

Arkansas Blue Cross and Blue Shield Blue Choice Formulary

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INTRODUCTION

We are pleased to provide the 2025 Arkansas Blue Cross and Blue Shield Blue Choice 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. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

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 not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Arkansas Blue Cross will utilize the services of the independent National P&T Committee as well as internal pharmacy and medical advisory committees to direct formulary decisions as it relates to our benefit certificates and policies.

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.

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LEGEND

Symbol	Name
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	Specialty 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.

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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. The utilization management program is available for therapeutic areas dispensed by our specialty pharmacies. 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 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. 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.

Some Plans exclude mental health drugs.

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

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- 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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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

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

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

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Drug Name	Requirements/Limits
<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

SALICYLATES

<i>diflunisal tabs 500mg</i>	
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VISCOSUPPLEMENTS

DUROLANE PRSY 60MG/3ML	SP, PA
EUFLEXXA SOSY 20MG/2ML	SP, PA
GELSYN-3 SOSY 16.8MG/2ML	SP, PA
SUPARTZ FX SOSY 25MG/2.5ML	SP, PA

ANTI-INFECTIVES

ANTHELMINTICS

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

ANTI-BACTERIALS - MISCELLANEOUS

ARIKAYCE SUSP 590MG/8.4ML	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>	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
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*

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Drug Name	Requirements/Limits
<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; 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*
<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	SP, PA, QL
CABENUVA SUS 600-900	SP, PA, 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*
<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 200-300 mg</i>	QL; PA*
EVOTAZ TAB 300-150	QL; PA*
GENVOYA TAB	QL; PA*
JULUCA TAB 50-25MG	QL; PA*
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL; PA*
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	QL
ODEFSEY TAB	QL; PA*
PREZCOBIX TAB 800-150	QL; PA*
SYM TUZA TAB	QL; PA*
TRIUMEQ PD TAB	QL; PA*
TRIUMEQ TAB	QL; PA*

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Drug Name	Requirements/Limits
ANTITUBERCULAR AGENTS	
<i>cycloserine caps 250mg</i>	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid syrp 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>	
TRECATOR TABS 250MG	
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; susr 6mg/ml QL; PA*</i>	
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
CEPHALOSPORINS	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefepodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>clarithromycin ext-rel tb24 500mg</i>	
DIFICID SUSR 40MG/ML; TABS 200MG	PA
<i>erythromycin susr 200mg/5ml; tabs 250mg, 400mg</i>	
<i>erythromycin base tabs 500mg</i>	
<i>erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg</i>	
ZITHROMAX PACK 1GM	
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	

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Drug Name	Requirements/Limits
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
HEPATITIS B	
<i>entecavir tabs .5mg, 1mg</i>	QL
<i>lamivudine (hbv) tabs 100mg</i>	
VEMLIDY TABS 25MG	QL
HEPATITIS C	
EPCLUSA PAK 150-37.5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
<i>ribavirin caps 200mg; tabs 200mg</i>	SP, PA
VOSEVI TAB	SP, PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).
MISCELLANEOUS	
<i>atovaquone susp 750mg/5ml</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	
<i>dapsone tabs 25mg, 100mg</i>	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	PA
<i>linezolid inj soln 600mg/300ml</i>	PA
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
<i>nitrofurantoin ext-rel caps 100mg</i>	
<i>nitrofurantoin macrocrystals caps 25mg, 50mg, 100mg</i>	
<i>sulfamethoxazole/trimethoprim</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>vancomycin hcl caps 125mg, 250mg</i>	QL
XIFAXAN TABS 550MG	PA

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Drug Name	Requirements/Limits
PENICILLINS	
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & pot clavulanate ext-rel</i>	
<i>ampicillin caps 500mg</i>	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
TETRACYCLINES	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>doxycycline monohydrate susp susr 25mg/5ml</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	QL; PA*
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
<i>cyclophosphamide caps 25mg, 50mg</i>	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	
LEUKERAN TABS 2MG	
MYLERAN TABS 2MG	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	SP, PA
ANTIMETABOLITES	
<i>capecitabine tabs 150mg, 500mg</i>	SP, PA
LONSURF TAB 15-6.14	SP, PA, QL
LONSURF TAB 20-8.19	SP, PA, QL
<i>mercaptopurine tabs 50mg</i>	
ONUREG TABS 200MG, 300MG	SP, PA, QL
TABLOID TABS 40MG	
BIOLOGIC RESPONSE MODIFIERS	
BESREMI SOSY 500MCG/ML	SP, PA, QL
ERIVEDGE CAPS 150MG	SP, PA, QL
PADCEV SOLR 20MG, 30MG	SP, PA, QL

