Retiree RxCare

2024 Base Formulary

(List of Covered Drugs)

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

Formulary ID No. 24413, Version 10

This formulary was updated on April 23, 2024. We have made no changes to this formulary since 4/23/2024. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Retiree RxCare Customer Care Center at 1-855-693-3921 TTY users should call 711, Monday through Friday, 8:00 AM to 8:00 PM (EST), or visit http://retireerxcare.amwins.com.

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 Retiree RxCare. When it refers to "plan" or "our plan," it means Retiree RxCare.

This document includes a partial list of the drugs (formulary) for our plan which is current as of May 1, 2024. For a complete 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 May 1, 2024, and from time to time during the year.

Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.

This information is available for free in other languages. Please call our Customer Care number above.

The formulary may change at any time. You will receive notice when necessary.

What is the Retiree RxCare Formulary?

A formulary is a list of covered drugs selected by Retiree RxCare 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. Retiree RxCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Retiree RxCare 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 Retiree RxCare 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 find information in the section below titled “How do I request an exception to the Retiree RxCare’s 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 new generic drug 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. 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 entitled "How do I request an exception to Retiree RxCare's 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 May 1, 2024, to get updated information about the drugs covered by Retiree RxCare please contact us. Our contact information appears on the front and back cover pages. If there are any changes to this formulary mid-year, we will send members a notice of change.

How do I use the Formulary?
There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. 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, Hypertension / Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 120. 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?
Retiree RxCare 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:** Retiree RxCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Retiree RxCare before you fill your prescriptions. If you don't get approval, Retiree RxCare may not cover the drug.

- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 tablets per 30 days for zolpidem tartrate 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Retiree RxCare 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, Retiree RxCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Retiree RxCare will then cover Drug B.
- **B/D:** This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information is required from you or your physician to make a determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explains our prior authorization a nd 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 Retiree RxCare 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 Retiree RxCare's formulary?" on the next page 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 our Contact Center and ask if your drug is covered.

If you learn that Retiree RxCare does not cover your drug, you have two options:

- You can ask our Contact Center for a list of similar drugs that are covered by Retiree RxCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Retiree RxCare.

- You can ask Retiree RxCare 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 Retiree RxCare's Formulary?

You can ask Retiree RxCare 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 cover a formulary drug at a lower cost-sharing level, if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs Retiree RxCare 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, Retiree RxCare 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, tiering or utilization restriction exception.

When you request a formulary, tiering 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with a 30-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). 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 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 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members, who are in a long-term care facility or going through level of care changes, Retiree RxCare will allow up to a one-month supply of medication.

Examples of level-of-care changes may include:

- Discharge from a hospital to a home setting (i.e., assisted living, long-term care (LTC), or private home) accompanied by a list of medications that may not always consider the plan drug list due to the short-term nature of the hospital visit
- Termination of a Medicare Part A skilled nursing facility stay (where payments include all pharmacy charges)

- Hospice disenrollment
- Leaving a long-term care facility stay and returning to the community
- Discharge from psychiatric hospitals with drug regimens that are highly individualized

For more information

For more detailed information about your Retiree RxCare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Retiree RxCare, 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 www.medicare.gov.

Retiree RxCare's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 120.

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

The information in the Requirements/Limits column tells you if Retiree RxCare has any special requirements for coverage of your drug.

Understanding the Requirements/Limits

Abbreviation	Program Name	Definition
PA	Prior Authorization	Approval is required before your plan will cover this medication.
PA BvD	Medicare Part B vs. Part D	Coverage may be available under Medicare Part B or Part D.
QL	Quantity Limit	There is a limit on the amount that can be filled per prescription or over a period of time.
ST	Step Therapy	You must try a preferred treatment alternative before coverage is available for this medication.

List of Covered Drugs

DRUG NAME	REQUIREMENTS/LIMITS
Analgesics	
butalbital-acetaminophen-caffe	QL (180 PER 30 DAYS)
butalbital-acetaminophn 50-325	QL (180 PER 30 DAYS)
butalbital-aspirin-caffeine cp	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	QL (180 PER 30 DAYS)
tencon	QL (180 PER 30 DAYS)
ZEBUTAL	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs	
ARTHROTEC 50	QL (120 PER 30 DAYS)
ARTHROTEC 75	QL (90 PER 30 DAYS)
cataflam	QL (120 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	QL (30 PER 30 DAYS)
celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)	QL (60 PER 30 DAYS)
celecoxib 400 mg capsule	QL (30 PER 30 DAYS)
DAYPRO	QL (90 PER 30 DAYS)
diclofenac pot 50 mg tablet	QL (120 PER 30 DAYS)
diclofenac sodium (dr 25 mg tab, ec 25 mg tab)	QL (240 PER 30 DAYS)
diclofenac sodium (dr 50 mg tab, ec 50 mg tab)	QL (120 PER 30 DAYS)
diclofenac sodium (dr 75 mg tab, ec 75 mg tab)	QL (60 PER 30 DAYS)
diclofenac sodium 1% gel	
diclofenac sodium er	QL (60 PER 30 DAYS)
diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)	QL (90 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
diclofenac-misoprost 50-0.2 mg	QL (120 PER 30 DAYS)
ec-naproxen dr 375 mg tablet	QL (120 PER 30 DAYS)
ec-naproxen dr 500 mg tablet	QL (90 PER 30 DAYS)
etodolac (400 mg tablet, 500 mg tablet)	QL (60 PER 30 DAYS)
etodolac 200 mg capsule	QL (150 PER 30 DAYS)
etodolac 300 mg capsule	QL (90 PER 30 DAYS)
etodolac er (400 mg tablet, 500 mg tablet)	QL (60 PER 30 DAYS)
etodolac er 600 mg tablet	QL (30 PER 30 DAYS)
FELDENE 10 MG CAPSULE	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	QL (30 PER 30 DAYS)
flurbiprofen 100 mg tablet	QL (90 PER 30 DAYS)
ibu 400 mg tablet	QL (240 PER 30 DAYS)
ibu 600 mg tablet	QL (150 PER 30 DAYS)
ibu 800 mg tablet	QL (120 PER 30 DAYS)
ibuprofen 100 mg/5 ml susp	
ibuprofen 400 mg tablet	QL (240 PER 30 DAYS)
ibuprofen 600 mg tablet	QL (150 PER 30 DAYS)
ibuprofen 800 mg tablet	QL (120 PER 30 DAYS)
indomethacin 25 mg capsule	QL (240 PER 30 DAYS)
indomethacin 50 mg capsule	QL (120 PER 30 DAYS)
meloxicam 15 mg tablet	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tablet	QL (60 PER 30 DAYS)
nabumetone 500 mg tablet	QL (120 PER 30 DAYS)
nabumetone 750 mg tablet	QL (60 PER 30 DAYS)
naproxen (375 mg tablet, dr 375 mg tablet)	QL (120 PER 30 DAYS)
naproxen (500 mg kit, 500 mg tablet, dr 500 mg tablet)	QL (90 PER 30 DAYS)
naproxen 125 mg/5 ml suspen	QL (1800 PER 30 DAYS)
naproxen 250 mg tablet	QL (180 PER 30 DAYS)
naproxen sodium 275 mg tab	QL (150 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
naproxen sodium 550 mg tab	QL (90 PER 30 DAYS)
oxaprozin (600 mg caplet, 600 mg tablet)	QL (90 PER 30 DAYS)
piroxicam 10 mg capsule	QL (60 PER 30 DAYS)
piroxicam 20 mg capsule	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	QL (60 PER 30 DAYS)
sulindac	QL (60 PER 30 DAYS)
Opioid Analgesics, Long-acting	
BELBUCA	PA, QL (60 PER 30 DAYS)
buprenorphine	PA, QL (4 PER 28 DAYS)
BUTRANS	PA, QL (4 PER 28 DAYS)
fentanyl	PA, QL (15 PER 30 DAYS)
hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)	PA, QL (60 PER 30 DAYS)
levorphanol tartrate	QL (120 PER 30 DAYS)
methadone hcl 10 mg tablet	QL (360 PER 30 DAYS)
methadone hcl 5 mg tablet	QL (180 PER 30 DAYS)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	PA, QL (90 PER 30 DAYS)
tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)	PA, QL (30 PER 30 DAYS)
Opioid Analgesics, Short-acting	
acetaminophen-cod #4 tablet	QL (180 PER 30 DAYS)
acetaminophen-codeine (#2 tablet, #3 tablet)	QL (360 PER 30 DAYS)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	QL (2700 PER 30 DAYS)
butorphanol 1 mg/ml vial	
butorphanol 10 mg/ml spray	QL (48 PER 30 DAYS)
butorphanol tartrate (2 mg/ml vial, 4 mg/2 ml vial)	

