOLE	3	
chloroquine phosphate oral	1	
COARTEM	3	
hydroxychloroquine sulfate oral tablet 200 mg	1	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	1	
pentamidine isethionate	1	
primaquine phosphate	1	
pyrimethamine oral	4	PA
quinine sulfate oral	1	PA
Pediculicides/Scabicides		
crotan	1	

Drug Name	Drug Category	Limits/ Required
lindane	3	
malathion	1	
permethrin external	1	
spinosad	1	
sulfurated lime	1	
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	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	

Drug Name	Drug Category	Limits/ Required
carbidopa-levodopa oral tablet dispersible 25-100 mg	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	1	
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 injection	1	
chlorpromazine hcl oral tablet	1	
fluphenazine decanoate injection	1	
fluphenazine hcl	1	
haloperidol decanoate intramuscular	1	
haloperidol lactate	1	
haloperidol oral	1	
loxapine succinate	1	
molindone hcl	1	
pimozide	1	

Drug Name	Drug Category	Limits/ Required
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	3	
aripiprazole oral solution	1	QL (25 ML per 1 day)
aripiprazole oral tablet	1	QL (1 EA per 1 day)
aripiprazole oral tablet dispersible	1	QL (2 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	QL (1 EA per 1 day)
LATUDA ORAL TABLET 80 MG	3	QL (2 EA per 1 day)
olanzapine intramuscular	1	
olanzapine oral	1	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	1	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	1	QL (2 EA per 1 day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	1	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	1	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 solution	1	QL (8 ML per 1 day)
risperidone oral tablet	1	QL (2 EA per 1 day)
risperidone oral tablet dispersible	1	QL (2 EA per 1 day)
SAPHRIS	2	QL (2 EA per 1 day)
ziprasidone hcl	1	QL (2 EA per 1 day)
ziprasidone mesylate	1	
ZYPREXA RELPREVV	3	
Treatment-Resistant		
clozapine oral tablet 100 mg, 25 mg	1	QL (9 EA per 1 day)
clozapine oral tablet 200 mg	1	QL (4 EA per 1 day)
clozapine oral tablet 50 mg	1	QL (6 EA per 1 day)
clozapine oral tablet dispersible 100 mg, 25 mg	1	QL (9 EA per 1 day)
clozapine oral tablet dispersible 12.5 mg	1	QL (3 EA per 1 day)
clozapine oral tablet dispersible 150 mg	1	QL (6 EA per 1 day)
clozapine oral tablet dispersible 200 mg	1	QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl	1	
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)
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)

Drug Name	Drug Category	Limits/ Required
Anti-hepatitis C (HCV) Agents, Other		
INTRON A	5	PA
Antitherpetic Agents		
acyclovir external	1	
acyclovir oral	1	
DENAVIR	3	
famciclovir oral	1	
valacyclovir hcl oral	1	QL (4 EA per 1 day)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY ORAL TABLET 50-200-25 MG	3	
DOVATO	2	QL (1 EA per 1 day)
GENVOYA	3	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
STRIBILD	3	
TIVICAY	2	
TIVICAY PD	2	
TYBOST	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	2	
EDURANT	2	
efavirenz	1	
efavirenz-emtricitab-tenofovir	1	
efavirenz-lamivudine-tenofovir	1	
etravirine	1	
INTELENCE	2	
nevirapine	1	
nevirapine er	1	

Drug Name	Drug Category	Limits/ Required
PIFELTRO	3	
SYMFI	2	
SYMFI LO	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
abacavir-lamivudine-zidovudine	1	
CIMDUO	2	
DESCOVY	3	PA; PV*
emtricitabine	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV*
EMTRIVA	2	
lamivudine oral solution	1	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	1	
ODEFSEY	3	
stavudine	1	
tenofovir disoproxil fumarate	1	PV*
TRIUMEQ	2	
TRUVADA	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
zidovudine	1	

Drug Name	Drug Category	Limits/ Required
Anti-HIV Agents, Other		
FUZEON	2	
RUKOBIA	2	
SELZENTRY	2	PA
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	2	
atazanavir sulfate	1	
EVOTAZ	2	
fosamprenavir calcium	1	
INVIRASE	2	
KALETRA ORAL TABLET	2	
LEXIVA ORAL SUSPENSION	2	
lopinavir-ritonavir	1	
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
PREZCOBIX	2	
PREZISTA	2	
REYATAZ ORAL PACKET	2	
ritonavir	1	
SYMTUZA	3	QL (1 EA per 1 day)
VIRACEPT	2	
Anti-influenza Agents		
oseltamivir phosphate oral capsule 30 mg	1	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (360 ML per 365 days)
RELENZA DISKHALER	3	QL (40 EA per 365 days)
rimantadine hcl	1	

Drug Name	Drug Category	Limits/ Required
Anxiolytics		
Anxiolytics, Other		
bupirone hcl oral	1	
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
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)
alprazolam er oral tablet extended release 24 hour 3 mg	1	QL (3 EA per 1 day)
alprazolam intensol	1	QL (10 ML 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)

Drug Name	Drug Category	Limits/ Required
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
clonazepam oral tablet dispersible 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 injection	1	
diazepam intensol	1	
diazepam intramuscular	1	
diazepam oral	1	
estazolam	1	QL (1 EA per 1 day)
lorazepam injection	1	
lorazepam intensol	1	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	1	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	1	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	

