



Kansas City

MISSOURI 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:

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

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

# 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](mailto: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 ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون آية تكالفة للتحدث مع مترجم اتصل بـ 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 tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

Laotian: ຖ້າ ຈົ່າກຳ ການ ເພີ້ມ ທີ່ ຈົ່າກຳ ຈົ່າກຳ ເພີ້ມ ອົບ ມີ ດັວກທຸກໆ ກ່ອກຟັບ Blue KC, ທີ່ ການ ເພີ້ມ ທີ່ ຈະໄດ້ຮັບ  
ຂການຊື່ ເພີ້ມ ອະລາດ ຊື່ ນີ້ ນີ້ ບໍ່ ຈາກສານ ທີ່ ພະຍາຍາຂອງທ່ານ ທີ່ ດັບ ຕໍ່ ຄິດ ຈະ ພະຍາຍາ  
1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch grieye, 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 نماید 1-844-395-7126. تماش حاصل نماید .

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeefannoo 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	Drug Name	Drug Category	Limits/ Required
<b>Analgesics</b>					
<b>Nonsteroidal Anti-inflammatory Drugs</b>					
adult aspirin regimen	1	PV	goodsense aspirin adults	1	PV
aspirin adult low dose	1	PV	goodsense aspirin low dose	1	PV
aspirin adult low strength	1	PV	ibuprofen oral suspension 100 mg/5ml	1	
aspirin childrens	1	PV	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
aspirin ec low dose	1	PV	inavix	1	
aspirin ec low strength	1	PV	indomethacin er	1	
aspirin ec oral tablet delayed release 325 mg	1	PV	indomethacin oral capsule 25 mg, 50 mg	1	
aspirin low dose	1	PV	ketoprofen er	1	
aspirin oral tablet	1	PV	ketoprofen oral	1	
aspirin oral tablet delayed release	1	PV	ketorolac tromethamine injection	1	
BAYER ASPIRIN	3	PV	ketorolac tromethamine intramuscular	1	
BAYER ASPIRIN EC LOW DOSE	3	PV	ketorolac tromethamine oral	1	QL (20 EA per 5 days)
celecoxib oral	1	QL (2 EA per 1 day)	meclofenamate sodium oral	1	
diclofenac potassium oral tablet 50 mg	1		meloxicam oral	1	
diclofenac sodium er	1		nabumetone oral	1	
diclofenac sodium external gel 1 %	1	QL (33.33 GM per 1 day)	naproxen oral tablet	1	
diclofenac sodium external solution	1	PA	naproxen oral tablet delayed release	1	
diclofenac sodium oral	1		naproxen sodium oral tablet 275 mg, 550 mg	1	
diclofenac-misoprostol	1		oxaprozin	1	
diflunisal oral	1		piroxicam oral	1	
ec-naproxen	1		salsalate oral	1	
etodolac	1		ST JOSEPH LOW DOSE	3	PV
etodolac er	1		sulindac oral	1	
fenoprofen calcium oral capsule 400 mg	3		<b>Opioid Analgesics, Long-acting</b>		
fenoprofen calcium oral tablet	3		buprenorphine	1	PA; QL (0.15 EA per 1 day)
flurbiprofen oral	1				

Drug Name	Drug Category	Limits/ Required	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)	morphine sulfate er beads oral capsule extended release 24 hour 120 mg	1	PA; QL (2 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)	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)
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)	morphine sulfate er oral capsule extended release 24 hour	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)	morphine sulfate er oral tablet extended release	1	PA; QL (3 EA per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	1	PA; QL (1 EA per 1 day)	NUCYNTA ER	3	PA; QL (2 EA per 1 day)
hydromorphone hcl er	1	PA; QL (2 EA per 1 day)	OXYCONTIN	2	PA; QL (4 EA per 1 day)
HYSINGLA ER	2	PA; QL (1 EA per 1 day)	oxymorphone hcl er	1	PA; QL (4 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	3	PA; QL (2 EA per 1 day)	tramadol hcl er (biphasic)	1	QL (1 EA per 1 day)
methadone hcl injection	1		tramadol hcl er oral tablet extended release 24 hour	1	QL (1 EA per 1 day)
methadone hcl intensol	1		XTAMPZA ER	2	PA; QL (4 EA per 1 day)
methadone hcl oral concentrate	1		<b>Opioid Analgesics, Short-acting</b>		
methadone hcl oral solution	1		acetaminophen-codeine #2	1	QL (13 EA per 1 day)
methadone hcl oral tablet	1	PA	acetaminophen-codeine #3	1	QL (13 EA per 1 day)
methadone hcl oral tablet soluble	1		acetaminophen-codeine #4	1	QL (10 EA per 1 day)
methadose oral concentrate 10 mg/ml	1		acetaminophen-codeine oral solution	1	QL (166.5 ML per 1 day)
methadose oral tablet soluble	1		acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (13 EA per 1 day)
methadose sugar-free	1		acetaminophen-codeine oral tablet 300-60 mg	1	QL (10 EA per 1 day)
mitigo	1				

Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
apap-caff-dihydrocodeine oral capsule	1	PA; QL (12 EA per 1 day)	hydrocodone-acetaminophen oral tablet 5-300 mg	1	QL (13 EA per 1 day)
ascomp-codeine	1		hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (12 EA per 1 day)
bac	1		hydrocodone-ibuprofen oral tablet 10-200 mg	1	QL (9 EA per 1 day)
butalbital-acetaminophen oral capsule	1		hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (16 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	1		hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (12 EA per 1 day)
butalbital-apap-caff-cod	1		hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
butalbital-apap-caffeine	1		hydromorphone hcl oral liquid	1	QL (22.5 ML per 1 day)
butalbital-asa-caff-codeine	1		hydromorphone hcl oral tablet 2 mg	1	QL (11 EA per 1 day)
butalbital-aspirin-caffeine	1		hydromorphone hcl oral tablet 4 mg	1	QL (5 EA per 1 day)
butorphanol tartrate injection	1		hydromorphone hcl oral tablet 8 mg	1	QL (2 EA per 1 day)
butorphanol tartrate nasal	1	QL (2.5 ML per 1 fill)	hydromorphone hcl pf	1	
codeine sulfate oral tablet 15 mg	1	QL (40 EA per 1 day)	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL (4.5 ML per 1 day)
codeine sulfate oral tablet 30 mg	1	QL (20 EA per 1 day)	morphine sulfate (pf) injection	1	
codeine sulfate oral tablet 60 mg	1	QL (10 EA per 1 day)	morphine sulfate injection solution 2 mg/ml, 4 mg/ml	1	
duramorph	1		morphine sulfate oral solution 10 mg/5ml	1	QL (45 ML per 1 day)
endocet oral tablet 10-325 mg	1	QL (6 EA per 1 day)	morphine sulfate oral solution 20 mg/5ml	1	QL (22.5 ML per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)	morphine sulfate oral tablet 15 mg	1	QL (6 EA per 1 day)
endocet oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)	morphine sulfate oral tablet 30 mg	1	QL (3 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)			