DRUG NAME	REQUIREMENTS/LIMITS
codeine sulfate (15 mg tablet, 60 mg tablet)	QL (180 PER 30 DAYS)
codeine sulfate 30 mg tablet	QL (180 PER 30 DAYS)
DURAMORPH	PA
endocet (2.5-325 mg tablet, 5-325 mg tablet)	QL (360 PER 30 DAYS)
endocet 10-325 mg tablet	QL (180 PER 30 DAYS)
endocet 7.5-325 mg tablet	QL (240 PER 30 DAYS)
fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)	PA, QL (120 PER 30 DAYS)
fentanyl citrate otfc 200 mcg	PA, QL (120 PER 30 DAYS)
hydrocodone-acetaminophen (5-300 mg, 5-325 mg)	QL (240 PER 30 DAYS)
hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	QL (2700 PER 30 DAYS)
hydrocodone-ibuprofen (7.5-200, 10-200)	QL (150 PER 30 DAYS)
hydrocodone-ibuprofen 5-200 mg	QL (150 PER 30 DAYS)
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	QL (1440 PER 30 DAYS)
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	QL (180 PER 30 DAYS)
hydromorphone hcl (2 mg/ml amp, 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe,2 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)	PA
morphine sulf 100 mg/5 ml conc	QL (270 PER 30 DAYS)
morphine sulf 20 mg/5 ml soln	QL (1350 PER 30 DAYS)
morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)	QL (2700 PER 30 DAYS)
morphine sulfate (5 mg/10 ml vial, 10 mg/10 ml vial)	PA
morphine sulfate ir 15 mg tab	QL (360 PER 30 DAYS)
morphine sulfate ir 30 mg tab	QL (180 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)	QL (180 PER 30 DAYS)
oxycodone hcl (ir) 5 mg tablet	QL (360 PER 30 DAYS)
oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 10-325	QL (180 PER 30 DAYS)
oxycodone-acetaminophn 7.5-325	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	QL (180 PER 30 DAYS)
tramadol hcl 50 mg tablet	QL (240 PER 30 DAYS)
tramadol hcl-acetaminophen	QL (240 PER 30 DAYS)
Anesthetics	
Local Anesthetics	
dermacinrx lidocan	PA, QL (90 PER 30 DAYS)
glydo	PA, QL (150 PER 30 DAYS)
lidocaine 5% ointment	PA, QL (100 PER 30 DAYS)
lidocaine 5% patch	PA, QL (90 PER 30 DAYS)
lidocaine hcl (2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution)	PA, QL (150 PER 30 DAYS)
lidocaine hcl (20 mg/2 ml, 20 mg/2 ml vl, 50 mg/5 ml, 50 mg/5 ml vl, 100 mg/10 ml, 300 mg/30 ml, ampul, vial)	
lidocaine hcl laryngotracheal 4% solution	PA, QL (150 PER 30 DAYS)
lidocaine hcl viscous	
lidocaine-prilocaine	PA, QL (60 PER 30 DAYS)
LIDOCAN II	PA, QL (90 PER 30 DAYS)
lidocan iii	PA, QL (90 PER 30 DAYS)
LIDODERM	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	
XYLOCAINE-MPF (AMPUL, VIAL)	

DRUG NAME	REQUIREMENTS/LIMITS
ZTLIDO	PA, QL (90 PER 30 DAYS)
Anti-Addiction/ Substance Abuse Treatment Agents	
Alcohol Deterrents/ Anti-craving	
acamprosate calcium	
disulfiram	
Opioid Dependence	
buprenorphine hcl (2 mg tablet, 8 mg tablet)	QL (90 PER 30 DAYS)
buprenorphine-nalox 8-2 mg tab	QL (90 PER 30 DAYS)
buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)	QL (120 PER 30 DAYS)
buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg flm)	QL (60 PER 30 DAYS)
naltrexone 50 mg tablet	
SUBLOCADE	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	QL (120 PER 30 DAYS)
VIVITROL	
Opioid Reversal Agents	
KLOXXADO	
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray,4 mg/10 ml vial)	
NARCAN	
Smoking Cessation Agents	
bupropion hcl sr 150 mg tablet	
NICOTROL	
NICOTROL NS	
varenicline tartrate	

DRUG NAME	REQUIREMENTS/LIMITS

Antibacterials

Aminoglycosides

amikacin sulfate	
gentamicin sulfate (ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)	
gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)	
gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)	
neomycin sulfate	
paromomycin sulfate	
streptomycin sulfate	
tobramycin 10 mg/ml vial	
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	

Antibacterials, Other

AZACTAM	
aztreonam	
chloramphenicol sod succinate	
CLEOCIN 2% VAGINAL CREAM	
CLEOCIN HCL	
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN)	
CLEOCIN T 1% LOTION	
clindacin etz	
clindacin p	
clindamycin (pediatric)	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	

DRUG NAME	REQUIREMENTS/LIMITS
clindamycin phosphate (1% gel, ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion)	
clindamycin phosphate-d5w	
clindamycin-0.9% nacl	
colistimethate	
CUBICIN	
CUBICIN RF	
DALVANCE	
daptomycin 500 mg vial	
FLAGYL 375 CAPSULE	
IMPAVIDO	
linezolid (100 mg/5 ml susp, 600 mg tablet)	PA
linezolid-0.9% nacl	
linezolid-d5w	
methenamine hippurate	
METRO IV	
metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)	
neomycin-polymyxin b	
nitrofurantoin (50 mg cap, 100 mg cap)	
nitrofurantoin mono-macro	
SIVEXTRO 200 MG TABLET	PA
SIVEXTRO 200 MG VIAL	
SYNERCID	
tigecycline	
trimethoprim 100 mg tablet	
TYGACIL	
vancomycin 750 mg/150 ml bag	

DRUG NAME	REQUIREMENTS/LIMITS
vancomycin hcl (1 gm add-van vial, 1 gm vial, 1.25 gram vial, 1.5 gram vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)	
vancomycin hcl (1 gram/200 ml bag, 1g/200 ml bag, 1.25 gm/250 ml bag, 1.5 gram/300 ml bag, 1.75 gm/350 ml bag, 2 gram/400 ml bag, 500 mg/100 ml bag)	
vancomycin hcl 125 mg capsule	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	QL (240 PER 30 DAYS)
vancomycin hcl-0.9% nacl (vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vancomycin 1 g/200ml-0.9%)	
vancomycin hcl-d5w	
VANDAZOLE	
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	PA
ZYVOX 200 MG/100 ML-D5W	
ZYVOX 600 MG/300 ML-D5W	
Beta-lactam, Cephalosporins	
cefaclor (250 mg capsule, 500 mg capsule)	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)	
cefazolin sodium-dextrose (1 g/50, 2 g/50)	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	
cefepime	
cefepime hcl (1 gm vial, 2 gram vial)	
cefepime-dextrose	
cefixime 400 mg capsule	
cefoxitin	

DRUG NAME	REQUIREMENTS/LIMITS
cefoxitin sodium	
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	
ceftazidime	
ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	
cefuroxime	
cefuroxime sodium (1.5 gm vial, 750 mg vial)	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE)	
tazicef	
TEFLARO 400 MG VIAL	
TEFLARO 600 MG VIAL	
Beta-lactam, Penicillins	
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	
amoxicillin-clavulanate pot er	
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	
ampicillin 500 mg capsule	

DRUG NAME	REQUIREMENTS/LIMITS
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial)	
ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)	
AUGMENTIN 500-125 TABLET	
BICILLIN L-A	
dicloxacillin sodium	
nafcillin	
nafcillin sodium	
pen g k 2 million unit/50 ml	
penicillin g potassium	
penicillin g sodium	
penicillin gk-iso-osm dextrose (pen g k1 million unit/50 ml, pen g k 3 million unit/50 ml)	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	
pfizerpen	
piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)	
ZOSYN (2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG)	
Carbapenems	
ertapenem	
imipenem-cilastatin 250 mg vl	
imipenem-cilastatin 500 mg vl	
INVANZ	
meropenem (iv 1 gm vial, iv 500 mg vial)	
meropenem-0.9% nacl	

DRUG NAME	REQUIREMENTS/LIMITS
Macrolides	
azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)	
azithromycin 1 gm pwd packet	
clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)	
clarithromycin (250 mg tablet, 500 mg tablet)	
clarithromycin er	
DIFICID 200 MG TABLET	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	QL (136 PER 10 OVER TIME)
E.E.S. 200	
ery	
ERY-TAB	
ERYPED 200	
ERYPED 400	
ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	
ERYTHROCIN STEARATE	
erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)	
erythromycin dr 250 mg cap	
erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)	
erythromycin lactobionate	
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	
ZITHROMAX TRI-PAK	
Quinolones	
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	

