



Kansas City

**MISSOURI ACA MEMBER –
INDIVIDUAL (NON-STANDARD PLANS)
AND SMALL GROUP (2-50)**

2024

PRESCRIPTION DRUG LIST

Please see the benefit schedule in your member certificate for member cost sharing associated with Generic and Brand (Preferred and Non Preferred) drugs.

List of Abbreviations for Prescription Drugs

Drug Category:

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

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

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

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

Syringe and Needle Coverage

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

Blue Cross and Blue Shield of Kansas City

Table of Contents

Analgesics	4
Anesthetics	7
Anti-Addiction/Substance Abuse Treatment Agents	7
Antibacterials	8
Anticonvulsants	10
Antidementia Agents	11
Antidepressants	11
Antiemetics	13
Antifungals	13
Antigout Agents	14
Antimigraine Agents	14
Antimyasthenic Agents	15
Antimycobacterials	15
Antineoplastics	15
Antiparasitics	17
Antiparkinson Agents	18
Antipsychotics	18
Antivirals	19
Anxiolytics	21
Bipolar Agents	22
Blood Glucose Monitoring	22
Blood Glucose Regulators	23
Blood Products and Modifiers	24
Cardiovascular Agents	25
Central Nervous System Agents	28
Cholestatic Pruritus Agent	30
Dental and Oral Agents	30
Dermatological Agents	30
Electrolytes/Minerals/Metals/Vitamins	32
Gastrointestinal Agents	34
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	35
Genitourinary Agents	36
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	36
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	38
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	38
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	42
Hormonal Agents, Suppressant (Adrenal)	43
Hormonal Agents, Suppressant (Pituitary)	43
Hormonal Agents, Suppressant (Thyroid)	43
Immunological Agents	43
Inflammatory Bowel Disease Agents	48
Metabolic Bone Disease Agents	48
Miscellaneous Therapeutic Agents	48
Ophthalmic Agents	50
Otic Agents	52
Respiratory Tract/Pulmonary Agents	52
Skeletal Muscle Relaxants	55
Sleep Disorder Agents	56

Drug Name	Drug Category	Limits/ Required
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	PV
aspirin adult low dose	1	PV
aspirin adult low strength	1	PV
aspirin childrens	1	PV
aspirin ec adult low dose	1	PV
aspirin ec low dose	1	PV
aspirin ec low strength	1	PV
aspirin low dose	1	PV
aspirin oral tablet chewable	1	PV
aspirin oral tablet delayed release 81 mg	1	PV
aspirin regimen	1	PV
celecoxib oral	1	QL (2 EA per 1 day)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	1	QL (33.33 GM per 1 day)
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium oral	1	
diflunisal oral	3	
etodolac	1	
etodolac er	1	
fenoprofen calcium oral tablet	1	
flurbiprofen oral	1	
ft aspirin low dose	1	PV
ft aspirin oral tablet chewable	1	PV
goodsense aspirin low dose	1	PV

Drug Name	Drug Category	Limits/ Required
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	LCG	
indomethacin er	1	
indomethacin oral capsule 25 mg	LCG	
indomethacin oral capsule 50 mg	1	
ketoprofen oral	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral	1	QL (20 EA per 5 days)
meclofenamate sodium oral	3	
mefenamic acid oral	3	
meloxicam oral tablet	LCG	
mm aspirin	1	PV
nabumetone oral	1	
naproxen oral tablet 250 mg	1	
naproxen oral tablet 375 mg, 500 mg	LCG	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
ST JOSEPH LOW DOSE	3	PV
sulindac oral	1	
tolmetin sodium	1	
Opioid Analgesics, Long-acting		
buprenorphine	3	PA; QL (0.15 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	3	PA; QL (1 EA per 1 day)
fentanyl transdermal patch 72 hour 12 mcg/hr	3	PA; QL (0.5 EA per 1 day)
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	1	PA; QL (0.5 EA per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	3	PA; QL (1 EA per 1 day)
hydromorphone hcl er	3	PA; QL (2 EA per 1 day)
methadone hcl intensol	1	
methadone hcl oral concentrate	1	
methadone hcl oral solution	1	
methadone hcl oral tablet	1	PA
mitigo	3	
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; QL (3 EA per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; QL (3 EA per 1 day)
NUCYNTA ER	3	PA; QL (2 EA per 1 day)
OXYCONTIN	2	PA; QL (4 EA per 1 day)
oxymorphone hcl er	3	PA; QL (4 EA per 1 day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL (1 EA per 1 day)
tramadol hcl er	3	PA; QL (1 EA per 1 day)
XTAMPZA ER	2	PA; QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Opioid Analgesics, Short-acting		
acetaminophen-codeine oral solution	1	QL (166.5 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (10 EA per 1 day)
ascomp-codeine	3	
bac	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod	3	
butalbital-apap-caffeine oral tablet	1	
butalbital-asa-caff-codeine	3	
butalbital-aspirin-caffeine	1	
butorphanol tartrate injection	1	
butorphanol tartrate nasal	3	QL (2.5 ML per 1 fill)
codeine sulfate oral tablet 15 mg	1	QL (40 EA per 1 day)
codeine sulfate oral tablet 30 mg	1	QL (20 EA per 1 day)
codeine sulfate oral tablet 60 mg	1	QL (10 EA per 1 day)
endocet oral tablet 10-325 mg	1	QL (6 EA per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
endocet oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
fentanyl citrate buccal lozenge on a handle	3	PA; QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	QL (180 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg	3	QL (9 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (16 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (12 EA per 1 day)
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	3	
hydromorphone hcl oral liquid	3	QL (10 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	1	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 4 mg, 8 mg	1	QL (2 EA per 1 day)
hydromorphone hcl pf	3	
morphine sulfate (concentrate)	1	QL (4.5 ML per 1 day)
morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml	3	
morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml	1	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	

Drug Name	Drug Category	Limits/ Required
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)
oxycodone hcl oral capsule	1	QL (12 EA per 1 day)
oxycodone hcl oral solution	1	QL (60 ML per 1 day)
oxycodone hcl oral tablet 10 mg	1	QL (6 EA per 1 day)
oxycodone hcl oral tablet 15 mg	1	QL (4 EA per 1 day)
oxycodone hcl oral tablet 20 mg	1	QL (3 EA per 1 day)
oxycodone hcl oral tablet 30 mg	1	QL (2 EA per 1 day)
oxycodone hcl oral tablet 5 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	1	QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	1	QL (3 EA per 1 day)
pentazocine-naloxone hcl	3	QL (10 EA per 1 day)
tramadol hcl oral tablet 50 mg	1	QL (5 EA per 1 day)
tramadol-acetaminophen	1	QL (6 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Anesthetics		
Local Anesthetics		
glydo	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	LCG	
lidocaine-prilocaine external cream	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	3	
disulfiram oral	3	
naltrexone hcl oral	1	
VIVITROL	5	
Opioid Dependence Treatments		
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	3	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	3	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	3	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	3	QL (3 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (3 EA per 1 day)
Opioid Reversal Agents		
KLOXXADO	2	
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	PV; QL (180 EA per 365 days)
ft nicotine	1	PV; QL (180 EA per 365 days)
ft nicotine mini	1	PV; QL (180 EA per 365 days)
goodsense nicotine mouth/throat gum 2 mg	1	PV; QL (180 EA per 365 days)
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL (180 EA per 365 days)
habitrol	1	PV; QL (180 EA per 365 days)
NICORETTE MINI	3	PV; QL (180 EA per 365 days)

Last Updated 10/8/2024

Drug Name	Drug Category	Limits/ Required
NICORETTE MOUTH/THROAT GUM 2 MG	3	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT LOZENGE	3	PV; QL (180 EA per 365 days)
nicotine mini	1	PV; QL (180 EA per 365 days)
nicotine polacrilex mini	1	PV; QL (180 EA per 365 days)
nicotine polacrilex mouth/throat	1	PV; QL (180 EA per 365 days)
nicotine step 1	1	PV; QL (180 EA per 365 days)
nicotine step 2	1	PV; QL (180 EA per 365 days)
nicotine step 3	1	PV; QL (180 EA per 365 days)
nicotine transdermal kit	1	PV; QL (180 EA per 365 days)
nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL (180 EA per 365 days)
NICOTROL	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)
varenicline tartrate (starter)	1	PV; QL (180 EA per 365 days)
varenicline tartrate(continue)	1	PV; QL (180 EA per 365 days)

Drug Name	Drug Category	Limits/ Required
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	1	
HUMATIN	2	
neomycin sulfate oral	LCG	
streptomycin sulfate intramuscular	3	
Antibacterials, Other		
aztreonam	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate injection	1	
clindamycin phosphate vaginal	1	
iodine tincture external tincture 2 %	1	
linezolid oral suspension reconstituted	3	QL (32.2 ML per 1 day)
linezolid oral tablet	3	QL (28 EA per 30 days)
mafenide acetate external	1	
methenamine hippurate	3	
metronidazole oral tablet	LCG	
metronidazole vaginal	1	
mupirocin ointment	1	
NEO-SYNALAR	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals	1	
polymyxin b sulfate injection	1	
silver sulfadiazine external	1	

Last Updated 10/8/2024

Drug Name	Drug Category	Limits/ Required
ssd	1	
trimethoprim oral	LCG	
vancomycin hcl oral	3	
XIFAXAN ORAL TABLET 550 MG	3	PA
Beta-lactam, Cephalosporins		
cefaclor	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	3	
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1	
cefdinir	1	
cefepime hcl injection	3	
cefotetan disodium	1	
cefopodoxime proxetil	3	
cefprozil	1	
ceftazidime injection	1	
ceftriaxone sodium injection	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	LCG	
cephalexin oral suspension reconstituted	1	
tazicef injection	1	
Beta-lactam, Penicillins		
amoxicillin	LCG	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	

Drug Name	Drug Category	Limits/ Required
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	3	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	1	
ampicillin	1	
ampicillin sodium injection	1	
ampicillin-sulbactam sodium injection	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
BICILLIN L-A	3	
dicloxacillin sodium	LCG	
nafcillin sodium injection	1	
penicillin g potassium injection solution reconstituted 20000000 unit	1	
penicillin v potassium	LCG	
Carbapenems		
ertapenem sodium	3	
Macrolides		
azithromycin oral	LCG	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
erythromycin base oral	3	

Drug Name	Drug Category	Limits/ Required
erythromycin ethylsuccinate oral	3	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	LCG	
ciprofloxacin hcl oral tablet 750 mg	1	
levofloxacin oral solution	3	
levofloxacin oral tablet	1	
moxifloxacin hcl oral	1	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	LCG	
sulfamethoxazole-trimethoprim oral tablet	LCG	
sulfatrim pediatric	LCG	
Tetracyclines		
avidoxy	1	
demeclocycline hcl	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	

Drug Name	Drug Category	Limits/ Required
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
tetracycline hcl oral capsule	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	3	ST
EPIDIOLEX	5	PA
levetiracetam er	3	
levetiracetam oral	1	
roweepra	1	
Calcium Channel Modifying Agents		
ethosuximide oral capsule	1	
ethosuximide oral solution	3	
methsuximide	1	
zonisamide oral	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral tablet	2	PA
DIACOMIT	5	PA
diazepam rectal	3	QL (2 EA per 1 fill)
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
NAYZILAM	3	
pentobarbital sodium injection	1	
phenobarbital oral	1	

Drug Name	Drug Category	Limits/ Required
phenobarbital sodium injection	1	
primidone oral tablet 250 mg, 50 mg	LCG	
tiagabine hcl	3	
valproic acid oral capsule	LCG	
valproic acid oral solution 250 mg/5ml	LCG	
Glutamate Reducing Agents		
FYCOMPA	3	
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
subvenite	1	
topiramate oral capsule sprinkle 15 mg	1	
topiramate oral capsule sprinkle 25 mg	3	
topiramate oral tablet	1	
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet	LCG	
carbamazepine oral tablet chewable	1	
DILANTIN ORAL CAPSULE 30 MG	3	
epitol	LCG	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
lacosamide oral solution 10 mg/ml	1	
lacosamide oral tablet	3	

Drug Name	Drug Category	Limits/ Required
oxcarbazepine oral suspension	3	
oxcarbazepine oral tablet	1	
phenytek	3	
phenytoin infatabs	1	
phenytoin oral	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection	1	
rufinamide	3	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
rivastigmine	3	
rivastigmine tartrate	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	3	QL (1 EA per 1 day)
memantine hcl oral solution	3	
memantine hcl oral tablet	1	
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr)	1	QL (2 EA per 1 day)

Last Updated 10/8/2024

Drug Name	Drug Category	Limits/ Required
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (1 EA per 1 day)
bupropion hcl oral	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	LCG	
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
MARPLAN	3	
phenelzine sulfate oral	3	
tranylcypromine sulfate	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral tablet	LCG	
desvenlafaxine succinate er	3	QL (1 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (3 EA per 1 day)
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST; QL (1 EA per 1 day)
FETZIMA TITRATION	3	ST; QL (56 EA per 365 days)
fluoxetine hcl oral capsule	LCG	
fluvoxamine maleate	3	

Drug Name	Drug Category	Limits/ Required
fluvoxamine maleate er	3	QL (2 EA per 1 day)
paroxetine hcl oral tablet	LCG	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	LCG	
TRINTELLIX	3	ST; QL (1 EA per 1 day)
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (3 EA per 1 day)
vilazodone hcl	1	PA; QL (1 EA per 1 day)
Tricyclics		
amitriptyline hcl oral	3	
amoxapine	3	
clomipramine hcl oral	3	
desipramine hcl oral	3	
doxepin hcl oral capsule	3	
doxepin hcl oral concentrate	3	
imipramine hcl oral	1	
nortriptyline hcl oral capsule	LCG	
nortriptyline hcl oral solution	3	
trimipramine maleate oral	3	

Drug Name	Drug Category	Limits/ Required
Antiemetics		
Antiemetics, Other		
compro	3	
dimenhydrinate injection	1	
droperidol injection	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	LCG	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution	LCG	
metoclopramide hcl oral tablet	LCG	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral tablet 10 mg	LCG	
prochlorperazine maleate oral tablet 5 mg	1	
promethazine hcl oral solution	LCG	
promethazine hcl oral tablet 12.5 mg, 50 mg	1	
promethazine hcl oral tablet 25 mg	LCG	
promethazine hcl rectal	3	
promethegan rectal suppository 12.5 mg, 25 mg	3	
scopolamine	2	
Emetogenic Therapy Adjuncts		
ANZEMET	3	QL (0.07 EA per 1 day)
aprepitant oral capsule 125 mg	3	QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	3	QL (1 EA per 30 days)

Drug Name	Drug Category	Limits/ Required
aprepitant oral capsule 80 mg	3	QL (4 EA per 30 days)
dronabinol	3	PA; QL (2 EA per 1 day)
granisetron hcl oral	1	QL (0.13 EA per 1 day)
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	QL (4 ML per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole external	LCG	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
econazole nitrate external	1	
ERTACZO	3	PA
fluconazole oral	LCG	
flucytosine oral capsule 250 mg	1	
flucytosine oral capsule 500 mg	3	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
GYNAZOLE-1	3	
itraconazole oral capsule	3	PA

Drug Name	Drug Category	Limits/ Required
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	LCG	
klayesta	1	
LULICONAZOLE	3	PA
miconazole 3	1	
nyamyc	1	
nystatin external cream	LCG	
nystatin external ointment	1	
nystatin external powder	1	
nystatin mouth/throat	1	
nystatin oral	3	
nystatin-triamcinolone	1	
nystop	1	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	PA
terbinafine hcl oral	LCG	QL (84 EA per 180 days)
terconazole vaginal cream	1	
voriconazole oral tablet	3	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	LCG	
colchicine oral tablet	1	
colchicine-probenecid	2	
febuxostat	3	ST
probenecid	2	

