

2024 Formulary

Select Rx Assist (Value-Based Insurance Design)





Baylor Scott & White Health Plan 2024 Formulary (List of Covered Drugs)

BSW SeniorCare Advantage Select Rx Assist (HMO-POS)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Baylor Scott & White Health Plan Customer Service at 1-866-334-3141 (TTY: 711); October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (excluding major holidays); or visit BSWHealthPlan.com/Medicare.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each Insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

H8142_24RXFORM_C

Formulary ID: 24077, Version Number: 18

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Baylor Scott & White Health Plan. When it refers to “plan” or “our plan,” it means BSW SeniorCare Advantage Select Rx Assist HMO-POS.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Baylor Scott & White Health Plan Formulary?

A formulary is a list of covered drugs selected by Baylor Scott & White Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Baylor Scott & White Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Baylor Scott & White Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Baylor Scott & White Health Plan Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Baylor Scott & White Health Plan Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2024. To get updated information about the drugs covered by Baylor Scott & White Health Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page number 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 66. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Baylor Scott & White Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Baylor Scott & White Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Baylor Scott & White Health Plan before you fill your prescriptions. If you don't get approval, Baylor Scott & White Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Baylor Scott & White Health Plan limits the amount of the drug that Baylor Scott & White Health Plan will cover. For example, Baylor Scott & White Health Plan provides 60 tablets per prescription for Eliquis 2.5mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Baylor Scott & White Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Baylor Scott & White Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Baylor Scott & White Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Baylor Scott & White Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Baylor Scott & White Health Plan formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Baylor Scott & White Health Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Baylor Scott & White Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Baylor Scott & White Health Plan.
- You can ask Baylor Scott & White Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Baylor Scott and White Health Plan Formulary?

You can ask Baylor Scott & White Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Baylor Scott & White Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Baylor Scott & White Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription.

You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Baylor Scott & White Health Plan provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website to view our Transition Policy for further details.

For more information

For more detailed information about your Baylor Scott & White Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Baylor Scott & White Health Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800- MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Baylor Scott & White Health Plan’s Formulary

The formulary below provides coverage information about the drugs covered by Baylor Scott & White Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ELIQUIS) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the Requirements/Limits column tells you if Baylor Scott & White Health Plan has any special requirements for coverage of your drug.

Column Abbreviations:

B/D	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EA	Each
NDS	Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. This requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
PA NSO	Prior Authorization for New Starts Only. Prior authorization is required if you are a new member or you have not taken the drug before.
QL	Quantity Limit. For certain drugs, we limit the amount of the drug that we will cover.
ST	Step Therapy. In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
ST NSO	Step Therapy for New Starts Only. Step Therapy is required if you are a new member or if you have not taken the drug before.

Drug Payment Stages:

The amount you pay for a covered drug will depend on:

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the stage you are in.

For more information about drug payment stages and copay or coinsurance amounts, please review your Evidence of Coverage.

Drug Name	Requirements/Limits
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<i>celecoxib capsule</i>	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	
<i>diclofenac sodium dr</i>	
<i>diclofenac sodium er</i>	
<i>diclofenac sodium gel 1%</i>	QL(1000 GM per 30 days)
<i>diflunisal tablet 500mg</i>	
<i>ec-naproxen tablet delayed release 500mg</i>	
<i>etodolac capsule, tablet</i>	
<i>flurbiprofen tablet</i>	
<i>ibu</i>	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	
<i>indomethacin er</i>	
<i>indomethacin capsule 25mg, 50mg</i>	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	
<i>ketorolac tromethamine tablet 10mg</i>	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	
<i>nabumetone tablet</i>	
<i>naproxen dr tablet delayed release 375mg</i>	
<i>naproxen dr tablet delayed release 500mg</i>	
<i>naproxen sodium tablet 275mg, 550mg</i>	
<i>naproxen tablet delayed release 500mg</i>	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	
<i>oxaprozin tablet</i>	
<i>piroxicam capsule</i>	
<i>sulindac tablet</i>	
Opioid Analgesics, Long-acting	
<i>buprenorphine</i>	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	NDS
<i>methadone hcl tablet</i>	NDS
<i>methadone hcl solution</i>	NDS
<i>methadone hydrochloride intensol</i>	NDS
<i>methadone hydrochloride concentrate</i>	NDS
<i>morphine sulfate er tablet extended release</i>	NDS
<i>XTAMPZA ER</i>	NDS
Opioid Analgesics, Short-acting	
<i>acetaminophen/codeine</i>	NDS
<i>endocet tablet 325mg; 5mg</i>	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	NDS

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Drug Name	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	NDS
<i>hydromorphone hcl tablet 8mg</i>	NDS
<i>hydromorphone hydrochloride dosette</i>	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	NDS
<i>lorcet</i>	NDS
<i>lorcet hd</i>	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	NDS
<i>morphine sulfate tablet</i>	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	NDS
<i>oxycodone hydrochloride solution</i>	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg</i>	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg</i>	NDS
<i>tramadol hydrochloride/acetaminophen</i>	NDS
<i>tramadol hydrochloride tablet 50mg</i>	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	NDS
Anesthetics	
Local Anesthetics	
<i>lidocaine-prilocaine-cream base cream</i>	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	PA
<i>premium lidocaine</i>	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<i>acamprosate calcium dr</i>	
<i>disulfiram tablet</i>	
<i>naltrexone hcl tablet</i>	
VIVITROL	
Opioid Dependence	
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	QL(90 EA per 30 days)
Opioid Reversal Agents	

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Drug Name	Requirements/Limits
<i>naloxone hcl injection 4mg/10ml</i>	
<i>naloxone hydrochloride liquid</i>	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	
<i>naloxone hydrochloride injection 2mg/2ml</i>	
Smoking Cessation Agents	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	QL(60 EA per 30 days)
NICOTROL NS	QL(360 ML per 365 days)
<i>varenicline starting month</i>	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	QL(504 EA per 365 days)
Antibacterials	
Aminoglycosides	
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	
<i>gentamicin sulfate pediatric</i>	
<i>gentamicin sulfate cream 0.1%</i>	
<i>gentamicin sulfate injection 40mg/ml</i>	
<i>gentamicin sulfate ointment 0.1%</i>	
HUMATIN	
<i>neomycin sulfate</i>	
<i>paromomycin sulfate</i>	
<i>streptomycin sulfate injection 1gm</i>	
<i>tobramycin sulfate injection</i>	
Antibacterials, Other	
<i>aztreonam</i>	
<i>clindacin etz pledgets</i>	
<i>clindamycin hcl capsule 300mg</i>	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate cream 2%</i>	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	
<i>clindamycin phosphate swab 1%</i>	
<i>colistimethate sodium</i>	
<i>daptomycin</i>	
DAPTOMYCIN/SODIUM CHLORIDE	
IMPAVIDO	
<i>linezolid tablet</i>	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	
<i>methenamine hippurate</i>	
<i>metronidazole vaginal</i>	
<i>metronidazole injection 500mg/100ml</i>	
<i>metronidazole tablet 250mg, 500mg</i>	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	
<i>nitrofurantoin monohydrate/macrocrystals</i>	
<i>nitrofurantoin monohydrate capsule</i>	

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Drug Name	Requirements/Limits
<i>tinidazole</i>	
<i>trimethoprim tablet</i>	
<i>vancomycin hcl injection 10gm</i>	
<i>vancomycin hydrochloride capsule 125mg</i>	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	
Beta-lactam, Cephalosporins	
<i>cefaclor capsule</i>	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	
<i>cefadroxil capsule, suspension reconstituted</i>	
<i>cefazolin sodium injection 1gm</i>	
CEFAZOLIN INJECTION 2GM, 3GM	
<i>cefdinir capsule</i>	
<i>cefdinir suspension reconstituted</i>	
<i>cefepime</i>	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	
<i>cefixime capsule</i>	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	
<i>cefotetan injection 1gm, 2gm</i>	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	
<i>cefpodoxime proxetil suspension reconstituted</i>	
<i>cefpodoxime proxetil tablet</i>	
<i>cefprozil</i>	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	
<i>cefuroxime axetil tablet</i>	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	
<i>cephalexin capsule 250mg, 500mg</i>	
<i>cephalexin suspension reconstituted</i>	
TAZICEF INJECTION 6GM	
<i>tazicef injection 1gm, 2gm</i>	
TEFLARO	
Beta-lactam, Penicillins	
<i>amoxicillin/clavulanate potassium er</i>	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	

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Drug Name	Requirements/Limits
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	
<i>ampicillin-sulbactam</i>	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	
<i>ampicillin capsule 500mg</i>	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium</i>	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	
Carbapenems	
<i>ertapenem</i>	
<i>ertapenem sodium</i>	
<i>imipenem/cilastatin</i>	
<i>meropenem</i>	
Macrolides	
<i>azithromycin packet</i>	
<i>azithromycin suspension reconstituted</i>	
<i>azithromycin injection 500mg</i>	
<i>azithromycin tablet 250mg</i>	
<i>azithromycin tablet 500mg, 600mg</i>	
<i>clarithromycin er</i>	
<i>clarithromycin tablet</i>	
<i>clarithromycin suspension reconstituted</i>	
DIFICID TABLET	
<i>erythromycin dr tablet delayed release</i>	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	
Quinolones	
CIPRO SUSPENSION RECONSTITUTED	
<i>ciprofloxacin hcl tablet 750mg</i>	
<i>ciprofloxacin hcl tablet 100mg</i>	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	
<i>ciprofloxacin i.v.-in d5w</i>	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	
<i>levofloxacin in d5w</i>	
<i>levofloxacin injection 25mg/ml</i>	
<i>levofloxacin oral solution 25mg/ml</i>	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	

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Drug Name	Requirements/Limits
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	
<i>moxifloxacin hydrochloride tablet 400mg</i>	
Sulfonamides	
<i>sulfadiazine tablet</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>sulfamethoxazole/trimethoprim tablet</i>	
<i>sulfamethoxazole/trimethoprim suspension</i>	
Tetracyclines	
<i>demeclocycline hcl tablet</i>	
<i>demeclocycline hydrochloride tablet 300mg</i>	
<i>doxy 100</i>	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	
<i>doxycycline hyclate injection 100mg</i>	
<i>doxycycline hyclate tablet 100mg</i>	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	
<i>doxycycline suspension reconstituted</i>	
<i>minocycline hcl capsule 75mg</i>	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	
<i>mondoxyne nl capsule 100mg</i>	
<i>morgidox 1x100mg capsule</i>	
<i>morgidox 2x100mg capsule</i>	
<i>tetracycline hydrochloride capsule</i>	
Anticonvulsants	
Anticonvulsants, Other	
BRIVIACT SOLUTION, TABLET	PA NSO
EPIDIOLEX	PA NSO
EPRONTIA	
<i>felbamate tablet</i>	
<i>felbamate suspension</i>	
FINTEPLA	PA NSO
FYCOMPA SUSPENSION	
FYCOMPA TABLET 2MG	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	
<i>lamotrigine er</i>	
<i>lamotrigine odt</i>	
<i>lamotrigine starter kit/blue</i>	
<i>lamotrigine starter kit/green</i>	
<i>lamotrigine starter kit/orange</i>	
<i>lamotrigine titration</i>	
<i>lamotrigine tablet</i>	
<i>lamotrigine tablet chewable</i>	
<i>levetiracetam er</i>	
<i>levetiracetam solution, tablet</i>	
NAYZILAM	QL(10 EA per 30 days)