DRUG NAME	REQUIREMENTS/LIMITS
ciprofloxacin	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	
ciprofloxacin hcl 100 mg tab	
ciprofloxacin-d5w	
levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)	
levofloxacin-d5w	
moxifloxacin 400 mg/250 ml bag	
moxifloxacin hcl 400 mg tablet	
ofloxacin 400 mg tablet	
Sulfonamides	
BACTRIM	
BACTRIM DS	
sulfadiazine	
sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, iv vial, ss tablet, susp)	
Tetracyclines	
avidoxy	
demeclocycline hcl	
doxy 100	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)	
doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)	
minocycline hcl	
mondoxyne nl 100 mg capsule	
NUZYRA (100 MG VIAL, 150 MG TABLET)	
tetracycline hcl (250 mg capsule, 500 mg capsule)	

DRUG NAME	REQUIREMENTS/LIMITS
VIBRAMYCIN 100 MG CAPSULE	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	
BRIVIACT 50 MG/5 ML VIAL	
DEPAKOTE	
DEPAKOTE ER	
DEPAKOTE SPRINKLE	
DIACOMIT	
divalproex sodium	
divalproex sodium er	
EPIDIOLEX	PA
EPRONTIA	
felbamate (400 mg tablet, 600 mg tablet)	
felbamate (600 mg/5 ml susp, 600 mg/5 ml susp cup)	
FINTEPLA	PA, QL (360 PER 30 DAYS)
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET)	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)	
LAMICTAL (BLUE)	
lamotrigine	
lamotrigine (blue)	

DRUG NAME	REQUIREMENTS/LIMITS
lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)	
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)	
levetiracetam er	
levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)	
roweepra 500 mg tablet	
SPRITAM	
subvenite	
subvenite (blue)	
topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	
valproate sodium	
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)	
XCOPRI (50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	
XCOPRI 12.5-25 MG TITRATION PK	
Calcium Channel Modifying Agents	
CELONTIN	
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	QL (900 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
methsuximide	
pregabalin (225 mg capsule, 300 mg capsule)	QL (60 PER 30 DAYS)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	QL (900 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

clobazam (10 mg tablet, 20 mg tablet)	PA, QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	PA, QL (480 PER 30 DAYS)
diazepam (10 mg gel, 20 mg gel)	QL (5 PER 30 DAYS)
diazepam 2.5 mg rectal gel sys	QL (5 PER 30 DAYS)
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	QL (2160 PER 30 DAYS)
gabapentin 100 mg capsule	QL (1080 PER 30 DAYS)
gabapentin 300 mg capsule	QL (360 PER 30 DAYS)
gabapentin 400 mg capsule	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	QL (135 PER 30 DAYS)
GABITRIL (2 MG TABLET, 4 MG TABLET, 12 MG TABLET)	
GABITRIL 16 MG TABLET	
MYSOLINE	
NAYZILAM	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	QL (135 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
ONFI (10 MG TABLET, 20 MG TABLET)	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	PA, QL (480 PER 30 DAYS)
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	
phenobarbital sodium	
primidone (50 mg tablet, 250 mg tablet)	
primidone 125 mg tablet	
SABRIL	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM	PA, QL (60 PER 30 DAYS)
SYMPAZAN 20 MG FILM	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	PA, QL (240 PER 30 DAYS)
tiagabine hcl	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	QL (10 PER 30 DAYS)
VALTOCO 20 MG NASAL SPRAY	QL (10 PER 30 DAYS)
vigabatrin	QL (180 PER 30 DAYS)
vigadrone	QL (180 PER 30 DAYS)
vigpoder	QL (180 PER 30 DAYS)
ZTALMY	

Sodium Channel Agents

APTIOM	
BANZEL (40 MG/ML SUSPENSION, 400 MG TABLET)	
BANZEL 200 MG TABLET	
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)	
carbamazepine er	
CARBATROL	
DILANTIN	

DRUG NAME	REQUIREMENTS/LIMITS
DILANTIN-125	
epitol	
fosphenytoin sodium	
lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup, 200 mg/20 ml vial)	
lacosamide (100 mg tablet, 150 mg tablet, 200 mg tablet)	
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)	
PHENYTEK	
phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)	
phenytoin sodium extended	
rufinamide (40 mg/ml suspension, 400 mg tablet)	
rufinamide 200 mg tablet	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	
TEGRETOL XR	
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 600 MG TABLET)	
TRILEPTAL 300 MG/5 ML SUSP	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	
VIMPAT (50 MG TABLET, 200 MG/20 ML VIAL)	
ZONEGRAN 100 MG CAPSULE	
ZONEGRAN 25 MG CAPSULE	
ZONISADE	
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	

DRUG NAME	REQUIREMENTS/LIMITS
Antidementia Agents	
Cholinesterase Inhibitors	
ADLARITY	
ARICEPT (5 MG TABLET, 10 MG TABLET)	
donepezil hcl	
donepezil hcl odt	
EXELON	
galantamine er	
galantamine hbr	
galantamine hydrobromide	
rivastigmine	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)	PA
memantine hcl er	PA
DRUG NAMENDA	PA
Antidepressants	
Antidepressants, Other	
AUVELITY	QL (60 PER 30 DAYS)
bupropion hcl 100 mg tablet	QL (120 PER 30 DAYS)
bupropion hcl 75 mg tablet	QL (60 PER 30 DAYS)
bupropion hcl sr 100 mg tablet	QL (90 PER 30 DAYS)
bupropion hcl sr 150mg tablet	QL (60 PER 30 DAYS)
bupropion hcl sr 200 mg tablet	QL (60 PER 30 DAYS)
bupropion hcl xl 150 mg tablet	QL (90 PER 30 DAYS)
bupropion hcl xl 300 mg tablet	QL (30 PER 30 DAYS)
mirtazapine (7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)	QL (30 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
mirtazapine 15 mg tablet	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	QL (14 PER 365 OVER TIME)
Monoamine Oxidase Inhibitors	
EMSAM	PA, QL (30 PER 30 DAYS)
MARPLAN	
NARDIL	
PARNATE	
phenelzine sulfate	
tranylcypromine sulfate	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito	
CELEXA (10 MG TABLET, 20 MG TABLET)	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	QL (30 PER 30 DAYS)
citalopram hbr (10 mg tablet, 20 mg tablet)	QL (45 PER 30 DAYS)
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	QL (600 PER 30 DAYS)
citalopram hbr 40 mg tablet	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	QL (60 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
CYMBALTA 30 MG CAPSULE	QL (90 PER 30 DAYS)
desvenlafaxine succinate er	QL (30 PER 30 DAYS)
duloxetine hcl (dr 20 mg cap, dr 60 mg cap)	QL (60 PER 30 DAYS)
duloxetine hcl dr 30 mg cap	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	QL (90 PER 30 DAYS)
escitalopram 20 mg tablet	QL (30 PER 30 DAYS)
escitalopram oxalate (5 mg tablet, 10 mg tablet)	QL (45 PER 30 DAYS)
escitalopram oxalate 5 mg/5 ml	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	QL (28 PER 28 DAYS)
fluoxetine dr	QL (4 PER 28 DAYS)
fluoxetine hcl (10 mg capsule, 10 mg tablet)	QL (90 PER 30 DAYS)
fluoxetine hcl (20 mg capsule, 20 mg tablet)	QL (120 PER 30 DAYS)
fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)	QL (600 PER 30 DAYS)
fluoxetine hcl 40 mg capsule	QL (60 PER 30 DAYS)
fluvoxamine maleate (25 mg tab, 50 mg tab)	QL (30 PER 30 DAYS)
fluvoxamine maleate 100 mg tab	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	QL (30 PER 30 DAYS)
nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)	
nefazodone hcl (50 mg tablet, 250 mg tablet)	
paroxetine cr (25 mg tablet, 37.5 mg tablet)	QL (60 PER 30 DAYS)
paroxetine cr 12.5 mg tablet	QL (30 PER 30 DAYS)
paroxetine er (25 mg tablet, 37.5 mg tablet)	QL (60 PER 30 DAYS)
paroxetine er 12.5 mg tablet	QL (30 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
paroxetine hcl (10 mg tablet, 40 mg tablet)	QL (45 PER 30 DAYS)
paroxetine hcl 10 mg/5 ml susp	QL (900 PER 30 DAYS)
paroxetine hcl 20 mg tablet	QL (30 PER 30 DAYS)
paroxetine hcl 30 mg tablet	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	QL (60 PER 30 DAYS)
PRISTIQ	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	QL (60 PER 30 DAYS)
sertraline 20 mg/ml oral conc	QL (300 PER 30 DAYS)
sertraline hcl (25 mg tablet, 50 mg tablet)	QL (45 PER 30 DAYS)
sertraline hcl 100 mg tablet	QL (60 PER 30 DAYS)
trazodone hcl	
TRINTELLIX	QL (30 PER 30 DAYS)
venlafaxine besylate er	QL (60 PER 30 DAYS)
venlafaxine hcl	QL (90 PER 30 DAYS)
venlafaxine hcl er 150 mg cap	QL (30 PER 30 DAYS)
venlafaxine hcl er 37.5 mg cap	QL (60 PER 30 DAYS)
venlafaxine hcl er 75 mg cap	QL (90 PER 30 DAYS)
VIIBRYD	QL (30 PER 30 DAYS)
vilazodone hcl	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	QL (300 PER 30 DAYS)