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)
AJOVY	2	PA; QL (0.06 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; QL (0.1 ML per 1 day)
NURTEC	2	PA; QL (0.27 EA per 1 day)
Ergot Alkaloids		
dihydroergotamine mesylate injection	3	PA; QL (0.86 ML per 1 day)
ergotamine-caffeine	3	PA; QL (0.86 EA per 1 day)
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	QL (0.4 EA per 1 day)
eletriptan hydrobromide	3	QL (0.4 EA per 1 day)
naratriptan hcl	1	QL (0.3 EA per 1 day)
rizatriptan benzoate oral tablet 10 mg	1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg	1	QL (0.6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg	1	QL (0.6 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
sumatriptan nasal	3	QL (0.4 EA per 1 day)
sumatriptan succinate oral	1	QL (0.3 EA per 1 day)
sumatriptan succinate subcutaneous solution	1	QL (0.17 ML per 1 day)
sumatriptan succinate subcutaneous solution auto-injector	3	QL (0.17 ML per 1 day)
zolmitriptan oral tablet	1	QL (0.4 EA per 1 day)
zolmitriptan oral tablet dispersible	3	QL (0.4 EA per 1 day)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide oral tablet	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	3	
rifabutin	3	
Antituberculars		
cycloserine oral	1	
ethambutol hcl oral	3	
isoniazid injection	1	
isoniazid oral syrup	1	
isoniazid oral tablet 100 mg	1	
isoniazid oral tablet 300 mg	LCG	
PRIFTIN	3	
pyrazinamide oral	1	
rifampin oral	2	
SIRTURO	3	
TRECTOR	3	

Drug Name	Drug Category	Limits/ Required
Antineoplastics		
Alkylating Agents		
cyclophosphamide injection	4	
cyclophosphamide oral capsule	3	
CYCLOPHOSPHAMIDE ORAL TABLET	2	
GLEOSTINE	5	
LEUKERAN	2	
MATULANE	4	
MYLERAN	2	
temozolomide	4	PA
Antiandrogens		
abiraterone acetate oral tablet 250 mg	4	PA
bicalutamide	1	
ORGOVYX	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
lenalidomide	4	PA
POMALYST	5	PA
REVLIMID	4	PA
THALOMID	4	PA
Antiestrogens/Modifiers		
ORSERDU	5	PA
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	PV*
toremifene citrate	3	
Antimetabolites		
capecitabine	4	
DROXIA	3	
hydroxyurea oral	1	
mercaptopurine oral	1	

Drug Name	Drug Category	Limits/ Required
Antineoplastics, Other		
AMELUZ	3	
diclofenac sodium external gel 3 %	1	QL (10 GM per 1 day)
fluorouracil external cream	3	
fluorouracil external solution	1	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral tablet 10 mg, 5 mg	1	
leucovorin calcium oral tablet 15 mg, 25 mg	3	
NINLARO	5	PA
ONUREG	5	PA
PIQRAY	5	PA
ROZLYTREK ORAL CAPSULE	5	PA
VERZENIO	4	PA
ZOLINZA	4	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	1	PV*
exemestane	1	PV*
letrozole oral	1	
Enzyme Inhibitors		
etoposide oral	4	
HYCAMTIN ORAL	5	
Molecular Target Inhibitors		
ALECENSA	4	PA
BOSULIF ORAL TABLET	5	PA
CABOMETYX	4	PA
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA

Drug Name	Drug Category	Limits/ Required
COMETRIQ	5	PA
COTELLIC	5	PA
dasatinib	4	PA
ERIVEDGE	5	PA
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA
erlotinib hcl oral tablet 25 mg	4	PA; QL (3 EA per 1 day)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL (1 EA per 1 day)
everolimus oral tablet soluble	4	PA
GILOTRIF	5	PA; QL (1 EA per 1 day)
IBRANCE	5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	5	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	5	PA
imatinib mesylate	4	PA
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	5	PA
IMBRUVICA ORAL TABLET	5	PA; QL (1 EA per 1 day)
INLYTA	5	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	4	PA; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	4	PA
KOSELUGO	5	PA
lapatinib ditosylate	4	PA

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	5	PA
LYNPARZA	4	PA
MEKINIST	4	PA
OGSIVEO	5	PA
pazopanib hcl	4	PA
QINLOCK	5	PA
RETEVMO ORAL CAPSULE	5	PA
RYDAPT	5	PA
sorafenib tosylate	4	PA
SPRYCEL	4	PA
STIVARGA	5	PA
sunitinib malate	4	PA
TABRECTA	5	PA
TAFINLAR	4	PA
TAGRISSE ORAL TABLET 40 MG	5	PA; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 80 MG	5	PA
TASIGNA	5	PA
torpenz	4	PA; QL (1 EA per 1 day)
TUKYSA	5	PA
TURALIO	5	PA
VENCLEXTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VOTRIENT	5	PA
XALKORI ORAL CAPSULE	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA

Drug Name	Drug Category	Limits/ Required
Monoclonal Antibody/Antibody-Drug Conjugate		
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML	3	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1600-26800 MG -UT/13.4ML	5	PA
Retinoids		
bexarotene	4	PA
tretinoin oral	4	
Treatment Adjuncts		
MESNEX ORAL	5	
Antiparasitics		
Anthelmintics		
albendazole oral	3	PA
EMVERM	2	
ivermectin oral	3	
praziquantel oral	3	
Antiprotozoals		
atovaquone	3	
atovaquone-proguanil hcl oral tablet 250-100 mg	3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	1	
BENZNIDAZOLE	3	
chloroquine phosphate oral	3	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	1	
hydroxychloroquine sulfate oral tablet 200 mg	LCG	
IMPAVIDO	3	
mefloquine hcl	1	
nitazoxanide oral	3	

Drug Name	Drug Category	Limits/ Required
primaquine phosphate	1	
pyrimethamine oral	4	PA
Pediculicides/Scabicides		
malathion	3	
permethrin external	1	
spinosad	3	
sulfurated lime	1	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate injection	1	
benztropine mesylate oral	LCG	
trihexyphenidyl hcl oral solution	1	
trihexyphenidyl hcl oral tablet 2 mg	LCG	
trihexyphenidyl hcl oral tablet 5 mg	1	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
entacapone	3	
tolcapone	1	
Dopamine Agonists		
apomorphine hcl subcutaneous	4	PA; QL (3 ML per 1 day)
bromocriptine mesylate oral	3	
NEUPRO	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ropinirole hcl er	3	

Drug Name	Drug Category	Limits/ Required
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	3	
selegiline hcl oral	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	3	
fluphenazine hcl oral tablet	3	
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg	LCG	
haloperidol oral tablet 10 mg, 20 mg	1	
loxapine succinate	3	
pimozide	3	
thioridazine hcl oral	1	
thiothixene	3	
trifluoperazine hcl	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	3	
aripiprazole oral tablet	1	QL (1 EA per 1 day)
asenapine maleate	3	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
FANAPT	3	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK	3	ST; QL (16 EA per 365 days)
INVEGA HAFYERA	3	ST
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	1	QL (2 EA per 1 day)
olanzapine intramuscular	3	
olanzapine oral tablet	1	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	3	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	3	QL (2 EA per 1 day)
quetiapine fumarate er	1	QL (2 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (2 EA per 1 day)
REXULTI	3	QL (1 EA per 1 day)
RISPERDAL CONSTA	3	
risperidone microspheres er	1	
risperidone oral tablet	1	QL (2 EA per 1 day)
ziprasidone hcl	3	QL (2 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Treatment-Resistant		
clozapine oral tablet 100 mg, 25 mg	3	QL (9 EA per 1 day)
clozapine oral tablet 200 mg	3	QL (4 EA per 1 day)
clozapine oral tablet 50 mg	3	QL (6 EA per 1 day)
Antivirals		
LAGEVRIO	3	QL (8 EA per 1 day)
PAXLOVID (150/100)	3	QL (4 EA per 1 day)
PAXLOVID (300/100)	3	QL (6 EA per 1 day)
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	3	
BARACLUDE ORAL SOLUTION	3	QL (21 ML per 1 day)
entecavir	1	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	1	
Anti-hepatitis C (HCV) Agents		
EPCLUSA ORAL PACKET 150-37.5 MG	3	PA; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	3	PA; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET	3	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)

Drug Name	Drug Category	Limits/ Required
HARVONI ORAL TABLET 90-400 MG	4	PA; QL (1 EA per 1 day)
MAVYRET ORAL PACKET	3	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	3	PA; QL (3 EA per 1 day)
PEGASYS	4	PA
ribavirin oral	4	
ZEPATIER	5	PA; QL (1 EA per 1 day)
Antiherpetic Agents		
acyclovir external ointment	1	QL (1 GM per 1 day)
acyclovir oral capsule	LCG	
acyclovir oral suspension	3	
acyclovir oral tablet	LCG	
famciclovir oral	1	
valacyclovir hcl oral	1	QL (4 EA per 1 day)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	3	QL (1 EA per 1 day)
DOVATO	2	QL (1 EA per 1 day)
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL (1 EA per 1 day)
TIVICAY	2	
TIVICAY PD	2	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	3	QL (1 EA per 1 day)
EDURANT	3	
efavirenz oral tablet	3	

Drug Name	Drug Category	Limits/ Required
efavirenz-emtricitab-tenofo df	3	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir	3	QL (1 EA per 1 day)
etravirine	3	
INTELENCE ORAL TABLET 25 MG	3	
nevirapine	3	
nevirapine er	3	
PIFELTRO	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine	3	QL (1 EA per 1 day)
CIMDUO	2	QL (1 EA per 1 day)
emtricitabine	3	
emtricitabine-tenofovir df	3	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	2	
lamivudine oral solution	3	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine	3	QL (1 EA per 1 day)
ODEFSEY	3	QL (1 EA per 1 day)
tenofovir disoproxil fumarate	1	PV*
TRIUMEQ	2	QL (1 EA per 1 day)
VIREAD ORAL POWDER	2	

Drug Name	Drug Category	Limits/ Required
VIREAD ORAL TABLET 150 MG	3	
VIREAD ORAL TABLET 200 MG, 250 MG	2	
zidovudine	3	
Anti-HIV Agents, Other		
FUZEON	2	
maraviroc	1	PA
RUKOBIA	2	
SELZENTRY ORAL SOLUTION	2	PA
Anti-HIV Agents, Protease Inhibitors		
atazanavir sulfate	3	
darunavir	1	
EVOTAZ	2	QL (1 EA per 1 day)
fosamprenavir calcium	3	
lopinavir-ritonavir oral solution	3	
lopinavir-ritonavir oral tablet 100-25 mg	1	
lopinavir-ritonavir oral tablet 200-50 mg	3	
NORVIR ORAL PACKET	2	
PREZCOBIX	2	QL (1 EA per 1 day)
PREZISTA	2	
REYATAZ ORAL PACKET	2	
ritonavir	3	
SYMTUZA	3	QL (1 EA per 1 day)
VIRACEPT	5	
Anti-influenza Agents		
oseltamivir phosphate oral capsule 30 mg	3	QL (40 EA per 365 days)

Drug Name	Drug Category	Limits/ Required
oseltamivir phosphate oral capsule 45 mg, 75 mg	3	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	3	QL (360 ML per 365 days)
RELENZA DISKHALER	3	QL (40 EA per 365 days)
rimantadine hcl	1	
Anxiolytics		
Anxiolytics, Other		
bupirone hcl oral tablet 10 mg, 5 mg	LCG	
bupirone hcl oral tablet 15 mg, 30 mg	1	
hydroxyzine hcl oral	LCG	
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	LCG	
meprobamate	3	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	2	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	2	QL (3 EA per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (4 EA per 1 day)
alprazolam oral tablet 2 mg	1	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	2	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
alprazolam xr oral tablet extended release 24 hour 3 mg	2	QL (3 EA per 1 day)
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (4 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	1	QL (10 EA per 1 day)
diazepam intensol	2	
diazepam oral concentrate	2	
diazepam oral solution	2	
diazepam oral tablet	1	
lorazepam injection	1	
lorazepam intensol	3	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	3	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
lorazepam oral tablet 2 mg	1	QL (5 EA per 1 day)
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	1	
divalproex sodium oral capsule delayed release sprinkle	3	
divalproex sodium oral tablet delayed release	1	
lithium	1	
lithium carbonate er	LCG	
lithium carbonate oral	LCG	
Blood Glucose Monitoring		
CHEMSTRIP 10 MD	3	

Drug Name	Drug Category	Limits/ Required
CHEMSTRIP 10/SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 5 OB	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP K	3	
CHEMSTRIP UGK	3	
CONTOUR MONITOR KIT W/DEVICE	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT GEN MONITOR KIT	2	
CONTOUR NEXT LINK KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT GEN TEST STRIPS	2	QL (10 EA per 1 day)
CONTOUR TEST STRIPS	2	QL (10 EA per 1 day)
CVS KETONE CARE	3	
DEXCOM G6 RECEIVER	2	PA
DEXCOM G6 SENSOR	2	PA
DEXCOM G6 TRANSMITTER	2	PA
DEXCOM G7 RECEIVER	2	PA
DEXCOM G7 SENSOR	2	PA
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN SENSOR (3)	3	PA

Drug Name	Drug Category	Limits/ Required
GUARDIAN SENSOR 3	3	PA
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	3	
BYDUREON BCISE AUTOINJECTOR	2	PA; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN	2	PA; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN	2	PA; QL (0.04 ML per 1 day)
FARXIGA	2	ST
glimepiride oral tablet 1 mg, 2 mg, 4 mg	LCG	
glipizide er	LCG	
glipizide oral tablet 10 mg, 5 mg	LCG	
glipizide xl	LCG	
glipizide-metformin hcl	3	
glyburide micronized	LCG	
glyburide oral	LCG	
glyburide-metformin	3	
GLYXAMBI	2	ST
JANUMET	2	ST
JANUMET XR	2	ST
JANUVIA	2	ST
JARDIANCE	2	ST
JENTADUETO	2	ST
JENTADUETO XR	2	ST
LIRAGLUTIDE	2	PA; QL (0.3 ML per 1 day)
metformin hcl er oral tablet extended release 24 hour 500 mg	LCG	

Drug Name	Drug Category	Limits/ Required
metformin hcl er oral tablet extended release 24 hour 750 mg	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	LCG	
MOUNJARO	2	PA; QL (0.08 ML per 1 day)
nateglinide	3	
OZEMPIC	2	PA; QL (0.11 ML per 1 day)
pioglitazone hcl	1	
repaglinide	3	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 EA per 365 days)
SOLIQUA	2	
SYNJARDY	2	ST
SYNJARDY XR	2	ST
TRADJENTA	2	ST
TRULICITY	2	PA; QL (0.08 ML per 1 day)
VICTOZA	2	PA; QL (0.3 ML per 1 day)
XIGDUO XR	2	ST
XULTOPHY	2	
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	1	
glucagon emergency kit	1	
GLUCAGON EMERGENCY KIT	2	
Insulins		
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	2	

Drug Name	Drug Category	Limits/ Required
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	
INSULIN LISPRO	2	
LANTUS SOLOSTAR	2	
LANTUS U-100 VIAL	2	
LEVEMIR FLEXPEN	3	PA
LEVEMIR U-100 VIAL	3	PA
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	PA
TRESIBA FLEXTOUCH	3	PA
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate	1	QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK	2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	2	QL (3 EA per 1 day)
enoxaparin sodium	3	
fondaparinux sodium	3	

Drug Name	Drug Category	Limits/ Required
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	3	
jantoven	LCG	
PRADAXA ORAL CAPSULE 110 MG	2	QL (2 EA per 1 day)
warfarin sodium oral	LCG	
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (2 EA per 1 day)
XARELTO STARTER PACK	2	QL (102 EA per 365 days)
Blood Formation Modifiers		
anagrelide hcl	3	
ARANESP (ALBUMIN FREE)	4	PA
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
NIVESTYM	4	PA
plerixafor	4	
PROMACTA	5	PA
PYRUKYND	5	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK	5	PA; QL (1 EA per 1 day)
REBLOZYL	5	PA
RETACRIT	4	PA
XOLREMDI	5	PA; QL (4 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Hemostasis Agents		
aminocaproic acid oral tablet	3	
HEMLIBRA	5	
Platelet Modifying Agents		
aspirin-dipyridamole er	3	
BRILINTA	2	
CABLIVI	5	PA; QL (1 EA per 1 day)
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	2	
prasugrel hcl	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg	LCG	
clonidine hcl oral tablet 0.3 mg	1	
guanfacine hcl	LCG	
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	LCG	
phenoxybenzamine hcl oral	3	PA
prazosin hcl oral	LCG	
Angiotensin II Receptor Antagonists		
irbesartan	1	
losartan potassium oral	LCG	
olmesartan medoxomil oral	1	
telmisartan	1	
valsartan oral tablet	1	

Drug Name	Drug Category	Limits/ Required
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	LCG	
enalapril maleate oral tablet	LCG	
fosinopril sodium	LCG	
lisinopril oral	LCG	
quinapril hcl	LCG	
ramipril	LCG	
trandolapril	LCG	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate	3	
dofetilide	3	
flecainide acetate	1	
mexiletine hcl oral	3	
procainamide hcl injection solution 100 mg/ml	3	
propafenone hcl	1	
quinidine sulfate	1	
sotalol hcl (af)	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	1	
sotalol hcl oral tablet 80 mg	LCG	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	LCG	
betaxolol hcl oral	1	
bisoprolol fumarate oral	LCG	
carvedilol	LCG	
labetalol hcl oral	1	
metoprolol succinate er	1	

