

Arkansas Blue Cross and Blue Shield Essential Complete Formulary

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INTRODUCTION

We are pleased to provide the 2025 Arkansas Blue Cross and Blue Shield Complete 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.

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.

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
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).

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.

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.

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>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	PA, QL
<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; tbs 40mg</i>	QL; PA*
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	QL; PA*, Initial PA may apply to higher strengths

Drug Name	Requirements/Limits
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	QL; PA*
<i>oxycodone hcl conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL; PA*
<i>oxycodone hcl t12a 10mg, 20mg, 40mg, 80mg</i>	QL; Initial PA may apply to higher strengths
<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>	
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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>tinidazole tabs 250mg, 500mg</i>	
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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

ANTITUBERCULAR AGENTS

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

Drug Name	Requirements/Limits
<i>streptomycin sulfate solr 1gm</i>	
TRECTOR 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</i>	QL; PA*
PAXLOVID TAB 150-100	QL
PAXLOVID TAB 300-100	QL
<i>valacyclovir hcl tabs 1gm, 500mg</i>	
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 pack 1gm; 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>	
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
HEPATITIS B	
VEMLIDY TABS 25MG	QL
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

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 ST - Step Therapy

Drug Name	Requirements/Limits
<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

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	
EMCYT CAPS 140MG	
LEUKERAN TABS 2MG	
MYLERAN TABS 2MG	

ANTIMETABOLITES

<i>mercaptopurine tabs 50mg</i>	
TABLOID TABS 40MG	

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole tabs 1mg</i>	
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Drug Name	Requirements/Limits
<i>bicalutamide tabs 50mg</i>	
<i>exemestane tabs 25mg</i>	
<i>flutamide caps 125mg</i>	
<i>letrozole tabs 2.5mg</i>	
<i>megestrol acetate tabs 20mg, 40mg</i>	
<i>nilutamide tabs 150mg</i>	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
MISCELLANEOUS	
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
<i>tretinoin (chemotherapy) caps 10mg</i>	
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>	
<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>	

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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<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>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>	

Drug Name	Requirements/Limits
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	PA, QL
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	PA, QL
REPATHA SURECLICK SOAJ 140MG/ML	PA, 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>	
<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>	

Drug Name	Requirements/Limits
<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; TABS 5MG, 7.5MG</i>	
<i>ENTRESTO CAP 6-6MG</i>	
<i>ENTRESTO CAP 15-16MG</i>	
<i>ENTRESTO TAB 24-26MG</i>	
<i>ENTRESTO TAB 49-51MG</i>	
<i>ENTRESTO TAB 97-103MG</i>	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	
MISCELLANEOUS	
<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>	
NITRATES	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	
<i>isosorbide mononitrate ext-rel tb24 30mg, 60mg, 120mg</i>	
<i>NITRO-DUR PT24 .3MG/HR, .8MG/HR</i>	
<i>nitroglycerin sublingual subl .3mg, .4mg, .6mg</i>	

Drug Name	Requirements/Limits
<i>nitroglycerin transdermal pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
CENTRAL NERVOUS SYSTEM	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	
<i>riluzole tabs 50mg</i>	
ANTIANSXIETY	
<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg</i>	QL
<i>ALPRAZOLAM INTENSOL CONC 1MG/ML</i>	QL
<i>alprazolam orally disintegrating tabs tbdp .25mg, .5mg, 1mg, 2mg</i>	QL
<i>bupirone 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>	
<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>	

Drug Name	Requirements/Limits
<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>	
<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>	

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>
<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

<i>ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG</i>
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>

Drug Name	Requirements/Limits
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	
olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	
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	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	

ANTISEIZURE AGENTS

carbamazepine chew 100mg; 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	
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 60mg/ml; 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; tabs 25mg, 50mg, 100mg, 200mg	
valproic acid caps 250mg	
zonisamide caps 25mg, 50mg, 100mg	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap er 24hr 5 mg	QL; PA*
amphetamine-dextroamphetamine cap er 24hr 10 mg	QL; PA*