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Drug Name	Requirements/Limits
<i>roweepra</i>	
<i>roweepra xr</i>	
SPRITAM	
<i>subvenite</i>	
<i>subvenite starter kit/blue</i>	
<i>subvenite starter kit/green</i>	
<i>subvenite starter kit/orange</i>	
<i>topiramate tablet</i>	
<i>topiramate capsule sprinkle</i>	
XCOPRI TABLET	PA NSO
XCOPRI TABLET THERAPY PACK 0	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	PA NSO
XCOPRI TABLET THERAPY PACK 0	PA NSO; (100mg-150mg)
Calcium Channel Modifying Agents	
<i>ethosuximide</i>	
<i>methsuximide</i>	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
<i>clobazam</i>	
<i>clonazepam odt tablet disintegrating 2mg</i>	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	QL(90 EA per 30 days)
DIACOMIT	PA NSO
<i>diazepam rectal gel</i>	
<i>divalproex sodium dr tablet delayed release</i>	
<i>divalproex sodium er</i>	
<i>divalproex sodium capsule delayed release sprinkle</i>	
<i>gabapentin capsule 100mg, 300mg</i>	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	QL(270 EA per 30 days)
<i>gabapentin solution</i>	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	QL(180 EA per 30 days)
LIBERVANT	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	
<i>primidone tablet</i>	
SYMPAZAN FILM 5MG	
SYMPAZAN FILM 10MG, 20MG	
<i>tiagabine hydrochloride</i>	
VALTOCO 10 MG DOSE	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	QL(10 EA per 30 days)
<i>vigabatrin</i>	PA NSO

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Drug Name	Requirements/Limits
<i>vigadrone</i>	PA NSO
VIGAFYDE	PA NSO
<i>vigpoder</i>	PA NSO
<i>Sodium Channel Agents</i>	
APTIOM	
<i>carbamazepine er tablet extended release 12 hour</i>	
<i>carbamazepine er capsule extended release 12 hour</i>	
<i>carbamazepine suspension, tablet</i>	
<i>carbamazepine tablet chewable 100mg</i>	
DILANTIN CAPSULE 30MG	
<i>epitol</i>	
<i>lacosamide solution</i>	
<i>lacosamide tablet</i>	
<i>oxcarbazepine tablet</i>	
<i>oxcarbazepine suspension</i>	
PEGANONE TABLET 250MG	
PHENYTEK	
<i>phenytoin infatabs</i>	
<i>phenytoin sodium extended</i>	
<i>phenytoin tablet chewable, suspension</i>	
<i>rufinamide suspension</i>	
<i>rufinamide tablet 200mg</i>	
<i>rufinamide tablet 400mg</i>	
ZONISADE	ST NSO
<i>zonisamide</i>	
Antidementia Agents	
<i>Antidementia Agents, Other</i>	
<i>ergoloid mesylates tablet</i>	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>	
<i>donepezil hcl tablet disintegrating</i>	
<i>donepezil hcl tablet 10mg</i>	
<i>donepezil hcl tablet 23mg</i>	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	
<i>galantamine hydrobromide er</i>	
<i>galantamine hydrobromide solution, tablet</i>	
<i>rivastigmine tartrate</i>	
<i>rivastigmine transdermal system</i>	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>	
<i>memantine hcl titration pak</i>	
<i>memantine hydrochloride er</i>	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	
Antidepressants	
<i>Antidepressants, Other</i>	
AUVELITY	QL(60 EA per 30 days); ST NSO

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Drug Name	Requirements/Limits
<i>bupropion hcl tablet 100mg</i>	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	
<i>maprotiline hcl</i>	
<i>mirtazapine odt</i>	
<i>mirtazapine tablet</i>	
SPRAVATO 56MG DOSE	PA NSO
SPRAVATO 84MG DOSE	PA NSO
ZURZUVAE CAPSULE 30MG	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	QL(28 EA per 14 days); PA NSO
Monoamine Oxidase Inhibitors	
EMSAM	QL(30 EA per 30 days); ST NSO
MARPLAN	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)	
<i>citalopram hydrobromide tablet</i>	
<i>citalopram hydrobromide solution</i>	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	
<i>escitalopram oxalate solution</i>	
FETZIMA	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	
<i>fluoxetine hydrochloride solution</i>	
<i>fluvoxamine maleate</i>	
<i>nefazodone hydrochloride</i>	
<i>paroxetine hcl tablet 30mg, 40mg</i>	
<i>paroxetine hydrochloride suspension</i>	

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Drug Name	Requirements/Limits
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	
<i>sertraline hcl concentrate</i>	
<i>sertraline hcl tablet 50mg</i>	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	
TRINTELLIX	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	
VIIBRYD STARTER PACK	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	QL(30 EA per 30 days)
Tricyclics	
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	
<i>amoxapine</i>	
<i>clomipramine hydrochloride</i>	
<i>desipramine hydrochloride</i>	
<i>doxepin hcl capsule 75mg</i>	
<i>doxepin hcl concentrate</i>	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	
<i>imipramine hcl tablet 25mg, 50mg</i>	
<i>imipramine hydrochloride tablet 10mg</i>	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	
<i>nortriptyline hcl solution</i>	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate capsule</i>	
Antiemetics	
Antiemetics, Other	
<i>compro</i>	
<i>meclizine hcl tablet</i>	
<i>phenadoz</i>	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	
<i>prochlorperazine maleate tablet</i>	
<i>prochlorperazine suppository 25mg</i>	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	
<i>promethazine hcl tablet 12.5mg</i>	
<i>promethazine hydrochloride plain</i>	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	
<i>promethegan suppository 12.5mg, 25mg</i>	
<i>scopolamine</i>	
Emetogenic Therapy Adjuncts	
<i>aprepitant capsule 40mg</i>	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	QL(8 EA per 30 days); B/D

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Drug Name	Requirements/Limits
<i>dronabinol</i>	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	B/D
Antifungals	
<i>Antifungals</i>	
<i>ABELCET</i>	B/D
<i>amphotericin b liposome</i>	B/D
<i>amphotericin b injection</i>	B/D
<i>caspofungin acetate injection 70mg</i>	
<i>caspofungin acetate injection 50mg</i>	
<i>clotrimazole cream</i>	
<i>clotrimazole troche</i>	
<i>econazole nitrate cream</i>	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	
<i>fluconazole in sodium chloride</i>	
<i>fluconazole tablet</i>	
<i>fluconazole suspension reconstituted</i>	
<i>flucytosine capsule</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	
<i>itraconazole capsule</i>	PA
<i>JUBLIA</i>	
<i>ketoconazole shampoo, tablet</i>	
<i>ketoconazole cream</i>	QL(90 GM per 30 days)
<i>klayesta</i>	QL(120 GM per 30 days)
<i>nyamyc</i>	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	
<i>nystatin powder</i>	QL(120 GM per 30 days)
<i>nystatin tablet</i>	
<i>nystop</i>	QL(120 GM per 30 days)
<i>posaconazole dr</i>	PA
<i>posaconazole suspension</i>	PA
<i>terbinafine hcl tablet</i>	QL(84 EA per 180 days)
<i>terconazole cream</i>	
<i>voriconazole tablet</i>	
<i>voriconazole suspension reconstituted</i>	
<i>voriconazole injection</i>	PA
Antigout Agents	
<i>Antigout Agents</i>	
<i>allopurinol tablet 100mg, 300mg</i>	
<i>colchicine tablet 0.6mg</i>	
<i>febuxostat</i>	
<i>probenecid/colchicine</i>	

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Drug Name	Requirements/Limits
<i>probenecid tablet</i>	
Antimigraine Agents	
<i>Ergot Alkaloids</i>	
<i>dihydroergotamine mesylate solution</i>	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	QL(24 EA per 28 days)
<i>Prophylactic</i>	
AIMOVIG INJECTION 140MG/ML	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	QL(3 ML per 28 days); PA
NURTEC	QL(18 EA per 30 days); PA
QULIPTA	QL(30 EA per 30 days); PA
UBRELVY	QL(16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>	
<i>naratriptan hcl</i>	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	QL(9 EA per 30 days)
<i>sumatriptan succinate injection</i>	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	QL(12 EA per 30 days)
Antimyasthenic Agents	
<i>Parasympathomimetics</i>	
GUANIDINE HCL	
<i>pyridostigmine bromide tablet 60mg</i>	
Antimycobacterials	
<i>Antimycobacterials, Other</i>	
<i>dapsone tablet</i>	
<i>rifabutin</i>	
<i>Antituberculars</i>	
<i>cycloserine</i>	
<i>ethambutol hydrochloride</i>	
ISONIAZID INJECTION	
<i>isoniazid tablet</i>	
<i>isoniazid syrup</i>	
PASER	
PRIFTIN	
<i>pyrazinamide tablet</i>	
<i>rifampin capsule</i>	
<i>rifampin injection</i>	
SIRTURO	
TRECTOR	
Antineoplastics	
<i>Alkylating Agents</i>	
<i>cisplatin injection 100mg/100ml</i>	

