



Value Formulary

Effective January 1, 2027

The 2027 Value Formulary is intended to be a useful reference and informational tool for medical providers. It is intended to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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Value Formulary

INTRODUCTION

We are pleased to provide the 2027 **CVS Caremark Value Formulary** as a useful reference and informational tool. This document can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must

disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

There are two ways to find your drug on this drug list:

1. Medical Conditions

The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under Cardiovascular. If you know what your drug is used for, look for the category name in the list and then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the drug list. The Index is an alphabetical list of all drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find the coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in the lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug. Their requirements and limits may include:

- **Prior Authorization:** Your plan needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from your plan before you fill your prescriptions.
- **Quantity Limits:** For certain drugs, your plan limits the amount of the drug that it will cover. Your plan may also limit the amount of drugs you may receive within a class of drugs. For example, for opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.
- **Step Therapy:** Your plan needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B. If you don't get approval, your plan may not cover the drug.

LEGEND

Symbol	Name
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AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
PA*	If Quantity Limit is exceeded, Prior Authorization may apply
PA**	If Step Therapy requirements are not met, Prior Authorization may apply
QL	Quantity Limit
SP	Drug subject to Specialty Guideline Management
ST	Step Therapy

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

SPECIALTY MEDICATIONS

A rapidly growing category of drugs, specialty medications are the result of continued advances in drug development technology and design. They are created to target and treat complex chronic or genetic medical conditions and include bioengineered proteins, blood-derived products and complex molecules.

Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medications based on currently accepted evidence-based medicine guidelines. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the

document as “SP” for your reference. For additional information, please refer to [CVSpecialty.com](https://www.cvspecialty.com) or to submit a prior authorization, please call 1-866-814-5506.

PLAN DESIGN

Preferred brand-name medications are listed to help identify product that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Special note for opioid containing products: The quantity of opioid product prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30 day supply. Members who are opioid-naïve will be required to use an immediate-release (IR) formulation before moving to an extended-release (ER) formulation and will be subject to quantity limit restrictions.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. Your specific prescription benefit plan design may not cover certain medications, products, or categories, regardless of their appearance in this document. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. If covered in the pharmacy benefit, OTC products require a valid prescription.

Log in to [Caremark.com](https://www.caremark.com) to check coverage.

PREVENTIVE SERVICES

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share. These items may include:

- Bowel Preparations for Colorectal Cancer Screening
- Fluoride Supplementation in Children
- Folic Acid Supplementation
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Medications for Risk Reduction of Primary Breast Cancer
- Contraceptives

- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults
- Antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection
- Diabetes Prevention Medicine for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity

Items that may be covered as preventive services under this formulary will not be specifically noted since final coverage is determined by the plan sponsor.

NOTICE

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Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Requirements/Limits
ANALGESICS	
GOUT	
allopurinol tabs 100mg, 300mg	
colchicine caps .6mg; tabs .6mg	
probenecid tabs 500mg	
NSAIDS	
diclofenac potassium tabs 50mg	
diclofenac sodium delayed-rel tbec 25mg, 50mg, 75mg	
diclofenac sodium ext-rel tb24 100mg	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg	
flurbiprofen tabs 50mg	
ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg	
ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg	
meloxicam tabs 7.5mg, 15mg	
nabumetone tabs 500mg, 750mg	
naproxen tabs 250mg, 375mg, 500mg	
naproxen tbec 375mg, 500mg	
naproxen sodium tabs 275mg, 550mg	
oxaprozin tabs 600mg	
piroxicam caps 10mg, 20mg	
sulindac tabs 150mg, 200mg	
OPIOID ANALGESICS	
acetaminophen w/ codeine soln 120-12 mg/5ml	QL
acetaminophen w/ codeine tab 300-15 mg	QL
acetaminophen w/ codeine tab 300-30 mg	QL
acetaminophen w/ codeine tab 300-60 mg	QL
codeine sulfate tabs 30mg	QL; PA*
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	QL; PA*, Initial PA may apply to higher strengths
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	QL
hydrocodone-acetaminophen tab 5-325 mg	QL
hydrocodone-acetaminophen tab 7.5-325 mg	QL
hydrocodone-acetaminophen tab 10-325 mg	QL
hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg	QL; PA*
methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg	QL; PA*
morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg	QL; PA*, Initial PA may apply to higher strengths

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	QL; PA*
<i>oxycodone hcl conc 20mg/ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL; PA*
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL
<i>tramadol hcl tabs 50mg</i>	QL; PA*
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	QL; PA*, Initial PA may apply to higher strengths

OPIOID PARTIAL AGONISTS

<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	QL; PA*, Initial PA may apply to higher strengths
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths

SALICYLATES

<i>diflunisal tabs 500mg</i>

VISCOSUPPLEMENTS

<i>DUROLANE PRSY 60MG/3ML</i>	SP, PA
<i>EUFLEXXA SOSY 20MG/2ML</i>	SP, PA
<i>GELSYN-3 SOSY 16.8MG/2ML</i>	SP, PA
<i>ORTHOVISC SOSY 30MG/2ML</i>	SP, PA

ANTI-INFECTIVES

ANTHELMINTICS

<i>EMVERM CHEW 100MG</i>	QL; PA*
<i>ivermectin tabs 3mg</i>	
<i>praziquantel tabs 600mg</i>	QL; PA*

ANTI-BACTERIALS - MISCELLANEOUS

<i>ARIKAYCE SUSP 590MG/8.4ML</i>	SP, PA
<i>tinidazole tabs 250mg, 500mg</i>	

ANTIFUNGALS

<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>
<i>itraconazole caps 100mg; soln 10mg/ml</i>
<i>nystatin tabs 500000unit</i>
<i>terbinafine hcl tabs 250mg</i>
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
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AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
APRETUDE SUER 600MG/3ML	QL
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	QL; PA*
<i>darunavir tabs 600mg, 800mg</i>	QL; PA*
<i>efavirenz tabs 600mg</i>	QL; PA*
<i>emtricitabine caps 200mg</i>	QL; PA*
EMTRIVA SOLN 10MG/ML	QL; PA*
<i>etravirine tabs 100mg, 200mg</i>	QL; PA*
<i>fosamprenavir calcium tabs 700mg</i>	QL; PA*
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	QL; PA*
ISENTRESS HD TABS 600MG	QL; PA*
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	QL; PA*
<i>maraviroc tabs 150mg, 300mg</i>	QL; PA*
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	QL; PA*
NORVIR PACK 100MG	QL; PA*
REYATAZ PACK 50MG	QL; PA*
<i>ritonavir tabs 100mg</i>	QL; PA*
RUKOBIA TB12 600MG	QL; PA*
SUNLENCA SOLN 463.5MG/1.5ML; TABS 300MG; TBPK 300MG	QL
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL; PA*
TIVICAY TABS 50MG	QL; PA*
TIVICAY PD TBSO 5MG	QL; PA*
TROGARZO SOLN 200MG/1.33ML	
VIREAD POWD 40MG/GM; TABS 150MG, 200MG, 250MG	QL; PA*
YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	QL; PA*
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	QL; PA*
ANTIRETROVIRAL COMBINATION AGENTS	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL; PA*
BIKTARVY TAB	QL; PA*
CABENUVA SUS 400-600	QL
CABENUVA SUS 600-900	QL
CIMDUO TAB 300-300	QL; PA*
DESCOVY TAB 120-15MG	QL; PA*
DESCOVY TAB 200/25MG	QL; PA*
DOVATO TAB 50-300MG	QL; PA*
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL; PA*

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300mg</i>	QL; PA*
EVOTAZ TAB 300-150	QL; PA*
GENVOYA TAB	QL; PA*
JULUCA TAB 50-25MG	QL; PA*
KALETRA SOL	QL
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL; PA*
<i>lopinavir-ritonavir tab 100-25 mg</i>	QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	QL
ODEFSEY TAB	QL; PA*
PREZCOBIX TAB 675/150	QL; PA*
PREZCOBIX TAB 800-150	QL; PA*
SYMTUZA TAB	QL; PA*
TRIUMEQ PD TAB	QL; PA*
TRIUMEQ TAB	QL; PA*