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Drug Name	Requirements/Limits
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	SP, PA, QL
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	SP, PA, QL
THALOMID CAPS 50MG, 100MG	SP, PA, QL

BIOSIMILARS

KANJINTI SOLR 150MG, 420MG	SP, PA
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	SP, PA
TRAZIMERA SOLR 150MG, 420MG	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

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
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	SP, PA, QL
BRAFTOVI CAPS 75MG	SP, PA, QL
BRUKINSA CAPS 80MG	SP, PA, QL
CABOMETYX TABS 20MG, 40MG, 60MG	SP, PA, QL
CALQUENCE TABS 100MG	SP, PA, QL
CAPRELSA TABS 100MG, 300MG	SP, PA, QL
COPIKTRA CAPS 15MG, 25MG	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

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Drug Name	Requirements/Limits
<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
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	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
KOSELUGO CAPS 10MG, 25MG	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
NERLYNX TABS 40MG	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
TAGRISSO TABS 40MG, 80MG	SP, PA, QL
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	SP, PA, QL
TUKYSA TABS 50MG, 150MG	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

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Drug Name	Requirements/Limits
ZYDELIG TABS 100MG, 150MG	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
PHESGO SOL	SP, PA

PROTEASOME INHIBITORS

<i>bortezomib solr 3.5mg</i>	SP, PA, QL
NINLARO CAPS 2.3MG, 3MG, 4MG	SP, PA, QL

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>

ACE INHIBITORS

<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>

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Drug Name	Requirements/Limits
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone tabs 25mg, 50mg</i>	
KERENDIA TABS 10MG, 20MG	PA
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	
<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>	

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Drug Name	Requirements/Limits
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	SP, PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>ibutilide fumarate soln 1mg/10ml</i>	
<i>propafenone ext-rel cp12 225mg, 325mg, 425mg</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine powd 4gm/dose</i>	
<i>cholestyramine light powd 4gm/dose</i>	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
<i>ezetimibe tabs 10mg</i>	
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	
<i>gemfibrozil tabs 600mg</i>	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
<i>icosapent ethyl caps .5gm, 1gm</i>	
VASCEPA CAPS .5GM, 1GM	
ANTILIPEMICS, PCSK9 INHIBITORS	
REPATHA SOSY 140MG/ML	QL
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	QL
REPATHA SURECLICK SOAJ 140MG/ML	QL
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
BETA-BLOCKERS	
<i>acebutolol hcl caps 200mg, 400mg</i>	

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Drug Name	Requirements/Limits
<i>atenolol tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	
<i>pindolol tabs 5mg, 10mg</i>	
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
<i>diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>isradipine caps 2.5mg, 5mg</i>	
<i>nicardipine hcl caps 20mg, 30mg</i>	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	
<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	
DIGITALIS GLYCOSIDES	
<i>digoxin tabs 62.5mcg, 125mcg, 250mcg</i>	
<i>digoxin ped elixir soln .05mg/ml</i>	
DIURETICS	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tabs 5mg</i>	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	
<i>ethacrynic acid tabs 25mg</i>	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
HEART FAILURE	
<i>CORLANOR SOLN 5MG/5ML</i>	

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Drug Name	Requirements/Limits
ENTRESTO CAP 6-6MG	
ENTRESTO CAP 15-16MG	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	
<i>ivabradine hcl tabs 5mg, 7.5mg</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
OPSUMIT TABS 10MG	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
TYVASO SOLN .6MG/ML	SP, PA, QL
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG	SP, PA, QL
TYVASO DPI POW 16-32-48	SP, PA, QL

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Drug Name	Requirements/Limits
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	SP, PA, QL
UPTRAVI PACK TAB 200/800	SP, PA, QL

CENTRAL NERVOUS SYSTEM

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS SUSP 105MG/5ML	SP, PA, QL
<i>riluzole tabs 50mg</i>	

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>	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>apomorphine hydrochloride soct 30mg/3ml</i>	SP, PA, QL
<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
<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>	