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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)
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
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-TETRACAIN	3	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
acamprosate calcium	1	
disulfiram oral	1	
naltrexone hcl oral	1	
VIVITROL	1	
<b>Opioid Dependence Treatments</b>		
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	Drug Name	Drug Category	Limits/ Required
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (12 EA per 1 day)	goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL (180 EA per 365 days)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	QL (6 EA per 1 day)	habitrol	1	PV; QL (180 EA per 365 days)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	QL (3 EA per 1 day)	NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL (180 EA per 365 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (12 EA per 1 day)	NICORETTE MOUTH/THROAT LOZENGE 4 MG	3	PV; QL (180 EA per 365 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (3 EA per 1 day)	nicotine polacrilex mini	1	PV; QL (180 EA per 365 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	QL (2 EA per 1 day)	nicotine polacrilex mouth/throat	1	PV; QL (180 EA per 365 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	QL (12 EA per 1 day)	nicotine step 1	1	PV; QL (180 EA per 365 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	1	QL (6 EA per 1 day)	nicotine step 2	1	PV; QL (180 EA per 365 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	1	QL (3 EA per 1 day)	nicotine step 3	1	PV; QL (180 EA per 365 days)
ZUBSOLV	1		nicotine transdermal kit	1	PV; QL (180 EA per 365 days)
<b>Opioid Reversal Agents</b>			NICOTROL	3	ST; PV; QL (180 EA per 365 days)
KLOXXADO	1		NICOTROL NS	3	ST; PV; QL (180 ML per 365 days)
naloxone hcl injection	1		varenicline tartrate	1	PV; QL (180 EA per 365 days)
NARCAN	1		<b>Antibacterials</b>		
<b>Smoking Cessation Agents</b>			<b>Aminoglycosides</b>		
APO-VARENICLINE	3	ST; PV; QL (180 EA per 365 days)	amikacin sulfate injection	1	
bupropion hcl er (smoking det)	1	PV; QL (180 EA per 365 days)			

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	
<b>Antbacterials, Other</b>		
aztreonam	1	
<b>Antibacterials, Other</b>		
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)
mafénide 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
<b>Beta-lactam, Cephalosporins</b>		
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	
ceprozil	1	
ceftazidime injection	1	
ceftriaxone sodium injection	1	
cefuroxime axetil	1	
cephalexin	1	
tazicef injection	1	

Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
<b>Beta-lactam, Penicillins</b>					
amoxicillin	1		ciprofloxacin hcl oral	1	
amoxicillin-potassium clavulanate	1		levofloxacin oral	1	
amoxicillin-potassium clavulanate er	1		moxifloxacin hcl oral	1	
ampicillin	1		ofloxacin oral	1	
ampicillin sodium injection	1		<b>Sulfonamides</b>		
ampicillin-sulbactam sodium injection	1		sulfadiazine oral	1	
BICILLIN L-A	3		sulfamethoxazole-trimethoprim oral	1	
dicloxacillin sodium	1		sulfatrim pediatric	1	
nafcillin sodium injection	1		<b>Tetracyclines</b>		
oxacillin sodium injection	1		avidoxy	1	
penicillin g potassium	1		demeocycline hcl	1	
penicillin g sodium	1		doxycycline hydiate oral capsule	1	
penicillin v potassium	1		doxycycline hydiate oral tablet 100 mg, 20 mg	1	
<b>Carbapenems</b>					
ertapenem sodium	1		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
<b>Macrolides</b>					
azithromycin oral	1		doxycycline monohydrate oral suspension reconstituted	1	
clarithromycin er	1		doxycycline monohydrate oral tablet	1	
clarithromycin oral	1		minocycline hcl oral	1	
DIFICID ORAL TABLET	3		monodoxine nl oral capsule 100 mg	1	
erythromycin base	1		tetracycline hcl oral	1	
erythromycin ethylsuccinate oral	1		<b>Anticonvulsants</b>		
erythromycin oral	1		<b>Anticonvulsants, Other</b>		
ZITHROMAX ORAL PACKET	3		BRIVIACT ORAL	3	ST
<b>Quinolones</b>			EPIDIOLEX	5	PA
BAXDELA ORAL	3		levetiracetam er	1	
CIPRO ORAL SUSPENSION RECONSTITUTED	3		levetiracetam oral	1	
<b>Calcium Channel Modifying Agents</b>			roweepra	1	
CELONTIN					

Drug Name	Drug Category	Limits/ Required
ethosuximide oral	1	
zonisamide oral	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
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	
<b>Glutamate Reducing Agents</b>		
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
<b>Sodium Channel Agents</b>		
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	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL (1 EA per 1 day)
<b>Cholinesterase Inhibitors</b>		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	1	
rivastigmine tartrate	1	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
memantine hcl	1	
memantine hcl er	1	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
<b>Antidepressants</b>					
<b>Antidepressants, Other</b>					
APLENZIN	3	ST; QL (1 EA per 1 day)	desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1	QL (1 EA per 1 day)
bupropion hcl er (sr)	1	QL (2 EA per 1 day)	duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	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)	duloxetine hcl oral capsule delayed release particles 30 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)	escitalopram oxalate	1	
bupropion hcl oral	1		FETZIMA	3	ST; QL (1 EA per 1 day)
chlordiazepoxide-amitriptyline	1		FETZIMA TITRATION	3	ST; QL (56 EA per 365 days)
mirtazapine oral	1		fluoxetine hcl (pmdd)	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1	QL (1 EA per 1 day)	fluoxetine hcl oral capsule	1	
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1	QL (3 EA per 1 day)	fluoxetine hcl oral capsule delayed release	1	QL (0.15 EA per 1 day)
perphenazine-amitriptyline	1		fluoxetine hcl oral solution	1	
<b>Monoamine Oxidase Inhibitors</b>					
EMSAM	3	QL (1 EA per 1 day)	fluoxetine hcl oral tablet	1	
MARPLAN	3		fluvoxamine maleate	1	
phenelzine sulfate oral	1		fluvoxamine maleate er	1	QL (2 EA per 1 day)
tranylcypromine sulfate	1		nefazodone hcl	3	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>					
citalopram hydrobromide	1		paroxetine hcl	1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1	QL (4 EA per 1 day)	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	
VIBRYD	3	QL (1 EA per 1 day)
VIBRYD STARTER PACK	3	QL (30 EA per 1 fill)
<b>Tricyclics</b>		
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	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
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	
<b>Emetogenic Therapy Adjuncts</b>		
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)
gransetron 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	
<b>Antifungals</b>		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMDA 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	
GYNIAZOLE-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	
<b>Antigout Agents</b>		
allopurinol oral	1	
colchicine oral tablet	1	
colchicine-probenecid	1	
febuxostat	1	ST
probenecid	1	