Drug Name	Drug Category	Limits/ Required
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 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)
CVS KETONE CARE	3	
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	1	
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	

Drug Name	Drug Category	Limits/ Required
glipizide ir	1	
glipizide xl	1	
glipizide-metformin hcl	1	
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
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 ir	1	
miglitol	1	
nateglinide	1	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	ST; QL (0.06 ML per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	ST; QL (0.11 ML per 1 day)
pioglitazone hcl	1	
pioglitazone hcl-glimepiride	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
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)

Drug Name	Drug Category	Limits/ Required
XIGDUO XR	2	ST
Glycemic Agents		
diazoxide oral	1	
glucagon emergency kit 1 mg injection 1 mg	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	
GLUCAGON EMERGENCY KIT	2	
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
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	2	
LEVEMIR U-100 VIAL	2	
NOVOLIN 70/30 FLEXPEN	3	

Drug Name	Drug Category	Limits/ Required
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN 70/30 VIAL	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN N VIAL	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLIN R VIAL	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG MIX 70/30 VIAL	3	
NOVOLOG PENFILL	3	
NOVOLOG U-100 VIAL	3	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK	2	QL (3 EA per 1 day)
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	1	QL (35 ML per 180 days)
fondaparinux sodium	1	QL (35 ML per 180 days)

Drug Name	Drug Category	Limits/ Required
heparin sodium (porcine)	1	
heparin sodium (porcine) pf	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 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	1	
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
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT	4	PA
Hemostasis Agents		
aminocaproic acid oral	1	
HEMLIBRA	5	
tranexamic acid oral	1	
Platelet Modifying Agents		
aspirin-dipyridamole er	1	
BRILINTA	2	

Drug Name	Drug Category	Limits/ Required
CABLIVI	5	PA; QL (1 EA per 1 day)
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	1	
clonidine hcl oral	1	
guanfacine hcl	1	
methyldopa	1	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	1	
phentolamine mesylate injection	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	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	1	
captopril oral	1	
enalapril maleate oral tablet	1	

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Drug Name	Drug Category	Limits/ Required
fosinopril sodium	1	
lisinopril oral	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl oral	1	
disopyramide phosphate	1	
dofetilide	1	
flecainide acetate	1	
mexiletine hcl oral	1	
procainamide hcl injection	1	
propafenone hcl	1	
propafenone hcl er	1	
quinidine gluconate er	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	
BYSTOLIC	2	
carvedilol	1	
carvedilol phosphate er	1	
labetalol hcl oral	1	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
nebivolol hcl	1	
pindolol	1	
propranolol hcl er	1	

Drug Name	Drug Category	Limits/ Required
propranolol hcl oral	1	
timolol maleate oral	1	
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	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
matzim la	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nimodipine oral	1	
nisoldipine er	1	
taztia xt	1	
tiadyt er	1	
verapamil hcl er	1	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
aliskiren fumarate	1	
alprostadil injection	1	
amiloride-hydrochlorothiazide	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	

Drug Name	Drug Category	Limits/ Required
bisoprolol-hydrochlorothiazide	1	
candesartan cilexetil-hctz	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 injection	1	
digoxin oral	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO	2	QL (2 EA per 1 day)
epinephrine pf	1	
fosinopril sodium-hctz	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium-hctz	1	
metoprolol-hydrochlorothiazide	1	
metyrosine	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
pentoxifylline er	1	
quinapril-hydrochlorothiazide	1	
ranolazine er	1	
spironolactone-hctz	1	
telmisartan-amlodipine	1	
telmisartan-hctz	1	
trandolapril-verapamil hcl er	1	
triamterene-hctz	1	

Drug Name	Drug Category	Limits/ Required
valsartan-hydrochlorothiazide	1	
VYNDAMAX	5	PA; QL (1 EA per 1 day)
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	1	
acetazolamide oral	1	
acetazolamide sodium	1	
methazolamide oral	1	
Diuretics, Loop		
bumetanide	1	
ethacrynic acid	1	
furosemide injection	1	
furosemide oral	1	
toremide	1	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	1	
spironolactone oral	1	
triamterene oral	1	
Diuretics, Thiazide		
chlorthalidone	1	
hydrochlorothiazide oral	1	
indapamide	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	

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Drug Name	Drug Category	Limits/ Required
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	
LIVALO	3	ST
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	1	
cholestyramine oral	1	
colesevelam hcl	1	
colestipol hcl	1	
ezetimibe	1	
ezetimibe-simvastatin	1	
NEXLETOL	2	PA; QL (1 EA per 1 day)
NEXLIZET	2	PA; QL (1 EA per 1 day)
niacin er (antihyperlipidemic)	1	
omega-3-acid ethyl esters	1	PA
PRALUENT	2	PA; QL (0.08 ML per 1 day)
prevalite	1	
REPATHA	2	PA; QL (0.11 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (0.13 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
REPATHA SURECLICK	2	PA; QL (0.11 ML per 1 day)
Vasodilators, Direct-acting Arterial		
hydralazine hcl injection	1	
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	
NITRO-BID	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
NITROMIST	3	
RECTIV	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	1	PA; QL (6 EA per 1 day)
amphetamine-dextroamphetamine er	1	PA; QL (1 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PA; QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	1	PA; QL (2 EA per 1 day)