ANTISEIZURE AGENTS

<i>carbamazepine chew 100mg, 200mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	
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Drug Name	Requirements/Limits
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	QL
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	
<i>gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg</i>	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	
<i>oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	
<i>phenytoin sodium extended caps 100mg</i>	
<i>primidone tabs 50mg, 250mg</i>	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
<i>topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg</i>	
<i>valproic acid caps 250mg</i>	
<i>vigabatrin pack 500mg; tabs 500mg</i>	SP, PA, QL
<i>zonisamide caps 25mg, 50mg, 100mg</i>	
<i>BOTULINUM TOXINS</i>	
<i>DAXXIFY SOLR 100UNIT</i>	SP, PA
<i>XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT</i>	SP, PA
<i>FIBROMYALGIA</i>	
<i>SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG</i>	PA
<i>SAVELLA MIS TITR PAK</i>	PA
<i>MIGRAINE - MISCELLANEOUS</i>	
<i>UBRELVY TABS 50MG, 100MG</i>	ST, QL; PA**
<i>MIGRAINE - MONOCLONAL ANTIBODIES</i>	
<i>AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML</i>	ST, QL; PA**
<i>EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML</i>	ST, QL; PA**
<i>MIGRAINE - TRIPTANS AND COMBINATIONS</i>	
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL; PA*
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	QL; PA*
<i>rizatriptan orally disintegrating tabs tbdp 5mg, 10mg</i>	QL; PA*
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL; PA*

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Drug Name	Requirements/Limits
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	QL; PA*
<i>zolmitriptan soln 5mg; tabs 2.5mg, 5mg</i>	QL; PA*
<i>zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg</i>	QL; PA*
MISCELLANEOUS	
ENSPRYNG SOSY 120MG/ML	SP, PA, QL
EVRYSDI SOLR .75MG/ML; TABS 5MG	SP, PA, QL
MOVEMENT DISORDERS	
AUSTEDO TABS 6MG, 9MG, 12MG	SP, PA, QL
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	SP, PA, QL
AUSTEDO XR TAB TITR KIT	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
COPAXONE INJ 40MG/ML SOSY 40MG/ML	SP, PA, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	SP, PA, QL
<i>fingolimod hcl caps .5mg</i>	SP, PA, QL
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	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
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
TYSABRI 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	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	

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Drug Name	Requirements/Limits
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

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 10mg/act, 25mg/2.5gm</i>	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate soln 200mg/ml</i>	PA

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML	ST; PA**
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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**
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**
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Drug Name	Requirements/Limits
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	ST, QL; PA**
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 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	
FIASP SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	
HUMULIN R U-500 SOLN 500UNIT/ML; 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	
pioglitazone hcl tabs 15mg, 30mg, 45mg	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
pioglitazone hcl-metformin hcl tab 15-500 mg	
pioglitazone hcl-metformin hcl tab 15-850 mg	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
pioglitazone hcl-glimepiride tab 30-2 mg	
pioglitazone hcl-glimepiride tab 30-4 mg	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	
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**

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Drug Name	Requirements/Limits
XIGDUO XR TAB 5-500MG	ST; PA**
XIGDUO XR TAB 5-1000MG	ST; PA**
XIGDUO XR TAB 10-500MG	ST; PA**
XIGDUO XR TAB 10-1000	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	
FARXIGA TABS 5MG, 10MG	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>	
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
CALCIUM REGULATORS, BISPHOSPHONATES	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	
<i>ibandronate sodium tabs 150mg</i>	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
PROLIA SOSY 60MG/ML	SP, PA, QL
CALCIUM REGULATORS, PARATHYROID HORMONES	
<i>teriparatide sopn 560mcg/2.24ml</i>	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	
ANNOVERA MIS	
<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 20MCG/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>	
<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>	

Drug Name	Requirements/Limits
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	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SENSOR	PA, QL
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	PA
OMNIPOD 5 INSULIN INFUSION PUMP	PA, QL
OMNIPOD DASH INSULIN INFUSION PUMP	QL
ENDOMETRIOSIS	
<i>danazol caps 50mg, 100mg, 200mg</i>	
ORILISSA TABS 150MG, 200MG	PA
FERTILITY REGULATORS	
<i>cetrorelix 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 W/DILUENT BENZYL 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; tbdp 10mg, 15mg, 30mg</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 (rdna) kit 1mg</i>	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE KIT SOLN 1MG/0.2ML	
GVOKE PFS SOSY 1MG/0.2ML	