ANTITUBERCULAR AGENTS

<i>cycloserine caps 250mg</i>	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid syr 50mg/5ml; tabs 100mg, 300mg</i>	
PRIFTIN TABS 150MG	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin caps 150mg</i>	
<i>rifampin caps 150mg, 300mg</i>	
<i>streptomycin sulfate solr 1gm</i>	

ANTIVIRALS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susp 6mg/ml</i>	QL; PA*
PAXLOVID PAK	QL
PAXLOVID TAB 150-100	QL
PAXLOVID TAB 300-100	QL
<i>valacyclovir hcl tabs 1gm, 500mg</i>	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	QL

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Drug Name	Requirements/Limits
CEPHALOSPORINS	
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
cefuroxime axetil tabs 250mg, 500mg	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
ERYTHROMYCINS/MACROLIDES	
azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
clarithromycin ext-rel tb24 500mg	
DIFICID SUSR 40MG/ML	PA
erythromycin susr 200mg/5ml; tabs 400mg	
erythromycin base tabs 500mg	
erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg	
fidaxomicin tabs 200mg	
ZITHROMAX PACK 1GM	
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML	
ciprofloxacin hcl tabs 250mg, 500mg, 750mg	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	
moxifloxacin hcl tabs 400mg	
HEPATITIS B	
entecavir tabs .5mg, 1mg	QL
lamivudine (hbv) tabs 100mg	
HEPATITIS C	
MAVYRET PAK 50-20MG	SP, PA, QL
MAVYRET TAB 100-40MG	SP, PA, QL
ribavirin caps 200mg; tabs 200mg	
MISCELLANEOUS	
atovaquone susp 750mg/5ml	
clindamycin hcl caps 75mg, 150mg, 300mg	
dapsone tabs 25mg, 100mg	
linezolid susr 100mg/5ml; tabs 600mg	PA

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Drug Name	Requirements/Limits
linezolid inj soln 600mg/300ml	PA
metronidazole caps 375mg; tabs 250mg, 500mg	
nitrofurantoin ext-rel caps 100mg	
nitrofurantoin macrocrystals caps 25mg, 50mg, 100mg	
sulfamethoxazole/trimethoprim	
sulfamethoxazole/trimethoprim ds	
vancomycin hcl caps 125mg, 250mg	QL
XIFAXAN TABS 550MG	PA

PENICILLINS

amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg
amoxicillin & k clavulanate chew tab 400-57 mg
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml
amoxicillin & k clavulanate for susp 400-57 mg/5ml
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml
amoxicillin & k clavulanate tab 250-125 mg
amoxicillin & k clavulanate tab 500-125 mg
amoxicillin & k clavulanate tab 875-125 mg
amoxicillin & pot clavulanate ext-rel
ampicillin caps 500mg
dicloxacillin sodium caps 250mg, 500mg
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg

TETRACYCLINES

doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg
doxycycline monohydrate susp susr 25mg/5ml
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg
tetracycline hcl caps 250mg, 500mg

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

cyclophosphamide caps 25mg, 50mg	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	
LEUKERAN TABS 2MG	
MYLERAN TABS 2MG	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	SP, PA

ANTIMETABOLITES

capecitabine tabs 150mg, 500mg	SP, PA
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Drug Name	Requirements/Limits
LONSURF TAB 15-6.14	SP, PA, QL
LONSURF TAB 20-8.19	SP, PA, QL
<i>mercaptopurine tabs 50mg</i>	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	
ONUREG TABS 200MG, 300MG	SP, PA, QL
TABLOID TABS 40MG	
BIOLOGIC RESPONSE MODIFIERS	
ENHERTU SOLR 100MG	SP, PA
ERIVEDGE CAPS 150MG	SP, PA, QL
KADCYLA SOLR 100MG, 160MG	SP, PA
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	SP, PA, QL
PADCEV SOLR 20MG, 30MG	SP, PA, QL
<i>pomalidomide caps 1mg, 2mg, 3mg, 4mg</i>	SP, PA, QL
THALOMID CAPS 50MG, 100MG	SP, PA, QL
BIOSIMILARS	
OGIVRI SOLR 150MG, 420MG	SP, PA
TRAZIMERA SOLR 150MG, 420MG	SP, PA
TRUXIMA SOLN 100MG/10ML, 500MG/50ML	SP, PA
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	SP, PA
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tabs 250mg</i>	SP, PA, QL
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	SP, PA
ERLEADA TABS 60MG, 240MG	SP, PA, QL
<i>exemestane tabs 25mg</i>	
<i>fulvestrant sosy 250mg/5ml</i>	SP, PA
<i>letrozole tabs 2.5mg</i>	
LUPRON DEPOT (1-MONTH) KIT 3.75MG	SP, PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG	SP, PA
LYSODREN TABS 500MG	
<i>megestrol acetate tabs 20mg, 40mg</i>	
<i>nilutamide tabs 150mg</i>	
NUBEQA TABS 300MG	SP, PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
XTANDI CAPS 40MG; TABS 40MG, 80MG	SP, PA, QL
YONSA TABS 125MG	SP, PA, QL

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Drug Name	Requirements/Limits
KINASE INHIBITORS	
ALECENSA CAPS 150MG	SP, PA, QL
ALUNBRIG TABS 30MG, 90MG, 180MG	SP, PA, QL
ALUNBRIG PAK	SP, PA, QL
AUGTYRO CAPS 40MG, 160MG	SP, PA, QL
<i>bosutinib tabs 100mg, 400mg, 500mg</i>	SP, PA, QL
BRAFTOVI CAPS 75MG	SP, PA, QL
BRUKINSA CAPS 80MG; TABS 160MG	SP, PA, QL
CABOMETYX TABS 20MG, 40MG, 60MG	SP, PA, QL
CALQUENCE TABS 100MG	SP, PA, QL
CAPRELSA TABS 100MG, 300MG	SP, PA, QL
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	SP, PA, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	SP, PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	SP, PA, QL
GAVRETO CAPS 100MG	SP, PA, QL
<i>gefitinib tabs 250mg</i>	SP, PA, QL
GILOTRIF TABS 20MG, 30MG, 40MG	SP, PA, QL
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	SP, PA, QL
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	SP, PA, QL
IBTROZI CAPS 200MG	SP, PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
INLYTA TABS 1MG, 5MG	SP, PA, QL
ITOVEBI TABS 3MG, 9MG	SP, PA, QL
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	SP, PA, QL
JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG	SP, PA, QL
KISQALI TBPk 200MG	SP, PA, QL
KOSELUGO CAPS 10MG, 25MG; CPSP 5MG, 7.5MG	SP, PA, QL
<i>lapatinib ditosylate tabs 250mg</i>	SP, PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10MG	SP, PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10MG	SP, PA, QL
LENVIMA CAP 14 MG	SP, PA, QL
LENVIMA CAP 18 MG	SP, PA, QL
LENVIMA CAP 24 MG	SP, PA, QL
LORBRENA TABS 25MG, 100MG	SP, PA, QL
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	SP, PA, QL
MEKTOVI TABS 15MG	SP, PA, QL

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Drug Name	Requirements/Limits
NERLYNX TABS 40MG	SP, PA, QL
<i>nilotinib hcl caps 50mg, 150mg, 200mg</i>	SP, PA, QL
<i>pazopanib hcl tabs 200mg</i>	SP, PA, QL
PIQRAY 200MG DAILY DOSE TBPK 200MG	SP, PA, QL
PIQRAY 250MG TAB DOSE	SP, PA, QL
PIQRAY 300MG DAILY DOSE TBPK 150MG	SP, PA, QL
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	SP, PA, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	SP, PA, QL
RYDAPT CAPS 25MG	SP, PA, QL
SCEMBLIX TABS 20MG, 40MG, 100MG	SP, PA, QL
<i>sorafenib tosylate tabs 200mg</i>	SP, PA, QL
STIVARGA TABS 40MG	SP, PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SP, PA, QL
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	SP, PA, QL
TAGRISSE TABS 40MG, 80MG	SP, PA, QL
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	SP, PA, QL
TUKYSA TABS 50MG, 150MG	SP, PA, QL
TURALIO CAPS 125MG	SP, PA, QL
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	SP, PA, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	SP, PA, QL
XALKORI CPSP 20MG, 50MG, 150MG	SP, PA, QL
XOSPATA TABS 40MG	SP, PA, QL
ZYKADIA TABS 150MG	SP, PA, QL