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Drug Name	Requirements/Limits
<i>cyclophosphamide capsule</i>	B/D
<i>cyclophosphamide injection 500mg/ml</i>	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	
LEUKERAN	
MATULANE	
VALCHLOR	PA NSO
Antiandrogens	
<i>abiraterone acetate tablet 250mg</i>	PA NSO
<i>abiraterone acetate tablet 500mg</i>	PA NSO
<i>bicalutamide</i>	
ERLEADA	PA NSO
<i>flutamide</i>	
<i>nilutamide</i>	
NUBEQA	PA NSO
XTANDI	PA NSO
Antiangiogenic Agents	
FOTIVDA	PA NSO
<i>lenalidomide</i>	PA NSO
POMALYST	PA NSO
QINLOCK	PA NSO
REVLIMID	PA NSO
TABRECTA	QL(120 EA per 30 days); PA NSO
THALOMID	PA NSO
Antiestrogens/Modifiers	
EMCYT	
SOLTAMOX	
<i>tamoxifen citrate tablet</i>	
<i>toremifene citrate</i>	
Antimetabolites	
DROXIA	
<i>hydroxyurea capsule</i>	
<i>mercaptopurine tablet</i>	
PURIXAN	
TABLOID	
Antineoplastics, Other	
AKEEGA	PA NSO
BESREMI	PA NSO
COLUMVI	PA NSO
EPKINLY	PA NSO
GAVRETO	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	PA NSO
IDHIFA	QL(30 EA per 30 days); PA NSO
INREBIC	PA NSO
ITOVEBI TABLET 9MG	PA NSO
ITOVEBI TABLET 3MG	QL(60 EA per 30 days); PA NSO

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Drug Name	Requirements/Limits
IWILFIN	PA NSO
KISQALI FEMARA 200 DOSE	PA NSO
KISQALI FEMARA 400 DOSE	PA NSO
KISQALI FEMARA 600 DOSE	PA NSO
KRAZATI	PA NSO
LAZCLUZE TABLET 240MG	PA NSO
LAZCLUZE TABLET 80MG	QL(60 EA per 30 days); PA NSO
LONSURF	PA NSO
LUMAKRAS TABLET 120MG, 320MG	PA NSO
LYTGOBI	PA NSO
NINLARO	PA NSO
OGSIVEO	PA NSO
ONUREG	PA NSO
ORSERDU	PA NSO
PEMAZYRE	QL(30 EA per 30 days); PA NSO
PHEGO	PA NSO
RETEVMO CAPSULE	PA NSO
RETEVMO TABLET 120MG, 160MG	PA NSO
RETEVMO TABLET 80MG	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	QL(90 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	PA NSO
SCEMBLIX TABLET 100MG	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	QL(60 EA per 30 days); PA NSO
SYNRIBO	
TAZVERIK	PA NSO
TRUSELTIQ	PA NSO
TUKYSA	PA NSO
VONJO	PA NSO
XPOVIO	PA NSO
XPOVIO 100 MG ONCE WEEKLY	PA NSO
XPOVIO 40 MG ONCE WEEKLY	PA NSO
XPOVIO 40 MG TWICE WEEKLY	PA NSO
XPOVIO 60 MG ONCE WEEKLY	PA NSO
XPOVIO 60 MG TWICE WEEKLY	PA NSO
XPOVIO 80 MG ONCE WEEKLY	PA NSO
XPOVIO 80 MG TWICE WEEKLY	PA NSO
ZOLINZA	PA NSO
Antineoplastics	
OPDUALAG	PA NSO
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole tablet</i>	
<i>exemestane</i>	
<i>letrozole</i>	
Enzyme Inhibitors	
<i>topotecan hcl injection 4mg</i>	

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Drug Name	Requirements/Limits
<i>topotecan hydrochloride</i>	
Molecular Target Inhibitors	
ALECENSA	PA NSO
ALUNBRIG TABLET THERAPY PACK	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	QL(30 EA per 30 days); PA NSO
AYVAKIT	QL(30 EA per 30 days); PA NSO
BALVERSA	PA NSO
BOSULIF	PA NSO
BRAFTOVI CAPSULE 75MG	PA NSO
BRUKINSA	PA NSO
CABOMETYX	PA NSO
CALQUENCE	PA NSO
CAPRELSA TABLET 300MG	PA NSO
CAPRELSA TABLET 100MG	QL(60 EA per 30 days); PA NSO
COMETRIQ	PA NSO
COPIKTRA	PA NSO
COTELLIC	PA NSO
<i>dasatinib</i>	PA NSO
DAURISMO	PA NSO
ERIVEDGE	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL(30 EA per 30 days); PA NSO
EXKIVITY	
FARYDAK	
FRUZAQLA	PA NSO
<i>gefitinib</i>	PA NSO
GILOTRIF	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	PA NSO
ICLUSIG TABLET 30MG, 45MG	PA NSO
ICLUSIG TABLET 10MG, 15MG	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	PA NSO
<i>imatinib mesylate tablet 400mg</i>	PA NSO
IMBRUVICA	PA NSO
INLYTA	PA NSO
INQOVI	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	PA NSO
JAKAFI TABLET 10MG	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	PA NSO
JAYPIRCA TABLET 50MG	QL(30 EA per 30 days); PA NSO
KISQALI	PA NSO
KOSELUGO	PA NSO
<i>lapatinib ditosylate</i>	PA NSO

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Drug Name	Requirements/Limits
LENVIMA 10 MG DAILY DOSE	PA NSO
LENVIMA 12MG DAILY DOSE	PA NSO
LENVIMA 14 MG DAILY DOSE	PA NSO
LENVIMA 18 MG DAILY DOSE	PA NSO
LENVIMA 20 MG DAILY DOSE	PA NSO
LENVIMA 24 MG DAILY DOSE	PA NSO
LENVIMA 4 MG DAILY DOSE	PA NSO
LENVIMA 8 MG DAILY DOSE	PA NSO
LORBRENA	PA NSO
LYNPARZA TABLET	PA NSO
MEKINIST	PA NSO
MEKTOVI	PA NSO
NERLYNX	QL(180 EA per 30 days); PA NSO
ODOMZO	PA NSO
OJEMDA	PA NSO
OJJAARA	PA NSO
<i>pazopanib hydrochloride</i>	PA NSO
PIQRAY 200MG DAILY DOSE	PA NSO
PIQRAY 250MG DAILY DOSE	PA NSO
PIQRAY 300MG DAILY DOSE	PA NSO
REZLIDHIA	PA NSO
ROZLYTREK	PA NSO
RUBRACA	PA NSO
RYDAPT	PA NSO
<i>sorafenib</i>	PA NSO
<i>sorafenib tosylate</i>	PA NSO
SPRYCEL	PA NSO
STIVARGA	PA NSO
<i>sunitinib malate</i>	PA NSO
TAFINLAR	PA NSO
TAGRISSO TABLET 80MG	PA NSO
TAGRISSO TABLET 40MG	QL(30 EA per 30 days); PA NSO
TALZENNA	PA NSO
TASIGNA	PA NSO
TEPMETKO	PA NSO
TIBSOVO	PA NSO
<i>torpenz</i>	QL(30 EA per 30 days); PA NSO
TRUQAP	PA NSO
TURALIO	PA NSO
VANFLYTA	PA NSO
VENCLEXTA STARTING PACK	PA NSO
VENCLEXTA TABLET 10MG	PA NSO
VENCLEXTA TABLET 100MG, 50MG	PA NSO
VERZENIO	PA NSO
VITRAKVI	PA NSO

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Drug Name	Requirements/Limits
VIZIMPRO	PA NSO
VORANIGO TABLET 40MG	PA NSO
VORANIGO TABLET 10MG	QL(60 EA per 30 days); PA NSO
VOTRIENT	PA NSO
WELIREG	PA NSO
XALKORI	PA NSO
XOSPATA	PA NSO
ZEJULA CAPSULE	PA NSO
ZEJULA TABLET 200MG, 300MG	PA NSO
ZEJULA TABLET 100MG	QL(30 EA per 30 days); PA NSO
ZELBORAF	PA NSO
ZYDELIG	PA NSO
ZYKADIA TABLET	PA NSO
Monoclonal Antibody/Antibody-Drug Conjugate	
DARZALEX FASPRO	PA NSO
KANJINTI	PA NSO
LOQTORZI	PA NSO
RUXIENCE	PA NSO
TEVIMBRA	PA NSO
TRAZIMERA	PA NSO
Retinoids	
<i>bexarotene</i>	PA NSO
PANRETIN	
<i>tretinoin capsule 10mg</i>	
Treatment Adjuncts	
<i>leucovorin calcium tablet</i>	
MESNEX TABLET	
Antiparasitics	
Anthelmintics	
<i>albendazole tablet</i>	
<i>ivermectin tablet</i>	PA
<i>praziquantel tablet</i>	
Antiprotozoals	
ALINIA SUSPENSION RECONSTITUTED	
<i>atovaquone</i>	
<i>atovaquone/proguanil hcl</i>	
<i>benznidazole</i>	
<i>chloroquine phosphate tablet</i>	
COARTEM	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	
<i>mefloquine hcl</i>	
<i>nitazoxanide</i>	
<i>pentamidine isethionate injection</i>	
<i>pentamidine isethionate inhalation solution reconstituted</i>	B/D
<i>primaquine phosphate tablet</i>	

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Drug Name	Requirements/Limits
<i>pyrimethamine tablet</i>	PA
<i>quinine sulfate capsule 324mg</i>	PA
Antiparkinson Agents	
<i>Anticholinergics</i>	
<i>benztropine mesylate tablet</i>	
<i>trihexyphenidyl hydrochloride</i>	
<i>Antiparkinson Agents, Other</i>	
<i>entacapone</i>	
OSMOLEX ER	PA
<i>Dopamine Agonists</i>	
<i>bromocriptine mesylate capsule, tablet</i>	
KYNMOBI	QL(150 EA per 30 days); PA
KYNMOBI TITRATION KIT	QL(20 EA per 365 days); PA
NEUPRO	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole er</i>	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>	
<i>carbidopa/levodopa</i>	
<i>carbidopa/levodopa er</i>	
<i>carbidopa/levodopa odt</i>	
<i>carbidopa tablet</i>	
INBRIJA	PA
RYTARY	ST
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>	
<i>rasagiline mesylate tablet</i>	
<i>selegiline hcl capsule, tablet</i>	
Antipsychotics	
<i>1st Generation/Typical</i>	
<i>chlorpromazine hcl tablet</i>	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	
<i>fluphenazine decanoate injection</i>	
<i>fluphenazine hcl concentrate</i>	
<i>fluphenazine hcl tablet 1mg</i>	
<i>fluphenazine hydrochloride elixir, injection</i>	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	
<i>haloperidol decanoate injection</i>	
<i>haloperidol lactate</i>	
<i>haloperidol concentrate</i>	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	
<i>haloperidol tablet 20mg</i>	
<i>loxapine</i>	
<i>molindone hydrochloride</i>	
<i>perphenazine tablet 2mg, 4mg</i>	