Drug Name	Drug Category	Limits/ Required
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist</b>		
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)
<b>Ergot Alkaloids</b>		
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	
<b>Serotonin (5-HT) Receptor Agonists</b>		
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)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
pyridostigmine bromide er	1	
pyridostigmine bromide oral	1	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
dapsone oral	1	
rifabutin	1	
<b>Antituberculars</b>		
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	
TRECATOR	3	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
cyclophosphamide injection	4	
cyclophosphamide oral capsule	CM	

Drug Name	Drug Category	Limits/ Required
CYCLOPHOSPHAMIDE ORAL TABLET	CM	
GLEOSTINE	CM	
LEUKERAN	CM	
MATULANE	CM	
melphalan	CM	
MYLERAN	CM	
temozolomide	CM	PA
<b>Antiandrogens</b>		
abiraterone acetate	CM	PA
bicalutamide	CM	
flutamide	CM	
nilutamide	CM	
ORGOVYX	CM	PA
XTANDI	CM	PA
<b>Antiangiogenic Agents</b>		
POMALYST	CM	PA
REVLIMID	CM	PA
THALOMID	CM	PA
<b>Antiestrogens/Modifiers</b>		
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	
<b>Antimetabolites</b>		
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	Drug Name	Drug Category	Limits/ Required
<b>Antineoplastics, Other</b>					
azacitidine	4		CAPRELSA ORAL TABLET 100 MG	CM	PA; QL (2 EA per 1 day)
bleomycin sulfate	4		CAPRELSA ORAL TABLET 300 MG	CM	PA
diclofenac sodium external gel 3 %	1	ST; QL (10 GM per 1 day)	COMETRIQ	CM	PA
FLUOROPLEX	3		COTELLIC	CM	PA
FLUOROURACIL EXTERNAL CREAM 0.5 %	2		ERIVEDGE	CM	PA
fluorouracil external cream 5 %	1		erlotinib hcl oral tablet 100 mg, 150 mg	CM	PA
fluorouracil external solution	1		erlotinib hcl oral tablet 25 mg	CM	PA; QL (3 EA per 1 day)
leucovorin calcium injection	1		everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	CM	PA; QL (1 EA per 1 day)
leucovorin calcium oral	CM		everolimus oral tablet soluble	CM	PA
LONSURF	CM	PA	FARYDAK	CM	PA
NINLARO	CM	PA	GILOTrif	CM	PA; QL (1 EA per 1 day)
ONCASPAR	4		IBRANCE	CM	PA
ONUREG	CM	PA	ICLUSIG ORAL TABLET 10 MG	CM	PA; QL (1 EA per 1 day)
PIQRAY	CM	PA	ICLUSIG ORAL TABLET 15 MG	CM	PA; QL (2 EA per 1 day)
ROZLYTREK	CM	PA	ICLUSIG ORAL TABLET 30 MG, 45 MG	CM	PA
SYNRIBO	5	PA	imatinib mesylate	CM	PA
VELCADE	4	PA	IMBRUVICA	CM	PA
ZOLINZA	CM	PA	INLYTA	CM	PA
<b>Aromatase Inhibitors, 3rd Generation</b>					
anastrozole oral	CM	PV*	JAKAFI ORAL TABLET 10 MG	CM	PA; QL (2 EA per 1 day)
exemestane	CM	PV*	JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	CM	PA
letrozole oral	CM		KOSELUGO	CM	PA
<b>Enzyme Inhibitors</b>					
etoposide oral	CM		lapatinib ditosylate	CM	PA
HYCAMTIN ORAL	CM				
RUBRACA	CM	PA			
<b>Molecular Target Inhibitors</b>					
AFINITOR DISPERZ	CM	PA			
BOSULIF	CM	PA			
CABOMETYX	CM	PA			

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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
TAGRISSO ORAL TABLET 40 MG	CM	PA; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 80 MG	CM	PA
TASIGNA	CM	PA
TUKYSA	CM	PA
TURALIO	CM	PA
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
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
HERCEPTIN HYLECTA	5	PA

Drug Name	Drug Category	Limits/ Required
RITUXAN HYCELA	5	PA
<b>Retinoids</b>		
bexarotene	CM	PA
PANRETIN	3	
TARGRETIN EXTERNAL	5	PA
tretinoin oral	CM	
<b>Treatment Adjuncts</b>		
MESNEX ORAL	CM	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole oral	1	PA
EMVERM	2	
ivermectin external lotion	1	
ivermectin oral	1	PA
praziquantel oral	1	
<b>Antiprotozoals</b>		
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
<b>Pediculicides/Scabicides</b>		
crotan	1	