MISCELLANEOUS

<i>bexarotene caps 75mg</i>	SP, PA
CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML	SP, PA, QL
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
KRAZATI TABS 200MG	SP, PA, QL
LUMAKRAS TABS 120MG, 240MG, 320MG	SP, PA, QL
LYNPARZA TABS 100MG, 150MG	SP, PA, QL
MATULANE CAPS 50MG	
ODOMZO CAPS 200MG	SP, PA, QL
POLIVY SOLR 30MG, 140MG	SP, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	
VENCLEXTA TABS 10MG, 50MG, 100MG	SP, PA, QL
VENCLEXTA TAB START PK	SP, PA, QL
VISTOGARD PACK 10GM	QL
ZEJULA TABS 100MG, 200MG, 300MG	SP, PA, QL
ZOLINZA CAPS 100MG	SP, PA, QL

MONOCLONAL ANTIBODIES

PERJETA SOLN 420MG/14ML	SP, PA
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Drug Name	Requirements/Limits
PHESGO SOL	SP, PA
POLYCYTHEMIA VERA	
BESREMI SOSY 500MCG/ML	SP, PA, QL
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	SP, PA, QL
JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG	SP, PA, QL
PROTEASOME INHIBITORS	
bortezomib solr 3.5mg	SP, PA, QL
NINLARO CAPS 2.3MG, 3MG, 4MG	SP, PA, QL
CARDIOVASCULAR	
ACE INHIBITOR COMBINATIONS	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	
amlodipine besylate-benazepril hcl cap 5-10 mg	
amlodipine besylate-benazepril hcl cap 5-20 mg	
amlodipine besylate-benazepril hcl cap 5-40 mg	
amlodipine besylate-benazepril hcl cap 10-20 mg	
amlodipine besylate-benazepril hcl cap 10-40 mg	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	
lisinopril & hydrochlorothiazide tab 20-25 mg	
ACE INHIBITORS	
captopril tabs 12.5mg, 25mg, 50mg, 100mg	
enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg	
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	
perindopril erbumine tabs 2mg, 4mg, 8mg	
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	
trandolapril tabs 1mg, 2mg, 4mg	
ALDOSTERONE RECEPTOR ANTAGONISTS	
eplerenone tabs 25mg, 50mg	
KERENDIA TABS 10MG, 20MG, 40MG	PA
spironolactone tabs 25mg, 50mg, 100mg	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	

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Drug Name	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>ibutilide fumarate soln 1mg/10ml</i>	

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Drug Name	Requirements/Limits
propafenone ext-rel cp12 225mg, 325mg, 425mg	
propafenone hcl tabs 150mg, 225mg, 300mg	
sotalol tabs 80mg, 120mg, 160mg	
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	
ANTILIPEMICS, BILE ACID RESINS	
cholestyramine powd 4gm/dose	
cholestyramine light powd 4gm/dose	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
ezetimibe tabs 10mg	
ANTILIPEMICS, FIBRATES	
fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg	
gemfibrozil tabs 600mg	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	
rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg	
simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg	
ANTILIPEMICS, MISCELLANEOUS	
niacin ext-rel tbc 500mg, 750mg, 1000mg	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
icosapent ethyl caps .5gm, 1gm	
ANTILIPEMICS, PCSK9 INHIBITORS	
LIPFENDRA TABS 20MG	QL
REPATHA SOSY 140MG/ML	QL
REPATHA SURECLICK SOAJ 140MG/ML	QL
BETA-BLOCKER/DIURETIC COMBINATIONS	
atenolol & chlorthalidone tab 50-25 mg	
atenolol & chlorthalidone tab 100-25 mg	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	
metoprolol & hydrochlorothiazide tab 50-25 mg	
metoprolol & hydrochlorothiazide tab 100-25 mg	
metoprolol & hydrochlorothiazide tab 100-50 mg	
BETA-BLOCKERS	
acebutolol hcl caps 200mg, 400mg	
atenolol tabs 25mg, 50mg, 100mg	
bisoprolol fumarate tabs 5mg, 10mg	
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	

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Drug Name	Requirements/Limits
labetalol hcl tabs 100mg, 200mg, 300mg	
metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg	
metoprolol tartrate tabs 25mg, 50mg, 100mg	
nadolol tabs 20mg, 40mg, 80mg	
pindolol tabs 5mg, 10mg	
propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg	
propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tabs 2.5mg, 5mg, 10mg	
diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg	
felodipine ext-rel tb24 2.5mg, 5mg, 10mg	
isradipine caps 2.5mg, 5mg	
nicardipine hcl caps 20mg, 30mg	
nifedipine ext-rel tb24 30mg, 60mg, 90mg	
verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg	

DIGITALIS GLYCOSIDES

digoxin tabs 62.5mcg, 125mcg, 250mcg	
digoxin ped elixir soln .05mg/ml	

DIURETICS

amiloride & hydrochlorothiazide tab 5-50 mg	
amiloride hcl tabs 5mg	
bumetanide tabs .5mg, 1mg, 2mg	
chlorthalidone tabs 25mg, 50mg	
ethacrynic acid tabs 25mg	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	
indapamide tabs 1.25mg, 2.5mg	
metolazone tabs 2.5mg, 5mg, 10mg	
spironolactone & hydrochlorothiazide tab 25-25 mg	
torsemide tabs 5mg, 10mg, 20mg, 100mg	
triamterene & hydrochlorothiazide cap 37.5-25 mg	
triamterene & hydrochlorothiazide tab 37.5-25 mg	
triamterene & hydrochlorothiazide tab 75-50 mg	

HEART FAILURE

CORLANOR SOLN 5MG/5ML	
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AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>dapagliflozin tabs 5mg, 10mg</i>	ST; PA**
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	
JARDIANCE TABS 10MG, 25MG	ST; PA**
<i>sacubitril-valsartan tab 24-26 mg</i>	
<i>sacubitril-valsartan tab 49-51 mg</i>	
<i>sacubitril-valsartan tab 97-103 mg</i>	

MISCELLANEOUS

CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	SP, PA, QL
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	
VYNDAMAX CAPS 61MG	SP, PA, QL

NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate ext-rel tb24 30mg, 60mg, 120mg</i>	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	
<i>nitroglycerin sublingual subl .3mg, .4mg, .6mg</i>	
<i>nitroglycerin transdermal pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	SP, PA, QL
<i>ambrisentan tabs 5mg, 10mg</i>	SP, PA, QL
<i>bosentan tabs 62.5mg, 125mg</i>	SP, PA, QL
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	SP, PA
<i>macitentan tabs 10mg</i>	SP, PA, QL
OPSYNVI TAB 10-20MG	SP, PA, QL
OPSYNVI TAB 10-40MG	SP, PA, QL
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	SP, PA
ORENITRAM TAB MONTH 1	SP, PA
ORENITRAM TAB MONTH 2	SP, PA
ORENITRAM TAB MONTH 3	SP, PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg</i>	SP, PA, QL
TADLIQ SUSP 20MG/5ML	SP, PA, QL
UPTRAVI SOLR 1800MCG; TABS 100MCG, 150MCG, 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	SP, PA, QL
UPTRAVI PACK TAB 200/800	SP, PA, QL

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Drug Name	Requirements/Limits
YUTREPIA CAPS 26.5MCG, 53MCG, 79.5MCG, 106MCG	SP, PA, QL
CENTRAL NERVOUS SYSTEM	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	
RADICAVA ORS SUSP 105MG/5ML	SP, PA, QL
<i>riluzole tabs 50mg</i>	
ANTIANXIETY	
<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg</i>	QL
ALPRAZOLAM INTENSOL CONC 1MG/ML	QL
<i>alprazolam orally disintegrating tabs tbdp .25mg, .5mg, 1mg, 2mg</i>	QL
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	
<i>fluvoxamine ext-rel cp24 100mg, 150mg</i>	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>oxazepam caps 10mg, 15mg, 30mg</i>	QL
ANTIDEMENTIA	
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	
<i>memantine hcl soln 2mg/ml; tabs 5mg, 10mg</i>	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	
ANTIDEPRESSANTS	
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>bupropion tabs 75mg, 100mg</i>	
<i>bupropion hcl tb12 100mg, 150mg, 200mg</i>	
<i>bupropion hcl ext-rel tb24 150mg, 300mg</i>	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>desvenlafaxine succinate ext-rel tb24 25mg, 50mg, 100mg</i>	
<i>doxepin caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>duloxetine delayed-rel cpep 20mg, 30mg, 60mg</i>	
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	