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Drug Name	Drug Category	Limits/ Required
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	PA; QL (6 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	PA; QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	PA; QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution	1	PA; QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	1	PA; QL (6 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	1	PA; QL (3 EA per 1 day)
VYVANSE	2	PA; QL (1 EA per 1 day)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule 10 mg, 40 mg	1	QL (2 EA per 1 day)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 60 mg, 80 mg	1	QL (1 EA per 1 day)
clonidine hcl er	1	
DAYTRANA	3	ST; PA; QL (1 EA per 1 day)
dexmethylphenidate hcl	1	PA; 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	1	PA; QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	1	PA; QL (2 EA per 1 day)
guanfacine hcl er	1	
methylphenidate hcl er (cd)	1	PA; QL (1 EA per 1 day)
methylphenidate hcl er (la)	1	PA; QL (1 EA per 1 day)
methylphenidate hcl er (xr)	1	PA; QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg, 36 mg	1	PA; QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	1	PA; QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	1	PA; QL (3 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA; QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA; QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	1	PA; QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	1	PA; QL (60 ML per 1 day)
methylphenidate hcl oral tablet	1	PA; QL (3 EA per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	1	PA; QL (6 EA per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	PA; QL (3 EA per 1 day)
QUILLIVANT XR	3	ST; PA; QL (12 ML per 1 day)
relexxii	1	PA; QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Central Nervous System, Other		
caffeine citrate oral	1	
GRALISE ORAL TABLET 300 MG	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 600 MG	3	ST; QL (3 EA per 1 day)
riluzole	1	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)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (0.43 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
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 2 MG	5	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK	5	PA; QL (24 EA per 365 days)
TECFIDERA STARTER PACK	4	PA; QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; QL (2 EA per 1 day)
Dental and Oral Agents		
cavarest	1	
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DEBACTEROL	3	

Drug Name	Drug Category	Limits/ Required
DENTA 5000 PLUS	3	
DENTAGEL	3	
easygel	1	
FLUORIDEX	3	
fluoridex daily renewal	1	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIDEX SENSITIVITY RELIEF	3	
oralone	1	
periogard	1	
pilocarpine hcl oral	1	
prevident mouth/throat	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
triamcinolone acetone mouth/throat	1	
Dermatological Agents		
accutane	1	PA
acitretin	1	
adapalene external cream	1	PA
adapalene external gel	1	PA
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
ammonium lactate external	1	
amnestem	1	PA
azelaic acid external	1	

Drug Name	Drug Category	Limits/ Required
AZELEX	3	
benzoyl peroxide-erythromycin	1	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop external suspension	1	QL (4 GM per 1 day)
calcitriol external	1	
claravis	1	PA
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phosphate-benzoyl peroxide	1	
clindamycin phosphate external	1	
clindamycin-tretinoin	1	
coal tar external	1	
CONDYLOX	3	
dapsone external gel 5 %	1	
doxepin hcl external	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)

Drug Name	Drug Category	Limits/ Required
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)
EPIDUO FORTE	3	
ery	1	
erythromycin external	1	
imiquimod external cream 5 %	1	
isotretinoin oral	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	
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)

Drug Name	Drug Category	Limits/ Required
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	PA; QL (0.02 ML per 1 day)
sulfacetamide sodium (acne)	1	
tacrolimus external	1	
TALTZ	5	PA
tazarotene external cream	1	
TAZORAC EXTERNAL CREAM 0.05 %	3	
TAZORAC EXTERNAL GEL	3	
TREMFYA	4	PA
tretinoin external	1	PA
tretinoin microsphere	1	PA
tretinoin microsphere pump	1	PA
zenatane	1	PA
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
CARBAGLU	4	
corvita 150	1	
effer-k oral tablet effervescent 25 meq	1	
ferocon	1	
ferotinsic	1	
ferraplus 90	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	

Drug Name	Drug Category	Limits/ Required
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
k-prime	1	
k-tan plus	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
magnesium chloride injection	1	
magnesium sulfate injection	1	
nafrinse	1	PV
nafrinse drops	1	PV
phosphorous	1	
phospho-trin 250 neutral	1	
polysaccharide iron forte	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
purevit dualfe plus	1	
se-tan plus	1	
sod citrate-citric acid	1	
sodium chloride (pf)	1	
sodium chloride injection	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	

Drug Name	Drug Category	Limits/ Required
virt-phos 250 neutral	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
deferasirox	1	PA
deferasirox granules	1	PA
deferiprone	1	PA
sodium polystyrene sulfonate	1	
sps	1	
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	1	
PHOSLYRA	3	
sevelamer carbonate	1	
sevelamer hcl	1	
Vitamins		
adc/f (0.5mg/ml)	1	
airavite	1	
b-6 folic acid	1	
biocel	1	
bp vit 3	1	
b-plex	1	
b-plex plus	1	
cod liver oil oral oil	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
ergocalciferol oral capsule	1	
fabb	1	
fa-vitamin b-6-vitamin b-12	1	

Drug Name	Drug Category	Limits/ Required
folate	1	PV
folbee	1	
folbee plus	1	
folic acid injection	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	
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
prenatal oral tablet 27-0.8 mg	1	PV
prenatal oral tablet 27-1 mg	1	
prenatal plus iron	1	
prenatal vitamin plus low iron	1	
preplus	1	
pyridoxine hcl injection	1	
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	1	
v-c forte	1	