Drug Name	Drug Category	Limits/ Required
lindane	3	
malathion	1	
permethrin external	1	
spinosad	1	
sulfurated lime	1	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate	1	
trihexyphenidyl hcl	1	
<b>Antiparkinson Agents, Other</b>		
amantadine hcl oral	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg	1	
entacapone	1	
tolcapone	1	
<b>Dopamine Agonists</b>		
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	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
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	
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>		
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	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
rasagiline mesylate oral	1	
selegiline hcl oral	1	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
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	
<b>2nd Generation/Atypical</b>		
ABILITY 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	
<b>Treatment-Resistant</b>		
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
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
valganciclovir hcl	1	
<b>Anti-hepatitis B (HBV) Agents</b>		
adefovir dipivoxil	4	
BARACLUDÉ 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	
<b>Anti-hepatitis C (HCV) Agents</b>		
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
<b>Anti-hepatitis C (HCV) Agents, Other</b>		
INTRON A	5	PA
<b>Antiherpetic Agents</b>		
acyclovir external	1	
acyclovir oral	1	
DENAVIR	3	
famciclovir oral	1	
valacyclovir hcl oral	1	QL (4 EA per 1 day)
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
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	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
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	
SYMF1	2	
SYMF1 LO	2	
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
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
<b>Anti-HIV Agents, Other</b>		
FUZEON	2	
RUKOBIA	2	
SELZENTRY	2	PA
<b>Anti-HIV Agents, Protease Inhibitors</b>		
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	
<b>Anti-influenza Agents</b>		
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	Drug Name	Drug Category	Limits/ Required
<b>Anxiolytics</b>					
<b>Anxiolytics, Other</b>					
buspirone hcl oral	1		clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
hydroxyzine hcl intramuscular	1		clonazepam oral tablet dispersible 2 mg	1	QL (10 EA per 1 day)
hydroxyzine hcl oral	1		clorazepate dipotassium oral tablet 15 mg	1	QL (6 EA per 1 day)
hydroxyzine pamoate oral	1		clorazepate dipotassium oral tablet 3.75 mg	1	QL (24 EA per 1 day)
<b>Benzodiazepines</b>					
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1	QL (1 EA per 1 day)	clorazepate dipotassium oral tablet 7.5 mg	1	QL (12 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	1	QL (5 EA per 1 day)	diazepam injection	1	
alprazolam er oral tablet extended release 24 hour 3 mg	1	QL (3 EA per 1 day)	diazepam intensol	1	
alprazolam intensol	1	QL (10 ML per 1 day)	diazepam intramuscular	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (4 EA per 1 day)	diazepam oral	1	
alprazolam oral tablet 2 mg	1	QL (5 EA per 1 day)	estazolam	1	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1	QL (1 EA per 1 day)	lorazepam injection	1	
alprazolam xr oral tablet extended release 24 hour 2 mg	1	QL (5 EA per 1 day)	lorazepam intensol	1	QL (5 ML per 1 day)
alprazolam xr oral tablet extended release 24 hour 3 mg	1	QL (3 EA per 1 day)	lorazepam oral concentrate 2 mg/ml	1	QL (5 ML per 1 day)
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 EA per 1 day)	lorazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 EA per 1 day)	lorazepam oral tablet 2 mg	1	QL (5 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (4 EA per 1 day)	oxazepam	1	QL (4 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)	triazolam	1	QL (2 EA per 1 day)
clonazepam oral tablet 2 mg	1	QL (10 EA per 1 day)	<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>					
divalproex sodium er	1		divalproex sodium oral	1	
lithium carbonate er	1		lithium carbonate oral	1	

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Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
<b>Blood Glucose Monitoring</b>					
CHEMSTRIP 10 MD	3		glipizide ir	1	
CHEMSTRIP 10/SG	3		glipizide xl	1	
CHEMSTRIP 2 GP	3		glipizide-metformin hcl	1	
CHEMSTRIP 5 OB	3		glyburide micronized	1	
CHEMSTRIP 7	3		glyburide oral	1	
CHEMSTRIP 9	3		glyburide-metformin	1	
CHEMSTRIP K	3		GLYXAMBI	2	ST
CHEMSTRIP UGK	3		JANUMET	2	ST
CONTOUR MONITOR KIT W/DEVICE	2		JANUMET XR	2	ST
CONTOUR NEXT EZ KIT W/DEVICE	2		JANUVIA	2	ST
CONTOUR NEXT LINK KIT W/DEVICE	2		JARDIANCE	2	ST
CONTOUR NEXT MONITOR KIT W/DEVICE	2		JENTADUETO	2	ST
CONTOUR NEXT TEST STRIPS	2	QL (10 EA per 1 day)	JENTADUETO XR	2	ST
CONTOUR TEST STRIPS	2	QL (10 EA per 1 day)	metformin hcl er	1	
CVS KETONE CARE	3		metformin hcl ir	1	
KETO-DIASTIX	3		miglitol	1	
KETONE TEST	3		nateglinide	1	
KETOSTIX	3		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	ST; QL (0.06 ML per 1 day)
<b>Blood Glucose Regulators</b>					
<b>Antidiabetic Agents</b>					
acarbose oral	1		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	ST; QL (0.11 ML per 1 day)
BYDUREON BCISE AUTOINJECTOR	2	ST; QL (0.15 ML per 1 day)	pioglitazone hcl	1	
BYETTA 10 MCG PEN	2	ST; QL (0.08 ML per 1 day)	pioglitazone hcl-glimepiride	1	
BYETTA 5 MCG PEN	2	ST; QL (0.04 ML per 1 day)	pioglitazone hcl-metformin hcl	1	
FARXIGA	2	ST	repaglinide	1	
glimepiride	1		SYNJARDY	2	ST
glipizide er	1		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	Drug Name	Drug Category	Limits/ Required
XIGDUO XR	2	ST	NOVOLIN 70/30 FLEXPEN RELION	3	
<b>Glycemic Agents</b>					
diazoxide oral	1		NOVOLIN 70/30 RELION	3	
glucagon emergency kit 1 mg injection 1 mg	1		NOVOLIN 70/30 VIAL	3	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2		NOVOLIN N FLEXPEN	3	
GLUCAGON EMERGENCY KIT	2		NOVOLIN N FLEXPEN RELION	3	
<b>Insulins</b>					
HUMALOG	2		NOVOLIN N RELION	3	
HUMALOG KWIKPEN	2		NOVOLIN N VIAL	3	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLIN R FLEXPEN	3	
HUMALOG MIX 50/50 VIAL	2		NOVOLIN R FLEXPEN RELION	3	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLIN R RELION	3	
HUMALOG MIX 75/25 VIAL	2		NOVOLIN R VIAL	3	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLOG FLEXPEN	3	
HUMULIN 70/30 KWIKPEN	2		NOVOLOG MIX 70/30 FLEXPEN	3	
HUMULIN 70/30 VIAL	2		NOVOLOG MIX 70/30 VIAL	3	
HUMULIN N KWIKPEN	2		NOVOLOG PENFILL	3	
HUMULIN N VIAL	2		NOVOLOG U-100 VIAL	3	
HUMULIN R U-500 KWIKPEN	2		TOUJEON MAX SOLOSTAR	2	
HUMULIN R U-500 VIAL	2		TOUJEON SOLOSTAR	2	
HUMULIN R VIAL	2		TRESIBA	3	
LANTUS SOLOSTAR	2		TRESIBA FLEXTOUCH	3	
LANTUS U-100 VIAL	2		<b>Blood Products and Modifiers</b>		
LEVEMIR U-100 FLEXTOUCH	2		<b>Anticoagulants</b>		
LEVEMIR U-100 VIAL	2		ELIQUIS DVT/PE STARTER PACK	2	QL (3 EA per 1 day)
NOVOLIN 70/30 FLEXPEN	3		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	
<b>Blood Formation Modifiers</b>		
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
<b>Hemostasis Agents</b>		
aminocaproic acid oral	1	
HEMLIBRA	5	
tranexamic acid oral	1	
<b>Platelet Modifying Agents</b>		
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	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
clonidine	1	
clonidine hcl oral	1	
guanfacine hcl	1	
methyldopa	1	
midodrine hcl	1	
<b>Alpha-adrenergic Blocking Agents</b>		
doxazosin mesylate oral	1	
phenoxybenzamine hcl oral	1	
phentolamine mesylate injection	1	
prazosin hcl oral	1	
<b>Angiotensin II Receptor Antagonists</b>		
candesartan cilexetil	1	
irbesartan	1	
losartan potassium oral	1	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan	1	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
benazepril hcl oral	1	
captopril oral	1	
enalapril maleate oral tablet	1	