Drug Name	Drug Category	Limits/ Required
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	LCG	
nebivolol hcl	3	
pindolol	3	
propranolol hcl er	3	
propranolol hcl oral solution	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	
propranolol hcl oral tablet 60 mg	1	
Calcium Channel Blocking Agents		
amlodipine besylate oral	LCG	
cartia xt	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
felodipine er	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	

Drug Name	Drug Category	Limits/ Required
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	
nimodipine oral	3	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral tablet 120 mg, 80 mg	LCG	
verapamil hcl oral tablet 40 mg	1	
Cardiovascular Agents, Other		
amiloride-hydrochlorothiazide	LCG	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	3	
amlodipine-olmesartan	3	
atenolol-chlorthalidone	LCG	
bisoprolol-hydrochlorothiazide	LCG	
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	LCG	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	LCG	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET	2	QL (2 EA per 1 day)
epinephrine injection solution	1	

Drug Name	Drug Category	Limits/ Required
epinephrine pf	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	LCG	
losartan potassium-hctz	LCG	
metyrosine	1	PA; QL (16 EA per 1 day)
olmesartan medoxomil-hctz	1	
pentoxifylline er	1	
quinapril-hydrochlorothiazide	1	
ranolazine er	3	
spironolactone-hctz	LCG	
triamterene-hctz	LCG	
valsartan-hydrochlorothiazide	1	
VYNDAMAX	5	PA; QL (1 EA per 1 day)
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
Diuretics, Loop		
bumetanide oral	1	
ethacrynic acid	3	
furosemide injection	1	
furosemide oral solution 10 mg/ml	LCG	
furosemide oral solution 8 mg/ml	1	
furosemide oral tablet	LCG	
toremide	LCG	
Diuretics, Potassium-sparing		
amiloride hcl oral	1	
eplerenone	3	
spironolactone oral tablet	LCG	

Drug Name	Drug Category	Limits/ Required
Diuretics, Thiazide		
chlorthalidone	LCG	
hydrochlorothiazide oral	LCG	
indapamide	LCG	
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg	3	
fenofibrate micronized oral capsule 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg	3	
fenofibrate oral capsule 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	3	
gemfibrozil oral	LCG	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	LCG	PV*
atorvastatin calcium oral tablet 40 mg, 80 mg	LCG	
fluvastatin sodium	3	
lovastatin oral	1	PV
pravastatin sodium	1	PV*
rosuvastatin calcium oral	1	PV*
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	LCG	PV*
simvastatin oral tablet 80 mg	LCG	

Drug Name	Drug Category	Limits/ Required
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl oral tablet	3	
colestipol hcl	3	
ezetimibe	1	
ezetimibe-simvastatin	3	
niacin er (antihyperlipidemic)	3	
omega-3-acid ethyl esters	3	
prevalite	3	
REPATHA	2	PA; QL (0.11 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (0.13 ML per 1 day)
REPATHA SURECLICK	2	PA; QL (0.11 ML per 1 day)
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	LCG	
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 oral tablet extended release 24 hour 120 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg	LCG	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	

Drug Name	Drug Category	Limits/ Required
RECTIV	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	3	QL (6 EA per 1 day)
amphetamine-dextroamphetamine er	1	QL (2 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	1	QL (2 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	3	QL (6 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	3	QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution	3	QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	1	QL (6 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	1	QL (3 EA per 1 day)
lisdexamfetamine dimesylate	1	QL (1 EA per 1 day)
VYVANSE	2	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL (1 EA per 1 day)
clonidine hcl er	1	
dexmethylphenidate hcl	1	QL (2 EA per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	3	QL (1 EA per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	3	QL (2 EA per 1 day)
guanfacine hcl er	3	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	3	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	3	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	3	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	3	QL (3 EA per 1 day)
methylphenidate hcl oral tablet	1	QL (3 EA per 1 day)
Central Nervous System, Other		
riluzole	3	
SKYCLARYS	5	PA; QL (3 EA per 1 day)
tetrabenazine	4	PA

Drug Name	Drug Category	Limits/ Required
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	3	QL (30 ML per 1 day)
SAVELLA	3	ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK	3	ST; QL (110 EA per 365 days)
Multiple Sclerosis Agents		
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)
dalfampridine er	4	PA; QL (2 EA per 1 day)
dimethyl fumarate oral	3	PA; QL (2 EA per 1 day)
dimethyl fumarate starter pack	3	PA; QL (120 EA per 365 days)
fingolimod hcl	4	PA; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	5	PA; QL (1 EA per 1 day)
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)

Drug Name	Drug Category	Limits/ Required
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (0.43 ML per 1 day)
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	5	PA; QL (14 EA per 365 days)
Cholestatic Pruritus Agent		
Ileal Bile Acid Transporter Inhibitor		
BYLVAY	5	PA
BYLVAY (PELLETS)	5	PA
Dental and Oral Agents		
cevimeline hcl	3	
chlorhexidine gluconate mouth/throat	LCG	
easygel	1	
fluoridex daily renewal	1	
kourzeq	1	
oralone	1	
periogard	LCG	
pilocarpine hcl oral tablet 5 mg	2	
pilocarpine hcl oral tablet 7.5 mg	3	
PREVIDENT MOUTH/THROAT	3	
sodium fluoride 5000 plus	1	

Drug Name	Drug Category	Limits/ Required
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental gel	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents		
accutane	3	
acitretin	3	
adapalene external cream	3	
adapalene external gel 0.1 %	1	
adapalene external gel 0.3 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
ammonium lactate external	1	
amnesteem	3	
benzoyl peroxide-erythromycin	3	
calcipotriene external ointment	3	
calcipotriene external solution	3	
calcitriol external	3	
CIBINQO	4	PA; QL (1 EA per 1 day)
claravis	3	
clindacin etz external swab	1	
clindacin-p	1	

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

Drug Name	Drug Category	Limits/ Required
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
neucac	1	
pimecrolimus	3	ST; QL (2 GM per 1 day)
podofilox external solution	1	
REGRANEX	3	PA
SANTYL	3	QL (3 GM per 1 day)
selenium sulfide external lotion	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (0.05 ML per 1 day)
SPEVIGO SUBCUTANEOUS	5	PA; QL (0.08 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	PA; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	PA; QL (0.02 ML per 1 day)
sulfacetamide sodium (acne)	3	
tacrolimus external	3	QL (2 GM per 1 day)

Drug Name	Drug Category	Limits/ Required
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	5	PA; QL (0.01 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	5	PA; QL (0.02 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA; QL (0.04 ML per 1 day)
tazarotene external cream 0.1 %	3	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML	4	PA; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (0.02 ML per 1 day)
tretinoin external cream 0.025 %, 0.05 %	2	
tretinoin external cream 0.1 %	3	
tretinoin external gel 0.01 %, 0.025 %	3	
zenatane	3	
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	4	PA
corvita 150	1	
ferocon	1	

Drug Name	Drug Category	Limits/ Required
ferotinsic	1	
ferrocite plus	1	
foltrin	1	
iodine strong oral	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral packet	3	
klor-con oral tablet extended release	1	
k-tan plus	1	
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	
polysaccharide iron forte	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet	3	
potassium chloride oral solution	1	
potassium citrate er	2	
purevit dualfe plus	1	
se-tan plus	1	
sod citrate-citric acid	1	
sodium fluoride oral	1	PV
trigels-f forte	1	
Electrolyte/Mineral/Me tal Modifiers		
CHEMET	3	
deferasirox oral tablet soluble	3	PA
deferiprone	3	PA
sodium polystyrene sulfonate	1	

Drug Name	Drug Category	Limits/ Required
SPS (SODIUM POLYSTYRENE SULF)	3	
trientine hcl oral capsule 250 mg	4	PA
Phosphate Binders		
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET	3	
sevelamer carbonate oral tablet	3	
Vitamins		
biocel	1	
bp vit 3	1	
b-plex	1	
b-plex plus	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
ergocalciferol oral capsule	1	
fa-vitamin b-6-vitamin b-12	1	
folate	1	PV
folbee plus	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
folplex 2.2	1	
ft folic acid	1	PV
hydroxocobalamin acetate	1	
lysiplex plus oral tablet	1	
MASONATAL	3	PV
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	

Drug Name	Drug Category	Limits/ Required
multivitamin/fluoride oral tablet chewable	1	
multi-vitamin/fluoride/iron	1	
NASCOBAL	3	
NEONATAL PRENATAL	3	PV
nephronex oral tablet	1	
nutrifac zx	1	
ONE VITE WOMENS	3	PV
ONE-A-DAY WOMENS PRENATAL 1	3	PV
phytonadione injection	1	
phytonadione oral	3	
prenatal multi +dha	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal oral tablet 27-1 mg	LCG	
prenatal plus vitamin/mineral	LCG	
prenatal vitamins oral tablet 27-0.8 mg	1	PV
prenatal/folic acid+dha	1	PV
pyridoxine hcl injection	1	
thiamine hcl injection	1	
triphrocaps	1	
tri-vite/fluoride	1	
TRUE FOLIC ACID ORAL TABLET 400 MCG	3	PV
v-c forte	1	
vita s forte	1	
vitacel	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamin k1 injection	1	
wescaps	1	
yl folic acid	1	PV

Drug Name	Drug Category	Limits/ Required
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	LCG	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet	LCG	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	1	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL (4 EA per 1 day)
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sublingual	1	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	1	
amoxicill-clarithro-lansopraz	3	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
cromolyn sodium oral	3	
diphenoxylate-atropine oral tablet	1	
GATTEX	5	PA
loperamide hcl oral capsule	1	

Drug Name	Drug Category	Limits/ Required
MOTEGRITY	3	ST; QL (1 EA per 1 day)
MOTOFEN	3	PA
OMECLAMOX-PAK	2	
REBYOTA	5	PA
SYMPROIC	2	ST; QL (1 EA per 1 day)
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet	3	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	1	
cimetidine oral	1	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg	LCG	
famotidine oral tablet 40 mg	1	
nizatidine	1	
Irritable Bowel Syndrome Agents		
alosetron hcl	3	PA
LINZESS	2	ST; QL (1 EA per 1 day)
lubiprostone	2	QL (2 EA per 1 day)
Laxatives		
bisacodyl ec	1	PV; QL (2 fill per 365 days)
bisacodyl oral	1	PV; QL (2 fill per 365 days)
citroma	1	PV; QL (2 fill per 365 days)
clearlax	1	PV; QL (2 fill per 365 days)
constulose	LCG	
enulose	1	

Drug Name	Drug Category	Limits/ Required
ft clearlax	1	PV; QL (2 fill per 365 days)
ft laxative	1	PV; QL (2 fill per 365 days)
ft magnesium citrate	1	PV; QL (2 fill per 365 days)
gavilax oral powder	1	PV; QL (2 fill per 365 days)
gavilyte-c	1	PV; QL (8000 ML per 365 days)
gavilyte-g	1	PV; QL (8000 ML per 365 days)
gavilyte-n with flavor pack	1	PV; QL (8000 ML per 365 days)
generlac	1	
gentle laxative oral tablet delayed release	1	PV; QL (2 fill per 365 days)
gentlelax	1	PV; QL (2 fill per 365 days)
glycolax	1	PV; QL (2 fill per 365 days)
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution	LCG	
magnesium citrate oral solution	1	PV; QL (2 fill per 365 days)
mineral oil heavy oral	1	
mm clearlax	1	PV; QL (2 fill per 365 days)
na sulfate-k sulfate-mg sulf	1	PV; QL (354 ML per 365 days)
peg 3350-kcl-na bicarb-nacl	1	PV; QL (8000 ML per 365 days)
peg-3350/electrolytes	1	PV; QL (8000 ML per 365 days)

Drug Name	Drug Category	Limits/ Required
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-naasc-c	1	
PLENVU	3	ST
polyethylene glycol 3350 oral powder	1	PV; QL (2 fill per 365 days)
true laxative	1	PV; QL (2 fill per 365 days)
Protectants		
misoprostol oral	1	
sucalfate oral tablet	LCG	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release 40 mg	1	
lansoprazole oral capsule delayed release	1	QL (1 EA per 1 day)
omeprazole oral capsule delayed release	LCG	QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release	LCG	QL (1 EA per 1 day)
rabeprazole sodium oral tablet delayed release	2	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)
GALAFOLD	5	PA; QL (0.5 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
miglustat	4	PA
MYALEPT	5	PA
nitisinone	4	PA
ORFADIN ORAL SUSPENSION	5	PA
REVCOVI	5	PA
sapropterin dihydrochloride	4	PA
sodium phenylbutyrate oral tablet	4	PA
STRENSIQ	4	PA
SUCRAID	5	PA
TEGSEDI	5	PA; QL (0.22 ML per 1 day)
yargesa	4	PA
ZENPEP	2	
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er	3	
flavoxate hcl	1	
mirabegron er	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate	1	
tolterodine tartrate	2	
tolterodine tartrate er	2	
tropium chloride	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	
dutasteride oral	1	

Drug Name	Drug Category	Limits/ Required
finasteride oral tablet 5 mg	LCG	
silodosin	2	
tamsulosin hcl	LCG	
terazosin hcl	LCG	
Genitourinary Agents, Other		
bethanechol chloride oral	1	
ENCARE	3	PV
OPTIONS GYNOL II CONTRACEPTIVE	3	PV
penicillamine oral tablet	4	
phenazo oral tablet 200 mg	LCG	
phenazopyridine hcl oral tablet 100 mg, 200 mg	LCG	
TODAY SPONGE	3	PV
VCF VAGINAL CONTRACEPTIVE	3	PV
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ala-cort	1	
alclometasone dipropionate	1	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	

Drug Name	Drug Category	Limits/ Required
betamethasone dipropionate external ointment	3	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
clobetasol propionate external cream	3	
clobetasol propionate external gel	3	
clobetasol propionate external ointment	3	
clobetasol propionate external solution	3	
clocortolone pivalate	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
desonide external cream	3	
desonide external ointment	3	
desoximetasone external cream 0.25 %	1	
desoximetasone external liquid	3	
desoximetasone external ointment 0.25 %	3	
dexamethasone intensol	LCG	
dexamethasone oral elixir	3	
dexamethasone oral solution	LCG	
dexamethasone oral tablet	LCG	

Drug Name	Drug Category	Limits/ Required
dexamethasone sod phos +rfid	1	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection	1	
diflorasone diacetate external cream	3	
fludrocortisone acetate oral	1	
fluocinolone acetonide body	1	
fluocinolone acetonide external cream	3	
fluocinolone acetonide external ointment	3	
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	3	
fluocinonide external	1	
flurandrenolide external cream	3	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halcinonide	3	ST
halobetasol propionate external cream	3	
halobetasol propionate external ointment	3	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %	1	
hydrocortisone external cream 2.5 %	LCG	
hydrocortisone external lotion 2.5 %	1	

Drug Name	Drug Category	Limits/ Required
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	LCG	
hydrocortisone valerate external cream	3	
KENALOG-10	3	
KENALOG-80	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	LCG	
mometasone furoate external	1	
prednisolone oral solution	LCG	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	LCG	QL (16 ML per 1 day)
prednisone oral tablet	LCG	
prednisone oral tablet therapy pack	LCG	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	3	
triamcinolone acetate external cream	LCG	
triamcinolone acetate external lotion	1	
triamcinolone acetate external ointment 0.025 %, 0.5 %	1	
triamcinolone acetate external ointment 0.1 %	LCG	
triamcinolone acetate injection suspension 40 mg/ml	1	

Drug Name	Drug Category	Limits/ Required
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 80 MG/ML	3	
triderm	LCG	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline	1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	5	PA
desmopressin ace spray refrig	3	
desmopressin acetate oral	3	
desmopressin acetate spray	3	
INCRELEX	4	PA
NORDITROPIN FLEXPRO	4	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
OMNITROPE	4	PA
oxytocin injection	1	
PREGNYL	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	3	
INTRAROSA	3	ST
testosterone cypionate intramuscular	1	PA
testosterone enanthate intramuscular	1	PA