Drug Name	Drug Category	Limits/ Required
virt-caps	1	
virt-gard	1	
vita s forte	1	
vitacel	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
vitamin k1 injection	1	
vitamins acd-fluoride	1	
vp-pnv-dha	1	
vp-vite rx	1	
westab mini	1	
westab one	1	
yl folic acid	1	PV
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.5 mg/5ml	1	
CUVPOSA	3	
dicyclomine hcl intramuscular	1	
dicyclomine hcl oral	1	
ED-SPAZ	1	
glycopyrrolate injection solution	1	
glycopyrrolate oral	1	
glycopyrrolate pf	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	

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Drug Name	Drug Category	Limits/ Required
methscopolamine bromide oral	3	
oscimin	1	
Gastrointestinal Agents, Other		
alvimopan	1	
amoxicill-clarithro-lansopraz	1	
cromolyn sodium oral	1	
diphenoxylate-atropine	1	
GATTEX	5	PA
loperamide hcl oral capsule	1	
MOTOFEN	3	
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	
Irritable Bowel Syndrome Agents		
alosetron hcl	1	PA
LINZESS	2	ST; QL (1 EA per 1 day)
Laxatives		
bisacodyl ec	1	PV; QL (1 fill per 365 days)
caspara sagrada oral fluid extract	1	

Drug Name	Drug Category	Limits/ Required
citroma	1	PV; QL (1 fill per 365 days)
clearlax	1	PV; QL (1 fill per 365 days)
CLENPIQ	3	
constulose	1	
enulose	1	
gavilax oral powder	1	PV; QL (1 fill per 365 days)
gavilyte-c	1	PV; QL (4000 ML per 365 days)
gavilyte-g	1	PV; QL (4000 ML per 365 days)
gavilyte-n with flavor pack	1	PV; QL (4000 ML per 365 days)
generlac	1	
gentle laxative oral	1	PV; QL (1 fill per 365 days)
lactulose encephalopathy	1	
lactulose oral solution	1	
magnesium citrate oral solution	1	PV; QL (1 fill per 365 days)
mineral oil heavy oral	1	
mm clearlax	1	PV; QL (1 fill per 365 days)
peg 3350-kcl-na bicarb-nacl	1	PV; QL (4000 ML per 365 days)
peg-3350/electrolytes	1	PV; QL (4000 ML per 365 days)
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-na asc-c	1	
polyethylene glycol 3350 oral powder	1	PV; QL (1 fill per 365 days)

Drug Name	Drug Category	Limits/ Required
qc magnesium citrate	1	PV; QL (1 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)
lansoprazole oral tablet delayed release dispersible 15 mg	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
CREON	2	
CYSTAGON	5	
EVRYSDI	5	PA; QL (8 ML per 1 day)
KUVAN	4	PA
miglustat	4	PA
MYALEPT	5	PA
nitisinone	4	PA
ORFADIN ORAL CAPSULE 20 MG	5	PA

Drug Name	Drug Category	Limits/ Required
ORFADIN ORAL SUSPENSION	5	PA
RAVICTI	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	
urin ds	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	
dutasteride-tamsulosin hcl	1	
finasteride oral tablet 5 mg	1	
silodosin	1	

Drug Name	Drug Category	Limits/ Required
tamsulosin hcl	1	
terazosin hcl	1	
Genitourinary Agents, Other		
bethanechol chloride oral	1	
ELMIRON	2	
ENCARE	3	PV; QL (12 EA per 23 days)
OPTIONS GYNOL II CONTRACEPTIVE	3	PV; QL (85.5 GM per 23 days)
penicillamine oral capsule	4	PA
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	
alclometasone dipropionate	1	
amcinonide external lotion	1	
beser external lotion	1	
betamethasone dipropionate aug	1	

Drug Name	Drug Category	Limits/ Required
betamethasone dipropionate external	1	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1	
betamethasone valerate external	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate emulsion	1	
clobetasol propionate external	1	
clocortolone pivalate	1	
clodan external shampoo	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment 0.25 %	1	
dexamethasone intensol	1	
dexamethasone oral	1	
dexamethasone sod phosphate pf	1	

Drug Name	Drug Category	Limits/ Required
dexamethasone sodium phosphate injection	1	
fludrocortisone acetate oral	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
fluticasone propionate external	1	
halcinonide	3	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
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	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	
methylprednisolone sodium succ	1	

Drug Name	Drug Category	Limits/ Required
mometasone furoate external	1	
prednicarbate	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
TEXACORT	3	
tovet external foam	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	
triamcinolone in absorbbase	1	
triderm	1	
tritocin	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR	4	PA
cabergoline	1	
chorionic gonadotropin intramuscular	IN	PA
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	

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Drug Name	Drug Category	Limits/ Required
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
FOLLISTIM AQ	IN	
GONAL-F	IN	
GONAL-F RFF	IN	
GONAL-F RFF REDIJECT	IN	
INCRELEX	4	PA
MENOPUR	IN	
NORDITROPIN FLEXPRO	4	PA
novarel intramuscular solution reconstituted 10000 unit	IN	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	IN	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
OVIDREL	IN	
oxytocin injection	1	
pregnyl	IN	PA
Selective Estrogen Receptor Modifying Agents		
clomiphene citrate oral	IN	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	5	PA; QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
mifepristone	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	1	
INTRAROSA	3	
METHITEST	3	PA
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%)	1	PA
testosterone transdermal solution	1	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
ANNOVERA	3	PV; QL (1 EA per 350 days)
apri	1	PV
aranelle	1	PV