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Drug Name	Requirements/Limits
<i>perphenazine tablet 16mg, 8mg</i>	
<i>pimozide</i>	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 10mg</i>	
<i>trifluoperazine hydrochloride tablet 1mg</i>	
2nd Generation/Atypical	
ABILIFY MAINTENA	
<i>aripiprazole odt</i>	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	QL(750 ML per 30 days)
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate sl</i>	QL(60 EA per 30 days)
CAPLYTA	QL(30 EA per 30 days); PA NSO
FANAPT	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	QL(8 EA per 180 days); ST NSO
INVEGA HAFYERA	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	
INVEGA TRINZA	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	QL(60 EA per 30 days)
LYBALVI	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	PA NSO
NUPLAZID TABLET 10MG	PA NSO
<i>olanzapine odt</i>	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	QL(30 EA per 30 days)
<i>olanzapine injection</i>	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	QL(60 EA per 30 days)
PERSERIS	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	QL(90 EA per 30 days)
REXULTI	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	
<i>risperidone er injection 12.5mg</i>	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	
<i>risperidone odt</i>	QL(60 EA per 30 days)

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Drug Name	Requirements/Limits
<i>risperidone tablet</i>	QL(60 EA per 30 days)
<i>risperidone solution</i>	QL(240 ML per 30 days)
SECUADO	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	QL(14 EA per 365 days)
VRAYLAR CAPSULE	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	
<i>Treatment-Resistant</i>	
<i>clozapine odt tablet disintegrating 150mg</i>	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	QL(270 EA per 30 days)
VERSACLOZ	QL(540 ML per 30 days)
Antispasticity Agents	
<i>Antispasticity Agents</i>	
<i>baclofen tablet 10mg, 20mg</i>	
<i>baclofen tablet 5mg</i>	
<i>dantrolene sodium capsule</i>	
<i>tizanidine hcl tablet 2mg</i>	
<i>tizanidine hydrochloride tablet 4mg</i>	
Antivirals	
<i>Anti-cytomegalovirus (CMV) Agents</i>	
<i>cidofovir</i>	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	B/D
LIVTENCITY	
PREVYMIS TABLET	
<i>valganciclovir</i>	
<i>valganciclovir hydrochloride</i>	
<i>Anti-hepatitis B (HBV) Agents</i>	
<i>adefovir dipivoxil</i>	
BARACLUDE SOLUTION	QL(600 ML per 30 days)
<i>entecavir</i>	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	
<i>Anti-hepatitis C (HCV) Agents</i>	
MAVYRET TABLET	QL(336 EA per 365 days); PA
MAVYRET PACKET	QL(560 EA per 365 days); PA
REBETOL SOLUTION	
<i>ribavirin tablet 200mg</i>	
<i>sofosbuvir/velpatasvir</i>	QL(84 EA per 365 days); PA

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Drug Name	Requirements/Limits
VOSEVI	QL(84 EA per 365 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>	
BIKTARVY	QL(30 EA per 30 days)
CABENUVA	
DOVATO	QL(30 EA per 30 days)
GENVOYA	QL(30 EA per 30 days)
ISENTRESS HD	
ISENTRESS PACKET, TABLET	
ISENTRESS TABLET CHEWABLE 25MG	
ISENTRESS TABLET CHEWABLE 100MG	
JULUCA	QL(30 EA per 30 days)
STRIBILD	QL(30 EA per 30 days)
TIVICAY PD	
TIVICAY TABLET 10MG	
TIVICAY TABLET 25MG, 50MG	
VOCABRIA	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>	
COMPLERA	QL(30 EA per 30 days)
DELSTRIGO	QL(30 EA per 30 days)
EDURANT	
<i>efavirenz</i>	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	
<i>etravirine tablet 200mg</i>	
INTELENCE TABLET 25MG	
<i>nevirapine</i>	
<i>nevirapine er</i>	
PIFELTRO	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>	
<i>abacavir</i>	
<i>abacavir sulfate/lamivudine</i>	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	QL(60 EA per 30 days)
CIMDUO	QL(30 EA per 30 days)
DESCOVY	QL(30 EA per 30 days)
<i>emtricitabine</i>	
<i>emtricitabine/tenofovir disoproxil</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	QL(30 EA per 30 days)
EMTRIVA SOLUTION	
<i>lamivudine/zidovudine</i>	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	

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Drug Name	Requirements/Limits
<i>lamivudine tablet 150mg, 300mg</i>	
ODEFSEY	QL(30 EA per 30 days)
RETROVIR IV INFUSION	
<i>stavudine capsule</i>	
TEMIXYS	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	QL(30 EA per 30 days)
TRIUMEQ PD	QL(180 EA per 30 days)
TRIZIVIR	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	
VIDEX PEDIATRIC	
VIREAD POWDER	
VIREAD TABLET 150MG, 200MG, 250MG	
<i>zidovudine</i>	
Anti-HIV Agents, Other	
FUZEON	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY SOLUTION	
SELZENTRY TABLET 25MG	
SELZENTRY TABLET 75MG	
SUNLENCA	
TROGARZO	
TYBOST	
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS	
<i>atazanavir</i>	
<i>atazanavir sulfate capsule 300mg</i>	
<i>darunavir</i>	
EVOTAZ	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	
INVIRASE TABLET	
LEXIVA SUSPENSION	
<i>lopinavir/ritonavir</i>	
NORVIR PACKET, SOLUTION	
PREZCOBIX	QL(30 EA per 30 days)
PREZISTA SUSPENSION	
PREZISTA TABLET 150MG, 75MG	
REYATAZ PACKET	
<i>ritonavir</i>	
SYMTUZA	QL(30 EA per 30 days)
VIRACEPT	
Anti-influenza Agents	
<i>amantadine hcl capsule, solution</i>	
<i>oseltamivir phosphate capsule 75mg</i>	QL(110 EA per 365 days)

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Drug Name	Requirements/Limits
<i>oseltamivir phosphate capsule 30mg</i>	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	QL(1080 ML per 365 days)
RELENZA DISKHALER	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	QL(4 EA per 365 days)
Antiherpetic Agents	
<i>acyclovir sodium injection 50mg/ml</i>	B/D
<i>acyclovir capsule 200mg</i>	
<i>acyclovir suspension 200mg/5ml</i>	
<i>acyclovir tablet 400mg, 800mg</i>	
<i>famciclovir tablet</i>	
<i>valacyclovir hydrochloride</i>	QL(120 EA per 30 days)
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl tablet 15mg</i>	
<i>buspirone hydrochloride tablet 10mg, 5mg</i>	
<i>buspirone hydrochloride tablet 30mg, 7.5mg</i>	
<i>hydroxyzine pamoate capsule</i>	
Benzodiazepines	
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	QL(720 EA per 30 days)
<i>diazepam intensol</i>	
<i>diazepam concentrate, oral solution</i>	
<i>diazepam injection 5mg/ml</i>	
<i>diazepam tablet 10mg</i>	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	
<i>lorazepam tablet 2mg</i>	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	QL(90 EA per 30 days)
Bipolar Agents	
Mood Stabilizers	
<i>lithium</i>	
<i>lithium carbonate er</i>	
<i>lithium carbonate capsule, tablet</i>	
<i>valproic acid capsule, solution</i>	
Blood Glucose Regulators	
Antidiabetic Agents	
<i>acarbose tablet</i>	
BYDUREON BCISE	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	QL(2.4 ML per 28 days); PA

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Drug Name	Requirements/Limits
BYETTA INJECTION 5MCG/0.02ML	QL(4.8 ML per 28 days); PA
FARXIGA	
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	
<i>glipizide er</i>	
<i>glipizide xl</i>	
<i>glipizide/metformin hydrochloride</i>	
<i>glipizide tablet 10mg, 5mg</i>	
<i>glipizide tablet 2.5mg</i>	
<i>glyburide/metformin hydrochloride</i>	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	
GLYXAMBI	
JANUMET	
JANUMET XR	
JANUVIA	QL(30 EA per 30 days)
JARDIANCE	
JENTADUETO	
JENTADUETO XR	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	
MOUNJARO	QL(2 ML per 28 days); PA
<i>nateglinide</i>	
OZEMPIC INJECTION 2MG/1.5ML	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	
<i>pioglitazone hcl tablet 45mg</i>	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	
<i>repaglinide</i>	
RYBELSUS TABLET 14MG, 7MG	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	QL(60 EA per 365 days); PA
SOLIQUA 100/33	
SYNJARDY	
SYNJARDY XR	
<i>tolazamide tablet 250mg, 500mg</i>	
TRADJENTA	QL(30 EA per 30 days)
TRIJARDY XR	
TRULICITY	QL(2 ML per 28 days); PA
XIGDUO XR	
Glycemic Agents	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide suspension</i>	
GLUCAGEN HYPOKIT	ST
<i>glucagon emergency kit</i>	

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Drug Name	Requirements/Limits
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	
GVOKE HYPOPEN 1-PACK	
GVOKE HYPOPEN 2-PACK	
GVOKE KIT	
GVOKE PFS	
Insulins	
HUMALOG	
HUMALOG JUNIOR KWIKPEN	
HUMALOG KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
<i>insulin lispro</i>	
LANTUS	
LANTUS SOLOSTAR	
LEVEMIR	
LEVEMIR FLEXPEN	
LEVEMIR FLEXTOUCH	
LYUMJEV	
LYUMJEV KWIKPEN	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
NOVOLOG	
NOVOLOG FLEXPEN	
NOVOLOG FLEXPEN RELION	

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Drug Name	Requirements/Limits
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	
NOVOLOG MIX 70/30 RELION	
NOVOLOG PENFILL	
NOVOLOG RELION	
TOUJEO MAX SOLOSTAR	
TOUJEO SOLOSTAR	
TRESIBA	
TRESIBA FLEXTOUCH	
Blood Products and Modifiers	
<i>Anticoagulants</i>	
ELIQUIS STARTER PACK	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	
FRAGMIN INJECTION 2500UNIT/0.2ML	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	
<i>heparin sodium injection 5000unit/ml</i>	
<i>jantoven</i>	
<i>warfarin sodium tablet</i>	
XARELTO STARTER PACK	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>	
<i>anagrelide hydrochloride</i>	
NEULASTA	PA
NEULASTA ONPRO KIT	PA
OXBRYTA TABLET 300MG	QL(240 EA per 30 days); PA
PROCRT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCRT INJECTION 40000UNIT/ML	PA
PROMACTA	PA
PYRUKYND TAPER PACK	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
RETACRIT INJECTION 40000UNIT/ML	PA
ROLVEDON	PA
UDENYCA	PA