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Drug Name	Requirements/Limits
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>	
<i>mirtazapine orally disintegrating tabs tbdp 15mg, 30mg, 45mg</i>	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	
<i>paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg</i>	Listing does not include certain NDCs
<i>paroxetine hcl tabs tabs 10mg, 20mg, 30mg, 40mg</i>	
<i>phenelzine sulfate tabs 15mg</i>	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	
SPRAVATO 56MG DOSE SOPK 28MG/DEVICE	SP, PA
SPRAVATO 84MG DOSE SOPK 28MG/DEVICE	SP, PA
<i>tranylcypromine sulfate tabs 10mg</i>	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	
<i>venlafaxine hcl ext-rel cp24 37.5mg, 75mg, 150mg</i>	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	
ZURZUVAE CAPS 20MG, 25MG, 30MG	SP, PA, QL

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tabs 200mg</i>	
INBRIJA CAPS 42MG	SP, PA, QL

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Drug Name	Requirements/Limits
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>rasagiline mesylate tabs .5mg, 1mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	
ARISTADA INITIO PRSY 675MG/2.4ML	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	
COBENFY CAP 50-20MG	
COBENFY CAP 100-20MG	
COBENFY CAP 125-30MG	
COBENFY STRT CAP PACK	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
INVEGA HAFYERA SUSY 1092MG/3.5ML, 1560MG/5ML	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	
LYBALVI TAB 5-10MG	
LYBALVI TAB 10-10MG	
LYBALVI TAB 15-10MG	
LYBALVI TAB 20-10MG	
NUPLAZID CAPS 34MG; TABS 10MG	SP, PA, QL
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	

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Drug Name	Requirements/Limits
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	
risperidone microspheres srrer 12.5mg, 25mg, 37.5mg, 50mg	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	
VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG	
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	

ANTISEIZURE AGENTS

carbamazepine chew 100mg, 200mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	PA
clonazepam tabs .5mg, 1mg, 2mg	QL
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	QL
diazepam tabs 2mg, 5mg, 10mg	QL
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	
eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg	
ethosuximide caps 250mg; soln 250mg/5ml	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	
gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg	
lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	
levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	
oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg	
phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	
phenytoin chew 50mg; susp 125mg/5ml	
phenytoin sodium extended caps 100mg	
primidone tabs 50mg, 250mg	
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	
topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg	
valproic acid caps 250mg	
vigabatrin pack 500mg; tabs 500mg	SP, PA, QL

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Drug Name	Requirements/Limits
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zonisamide caps 25mg, 50mg, 100mg	
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ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap er 24hr 5 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 10 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 15 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 20 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 25 mg	QL; PA*
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amphetamine-dextroamphetamine cap er 24hr 30 mg	QL; PA*
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amphetamine-dextroamphetamine tab 5 mg	QL; PA*
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amphetamine-dextroamphetamine tab 7.5 mg	QL; PA*
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amphetamine-dextroamphetamine tab 10 mg	QL; PA*
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amphetamine-dextroamphetamine tab 12.5 mg	QL; PA*
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amphetamine-dextroamphetamine tab 15 mg	QL; PA*
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amphetamine-dextroamphetamine tab 20 mg	QL; PA*
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amphetamine-dextroamphetamine tab 30 mg	QL; PA*
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atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, QL 80mg, 100mg	
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dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg	QL; PA*
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dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg	QL; PA*
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lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, QL; PA* 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	
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methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg, QL; PA* 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tbc 10mg, 18mg, 20mg, 27mg, 36mg, 54mg	
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BOTULINUM TOXINS

DAXXIFY SOLR 100UNIT	SP, PA
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DYSPORT SOLR 300UNIT, 500UNIT	SP, PA
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XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	SP, PA
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FIBROMYALGIA

milnacipran hcl tabs 12.5mg, 25mg, 50mg, 100mg	PA
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milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	PA
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HYPNOTICS

BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	
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doxepin hcl (sleep) tabs 3mg, 6mg	
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ramelteon tabs 8mg	QL; PA*
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temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	QL
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zaleplon caps 5mg, 10mg	QL; PA*
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zolpidem tartrate tabs 5mg, 10mg	QL; PA*
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Drug Name	Requirements/Limits
zolpidem tartrate ext-rel tbc 6.25mg, 12.5mg	QL; PA*
MIGRAINE - MISCELLANEOUS	
QULIPTA TABS 10MG, 30MG, 60MG	ST, QL; PA**
UBRELVY TABS 50MG, 100MG	ST, QL; PA**
MIGRAINE - MONOCLONAL ANTIBODIES	
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	ST, QL; PA**
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	ST, QL; PA**
MIGRAINE - TRIPTANS AND COMBINATIONS	
naratriptan hcl tabs 1mg, 2.5mg	QL; PA*
rizatriptan benzoate tabs 5mg, 10mg	QL; PA*
rizatriptan orally disintegrating tabs tbdp 5mg, 10mg	QL; PA*
sumatriptan soln 5mg/act, 20mg/act	QL; PA*
sumatriptan succinate soaj 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg	QL; PA*
zolmitriptan soln 5mg; tabs 2.5mg, 5mg	QL; PA*
zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg	QL; PA*
MISCELLANEOUS	
ENSPRYNG SOSY 120MG/ML	SP, PA, QL
EVRYSDI SOLR .75MG/ML; TABS 5MG	SP, PA, QL
MOOD STABILIZERS	
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg	
MOVEMENT DISORDERS	
AUSTEDO TABS 6MG, 9MG, 12MG	SP, PA, QL
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	SP, PA, QL
INGREZZA CAP 40-80MG	SP, PA, QL
tetrabenazine tabs 12.5mg, 25mg	SP, PA, QL
MULTIPLE SCLEROSIS AGENTS	
AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	SP, PA, QL
BETASERON KIT .3MG	SP, PA, QL
BRIUMVI SOLN 150MG/6ML	SP, PA, QL
dimethyl fumarate delayed-rel cpdr 120mg, 240mg	SP, PA, QL
fingolimod hcl caps .5mg	SP, PA, QL
glatiramer acetate sosy 20mg/ml, 40mg/ml	SP, PA, QL
KESIMPTA SOAJ 20MG/0.4ML	SP, PA, QL
MAYZENT TABS .25MG, 1MG, 2MG; TBPk .25MG	SP, PA, QL
MAYZENT STARTER PACK TBPk .25MG	SP, PA, QL
OCREVUS SOLN 300MG/10ML	SP, PA, QL

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Drug Name	Requirements/Limits
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	SP, PA, QL
<i>teriflunomide tabs 7mg, 14mg</i>	SP, PA, QL
TYRUKO CONC 300MG/15ML	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL
MUSCULOSKELETAL THERAPY AGENTS	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
MYASTHENIA GRAVIS	
EPYSQI SOLN 300MG/30ML	SP, PA, QL
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	
RYSTIGGO SOLN 280MG/2ML, 420MG/3ML, 560MG/4ML, 840MG/6ML	SP, PA, QL
VYVGART SOLN 400MG/20ML	SP, PA, QL
VYVGART INJ HYTRULO	SP, PA, QL
NARCOLEPSY/CATAPLEXY	
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA, QL
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	SP, PA, QL
LUMRYZ PAK STARTER	SP, PA, QL
<i>modafinil tabs 100mg, 200mg</i>	PA, QL
WAKIX TABS 4.45MG, 17.8MG	SP, PA, QL
XYWAV SOL 0.5GM/ML	SP, PA, QL
OPIOID AGONIST/ANTAGONIST	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL
OPIOID ANTAGONIST	
<i>naloxone hcl liqd 4mg/0.1ml</i>	QL; PA*