Drug Name	Drug Category	Limits/ Required
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	
cryelle-28	1	PV
cyclafem 1/35	1	PV
cyclafem 7/7/7	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
desogestrel-ethinyl estradiol	1	PV

Drug Name	Drug Category	Limits/ Required
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	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV
EVAMIST	3	
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)
introvale	1	PV; QL (1 EA per 1 day)

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Drug Name	Drug Category	Limits/ Required
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
levora 0.15/30 (28)	1	PV
lillow	1	PV

Drug Name	Drug Category	Limits/ Required
lojaimiess	1	PV; QL (1 EA per 1 day)
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
luteru	1	PV
lyllana	1	
marlissa	1	PV
MENEST	2	
merzee	1	PV
mibelas 24 fe	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 7/7/7	1	PV
nymyo	1	PV

Drug Name	Drug Category	Limits/ Required
ocella	1	PV
orsythia	1	PV
philith	1	PV
pimtrex	1	PV
pirmella 1/35	1	PV
pirmella 7/7/7	1	PV
portia-28	1	PV
PREMARIN ORAL	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
tri-nymyo	1	PV
tri-previfem	1	PV

Drug Name	Drug Category	Limits/ Required
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	1	
zafemy	1	PV
zarah	1	PV
zovia 1/35 (28)	1	PV
zovia 1/35e (28)	1	PV
zumandimine	1	PV
Progestins		
camila	1	PV
CRINONE VAGINAL GEL 8 %	IN	QL (0.6 GM per 1 day)
deblitane	1	PV
DEPO-SUBQ PROVERA 104	3	QL (0.02 ML per 1 day)
ELLA	3	PV
ENDOMETRIN	IN	
errin	1	PV
heather	1	PV
hydroxyprogesterone caproate intramuscular oil	4	PA
incassia	1	PV
jencycla	1	PV

Drug Name	Drug Category	Limits/ Required
KYLEENA	3	PV
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
NEXPLANON	3	PV
nora-be	1	PV
norethindrone acetate oral	1	
norethindrone oral	1	PV
norlyda	1	PV
norlyroc	1	PV
progesterone intramuscular	1	
progesterone oral	1	
sharobel	1	PV
SKYLA	3	PV
tulana	1	PV
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	
raloxifene hcl	1	PV*

Drug Name	Drug Category	Limits/ Required
Hormonal Agents, Stimulant/Replaceme nt/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	
Hormonal Agents, Suppressant (Pituitary)		
CETROTIDE	IN	
ganirelix acetate	IN	

Drug Name	Drug Category	Limits/ Required
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
SIGNIFOR	5	PA; QL (2 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
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
sajazir	4	PA
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	
engraf	1	
HUMIRA	4	PA
HUMIRA PEDIATRIC CROHNS START	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN-CD/UC/HS STARTER	4	PA

Drug Name	Drug Category	Limits/ Required
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	4	PA; QL (84 day supply per 1 fill)
SKYRIZI (150 MG DOSE)	4	PA
SKYRIZI PEN	4	PA; QL (84 day supply per 1 fill)
tacrolimus oral	1	
TREXALL	CM	
XELJANZ	4	PA
XELJANZ XR	4	PA
ZORTRESS ORAL TABLET 1 MG	3	

Drug Name	Drug Category	Limits/ Required
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
ALFERON N	4	
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
BEXSERO	2	PV
BOOSTRIX	2	PV
DAPTACEL	2	PV

Drug Name	Drug Category	Limits/ Required
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
FLUMIST 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
KINRIX	2	PV
MENACTRA	2	PV
MENQUADFI	2	PV
MENVEO	2	PV
M-M-R II	2	PV
PEDIARIX	2	PV
PEDVAX HIB	2	PV
PENTACEL	2	PV
PNEUMOVAX 23	2	PV
PREVNAR 13	2	PV
PREVNAR 20	2	
PROQUAD	2	PV
QUADRACEL	2	PV

Drug Name	Drug Category	Limits/ Required
RECOMBIVAX HB	2	PV
ROTARIX	2	PV
ROTATEQ	2	PV
SHINGRIX	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
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	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
PENTASA	3	
Glucocorticoids		
budesonide er	1	
budesonide oral	1	
CORTIFOAM	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	1	
procto-med hc	1	

Drug Name	Drug Category	Limits/ Required
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	1	PA
FORTEO	4	PA
ibandronate sodium oral	1	QL (0.04 EA per 1 day)
MIACALCIN INJECTION	3	
paricalcitol oral	1	
PROLIA	4	PA; QL (2 ML per 250 days)
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

Drug Name	Drug Category	Limits/ Required
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	3	
ALCOHOL PREP PADS PAD 70 %	3	
bal in oil	1	
benzalkonium chloride external solution	1	
BOTOX	4	PA
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
CAYA	3	PV; QL (1 EA per 1 calendar year)
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	2	
EASIVENT	2	

Drug Name	Drug Category	Limits/ Required
ergoloid mesylates oral	3	
FC FEMALE CONDOM	3	PV; QL (12 EA per 23 days)
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	2	
methergine	1	QL (28 EA per 1 fill)
methylergonovine maleate oral	1	QL (28 EA per 1 fill)
MICROCHAMBER	2	
NOZIN NASAL SANITIZER POPSWAB	3	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARAGARD INTRAUTERINE COPPER	3	PV