Drug Name	Drug Category	Limits/ Required
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA
testosterone transdermal solution	3	PA
Estrogens		
afirmelle	1	PV
altavera	1	PV
alyacen 1/35	1	PV
alyacen 7/7/7	1	PV
amethyst	1	PV
ANNOVERA	3	PV; QL (1 EA per 350 days)
apri	1	PV
aranelle	1	PV
ashlyna	1	PV; QL (1 EA per 1 day)
aubra eq	1	PV
aurovela 1.5/30	1	PV
aurovela 1/20	1	PV
aurovela 24 fe	1	PV
aurovela fe 1.5/30	1	PV
aurovela fe 1/20	1	PV
aviane	1	PV
ayuna	1	PV
azurette	1	PV
balziva	1	PV
blisovi 24 fe	1	PV
blisovi fe 1.5/30	1	PV
blisovi fe 1/20	1	PV
briellyn	1	PV
camrese	1	PV; QL (1 EA per 1 day)
camrese lo	1	PV; QL (1 EA per 1 day)
charlotte 24 fe	1	PV

Drug Name	Drug Category	Limits/ Required
chateal eq	1	PV
COMBIPATCH	3	
cryselle-28	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
dolishale	1	PV
dotti	3	
drospiren-eth estrad-levomefol	1	PV
drospirenone-ethinyl estradiol	1	PV
elinest	1	PV
eluryng	1	PV
enilloring	1	PV
enpresse-28	1	PV
enskyce	1	PV
estarylla	1	PV
estradiol oral	LCG	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal patch twice weekly	3	
estradiol transdermal patch weekly	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	3	
estradiol-norethindrone acet	1	
ethynodiol diac-eth estradiol	1	PV
etonogestrel-ethinyl estradiol	1	PV

Drug Name	Drug Category	Limits/ Required
falmina	1	PV
finzala	1	PV
fyavolv	2	
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
haloette	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	2	
jolessa	1	PV; QL (1 EA per 1 day)
joyeaux	1	PV
juleber	1	PV
junel 1.5/30	1	PV
junel 1/20	1	PV
junel fe 1.5/30	1	PV
junel fe 1/20	1	PV
junel fe 24	1	PV
kaitlib fe	1	PV
kalliga	1	PV
kariva	1	PV
kelnor 1/35	1	PV
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

Drug Name	Drug Category	Limits/ Required
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)
levonorgest-eth estradiol-iron	1	PV
levonorgestrel-ethinyl estrad	1	PV
levonorg-eth estrad triphasic	1	PV
levora 0.15/30 (28)	1	PV
lojaimiess	1	PV; QL (1 EA per 1 day)
loryna	1	PV
low-ogestrel	1	PV
lo-zumandimine	1	PV
lutera	1	PV
lyllana	3	
marlissa	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
merzee	1	PV
mibelas 24 fe	1	PV
microgestin 1.5/30	1	PV
microgestin 1/20	1	PV
microgestin fe 1.5/30	1	PV
microgestin fe 1/20	1	PV
mili	1	PV
mimvey	1	
mono-linyah	1	PV
NATAZIA	2	PV
necon 0.5/35 (28)	1	PV
nikki	1	PV
norelgestromin-eth estradiol	1	PV

Drug Name	Drug Category	Limits/ Required
norethin ace-eth estrad-fe	1	PV
norethindrone acet-ethinyl est	1	PV
norethindrone-eth estradiol	2	
norethindron-ethinyl estrad-fe	1	PV
norethin-eth estradiol-fe	1	PV
norgestimate-eth estradiol	1	PV
norgestimate-ethinyl estradiol triphasic	1	PV
nortrel 0.5/35 (28)	1	PV
nortrel 1/35 (21)	1	PV
nortrel 1/35 (28)	1	PV
nortrel 7/7/7	1	PV
nylia 1/35	1	PV
nylia 7/7/7	1	PV
ocella	1	PV
philith	1	PV
pimtrea	1	PV
portia-28	1	PV
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
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 eq	1	PV

Drug Name	Drug Category	Limits/ Required
taysofy	1	PV
tilia fe	1	PV
tri-estarylla	1	PV
tri-legest fe	1	PV
tri-linyah	1	PV
tri-lo-estarylla	1	PV
tri-lo-marzia	1	PV
tri-lo-mili	1	PV
tri-lo-sprintec	1	PV
tri-mili	1	PV
tri-sprintec	1	PV
trivora (28)	1	PV
tri-vylibra	1	PV
tri-vylibra lo	1	PV
turqoz	1	PV
tydemy	1	PV
velivet	1	PV
vestura	1	PV
vienva	1	PV
viorele	1	PV
volnea	1	PV
vyfemla	1	PV
vylibra	1	PV
wera	1	PV
wymzya fe	1	PV
xulane	1	PV
yuvafem	3	
zafemy	1	PV
zovia 1/35 (28)	1	PV
zumandimine	1	PV
Progestins		
aftera	1	PV
camila	1	PV
curae	1	PV
deblitane	1	PV
DEPO-SUBQ PROVERA 104	3	QL (0.02 ML per 1 day)
econtra one-step	1	PV

Last Updated 10/8/2024

Drug Name	Drug Category	Limits/ Required
ELLA	3	PV
emzahh	1	PV
errin	1	PV
gallifrey	1	
heather	1	PV
her style	1	PV
incassia	1	PV
jencycla	1	PV
KYLEENA	3	PV
levonorgestrel	1	PV
LILETTA (52 MG)	3	PV
lyleq	1	PV
lyza	1	PV
medroxyprogesterone acetate intramuscular	1	PV; QL (0.02 ML per 1 day)
medroxyprogesterone acetate oral	LCG	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
megestrol acetate oral tablet 20 mg	LCG	
megestrol acetate oral tablet 40 mg	1	
MIRENA (52 MG)	3	PV
my choice	1	PV
my way	1	PV
new day	1	PV
NEXPLANON	3	PV
nora-be	1	PV
norethindrone acetate oral	1	
norethindrone oral	1	PV
norlyroc	1	PV
opcicon one-step	1	PV
OPILL	3	PV
option 2	1	PV
progesterone intramuscular	1	

Drug Name	Drug Category	Limits/ Required
progesterone oral	1	
react	1	PV
sharobel	1	PV
SKYLA	3	PV
take action	1	PV
Selective Estrogen Receptor Modifying Agents		
raloxifene hcl	1	PV*
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	LCG	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	LCG	
levo-t oral tablet 300 mcg	1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	LCG	
levothyroxine sodium oral tablet 300 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	LCG	
liothyronine sodium oral	1	
np thyroid	1	
thyroid oral	1	

Last Updated 10/8/2024

Drug Name	Drug Category	Limits/ Required
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	LCG	
unithroid oral tablet 300 mcg	1	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (Pituitary)		
leuprolide acetate injection	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA
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

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	5	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG	4	PA
LUPRON DEPOT-PED (6-MONTH)	4	PA
octreotide acetate injection	4	PA
octreotide acetate subcutaneous	4	PA
SIGNIFOR	5	PA; QL (2 ML per 1 day)
SOMAVERT	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	1	
propylthiouracil oral	2	
Immunological Agents		
Angioedema Agents		
icatibant acetate	4	PA; QL (0.6 ML per 1 day)
sajazir	4	PA; QL (0.6 ML per 1 day)
Immune Suppressants		
ADALIMUMAB-ADAZ	4	PA; QL (0.06 ML per 1 day)
ADALIMUMAB-ADBIM (2 PEN)	4	PA; QL (0.15 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
ADALIMUMAB-ADBMM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	4	PA; QL (0.08 EA per 1 day)
ADALIMUMAB-ADBMM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-ADBMM(CD/UC/HS STRT)	4	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-ADBMM(PS/UV STARTER)	4	PA; QL (0.15 EA per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	PA; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	4	PA; QL (0.12 EA per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	4	PA; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	4	PA; QL (0.02 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	4	PA; QL (0.03 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	4	PA; QL (0.06 EA per 1 day)
azathioprine oral tablet 100 mg	3	
azathioprine oral tablet 50 mg	1	
CIMZIA	4	PA; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE)	4	PA; QL (0.08 EA per 1 day)
CIMZIA-STARTER	4	PA; QL (0.08 EA per 1 day)
cyclosporine modified	1	
cyclosporine oral	1	
CYLTEZO (2 PEN)	4	PA; QL (0.15 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	4	PA; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (0.15 EA per 1 day)
CYLTEZO-CD/UC/HS STARTER	4	PA; QL (0.15 EA per 1 day)
CYLTEZO-PSORIASIS/UV STARTER	4	PA; QL (0.15 EA per 1 day)
ENBREL	4	PA; QL (0.15 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
ENBREL MINI	4	PA; QL (0.15 ML per 1 day)
ENBREL SURECLICK	4	PA; QL (0.15 ML per 1 day)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf	1	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	4	PA; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER	4	PA; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/VEIT STARTER	4	PA; QL (3 EA per 365 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML	4	PA; QL (0.01 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	4	PA; QL (0.03 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.06 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER	4	PA; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER	4	PA; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START	4	PA; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/VEIT START	4	PA; QL (1.6 ML per 365 days)
KINERET	5	PA
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral suspension reconstituted	3	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
ORENCIA CLICKJECT	5	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (0.15 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (0.1 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	4	PA; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	4	PA; QL (0.02 ML per 1 day)
sirolimus oral	3	
SKYRIZI PEN	4	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (0.02 ML per 1 day)
tacrolimus oral	1	
XELJANZ ORAL SOLUTION	4	PA; QL (10 ML per 1 day)
XELJANZ ORAL TABLET	4	PA; QL (2 EA per 1 day)
XELJANZ XR	4	PA; QL (1 EA per 1 day)
Immunoglobulins		
GAMASTAN	4	PA

Drug Name	Drug Category	Limits/ Required
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
HEPAGAM B	5	
HIZENTRA	5	PA
HYPERHEP B	5	
HYPERRHO S/D	4	
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	5	
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
Immunomodulators		
ACTEMRA ACTPEN	5	PA; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS	5	PA; QL (0.13 ML per 1 day)
ACTIMMUNE	4	PA
BENLYSTA SUBCUTANEOUS	5	PA
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PV; QL (2 ML per 300 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	2	PV; QL (0.5 ML per 300 days)
ILARIS	4	PA; QL (0.08 ML per 1 day)
leflunomide oral	1	

Drug Name	Drug Category	Limits/ Required
OTEZLA ORAL TABLET 30 MG	4	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	4	PA; QL (55 EA per 365 days)
RINVOQ	4	PA; QL (1 EA per 1 day)
SYNAGIS	4	PA
VEOPOZ	5	PA
XOLAIR	4	PA
Vaccines		
ABRYSVO	3	QL (1 EA per 999 days)
ACTHIB	2	PV
ADACEL	2	PV
AFLURIA	2	PV
AFLURIA PRESERVATIVE FREE	2	PV
AREXVY	3	QL (1 EA per 999 days)
BEXSERO	2	PV
BOOSTRIX	2	PV
COMIRNATY	2	PV
DAPTACEL	2	PV
DENGVAXIA	2	PV
ENGERIX-B	2	PV
FLUAD	2	PV
FLUARIX	2	PV
FLUBLOK	2	PV
FLUCELVAX	2	PV
FLULAVAL	2	PV
FLUMIST	2	PV
FLUZONE HIGH-DOSE	2	PV
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
GARDASIL 9	2	PV

Drug Name	Drug Category	Limits/ Required
HAVRIX	2	PV
HEPLISAV-B	2	PV
HIBERIX	2	PV
INFANRIX	2	PV
IPOL	2	PV
KINRIX	2	PV
MENQUADFI	2	PV
MENVEO	2	PV
M-M-R II	2	PV
MODERNA COVID-19 VAC 6M-11Y	2	PV
NOVAVAX COVID-19 VACCINE	2	PV
PEDIARIX	2	PV
PEDVAX HIB	2	PV
PENBRAYA	2	PV
PENTACEL	2	PV
PFIZER COVID-19 VAC-TRIS 5-11Y	2	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y	2	PV
PNEUMOVAX 23	2	PV
PREHEVBRIO	2	PV
PREVNAR 20	2	PV
PRIORIX	2	PV
PROQUAD	2	PV
QUADRACEL	2	PV
RECOMBIVAX HB	2	PV
ROTARIX	2	PV
ROTATEQ	2	PV
SHINGRIX	2	PV
SPIKEVAX	2	PV
TDVAX	2	PV
TENIVAC	2	PV
TETANUS-DIPHTHERIA TOXOIDS TD	2	PV
TRUMENBA	2	PV
TWINRIX	2	PV

Last Updated 10/8/2024

Drug Name	Drug Category	Limits/ Required
VAQTA	2	PV
VARIVAX	2	PV
VAXELIS	2	PV
VAXNEUVANCE	2	PV
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	3	
DIPENTUM	3	
mesalamine er oral capsule 0.375 gm	3	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine rectal	3	
SFROWASA	3	
Glucocorticoids		
budesonide er	3	
budesonide oral	3	
CORTIFOAM	3	
hydrocortisone (perianal)	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone rectal	3	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
Sulfonamides		
sulfasalazine oral	1	
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	LCG	QL (0.15 EA per 1 day)
calcitonin (salmon) injection	1	

Drug Name	Drug Category	Limits/ Required
calcitonin (salmon) nasal	1	QL (0.13 ML per 1 day)
calcitriol oral	1	
cinacalcet hcl	3	PA
ibandronate sodium oral	1	QL (0.04 EA per 1 day)
paricalcitol oral	1	
PROLIA	4	PA; QL (2 ML per 250 days)
risedronate sodium oral tablet 150 mg	3	QL (0.04 EA per 1 day)
risedronate sodium oral tablet 30 mg	3	
risedronate sodium oral tablet 35 mg	1	QL (0.15 EA per 1 day)
risedronate sodium oral tablet 5 mg	1	
risedronate sodium oral tablet delayed release	3	QL (0.15 EA per 1 day)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA
XGEVA	4	PA
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	

Drug Name	Drug Category	Limits/ Required
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
ALCOHOL PREP PADS PAD , 70 %	3	
AUM ALCOHOL PREP PADS	3	
BD ULTRA-FINE INSULIN SYRINGES	3	
BD ULTRA-FINE PEN NEEDLES 31G X 8 MM	3	
benzalkonium chloride external solution	1	
BOTOX	3	PA
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAYA	3	PV
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	

Drug Name	Drug Category	Limits/ Required
CONDOMS	3	PV
deferoxamine mesylate	1	
DROPLET MICRON	3	
DROPSAFE ALCOHOL PREP	3	
DUREX EXTRA SENSITIVE THIN	3	PV
DUREX TROPICAL	3	PV
EASIVENT	2	
EMBRACE PEN NEEDLES 31G X 8 MM	3	
ergoloid mesylates oral	3	
FC2 FEMALE CONDOM	3	PV
FEMCAP	3	PV
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	3	
INSPIREASE RESERVOIR BAGS	2	
INSULIN PEN NEEDLES 30G X 6 MM , 31G X 8 MM	3	
INSULIN SYRINGES 29G X 1/2" 0.3 ML, 31G X 1/2" 0.3 ML	3	
methergine	3	QL (28 EA per 1 fill)
methylegonovine maleate oral	3	QL (28 EA per 1 fill)
MICROCHAMBER DEVICE	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	

Drug Name	Drug Category	Limits/ Required
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 LIBRE2 PLUS G6	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARAGARD INTRAUTERINE COPPER	3	PV
PARI VORTEX ADULT MASK	2	
PEDIATRIC PANDA MASK	2	
POCKET SPACER	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	

Drug Name	Drug Category	Limits/ Required
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURE COMFORT SPACER CHAMBER	2	
RAYA SURE PEN NEEDLE 31G X 8 MM	3	
TRUE COVER	3	PV
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM	3	
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	3	
VISTOGARD	3	
VORTEX VALVED HOLDING CHAMBER	2	
WIDE-SEAL DIAPHRAGM 60	3	PV
WIDE-SEAL DIAPHRAGM 65	3	PV
WIDE-SEAL DIAPHRAGM 70	3	PV
WIDE-SEAL DIAPHRAGM 75	3	PV
WIDE-SEAL DIAPHRAGM 80	3	PV
WIDE-SEAL DIAPHRAGM 85	3	PV
WIDE-SEAL DIAPHRAGM 90	3	PV
WIDE-SEAL DIAPHRAGM 95	3	PV
XIAFLEX	4	PA
ZOKINVY	5	PA; QL (4 EA per 1 day)
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	1	