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Drug Name	Requirements/Limits
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
VIVITROL SUSR 380MG	SP, PA, QL
OPIOID PARTIAL AGONISTS	
<i>buprenorphine hcl subl 2mg, 8mg</i>	PA, QL
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
<i>octreotide acetate kit 20mg, 30mg; soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	SP, PA, QL
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	SP, PA, QL
ANDROGENS	
NATESTO GEL 5.5MG/ACT	
<i>testosterone gel 25mg/2.5gm</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	
ANTIDIABETICS, BIGUANIDE	
<i>metformin ext-rel tb24 500mg, 750mg</i>	Listing does not include generics for FORTAMET and GLUMETZA
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	ST; PA**
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	ST; PA**
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	ST; PA**
TRIJARDY XR TAB	ST; PA**
ZITUVIMET TAB 50-500MG	ST; PA**
ZITUVIMET TAB 50-1000	ST; PA**

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Drug Name	Requirements/Limits
ZITUVIMET XR TAB 50-500MG	ST; PA**
ZITUVIMET XR TAB 50-1000	ST; PA**
ZITUVIMET XR TAB 100-1000	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	ST; PA**
ZITUVIO TABS 25MG, 50MG, 100MG	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
<i>liraglutide sopn 18mg/3ml</i>	ST, QL; PA**
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	ST, QL; PA**
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML; TABS 1.5MG, 4MG, 9MG	ST, QL; PA**
RYBELSUS TABS 3MG, 7MG, 14MG	ST, QL; PA**
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	ST, QL; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	
SOLIQUA	ST; PA**
ANTIDIABETICS, INSULIN	
AWIQLI FLEXTOUCH SOPN 700UNIT/ML	
FIASP SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	
HUMULIN R U-500 SOPN 500UNIT/ML	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	
LANTUS SOLN 100UNIT/ML	
LANTUS SOLOSTAR SOPN 100UNIT/ML	
NOVOLIN MIX	OTC
NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	OTC
NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML	OTC
NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	
NOVOLOG MIX	
TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	
ANTIDIABETICS, INSULIN SENSITIZER	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	

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Drug Name	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	ST; PA**
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	ST; PA**
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	ST; PA**
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	ST; PA**
SYNJARDY TAB	ST; PA**
SYNJARDY TAB 5-500MG	ST; PA**
SYNJARDY TAB 5-1000MG	ST; PA**
SYNJARDY TAB 12.5-500	ST; PA**
SYNJARDY XR TAB	ST; PA**
SYNJARDY XR TAB 5-1000MG	ST; PA**
SYNJARDY XR TAB 10-1000	ST; PA**
SYNJARDY XR TAB 25-1000	ST; PA**
XIGDUO XR TAB 2.5-1000	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	
GLYXAMBI TAB 10-5 MG	ST; PA**
GLYXAMBI TAB 25-5 MG	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS	
<i>dapagliflozin tabs 5mg, 10mg</i>	ST; PA**
JARDIANCE TABS 10MG, 25MG	ST; PA**
ANTIDIABETICS, SULFONYLUREA	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	
ANTIOBESITY	
FOUNDAYO TABS .8MG, 2.5MG, 5.5MG, 9MG, 14.5MG, 17.2MG	
<i>liraglutide (weight management) sopn 18mg/3ml</i>	
<i>orlistat caps 120mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	

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Drug Name	Requirements/Limits
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML; TABS 1.5MG, 4MG, 9MG, 25MG	
WEGOVY HD SOAJ 7.2MG/0.75ML	
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
CALCIUM REGULATORS, BISPHOSPHONATES	
<i>alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg</i>	
<i>ibandronate sodium tabs 150mg</i>	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	
<i>zoledronic acid soln 5mg/100ml</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
BILPREVDA SOLN 120MG/1.7ML	SP, PA, QL
OSENVELT SOLN 120MG/1.7ML	SP, PA, QL
OSPOMYV SOSY 60MG/ML	SP, PA, QL
STOBOCLO SOSY 60MG/ML	SP, PA, QL
CALCIUM REGULATORS, PARATHYROID HORMONES	
BONSITY SOPN 560MCG/2.24ML	SP, PA, QL
<i>teriparatide sopn 560mcg/2.24ml</i>	SP, PA, QL
TERIPARATIDE SOPN 560MCG/2.24ML	SP, PA, QL
TYMLOS SOPN 3120MCG/1.56ML	SP, PA, QL
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45MG	SP, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	SP, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	SP, PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG	SP, PA
SUPPRELIN LA KIT 50MG	SP, PA
TRIPTODUR SRER 22.5MG	SP, PA
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	SP, PA
<i>deferiprone tabs 500mg</i>	SP, PA
<i>deferoxamine mesylate solr 2gm, 500mg</i>	SP, PA
<i>penicillamine tabs 250mg</i>	

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Drug Name	Requirements/Limits
CONTRACEPTIVES	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
ELLA TABS 30MG	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	
KYLEENA IUD 19.5MG	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
LO LOESTRIN TAB 1-10-10	
<i>medroxyprogesterone acetate 150 mg/ml susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 21MCG/DAY	
NEXPLANON IMPL 68MG	
<i>norelgestromin/ethinyl estradiol - xulane</i>	
<i>norethindrone tabs .35mg</i>	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	

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Drug Name	Requirements/Limits
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	
PARAGARD IUD T380A	
SKYLA IUD 13.5MG	

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	OTC
ACCU-CHEK LANCETS / LANCING DEVICE	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	OTC
BD INSULIN SYRINGES AND NEEDLES	
BD INSULIN SYRINGES AND NEEDLES	OTC
EMBECTA ULTRAFINE INSULIN SYRINGES (EXCEPT CERTAIN NDCS)	OTC
EMBECTA ULTRAFINE NEEDLES (EXCEPT CERTAIN NDCS)	OTC
FREESTYLE LIBRE RECEIVER	
FREESTYLE LIBRE SENSOR	
KETO-DIASTIX TES	OTC
KETONE TEST TES	OTC
MULTISTIX 10 TES SG	OTC
OMNIPOD 5 INSULIN INFUSION PUMP	
OMNIPOD DASH INSULIN INFUSION PUMP	
TRUE METRIX STRIPS AND KITS	OTC
TRUEPLUS LANCETS	OTC
TWIIIST KIT STARTER	
TWIIIST REFIL KIT INFUSION	

ENDOMETRIOSIS

<i>danazol caps 50mg, 100mg, 200mg</i>	
ORILISSA TABS 150MG, 200MG	PA

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Drug Name	Requirements/Limits
FERTILITY REGULATORS	
<i>cetorelix acetate kit .25mg</i>	SP, PA
<i>clomiphene citrate tabs 50mg</i>	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	SP, PA, QL
GANIRELIX ACETATE SOSY 250MCG/0.5ML	SP, PA
MENOPUR SOLR 75UNIT	SP, PA
PREGNYL SOLR 10000UNIT	SP, PA
GLUCOCORTICOIDS	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	
<i>fludrocortisone acetate tabs .1mg</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	
MEDROL TABS 2MG	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>glucagon solr 1mg</i>	
GVOKE HYOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE HYOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE KIT SOLN 1MG/0.2ML	
GVOKE PFS SOSY 1MG/0.2ML	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	SP, PA
ORFADIN CAPS 20MG; SUSP 4MG/ML	SP, PA
HUMAN GROWTH HORMONES	
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	SP, PA
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	SP, PA, QL
LYSOSOMAL STORAGE DISORDERS	
NEXVIAZYME SOLR 100MG	SP, PA

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Drug Name	Requirements/Limits
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	
ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML	SP, PA
FABRAZYME SOLR 5MG, 35MG	SP, PA
GALAFOLD CAPS 123MG	SP, PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	
CERDELGA CAPS 84MG	SP, PA, QL
CEREZYME SOLR 400UNIT	SP, PA, QL
MENOPAUSAL SYMPTOM AGENTS	
COMBIPATCH DIS	
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	
estradiol vaginal tabs 10mcg	
estradiol vaginal crm crea .1mg/gm	
estradiol/norethindrone	
IMVEXXY INST 4MCG, 10MCG	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
MISCELLANEOUS	
betaine powder for oral solution	SP, PA
cabergoline tabs .5mg	
CYSTAGON CAPS 50MG, 150MG	SP, PA
raloxifene hcl tabs 60mg	
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	SP, PA
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	SP, PA
XIAFLEX SOLR .9MG	SP, PA
PHOSPHATE BINDER AGENTS	
calcium acetate caps caps 667mg	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	
POTASSIUM-REMOVING AGENTS	
sodium polystyrene sulfonate susp 15gm/60ml	
PROGESTINS	
CRINONE GEL 4%, 8%	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	
megestrol acetate susp 400mg/10ml	
norethindrone acetate tabs 5mg	
progesterone, micronized caps 100mg, 200mg	