Drug Name	Drug Category	Limits/ Required
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)
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

Drug Name	Drug Category	Limits/ Required
ZOKINVY	5	PA; QL (4 EA per 1 day)
Ophthalmic Agents		
Aminoglycosides		
gentak	1	
gentamicin sulfate ophthalmic	1	
neomycin-polymyxin-gramicidin	1	
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPTHALMIC OINTMENT	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	
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	

Drug Name	Drug Category	Limits/ Required
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	
CYSTADROPS	5	PA; QL (0.72 ML per 1 day)
CYSTARAN	5	PA; QL (2.15 ML per 1 day)
homatropaire	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
sulfacetamide-prednisolone ophthalmic solution	1	
XIIDRA	2	PA
Ophthalmic Anti-allergy Agents		
ALOCRIAL	3	
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
bepotastine besilate	1	ST
BEPREVE	3	

Drug Name	Drug Category	Limits/ Required
cromolyn sodium ophthalmic	1	
epinastine hcl	1	
LASTACAFT	3	ST
olopatadine hcl ophthalmic	1	
phenylephrine hcl ophthalmic	1	
ZERVIATE	3	ST
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl	1	
AZOPT	2	
betaxolol hcl ophthalmic	1	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
brinzolamide	1	
carteolol hcl	1	
COMBIGAN	2	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IOPIDINE	3	
levobunolol hcl	1	
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	

Drug Name	Drug Category	Limits/ Required
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
Ophthalmic Anti-inflammatory		
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	
EYSUVIS	3	PA
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
FML	2	
ILEVRO	3	QL (0.2 ML per 1 day)
ketorolac tromethamine ophthalmic	1	
loteprednol etabonate ophthalmic suspension	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
PROLENSA	2	QL (12 ML per 365 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic	1	QL (0.1 ML per 1 day)
latanoprost ophthalmic	1	
LUMIGAN	2	QL (0.1 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
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	
CIPRODEX	2	
ciprofloxacin hcl otic	1	ST
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal	1	QL (2 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
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	1	
dexchlorpheniramine maleate oral	3	
di-phen	1	
diphen oral elixir	1	
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	1	
levocetirizine dihydrochloride oral	1	
olopatadine hcl nasal	1	QL (1.02 GM per 1 day)
promethazine hcl injection	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethegan	1	
ryvent	1	
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	2	QL (0.4 GM per 1 day)
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
BREO ELLIPTA	2	QL (2 EA per 1 day)
budesonide inhalation	1	QL (4 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
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	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	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	1	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)
SYMBICORT	2	QL (0.34 GM per 1 day)

Drug Name	Drug Category	Limits/ Required
wixela inhub	1	QL (2 EA per 1 day)
Antileukotrienes		
montelukast sodium oral	1	
zafirlukast	1	
zileuton er	3	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (0.86 GM per 1 day)
INCRUSE ELLIPTA	2	QL (1 EA per 1 day)
ipratropium bromide inhalation	1	QL (10.42 ML per 1 day)
ipratropium bromide nasal	1	
SPIRIVA HANDIHALER	2	QL (1 EA per 1 day)
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)

Drug Name	Drug Category	Limits/ Required
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	QL (5 EA per 1 day)
albuterol sulfate oral syrup	3	
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)
BROVANA	3	QL (4 ML per 1 day)
epinephrine (anaphylaxis)	1	
epinephrine injection solution auto-injector	1	
formoterol fumarate inhalation	1	QL (4 ML per 1 day)
isoproterenol hcl injection	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	1	QL (18 ML per 1 day)
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)
PERFOROMIST	3	QL (4 ML per 1 day)
PROAIR HFA	2	QL (1.2 GM per 1 day)
PROAIR RESPICLICK	2	QL (0.07 EA per 1 day)
SEREVENT DISKUS	2	QL (2 EA per 1 day)
VENTOLIN HFA	2	QL (1.2 GM per 1 day)
Cystic Fibrosis Agents		
BETHKIS	4	

Drug Name	Drug Category	Limits/ Required
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	1	
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 500 MCG	3	PA
ELIXOPHYLLIN	2	
THEO-24	3	
theophylline	1	
theophylline er	1	
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
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)

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Drug Name	Drug Category	Limits/ Required
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)
azelastine-fluticasone	1	QL (0.77 GM per 1 day)
benzonatate	1	
COMBIVENT RESPIMAT	2	QL (0.27 GM per 1 day)
hydrocodone-homatropine oral syrup	1	PA; QL (240 ML per 1 fill)
hydrocodone-homatropine oral tablet	1	PA; QL (6 EA per 1 day)
hydromet	1	PA; QL (240 ML per 1 fill)
ipratropium-albuterol	1	QL (18 ML per 1 day)
NUCALA	4	PA; QL (0.11 EA per 1 day)
sodium chloride inhalation	1	

Drug Name	Drug Category	Limits/ Required
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	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral	1	
metaxalone	1	
methocarbamol injection	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
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tizanidine hcl oral	1	
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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)