Tricyclics

amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	

DRUG NAME	REQUIREMENTS/LIMITS
amoxapine	
clomipramine hcl	
desipramine hcl	
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	
imipramine hcl	
NORPRAMIN	
nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)	
protriptyline hcl	
trimipramine maleate	
Antiemetics	
Antiemetics, Other	
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	PA
compro	
meclizine hcl (12.5 mg tablet, 25 mg tablet)	
perphenazine	PA
prochlorperazine	
prochlorperazine 10 mg/2 ml vl	
prochlorperazine maleate	
promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)	PA
promethegan (12.5 mg suppos, 25 mg suppository)	PA
scopolamine	PA
Emetogenic Therapy Adjuncts	
aprepitant	PA

DRUG NAME	REQUIREMENTS/LIMITS
dronabinol	PA
EMEND (80 MG CAPSULE, TRIPACK)	PA
fosaprepitant dimeglumine	
granisetron hcl (1 mg/ml vial, 4 mg/4 ml vial)	
granisetron hcl 1 mg tablet	PA
ondansetron hcl (4 mg tablet, 4 mg/2 ml amp, 4 mg/2 ml isecure, 4 mg/2 ml syr, 4 mg/2 ml vial, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet, 40 mg/20 ml vial)	
ondansetron odt	
palonosetron hcl	
Antifungals	
AMBISOME	PA
amphotericin b	PA
amphotericin b liposome	PA
CANCIDAS	
caspofungin acetate	
ciclodan 8% solution	QL (6.6 PER 30 DAYS)
ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)	
ciclopirox 8% solution	QL (6.6 PER 30 DAYS)
clotrimazole (1% solution, 1% topical cream, 10 mg troche)	
CRESEMBA	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	
econazole nitrate	
fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	

DRUG NAME	REQUIREMENTS/LIMITS
flucytosine (250 mg capsule, 500 mg capsule)	
griseofulvin 125 mg/5 ml susp	
griseofulvin micro 500 mg tab	
griseofulvin ultramicrosize	
itraconazole 100 mg capsule	QL (120 PER 30 DAYS)
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	
klayesta	
LOPROX 1% SHAMPOO	
micafungin 100 mg vial	
micafungin 50 mg vial	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	PA
NOXAFIL 300 MG/16.7 ML VIAL	PA
nyamyc	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)	
nystop	
posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)	PA
posaconazole 300 mg/16.7 ml vl	PA
SPORANOX 100 MG CAPSULE	QL (120 PER 30 DAYS)
terbinafine hcl 250 mg tablet	QL (30 PER 30 DAYS)
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	
VFEND IV	PA
voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)	PA

Antigout Agents

allopurinol (100 mg tablet, 300 mg tablet)	

DRUG NAME	REQUIREMENTS/LIMITS
allopurinol sodium	
ALOPRIM	
colchicine 0.6 mg tablet	
COLCRYS	
probenecid	
probenecid-colchicine	
ZYLOPRIM	
Antimigraine Agents	
AIMOVIG 140 MG/ML AUTOINJECTOR	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	PA, QL (2 PER 30 DAYS)
dihydroergotamine 4 mg/ml spry	PA, QL (8 PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	PA, QL (3 PER 30 DAYS)
ergotamine-caffeine	
MIGRANAL	PA, QL (8 PER 28 DAYS)
NURTEC ODT	PA, QL (16 PER 30 DAYS)
UBRELVY	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist	
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	ST, QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES,4 MG/0.5 ML PEN INJECT)	ST, QL (6 PER 30 DAYS)
IMITREX (5 MG SPRAY, 20 MG SPRAY)	ST, QL (12 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	QL (6 PER 30 DAYS)
MAXALT	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	ST, QL (18 PER 30 DAYS)
naratriptan hcl	QL (18 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
rizatriptan	QL (18 PER 30 DAYS)
sumatriptan	QL (12 PER 30 DAYS)
sumatriptan 6 mg/0.5 ml vial	QL (5 PER 30 DAYS)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	QL (18 PER 30 DAYS)
sumatriptan succinate (4 mg/0.5 ml cart,4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)	QL (6 PER 30 DAYS)
zolmitriptan odt	QL (12 PER 30 DAYS)
Antimyasthenic Agents	
Parasympathomimetics	
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	
pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)	
pyridostigmine bromide er	
Antimycobacterials	
Antimycobacterials, Other	
dapsone (25 mg tablet, 100 mg tablet)	
MYCOBUTIN	
rifabutin	
Antituberculars	
cycloserine	
ethambutol hcl	
isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)	
isoniazid 100 mg/ml vial	
PRIFTIN	
pyrazinamide	
RIFADIN IV 600 MG VIAL	

DRUG NAME	REQUIREMENTS/LIMITS
rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)	
SIRTURO	
TRECATOR	

Antineoplastics

Alkylating Agents

busulfan	
CYCLOPHOSPHAMIDE (1 GM VIAL, 1 GM/ ML VL, 1 GM/5 ML VL, 2 GM VIAL, 2 GM/10 ML VL, 2 GM/4 ML VL, 500 MG VIAL, 500 MG/2.5 ML, 500 MG/ML VL)	
cyclophosphamide (25 mg capsule, 50 mg capsule)	PA
cyclophosphamide (25 mg tablet, 50 mg tablet)	PA
EVOMELA	
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	
GLEOSTINE 100 MG CAPSULE	
LEUKERAN	
MATULANE	PA
melphalan hcl	
TEMODAR 100 MG VIAL	
VALCHLOR	
YONDELIS	PA
ZEPZELCA	PA

Antiandrogens

abiraterone acetate 250 mg tab	PA, QL (120 PER 30 DAYS)
bicalutamide	
CASODEX	
ERLEADA 240 MG TABLET	PA, QL (30 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
ERLEADA 60 MG TABLET	PA, QL (120 PER 30 DAYS)
EULEXIN	
NILANDRON	
nilutamide	
NUBEQA	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	PA, QL (60 PER 30 DAYS)
YONSA	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents	
lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)	PA, QL (21 PER 28 DAYS)
lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	PA, QL (30 PER 30 DAYS)
POMALYST	PA, QL (21 PER 28 DAYS)
REVLIMID (15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	PA, QL (21 PER 28 DAYS)
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
ZALTRAP	PA
Antiestrogens/Modifiers	
EMCYT	
FARESTON	
FASLODEX	PA
fulvestrant	PA
ORSERDU 345 MG TABLET	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	PA, QL (90 PER 30 DAYS)
SOLTAMOX	
tamoxifen citrate	

DRUG NAME	REQUIREMENTS/LIMITS
toremifene citrate	
Antimetabolites	
fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)	PA
FOLOTYN	PA
HYDREA	
hydroxyurea	
mercaptopurine	
PURIXAN	
TABLOID	
Antineoplastics, Other	
ABRAXANE	PA
adriamycin (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 200 mg/100 ml vial)	PA
adriamycin 10 mg vial	PA
ALIMTA	PA
ARRANON	PA
arsenic trioxide 10 mg/10ml vl	
arsenic trioxide 12 mg/6 ml vl	
ASPARLAS	
azacitidine	
bendamustine hcl (25 mg vial, 100 mg vial)	
BENDEKA	
BICNU	
bleomycin sulfate	PA
BLINCYTO 35MCG VL W-STABILIZER	PA
carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)	
carmustine 100 mg vial	
cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)	

DRUG NAME	REQUIREMENTS/LIMITS
cladribine	PA
clofarabine	
CLOLAR	
COSMEGEN	
cytarabine	PA
dacarbazine 100 mg vial	
dacarbazine 200 mg vial	
dactinomycin	
daunorubicin 20 mg/4 ml vial	
daunorubicin 50 mg/10 ml vial	
decitabine	
docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial)	
doxorubicin 10 mg vial	PA
doxorubicin hcl (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)	PA
doxorubicin hcl liposome	PA
fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)	
gemcitabine hcl (1 gram vial, 1 gram/26.3 ml vl, 2 gram vial, 2 gram/52.6 ml vl, 200 mg vial, 200 mg/5.26 ml vl)	
HALAVEN	PA
idarubicin hcl	
IFEX 3 GM VIAL	
ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm/60 ml vial)	
ifosfamide 3 gm vial	
IMLYGIC 1 MILLION PFU/ML VIAL	
IMLYGIC 100 MILLION PFU/ML VL	
INQOVI	PA, QL (5 PER 28 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
ISTODAX	PA
IXEMPRA	
kemoplat	
KISQALI FEMARA 200 MG CO-PACK	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	PA, QL (91 PER 28 DAYS)
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg vial, 100 mg vial, cal 100 mg/10 ml vl, 200 mg vial, 350 mg vial, 500 mg vial, cal 500 mg/50 ml vl)	
LONSURF 15 MG-6.14 MG TABLET	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	PA, QL (80 PER 28 DAYS)
mitomycin (20 mg vial, 40 mg vial)	
mitomycin 5 mg vial	
mitoxantrone hcl	
MUTAMYCIN (20 MG VIAL, 40 MG VIAL)	
MUTAMYCIN 5 MG VIAL	
nelarabine	PA
NINLARO	PA, QL (3 PER 28 DAYS)
NIPENT	
ONCASPAR	
ONUREG	PA, QL (14 PER 28 DAYS)
oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial)	
paclitaxel	
paraplatin	
pemetrexed (100 mg vial, 500 mg vial)	PA
pemetrexed disodium (1 gm vial, 1 gm/40 ml, 100 mg vl, 100 mg/4ml, 500 mg vl, 500mg/20ml, 750 mg vl, 850mg/34ml)	PA
romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)	PA