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Drug Name	Requirements/Limits
THYROID AGENTS	
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	
methimazole tabs 5mg, 10mg	
propylthiouracil tabs 50mg	
UREA CYCLE DISORDER	
carglumic acid tbso 200mg	SP, PA
PHEBURANE PLLT 483MG/GM	SP, PA, QL
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	SP, PA, QL
UTERINE FIBROIDS	
MYFEMBREE TAB	
ORIAHNN CAP	
VASOPRESSINS	
desmopressin acetate tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .01%	
VITAMIN D ANALOGS	
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	
paricalcitol caps 1mcg, 2mcg, 4mcg	
GASTROINTESTINAL	
ANTICHOLINERGICS	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	
glycopyrrolate soln 1mg/5ml	AGE
hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; tabs .125mg; tbdp .125mg	
ANTIDIARRHEALS	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
loperamide hcl caps 2mg	
ANTIEMETICS	
aprepitant caps 40mg, 80mg, 125mg	QL; PA*
aprepitant capsule therapy pack 80 & 125 mg	QL; PA*
dronabinol caps 2.5mg, 5mg, 10mg	
granisetron hcl tabs 1mg	
meclizine hcl tabs 12.5mg, 25mg, 50mg	
metoclopramide hcl tabs 5mg, 10mg	
ondansetron tbdp 4mg, 8mg	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	

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Drug Name	Requirements/Limits
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	
<i>trimethobenzamide hcl caps 300mg</i>	
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	
INFLAMMATORY BOWEL DISEASE	
<i>balsalazide disodium caps 750mg</i>	
<i>budesonide cpep 3mg; tb24 9mg</i>	
<i>budesonide (intrarectal) foam 2mg</i>	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	
<i>mesalamine cp24 .375gm; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72MCG, 145MCG, 290MCG	PA
<i>lubiprostone caps 8mcg, 24mcg</i>	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
<i>alosetron hcl tabs .5mg, 1mg</i>	
LAXATIVES	
CLENPIQ SOL	
<i>lactulose soln 10gm/15ml</i>	
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP
MISCELLANEOUS	
IQIRVO TABS 80MG	SP, PA, QL
<i>misoprostol tabs 100mcg, 200mcg</i>	
SUCRAID SOLN 8500UNIT/ML	PA, QL
SYMPROIC TABS .2MG	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
PANCREATIC ENZYMES	
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
PANCREAZE CAP 2600UNIT	
PANCREAZE CAP 4200UNIT	
PANCREAZE CAP 10500UNT	

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Drug Name	Requirements/Limits
PANCREAZE CAP 16800UNT	
PANCREAZE CAP 21000UNT	
PANCREAZE CAP 37000	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
ZENPEP CAP 60000UNT	
PROTON PUMP INHIBITORS	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	
<i>pantoprazole delayed-rel tabs tbec 20mg, 40mg</i>	
RECTAL, CORTICOSTEROIDS	
<i>hydrocortisone (rectal) crea 2.5%</i>	
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin ext-rel tb24 10mg</i>	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	
<i>finasteride tabs 5mg</i>	
<i>tamsulosin hcl caps .4mg</i>	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	
CONTRACEPTIVES	
<i>PHEXXI GEL</i>	
MISCELLANEOUS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
FILSPARI TABS 200MG, 400MG	SP, PA, QL
<i>potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg</i>	
VANRAFIA TABS .75MG	SP, PA, QL
URINARY ANTISPASMODICS	
<i>mirabegron tb24 25mg, 50mg</i>	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg</i>	
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	
<i>tropium tabs 20mg</i>	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin cream crea 2%</i>	
<i>metronidazole vaginal gel gel .75%</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
terconazole vaginal crea .4%, .8%; supp 80mg	
HEMATOLOGIC	
ANTICOAGULANTS	
dabigatran etexilate mesylate caps 75mg, 110mg, 150mg	
ELIQUIS CPSP .15MG; TABS 2.5MG, 5MG; TBSO .5MG	
ELIQUIS STARTER PACK TBPk 5MG	
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	
rivaroxaban susr 1mg/ml; tabs 2.5mg	
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	
XARELTO TABS 10MG, 15MG, 20MG	
XARELTO STAR TAB 15/20MG	
BLEEDING DISORDERS AGENTS	
SEVENFACT SOLR 1MG, 2MG, 5MG	SP, PA
WILATE INJ	SP, PA
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	SP, PA
FULPHILA SOSY 6MG/0.6ML	SP, PA, QL
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	SP, PA
NYVEPRIA SOSY 6MG/0.6ML	SP, PA, QL
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	SP, PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	SP, PA
HEMOPHILIA A AGENTS	
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SP, PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	SP, PA

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Drug Name	Requirements/Limits
ALTUVIII SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	SP, PA
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	SP, PA
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	SP, PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	SP, PA
XYNTHA SOLOFUSE KIT 3000UNIT	SP, PA

HEMOPHILIA A AND B AGENTS

HYMPAVZI SOAJ 75MG/0.5ML, 150MG/ML	SP, PA, QL
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HEMOPHILIA B AGENTS

BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT	SP, PA
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA

MISCELLANEOUS

<i>anagrelide hcl caps .5mg, 1mg</i>
<i>cilostazol tabs 50mg, 100mg</i>

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI SOLN 1080MG/20ML	SP, PA, QL
EPYSQI SOLN 300MG/30ML	SP, PA, QL

PLATELET AGGREGATION INHIBITORS

<i>clopidogrel bisulfate tabs 75mg, 300mg</i>
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>
<i>dipyridamole ext-rel/aspirin</i>
<i>prasugrel hcl tabs 5mg, 10mg</i>
<i>ticagrelor tabs 60mg, 90mg</i>

SICKLE CELL DISEASE

ADAKVEO SOLN 100MG/10ML	SP, PA
<i>glutamine (sickle cell) pack 5gm</i>	SP, PA, QL
SIKLOS TABS 100MG, 1000MG	

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Drug Name	Requirements/Limits
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	SP, PA, QL
DOPTELET TABS 20MG	SP, PA, QL
DOPTELET SPRINKLE CPSP 10MG	SP, PA, QL
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
ALOPECIA AREATA	
LITFULO CAPS 50MG	SP, PA, QL
OLUMIANT TABS 1MG, 2MG, 4MG	SP, PA, QL
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100MG	SP, PA, QL
ENTYVIO INTRAVENOUS SOLR 300MG	SP, PA, QL
ILUMYA SOSY 100MG/ML	SP, PA, QL
INFLIXIMAB SOLR 100MG	SP, PA, QL
PYZCHIVA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
REMICADE SOLR 100MG	SP, PA, QL
SIMPONI ARIA SOLN 50MG/4ML	SP, PA, QL
SKYRIZI INTRAVENOUS SOLN 600MG/10ML	SP, PA, QL
STELARA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
TREMFYA INTRAVENOUS SOLN 200MG/20ML	SP, PA, QL
YESINTEK INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
tofacitinib citrate soln 1mg/ml; tabs 5mg, 10mg; tb24 11mg, 22mg	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL

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Drug Name	Requirements/Limits
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
RINVOQ TB24 15MG	SP, PA, QL
<i>tofacitinib citrate tabs 5mg; tb24 11mg</i>	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
ENTYVIO PEN SOAJ 108MG/0.68ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL
TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML	SP, PA, QL
TREMFYA PEN SOAJ 100MG/ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
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Drug Name	Requirements/Limits
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA (2 SYRINGE) PSKT 200MG/ML	SP, PA, QL
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
BIMZELX SOAJ 160MG/ML, 320MG/2ML; SOSY 160MG/ML, 320MG/2ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
ICOTYDE TABS 200MG	SP, PA, QL
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
OTEZLA XR TB24 75MG	SP, PA, QL
OTEZLA/XR TAB 28 DAY	SP, PA, QL
PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
SKYRIZI SOAJ 150MG/ML; SOSY 55MG/0.37ML, 150MG/ML	SP, PA, QL