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Drug Name	Requirements/Limits
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	SP, PA
ORFADIN CAPS 20MG	SP, PA
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	SP, PA
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
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	
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	
<i>estradiol vaginal tabs 10mcg</i>	
<i>estradiol vaginal crm crea .1mg/gm</i>	
<i>estradiol/norethindrone</i>	
IMVEXXY INST 4MCG, 10MCG	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
VAGIFEM TABS 10MCG	
MISCELLANEOUS	
<i>betaine powder for oral solution</i>	SP, PA
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50MG, 150MG	SP, PA
<i>raloxifene hcl tabs 60mg</i>	
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	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	
<i>calcium acetate caps caps 667mg</i>	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	

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Drug Name	Requirements/Limits
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	
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*

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Drug Name	Requirements/Limits
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	QL; PA*
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	
<i>granisetron hcl tabs 1mg</i>	
<i>meclizine hcl tabs 12.5mg, 25mg, 50mg</i>	
<i>metoclopramide hcl tabs 5mg, 10mg</i>	
<i>ondansetron tbdp 4mg, 8mg</i>	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</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>	
UCERIS TB24 9MG	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72MCG, 145MCG, 290MCG	
<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	

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Drug Name	Requirements/Limits
CREON CAP 24000UNT	
CREON CAP 36000UNT	
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>	
<i>potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg</i>	
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>trospium tabs 20mg</i>	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin cream crea 2%</i>	
<i>metronidazole vaginal gel gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
HEMATOLOGIC	
ANTICOAGULANTS	
<i>dabigatran etexilate mesylate caps 75mg, 110mg, 150mg</i>	
<i>ELIQUIS TABS 2.5MG, 5MG</i>	

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Drug Name	Requirements/Limits
ELIQUIS STARTER PACK TBPK 5MG	
<i>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</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 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
FYLNETRA SOSY 6MG/0.6ML	PA, QL
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	SP, PA
NYVEPRIA SOSY 6MG/0.6ML	PA, QL
PROCRT 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
ALTUVIIIO SOLR 250UNIT, 500UNIT, 750UNIT, 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

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Drug Name	Requirements/Limits
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	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 B AGENTS	
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
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
ULTOMIRIS SOLN 300MG/3ML, 1100MG/11ML	SP, PA
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>	
SICKLE CELL DISEASE	
ADAKVEO SOLN 100MG/10ML	SP, PA
<i>glutamine (sickle cell) pack 5gm</i>	SP, PA, QL
SIKLOS TABS 100MG, 1000MG	
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	SP, PA, QL
DOPTELET TABS 20MG	SP, PA, QL
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
ALOPECIA AREATA	
LITFULO CAPS 50MG	SP, PA, QL
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100MG	SP, PA, QL
ILUMYA SOSY 100MG/ML	SP, PA, QL
PYZCHIVA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL

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Drug Name	Requirements/Limits
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.

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	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.
RINVOQ TB24 15MG	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
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 SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL

Drug Name	Requirements/Limits
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/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.
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</i>	
CIMZIA PSKT 200MG/ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS</i>	
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.
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
SKYRIZI SOAJ 150MG/ML; SOSY 150MG/ML	SP, PA, QL
SOTYKTU TABS 6MG	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	SP, PA, QL

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 not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	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.
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
RINVOQ SOLN 1MG/ML; TB24 15MG	SP, PA, QL
SKYRIZI SOAJ 150MG/ML; SOSY 150MG/ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS</i>	
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.
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 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	SP, PA, QL

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Drug Name	Requirements/Limits
XELJANZ XR TB24 11MG, 22MG	SP, PA, QL
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	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 SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	SP, PA, QL
VELSIPITY TABS 2MG	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
OTREXUP SOAJ 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	SP, PA, QL
<i>HEREDITARY ANGIOEDEMA</i>	
icatibant acetate sosy 30mg/3ml	SP, PA, QL
ORLADEYO CAPS 110MG, 150MG	SP, PA, QL
RUCONEST SOLR 2100UNIT	SP, PA, QL
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	SP, PA, QL
<i>IMMUNOGLOBULIN</i>	
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
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML	SP, PA

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Drug Name	Requirements/Limits
PRIVIGEN SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, SP, PA 40GM/400ML	
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, SP, PA 10GM/50ML	

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>	
ENVARUS XR TB24 .75MG, 1MG, 4MG	
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	
<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	
RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML	
<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%; tbcr 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/ dss-iron carbonyl-fa tab 90-1 mg</i>	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	

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Drug Name	Requirements/Limits
<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 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 soln 0.5 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	
<i>phytonadione tabs 5mg</i>	
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>XDEMZY SOLN .25%</i>	
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>	