Drug Name	Drug Category	Limits/ Required
Sleep Disorders, Other		
BELSOMRA	3	ST; QL (1 EA per 1 day)
doxepin hcl oral tablet	1	QL (1 EA per 1 day)
HETLIOZ	5	PA; QL (1 EA per 1 day)
ramelteon	1	QL (1 EA per 1 day)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	1	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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quetiapine fumarate.....	21	rivelsa.....	44	sodium chloride.....
quetiapine fumarate er.....	21	rizatriptan benzoate.....	16	sodium chloride (pf).....
QUILLIVANT XR.....	31	ROCKLATAN.....	52	sodium fluoride.....
quinapril hcl.....	28	ropinirole hcl.....	20	sodium fluoride 5000 enamel... 33
quinapril-hydrochlorothiazide... 29		ropinirole hcl er.....	20	sodium fluoride 5000 plus.....
quinidine gluconate er.....	28	rosadan.....	34	sodium fluoride 5000 ppm.....
quinidine sulfate.....	28	rosuvastatin calcium.....	30	sodium fluoride 5000 sensitive.. 33
quinine sulfate.....	19	ROTARIX.....	48	sodium phenylbutyrate.....
rabeprazole sodium.....	38	ROTATEQ.....	48	sodium polystyrene sulfonate... 35
raloxifene hcl.....	45	roweepra.....	12	solifenacin succinate.....
ramelteon.....	57	ROZLYTREK.....	18	SOLTAMOX.....
ramipril.....	28	RUBRACA.....	18	SOLU-CORTEF.....
ranolazine er.....	29	rufinamide.....	13	SOMATULINE DEPOT.....
rasagiline mesylate.....	20	RUKOBIA.....	23	SOMAVERT.....
RAVICTI.....	38	RYDAPT.....	19	sorine.....
RAYALDEE.....	49	ryvent.....	53	sotalol hcl.....
REBLOZYL.....	27	sajazir.....	46	sotalol hcl (af).....
reclipsen.....	44	salsalate.....	6	spinosad.....
RECOMBIVAX HB.....	48	SANDIMMUNE.....	47	SPIRIVA HANDIHALER.....
RECTIV.....	30	SANTYL.....	34	SPIRIVA RESPIMAT.....
REGRANEX.....	34	SAPHRIS.....	21	spironolactone.....
RELENZA DISKHALER.....	23	sapropterin dihydrochloride..... 38		spironolactone-hctz.....
relexxii.....	31	SAVAYSA.....	27	sprintec 28.....
repaglinide.....	25	SAVELLA.....	32	SPRYCEL.....

sps.....	35	tamoxifen citrate.....	17	TIVICAY PD.....	22
sronyx.....	44	tamsulosin hcl.....	39	tizanidine hcl.....	56
ssd.....	11	TARGRETIN.....	19	tl-hem 150.....	35
ST JOSEPH LOW DOSE.....	6	tarina 24 fe.....	44	TOBRADEX.....	51
stavudine.....	23	tarina fe 1/20.....	44	TOBRADEX ST.....	51
STELARA.....	34	tarina fe 1/20 eq.....	44	tobramycin.....	51, 55
STIOLTO RESPIMAT.....	54	TASIGNA.....	19	tobramycin sulfate.....	11
STIVARGA.....	19	tavaborole.....	16	tobramycin-dexamethasone.....	51
STRENSIQ.....	38	taysofy.....	44	TOBEX.....	51
streptomycin sulfate.....	11	tazarotene.....	34	TODAY SPONGE.....	39
STRIBILD.....	22	tazicef.....	11	tolcapone.....	20
SUBOXONE.....	10	TAZORAC.....	34	tolterodine tartrate.....	38
subvenite.....	13	taztia xt.....	28	tolterodine tartrate er.....	38
subvenite starter kit-blue.....	13	TDVAX.....	48	topiramate.....	13
subvenite starter kit-green.....	13	TECFIDERA.....	32	topiramate er.....	13
subvenite starter kit-orange.....	13	TEGSEDI.....	38	toremifene citrate.....	17
SUCRAID.....	38	telmisartan.....	27	torse mide.....	29
sucrafate.....	38	telmisartan-amlodipine.....	29	TOUJEO MAX SOLOSTAR.....	26
sulfacetamide sodium.....	53	telmisartan-hctz.....	29	TOUJEO SOLOSTAR.....	26
sulfacetamide sodium (acne)....	34	temazepam.....	56	tovet.....	40
sulfacetamide-prednisolone.....	51	temozolomide.....	17	TOVIAZ.....	38
sulfadiazine.....	12	TENIVAC.....	48	TRACLEER.....	55
sulfamethoxazole-trimethoprim..	12	tenofovir disoproxil fumarate....	23	TRADJENTA.....	25
sulfasalazine.....	49	terazosin hcl.....	39	tramadol hcl er.....	7
sulfatrim pediatric.....	12	terbinafine hcl.....	16	tramadol hcl er (biphasic).....	7
sulfurated lime.....	20	terconazole.....	16	tramadol hcl ir.....	9
sulindac.....	6	TERIPARATIDE		tramadol-acetaminophen.....	9
sumatriptan.....	16	(RECOMBINANT).....	49	trandolapril.....	28
sumatriptan succinate.....	16	testosterone.....	41	trandolapril-verapamil hcl er.....	29
sumatriptan succinate refill.....	16	testosterone cypionate.....	41	tranexamic acid.....	27
sumatriptan-naproxen sodium..	16	testosterone enanthate.....	41	tranylcypromine sulfate.....	14
sunitinib malate.....	19	TETANUS-DIPHThERIA		travoprost (bak free).....	53
SUNOSI.....	57	TOXOIDS TD.....	48	trazodone hcl.....	14
SUPREP BOWEL PREP KIT....	38	tetrabenazine.....	32	TRECTOR.....	17
SUTENT.....	19	tetracycline hcl.....	12	TRELEGY ELLIPTA.....	54, 56
syeda.....	44	TEXACORT.....	40	TREMFYA.....	34
SYMBICORT.....	54	THALOMID.....	17	treprostinil.....	56
SYMFI.....	23	THEO-24.....	55	TRESIBA.....	26
SYMFI LO.....	23	theophylline.....	55	TRESIBA FLEXTOUCH.....	26
SYMPROIC.....	37	theophylline er.....	55	tretinoin.....	19, 34
SYMTUZA.....	23	thiamine hcl.....	36	tretinoin microsphere.....	34
SYNAGIS.....	47	thioridazine hcl.....	21	tretinoin microsphere pump.....	34
SYNAREL.....	46	thiothixene.....	21	TREXALL.....	47
SYNJARDY.....	25	THYROGEN.....	50	tri femynor.....	44
SYNJARDY XR.....	25	tiadylt er.....	28	triamcinolone acetonide.....	33, 40
SYNRIBO.....	18	tiagabine hcl.....	13	triamcinolone in absorbase.....	40
TABLOID.....	17	tilia fe.....	44	triamterene.....	29
TABRECTA.....	19	timolol maleate.....	28, 52	triamterene-hctz.....	29
tacrolimus.....	34, 47	timolol maleate (once-daily).....	52	triazolam.....	24
tadalafil (pah).....	55	timolol maleate ocudose.....	52	triderm.....	40
TAFINLAR.....	19	timolol maleate pf.....	52	trientine hcl.....	35
TAGRISSE.....	19	tinidazole.....	11	tri-estarylla.....	44
TALTZ.....	34	TIVICAY.....	22	trifluoperazine hcl.....	21