DRUG NAME	REQUIREMENTS/LIMITS
RYLAZE	
SYNRIBO	PA
thiotepa	
TREANDA	
TRISENOX	
vinblastine sulfate	PA
vincasar pfs	PA
vincristine sulfate	PA
vinorelbine tartrate	
VYXEOS	PA
WELIREG	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	PA, QL (32 PER 28 DAYS)
ZANOSAR	
ZOLINZA	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation	
anastrozole 1 mg tablet	
ARIMIDEX	
AROMASIN	
exemestane	
FEMARA	
letrozole	
Enzyme Inhibitors	
ETOPOPHOS	
etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)	
irinotecan hcl (40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl)	

DRUG NAME	REQUIREMENTS/LIMITS
IWILFIN	PA, QL (240 PER 30 DAYS)
ONIVYDE	PA
toposar	
topotecan hcl (4 mg vial, 4 mg/4 ml vial)	
Molecular Target Inhibitors	
AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	PA, QL (90 PER 30 DAYS)
AKEEGA	PA, QL (60 PER 30 DAYS)
ALECENSA	PA, QL (240 PER 30 DAYS)
ALIQOPA	PA
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	PA, QL (120 PER 30 DAYS)
AUGTYRO	PA, QL (240 PER 30 DAYS)
AYVAKIT	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	PA, QL (30 PER 30 DAYS)
BELEODAQ	PA
bortezomib (1 mg vial, 2.5 mg vial)	PA
bortezomib (3.5 mg iv vial, 3.5 mg vial)	PA
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	PA, QL (180 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
BRUKINSA	PA, QL (120 PER 30 DAYS)
CABOMETYX	PA, QL (30 PER 30 DAYS)
CALQUENCE	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	PA, QL (84 PER 28 DAYS)
COPIKTRA	PA, QL (56 PER 28 DAYS)
COTELLIC	PA, QL (63 PER 28 DAYS)
CYRAMZA	PA
DAURISMO 100 MG TABLET	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	PA, QL (60 PER 30 DAYS)
ERIVEDGE	PA, QL (30 PER 30 DAYS)
erlotinib hcl (100 mg tablet, 150 mg tablet)	PA, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tablet	PA, QL (60 PER 30 DAYS)
everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)	PA, QL (60 PER 30 DAYS)
everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	PA, QL (30 PER 30 DAYS)
everolimus 3 mg tab for susp	PA, QL (90 PER 30 DAYS)
EXKIVITY	PA, QL (120 PER 30 DAYS)
FARYDAK	PA, QL (6 PER 21 DAYS)
FOTIVDA	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	PA, QL (21 PER 28 DAYS)
GAVRETO	PA, QL (120 PER 30 DAYS)
gefitinib	PA, QL (30 PER 30 DAYS)
GILOTRIF	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	PA, QL (90 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
GLEEVEC 400 MG TABLET	PA, QL (60 PER 30 DAYS)
IBRANCE	PA, QL (21 PER 28 DAYS)
ICLUSIG	PA, QL (30 PER 30 DAYS)
IDHIFA	PA, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tab	PA, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	PA, QL (120 PER 30 DAYS)
INREBIC	PA, QL (120 PER 30 DAYS)
IRESSA	PA, QL (30 PER 30 DAYS)
JAKAFI	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	PA, QL (30 PER 30 DAYS)
JEVTANA	PA
KISQALI 200 MG DAILY DOSE	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	PA, QL (120 PER 30 DAYS)
KRAZATI	PA, QL (180 PER 30 DAYS)
KYPROLIS	PA
lapatinib	PA, QL (180 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	PA, QL (60 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
LORBRENA 100 MG TABLET	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	PA, QL (90 PER 30 DAYS)
LYNPARZA	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	PA, QL (30 PER 30 DAYS)
MEKTOVI	PA, QL (180 PER 30 DAYS)
NERLYNX	PA, QL (180 PER 30 DAYS)
NEXAVAR	PA, QL (120 PER 30 DAYS)
ODOMZO	PA, QL (30 PER 30 DAYS)
OGSIVEO	PA, QL (180 PER 30 DAYS)
OJJAARA	PA, QL (30 PER 30 DAYS)
pazopanib hcl	PA, QL (120 PER 30 DAYS)
PEMAZYRE	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	PA, QL (30 PER 30 DAYS)
QINLOCK	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	PA, QL (120 PER 30 DAYS)
REZLIDHIA	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	PA, QL (336 PER 28 DAYS)
RUBRACA	PA, QL (120 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
RYDAPT	PA, QL (240 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	PA, QL (300 PER 30 DAYS)
sorafenib	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	PA, QL (90 PER 30 DAYS)
STIVARGA	PA, QL (84 PER 28 DAYS)
sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)	PA, QL (30 PER 30 DAYS)
sunitinib malate 12.5 mg cap	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	PA, QL (90 PER 30 DAYS)
TABRECTA	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	PA, QL (840 PER 28 DAYS)
TAGRISSO	PA, QL (30 PER 30 DAYS)
TALZENNA	PA, QL (30 PER 30 DAYS)
TARCEVA (100 MG TABLET, 150 MG TABLET)	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	PA, QL (60 PER 30 DAYS)
TASIGNA	PA, QL (120 PER 30 DAYS)
TAZVERIK	PA, QL (240 PER 30 DAYS)
temsirolimus	
TEPMETKO	PA, QL (60 PER 30 DAYS)
TIBSOVO	PA, QL (60 PER 30 DAYS)
TORISEL	
TRUQAP	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	PA, QL (120 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
TUKYSA 50 MG TABLET	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	PA, QL (120 PER 30 DAYS)
TYKERB	PA, QL (180 PER 30 DAYS)
VANFLYTA	PA, QL (60 PER 30 DAYS)
VELCADE	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	PA, QL (42 PER 28 DAYS)
VERZENIO	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	PA, QL (180 PER 30 DAYS)
VIZIMPRO	PA, QL (30 PER 30 DAYS)
VONJO	PA, QL (120 PER 30 DAYS)
VOTRIENT	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLET, 50 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLET	PA, QL (180 PER 30 DAYS)
XOSPATA	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	PA, QL (90 PER 30 DAYS)
ZELBORAF	PA, QL (240 PER 30 DAYS)
ZYDELIG	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

ADCETRIS	PA
ALYMSYS	PA
ARZERRA	PA

DRUG NAME	REQUIREMENTS/LIMITS
AVASTIN	PA
BAVENCIO	PA
BESPONSA	PA
BLENREP	PA
DANYELZA	PA
DARZALEX	PA
DARZALEX FASPRO	PA
EMPLICITI	PA
ENHERTU	PA
ERBITUX	PA
GAZYVA	PA
HERCEPTIN 150 MG VIAL	PA
HERCEPTIN HYLECTA	PA
HERZUMA	PA
IMFINZI	PA
JEMPERLI	PA
KADCYLA	PA
KANJINTI	PA
KEYTRUDA	PA
LIBTAYO	PA
LUMOXITI	PA
MARGENZA	PA
MONJUVI	PA
MVASI	PA
MYLOTARG	PA
OGIVRI	PA
ONTRUZANT	PA
OPDIVO	PA
PADCEV	PA
PERJETA	PA

DRUG NAME	REQUIREMENTS/LIMITS
PHESGO	PA
POLIVY	PA
PORTRAZZA	PA
POTELIGEO	PA
RIABNI	PA
RITUXAN	PA
RITUXAN HYCELA	PA
RUXIENCE	PA
RYBREVANT	PA
SARCLISA	PA
TECENTRIQ	PA
TRAZIMERA	PA
TRODELVY	PA
TRUXIMA	PA
UNITUXIN	PA
VECTIBIX	PA
VEGZELMA	PA
YERVOY	PA
ZIRABEV	PA
ZYNLONTA	PA

Retinoids

bexarotene (1% gel, 75 mg capsule)	PA
PANRETIN	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	PA
tretinoin 10 mg capsule	PA