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Drug Name	Requirements/Limits
SOTYKTU TABS 6MG	SP, PA, QL
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	SP, PA, QL
TREMFYA PEN SOAJ 100MG/ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
OTEZLA XR TB24 75MG	SP, PA, QL
OTEZLA/XR TAB 28 DAY	SP, PA, QL
PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
RINVOQ SOLN 1MG/ML; TB24 15MG	SP, PA, QL
SKYRIZI SOAJ 150MG/ML; SOSY 55MG/0.37ML, 150MG/ML	SP, PA, QL
<i>tofacitinib citrate soln 1mg/ml; tabs 5mg; tb24 11mg</i>	SP, PA, QL
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	SP, PA, QL
TREMFYA PEN SOAJ 100MG/ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
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Drug Name	Requirements/Limits
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	SP, PA, QL
ORENCIA CLICKJECT SOAJ 125MG/ML	SP, PA, QL
ORENCIA SUBCUTANEOUS SOSY 125MG/ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL
<i>tofacitinib citrate tabs 5mg; tb24 11mg</i>	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
ENTYVIO PEN SOAJ 108MG/0.68ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL; Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL
<i>tofacitinib citrate tabs 5mg, 10mg; tb24 11mg, 22mg</i>	SP, PA, QL
TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML	SP, PA, QL
TREMFYA PEN SOAJ 100MG/ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL

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Drug Name	Requirements/Limits
ZEPOSIA CAP STR KIT	SP, PA, QL
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	SP, PA, QL
HEREDITARY ANGIOEDEMA	
<i>icatibant acetate sosy 30mg/3ml</i>	SP, PA, QL
ORLADEYO CAPS 110MG, 150MG; PACK 72MG, 96MG, 108MG, 132MG	SP, PA, QL
RUCONEST SOLR 2100UNIT	SP, PA, QL
TAKHZYRO SOSY 150MG/ML, 300MG/2ML	SP, PA, QL
IMMUNOGLOBULIN	
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	SP, PA
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	SP, PA
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	SP, PA
PRIVIGEN SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	SP, PA
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	SP, PA
IMMUNOSUPPRESSANTS	
ASTAGRAF XL CP24 .5MG, 1MG, 5MG	
<i>azathioprine tabs 50mg</i>	
BENLYSTA SOAJ 200MG/ML; SOLR 120MG, 400MG; SOSY 200MG/ML	SP, PA, QL
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	
CELLCEPT INTRAVENOUS SOLR 500MG	
<i>cyclosporine caps 25mg, 100mg</i>	
<i>cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml</i>	
ENVARUSUS XR TB24 .75MG, 1MG, 4MG	
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	

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Drug Name	Requirements/Limits
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	
MYFORTIC TBEC 180MG, 360MG	
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	
NULOJIX SOLR 250MG	
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML	
SAPHNELO SOSY 120MG/0.8ML	SP, PA, QL
SAPHNELO PEN SOAJ 120MG/0.8ML	SP, PA, QL
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	
MISCELLANEOUS	
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	
ILARIS SOLN 150MG/ML	SP, PA
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES	
<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbc 8meq, 10meq, 20meq</i>	
<i>sodium fluoride soln .5mg/ml; tabs .5mg, 1mg</i>	
PRENATAL VITAMINS	
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	
VITAMINS	
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>ergocalciferol caps 1.25mg</i>	
<i>folic acid tabs 1mg</i>	
<i>pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml</i>	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	
<i>pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml</i>	
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	
<i>phytonadione tabs 5mg</i>	

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Drug Name	Requirements/Limits
OPHTHALMIC	
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<i>moxifloxacin hcl (ophth) soln .5%</i>	
<i>NATACYN SUSP 5%</i>	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) soln .3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>trifluridine soln 1%</i>	
<i>XDEMVI SOLN .25%</i>	PA, QL
ANTI-INFLAMMATORIES	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	
<i>ketorolac tromethamine (ophth) soln .5%</i>	
<i>loteprednol etabonate susp .5%</i>	
<i>prednisolone acetate (ophth) susp 1%</i>	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	
ANTIALLERGICS	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
ANTI GLAUCOMA BETA-BLOCKERS	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	

Drug Name	Requirements/Limits
ANTIGLAUCOMA COMBINATION AGENTS	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	
CARBONIC ANHYDRASE INHIBITORS	
dorzolamide hcl soln 2%	
DRY EYE DISEASE	
cyclosporine (ophth) emul .05%	PA, QL
RESTASIS EMUL .05%	PA, QL; Multidose is preferred
VEVYE SOLN .1%	PA, QL
PROSTAGLANDINS	
bimatoprost soln .03%	
latanoprost soln .005%	
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	SP, PA
SYMPATHOMIMETICS	
brimonidine tartrate soln .15%, .2%	
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
ARALAST NP SOLR 500MG, 1000MG	SP, PA
GLASSIA SOLN 4GM/200ML, 5GM/250ML, 1000MG/50ML	SP, PA
ZEMAIRA SOLR 1000MG, 4000MG, 5000MG	SP, PA
ANAPHYLAXIS TREATMENT AGENTS	
epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml	QL; PA*, Listing does not include certain NDCs
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	QL
BEVESPI AER 9-4.8MCG	QL
ipratropium/albuterol inhalation soln	QL
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
TRELEGY AER 100MCG	QL
TRELEGY AER 200MCG	QL
ANTICHOLINERGICS	
ipratropium bromide (nasal) soln .03%, .06%	
ipratropium inhalation solution soln .02%	QL
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT	QL
SPIRIVA HANDIHALER CAPS 18MCG	QL
YUPELRI NEBU 175MCG/3ML	QL
ANTI-HISTAMINES	
azelastine hcl soln 137mcg/spray	
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	

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Drug Name	Requirements/Limits
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
BETA AGONISTS	
<i>albuterol inhalation soln nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	QL
<i>albuterol sulfate, cfc-free aerosol aers 108mcg/act</i>	QL; Listing does not include certain NDCs
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	QL
<i>levalbuterol nebulizer soln concentrate nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	QL
<i>levalbuterol, cfc-free aerosol aero 45mcg/act</i>	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	QL
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML	SP, PA, QL
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	SP, PA, QL
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS	
DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML	SP, PA, QL
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	SP, PA, QL
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	SP, PA, QL
CHRONIC SPONTANEOUS URTICARIA	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
XOLAIR SOAJ 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 150MG/ML, 300MG/2ML	SP, PA, QL
COLD/COUGH	
<i>benzonatate caps 100mg, 200mg</i>	Listing does not include certain NDCs.
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	QL; PA*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL; PA*
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
CYSTIC FIBROSIS	
ALYFTREK TAB	SP, PA, QL
ALYFTREK TAB 4-20-50	SP, PA, QL
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG; TABS 150MG	SP, PA, QL
PULMOZYME SOLN 2.5MG/2.5ML	SP, PA, QL
SYMDEKO TAB 50-75MG	SP, PA, QL

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Drug Name	Requirements/Limits
SYMDEKO TAB 100-150	SP, PA, QL
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	SP, PA, QL
TRIKAFTA PAK 59.5MG	SP, PA, QL
TRIKAFTA PAK 75MG	SP, PA, QL
TRIKAFTA TAB	SP, PA, QL
EOSINOPHILIC ESOPHAGITIS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
LEUKOTRIENE RECEPTOR ANTAGONISTS	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
NASAL STEROIDS	
<i>flunisolide spray soln .025%</i>	
<i>fluticasone spray susp 50mcg/act</i>	
PULMONARY FIBROSIS AGENTS	
JASCAYD TABS 9MG, 18MG	SP, PA, QL
<i>nintedanib esylate caps 100mg, 150mg</i>	SP, PA, QL
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	SP, PA, QL
SEVERE ASTHMA AGENTS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
FASENRA SOSY 10MG/0.5ML, 30MG/ML	SP, PA, QL
FASENRA PEN SOAJ 30MG/ML	SP, PA, QL
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	SP, PA, QL
TEZSPIRE SOAJ 210MG/1.91ML; SOSY 210MG/1.91ML	SP, PA, QL
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	SP, PA, QL
STEROID INHALANTS	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	QL
<i>budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	QL; PA*
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	QL
STEROID/BETA-AGONIST COMBINATIONS	
AIRSUPRA AER 90-80MCG	QL
<i>breyana 80-4.5 mcg/act</i>	QL
<i>breyana 160-4.5 mcg/act</i>	QL