trifluridine.....	51	VAXELIS.....	48	WIDE-SEAL DIAPHRAGM 65..	50
trigels-f forte.....	35	v-c forte.....	36	WIDE-SEAL DIAPHRAGM 70..	50
trihexyphenidyl hcl.....	20	VCF VAGINAL		WIDE-SEAL DIAPHRAGM 75..	50
tri-legest fe.....	44	CONTRACEPTIVE.....	39	WIDE-SEAL DIAPHRAGM 80..	50
tri-linyah.....	44	vcf vaginal contraceptive.....	39	WIDE-SEAL DIAPHRAGM 85..	50
tri-lo-estarylla.....	44	VELCADE.....	18	WIDE-SEAL DIAPHRAGM 90..	50
tri-lo-marzia.....	44	velivet.....	44	WIDE-SEAL DIAPHRAGM 95..	50
tri-lo-mili.....	44	VELTASSA.....	35	WINRHO SDF.....	47
tri-lo-sprintec.....	44	VEMLIDY.....	22	wixela inhub.....	54
trimethoprim.....	11	VENCLEXTA.....	19	wymzya fe.....	44
tri-mili.....	44	VENCLEXTA STARTING		XALKORI.....	19
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TRINTELLIX.....	14	venlafaxine hcl.....	14	XARELTO STARTER PACK.....	27
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triphrocaps.....	36	VENTAVIS.....	56	XELJANZ XR.....	47
tri-previfem.....	44	VENTOLIN HFA.....	55	XGEVA.....	49
tri-sprintec.....	44	verapamil hcl.....	28	XIAFLEX.....	50
tritocin.....	40	verapamil hcl er.....	28	XIFAXAN.....	11
TRIUMEQ.....	23	vestura.....	44	XIGDUO XR.....	26
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tri-vylibra.....	44	VIIBRYD.....	15	XTAMPZA ER.....	7
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TUZISTRA XR.....	56	vita s forte.....	36	zenatane.....	34
TWINRIX.....	48	vitacel.....	36	ZENPEP.....	38
tyblume.....	44	vitamin d (ergocalciferol).....	36	ZEPATIER.....	22
TYBOST.....	22	vitamin k1.....	36	ZERVIAE.....	52
tydemy.....	44	vitamins acd-fluoride.....	36	zidovudine.....	23
TYKERB.....	19	VIVITROL.....	9	zileuton er.....	54
TYVASO.....	56	volnea.....	44	ZIOPTAN.....	53
TYVASO REFILL.....	56	voriconazole.....	16	ziprasidone hcl.....	21
TYVASO STARTER.....	56	VORTEX VALVED HOLDING		ziprasidone mesylate.....	21
unithroid.....	45	CHAMBER.....	50	ZIRGAN.....	51
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valacyclovir hcl.....	22	vyfemla.....	44	ZOLMITRIPTAN.....	17
valganciclovir hcl.....	22	vylibra.....	44	zolmitriptan.....	17
valproic acid.....	13	VYNDAMAX.....	29	zolpidem tartrate.....	56
valsartan.....	27	VYVANSE.....	31	zolpidem tartrate er.....	56
valsartan-hydrochlorothiazide...	29	warfarin sodium.....	27	ZOMIG.....	17
vancomycin hcl.....	11	wera.....	44	zonisamide.....	13
VAQTA.....	48	westab mini.....	36	ZONTIVITY.....	27
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