Treatment Adjuncts

COSELA	
dexrazoxane	
ELITEK	

DRUG NAME	REQUIREMENTS/LIMITS
mesna	
MESNEX 400 MG TABLET	
Antiparasitics	
Anthelmintics	
albendazole 200 mg tablet	
benznidazole	
BILTRICIDE	
ivermectin 3 mg tablet	PA
praziquantel	
STROMECTOL	PA
Antiprotozoals	
atovaquone	PA, QL (600 PER 30 DAYS)
atovaquone-proguanil hcl	
chloroquine phosphate	
COARTEM	
DARAPRIM	PA
hydroxychloroquine 200 mg tab	
MALARONE	
mefloquine hcl	
NEBUPENT	PA
nitazoxanide 500 mg tablet	QL (20 PER 30 OVER TIME)
PENTAM 300	
pentamidine 300 mg inhal powdr	PA
pentamidine 300 mg inject vial	
PLAQUENIL	
primaquine	
pyrimethamine 25 mg tablet	PA
quinine sulfate	PA

DRUG NAME	REQUIREMENTS/LIMITS
Antiparkinson Agents	
Antiparkinson Agents, Other	
amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)	
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	PA
carbidopa-levodopa-entacapone	
COMTAN	
entacapone	
TASMAR	
tolcapone	
Dopamine Agonists	
APOKYN	PA, QL (60 PER 30 DAYS)
apomorphine hcl	PA, QL (60 PER 30 DAYS)
bromocriptine mesylate	
NEUPRO	
pramipexole dihydrochloride	
ropinirole er	
ropinirole hcl	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
carbidopa	
carbidopa-levodopa	
carbidopa-levodopa er	
INBRIJA	PA, QL (300 PER 30 DAYS)
RYTARY	
SINEMET 10-100	
SINEMET 25-100	

DRUG NAME	REQUIREMENTS/LIMITS
Monoamine Oxidase B (MAO-B) Inhibitors	
AZILECT	
rasagiline mesylate	
selegiline hcl	
Antipsychotics	
1st Generation/Typical	
fluphenazine 2.5 mg/ml vial	PA
fluphenazine decanoate	PA
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)	PA
fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)	PA
HALDOL DECANOATE 100	PA
HALDOL DECANOATE 50	PA
haloperidol	PA
haloperidol decanoate	PA
haloperidol decanoate 100	PA
haloperidol lactate	PA
loxapine	PA
molindone hcl	PA
pimozide	PA
thioridazine hcl	PA
thiothixene	PA
trifluoperazine hcl	PA
2nd Generation/Atypical	
ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	QL (2.4 PER 56 OVER TIME)

DRUG NAME	REQUIREMENTS/LIMITS
ABILIFY ASIMTUFII 960 MG/3.2ML	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	QL (1 PER 28 DAYS)
aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	PA, QL (30 PER 30 DAYS)
aripiprazole (2 mg tablet, 5 mg tablet)	PA, QL (45 PER 30 DAYS)
aripiprazole 1 mg/ml solution	PA, QL (750 PER 30 DAYS)
aripiprazole odt	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	QL (2.4 PER 42 OVER TIME)
asenapine maleate	PA, QL (60 PER 30 DAYS)
CAPLYTA	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET,4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	PA, QL (56 PER 28 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	PA, QL (60 PER 30 DAYS)
GEODON 20 MG CAPSULE	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL	PA, QL (60 PER 30 DAYS)
GEODON 40 MG CAPSULE	PA, QL (90 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	QL (0.25 PER 28 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 78 MG/0.5 ML	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	PA, QL (60 PER 30 DAYS)
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)	PA, QL (30 PER 30 DAYS)
lurasidone hcl 80 mg tablet	PA, QL (60 PER 30 DAYS)
LYBALVI	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	PA, QL (30 PER 30 DAYS)
olanzapine (15 mg tablet, 20 mg tablet)	PA, QL (30 PER 30 DAYS)
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)	PA, QL (45 PER 30 DAYS)
olanzapine 10 mg vial	PA, QL (90 PER 30 DAYS)
olanzapine odt	PA, QL (30 PER 30 DAYS)
paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)	PA, QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	PA, QL (60 PER 30 DAYS)
PERSERIS	QL (1 PER 28 DAYS)
quetiapine 150 mg tablet	PA, QL (150 PER 30 DAYS)
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	PA, QL (120 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	PA, QL (60 PER 30 DAYS)
quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)	PA, QL (30 PER 30 DAYS)
quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET,3 MG TABLET, 4 MG TABLET)	PA, QL (30 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	QL (2 PER 28 DAYS)
risperidone (0.25 mg tablet, 0.5 mg tablet,1 mg tablet, 2 mg tablet, 3 mg tablet)	PA, QL (60 PER 30 DAYS)
risperidone 0.25 mg odt	PA, QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	PA, QL (480 PER 30 DAYS)
risperidone 4 mg odt	PA, QL (120 PER 30 DAYS)
risperidone 4 mg tablet	PA, QL (120 PER 30 DAYS)
risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)	QL (2 PER 28 DAYS)
risperidone er 50 mg vial	QL (2 PER 28 DAYS)
risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)	PA, QL (60 PER 30 DAYS)
SAPHRIS	PA, QL (60 PER 30 DAYS)
SECUADO	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	QL (0.7 PER 56 OVER TIME)

DRUG NAME	REQUIREMENTS/LIMITS
UZEDY ER 50 MG/0.14 ML SYRINGE	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	QL (28 PER 28 DAYS)
ziprasidone hcl (20 mg capsule, 40 mg capsule)	QL (90 PER 30 DAYS)
ziprasidone hcl (60 mg capsule, 80 mg capsule)	QL (60 PER 30 DAYS)
ziprasidone mesylate	PA, QL (60 PER 30 DAYS)
ZYPREXA (15 MG TABLET, 20 MG TABLET)	PA, QL (30 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	PA, QL (90 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS	PA, QL (30 PER 30 DAYS)
Treatment-Resistant	
clozapine (25 mg tablet, 50 mg tablet)	PA, QL (90 PER 30 DAYS)
clozapine 100 mg tablet	PA, QL (270 PER 30 DAYS)
clozapine 200 mg tablet	PA, QL (120 PER 30 DAYS)
clozapine odt (25 mg tablet, 100 mg tablet)	PA, QL (270 PER 30 DAYS)
clozapine odt 12.5 mg tablet	PA, QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	PA, QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	PA, QL (120 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
VERSACLOZ	PA, QL (540 PER 30 DAYS)
Antispasticity Agents	
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	
DANTRIUM 25 MG CAPSULE	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	
tizanidine hcl	
Antivirals	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	QL (6 PER 28 DAYS)
DOVATO	QL (30 PER 30 DAYS)
GENVOYA	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	QL (180 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	QL (60 PER 30 DAYS)
ISENTRESS HD	QL (60 PER 30 DAYS)
JULUCA	QL (30 PER 30 DAYS)
STRIBILD	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	QL (240 PER 30 DAYS)
TIVICAY PD	QL (360 PER 30 DAYS)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
DELSTRIGO	QL (30 PER 30 DAYS)
EDURANT	QL (30 PER 30 DAYS)
efavirenz 200 mg capsule	QL (120 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
efavirenz 50 mg capsule	QL (90 PER 30 DAYS)
efavirenz 600 mg tablet	QL (30 PER 30 DAYS)
efavirenz-emtric-tenofov disop	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop	QL (30 PER 30 DAYS)
etravirine 100 mg tablet	QL (60 PER 30 DAYS)
etravirine 200 mg tablet	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	QL (120 PER 30 DAYS)
nevirapine 200 mg tablet	QL (60 PER 30 DAYS)
nevirapine 50 mg/5 ml susp	QL (1200 PER 30 DAYS)
nevirapine er 100 mg tablet	QL (90 PER 30 DAYS)
nevirapine er 400 mg tablet	QL (30 PER 30 DAYS)
PIFELTRO	QL (30 PER 30 DAYS)
SYMFI	QL (30 PER 30 DAYS)
SYMFI LO	QL (30 PER 30 DAYS)