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	
<b>Antiarrhythmics</b>		
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	
<b>Beta-adrenergic Blocking Agents</b>		
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	
<b>Calcium Channel Blocking Agents</b>		
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	
tiadylt er	1	
verapamil hcl er	1	
verapamil hcl oral	1	
<b>Cardiovascular Agents, Other</b>		
aliskiren fumarate	1	
alprostadiol 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)
DEMSER	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)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
acetazolamide er	1	
acetazolamide oral	1	
acetazolamide sodium	1	
methazolamide oral	1	
<b>Diuretics, Loop</b>		
bumetanide	1	
ethacrynic acid	1	
furosemide injection	1	
furosemide oral	1	
torsemide	1	
<b>Diuretics, Potassium-sparing</b>		
amiloride hcl oral	1	
eplerenone	1	
spironolactone oral	1	
triamterene oral	1	
<b>Diuretics, Thiazide</b>		
chlorthalidone	1	
hydrochlorothiazide oral	1	
indapamide	1	
metolazone	1	
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
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	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
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	
<b>Dyslipidemics, Other</b>		
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)
<b>Vasodilators, Direct-acting Arterial</b>		
hydralazine hcl injection	1	
hydralazine hcl oral	1	
minoxidil oral	1	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
NITROMIST	3	
RECTIV	3	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
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	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)	dexamphetamine hcl er oral capsule extended release 24 hour 20 mg	1	PA; QL (2 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	PA; QL (4 EA per 1 day)	guanfacine hcl er	1	
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	PA; QL (3 EA per 1 day)	methylphenidate hcl er (cd)	1	PA; QL (1 EA per 1 day)
dextroamphetamine sulfate oral solution	1	PA; QL (60 ML per 1 day)	methylphenidate hcl er (la)	1	PA; QL (1 EA per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	1	PA; QL (6 EA per 1 day)	methylphenidate hcl er (xr)	1	PA; QL (1 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	1	PA; QL (3 EA per 1 day)	methylphenidate hcl er oral tablet extended release 10 mg, 36 mg	1	PA; QL (2 EA per 1 day)
VYVANSE	2	PA; QL (1 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)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>			methylphenidate hcl er oral tablet extended release 20 mg	1	PA; QL (3 EA per 1 day)
atomoxetine hcl oral capsule 10 mg, 40 mg	1	QL (2 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)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 60 mg, 80 mg	1	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)
clonidine hcl er	1		methylphenidate hcl oral solution 10 mg/5ml	1	PA; QL (30 ML per 1 day)
DAYTRANA	3	ST; PA; QL (1 EA per 1 day)	methylphenidate hcl oral solution 5 mg/5ml	1	PA; QL (60 ML per 1 day)
dexamphetamine hcl	1	PA; QL (2 EA per 1 day)	methylphenidate hcl oral tablet	1	PA; QL (3 EA per 1 day)
dexamphetamine 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)	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	Drug Name	Drug Category	Limits/ Required
<b>Central Nervous System, Other</b>			dalfampridine er	4	PA; QL (2 EA per 1 day)
caffeine citrate oral	1		dimethyl fumarate oral	4	PA; QL (2 EA per 1 day)
GRALISE ORAL TABLET 300 MG	3	ST; QL (6 EA per 1 day)	dimethyl fumarate starter pack	4	PA; QL (120 EA per 365 days)
GRALISE ORAL TABLET 600 MG	3	ST; QL (3 EA per 1 day)	GILENYA	5	PA; QL (1 EA per 1 day)
riluzole	1	PA; QL (2 EA per 1 day)	glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)
tetrabenazine	4	PA	glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (0.43 ML per 1 day)
<b>Fibromyalgia Agents</b>			glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (3 EA per 1 day)	glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (0.43 ML per 1 day)
pregabalin oral capsule 300 mg	1	QL (2 EA per 1 day)	MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (4 EA per 1 day)
pregabalin oral solution	1	QL (30 ML per 1 day)	MAYZENT ORAL TABLET 2 MG	5	PA; QL (1 EA per 1 day)
SAVELLA	3	ST; QL (2 EA per 1 day)	MAYZENT STARTER PACK	5	PA; QL (24 EA per 365 days)
SAVELLA TITRATION PACK	3	ST; QL (110 EA per 365 days)	TECFIDERA STARTER PACK	4	PA; QL (120 EA per 365 days)
<b>Multiple Sclerosis Agents</b>			TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; QL (2 EA per 1 day)
AVONEX PEN	4	PA; QL (0.04 EA per 1 day)	<b>Dental and Oral Agents</b>		
AVONEX PREFILLED	4	PA; QL (0.04 EA per 1 day)	cavarest	1	
BAFIERTAM	4	PA; QL (4 EA per 1 day)	cevimeline hcl	1	
BETASERON	4	PA; QL (0.5 EA per 1 day)	chlorhexidine gluconate mouth/throat	1	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (1 ML per 1 day)	CLINPRO 5000	3	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (0.43 ML per 1 day)	DEBACTEROL	3	