Drug Name	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL; PA*
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	QL
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	QL; PA*
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg</i>	QL; PA*
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	QL; PA*
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tbc 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	QL; PA*
<i>VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG; CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG</i>	QL; PA*
FIBROMYALGIA	
<i>SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG</i>	PA
<i>SAVELLA MIS TITR PAK</i>	PA
HYPNOTICS	
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	
<i>ramelteon tabs 8mg</i>	QL; PA*
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	QL
<i>zaleplon caps 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate tabs 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate ext-rel tbc 6.25mg, 12.5mg</i>	QL; PA*
MIGRAINE - MONOCLONAL ANTIBODIES	
<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**
MIGRAINE - TRIPTANS AND COMBINATIONS	
<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*

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 **ST** - Step Therapy

Drug Name	Requirements/Limits
sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg	QL; PA*
zolmitriptan tabs 2.5mg, 5mg	QL; PA*
zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg	QL; PA*

MOOD STABILIZERS

lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg

MUSCULOSKELETAL THERAPY AGENTS

baclofen tabs 5mg, 10mg, 20mg
 cyclobenzaprine hcl tabs 5mg, 10mg
 dantrolene sodium caps 25mg, 50mg, 100mg
 methocarbamol tabs 500mg, 750mg
 tizanidine hcl tabs 2mg, 4mg

MYASTHENIA GRAVIS

pyridostigmine bromide soln 60mg/5ml; tabs 60mg

NARCOLEPSY/CATAPLEXY

armodafinil tabs 50mg, 150mg, 200mg, 250mg PA, QL
 modafinil tabs 100mg, 200mg PA, QL

OPIOID AGONIST/ANTAGONIST

buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) QL
 buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) QL
 buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) QL
 buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) QL
 buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL
 buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL

OPIOID ANTAGONIST

naloxone hcl liqd 4mg/0.1ml PA*
 naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml
 naltrexone hcl tabs 50mg

OPIOID PARTIAL AGONISTS

buprenorphine hcl subl 2mg, 8mg QL

SMOKING DETERRENTS

bupropion hcl (smoking deterrent) tb12 150mg
 varenicline tartrate tabs .5mg, 1mg
 varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack

ENDOCRINE AND METABOLIC

ANDROGENS

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

Drug Name	Requirements/Limits
ANTIDIABETICS, AMYLIN ANALOGS	
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML	ST; PA**
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	
TRIJARDY XR TAB	ST; PA**
ZITUVIMET TAB	ST; PA**
ZITUVIMET XR TAB	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
ZITUVIO TABS 25MG, 50MG, 100MG	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
<i>liraglutide sopn 18mg/3ml</i>	ST, QL; PA**
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	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	
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	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	

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Drug Name	Requirements/Limits
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>	
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	
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**
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</i>	PA, QL
CALCIUM REGULATORS, BIPHOSPHONATES	
<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>	
CONTRACEPTIVES	
ANNOVERA MIS	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	

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Drug Name	Requirements/Limits
<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>	
PARAGARD IUD T380A	
SKYLA IUD 13.5MG	

Drug Name	Requirements/Limits
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
ONETOUCH LANCETS / LANCING DEVICE	OTC
ONETOUCH ULTRA STRIPS AND KITS	OTC
ONETOUCH VERIO STRIPS AND KITS	OTC
ENDOMETRIOSIS	
<i>danazol caps 50mg, 100mg, 200mg</i>	
ORILISSA TABS 150MG, 200MG	PA
FERTILITY REGULATORS	
<i>clomiphene citrate tabs 50mg</i>	
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 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	
MENOPAUSAL SYMPTOM AGENTS	
CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	