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Drug Name	Requirements/Limits
UDENYCA ONBODY	PA
XOLREMDI	QL(120 EA per 30 days); PA
ZARXIO	
Hemostasis Agents	
<i>tranexamic acid tablet</i>	
Platelet Modifying Agents	
<i>aspirin/dipyridamole</i>	
<i>aspirin/dipyridamole er</i>	
BRILINTA	
CABLIVI	QL(30 EA per 30 days); PA
<i>cilostazol</i>	
<i>clopidogrel tablet 75mg</i>	
<i>clopidogrel tablet 300mg</i>	
DOPTELET	PA
<i>prasugrel hydrochloride</i>	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine</i>	
<i>clonidine hydrochloride tablet</i>	
<i>droxidopa</i>	PA
<i>guanfacine hydrochloride</i>	
<i>methyldopa tablet 250mg, 500mg</i>	
<i>midodrine hcl</i>	
Alpha-adrenergic Blocking Agents	
<i>prazosin hydrochloride capsule</i>	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	
<i>terazosin hydrochloride capsule 2mg</i>	
Angiotensin II Receptor Antagonists	
<i>candesartan cilexetil</i>	
EDARBI	
<i>irbesartan</i>	
<i>losartan potassium tablet</i>	
<i>olmesartan medoxomil tablet</i>	
<i>telmisartan</i>	
<i>valsartan tablet</i>	
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	
<i>benazepril hydrochloride tablet 20mg</i>	
<i>captopril tablet</i>	
<i>enalapril maleate tablet</i>	
<i>fosinopril sodium</i>	
<i>lisinopril tablet</i>	
<i>moexipril hcl</i>	
<i>perindopril erbumine</i>	
<i>quinapril hydrochloride</i>	

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Drug Name	Requirements/Limits
<i>ramipril</i>	
<i>trandolapril</i>	
Antiarrhythmics	
<i>amiodarone hydrochloride tablet 200mg</i>	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	
<i>digitek tablet 0.125mg, 0.25mg</i>	
<i>digox</i>	
<i>digoxin solution</i>	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl capsule 150mg</i>	
<i>mexiletine hcl capsule 200mg, 250mg</i>	
MULTAQ	
PACERONE TABLET 200MG	
PACERONE TABLET 100MG, 400MG	
<i>propafenone hcl</i>	
<i>propafenone hydrochloride er</i>	
<i>propafenone hydrochloride tablet 300mg</i>	
<i>quinidine sulfate tablet</i>	
<i>sorine</i>	
<i>sotalol hcl</i>	
<i>sotalol hydrochloride (af)</i>	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	
Beta-adrenergic Blocking Agents	
<i>acebutolol hcl capsule 400mg</i>	
<i>acebutolol hydrochloride</i>	
<i>atenolol tablet</i>	
<i>betaxolol hcl tablet 10mg, 20mg</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hydrochloride tablet</i>	
<i>metoprolol succinate er</i>	
<i>metoprolol tartrate tablet</i>	
<i>nadolol tablet 20mg, 40mg</i>	
<i>nadolol tablet 80mg</i>	
<i>nebivolol hydrochloride</i>	
<i>nebivolol tablet 5mg</i>	
<i>pindolol tablet</i>	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	
<i>propranolol hcl tablet 40mg</i>	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	
Calcium Channel Blocking Agents, Dihydropyridines	

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Drug Name	Requirements/Limits
<i>amlodipine besylate tablet</i>	
<i>felodipine er</i>	
<i>isradipine</i>	
<i>nifedipine er</i>	
<i>nimodipine capsule</i>	
NYMALIZE SOLUTION 60MG/20ML	
Calcium Channel Blocking Agents, Nondihydropyridines	
<i>cartia xt</i>	
<i>dilt-xr</i>	
<i>diltiazem hcl cd</i>	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	
<i>diltiazem hcl er capsule extended release 12 hour</i>	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hydrochloride tablet 120mg</i>	
<i>matzim la</i>	
<i>taztia xt</i>	
<i>tiadylt er</i>	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	
<i>verapamil hcl sr capsule extended release 24 hour</i>	
<i>verapamil hcl tablet 40mg, 80mg</i>	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	
<i>verapamil hydrochloride tablet 120mg</i>	
Cardiovascular Agents, Other	
<i>acetazolamide</i>	
<i>aliskiren</i>	
<i>amiloride/hydrochlorothiazide</i>	
<i>amlodipine besylate/benazepril hydrochloride</i>	
<i>amlodipine besylate/valsartan</i>	
<i>amlodipine/olmesartan medoxomil</i>	
<i>atenolol/chlorthalidone</i>	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	
<i>candesartan cilexetil/hydrochlorothiazide</i>	
<i>captopril/hydrochlorothiazide</i>	
CORLANOR TABLET	QL(60 EA per 30 days); PA
EDARBYCLOR	
<i>enalapril maleate/hydrochlorothiazide</i>	
ENTRESTO CAPSULE SPRINKLE	QL(240 EA per 30 days)
ENTRESTO TABLET	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	

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<i>fosinopril sodium/hydrochlorothiazide</i>	
<i>irbesartan/hydrochlorothiazide</i>	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	
<i>ivabradine hydrochloride</i>	QL(60 EA per 30 days); PA
KERENDIA	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	
<i>losartan potassium/hydrochlorothiazide</i>	
<i>metyrosine</i>	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	
<i>pentoxifylline er</i>	
<i>quinapril/hydrochlorothiazide</i>	
<i>ranolazine er</i>	
<i>spironolactone/hydrochlorothiazide</i>	
<i>telmisartan/hydrochlorothiazide</i>	
<i>trandolapril/verapamil hcl er</i>	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	
<i>triamterene/hydrochlorothiazide tablet</i>	
<i>valsartan/hydrochlorothiazide</i>	
VYNDAMAX	QL(30 EA per 30 days); PA
Diuretics, Loop	
<i>bumetanide injection, tablet</i>	
<i>furosemide tablet</i>	
<i>furosemide injection</i>	
<i>toremide tablet</i>	
Diuretics, Potassium-sparing	
<i>amiloride hcl tablet</i>	
<i>eplerenone</i>	
<i>spironolactone tablet</i>	
Diuretics, Thiazide	
<i>chlorothiazide tablet</i>	
<i>chlorthalidone tablet 25mg, 50mg</i>	
<i>hydrochlorothiazide capsule, tablet</i>	
<i>indapamide tablet</i>	
<i>metolazone</i>	
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	
<i>fenofibric acid dr</i>	
<i>gemfibrozil tablet</i>	
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium</i>	
<i>fluvastatin</i>	
<i>fluvastatin sodium er</i>	
LIVALO	ST
<i>lovastatin tablet</i>	

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Drug Name	Requirements/Limits
<i>pitavastatin calcium</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium tablet</i>	
<i>simvastatin tablet</i>	
<i>Dyslipidemics, Other</i>	
<i>cholestyramine light</i>	
<i>cholestyramine packet, powder</i>	
<i>colesevelam hydrochloride tablet</i>	
<i>colestipol hcl tablet</i>	
<i>colestipol hcl granules, packet</i>	
<i>ezetimibe</i>	
<i>ezetimibe/simvastatin</i>	
<i>icosapent ethyl</i>	
NEXLETOL	QL(30 EA per 30 days); PA
NEXLIZET	QL(30 EA per 30 days); PA
<i>niacin er</i>	
<i>omega-3-acid ethyl esters</i>	
PRALUENT	QL(2 ML per 28 days); PA
<i>prevalite</i>	
REPATHA	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	QL(7 ML per 28 days); PA
REPATHA SURECLICK	QL(3 ML per 28 days); PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
NITRO-BID	
<i>nitroglycerin transdermal</i>	
<i>nitroglycerin solution 0.4mg/spray</i>	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	
VERQUVO	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>	
<i>hydralazine hcl tablet 10mg</i>	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	
<i>hydralazine hydrochloride tablet 100mg</i>	
<i>minoxidil tablet</i>	
Central Nervous System Agents	
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>	
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	QL(60 EA per 30 days); Extended-release capsule 20mg

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Drug Name	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hydrochloride capsule 25mg</i>	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	
Central Nervous System, Other	
AUSTEDO	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	QL(90 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	
COBENFY	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	QL(112 EA per 365 days); PA NSO
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	QL(60 EA per 30 days); PA

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Drug Name	Requirements/Limits
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	PA
ZTALMY	PA NSO
<i>Fibromyalgia Agents</i>	
<i>pregabalin capsule 300mg</i>	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	QL(90 EA per 30 days)
<i>pregabalin solution</i>	QL(900 ML per 30 days)
SAVELLA	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>	
AVONEX PEN	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	QL(4 EA per 28 days); PA
BAFIERTAM	QL(120 EA per 30 days); PA
BETASERON	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	QL(30 ML per 30 days); PA
KESIMPTA	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	QL(30 EA per 30 days); PA
OCREVUS	PA
OCREVUS ZUNOVO	QL(23 ML per 168 days); PA
REBIF	QL(6 ML per 28 days); PA
REBIF REBIDOSE	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	QL(8.4 ML per 365 days); PA
TYSABRI	PA
VUMERITY	QL(120 EA per 30 days); PA
ZEPOSIA	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents	
<i>Dental and Oral Agents</i>	
<i>chlorhexidine gluconate solution</i>	
<i>doxycycline hyclate tablet 20mg</i>	

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Drug Name	Requirements/Limits
KEPIVANCE	
<i>kourzeq</i>	
<i>lidocaine hydrochloride viscous</i>	
<i>lidocaine viscous</i>	
<i>oralone dental paste</i>	
<i>paroex</i>	
<i>pilocarpine hydrochloride</i>	
<i>triamcinolone acetonide dental paste</i>	
Dermatological Agents	
<i>Acne and Rosacea Agents</i>	
ACCUTANE	
<i>acitretin</i>	
<i>amnestem</i>	
<i>azelaic acid</i>	
<i>claravis</i>	
<i>erythromycin/benzoyl peroxide</i>	
FINACEA FOAM	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	
<i>metronidazole cream 0.75%</i>	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole gel 1%</i>	
<i>myorisan</i>	
<i>rosadan</i>	
<i>tazarotene cream 0.1%</i>	
<i>tretinoin cream 0.025%</i>	PA
<i>tretinoin cream 0.05%</i>	PA
<i>zenatane</i>	
<i>Dermatitis and Pruitus Agents</i>	
ALA-CORT CREAM 2.5%	
<i>alclometasone dipropionate</i>	
<i>ammonium lactate cream, lotion</i>	
<i>betamethasone dipropionate augmented cream</i>	
<i>betamethasone dipropionate augmented ointment</i>	
<i>betamethasone dipropionate augmented gel</i>	
<i>betamethasone dipropionate cream, lotion</i>	
<i>betamethasone dipropionate ointment</i>	
<i>betamethasone valerate ointment</i>	
<i>betamethasone valerate cream, lotion</i>	
<i>clobetasol propionate e</i>	
<i>clobetasol propionate cream, ointment</i>	
<i>clobetasol propionate gel, solution</i>	
<i>clobetasol propionate shampoo</i>	
<i>desonide cream</i>	
<i>desonide ointment</i>	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	QL(100 GM per 30 days)