Drug Name	Drug Category	Limits/ Required
neomycin-polymyxin-gramicidin	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	LCG	
tobramycin-dexamethasone	1	
TOBREX	3	
Antibacterials, Other		
bacitracin ophthalmic	3	
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth ophthalmic ointment	LCG	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	LCG	
neomycin-polymyxin-hc ophthalmic	1	
neo-polycin	1	
neo-polycin hc	1	
polycin	1	
polymyxin b-trimethoprim	LCG	
Antifungals		
NATACYN	2	
Antiherpetic Agents		
trifluridine	3	
Macrolides		
AZASITE	3	
erythromycin ophthalmic	1	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic ointment	1	

Drug Name	Drug Category	Limits/ Required
atropine sulfate ophthalmic solution 1 %	LCG	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	1	PA
CYSTADROPS	5	QL (0.72 ML per 1 day)
CYSTARAN	5	QL (2.15 ML per 1 day)
sulfacetamide-prednisolone	1	
ZYLET	3	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	3	PA
ALOMIDE	3	
altafrin	1	
azelastine hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
epinastine hcl	3	
olopatadine hcl ophthalmic solution 0.2 %	1	
phenylephrine hcl ophthalmic	1	
ZERVIAE	3	ST
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	1	
betaxolol hcl ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	1	
brimonidine tartrate-timolol	1	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	

Drug Name	Drug Category	Limits/ Required
dorzolamide hcl-timolol mal	1	
levobunolol hcl	1	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL (0.1 ML per 1 day)
SIMBRINZA	2	
timolol maleate ophthalmic solution	LCG	
Ophthalmic Anti-inflammatory		
bromfenac sodium (once-daily)	3	QL (6.8 ML per 365 days)
bromfenac sodium ophthalmic solution 0.07 %	1	QL (12 ML per 365 days)
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	3	
FLAREX	3	
fluorometholone	1	
flurbiprofen sodium	1	
ketorolac tromethamine ophthalmic	1	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	1	
Ophthalmic Prostaglandin and Prostanoid Analogs		
bimatoprost ophthalmic	3	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
tafluprost (pf)	1	QL (1 EA per 1 day)
travoprost (bak free)	3	QL (0.12 ML per 1 day)
Quinolones		
ciprofloxacin hcl ophthalmic	1	
gatifloxacin ophthalmic	1	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
Sulfonamides		
sulfacetamide sodium ophthalmic	1	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	3	
CORTISPORIN-TC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	3	
ofloxacin otic	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL (2 ML per 1 day)
carbinoxamine maleate oral solution	1	

Drug Name	Drug Category	Limits/ Required
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine hcl oral solution	1	
clemastine fumarate oral tablet	1	
cyproheptadine hcl oral	1	
diphenhydramine hcl injection	1	
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal	3	QL (1.02 GM per 1 day)
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	2	QL (0.4 GM per 1 day)
ARNUIITY ELLIPTA	2	QL (1 EA per 1 day)
BREO ELLIPTA	2	QL (2 EA per 1 day)
budesonide inhalation	3	QL (4 ML per 1 day)
flunisolide nasal	2	QL (0.84 ML per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (0.71 GM per 1 day)
fluticasone propionate nasal	1	

Drug Name	Drug Category	Limits/ Required
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 EA per 1 day)
PULMICORT FLEXHALER	2	QL (0.07 EA per 1 day)
QVAR REDHALER	2	QL (0.71 GM per 1 day)
SYMBICORT	2	QL (0.35 GM per 1 day)
wixela inhub	1	QL (2 EA per 1 day)
Antileukotrienes		
montelukast sodium oral tablet	LCG	
montelukast sodium oral tablet chewable	LCG	
zafirlukast	3	
zileuton er	3	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (0.86 GM per 1 day)
ipratropium bromide inhalation	LCG	QL (10.42 ML per 1 day)
ipratropium bromide nasal	LCG	
SPIRIVA HANDHALER	2	QL (1 EA per 1 day)
SPIRIVA RESPIMAT	2	QL (0.14 GM per 1 day)
tiotropium bromide monohydrate	2	QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	1	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	LCG	QL (5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	LCG	QL (5 EA per 1 day)
arformoterol tartrate	3	QL (4 ML per 1 day)
epinephrine (anaphylaxis) injection solution 30 mg/30ml	1	
epinephrine injection solution auto-injector	1	
formoterol fumarate inhalation	3	QL (4 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	3	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	3	QL (9 ML per 1 day)
SEREVENT DISKUS	2	QL (2 EA per 1 day)
STRIVERDI RESPIMAT	2	QL (0.14 GM per 1 day)

Drug Name	Drug Category	Limits/ Required
Cystic Fibrosis Agents		
KALYDECO ORAL TABLET	5	PA
ORKAMBI ORAL PACKET 75-94 MG	5	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	5	PA; QL (112 EA per 28 days)
PULMOZYME	4	PA
tobramycin nebulization solution 300 mg/5ml inhalation	4	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	1	PA
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour	3	
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)
sildenafil citrate oral suspension reconstituted	4	PA; QL (7.5 ML per 1 day)

Drug Name	Drug Category	Limits/ Required
sildenafil citrate oral tablet 20 mg	4	PA; QL (3 EA per 1 day)
tadalafil (pah)	4	PA; QL (2 EA per 1 day)
TRACLEER 32 MG	5	PA; QL (4 EA per 1 day)
treprostinil	4	PA
TYVASO	5	PA; QL (2.9 ML per 1 day)
TYVASO DPI MAINTENANCE KIT	5	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT	5	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT	5	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT	5	PA; QL (2.9 ML per 1 day)
VENTAVIS	5	PA; QL (9 ML per 1 day)
Pulmonary Fibrosis Agents		
OFEV	5	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation	3	
ANORO ELLIPTA	2	QL (2 EA per 1 day)
benzonatate oral capsule 100 mg, 200 mg	LCG	
benzonatate oral capsule 150 mg	1	
BREZTRI AEROSPHERE	2	QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT	2	QL (0.27 GM per 1 day)
hydrocodone bit-homatrop mbr oral solution	1	PA; QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral tablet	1	PA; QL (6 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
hydromet	1	PA; QL (240 ML per 1 fill)
ipratropium-albuterol	1	QL (18 ML per 1 day)
mometasone furoate nasal	3	QL (1.14 GM per 1 day)
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (0.11 EA per 1 day)
PULMOSAL	3	
sodium chloride inhalation	1	
STIOLTO RESPIMAT	2	QL (0.14 GM per 1 day)
TRELEGY ELLIPTA	2	QL (2 EA per 1 day)
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg	LCG	
baclofen oral tablet 20 mg	1	
carisoprodol oral tablet 350 mg	1	

Drug Name	Drug Category	Limits/ Required
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	LCG	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	LCG	
orphenadrine citrate er	1	QL (2 EA per 1 day)
orphenadrine-aspirin-caffeine	3	QL (4 EA per 1 day)
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	1	QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg	1	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	1	QL (1 EA per 1 day)
zolpidem tartrate er	2	QL (1 EA per 1 day)
zolpidem tartrate oral tablet	1	QL (1 EA per 1 day)
Sleep Disorders, Other		
BELSOMRA	3	ST; QL (1 EA per 1 day)
ramelteon	3	QL (1 EA per 1 day)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	3	PA; QL (2 EA per 1 day)
modafinil oral	1	PA; QL (1 EA per 1 day)

Drug Name	Drug Category	Limits/ Required
SUNOSI	3	PA; QL (1 EA per 1 day)

Index of Drugs

abacavir sulfate.....	20	afirmelle.....	39	amoxapine.....	12
abacavir sulfate-lamivudine.....	20	AFLURIA.....	47	amoxicill-clarithro-lansopraz.....	34
ABILIFY MAINTENA.....	18	AFLURIA PRESERVATIVE		amoxicillin.....	9
abiraterone acetate.....	15	FREE.....	47	amoxicillin-potassium	
ABRYSVO.....	47	aftera.....	41	clavulanate.....	9
acamprosate calcium.....	7	AIMOVIG.....	14	amphetamine sulfate.....	28
acarbose.....	23	AJOVY.....	14	amphetamine-	
accutane.....	30	ala-cort.....	36	dextroamphetamine.....	28
acebutolol hcl.....	25	albendazole.....	17	amphetamine-	
acetaminophen-codeine.....	5	albuterol sulfate.....	54	dextroamphetamine er.....	28
acetazolamide.....	27	albuterol sulfate hfa.....	54	ampicillin.....	9
acetazolamide er.....	27	alclometasone dipropionate.....	36	ampicillin sodium.....	9
acetic acid.....	52	ALCOHOL PREP PADS.....	49	ampicillin-sulbactam sodium.....	9
acetylcysteine.....	55	ALECENSA.....	16	anagrelide hcl.....	24
acitretin.....	30	alendronate sodium.....	48	anastrozole.....	16
ACTEMRA.....	46	alfuzosin hcl er.....	36	ANNOVERA.....	39
ACTEMRA ACTPEN.....	46	allopurinol.....	14	ANORO ELLIPTA.....	55
ACTHIB.....	47	almotriptan malate.....	14	ANZEMET.....	13
ACTIMMUNE.....	46	ALOCRIIL.....	51	apomorphine hcl.....	18
acyclovir.....	20	ALOMIDE.....	51	apraclonidine hcl.....	51
ADACEL.....	47	alosetron hcl.....	34	aprepitant.....	13
ADALIMUMAB-ADAZ.....	43	alprazolam.....	21	apri.....	39
ADALIMUMAB-ADBAM (2 PEN).....	43	alprazolam er.....	21	aranelle.....	39
ADALIMUMAB-ADBAM (2		alprazolam xr.....	21, 22	ARANESP (ALBUMIN FREE).....	24
SYRINGE).....	44	altafrin.....	51	AREXVY.....	47
ADALIMUMAB-		altavera.....	39	arformoterol tartrate.....	54
ADBAM(CD/UC/HS STRT).....	44	alvimopan.....	34	aripiprazole.....	18
ADALIMUMAB-ADBAM(PS/UV		alyacen 1/35.....	39	armodafinil.....	56
STARTER).....	44	alyacen 7/7/7.....	39	ARNUITY ELLIPTA.....	53
adapalene.....	30	alyq.....	54	ascomp-codeine.....	5
adapalene-benzoyl peroxide.....	30	amantadine hcl.....	18	asenapine maleate.....	18
adefovir dipivoxil.....	19	ambrisentan.....	54	ashlyna.....	39
ADEMPAS.....	54	AMELUZ.....	16	aspirin.....	4
ADVAIR HFA.....	53	amethyst.....	39	aspirin 81.....	4
AEROCHAMBER HOLDING		amiloride hcl.....	27	aspirin adult low dose.....	4
CHAMBER.....	48	amiloride-hydrochlorothiazide.....	26	aspirin adult low strength.....	4
AEROCHAMBER MINI		aminocaproic acid.....	25	aspirin childrens.....	4
CHAMBER.....	48	amiodarone hcl.....	25	aspirin ec adult low dose.....	4
AEROCHAMBER MV.....	48	amitriptyline hcl.....	12	aspirin ec low dose.....	4
AEROCHAMBER PLS FLOVU		AMJEVITA.....	44	aspirin ec low strength.....	4
MTHPIECE.....	48	AMJEVITA-PED 10KG TO		aspirin low dose.....	4
AEROCHAMBER PLUS FLO-		<15KG SUBCUTANEOUS		aspirin regimen.....	4
VU INTERM.....	48	SOLUTION PREFILLED		aspirin-dipyridamole er.....	25
AEROCHAMBER PLUS FLO-		SYRINGE 10MG/0.2ML.....	44	atazanavir sulfate.....	21
VU LARGE.....	48	AMJEVITA-PED 15KG TO		atenolol.....	25
AEROCHAMBER PLUS FLO-		<30KG.....	44	atenolol-chlorthalidone.....	26
VU MEDIUM.....	48	amlodipine besylate.....	26	atomoxetine hcl.....	29
AEROCHAMBER PLUS FLO-		amlodipine besylate-benazepril		atorvastatin calcium.....	27
VU SMALL.....	49	hcl.....	26	atovaquone.....	17
AEROCHAMBER PLUS		amlodipine besylate-valsartan..	26	atovaquone-proguanil hcl.....	17
FLOW VU.....	49	amlodipine-olmesartan.....	26	atropine sulfate.....	51
AEROCHAMBER		ammonium lactate.....	30	ATROVENT HFA.....	53
W/FLOWSIGNAL.....	49	amnesteem.....	30	aubra eq.....	39

AUGMENTIN.....	9	bicalutamide.....	15	butalbital-apap-caff-cod.....	5
AUM ALCOHOL PREP PADS..	49	BICILLIN L-A.....	9	butalbital-apap-caffeine.....	5
aurovela 1.5/30.....	39	BIKTARVY.....	20	butalbital-asa-caff-codeine.....	5
aurovela 1/20.....	39	bimatoprost.....	52	butalbital-aspirin-caffeine.....	5
aurovela 24 fe.....	39	biocel.....	33	butorphanol tartrate.....	5
aurovela fe 1.5/30.....	39	bis subcit-metronid-tetracyc.....	34	BYDUREON BCISE	
aurovela fe 1/20.....	39	bisacodyl.....	34	AUTOINJECTOR.....	23
aviane.....	39	bisacodyl ec.....	34	BYETTA 10 MCG PEN.....	23
avidoxy.....	10	bismuth/metronidaz/tetracyclin.	34	BYETTA 5 MCG PEN.....	23
AVONEX PEN.....	29	bisoprolol fumarate.....	25	BYLVAY.....	30
AVONEX PREFILLED.....	29	bisoprolol-hydrochlorothiazide..	26	BYLVAY (PELLETS).....	30
ayuna.....	39	blisovi 24 fe.....	39	cabergoline.....	38
AZASITE.....	51	blisovi fe 1.5/30.....	39	CABLIVI.....	25
azathioprine.....	44	blisovi fe 1/20.....	39	CABOMETYX.....	16
azelastine hcl.....	51, 52	BOOSTRIX.....	47	calcipotriene.....	30
azithromycin.....	9	bosentan.....	54	calcitonin (salmon).....	48
aztreonam.....	8	BOSULIF.....	16	calcitriol.....	30, 48
azurette.....	39	BOTOX.....	49	calcium acetate.....	33
bac.....	5	bp vit 3.....	33	calcium acetate (phos binder)...	33
bacitracin.....	51	b-plex.....	33	camila.....	41
bacitracin-polymyxin b.....	51	b-plex plus.....	33	camrese.....	39
bacitra-neomycin-polymyxin-hc	51	BREATHE COMFORT		camrese lo.....	39
baclofen.....	55	CHAMBER/ADULT.....	49	capecitabine.....	15
BAFIERTAM.....	29	BREATHE COMFORT		CAPRELSA.....	16
balsalazide disodium.....	48	CHAMBER/CHILD.....	49	carbamazepine.....	11
balziva.....	39	BREATHE EASE LARGE.....	49	carbamazepine er.....	11
BAQSIMI ONE PACK.....	23	BREATHE EASE MEDIUM.....	49	carbidopa.....	18
BAQSIMI TWO PACK.....	23	BREATHE EASE SMALL.....	49	carbidopa-levodopa.....	18
BARACLUDGE.....	19	BREATHERITE VALVED MDI		carbidopa-levodopa er.....	18
BAXDELA.....	10	CHAMBER.....	49	carbinoxamine maleate.....	52, 53
BD ULTRA-FINE INSULIN		BREO ELLIPTA.....	53	carglumic acid.....	32
SYRINGES.....	49	BREZTRI AEROSPHERE.....	55	carisoprodol.....	55
BD ULTRA-FINE PEN		briellyn.....	39	carteolol hcl.....	51
NEEDLES.....	49	BRILINTA.....	25	cartia xt.....	26
BELSOMRA.....	56	brimonidine tartrate.....	51	carvedilol.....	25
benazepril hcl.....	25	brimonidine tartrate-timolol.....	51	CAYA.....	49
BENLYSTA.....	46	BRIVIACT.....	10	cefaclor.....	9
benzalkonium chloride.....	49	bromfenac sodium.....	52	cefadroxil.....	9
BENZNIDAZOLE.....	17	bromfenac sodium (once-daily).52		cefazolin sodium.....	9
benzonatate.....	55	bromocriptine mesylate.....	18	cefdinir.....	9
benzoyl peroxide-erythromycin.	30	budesonide.....	48, 53	cefepime hcl.....	9
benztropine mesylate.....	18	budesonide er.....	48	cefotetan disodium.....	9
betamethasone dipropionate		bumetanide.....	27	cefpodoxime proxetil.....	9
.....	36, 37	buprenorphine.....	4	cefprozil.....	9
betamethasone dipropionate		buprenorphine hcl.....	7	ceftazidime.....	9
aug.....	36	buprenorphine hcl-naloxone		ceftriaxone sodium.....	9
betamethasone valerate.....	37	hcl.....	7	cefuroxime axetil.....	9
BETASERON.....	29	bupropion hcl.....	12	celecoxib.....	4
betaxolol hcl.....	25, 51	bupropion hcl er (smoking det)...	7	cephalexin.....	9
bethanechol chloride.....	36	bupropion hcl er (sr).....	11	CERDELGA.....	35
bexarotene.....	17	bupropion hcl er (xl).....	12	cetirizine hcl.....	53
BEXSERO.....	47	buspirone hcl.....	21	cevimeline hcl.....	30
BEYFORTUS.....	46	butalbital-acetaminophen.....	5	charlotte 24 fe.....	39