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

abacavir 20 mg/ml solution	QL (960 PER 30 DAYS)
abacavir 300 mg tablet	QL (60 PER 30 DAYS)
abacavir-lamivudine	QL (30 PER 30 DAYS)
CIMDUO	QL (30 PER 30 DAYS)
COMPLERA	QL (30 PER 30 DAYS)
DESCOVY	QL (30 PER 30 DAYS)
emtricitabine	QL (30 PER 30 DAYS)
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)	QL (30 PER 30 DAYS)
emtricitabine-tenofv 200-300mg	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	QL (30 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
EPIVIR 10 MG/ML ORAL SOLN	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	QL (30 PER 30 DAYS)
EPZICOM	QL (30 PER 30 DAYS)
lamivudine 10 mg/ml oral soln	QL (960 PER 30 DAYS)
lamivudine 150 mg tablet	QL (60 PER 30 DAYS)
lamivudine 300 mg tablet	QL (30 PER 30 DAYS)
lamivudine-zidovudine	QL (60 PER 30 DAYS)
ODEFSEY	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	
stavudine	QL (60 PER 30 DAYS)
tenofovir disoproxil fumarate	QL (30 PER 30 DAYS)
TRIUMEQ	QL (30 PER 30 DAYS)
TRIUMEQ PD	QL (180 PER 30 DAYS)
TRIZIVIR	QL (60 PER 30 DAYS)
TRUVADA	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	QL (30 PER 30 DAYS)
VIREAD POWDER	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	QL (60 PER 30 DAYS)
zidovudine 100 mg capsule	QL (180 PER 30 DAYS)
zidovudine 300 mg tablet	QL (60 PER 30 DAYS)
zidovudine 50 mg/5 ml syrup	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other	
FUZEON	QL (60 PER 30 DAYS)
maraviroc 150 mg tablet	QL (60 PER 30 DAYS)
maraviroc 300 mg tablet	QL (120 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
RUKOBIA	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	QL (120 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	QL (5 PER 28 OVER TIME)
TROGARZO	QL (18.62 PER 28 DAYS)
TYBOST	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors	
APTIVUS 250 MG CAPSULE	QL (120 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 300 mg cap)	QL (30 PER 30 DAYS)
atazanavir sulfate 200 mg cap	QL (60 PER 30 DAYS)
darunavir 600 mg tablet	QL (60 PER 30 DAYS)
darunavir 800 mg tablet	QL (30 PER 30 DAYS)
EVOTAZ	QL (30 PER 30 DAYS)
fosamprenavir calcium	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	QL (120 PER 30 DAYS)
lopinavir-ritonavir 80-20mg/ml	QL (480 PER 30 DAYS)
lopinavir-ritonavr 100-25mg tb	QL (300 PER 30 DAYS)
lopinavir-ritonavr 200-50mg tb	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	QL (360 PER 30 DAYS)
PREZCOBIX	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	QL (400 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
PREZISTA 150 MG TABLET	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	QL (240 PER 30 DAYS)
ritonavir	QL (360 PER 30 DAYS)
SYMTUZA	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents	
cidofovir 375 mg/5 ml vial	
ganciclovir 500 mg vial	PA
PREVYMIS (240 MG TABLET, 480 MG TABLET)	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	
valganciclovir hcl (50 mg/ml, 450 mg tablet)	
Anti-hepatitis B (HBV) Agents	
adefovir dipivoxil	
BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	
entecavir	
lamivudine 100 mg tablet	
lamivudine hbv	
Anti-hepatitis C (HCV) Agents	
EPCLUSA	PA
HARVONI	PA
ledipasvir-sofosbuvir	PA

DRUG NAME	REQUIREMENTS/LIMITS
ribavirin (200 mg capsule, 200 mg tablet)	
sofosbuvir-velpatasvir	PA
SOVALDI	PA
VOSEVI	PA
ZEPATIER	PA
Anti-influenza Agents	
oseltamivir 6 mg/ml suspension	QL (1080 PER 365 OVER TIME)
oseltamivir phos 30 mg capsule	QL (168 PER 365 OVER TIME)
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	QL (84 PER 365 OVER TIME)
RELENZA	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	QL (2 PER 365 OVER TIME)
Antiherpetic Agents	
acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)	
acyclovir 5% ointment	PA
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	PA
famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)	
valacyclovir	
VALTREX	
ZOVIRAX 5% OINTMENT	PA
Anxiolytics	
alprazolam (0.25 mg tablet, 0.5 mg tablet,1 mg tablet)	QL (120 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
alprazolam 2 mg tablet	QL (150 PER 30 DAYS)
buspirone hcl	
clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt,1 mg dis tablet, 1 mg odt)	QL (90 PER 30 DAYS)
clonazepam (0.5 mg tablet, 1 mg tablet)	QL (120 PER 30 DAYS)
clonazepam (2 mg odt, 2 mg tablet)	QL (300 PER 30 DAYS)
clorazepate 15 mg tablet	PA, QL (180 PER 30 DAYS)
clorazepate 3.75 mg tablet	PA, QL (120 PER 30 DAYS)
clorazepate 7.5 mg tablet	PA, QL (360 PER 30 DAYS)
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	PA, QL (120 PER 30 DAYS)
diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)	PA, QL (1200 PER 30 DAYS)
diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)	PA, QL (240 PER 30 DAYS)
hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)	PA
hydroxyzine pamoate (25 mg cap, 50 mg cap)	PA
lorazepam (0.5 mg tablet, 1 mg tablet)	PA, QL (120 PER 30 DAYS)
lorazepam (2 mg tablet, 2 mg/ml oral concent)	PA, QL (150 PER 30 DAYS)
lorazepam intensol	PA, QL (150 PER 30 DAYS)
oxazepam	PA, QL (120 PER 30 DAYS)

Bipolar Agents

lithium carbonate	
lithium carbonate er	
lithium citrate	
LITHOBID	

DRUG NAME	REQUIREMENTS/LIMITS
Blood Glucose Regulators	
Antidiabetic Agents	
acarbose 100 mg tablet	QL (90 PER 30 DAYS)
acarbose 25 mg tablet	QL (360 PER 30 DAYS)
acarbose 50 mg tablet	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	QL (90 PER 30 DAYS)
BYDUREON BCISE	PA, QL (3.4 PER 28 DAYS)
BYETTA	PA, QL (2.4 PER 30 DAYS)
CYCLOSET	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	QL (60 PER 30 DAYS)
gauze pads & dressings - pads 2 x2	
glimepiride 1 mg tablet	QL (240 PER 30 DAYS)
glimepiride 2 mg tablet	QL (120 PER 30 DAYS)
glimepiride 4 mg tablet	QL (60 PER 30 DAYS)
glipizide 10 mg tablet	QL (120 PER 30 DAYS)
glipizide 2.5 mg tablet	QL (480 PER 30 DAYS)
glipizide 5 mg tablet	QL (240 PER 30 DAYS)
glipizide er 10 mg tablet	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tablet	QL (240 PER 30 DAYS)
glipizide er 5 mg tablet	QL (120 PER 30 DAYS)
glipizide xl 10 mg tablet	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tablet	QL (240 PER 30 DAYS)
glipizide xl 5 mg tablet	QL (120 PER 30 DAYS)
glipizide-metformin (2.5-500 mg, 5-500 mg)	QL (120 PER 30 DAYS)
glipizide-metformin 2.5-250 mg	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	QL (240 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
GLUCOTROL XL 5 MG TABLET	QL (120 PER 30 DAYS)
glyburid-metformin 1.25-250 mg	QL (240 PER 30 DAYS)
glyburide 1.25 mg tablet	QL (480 PER 30 DAYS)
glyburide 2.5 mg tablet	QL (240 PER 30 DAYS)
glyburide 5 mg tablet	QL (120 PER 30 DAYS)
glyburide micro 1.5 mg tab	QL (240 PER 30 DAYS)
glyburide micro 3 mg tablet	QL (120 PER 30 DAYS)
glyburide micro 6 mg tablet	QL (60 PER 30 DAYS)
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	QL (120 PER 30 DAYS)
GLYXAMBI	QL (30 PER 30 DAYS)
isopropyl alcohol 0.7 ml/ml medicated pad	
JANUMET	QL (60 PER 30 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	QL (30 PER 30 DAYS)
JANUVIA 100 MG TABLET	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	QL (30 PER 30 DAYS)
JENTADUETO	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	QL (60 PER 30 DAYS)
metformin hcl 1,000 mg tablet	QL (75 PER 30 DAYS)
metformin hcl 500 mg tablet	QL (150 PER 30 DAYS)
metformin hcl 850 mg tablet	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tablet	QL (120 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
metformin hcl er 750 mg tablet	QL (60 PER 30 DAYS)
nateglinide 120 mg tablet	QL (90 PER 30 DAYS)
nateglinide 60 mg tablet	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	QL (30 PER 30 DAYS)
OZEMPIC	PA, QL (3 PER 28 DAYS)
pioglitazone hcl (30 mg tablet, 45 mg tablet)	QL (30 PER 30 DAYS)
pioglitazone hcl 15 mg tablet	QL (90 PER 30 DAYS)
pioglitazone-glimepiride	QL (30 PER 30 DAYS)
pioglitazone-metformin	QL (90 PER 30 DAYS)
repaglinide 0.5 mg tablet	QL (960 PER 30 DAYS)
repaglinide 1 mg tablet	QL (480 PER 30 DAYS)
repaglinide 2 mg tablet	QL (240 PER 30 DAYS)
RYBELSUS	PA, QL (30 PER 30 DAYS)
saxagliptin hcl 2.5 mg tablet	QL (60 PER 30 DAYS)
saxagliptin hcl 5 mg tablet	QL (30 PER 30 DAYS)
saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformn er 5-1000)	QL (30 PER 30 DAYS)
saxagliptn-metform er 2.5-1000	QL (60 PER 30 DAYS)
SOLIQUA 100-33	QL (18 PER 30 DAYS)
SYMLINPEN 120	
SYMLINPEN 60	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	QL (30 PER 30 DAYS)
TRADJENTA	QL (30 PER 30 DAYS)
TRULICITY	PA, QL (2 PER 28 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
VICTOZA 2-PAK	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	PA, QL (9 PER 30 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	QL (60 PER 30 DAYS)
Glycemic Agents	
BAQSIMI	QL (4 PER 30 DAYS)
diazoxide 50 mg/ml oral susp	
GLUCAGEN	QL (4 PER 30 DAYS)
glucagon emergency kit (, 1 mg kit)	QL (4 PER 30 DAYS)
GVOKE	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	QL (0.8 PER 30 DAYS)
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	QL (0.8 PER 30 DAYS)
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	QL (0.4 PER 30 DAYS)
PROGLYCEM	
Insulins	
HUMALOG	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	QL (60 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
HUMALOG TEMPO PEN U-100	QL (60 PER 30 DAYS)
HUMULIN 70-30	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	QL (60 PER 30 DAYS)
HUMULIN N	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	QL (60 PER 30 DAYS)
HUMULIN R	QL (60 PER 30 DAYS)
HUMULIN R U-500	PA
HUMULIN R U-500 KWIKPEN	QL (60 PER 30 DAYS)
inpen (for humalog)	
inpen (for novolog or fiasp)	
insulin pen needle	
insulin syringe (disp) u-100 0.3 ml	
insulin syringe (disp) u-100 1 ml	
insulin syringe (disp) u-100 1/2 ml	
insulin syringe u-500	
LANTUS	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	QL (60 PER 30 DAYS)
LYUMJEV	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	QL (60 PER 30 DAYS)
needles, insulin disp., safety	
novopen echo	
omnipod 5 g6 intro kit (gen 5)	
omnipod 5 g6 pods (gen 5)	
omnipod 5 g6-g7 intro kt(gen5)	
omnipod 5 g6-g7 pods (gen 5)	
omnipod classic pdm kit(gen 3)	
omnipod classic pods (gen 3)	
omnipod dash intro kit (gen 4)	