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Drug Name	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>wixela inhub 100-50 mcg/act</i>	QL
<i>wixela inhub 250-50 mcg/act</i>	QL
<i>wixela inhub 500-50 mcg/act</i>	QL

XANTHINES

<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>
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TOPICAL

DERMATOLOGY, ACNE

<i>clindamycin gel gel 1%</i>	QL; PA*, Listing does not include certain NDCs
<i>clindamycin lotion lotn 1%</i>	QL; PA*
<i>clindamycin solution soln 1%</i>	QL; PA*
<i>erythromycin gel 2% gel 2%</i>	QL; PA*
<i>erythromycin soln soln 2%</i>	QL; PA*
<i>erythromycin/benzoyl peroxide</i>	QL; PA*
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>sulfacetamide lotion 10% lotn 10%</i>	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>
<i>imiquimod crea 5%</i>

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	
<i>mupirocin oint 2%</i>	QL; PA*
<i>silver sulfadiazine crea 1%</i>	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel .77%; sham 1%</i>	QL; PA*
<i>ciclopirox olamine crea .77%; susp .77%</i>	QL; PA*
<i>clotrimazole (topical) crea 1%; soln 1%</i>	QL; PA*
<i>econazole nitrate crea 1%</i>	QL; PA*
<i>ketokonazole (topical) crea 2%</i>	QL; PA*
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	QL; PA*

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Drug Name	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS	
<i>calcipotriene oint .005%; soln .005%</i>	
ENSTILAR AER	
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	
DERMATOLOGY, ATOPIC DERMATITIS	
CIBINQO TABS 50MG, 100MG, 200MG	SP, PA, QL
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
EBGLYSS SOAJ 250MG/2ML; SOSY 250MG/2ML	SP, PA, QL
NEMLUVIO AUIJ 30MG	SP, PA, QL
<i>pimecrolimus crea 1%</i>	
RINVOQ TB24 15MG, 30MG	SP, PA, QL
<i>tacrolimus (topical) oint .03%, .1%</i>	
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	QL; PA*
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	QL; PA*
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	QL; PA*
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desonide crea .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	QL; PA*
<i>fluocinolone acetonide crea .025%; oint .025%; soln .01%</i>	QL; PA*
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	QL; PA*
<i>fluticasone propionate crea .05%; oint .005%</i>	QL; PA*
<i>halobetasol propionate crea .05%; oint .05%</i>	QL; PA*
<i>hydrocortisone (topical) crea 2.5%</i>	QL; PA*
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>hydrocortisone valerate crea .2%; oint .2%</i>	QL; PA*
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	QL; PA*
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine ptch 5%</i>	PA, QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	

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Drug Name	Requirements/Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
bexarotene (topical) gel 1%	SP, PA
lactic acid (ammonium lactate) crea 12%; lotn 12%	
DERMATOLOGY, PRURIGO NODULARIS	
DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML	SP, PA, QL
NEMLUVIO AUIJ 30MG	SP, PA, QL
DERMATOLOGY, ROSACEA	
azelaic acid gel 15%	
brimonidine tartrate (topical) gel .33%	
doxycycline (rosacea) cpdr 40mg	
ivermectin (rosacea) crea 1%	
metronidazole (topical) crea .75%; gel .75%; lotn .75%	QL; PA*
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
malathion lotn .5%	
permethrin crea 5%	
MOUTH/THROAT/DENTAL AGENTS	
clotrimazole troches troc 10mg	
lidocaine hcl (mouth-throat) soln 2%	
MUGARD LIQ	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	
triamcinolone acetonide (mouth) pste .1%	
OTIC	
acetic acid (otic) soln 2%	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	
neomycin-polymyxin-hc otic soln 1%	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	
ofloxacin (otic) soln .3%	

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<i>benztropine mesylate</i>	28
<i>BESREMI</i>	22
<i>betaine powder for oral solution</i>	41

<i>betamethasone dipropionate (topical)</i>	59	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	33
<i>betamethasone dipropionate augmented</i>	59	<i>mg (base equiv)</i>	33
<i>betamethasone valerate</i>	59	<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	33
BETASERON.....	32	<i>0.5 mg (base equiv)</i>	33
<i>betaxolol hcl (ophth)</i>	54	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	33
<i>bethanechol chloride</i>	44	<i>mg (base equiv)</i>	33
BEVESPI AER 9-4.8MCG.....	55	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	33
<i>bexarotene</i>	21	<i>mg (base equiv)</i>	33
<i>bexarotene (topical)</i>	60	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	33
BEYFORTUS	53	<i>mg (base equiv)</i>	33
<i>bicalutamide</i>	19	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	33
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<i>bimatoprost</i>	55	<i>bupropion hcl</i>	27
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<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>		CABENUVA SUS 400-600	15
<i>mg</i>	24	CABENUVA SUS 600-900	15
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<i>breyna 80-4.5 mcg/act</i>	57	<i>capecitabine</i>	18
<i>brimonidine tartrate</i>	55	CAPRELSA	20
<i>brimonidine tartrate (topical)</i>	60	<i>captopril</i>	22
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<i>bromocriptine mesylate</i>	28	<i>carbidopa & levodopa tab 10-100 mg</i>	28
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<i>budesonide</i>	43	<i>carbidopa & levodopa tab 25-250 mg</i>	28
<i>budesonide (intrarectal)</i>	43	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	28
<i>budesonide-formoterol fumarate dihyd</i>		<i>carbidopa & levodopa tab er 50-200 mg</i> ..	28
<i>aerosol 160-4.5 mcg/act</i>	58	<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>budesonide-formoterol fumarate dihyd</i>		<i>50-200 mg</i>	28
<i>aerosol 80-4.5 mcg/act</i>	58	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>budesonide inh susp</i>	57	<i>18.75-75-200 mg</i>	28
<i>bumetanide</i>	25	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
<i>buprenorphine</i>	14	<i>100-200 mg</i>	28
<i>buprenorphine hcl</i>	34		

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<i>clindamycin lotion</i>	58	<i>dabigatran etexilate mesylate</i>	45

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<i>dapagliflozin free base-metformin hcl tab er</i> <i>24hr 10-500 mg</i>	36	<i>digoxin</i>	25
<i>dapagliflozin free base-metformin hcl tab er</i> <i>24hr 5-1000 mg</i>	36	<i>digoxin ped elixir</i>	25
<i>dapagliflozin free base-metformin hcl tab er</i> <i>24hr 5-500 mg</i>	36	<i>diltiazem ext-rel</i>	25
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<i>deferoxamine mesylate</i>	37	<i>divalproex sodium</i>	30
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<i>desogest-eth estrad & eth estrad tab 0.15-</i> <i>0.02/0.01 mg(21/5)</i>	38	<i>DOVATO TAB 50-300MG</i>	15
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<i>diazepam</i>	30	<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	38
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		<i>econazole nitrate</i>	58
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<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>estradiol/norethindrone</i>	41
<i>tab 100-150 mg</i>	16	<i>estradiol vaginal</i>	41
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>estradiol vaginal crm</i>	41
<i>tab 133-200 mg</i>	16	<i>ethacrynic acid</i>	25
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>ethambutol hcl</i>	16
<i>tab 167-250 mg</i>	16	<i>ethosuximide</i>	30
<i>emtricitabine-tenofovir disoproxil fumarate</i>		<i>ethynodiol diacetate & ethinyl estradiol tab</i>	
<i>tab 200-300 mg</i>	16	1 mg-35 mcg	38
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<i>enalapril maleate</i>	22	etodolac	13
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nifedipine ext-rel	25	35/0.5-35 mg-mcg	39
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92 mg	37	<i>mg</i>	53
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<i>propafenone ext-rel</i>	24	<i>rivastigmine tartrate</i>	27
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