chateal eq.....	39	clocortolone pivalate.....	37	cyanocobalamin.....	33
CHEMET.....	32	clomipramine hcl.....	12	cyclobenzaprine hcl.....	56
CHEMSTRIP 10 MD.....	22	clonazepam.....	22	cyclopentolate hcl.....	51
CHEMSTRIP 10/SG.....	22	clonidine hcl.....	25	cyclophosphamide.....	15
CHEMSTRIP 2 GP.....	22	clonidine hcl er.....	29	CYCLOPHOSPHAMIDE.....	15
CHEMSTRIP 5 OB.....	22	clopidogrel bisulfate.....	25	cycloserine.....	15
CHEMSTRIP 7.....	22	clotrimazole.....	13	cyclosporine.....	44, 51
CHEMSTRIP 9.....	22	clotrimazole-betamethasone.....	13	cyclosporine modified.....	44
CHEMSTRIP K.....	22	clozapine.....	19	CYLTEZO (2 PEN).....	44
CHEMSTRIP UGK.....	22	coal tar.....	31	CYLTEZO (2 SYRINGE).....	44
chlordiazepoxide hcl.....	22	codeine sulfate.....	5	CYLTEZO-CD/UC/HS	
chlorhexidine gluconate.....	30	colchicine.....	14	STARTER.....	44
chloroquine phosphate.....	17	colchicine-probenecid.....	14	CYLTEZO-PSORIASIS/UV	
chlorthalidone.....	27	colesevelam hcl.....	28	STARTER.....	44
CHOLBAM.....	35	colestipol hcl.....	28	cyproheptadine hcl.....	53
cholestyramine.....	28	COMBIPATCH.....	39	cyred eq.....	39
cholestyramine light.....	28	COMBIVENT RESPIMAT.....	55	CYSTADROPS.....	51
CHORIONIC		COMETRIQ.....	16	CYSTAGON.....	35
GONADOTROPIN.....	38	COMIRNATY.....	47	CYSTARAN.....	51
CIBINQO.....	30	COMPACT SPACE		dabigatran etexilate mesylate... 24	
ciclodan.....	13	CHAMBER.....	49	dalfampridine er.....	29
ciclopirox.....	13	COMPACT SPACE		danazol.....	38
ciclopirox olamine.....	13	CHAMBER/LG MASK.....	49	dapsone.....	15
cilostazol.....	25	COMPACT SPACE		DAPTACEL.....	47
CIMDUO.....	20	CHAMBER/MED MASK.....	49	darunavir.....	21
cimetidine.....	34	COMPACT SPACE		dasatinib.....	16
cimetidine hcl.....	34	CHAMBER/SM MASK.....	49	dasetta 1/35.....	39
CIMZIA.....	44	COMPLERA.....	20	dasetta 7/7/7.....	39
CIMZIA (2 SYRINGE).....	44	compro.....	13	daysee.....	39
CIMZIA-STARTER.....	44	CONDOMS.....	49	deblitane.....	41
cinacalcet hcl.....	48	constulose.....	34	deferasirox.....	32
CIPRO.....	10	CONTOUR MONITOR KIT		deferiprone.....	32
CIPRO HC.....	52	W/DEVICE.....	22	deferoxamine mesylate.....	49
ciprofloxacin hcl.....	10, 52	CONTOUR NEXT EZ KIT		delyla.....	39
ciprofloxacin-dexamethasone... 52		W/DEVICE.....	22	demeclocycline hcl.....	10
citalopram hydrobromide.....	12	CONTOUR NEXT GEN		DENGVAXIA.....	47
citroma.....	34	MONITOR.....	22	DEPO-MEDROL.....	37
claravis.....	30	CONTOUR NEXT GEN TEST		DEPO-SUBQ PROVERA 104...41	
clarithromycin.....	9	STRIPS.....	22	desipramine hcl.....	12
clearlax.....	34	CONTOUR NEXT LINK KIT		desmopressin ace spray refrig..38	
clemastine fumarate.....	53	W/DEVICE.....	22	desmopressin acetate.....	38
CLEVER CHOICE HOLDING		CONTOUR NEXT MONITOR		desmopressin acetate spray.... 38	
CHAMBER.....	49	KIT W/DEVICE.....	22	desogestrel-ethinyl estradiol.... 39	
clindacin etz.....	30	CONTOUR TEST STRIPS.....	22	desonide.....	37
clindacin-p.....	30	CORTIFOAM.....	48	desoximetasone.....	37
clindamycin hcl.....	8	CORTISPORIN-TC.....	52	desvenlafaxine succinate er.....12	
clindamycin palmitate hcl.....	8	corvita 150.....	32	dexamethasone.....	37
clindamycin phosphate.....	8, 31	COTELLIC.....	16	dexamethasone intensol.....	37
clindamycin phosphate-		CREON.....	35	dexamethasone sod phos +rfd.37	
benzoyl peroxide.....	31	cromolyn sodium.....	34, 51	dexamethasone sod	
clobazam.....	10	cryselle-28.....	39	phosphate pf.....	37
clobetasol propionate.....	37	curae.....	41	dexamethasone sodium	
		CVS KETONE CARE.....	22	phosphate.....	37, 52

DEXCOM G6 RECEIVER.....	22	droperidol.....	13	epinephrine.....	26, 54
DEXCOM G6 SENSOR.....	22	DROPLET MICRON.....	49	epinephrine (anaphylaxis).....	54
DEXCOM G6 TRANSMITTER..	22	DROPSAFE ALCOHOL PREP..	49	epinephrine pf.....	27
DEXCOM G7 RECEIVER.....	22	drospiren-eth estrad-levomefol..	39	epitol.....	11
DEXCOM G7 SENSOR.....	22	drospirenone-ethinyl estradiol...	39	eplerenone.....	27
dexmethylphenidate hcl.....	29	DROXIA.....	15	ergocalciferol.....	33
dexmethylphenidate hcl er.....	29	duloxetine hcl.....	12	ergoloid mesylates.....	49
dextroamphetamine sulfate.....	28	DUPIXENT.....	31	ergotamine-caffeine.....	14
dextroamphetamine sulfate er..	28	DUREX EXTRA SENSITIVE		ERIVEDGE.....	16
DIACOMIT.....	10	THIN.....	49	erlotinib hcl.....	16
diazepam.....	10, 22	DUREX TROPICAL.....	49	errin.....	42
diazepam intensol.....	22	dutasteride.....	36	ERTACZO.....	13
diazoxide.....	23	EASIVENT.....	49	ertapenem sodium.....	9
diclofenac potassium.....	4	easygel.....	30	ery pad 2%.....	31
diclofenac sodium.....	4, 16, 52	econazole nitrate.....	13	erythromycin.....	10, 31, 51
diclofenac sodium er.....	4	econtra one-step.....	41	erythromycin base.....	9
dicloxacillin sodium.....	9	EDURANT.....	20	erythromycin ethylsuccinate.....	10
dicyclomine hcl.....	34	efavirenz.....	20	escitalopram oxalate.....	12
DIFICID.....	9	efavirenz-emtricitab-tenofo df...	20	esomeprazole magnesium.....	35
diflorasone diacetate.....	37	efavirenz-lamivudine-tenofovir..	20	estarylla.....	39
diflunisal.....	4	eletriptan hydrobromide.....	14	estradiol.....	39
difluprednate.....	52	elinst.....	39	estradiol-norethindrone acet.....	39
digoxin.....	26	ELIQUIS.....	24	eszopiclone.....	56
dihydroergotamine mesylate.....	14	ELIQUIS DVT/PE STARTER		ethacrynic acid.....	27
DILANTIN.....	11	PACK.....	24	ethambutol hcl.....	15
diltiazem hcl.....	26	ELLA.....	42	ethosuximide.....	10
diltiazem hcl er.....	26	eluryng.....	39	ethynodiol diac-eth estradiol....	39
diltiazem hcl er beads.....	26	EMBRACE PEN NEEDLES.....	49	etodolac.....	4
diltiazem hcl er coated beads...	26	EMGALITY.....	14	etodolac er.....	4
dilt-xr.....	26	emtricitabine.....	20	etonogestrel-ethinyl estradiol...	39
dimenhydrinate.....	13	emtricitabine-tenofovir df.....	20	etoposide.....	16
dimethyl fumarate.....	29	EMTRIVA.....	20	etravirine.....	20
dimethyl fumarate starter pack..	29	EMVERM.....	17	euthyrox.....	42
DIPENTUM.....	48	emzahn.....	42	everolimus.....	16, 45
diphenhydramine hcl.....	53	enalapril maleate.....	25	EVOTAZ.....	21
diphenoxylate-atropine.....	34	enalapril-hydrochlorothiazide....	26	EVRYSDI.....	35
dipyridamole.....	25	ENBREL.....	44	exemestane.....	16
disopyramide phosphate.....	25	ENBREL MINI.....	45	ezetimibe.....	28
disulfiram.....	7	ENBREL SURECLICK.....	45	ezetimibe-simvastatin.....	28
divalproex sodium.....	22	ENCARE.....	36	falmina.....	40
divalproex sodium er.....	22	endocet.....	5	famciclovir.....	20
dofetilide.....	25	ENGERIX-B.....	47	famotidine.....	34
dolishale.....	39	enilloring.....	39	FANAPT.....	19
donepezil hcl.....	11	enoxaparin sodium.....	24	FANAPT TITRATION PACK.....	19
dorzolamide hcl.....	51	enpresse-28.....	39	FARXIGA.....	23
dorzolamide hcl-timolol mal.....	52	enskyce.....	39	fa-vitamin b-6-vitamin b-12.....	33
dotti.....	39	entacapone.....	18	FC2 FEMALE CONDOM.....	49
DOVATO.....	20	entecavir.....	19	febuxostat.....	14
doxazosin mesylate.....	25	ENTRESTO.....	26	felodipine er.....	26
doxepin hcl.....	12	enulose.....	34	FEMCAP.....	49
doxycycline hyclate.....	10	EPCLUSA.....	19	fenofibrate.....	27
doxycycline monohydrate.....	10	EPIDIOLEX.....	10	fenofibrate micronized.....	27
dronabinol.....	13	epinastine hcl.....	51	fenofibric acid.....	27

fenoprofen calcium.....	4	fluvoxamine maleate.....	12	glatopa.....	30
fentanyl.....	5	fluvoxamine maleate er.....	12	GLEOSTINE.....	15
fentanyl citrate.....	5	FLUZONE.....	47	glimepiride.....	23
ferocon.....	32	FLUZONE HIGH-DOSE.....	47	glipizide er.....	23
ferotransic.....	32	folate.....	33	glipizide ir.....	23
ferrocite plus.....	32	folbee plus.....	33	glipizide xl.....	23
fesoterodine fumarate er.....	36	folic acid.....	33	glipizide-metformin hcl.....	23
FETZIMA.....	12	folplex 2.2.....	33	glucagon emergency kit.....	23
FETZIMA TITRATION.....	12	foltrin.....	32	GLUCAGON EMERGENCY	
finasteride.....	36	fondaparinux sodium.....	24	KIT.....	23
fingolimod hcl.....	29	formoterol fumarate.....	54	glyburide.....	23
finzala.....	40	fosamprenavir calcium.....	21	glyburide micronized.....	23
flac.....	52	fosinopril sodium.....	25	glyburide-metformin.....	23
FLAREX.....	52	fosphenytoin sodium.....	11	glycolax.....	35
flavoxate hcl.....	36	FOSRENOL.....	33	glycopyrrolate.....	34
flecainide acetate.....	25	ft aspirin.....	4	glycopyrrolate pf.....	34
FLEXICHAMBER.....	49	ft aspirin low dose.....	4	glydo.....	7
FLEXICHAMBER ADULT		ft clearlax.....	35	GLYXAMBI.....	23
MASK/SMALL.....	49	ft folic acid.....	33	goodsense aspirin low dose.....	4
FLEXICHAMBER CHILD		ft laxative.....	35	goodsense nicotine.....	7
MASK/LARGE.....	49	ft magnesium citrate.....	35	granisetron hcl.....	13
FLEXICHAMBER CHILD		ft nicotine.....	7	griseofulvin microsize.....	13
MASK/SMALL.....	49	ft nicotine mini.....	7	griseofulvin ultramicrosize.....	13
FLUAD.....	47	furosemide.....	27	guanfacine hcl.....	25
FLUARIX.....	47	FUZEON.....	21	guanfacine hcl er.....	29
FLUBLOK.....	47	fyavolv.....	40	GUARDIAN 4 GLUCOSE	
FLUCELVAX.....	47	FYCOMPA.....	11	SENSOR.....	22
fluconazole.....	13	gabapentin.....	10	GUARDIAN 4 TRANSMITTER.....	22
flucytosine.....	13	GALAFOLD.....	35	GUARDIAN CONNECT	
fludrocortisone acetate.....	37	galantamine hydrobromide.....	11	TRANSMITTER.....	22
FLULAVAL.....	47	galantamine hydrobromide er... ..	11	GUARDIAN LINK 3	
FLUMIST.....	47	gallifrey.....	42	TRANSMITTER.....	22
flunisolide.....	53	GAMASTAN.....	46	GUARDIAN SENSOR (3).....	22
fluocinolone acetonide.....	37, 52	GAMMAGARD.....	46	GUARDIAN SENSOR 3.....	23
fluocinolone acetonide body.....	37	GAMMAKED.....	46	GYNAZOLE-1.....	13
fluocinolone acetonide scalp.....	37	GAMUNEX-C.....	46	habitrol.....	7
fluocinonide.....	37	GARDASIL 9.....	47	hailey 1.5/30.....	40
fluocinonide emulsified base.....	37	gatifloxacin.....	52	hailey 24 fe.....	40
fluoridex daily renewal.....	30	GATTEX.....	34	hailey fe 1.5/30.....	40
fluorometholone.....	52	gavilax.....	35	hailey fe 1/20.....	40
fluorouracil.....	16	gavilyte-c.....	35	halcinonide.....	37
fluoxetine hcl.....	12	gavilyte-g.....	35	halobetasol propionate.....	37
fluphenazine hcl.....	18	gavilyte-n with flavor pack.....	35	haloette.....	40
flurandrenolide.....	37	gemfibrozil.....	27	haloperidol.....	18
flurbiprofen.....	4	gemmily.....	40	haloperidol decanoate.....	18
flurbiprofen sodium.....	52	generlac.....	35	haloperidol lactate.....	18
fluticasone propionate.....	37, 53	gengraf.....	45	HARVONI.....	19, 20
FLUTICASONE PROPIONATE		gentamicin sulfate.....	8, 50	HAVRIX.....	47
HFA.....	53	gentle laxative.....	35	heather.....	42
fluticasone-salmeterol.....	53	gentlelax.....	35	HEMLIBRA.....	25
FLUTICASONE-		GILENYA.....	29	HEPAGAM B.....	46
SALMETEROL.....	53	GILOTRIF.....	16	heparin sodium (porcine).....	24
fluvastatin sodium.....	27	glatiramer acetate.....	29	heparin sodium (porcine) pf.....	24