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Drug Name	Requirements/Limits
<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>cabergoline tabs .5mg</i>	
<i>raloxifene hcl tabs 60mg</i>	
<i>sapropterin dihydrochloride tabs 100mg</i>	PA
PHOSPHATE BINDER AGENTS	
<i>calcium acetate caps caps 667mg</i>	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	
POTASSIUM-REMOVING AGENTS	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	
PROGESTINS	
ENDOMETRIN INST 100MG	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	
<i>megestrol acetate susp 400mg/10ml</i>	
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone, micronized caps 100mg, 200mg</i>	
THYROID AGENTS	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
UTERINE FIBROIDS	
MYFEMBREE TAB	
ORIAHNN CAP	
VASOPRESSINS	
<i>desmopressin acetate tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .01%</i>	
VITAMIN D ANALOGS	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	

Drug Name	Requirements/Limits
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	
prochlorperazine maleate tabs 5mg, 10mg	
promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg	
trimethobenzamide hcl caps 300mg	
H2-RECEPTOR ANTAGONISTS	
cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 400mg, 800mg	
famotidine susr 40mg/5ml; tabs 20mg, 40mg	
INFLAMMATORY BOWEL DISEASE	
balsalazide disodium caps 750mg	
budesonide cpep 3mg; tb24 9mg	
hydrocortisone (intrarectal) enem 100mg/60ml	
mesalamine cp24 .375gm; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg	
sulfasalazine tabs 500mg; tbec 500mg	
UCERIS TB24 9MG	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72MCG, 145MCG, 290MCG	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
alosetron hcl tabs .5mg, 1mg	
LAXATIVES	
CLENPIQ SOL	
lactulose soln 10gm/15ml	

Drug Name	Requirements/Limits
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP

MISCELLANEOUS

<i>misoprostol tabs 100mcg, 200mcg</i>
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
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>
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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

PHEXXI GEL

MISCELLANEOUS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>

URINARY ANTISPASMODICS

<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>

Drug Name	Requirements/Limits
<i>trosipium 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	
ELIQUIS TABS 2.5MG, 5MG	
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	
MISCELLANEOUS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
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>	
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
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>	
IMMUNOSUPPRESSANTS	
<i>azathioprine tabs 50mg</i>	
MISCELLANEOUS	
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES	
<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq</i>	
<i>sodium fluoride soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg</i>	

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Drug Name	Requirements/Limits
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>	
<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) oint .3%</i>	QL
<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>	

Drug Name	Requirements/Limits
<i>trifluridine soln 1%</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>	
<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>	
SYMPATHOMIMETICS	
<i>brimonidine tartrate soln .15%, .2%</i>	
RESPIRATORY	
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
ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</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 not met, Prior Authorization may apply **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Requirements/Limits
<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

ANTIHISTAMINES

<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

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>	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL; PA*

LEUKOTRIENE RECEPTOR ANTAGONISTS

<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
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NASAL STEROIDS

<i>flunisolide spray soln .025%</i>	
<i>fluticasone spray susp 50mcg/act</i>	

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; For members 6 years of age and under, coverage of QVAR REDIHALER, FLOVENT HFA, OR FLUTICASONE HFA available.

STEROID/BETA-AGONIST COMBINATIONS

AIRSUPRA AER 90-80MCG	QL
<i>breyndra 80-4.5 mcg/act</i>	QL

Drug Name	Requirements/Limits
<i>breyna 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
<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

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

DERMATOLOGY, ANTIFUNGALS

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

Drug Name	Requirements/Limits
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>	
DERMATOLOGY, ATOPIC DERMATITIS	
<i>pimecrolimus crea 1%</i>	
<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>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	

Drug Name	Requirements/Limits
SOOLANTRA CREA 1%	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
malathion lotn .5%	
permethrin crea 5%	
MOUTH/THROAT/DENTAL AGENTS	
clotrimazole troches troc 10mg	QL; PA*
lidocaine hcl (mouth-throat) soln 2%	
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>testosterone</i>	25	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	17
<i>testosterone cypionate</i>	25	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> ..	17
<i>testosterone enanthate</i>	25	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	17
<i>tetracycline hcl</i>	15	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> ..	17
<i>theophylline</i>	38	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> ..	17
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<i>timolol maleate (ophth)</i>	35	<i>varenicline tartrate</i>	25
<i>tinidazole</i>	12	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg</i> <i>start pack</i>	25
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