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Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
DENTA 5000 PLUS	3		AZELEX	3	
DENTAGEL	3		benzoyl peroxide-erythromycin	1	
easygel	1		calcipotriene external cream	1	
FLUORIDEX	3		calcipotriene external ointment	1	
fluoridex daily renewal	1		calcipotriene external solution	1	
FLUORIDEX ENHANCED WHITENING	3		calcipotriene-betameth diprop external suspension	1	QL (4 GM per 1 day)
FLUORIDEX SENSITIVITY RELIEF	3		calcitriol external	1	
oralone	1		claravis	1	PA
periogard	1		clindacin etz external swab	1	
pilocarpine hcl oral	1		clindacin-p	1	
prevident mouth/throat	1		clindamycin phosphate-benzoyl peroxide	1	
sodium fluoride 5000 enamel	1		clindamycin phosphate external	1	
sodium fluoride 5000 plus	1		clindamycin-tretinoin	1	
sodium fluoride 5000 ppm	1		coal tar external	1	
sodium fluoride 5000 sensitive	1		CONDYLOX	3	
sodium fluoride dental	1		dapsone external gel 5 %	1	
sodium fluoride mouth/throat	1		doxepin hcl external	3	
triamcinolone acetonide mouth/throat	1		DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	4	PA; QL (0.17 ML per 1 day)
<b>Dermatological Agents</b>			DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	4	PA; QL (0.29 ML per 1 day)
accutane	1	PA	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; QL (0.05 ML per 1 day)
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				
amnesteem	1	PA			
azelaic acid external	1				

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Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (0.17 ML per 1 day)	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	PA; QL (0.02 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (0.29 ML per 1 day)	sulfacetamide sodium (acne)	1	
EPIDUO FORTE	3		tacrolimus external	1	
ery	1		TALTZ	5	PA
erythromycin external	1		tazarotene external cream	1	
imiquimod external cream 5 %	1		TAZORAC EXTERNAL CREAM 0.05 %	3	
isotretinoin oral	1	PA	TAZORAC EXTERNAL GEL	3	
ivermectin external cream	1		TREMFYA	4	PA
lactic acid e	1		tretinoin external	1	PA
lactic acid external	1		tretinoin microsphere	1	PA
methoxsalen rapid	1		tretinoin microsphere pump	1	PA
metronidazole external	1		zenatane	1	PA
MIRVASO	2		<b>Electrolytes/Minerals/ Metals/Vitamins</b>		
myorisan	1	PA	<b>Electrolyte/Mineral Replacement</b>		
neuac external gel	1		CARBAGLU	4	
pimecrolimus	1		corvita 150	1	
podofilox external	1		effer-k oral tablet effervescent 25 meq	1	
REGRANEX	3	PA	ferocon	1	
rosadan external cream	1		ferotrininsic	1	
rosadan external gel	1		ferraplus 90	1	
SANTYL	3		ferrocite plus	1	
selenium sulfide external lotion	1		fluoritab	1	PV
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.009 ML per 1 day)	foltrin	1	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	PA; QL (0.009 ML per 1 day)	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 cycler	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	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	3	
deferasirox	1	PA
deferasirox granules	1	PA
deferiprone	1	PA
sodium polystyrene sulfonate	1	
sps	1	
trientine hcl	4	PA
VELTASSA	3	
<b>Phosphate Binders</b>		
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	
<b>Vitamins</b>		
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	
triphocaps	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
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
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	
<b>Gastrointestinal Agents, Other</b>		
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	
<b>Histamine2 (H2) Receptor Antagonists</b>		
cimetidine hcl	1	
cimetidine oral	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine	1	
<b>Irritable Bowel Syndrome Agents</b>		
alosetron hcl	1	PA
LINZESS	2	ST; QL (1 EA per 1 day)
<b>Laxatives</b>		
bisacodyl ec	1	PV; QL (1 fill per 365 days)
cascara 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/ascorbate	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	
<b>Protectants</b>		
misoprostol oral	1	
sucralfate oral	1	
<b>Proton Pump Inhibitors</b>		
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)
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
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	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
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	
solifenacina succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
TOVIAZ	3	
trospium chloride	1	
trospium chloride er	1	
urin ds	1	
<b>Benign Prostatic Hypertrophy Agents</b>		
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	
<b>Genitourinary Agents, Other</b>		
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)
vfc vaginal contraceptive vaginal gel	1	PV; QL (2.7 GM per 23 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
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 absorbase	1	
triderm	1	
tritocin	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
ACTHAR	4	PA
cabergoline	1	
desmopressin ace spray refrigerated	1	
desmopressin acetate injection	1	
desmopressin acetate oral	1	

Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
desmopressin acetate pf	1		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
desmopressin acetate spray	1		testosterone transdermal solution	1	PA
INCRELEX	4	PA	<b>Estrogens</b>		
NORDITROPIN FLEXPRO	4	PA	afirmelle	1	PV
NUTROPIN AQ NUSPIN 10	4	PA	altavera	1	PV
NUTROPIN AQ NUSPIN 20	4	PA	alyacen 1/35	1	PV
NUTROPIN AQ NUSPIN 5	4	PA	alyacen 7/7/7	1	PV
oxytocin injection	1		amabelz	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			amethia	1	PV; QL (1 EA per 1 day)
KORLYM	5	PA; QL (4 EA per 1 day)	amethyst	1	PV
mifepristone	1		ANNOVERA	3	PV; QL (1 EA per 350 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>			apri	1	PV
<b>Androgens</b>			aranelle	1	PV
danazol oral	1		ashlyna	1	PV; QL (1 EA per 1 day)
INTRAROSA	3		aubra	1	PV
METHITEST	3	PA	aubra eq	1	PV
oxandrolone oral tablet 10 mg	1	PA; QL (2 EA per 1 day)	aurovela 1.5/30	1	PV
oxandrolone oral tablet 2.5 mg	1	PA; QL (8 EA per 1 day)	aurovela 1/20	1	PV
testosterone cypionate intramuscular	1	PA	aurovela 24 fe	1	PV
testosterone enanthate intramuscular	1	PA	aurovela fe 1.5/30	1	PV

Drug Name	Drug Category	Limits/ Required
blisovi fe 1/20	1	PV
briellyn	1	PV
camrese	1	PV; QL (1 EA per 1 day)
camrese lo	1	PV; QL (1 EA per 1 day)
caziant	1	PV
charlotte 24 fe	1	PV
chateal	1	PV
chateal eq	1	PV
COMBIPATCH	3	
cryselle-28	1	PV
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
DIVIGEL	3	
dolishale	1	PV
dotti	1	
drospirene-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
estarrylla	1	PV
estradiol oral	1	
estradiol transdermal	1	

Drug Name	Drug Category	Limits/ Required
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	
gummily	1	PV
hailey 1.5/30	1	PV
hailey 24 fe	1	PV
hailey fe 1.5/30	1	PV
hailey fe 1/20	1	PV
iclevia	1	PV; QL (1 EA per 1 day)
introvale	1	PV; QL (1 EA per 1 day)
isibloom	1	PV
jaimiess	1	PV; QL (1 EA per 1 day)
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

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Drug Name	Drug Category	Limits/ Required
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
lojaimiess	1	PV; QL (1 EA per 1 day)
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
lultera	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