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Drug Name	Requirements/Limits
<i>loteprednol etabonate susp .5%</i>	
<i>prednisolone acetate (ophth) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
ANTIALLERGICS	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
ANTIGLAUCOMA BETA-BLOCKERS	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
ANTIGLAUCOMA COMBINATION AGENTS	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
CARBONIC ANHYDRASE INHIBITORS	
<i>dorzolamide hcl soln 2%</i>	
DRY EYE DISEASE	
RESTASIS EMUL .05%	PA, QL
RESTASIS EMUL .05%	PA, QL; multidose
XIIDRA SOLN 5%	PA, QL
PROSTAGLANDINS	
<i>bimatoprost soln .03%</i>	
<i>latanoprost soln .005%</i>	
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	SP, PA
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	SP, PA
SYMPATHOMIMETICS	
<i>brimonidine tartrate soln .15%, .2%</i>	
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
ARALAST NP SOLR 500MG, 1000MG	SP, PA
GLASSIA SOLN 1000MG/50ML	SP, PA
ZEMAIRA SOLR 1000MG, 4000MG, 5000MG	SP, PA
ANAPHYLAXIS TREATMENT AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	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
<i>ipratropium/albuterol inhalation soln</i>	QL
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
TRELEGY AER 100MCG	QL
TRELEGY AER 200MCG	QL

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Drug Name	Requirements/Limits
ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation solution soln .02%</i>	QL
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT	QL
SPIRIVA HANDIHALER CAPS 18MCG	QL
YUPELRI SOLN 175MCG/3ML	QL
ANTI HISTAMINES	
<i>azelastine hcl soln .15%, 137mcg/spray</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<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
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
COLD/COUGH	
<i>benzonatate caps 100mg, 200mg</i>	Listing does not include certain NDCs.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	QL; PA*
<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	
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
SYMDEKO TAB 100-150	SP, PA, QL
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	SP, PA, QL

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Drug Name	Requirements/Limits
TRIKAFTA PAK 59.5MG	SP, PA, QL
TRIKAFTA PAK 75MG	SP, PA, QL
TRIKAFTA TAB	SP, PA, QL
<i>EOSINOPHILIC ESOPHAGITIS</i>	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
<i>LEUKOTRIENE RECEPTOR ANTAGONISTS</i>	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
<i>NASAL STEROIDS</i>	
<i>flunisolide spray soln .025%</i>	
<i>fluticasone spray susp 50mcg/act</i>	
<i>PRURIGO NODULARIS</i>	
DUPIXENT SOAJ 300MG/2ML; SOSY 300MG/2ML	SP, PA, QL
<i>PULMONARY FIBROSIS AGENTS</i>	
OFEV CAPS 100MG, 150MG	SP, PA, QL
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	SP, PA, QL
<i>SEVERE ASTHMA AGENTS</i>	
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
<i>STEROID INHALANTS</i>	
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
<i>STEROID/BETA-AGONIST COMBINATIONS</i>	
AIRSUPRA AER 90-80MCG	QL
<i>breyndax 80-4.5 mcg/act</i>	QL
<i>breyndax 160-4.5 mcg/act</i>	QL
<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

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Drug Name	Requirements/Limits
<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

theophylline tb12 300mg, 450mg; tb24 400mg, 600mg

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

fluorouracil (topical) crea 5%; soln 2%, 5%
imiquimod crea 5%

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>ketoconazole (topical) crea 2%</i>	QL; PA*
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; QL; PA*</i>	
<i>powd 100000unit/gm</i>	

DERMATOLOGY, ANTIPSORIATICS

<i>calcipotriene oint .005%; soln .005%</i>	QL
ENSTILAR AER	
TACLONEX OIN	QL
TACLONEX SUS	

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	

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Drug Name	Requirements/Limits
DERMATOLOGY, ATOPIC DERMATITIS	
ADBRY SOAJ 300MG/2ML; SOSY 150MG/ML	SP, PA, QL
CIBINQO TABS 50MG, 100MG, 200MG	SP, PA, QL
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	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>amcinonide crea .1%; lotn .1%</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>	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>bexarotene (topical) gel 1%</i>	SP, PA
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
DERMATOLOGY, ROSACEA	
<i>doxycycline (rosacea) cpdr 40mg</i>	
<i>ivermectin (rosacea) crea 1%</i>	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	QL; PA*
ORACEA CPDR 40MG	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	

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Drug Name	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS	
<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
OTIC	
<i>acetic acid (otic) soln 2%</i>	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
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