HEPLISAV-B.....	47	HYRIMOZ.....	45	isosorbide mononitrate.....	28
her style.....	42	HYRIMOZ-CROHNS/UC		isosorbide mononitrate er.....	28
HIBERIX.....	47	STARTER.....	45	isotretinoin.....	31
HIZENTRA.....	46	HYRIMOZ-PED<40KG		itraconazole.....	13
HUMALOG.....	23	CROHN STARTER.....	45	ivermectin.....	17, 31
HUMALOG KWIKPEN.....	23	HYRIMOZ-PED>/=40KG		jaimiess.....	40
HUMALOG MIX 50/50		CROHN START.....	45	JAKAFI.....	16
KWIKPEN.....	23	HYRIMOZ-PLAQ		jantoven.....	24
HUMALOG MIX 50/50 VIAL.....	23	PSOR/UEVIT START.....	45	JANUMET.....	23
HUMALOG MIX 75/25		ibandronate sodium.....	48	JANUMET XR.....	23
KWIKPEN.....	24	IBRANCE.....	16	JANUVIA.....	23
HUMALOG MIX 75/25 VIAL.....	24	ibuprofen.....	4	JARDIANCE.....	23
HUMALOG U-100 JUNIOR		icatibant acetate.....	43	jasmiel.....	40
KWIKPEN.....	24	iclevia.....	40	jencycla.....	42
HUMATIN.....	8	ICLUSIG.....	16	JENTADUETO.....	23
HUMIRA (2 PEN).....	45	ILARIS.....	46	JENTADUETO XR.....	23
HUMIRA (2 SYRINGE).....	45	imatinib mesylate.....	16	jinteli.....	40
HUMIRA-CD/UC/HS		IMBRUVICA.....	16	jolessa.....	40
STARTER.....	45	imipramine hcl.....	12	joyeaux.....	40
HUMIRA-PSORIASIS/UEVIT		imiquimod.....	31	juleber.....	40
STARTER.....	45	IMPAVIDO.....	17	JULUCA.....	20
HUMULIN 70/30 KWIKPEN.....	24	incassia.....	42	junel 1.5/30.....	40
HUMULIN 70/30 VIAL.....	24	INCONTROL ULTICARE PEN		junel 1/20.....	40
HUMULIN N KWIKPEN.....	24	NEEDLES.....	49	junel fe 1.5/30.....	40
HUMULIN N VIAL.....	24	INCRELEX.....	38	junel fe 1/20.....	40
HUMULIN R U-500 KWIKPEN.....	24	indapamide.....	27	junel fe 24.....	40
HUMULIN R U-500 VIAL.....	24	indomethacin.....	4	kaitlib fe.....	40
HUMULIN R VIAL.....	24	indomethacin er.....	4	kalliga.....	40
HYCANTIN.....	16	INFANRIX.....	47	KALYDECO.....	54
hydralazine hcl.....	28	INLYTA.....	16	kariva.....	40
hydrochlorothiazide.....	27	INSPIREASE RESERVOIR		kelnor 1/35.....	40
hydrocodone bitartrate er.....	5	BAGS.....	49	kelnor 1/50.....	40
hydrocodone bit-homatrop mbr.....	55	INSULIN LISPRO.....	24	KENALOG-10.....	38
hydrocodone-acetaminophen.....	6	INSULIN PEN NEEDLES.....	49	KENALOG-80.....	38
hydrocodone-ibuprofen.....	6	INSULIN SYRINGES.....	49	ketoconazole.....	14
hydrocortisone.....	37, 38, 48	INTELENCE.....	20	KETO-DIASTIX.....	23
hydrocortisone (perianal).....	48	INTRAROSA.....	38	KETONE TEST.....	23
hydrocortisone ace-pramoxine.....	48	introvale.....	40	ketoprofen.....	4
hydrocortisone butyrate.....	37	INVEGA HAFYERA.....	19	ketorolac tromethamine.....	4, 52
hydrocortisone valerate.....	38	INVEGA SUSTENNA.....	19	KETOSTIX.....	23
hydrocortisone-acetic acid.....	52	INVEGA TRINZA.....	19	KINERET.....	45
hydromet.....	55	iodine strong.....	32	KINRIX.....	47
hydromorphone hcl.....	6	iodine tincture.....	8	klayesta.....	14
hydromorphone hcl er.....	5	IPOL.....	47	klor-con.....	32
hydromorphone hcl pf.....	6	ipratropium bromide.....	53	klor-con 10.....	32
hydroxocobalamin acetate.....	33	ipratropium-albuterol.....	55	klor-con m10.....	32
hydroxychloroquine sulfate.....	17	irbesartan.....	25	klor-con m15.....	32
hydroxyurea.....	15	irbesartan-hydrochlorothiazide.....	27	klor-con m20.....	32
hydroxyzine hcl.....	21	ISENTRESS.....	20	KLOXXADO.....	7
hydroxyzine pamoate.....	21	ISENTRESS HD.....	20	KOSELUGO.....	16
hyoscyamine sulfate.....	34	isibloom.....	40	kourzeq.....	30
HYPERHEP B.....	46	isoniazid.....	15	k-tan plus.....	32
HYPERRHO S/D.....	46	isosorbide dinitrate.....	28	kurvelo.....	40

KYLEENA.....	42	lidocaine.....	7	maraviroc.....	21
labetalol hcl.....	25	lidocaine hcl urethral/mucosal....	7	marlissa.....	40
lacosamide.....	11	lidocaine viscous hcl.....	7	MARPLAN.....	12
lactic acid.....	31	lidocaine-prilocaine.....	7	MASONATAL.....	33
lactic acid e.....	31	LILETTA (52 MG).....	42	MATULANE.....	15
lactulose.....	35	linezolid.....	8	MAVYRET.....	20
lactulose encephalopathy.....	35	LINZESS.....	34	MAYZENT.....	30
LAGEVRIO.....	19	liothyronine sodium.....	42	MAYZENT STARTER PACK....	30
lamivudine.....	19, 20	LIRAGLUTIDE.....	23	meclizine hcl.....	13
lamivudine-zidovudine.....	20	lisdexamfetamine dimesylate....	28	meclofenamate sodium.....	4
lamotrigine.....	11	lisinopril.....	25	medroxyprogesterone acetate..	42
lamotrigine er.....	11	lisinopril-hydrochlorothiazide....	27	mefenamic acid.....	4
lansoprazole.....	35	lithium.....	22	mefloquine hcl.....	17
LANTUS SOLOSTAR.....	24	lithium carbonate.....	22	megestrol acetate.....	42
LANTUS U-100 VIAL.....	24	lithium carbonate er.....	22	MEKINIST.....	17
lapatinib ditosylate.....	16	lojaimiess.....	40	meloxicam.....	4
larin 1.5/30.....	40	loperamide hcl.....	34	memantine hcl.....	11
larin 1/20.....	40	lopinavir-ritonavir.....	21	memantine hcl er.....	11
larin 24 fe.....	40	lorazepam.....	22	MENEST.....	40
larin fe 1.5/30.....	40	lorazepam intensol.....	22	MENQUADFI.....	47
larin fe 1/20.....	40	loryna.....	40	MENVEO.....	47
latanoprost.....	52	losartan potassium.....	25	meprobamate.....	21
layolis fe.....	40	losartan potassium-hctz.....	27	mercaptopurine.....	15
leena.....	40	lovastatin.....	27	merzee.....	40
leflunomide.....	46	low-ogestrel.....	40	mesalamine.....	48
lenalidomide.....	15	loxapine succinate.....	18	mesalamine er.....	48
LENVIMA.....	17	lo-zumandimine.....	40	MESNEX.....	17
lessina.....	40	lubiprostone.....	34	metformin hcl er.....	23
letrozole.....	16	LULICONAZOLE.....	14	metformin hcl ir.....	23
leucovorin calcium.....	16	LUMIGAN.....	52	methadone hcl.....	5
LEUKERAN.....	15	LUPRON DEPOT (1-MONTH)..	43	methadone hcl intensol.....	5
leuprolide acetate.....	43	LUPRON DEPOT (3-MONTH)..	43	methenamine hippurate.....	8
levabuterol hcl.....	54	LUPRON DEPOT (4-MONTH)		methergine.....	49
LEVEMIR FLEXPEN.....	24	INTRAMUSCULAR KIT 30MG..	43	methimazole.....	43
LEVEMIR U-100 VIAL.....	24	LUPRON DEPOT (6-MONTH)		methocarbamol.....	56
levetiracetam.....	10	INTRAMUSCULAR KIT 45MG..	43	methotrexate sodium.....	45
levetiracetam er.....	10	LUPRON DEPOT-PED (1-		methotrexate sodium (pf).....	45
levobunolol hcl.....	52	MONTH).....	43	methscopolamine bromide.....	34
levocarnitine.....	32	LUPRON DEPOT-PED (3-		methsuximide.....	10
levocarnitine sf.....	32	MONTH).....	43	methylergonovine maleate.....	49
levocetirizine dihydrochloride....	53	LUPRON DEPOT-PED (6-		methylphenidate hcl.....	29
levofloxacin.....	10	MONTH).....	43	methylphenidate hcl er.....	29
levonest.....	40	lurasidone hcl.....	19	methylphenidate hcl er (osm)....	29
levonorgest-eth est & eth est....	40	lutura.....	40	methylprednisolone.....	38
levonorgest-eth estrad 91-day..	40	lyleq.....	42	methylprednisolone acetate.....	38
levonorgest-eth estradiol-iron...	40	lyllana.....	40	metoclopramide hcl.....	13
levonorgestrel.....	42	LYNPARZA.....	17	metolazone.....	27
levonorgestrel-ethinyl estrad....	40	lysiplex plus.....	33	metoprolol succinate er.....	25
levonorg-eth estrad triphasic....	40	LYSODREN.....	43	metoprolol tartrate.....	26
levora 0.15/30 (28).....	40	lyza.....	42	metronidazole.....	8, 31
levo-t.....	42	mafenide acetate.....	8	metyrosine.....	27
levothyroxine sodium.....	42	magnesium citrate.....	35	mexiletine hcl.....	25
levoxyI.....	42	malathion.....	18	mibelas 24 fe.....	40

miconazole 3.....	14	NABI-HB.....	46	nitazoxanide.....	17
MICRHOGAM ULTRA- FILTERED PLUS.....	46	nabumetone.....	4	nitisinone.....	36
MICROCHAMBER.....	49	nafcillin sodium.....	9	nitrofurantoin macrocrystal.....	8
microgestin 1.5/30.....	40	naloxone hcl.....	7	nitrofurantoin monohydrate macrocrystals.....	8
microgestin 1/20.....	40	naltrexone hcl.....	7	nitroglycerin.....	28
microgestin fe 1.5/30.....	40	naproxen.....	4	NIVESTYM.....	24
microgestin fe 1/20.....	40	naproxen sodium.....	4	nizatidine.....	34
midodrine hcl.....	25	naratriptan hcl.....	14	nora-be.....	42
miglustat.....	36	NASCOBAL.....	33	NORDITROPIN FLEXPRO.....	38
mili.....	40	NATACYN.....	51	norelgestromin-eth estradiol.....	40
mimvey.....	40	NATAZIA.....	40	norethin ace-eth estrad-fe.....	41
mineral oil heavy.....	35	nateglinide.....	23	norethindrone.....	42
minocycline hcl.....	10	NAYZILAM.....	10	norethindrone acetate.....	42
minoxidil.....	28	nebivolol hcl.....	26	norethindrone acet-ethinyl est... 41	
mirabegron er.....	36	NEBUSAL.....	55	norethindrone-eth estradiol.....	41
MIRENA (52 MG).....	42	necon 0.5/35 (28).....	40	norethindron-ethinyl estrad-fe... 41	
mirtazapine.....	12	neomycin sulfate.....	8	norethin-eth estradiol-fe.....	41
misoprostol.....	35	neomycin-bacitracin zn- polymyx.....	51	norgestimate-eth estradiol.....	41
mitigo.....	5	neomycin-polymyxin-dexameth 51		norgestimate-ethinyl estradiol triphasic.....	41
mm aspirin.....	4	neomycin-polymyxin- gramicidin.....	51	norlyroc.....	42
mm clearlax.....	35	neomycin-polymyxin-hc.....	51, 52	nortrel 0.5/35 (28).....	41
M-M-R II.....	47	NEONATAL PRENATAL.....	33	nortrel 1/35 (21).....	41
modafinil.....	56	neo-polycin.....	51	nortrel 1/35 (28).....	41
MODERNA COVID-19 VAC 6M-11Y.....	47	neo-polycin hc.....	51	nortrel 7/7/7.....	41
mometasone furoate.....	38, 55	NEO-SYNALAR.....	8	nortriptyline hcl.....	12
mondoxyne nl.....	10	nephronex.....	33	NORVIR.....	21
mono-lynyah.....	40	neuac.....	31	NOVAVAX COVID-19 VACCINE.....	47
montelukast sodium.....	53	NEULASTA.....	24	np thyroid.....	42
morphine sulfate.....	6	NEULASTA ONPRO.....	24	NUCALA.....	55
morphine sulfate (concentrate)... 6		NEUPRO.....	18	NUCYNTA ER.....	5
morphine sulfate (pf).....	6	nevirapine.....	20	NURTEC.....	14
morphine sulfate er.....	5	nevirapine er.....	20	nutrifac zx.....	33
MOTEGRITY.....	34	new day.....	42	NUTROPIN AQ NUSPIN 10.....	38
MOTOFEN.....	34	NEXPLANON.....	42	NUTROPIN AQ NUSPIN 20.....	38
MOUNJARO.....	23	niacin er (antihyperlipidemic).... 28		NUTROPIN AQ NUSPIN 5.....	38
moxifloxacin hcl.....	10, 52	NICORETTE.....	8	nyamyc.....	14
moxifloxacin hcl (2x day).....	52	NICORETTE MINI.....	7	nylia 1/35.....	41
multivitamin w/fluoride.....	33	nicotine.....	8	nylia 7/7/7.....	41
multivitamin/fluoride.....	33	nicotine mini.....	8	nystatin.....	14
multi-vitamin/fluoride.....	33	nicotine polacrilex.....	8	nystatin-triamcinolone.....	14
multi-vitamin/fluoride/iron.....	33	nicotine polacrilex mini.....	8	nystop.....	14
mupirocin.....	8	nicotine step 1.....	8	ocella.....	41
my choice.....	42	nicotine step 2.....	8	octreotide acetate.....	43
my way.....	42	nicotine step 3.....	8	ODEFSEY.....	20
MYALEPT.....	36	NICOTROL.....	8	OFEV.....	55
mycophenolate mofetil.....	45	NICOTROL NS.....	8	ofloxacin.....	10, 52
mycophenolate sodium.....	45	nifedipine er.....	26	OGSIVEO.....	17
mycophenolic acid.....	45	nifedipine er osmotic release.... 26		olanzapine.....	19
MYLERAN.....	15	nikki.....	40	olmesartan medoxomil.....	25
MYRBETRIQ.....	36	nimodipine.....	26	olmesartan medoxomil-hctz.....	27
na sulfate-k sulfate-mg sulf.....	35	NINLARO.....	16		