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Drug Name	Requirements/Limits
<i>desoximetasone ointment 0.25%</i>	
EUCRISA	PA
<i>fluocinolone acetonide</i>	
<i>fluocinolone acetonide body</i>	
<i>fluocinolone acetonide scalp</i>	
<i>fluocinolone acetonide topical</i>	
<i>fluocinonide cream 0.05%</i>	
<i>fluocinonide cream 0.1%</i>	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate ointment 0.005%</i>	
<i>halobetasol propionate cream</i>	
<i>halobetasol propionate ointment</i>	
<i>hydrocortisone valerate cream</i>	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone ointment 2.5%</i>	
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate ointment 0.1%</i>	
<i>mometasone furoate solution 0.1%</i>	
<i>selenium sulfide</i>	
SPEVIGO INJECTION 150MG/ML	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	
<i>triderm</i>	
<i>Dermatological Agents, Other</i>	
<i>calcipotriene solution</i>	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	
<i>diclofenac sodium gel 3%</i>	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	
<i>imiquimod cream 5%</i>	
KLISYRI	ST
<i>nystatin/triamcinolone</i>	
<i>nystatin/triamcinolone acetonide ointment</i>	
OTEZLA TABLET 20MG, 30MG	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	
SANTYL	
<i>silver sulfadiazine</i>	
SOTYKTU	QL(30 EA per 30 days); PA
ssd	

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Drug Name	Requirements/Limits
<i>urea lotion 40%</i>	
<i>Pediculicides/Scabicides</i>	
<i>malathion</i>	
<i>permethrin cream</i>	
<i>Topical Anti-infectives</i>	
<i>acyclovir ointment 5%</i>	
BACTROBAN NASAL	
<i>ciclodan solution</i>	PA
<i>ciclopirox nail lacquer</i>	PA
<i>ciclopirox olamine</i>	
<i>ciclopirox gel</i>	
<i>ciclopirox shampoo, suspension</i>	
<i>clindamycin phosphate lotion 1%</i>	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	QL(60 ML per 30 days)
<i>ery</i>	
<i>erythromycin gel 2%</i>	
<i>erythromycin pad 2%</i>	
<i>erythromycin solution 2%</i>	
<i>mupirocin ointment</i>	QL(110 GM per 30 days)
<i>mupirocin cream</i>	
Electrolytes/Minerals/Metals/Vitamins	
<i>Electrolyte/Mineral Replacement</i>	
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	B/D
<i>carglumic acid</i>	
<i>dextrose 5%</i>	

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Drug Name	Requirements/Limits
<i>dextrose 5%/sodium chloride 0.45%</i>	
<i>dextrose 5%/sodium chloride 0.9%</i>	
<i>effer-k tablet effervescent 25meq</i>	
<i>klor-con</i>	
<i>klor-con 10</i>	
<i>klor-con 8</i>	
<i>klor-con m10</i>	
<i>klor-con m15</i>	
<i>klor-con m20</i>	
<i>klor-con sprinkle</i>	
<i>klor-con/ef</i>	
<i>magnesium sulfate injection 50%</i>	
PLENAMINE	B/D
<i>potassium chloride er capsule extended release</i>	
<i>potassium chloride er tablet extended release 15meq</i>	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	
<i>potassium chloride er tablet extended release 15meq</i>	
<i>potassium chloride sr tablet extended release 8meq</i>	
<i>potassium chloride packet, solution</i>	
<i>potassium citrate er</i>	
<i>sodium chloride 0.45% injection</i>	
<i>sodium chloride injection 0.45%, 0.9%</i>	
Electrolyte/Mineral/Metal Modifiers	
CHEMET	
CLOVIQUE	PA
<i>deferasirox packet</i>	PA
<i>deferasirox tablet soluble 125mg</i>	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	PA
<i>deferasirox tablet 180mg</i>	PA
<i>deferasirox tablet 90mg</i>	PA
<i>deferasirox tablet 360mg</i>	PA
<i>trientine hydrochloride capsule 250mg</i>	PA
Phosphate Binders	
<i>calcium acetate capsule</i>	
<i>calcium acetate tablet 667mg</i>	
<i>sevelamer carbonate</i>	
VELPHORO	
Potassium Binders	
<i>kionex suspension</i>	
LOKELMA	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate</i>	
<i>sps</i>	
VELTASSA	
Vitamins	

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Drug Name	Requirements/Limits
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	
Gastrointestinal Agents	
<i>Anti-Constipation Agents</i>	
<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	
<i>lactulose solution 10gm/15ml</i>	
LINZESS	QL(30 EA per 30 days)
<i>lubiprostone</i>	QL(60 EA per 30 days)
MOTEGRITY	QL(30 EA per 30 days)
<i>pegylax</i>	
RELISTOR TABLET	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	QL(18 ML per 30 days); ST
<i>Anti-Diarrheal Agents</i>	
<i>alosetron hydrochloride tablet 0.5mg</i>	PA
<i>alosetron hydrochloride tablet 1mg</i>	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	
<i>loperamide hcl capsule</i>	
XERMELO	QL(90 EA per 30 days); PA
<i>Antispasmodics, Gastrointestinal</i>	
<i>dicyclomine hcl solution</i>	
<i>dicyclomine hydrochloride capsule, tablet</i>	
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	
<i>glycopyrrolate tablet 1mg, 2mg</i>	PA
<i>Gastrointestinal Agents, Other</i>	
CLENPIQ	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-h</i>	
<i>gavilyte-n/flower pack</i>	
<i>metoclopramide hcl solution</i>	
<i>metoclopramide hcl tablet 5mg</i>	
<i>metoclopramide hydrochloride injection</i>	
<i>metoclopramide hydrochloride tablet 10mg</i>	
<i>nitroglycerin ointment 0.4%</i>	
<i>peg 3350/electrolytes</i>	
<i>peg-3350/electrolytes</i>	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	
RECTIV	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	
SUTAB	
<i>trilyte</i>	
<i>ursodiol capsule 300mg</i>	

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Drug Name	Requirements/Limits
<i>ursodiol tablet</i>	
VOWST	PA
XIFAXAN TABLET 200MG	PA
XIFAXAN TABLET 550MG	PA
Histamine2 (H2) Receptor Antagonists	
<i>famotidine suspension reconstituted</i>	
<i>famotidine tablet 20mg, 40mg</i>	
<i>nizatidine</i>	
Protectants	
<i>misoprostol</i>	
<i>sucralfate tablet</i>	
<i>sucralfate suspension</i>	
Proton Pump Inhibitors	
DEXILANT	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	QL(30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
ALDURAZYME	PA
<i>betaine anhydrous</i>	
CERDELGA	PA
CHOLBAM	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	
<i>cromolyn sodium concentrate 100mg/5ml</i>	
CYSTAGON	
ELAPRASE	PA
ENDARI	PA
EVRYSDI	QL(240 ML per 30 days); PA
FABRAZYME	PA
JAVYGTOR	PA
KANUMA	PA
<i>l-glutamine</i>	PA
LUMIZYME	PA
<i>miglustat</i>	PA
NAGLAZYME	PA

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Drug Name	Requirements/Limits
<i>nitisinone</i>	
PROLASTIN-C	PA
REVCOVI	PA
<i>sapropterin dihydrochloride</i>	PA
<i>sodium phenylbutyrate powder, tablet</i>	
STRENSIQ	PA
SUCRAID	PA
TEGSEDI	PA
VIMIZIM	PA
<i>yargesa</i>	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	
ZOKINVY	QL(120 EA per 30 days); PA
Genitourinary Agents	
<i>Antispasmodics, Urinary</i>	
GELNIQUE PUMP	
GEMTESA	
MYRBETRIQ	
<i>oxybutynin chloride er</i>	
<i>oxybutynin chloride solution</i>	
<i>oxybutynin chloride tablet 5mg</i>	
<i>solifenacin succinate</i>	
<i>tolterodine tartrate</i>	
<i>tolterodine tartrate er</i>	
<i>trospium chloride</i>	
<i>trospium chloride er</i>	
<i>Benign Prostatic Hypertrophy Agents</i>	
<i>alfuzosin hcl er</i>	
<i>doxazosin mesylate</i>	
<i>dutasteride/tamsulosin hydrochloride</i>	
<i>dutasteride capsule</i>	
<i>finasteride tablet</i>	
<i>silodosin</i>	
<i>tadalafil tablet 2.5mg, 5mg</i>	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	
<i>Genitourinary Agents, Other</i>	
<i>acetic acid 0.25%</i>	
<i>bethanechol chloride tablet</i>	
<i>d-penamine</i>	
ELMIRON	
<i>penicillamine tablet</i>	

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Drug Name	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>	
<i>cortisone acetate tablet 25mg</i>	
<i>dexamethasone solution</i>	
<i>dexamethasone elixir</i>	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	
<i>fludrocortisone acetate tablet</i>	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	
<i>methylprednisolone dose pack tablet therapy pack</i>	
<i>methylprednisolone tablet</i>	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	
<i>prednisolone solution</i>	
<i>prednisone tablet therapy pack</i>	
<i>prednisone solution</i>	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	
<i>triamcinolone acetonide injection 10mg/ml</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>	
<i>desmopressin acetate tablet</i>	
<i>desmopressin acetate injection</i>	
<i>desmopressin acetate nasal solution 0.01%</i>	
GENOTROPIN	PA
GENOTROPIN MINQUICK	PA
INCRELEX	PA
LUPRON DEPOT-PED (6-MONTH)	QL(1 EA per 168 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>	
KORLYM	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	
<i>mifepristone tablet 300mg</i>	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
<i>Androgens</i>	
<i>danazol capsule</i>	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate injection</i>	PA
<i>testosterone pump</i>	PA
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	PA
<i>Estrogens</i>	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amabelz</i>	