Drug Name	Drug Category	Limits/ Required
milii	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
ocella	1	PV
orsythia	1	PV
philith	1	PV
pimtrea	1	PV
pirmella 1/35	1	PV
pirmella 7/7/7	1	PV
portia-28	1	PV
PREMARIN ORAL	2	
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)

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Drug Name	Drug Category	Limits/ Required
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-estarrylla	1	PV
tri-legest fe	1	PV
tri-linyah	1	PV
tri-lo-estarrylla	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
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

Drug Name	Drug Category	Limits/ Required
yuvafem	1	
zafemy	1	PV
zarah	1	PV
zovia 1/35 (28)	1	PV
zovia 1/35e (28)	1	PV
zumandimine	1	PV
<b>Progestins</b>		
camila	1	PV
deblitane	1	PV
DEPO-SUBQ PROVERA 104	3	QL (0.02 ML per 1 day)
ELLA	3	PV
errin	1	PV
heather	1	PV
hydroxyprogesterone caproate intramuscular oil	4	PA
incassia	1	PV
jencycla	1	PV
KYLEENA	3	PV
levonorgestrel	1	PV
LILETTA (52 MG)	3	PV
lyeq	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

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Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
norethindrone acetate oral	1		liothyronine sodium oral	1	
norethindrone oral	1	PV	np thyroid	1	
norlyda	1	PV	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	
norlyroc	1	PV	<b>Hormonal Agents, Suppressant (Adrenal)</b>		
progesterone intramuscular	1		LYSODREN	CM	
progesterone oral	1		<b>Hormonal Agents, Suppressant (Pituitary)</b>		
sharobel	1	PV	leuprolide acetate injection	4	PA
SKYLA	3	PV	LUPRON DEPOT (1- MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA
tulana	1	PV	LUPRON DEPOT (1- MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA
<b>Selective Estrogen Receptor Modifying Agents</b>			LUPRON DEPOT (3- MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA
OSPHENA	3		LUPRON DEPOT (3- MONTH) INTRAMUSCULAR KIT 22.5 MG	4	PA
raloxifene hcl	1	PV*	LUPRON DEPOT (4- MONTH) INTRAMUSCULAR KIT 30MG	4	PA
<b>Hormonal Agents, Stimulant/Replace ment/Modifying (Thyroid)</b>			LUPRON DEPOT (6- MONTH) INTRAMUSCULAR KIT 45MG	4	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	1		LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA
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				

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Drug Name	Drug Category	Limits/ Required
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)
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	2	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
methimazole oral	1	
propylthiouracil oral	1	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
icatibant acetate	4	PA
sajazir	4	PA
<b>Immune Suppressants</b>		
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

Drug Name	Drug Category	Limits/ Required
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf	1	
HUMIRA	4	PA
HUMIRA PEDIATRIC CROHNS START	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN- CD/UC/HS STARTER	4	PA
HUMIRA PEN- PEDIATRIC UC START	4	PA
HUMIRA PEN- PS/UV/ADOL HS START	4	PA
HUMIRA PEN- PSOR/UVEIT 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)

Drug Name	Drug Category	Limits/ Required
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	
<b>Immunoglobulins</b>		
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	
<b>Immunomodulators</b>		
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	

Drug Name	Drug Category	Limits/ Required
OTEZLA	4	PA
RINVOQ	4	PA
XOLAIR	4	PA
<b>Vaccines</b>		
ACTHIB	2	PV
ADACEL	2	PV
AFLURIA QUADRIVALENT	2	PV
BEXSERO	2	PV
BOOSTRIX	2	PV
DAPTACEL	2	PV
DIPHTHERIA-TETANUS TOXOIDS DT	2	PV
ENGERIX-B	2	PV
FLUAD QUADRIVALENT	2	PV
FLUARIX QUADRIVALENT	2	PV
FLUBLOK QUADRIVALENT	2	PV
FLUCELVAX QUADRIVALENT	2	PV
FLULAVAL QUADRIVALENT	2	PV
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

Drug Name	Drug Category	Limits/ Required
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
RECOMBIVAX HB	2	PV
ROTARIX	2	PV
ROTAVERSE	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
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
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	

Drug Name	Drug Category	Limits/ Required
PENTASA	3	
<b>Glucocorticoids</b>		
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	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
<b>Sulfonamides</b>		
sulfasalazine oral	1	
<b>Metabolic Bone Disease Agents</b>		
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	

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Drug Name	Drug Category	Limits/ Required
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
<b>Miscellaneous Therapeutic Agents</b>		
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	

Drug Name	Drug Category	Limits/ Required
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	
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	

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

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

Drug Name	Drug Category	Limits/ Required
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	
<b>Anti-cytomegalovirus (CMV) Agents</b>		
ZIRGAN	3	
<b>Antifungals</b>		
NATACYN	2	
<b>Antiherpetic Agents</b>		
trifluridine	1	
<b>Macrolides</b>		
AZASITE	3	
erythromycin ophthalmic	1	
<b>Ophthalmic Agents, Other</b>		
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

Drug Name	Drug Category	Limits/ Required
sulfacetamide-prednisolone ophthalmic solution	1	
XIIDRA	2	PA
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	3	
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
bepotastine besilate	1	ST
BEPREVE	3	
cromolyn sodium ophthalmic	1	
epinastine hcl	1	
LASTACAFT	3	ST
olopatadine hcl ophthalmic	1	
phenylephrine hcl ophthalmic	1	
ZERVIATE	3	ST
<b>Ophthalmic Antiglaucoma Agents</b>		
ALPHAGAN P OPHTHALMIC 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	

Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
dorzolamide hcl-timolol mal pf	1		prednisolone acetate ophthalmic	1	
IOPIDINE	3		prednisolone sodium phosphate ophthalmic	1	
levobunolol hcl	1		PROLENSA	2	QL (12 ML per 365 days)
pilocarpine hcl ophthalmic	1		<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>		
RHOPRESSA	2	QL (0.1 ML per 1 day)	bimatoprost ophthalmic	1	QL (0.1 ML per 1 day)
ROCKLATAN	2	QL (0.1 ML per 1 day)	latanoprost ophthalmic	1	
SIMBRINZA	2		LUMIGAN	2	QL (0.1 ML per 1 day)
timolol maleate (once-daily)	1		travoprost (bak free)	1	QL (0.12 ML per 1 day)
timolol maleate ocudose	1		ZIOPTAN	3	QL (1 EA per 1 day)
timolol maleate ophthalmic	1		<b>Quinolones</b>		
timolol maleate pf	1		BESIVANCE	3	
<b>Ophthalmic Anti-inflammatories</b>			ciprofloxacin hcl ophthalmic	1	
bromfenac sodium (once-daily)	1	QL (6.8 ML per 365 days)	gatifloxacin ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1		levofloxacin ophthalmic	1	
diclofenac sodium ophthalmic	1		moxifloxacin hcl (2x day)	1	
difluprednate	1		moxifloxacin hcl ophthalmic solution	1	
DUREZOL	3		ofloxacin ophthalmic	1	
EYSUVIS	3	PA	<b>Sulfonamides</b>		
FLAREX	3		sulfacetamide sodium ophthalmic	1	
fluorometholone	1		<b>Otic Agents</b>		
flurbiprofen sodium	1		acetic acid otic	1	
FML	2		CIPRO HC	3	
ILEVRO	3	QL (0.2 ML per 1 day)	CIPRODEX	2	
ketorolac tromethamine ophthalmic	1		ciprofloxacin hcl otic	1	ST
loteprednol etabonate ophthalmic suspension	1		ciprofloxacin-dexamethasone	1	
			CORTISPORIN-TC	3	
			flac	1	

Drug Name	Drug Category	Limits/ Required
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
azelastine hcl nasal	1	QL (2 ML per 1 day)
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution	1	
clemastine fumarate oral tablet 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	

Drug Name	Drug Category	Limits/ Required
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA	2	QL (0.4 GM per 1 day)
ARNUITY ELLIPTA	2	QL (1 EA per 1 day)
BREO ELLIPTA	2	QL (2 EA per 1 day)
budesonide inhalation	1	QL (4 ML per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BILST, 50 MCG/BILST	2	QL (2 EA per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BILST	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)

Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL (0.04 EA per 1 day)	Bronchodilators, Sympathomimetic		
mometasone furoate nasal	1	QL (1.14 GM per 1 day)	albuterol sulfate hfa	1	QL (1.2 GM per 1 day)
PULMICORT FLEXHALER	2	QL (0.07 EA per 1 day)	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	QL (18 ML per 1 day)
SYMBICORT	2	QL (0.34 GM per 1 day)	albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	QL (5 ML per 1 day)
wixela inhub	1	QL (2 EA per 1 day)	albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	QL (12.5 ML per 1 day)
<b>Antileukotrienes</b>			albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	QL (5 EA per 1 day)
montelukast sodium oral	1		albuterol sulfate oral syrup	3	
zafirlukast	1		arformoterol tartrate	1	QL (4 ML per 1 day)
zileuton er	3	ST	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	3	QL (0.07 EA per 1 day)
<b>Bronchodilators, Anticholinergic</b>			BROVANA	3	QL (4 ML per 1 day)
ATROVENT HFA	3	QL (0.86 GM per 1 day)	epinephrine (anaphylaxis)	1	
INCRUSE ELLIPTA	2	QL (1 EA per 1 day)	epinephrine injection solution auto-injector	1	
ipratropium bromide inhalation	1	QL (10.42 ML per 1 day)	formoterol fumarate inhalation	1	QL (4 ML per 1 day)
ipratropium bromide nasal	1		isoproterenol hcl injection	1	
SPIRIVA HANDIHALER	2	QL (1 EA per 1 day)	levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	1	QL (18 ML per 1 day)
SPIRIVA RESPIMAT	2	QL (0.14 GM per 1 day)	levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	QL (3 EA 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)			

Drug Name	Drug Category	Limits/ Required	Drug Name	Drug Category	Limits/ Required
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	1	QL (9 ML per 1 day)	ambrisentan	4	PA; QL (1 EA per 1 day)
PERFOROMIST	3	QL (4 ML per 1 day)	bosentan	4	PA; QL (2 EA per 1 day)
PROAIR HFA	2	QL (1.2 GM per 1 day)	OPSUMIT	4	PA; QL (1 EA per 1 day)
PROAIR RESPICLICK	2	QL (0.07 EA per 1 day)	ORENITRAM	5	PA
SEREVENT DISKUS	2	QL (2 EA per 1 day)	sildenafil citrate oral suspension reconstituted	4	PA; QL (7.5 ML per 1 day)
VENTOLIN HFA	2	QL (1.2 GM per 1 day)	sildenafil citrate oral tablet 20 mg	4	PA; QL (3 EA per 1 day)
<b>Cystic Fibrosis Agents</b>			tadalafil (pah)	4	PA; QL (2 EA per 1 day)
BETHKIS	4		TRACLEER 32 MG	5	PA; QL (4 EA per 1 day)
KALYDECO	5	PA	treprostinil	4	PA
ORKAMBI ORAL PACKET	5	PA; QL (2 EA per 1 day)	TYVASO	5	PA; QL (2.9 ML per 1 day)
ORKAMBI ORAL TABLET	5	PA; QL (112 EA per 28 days)	TYVASO REFILL	5	PA; QL (2.9 ML per 1 day)
PULMOZYME	4	PA	TYVASO STARTER	5	PA; QL (2.9 ML per 1 day)
tobramycin inhalation	4		UPTRAVI ORAL TABLET	5	PA; QL (2 EA per 1 day)
<b>Mast Cell Stabilizers</b>			UPTRAVI ORAL TABLET THERAPY PACK	5	PA; QL (400 EA per 365 days)
cromolyn sodium inhalation	1		VENTAVIS	5	PA; QL (9 ML per 1 day)
<b>Phosphodiesterase Inhibitors, Airways Disease</b>			<b>Pulmonary Fibrosis Agents</b>		
DALIRESP ORAL TABLET 500 MCG	3	PA	OFEV	5	PA
ELIXOPHYLLIN	2		<b>Respiratory Tract Agents, Other</b>		
THEO-24	3		acetylcysteine inhalation	1	
theophylline	1		ANORO ELLIPTA	2	QL (2 EA per 1 day)
theophylline er	1		azelastine-fluticasone	1	QL (0.77 GM per 1 day)
<b>Pulmonary Antihypertensives</b>			benzonatate	1	
ADEMPAS	4	PA; QL (3 EA per 1 day)			
alyq	4	PA; QL (2 EA per 1 day)			

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Drug Name	Drug Category	Limits/ Required
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	
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)
<b>Skeletal Muscle Relaxants</b>		
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	
orphenadrine citrate injection	1	
tizanidine hcl oral	1	

Drug Name	Drug Category	Limits/ Required
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
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)
<b>Sleep Disorders, Other</b>		
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)
<b>Wakefulness Promoting Agents</b>		
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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