olopatadine hcl.....	51, 53	oxybutynin chloride er.....	36	phenytoin.....	11
OMECLAMOX-PAK.....	34	oxycodone hcl.....	6	phenytoin infatabs.....	11
omega-3-acid ethyl esters.....	28	oxycodone-acetaminophen.....	6	phenytoin sodium.....	11
omeprazole.....	35	OXYCONTIN.....	5	phenytoin sodium extended.....	11
OMNIPOD 5 DEXG7G6		oxymorphone hcl.....	6	philith.....	41
INTRO GEN 5.....	49	oxymorphone hcl er.....	5	PHOSPHOLINE IODIDE.....	52
OMNIPOD 5 DEXG7G6 PODS		oxytocin.....	38	phytonadione.....	33
GEN 5.....	50	OZEMPIC.....	23	PIFELTRO.....	20
OMNIPOD 5 LIBRE2 PLUS G6	50	paliperidone er.....	19	pilocarpine hcl.....	30, 52
OMNIPOD 5 LIBRE2 PLUS G6		PANDA MASK LARGE.....	50	pimecrolimus.....	31
PODS.....	50	PANDA MASK MEDIUM.....	50	pimozide.....	18
OMNIPOD CLASSIC PODS		PANDA MASK SMALL.....	50	pimtrea.....	41
(GEN 3).....	50	pantoprazole sodium.....	35	pindolol.....	26
OMNIPOD DASH INTRO		PARAGARD INTRAUTERINE		pioglitazone hcl.....	23
(GEN 4).....	50	COPPER.....	50	PIQRAY.....	16
OMNIPOD DASH PDM (GEN		PARI VORTEX ADULT MASK..	50	piroxicam.....	4
4).....	50	paricalcitol.....	48	PLENVU.....	35
OMNIPOD DASH PODS (GEN		paroxetine hcl.....	12	plerixafor.....	24
4).....	50	PAXLOVID (150/100).....	19	PNEUMOVAX 23.....	47
OMNITROPE.....	38	PAXLOVID (300/100).....	19	POCKET SPACER.....	50
ondansetron hcl.....	13	pazopanib hcl.....	17	podofilox.....	31
ondansetron odt.....	13	PEDIARIX.....	47	polycin.....	51
ONE VITE WOMENS.....	33	PEDIATRIC PANDA MASK.....	50	polyethylene glycol 3350.....	35
ONE-A-DAY WOMENS		PEDVAX HIB.....	47	polymyxin b sulfate.....	8
PRENATAL 1.....	33	peg 3350-kcl-na bicarb-nacl.....	35	polymyxin b-trimethoprim.....	51
ONUREG.....	16	peg-3350/electrolytes.....	35	polysaccharide iron forte.....	32
opcicon one-step.....	42	peg-3350/electrolytes/ascorbat.....	35	POMALYST.....	15
OPILL.....	42	PEGASYS.....	20	portia-28.....	41
OPSUMIT.....	54	peg-kcl-nacl-nasulf-na asc-c.....	35	potassium chloride.....	32
OPTICHAMBER DIAMOND.....	50	PENBRAYA.....	47	potassium chloride crys er.....	32
OPTICHAMBER DIAMOND-		penicillamine.....	36	potassium chloride er.....	32
LG MASK.....	50	penicillin g potassium.....	9	potassium citrate er.....	32
OPTICHAMBER DIAMOND-		penicillin v potassium.....	9	PRADAXA.....	24
MD MASK.....	50	PENTACEL.....	47	pramipexole dihydrochloride.....	18
OPTICHAMBER DIAMOND-		pentazocine-naloxone hcl.....	6	prasugrel hcl.....	25
SM MASK.....	50	pentobarbital sodium.....	10	pravastatin sodium.....	27
option 2.....	42	pentoxifylline er.....	27	praziquantel.....	17
OPTIONS GYNOL II		perigard.....	30	prazosin hcl.....	25
CONTRACEPTIVE.....	36	permethrin.....	18	prednisolone.....	38
oralone.....	30	perphenazine.....	13	prednisolone acetate.....	52
ORENCIA.....	45, 46	perphenazine-amitriptyline.....	12	prednisolone sodium	
ORENCIA CLICKJECT.....	45	PFIZER COVID-19 VAC-TRIS		phosphate.....	38, 52
ORFADIN.....	36	5-11Y.....	47	prednisone.....	38
ORGOVYX.....	15	PFIZER COVID-19 VAC-TRIS		pregabalin.....	29
ORKAMBI.....	54	6M-4Y.....	47	PREGNYL.....	38
orphenadrine citrate er.....	56	phenazo.....	36	PREHEVBRIO.....	47
orphenadrine-aspirin-caffeine...	56	phenazopyridine hcl.....	36	PREMARIN.....	41
ORSERDU.....	15	phenelzine sulfate.....	12	PREMPHASE.....	41
oseltamivir phosphate.....	21	phenobarbital.....	10	PREMPRO.....	41
OTEZLA.....	47	phenobarbital sodium.....	11	prenatal.....	33
oxaprozin.....	4	phenoxybenzamine hcl.....	25	prenatal multi +dha.....	33
oxcarbazepine.....	11	phenylephrine hcl.....	51	prenatal plus vitamin/mineral....	33
oxybutynin chloride.....	36	phenytek.....	11	prenatal vitamins.....	33

prenatal/folic acid+dha.....	33	quinapril hcl.....	25	rosuvastatin calcium.....	27
prevalite.....	28	quinapril-hydrochlorothiazide....	27	ROTARIX.....	47
PREVIDENT.....	30	quinidine sulfate.....	25	ROTATEQ.....	47
PREVNAR 20.....	47	QVAR REDIHALER.....	53	roweepra.....	10
PREZCOBIX.....	21	rabeprazole sodium.....	35	ROZLYTREK.....	16
PREZISTA.....	21	raloxifene hcl.....	42	rufinamide.....	11
PRIFTIN.....	15	ramelteon.....	56	RUKOBIA.....	21
primaquine phosphate.....	18	ramipril.....	25	RYBELSUS.....	23
primidone.....	11	ranolazine er.....	27	RYDAPT.....	17
PRIORIX.....	47	rasagiline mesylate.....	18	sajazir.....	43
PRO COMFORT SPACER		RAYA SURE PEN NEEDLE.....	50	SANTYL.....	31
ADULT.....	50	react.....	42	sapropterin dihydrochloride.....	36
PRO COMFORT SPACER		REBLOZYL.....	24	SAVELLA.....	29
CHILD.....	50	REBYOTA.....	34	SAVELLA TITRATION PACK... 29	
PRO COMFORT SPACER		reclipsen.....	41	scopolamine.....	13
INFANT.....	50	RECOMBIVAX HB.....	47	selegiline hcl.....	18
probenecid.....	14	RECTIV.....	28	selenium sulfide.....	31
procainamide hcl.....	25	REGRANEX.....	31	SELZENTRY.....	21
PROCARE SPACER/ADULT		RELENZA DISKHALER.....	21	SEREVENT DISKUS.....	54
MASK.....	50	repaglinide.....	23	sertraline hcl.....	12
PROCARE SPACER/CHILD		REPATHA.....	28	se-tan plus.....	32
MASK.....	50	REPATHA PUSHTRONEX		setlakin.....	41
prochlorperazine.....	13	SYSTEM.....	28	sevelamer carbonate.....	33
prochlorperazine maleate.....	13	REPATHA SURECLICK.....	28	SFROWASA.....	48
procto-med hc.....	48	RETACRIT.....	24	sharobel.....	42
proctosol hc.....	48	RETEVMO.....	17	SHINGRIX.....	47
proctozone-hc.....	48	REVCOVI.....	36	SIGNIFOR.....	43
progesterone.....	42	REVLIMID.....	15	sildenafil citrate.....	54, 55
PROLIA.....	48	REXULTI.....	19	silodosin.....	36
PROMACTA.....	24	REYATAZ.....	21	silver sulfadiazine.....	8
promethazine hcl.....	13	RHOGAM ULTRA-FILTERED		SIMBRINZA.....	52
promethegan.....	13	PLUS.....	46	simliya.....	41
propafenone hcl.....	25	RHOPHYLAC.....	46	simpesse.....	41
propranolol hcl.....	26	RHOPRESSA.....	52	SIMPONI.....	46
propranolol hcl er.....	26	ribavirin.....	20	simvastatin.....	27
propylthiouracil.....	43	rifabutin.....	15	sirolimus.....	46
PROQUAD.....	47	rifampin.....	15	SIRTURO.....	15
PULMICORT FLEXHALER.....	53	riluzole.....	29	SKYCLARYS.....	29
PULMOSAL.....	55	rimantadine hcl.....	21	SKYLA.....	42
PULMOZYME.....	54	RINVOQ.....	47	SKYRIZI.....	31, 46
PURE COMFORT SPACER		risedronate sodium.....	48	SKYRIZI PEN.....	46
CHAMBER.....	50	RISPERDAL CONSTA.....	19	sod citrate-citric acid.....	32
purevit dualfe plus.....	32	risperidone.....	19	sodium chloride.....	55
pyrazinamide.....	15	risperidone microspheres er.....	19	sodium fluoride.....	30, 32
pyridostigmine bromide.....	15	ritonavir.....	21	sodium fluoride 5000 plus.....	30
pyridoxine hcl.....	33	RITUXAN HYCELA.....	17	sodium fluoride 5000 ppm.....	30
pyrimethamine.....	18	rivastigmine.....	11	sodium phenylbutyrate.....	36
PYRUKYND.....	24	rivastigmine tartrate.....	11	sodium polystyrene sulfonate... 32	
PYRUKYND TAPER PACK.....	24	rivelsa.....	41	solifenacin succinate.....	36
QINLOCK.....	17	rizatriptan benzoate.....	14	SOLIQUA.....	23
QUADRACEL.....	47	roflumilast.....	54	SOLU-CORTEF.....	38
quetiapine fumarate.....	19	ropinirole hcl.....	18	SOMAVERT.....	43
quetiapine fumarate er.....	19	ropinirole hcl er.....	18	sorafenib tosylate.....	17

sotalol hcl.....	25	TALTZ.....	32	toremifene citrate.....	15
sotalol hcl (af).....	25	tamoxifen citrate.....	15	torpenz.....	17
SPEVIGO.....	31	tamsulosin hcl.....	36	torsemide.....	27
SPIKEVAX.....	47	tarina 24 fe.....	41	TOUJEO MAX SOLOSTAR.....	24
spinosad.....	18	tarina fe 1/20 eq.....	41	TOUJEO SOLOSTAR.....	24
SPIRIVA HANDIHALER.....	53	TASIGNA.....	17	TRACLEER.....	55
SPIRIVA RESPIMAT.....	53	taysofy.....	41	TRADJENTA.....	23
spironolactone.....	27	tazarotene.....	32	tramadol hcl (er biphasic).....	5
spironolactone-hctz.....	27	tazicef.....	9	tramadol hcl er.....	5
sprintec 28.....	41	TDVAX.....	47	tramadol hcl ir.....	6
SPRYCEL.....	17	TEGSEDI.....	36	tramadol-acetaminophen.....	6
SPS (SODIUM POLYSTYRENE SULF).....	33	telmisartan.....	25	trandolapril.....	25
sronyx.....	41	temazepam.....	56	tranylcypromine sulfate.....	12
ssd.....	9	temozolomide.....	15	travoprost (bak free).....	52
ST JOSEPH LOW DOSE.....	4	TENIVAC.....	47	trazodone hcl.....	12
STELARA.....	31	tenofovir disoproxil fumarate.....	20	TRECTOR.....	15
STIOLTO RESPIMAT.....	55	terazosin hcl.....	36	TRELEGY ELLIPTA.....	55
STIVARGA.....	17	terbinafine hcl.....	14	TREMFYA.....	32
STRENSIQ.....	36	terconazole.....	14	treprostinil.....	55
streptomycin sulfate.....	8	TERIPARATIDE.....	48	TRESIBA.....	24
STRIVERDI RESPIMAT.....	54	testosterone.....	39	TRESIBA FLEXTOUCH.....	24
subvenite.....	11	testosterone cypionate.....	38	tretinoin.....	17, 32
SUCRAID.....	36	testosterone enanthate.....	38	triamcinolone acetonide.....	30, 38
sucralfate.....	35	TETANUS-DIPHThERIA		TRIAMCINOLONE	
SULCONAZOLE NITRATE.....	14	TOXOIDS TD.....	47	ACETONIDE.....	38
sulfacetamide sodium.....	52	tetrabenazine.....	29	triamterene-hctz.....	27
sulfacetamide sodium (acne)....	31	tetracycline hcl.....	10	triderm.....	38
sulfacetamide-prednisolone.....	51	THALOMID.....	15	trientine hcl.....	33
sulfadiazine.....	10	theophylline er.....	54	tri-estarylla.....	41
sulfamethoxazole-trimethoprim.	10	thiamine hcl.....	33	trifluoperazine hcl.....	18
sulfasalazine.....	48	thioridazine hcl.....	18	trifluridine.....	51
sulfatrim pediatric.....	10	thiothixene.....	18	trigels-f forte.....	32
sulfurated lime.....	18	thyroid.....	42	trihexyphenidyl hcl.....	18
sulindac.....	4	tiadyt er.....	26	tri-legest fe.....	41
sumatriptan.....	15	tiagabine hcl.....	11	tri-linyah.....	41
sumatriptan succinate.....	15	tilia fe.....	41	tri-lo-estarylla.....	41
sunitinib malate.....	17	timolol maleate.....	52	tri-lo-marzia.....	41
SUNOSI.....	56	tiotropium bromide		tri-lo-mili.....	41
syeda.....	41	monohydrate.....	53	tri-lo-sprintec.....	41
SYMBICORT.....	53	TIVICAY.....	20	trimethoprim.....	9
SYMPROIC.....	34	TIVICAY PD.....	20	tri-mili.....	41
SYMTUZA.....	21	tizanidine hcl.....	56	trimipramine maleate.....	12
SYNAGIS.....	47	TOBRADEX.....	51	TRINTELLIX.....	12
SYNJARDY.....	23	TOBRADEX ST.....	51	triphrocaps.....	33
SYNJARDY XR.....	23	tobramycin.....	51, 54	tri-sprintec.....	41
TABRECTA.....	17	tobramycin-dexamethasone.....	51	TRIUMEQ.....	20
tacrolimus.....	31, 46	TOBREX.....	51	tri-vite/fluoride.....	33
tadalafil (pah).....	55	TODAY SPONGE.....	36	trivora (28).....	41
TAFINLAR.....	17	tolcapone.....	18	tri-vylibra.....	41
tafluprost (pf).....	52	tolmetin sodium.....	4	tri-vylibra lo.....	41
TAGRISSE.....	17	tolterodine tartrate.....	36	trospium chloride.....	36
take action.....	42	tolterodine tartrate er.....	36	TRUE COVER.....	50
		topiramate.....	11	TRUE FOLIC ACID.....	33

true laxative.....	35	VIREAD.....	20, 21	ZEPATIER.....	20
TRULICITY.....	23	VISTOGARD.....	50	ZERVIATE.....	51
TRUMENBA.....	47	vita s forte.....	33	zidovudine.....	21
TUKYSA.....	17	vitacel.....	33	zileuton er.....	53
TURALIO.....	17	vitamin d (ergocalciferol).....	33	ziprasidone hcl.....	19
turqoz.....	41	vitamin k1.....	33	ZOKINVY.....	50
TWINRIX.....	47	VIVITROL.....	7	ZOLINZA.....	16
tydemy.....	41	volnea.....	41	zolmitriptan.....	15
TYVASO.....	55	voriconazole.....	14	zolpidem tartrate.....	56
TYVASO DPI MAINTENANCE KIT.....	55	VORTEX VALVED HOLDING CHAMBER.....	50	zolpidem tartrate er.....	56
TYVASO DPI TITRATION KIT ..	55	VOTRIENT.....	17	zonisamide.....	10
TYVASO REFILL KIT.....	55	vyfemla.....	41	zovia 1/35 (28).....	41
TYVASO STARTER KIT.....	55	vylibra.....	41	zumandimine.....	41
unithroid.....	43	VYNDAMAX.....	27	ZYDELIG.....	17
ursodiol.....	34	VYVANSE.....	28	ZYKADIA.....	17
valacyclovir hcl.....	20	warfarin sodium.....	24	ZYLET.....	51
valganciclovir hcl.....	19	wera.....	41		
valproic acid.....	11	wescaps.....	33		
valsartan.....	25	WIDE-SEAL DIAPHRAGM 60..	50		
valsartan-hydrochlorothiazide...	27	WIDE-SEAL DIAPHRAGM 65..	50		
vancomycin hcl.....	9	WIDE-SEAL DIAPHRAGM 70..	50		
VAQTA.....	48	WIDE-SEAL DIAPHRAGM 75..	50		
varenicline tartrate.....	8	WIDE-SEAL DIAPHRAGM 80..	50		
varenicline tartrate (starter).....	8	WIDE-SEAL DIAPHRAGM 85..	50		
varenicline tartrate(continue).....	8	WIDE-SEAL DIAPHRAGM 90..	50		
VARIVAX.....	48	WIDE-SEAL DIAPHRAGM 95..	50		
VAXELIS.....	48	wixela inhub.....	53		
VAXNEUVANCE.....	48	wymzya fe.....	41		
v-c forte.....	33	XALKORI.....	17		
VCF VAGINAL CONTRACEPTIVE.....	36	XARELTO.....	24		
velivet.....	41	XARELTO STARTER PACK.....	24		
VENCLEXTA.....	17	XELJANZ.....	46		
VENCLEXTA STARTING PACK.....	17	XELJANZ XR.....	46		
venlafaxine hcl.....	12	XGEVA.....	48		
venlafaxine hcl er.....	12	XIAFLEX.....	50		
VENTAVIS.....	55	XIFAXAN.....	9		
VEOPOZ.....	47	XIGDUO XR.....	23		
verapamil hcl.....	26	XOLAIR.....	47		
verapamil hcl er.....	26	XOLREMDI.....	24		
VERIFINE INSULIN PEN NEEDLE.....	50	XTAMPZA ER.....	5		
VERIFINE PLUS PEN NEEDLE.....	50	XTANDI.....	15		
VERZENIO.....	16	xulane.....	41		
vestura.....	41	XULTOPHY.....	23		
VICTOZA.....	23	yargesa.....	36		
vienva.....	41	yl folic acid.....	33		
vilazodone hcl.....	12	yuvaferm.....	41		
viorele.....	41	zafemy.....	41		
VIRACEPT.....	21	zafirlukast.....	53		
		zaleplon.....	56		
		ZELBORAF.....	17		
		zenatane.....	32		
		ZENPEP.....	36		

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- 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.

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.

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。



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