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Drug Name	Requirements/Limits
<i>amethia</i>	QL(91 EA per 91 days)
<i>amethia lo</i>	QL(91 EA per 91 days)
<i>amethyst</i>	
<i>ashlyna</i>	QL(91 EA per 91 days)
<i>aubra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>bekyree</i>	
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camrese</i>	QL(91 EA per 91 days)
<i>camrese lo</i>	QL(91 EA per 91 days)
<i>chateal</i>	
<i>chateal eq</i>	
CLIMARA PRO	
<i>cryselle-28</i>	
<i>cyclafem 1/35</i>	
<i>cyclafem 7/7/7</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	QL(91 EA per 91 days)
<i>delyla</i>	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	
<i>dolishale</i>	
DOTTI	
<i>elinest</i>	
<i>eluryng</i>	
<i>enilloring</i>	
<i>enpresse-28</i>	
<i>estarylla</i>	
<i>estradiol/norethindrone acetate</i>	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	
<i>estradiol cream, oral tablet</i>	
<i>estradiol patch twice weekly, patch weekly, vaginal tablet</i>	
ESTRING	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	
<i>etonogestrel/ethinyl estradiol</i>	

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Drug Name	Requirements/Limits
<i>falmina</i>	
<i>fayosim</i>	QL(91 EA per 91 days)
<i>femynor</i>	
FYAVOLV	
<i>hailey 1.5/30</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>haloette</i>	
<i>iclevia</i>	QL(91 EA per 91 days)
<i>introvale</i>	QL(91 EA per 91 days)
<i>jaimiess</i>	QL(91 EA per 91 days)
<i>jinteli</i>	
<i>jolessa</i>	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kelnor 1/50</i>	
<i>kimidess</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>larissia</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	
<i>lillow</i>	
<i>lojaimiess</i>	QL(91 EA per 91 days)
<i>lopreeza</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	
<i>lyllana</i>	
<i>marlissa</i>	
MENEST TABLET 2.5MG	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	

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Drug Name	Requirements/Limits
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mimvey</i>	
<i>mimvey lo</i>	
<i>mono-lyyah</i>	
<i>mononessa</i>	
<i>necon 0.5/35-28</i>	
<i>necon 7/7/7</i>	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	
<i>norgestimate/ethinyl estradiol</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>nymyo</i>	
<i>orsythia</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>pirmella 1/35</i>	
<i>pirmella 7/7/7</i>	
<i>portia-28</i>	
PREMARIN CREAM	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	
PREMPHASE	
PREMPRO	
<i>previfem</i>	
<i>rivelsa</i>	QL(91 EA per 91 days)
<i>setlakin</i>	QL(91 EA per 91 days)
<i>simliya</i>	
<i>simpesse</i>	QL(91 EA per 91 days)
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>tarina fe 1/20</i>	
<i>tarina fe 1/20 eq</i>	
<i>tri femynor</i>	
<i>tri-estarylla</i>	
<i>tri-lyyah</i>	
<i>tri-mili</i>	

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Drug Name	Requirements/Limits
<i>tri-nymyo</i>	
<i>tri-previfem</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>trinessa</i>	
<i>trivora-28</i>	
<i>turqoz</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>yuvaferm</i>	
<i>zovia 1/35</i>	
<i>zovia 1/35e</i>	
Progestins	
<i>camila</i>	
<i>deblitane</i>	
DEPO-PROVERA INJECTION 400MG/ML	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104	QL(0.65 ML per 90 days)
<i>emzahh</i>	
<i>errin</i>	
<i>gallifrey</i>	
<i>heather</i>	
<i>incassia</i>	
<i>jencycla</i>	
<i>jolivette</i>	
<i>lyleq</i>	
<i>lyza</i>	
<i>medroxyprogesterone acetate tablet</i>	
<i>medroxyprogesterone acetate injection</i>	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	PA NSO
<i>megestrol acetate suspension 40mg/ml</i>	PA
<i>megestrol acetate suspension 625mg/5ml</i>	PA
<i>nora-be</i>	
<i>norethindrone acetate tablet</i>	
<i>norethindrone tablet</i>	
<i>norlyda</i>	
<i>norlyroc</i>	
<i>progesterone capsule</i>	
<i>sharobel</i>	
<i>tulana</i>	
Selective Estrogen Receptor Modifying Agents	
OSPHENA	QL(30 EA per 30 days); PA

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<i>raloxifene hydrochloride</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>	
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
ARMOUR THYROID	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
LEVO-T	
<i>levothyroxine sodium tablet</i>	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
<i>liothyronine sodium tablet</i>	
NIVA THYROID	
<i>np thyroid 120</i>	
<i>np thyroid 15</i>	
<i>np thyroid 30</i>	
<i>np thyroid 60</i>	
<i>np thyroid 90</i>	
SYNTHROID TABLET	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
THYROLAR-1	
THYROLAR-1/2	
THYROLAR-1/4	
THYROLAR-2	
THYROLAR-3	
UNITHROID	
Hormonal Agents, Suppressant (Adrenal)	
<i>Hormonal Agents, Suppressant (Adrenal)</i>	
ISTURISA TABLET 10MG	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	QL(360 EA per 30 days); PA
LYSODREN	
Hormonal Agents, Suppressant (Pituitary)	
<i>Hormonal Agents, Suppressant (Pituitary)</i>	
<i>cabergoline</i>	
FIRMAGON INJECTION 80MG	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	QL(4 EA per 365 days); PA NSO
LANREOTIDE ACETATE INJECTION 120MG/0.5ML	PA NSO
<i>lanreotide acetate injection 120mg/0.5ml</i>	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	PA NSO
LUPRON DEPOT (1-MONTH)	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	QL(1 EA per 28 days); PA

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Drug Name	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH)	QL(1 EA per 84 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	PA
ORGOVYX	PA NSO
SIGNIFOR	QL(60 ML per 30 days); PA
SIGNIFOR LAR	QL(1 EA per 28 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	PA
SOMAVERT	PA
TRELSTAR MIXJECT INJECTION 22.5MG	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	QL(1 EA per 84 days); PA NSO
TRIPTODUR	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)	
<i>Antithyroid Agents</i>	
<i>methimazole tablet 10mg, 5mg</i>	
<i>propylthiouracil tablet</i>	
Immunological Agents	
<i>Angioedema Agents</i>	
CINRYZE	PA
<i>icatibant acetate</i>	PA
<i>sajazir</i>	PA
<i>Immunoglobulins</i>	
ASCENIV	PA
BIVIGAM INJECTION 10%, 5GM/50ML	PA
CUTAQUIG	PA
CUVITRU	PA
GAMASTAN	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	PA
GAMUNEX-C	PA
HEPAGAM B INJECTION 312UNIT/ML	B/D
HIZENTRA	PA
HYPERHEP B	B/D
NABI-HB INJECTION 312UNIT/ML	B/D
PANZYGA	PA
PRIVIGEN	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	
VARIZIG INJECTION 125UNIT/1.2ML	PA
XEMBIFY	PA
<i>Immunological Agents, Other</i>	
ADBRY INJECTION 150MG/ML	QL(4 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	QL(6 ML per 28 days); PA
BENLYSTA	PA
COSENTYX SENSOREADY PEN	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	QL(10 ML per 28 days); PA

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Drug Name	Requirements/Limits
COSENTYX INJECTION 125MG/5ML	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	QL(8 ML per 28 days); PA
EMPAVELI	PA
ENJAYMO	PA
ILARIS INJECTION 150MG/ML	QL(2 ML per 28 days); PA
KINERET	PA
ORENCIA CLICKJECT	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	QL(110 EA per 365 days); PA
RINVOQ	QL(30 EA per 30 days); PA
RINVOQ LQ	QL(360 ML per 30 days); PA
SAPHNELO	PA
SKYRIZI PEN	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	PA
SKYRIZI INJECTION 150MG/ML	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	QL(3 ML per 84 days); PA
VEOPOZ	PA
VYVGART HYTRULO	PA
XELJANZ XR	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	QL(300 ML per 30 days); PA
XELJANZ TABLET	QL(60 EA per 30 days); PA
XOLAIR	PA
Immunostimulants	
ACTIMMUNE	PA NSO
INTRON A	PA NSO
PEGASYS	PA
Immunosuppressants	
ASTAGRAF XL	B/D
<i>azathioprine tablet 50mg</i>	B/D
<i>cyclosporine modified</i>	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	QL(6 EA per 28 days); PA
ENBREL MINI	QL(8 ML per 28 days); PA

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Drug Name	Requirements/Limits
ENBREL SURECLICK	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	PA
ENBREL INJECTION 25MG/0.5ML	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	QL(8 ML per 28 days); PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	B/D
<i>everolimus tablet 0.25mg</i>	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	B/D
<i>gengraf capsule 100mg, 25mg</i>	B/D
<i>gengraf solution</i>	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.8ML	QL(2 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	QL(4 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	PA
INFLIXIMAB	PA
JYLAMVO	
<i>leflunomide</i>	
<i>methotrexate sodium tablet</i>	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	
<i>methotrexate injection 50mg/2ml</i>	
<i>mycophenolate mofetil capsule, tablet</i>	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	B/D
<i>mycophenolic acid dr</i>	B/D
ORENCIA INJECTION 250MG	PA
PROGRAF PACKET	B/D
REMICADE	PA
RENFLEXIS	PA
REZUROCK	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	B/D
<i>sirolimus solution, tablet</i>	B/D

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Drug Name	Requirements/Limits
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D
XATMEP	
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	QL(3 EA per 28 days); PA
Vaccines	
ABRYSVO	
ACTHIB INJECTION 0	
ADACEL	
AREXVY	
<i>bcg vaccine injection 50mg</i>	
BEXSERO	
BOOSTRIX	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
DENGVAIXIA	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	
ENGRIX-B	B/D
GARDASIL 9	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	
HEPLISAV-B	B/D
HIBERIX	
IMOVAX RABIES (H.D.C.V.)	B/D
INFANRIX	
IPOL INACTIVATED IPV	
IXCHIQ	
IXIARO	
JYNNEOS	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
MRESVIA	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	
PENBRAYA	
PENTACEL	
PREHEVBRIO	B/D
PRIORIX	
PROQUAD	

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QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial; any pack size
RABAVERT	B/D
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ SOLUTION	
SHINGRIX	
STAMARIL	
TDVAX	
TENIVAC	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXCHORA	
VAXELIS	
YF-VAX	
Inflammatory Bowel Disease Agents	
<i>Aminosalicylates</i>	
<i>balsalazide disodium</i>	
<i>mesalamine dr tablet delayed release 1.2gm</i>	
<i>mesalamine er capsule extended release 24 hour</i>	
<i>mesalamine enema, kit, suppository</i>	
SFROWASA	
<i>sulfasalazine tablet, tablet delayed release</i>	
<i>Glucocorticoids</i>	
<i>budesonide er</i>	
<i>budesonide capsule delayed release particles 3mg</i>	
<i>colocort</i>	
<i>hydrocortisone enema 100mg/60ml</i>	
<i>procto-med hc</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
Metabolic Bone Disease Agents	
<i>Metabolic Bone Disease Agents</i>	
<i>alendronate sodium solution</i>	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	
<i>alendronate sodium tablet 70mg</i>	QL(4 EA per 28 days)

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<i>calcitonin-salmon solution</i>	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	
<i>cinacalcet hydrochloride</i>	
FORTEO INJECTION 600MCG/2.4ML	PA
<i>ibandronate sodium tablet</i>	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	
PROLIA	QL(2 ML per 365 days)
RAYALDEE	
<i>risedronate sodium dr</i>	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	
<i>risedronate sodium tablet 150mg</i>	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	QL(4 EA per 28 days)
<i>teriparatide</i>	PA
TYMLOS	PA
XGEVA	PA
Miscellaneous Therapeutic Agents	
<i>Miscellaneous Therapeutic Agents</i>	
ALCOHOL PREP PADS	
AUGTYRO CAPSULE 40MG	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	QL(200 EA per 30 days)
ELLA	
IGALMI	PA NSO
LAGEVRIO	QL(40 EA per 5 days)
LIVMARLI SOLUTION 19MG/ML	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	QL(90 ML per 30 days); PA
NUTRILIPID	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	QL(30 EA per 30 days)
OXLUMO	PA

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Drug Name	Requirements/Limits
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(30 EA per 5 days); (300mg-100mg Pak) \$0 Copay
SKYCLARYS	QL(90 EA per 30 days); PA
sodium chloride 0.9%	
TYRVAYA	QL(8.4 ML per 30 days)
ulticare micro pen needles/32g x 5/32"	QL(200 EA per 30 days)
unifine pentips 32gx6mm	QL(200 EA per 30 days)
V-GO 20	
V-GO 30	
V-GO 40	
VISTOGARD	
VYJUVEK	PA
Ophthalmic Agents	
<i>Ophthalmic Agents, Other</i>	
atropine sulfate solution 1%	
bacitracin/polymyxin b	
brimonidine tartrate/timolol maleate	
COMBIGAN	
cyclosporine emulsion 0.05%	
CYSTARAN	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	
neo-polycin	
neo-polycin hc	
neomycin/bacitracin/polymyxin	
neomycin/polymyxin/bacitracin/hydrocortisone	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	
neomycin/polymyxin/dexamethasone	
neomycin/polymyxin/gramicidin	
polycin	
polymyxin b sulfate/trimethoprim sulfate	
RESTASIS	
RESTASIS MULTIDOSE	
ROCKLATAN	QL(2.5 ML per 25 days)
SIMBRINZA	
sulfacetamide sodium/prednisolone sodium phosphate	
TOBRADEX ST	
TOBRADEX OINTMENT	
tobramycin/dexamethasone	
XIIDRA	QL(60 EA per 30 days)
ZYLET	
<i>Ophthalmic Anti-allergy Agents</i>	
azelastine hcl ophthalmic solution 0.05%	
cromolyn sodium solution 4%	

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<i>olopatadine hcl</i>	
<i>olopatadine hydrochloride solution 0.2%</i>	
Ophthalmic Anti-Infectives	
<i>bacitracin</i>	
BESIVANCE	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	
<i>erythromycin ointment 5mg/gm</i>	
<i>gatifloxacin</i>	
<i>gentak ointment</i>	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	
<i>levofloxacin ophthalmic solution 0.5%</i>	
<i>moxifloxacin hydrochloride solution 0.5%</i>	
NATACYN	
<i>ofloxacin ophthalmic solution 0.3%</i>	
<i>sulfacetamide sodium solution</i>	
<i>sulfacetamide sodium ointment</i>	
<i>tobramycin solution 0.3%</i>	
<i>trifluridine</i>	
ZIRGAN	
Ophthalmic Anti-inflammatories	
<i>bromfenac sodium solution 0.07%</i>	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	
<i>diclofenac sodium solution 0.1%</i>	
FLAREX	
<i>fluorometholone</i>	
<i>flurbiprofen sodium</i>	
ILEVRO	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	
LOTEMAX SM	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	
PROLENSA	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents	
<i>betaxolol hcl solution 0.5%</i>	
<i>carteolol hcl</i>	
<i>levobunolol hcl solution 0.5%</i>	
<i>timolol maleate solution</i>	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
<i>acetazolamide er</i>	
ALPHAGAN P SOLUTION 0.1%	
BRIMONIDINE TARTRATE SOLUTION 0.1%	
<i>brimonidine tartrate solution 0.2%</i>	
<i>brinzolamide</i>	
<i>dorzolamide hydrochloride</i>	
<i>methazolamide tablet</i>	

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Drug Name	Requirements/Limits
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	
RHOPRESSA	QL(2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostanamide Analogs</i>	
<i>latanoprost solution</i>	
LUMIGAN	QL(2.5 ML per 25 days)
VYZULTA	QL(5 ML per 25 days)
Otic Agents	
<i>Otic Agents</i>	
<i>acetic acid</i>	
<i>ciprofloxacin/dexamethasone</i>	
<i>ciprofloxacin solution 0.2%</i>	
<i>hydrocortisone/acetic acid</i>	
<i>neomycin/polymyxin/hc</i>	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	
<i>ofloxacin otic solution 0.3%</i>	
Respiratory Tract/Pulmonary Agents	
<i>Anti-inflammatories, Inhaled Corticosteroids</i>	
ARNUTY ELLIPTA	QL(30 EA per 30 days)
ASMANEX HFA	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	
<i>mometasone furoate suspension 50mcg/act</i>	QL(34 GM per 30 days)
QVAR REDHALER	QL(21.2 GM per 30 days)
<i>Antihistamines</i>	
<i>azelastine hcl nasal solution 0.15%</i>	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	
<i>diphenhydramine hcl injection 50mg/ml</i>	
<i>diphenhydramine hydrochloride injection</i>	
<i>hydroxyzine hcl tablet 50mg</i>	
<i>hydroxyzine hydrochloride syrup</i>	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	
<i>levocetirizine dihydrochloride tablet</i>	
<i>Antileukotrienes</i>	
<i>montelukast sodium tablet</i>	
<i>montelukast sodium tablet chewable, packet</i>	
<i>zafirlukast</i>	
<i>Bronchodilators, Anticholinergic</i>	

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ATROVENT HFA	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	
<i>ipratropium bromide inhalation solution</i>	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	QL(60 ML per 30 days)
SPIRIVA HANDIHALER	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	QL(30 EA per 30 days)
YUPELRI	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic	
<i>albuterol sulfate er</i>	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	
<i>formoterol fumarate nebulization solution</i>	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	QL(2 EA per 30 days)
SEREVENT DISKUS	QL(60 EA per 30 days)
Cystic Fibrosis Agents	
CAYSTON	PA
KALYDECO	PA
ORKAMBI TABLET	QL(112 EA per 28 days); PA
PULMOZYME	PA
TOBI PODHALER	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	B/D
TRIKAFTA TABLET THERAPY PACK	QL(84 EA per 28 days); PA
Mast Cell Stabilizers	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D
Phosphodiesterase Inhibitors, Airways Disease	
<i>roflumilast</i>	PA
<i>theophylline er tablet extended release 24 hour</i>	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	
Pulmonary Antihypertensives	
ADEMPAS	QL(90 EA per 30 days); PA
<i>alyq</i>	QL(60 EA per 30 days); PA

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Drug Name	Requirements/Limits
<i>ambrisentan</i>	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	PA
<i>epoprostenol sodium injection 1.5mg</i>	PA
OPSUMIT	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	PA
<i>sildenafil citrate tablet</i>	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	QL(60 EA per 30 days); PA
VENTAVIS	QL(270 ML per 30 days); PA
<i>Pulmonary Fibrosis Agents</i>	
OFEV	PA
<i>pirfenidone</i>	PA
<i>Respiratory Tract Agents, Other</i>	
ADVAIR HFA	QL(24 GM per 30 days)
ANORO ELLIPTA	QL(60 EA per 30 days)
BREO ELLIPTA	QL(60 EA per 30 days)
BRONCHITOL	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	QL(17.6 GM per 30 days); PA
FASENRA PEN	PA
FASENRA INJECTION 10MG/0.5ML	PA
FASENRA INJECTION 30MG/ML	PA
<i>fluticasone propionate/salmeterol diskus</i>	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	QL(24 GM per 30 days)
TRELEGY ELLIPTA	QL(60 EA per 30 days)
<i>wixela inhub</i>	QL(60 EA per 30 days)
Skeletal Muscle Relaxants	
<i>Skeletal Muscle Relaxants</i>	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	
<i>methocarbamol tablet 500mg, 750mg</i>	
<i>orphenadrine citrate er</i>	
Sleep Disorder Agents	
<i>Sleep Promoting Agents</i>	
BELSOMRA	QL(30 EA per 30 days)

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<i>eszopiclone</i>	QL(30 EA per 30 days)
<i>ramelteon</i>	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	QL(30 EA per 30 days)
Wakefulness Promoting Agents	
<i>armodafinil tablet 150mg, 200mg</i>	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	QL(60 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	QL(30 EA per 30 days); PA
<i>modafinil tablet</i>	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	QL(540 ML per 30 days); PA

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This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Baylor Scott & White Health Plan Customer Service at 1-866-334-3141 (TTY: 711); October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m. Monday through Friday (excluding major holidays); or visit BSWHealthPlan.com/Medicare.

Contract: H8142



Multi-Language
Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-334-3141. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-334-3141. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-334-3141。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-334-3141。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-334-3141. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-334-3141. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-334-3141 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-334-3141. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-334-3141 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-334-3141. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية 1-866-334-3141 فوري، ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-334-3141 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-334-3141. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-334-3141. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-334-3141. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-334-3141. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-334-3141 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



Nondiscrimination Notice

Baylor Scott & White Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Baylor Scott & White Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Baylor Scott & White Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Baylor Scott & White Health Plan Compliance Officer at 1-214-820-8888 or send an email to HPCompliance@BSWHealth.org.

If you believe that Baylor Scott & White Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Baylor Scott & White Health Plan, Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report?cid=swhp>

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

Our mission

Founded as a Christian ministry of healing more than 100 years ago, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.



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