DRUG NAME	REQUIREMENTS/LIMITS
omnipod dash pdm kit (gen 4)	
omnipod dash pods (gen 4)	
omnipod go pods	
TOUJEO MAX SOLOSTAR	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	QL (60 PER 30 DAYS)
v-go 20	
v-go 30	
v-go 40	
vgo 20	
vgo 30	
vgo 40	

Blood Products and Modifiers

Anticoagulants

dabigatran etexilate (75 mg cap, 150 mg cp)	QL (60 PER 30 DAYS)
dabigatran etexilate 110 mg cp	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	QL (60 PER 30 DAYS)
enoxaparin 30 mg/0.3 ml syr	QL (9 PER 90 OVER TIME)
enoxaparin 40 mg/0.4 ml syr	QL (12 PER 90 OVER TIME)
enoxaparin 60 mg/0.6 ml syr	QL (18 PER 90 OVER TIME)
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)	QL (30 PER 90 OVER TIME)
enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)	QL (24 PER 90 OVER TIME)
fondaparinux 10 mg/0.8 ml syr	QL (24 PER 90 OVER TIME)
fondaparinux 2.5 mg/0.5 ml syr	QL (15 PER 90 OVER TIME)
fondaparinux 5 mg/0.4 ml syr	QL (12 PER 90 OVER TIME)
fondaparinux 7.5 mg/0.6 ml syr	QL (18 PER 90 OVER TIME)
heparin 20,000 unit/500 ml-d5w	

DRUG NAME	REQUIREMENTS/LIMITS
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)	
jantoven	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	QL (9 PER 90 OVER TIME)
LOVENOX 300 MG/3 ML VIAL	QL (30 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	QL (18 PER 90 OVER TIME)
PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)	QL (60 PER 30 DAYS)
PRADAXA 110 MG CAPSULE	QL (120 PER 30 DAYS)
warfarin sodium	
XARELTO (10 MG TABLET, 20 MG TABLET)	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	QL (51 PER 30 DAYS)
ZONTIVITY	

Blood Products and Modifiers, Other

AGRYLIN	
anagrelide hcl	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0. ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	PA

DRUG NAME	REQUIREMENTS/LIMITS
FULPHILA	PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	PA
GRANIX 300 MCG/ML VIAL	PA
LEUKINE	PA
MOZOBIL	
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	PA
NIVESTYM 300 MCG/0.5 ML SYRING	PA
plerixafor	
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	PA
PROMACTA	PA
RETACRIT	PA
UDENYCA	PA
UDENYCA AUTOINJECTOR	PA
UDENYCA ONBODY	PA
ZIEXTENZO	PA
Hemostasis Agents	
CYKLOKAPRON	
tranexamic acid (650 mg tablet, 1,000 mg/10 ml)	
Platelet Modifying Agents	
aspirin-dipyridamole er	
BRILINTA	
CABLIVI	
cilostazol	

DRUG NAME	REQUIREMENTS/LIMITS
clopidogrel 75 mg tablet	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	
PLAVIX	
prasugrel hcl	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
clonidine	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0. mg tablet)	
droxidopa	PA
guanfacine hcl	
midodrine hcl	
NORTHERA	PA
Alpha-adrenergic Blocking Agents	
CARDURA	QL (60 PER 30 DAYS)
doxazosin mesylate	QL (60 PER 30 DAYS)
MINIPRESS	
phenoxybenzamine hcl	
prazosin hcl	
terazosin 1 mg capsule	QL (90 PER 30 DAYS)
terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists	
ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	QL (30 PER 30 DAYS)
AVAPRO	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	QL (60 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)	QL (60 PER 30 DAYS)
candesartan cilexetil 32 mg tb	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	QL (30 PER 30 DAYS)
EDARBI	QL (30 PER 30 DAYS)
irbesartan	QL (30 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	QL (60 PER 30 DAYS)
losartan potassium 100 mg tab	QL (30 PER 30 DAYS)
MICARDIS	QL (30 PER 30 DAYS)
olmesartan medoxomil (20 mg tab, 40 mg tab)	QL (30 PER 30 DAYS)
olmesartan medoxomil 5 mg tab	QL (60 PER 30 DAYS)
telmisartan	QL (30 PER 30 DAYS)
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)	QL (60 PER 30 DAYS)
valsartan 320 mg tablet	QL (30 PER 30 DAYS)
Angiotensin-converting Enzyme (ACE) Inhibitors	
ACCUPRIL	
ALTACE	
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	
captopril	
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	
fosinopril sodium	
lisinopril	
LOTENSIN	
moexipril hcl	

DRUG NAME	REQUIREMENTS/LIMITS
perindopril erbumine	
quinapril hcl	
ramipril	
trandolapril	
VASOTEC	
ZESTRIL	
Antiarrhythmics	
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	
dofetilide	
flecainide acetate	
lidocaine hcl (abboject, syringe)	
mexiletine hcl	
MULTAQ	
pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)	
propafenone hcl	
propafenone hcl er	
quinidine gluc er 324 mg tab	
quinidine sulfate	
RYTHMOL SR (225 MG CAPSULE, 325 MG CAPSULE)	
RYTHMOL SR 425 MG CAPSULE	
sorine	
sotalol	
sotalol af	
TIKOSYN	
Beta-adrenergic Blocking Agents	
acebutolol hcl	
atenolol	

DRUG NAME	REQUIREMENTS/LIMITS
betaxolol hcl (10 mg tablet, 20 mg tablet)	
bisoprolol fumarate (5 mg tab, 10 mg tab)	
BYSTOLIC	
carvedilol	
carvedilol er	
COREG CR	
CORGARD (20 MG TABLET, 40 MG TABLET)	
INDERAL LA	
INDERAL XL	
INNOPRAN XL	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	
metoprolol succinate	
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	
nadolol	
nebivolol hcl	
pindolol	
propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	
propranolol hcl er	
TENORMIN	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	
TOPROL XL	

Calcium Channel Blocking Agents, Dihydropyridines

amlodipine besylate	
felodipine er	

DRUG NAME	REQUIREMENTS/LIMITS
isradipine	
nicardipine hcl (20 mg capsule, 30 mg capsule)	
nifedipine er	
nimodipine	
nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)	
nisoldipine er 25.5 mg tablet	
NORVASC	
PROCARDIA XL	
SULAR	

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM	
CARDIZEM CD	
CARDIZEM LA	
cartia xt	
dilt-xr	
diltiazem 12hr er	
diltiazem 24hr er	
diltiazem 24hr er (cd)	
diltiazem 24hr er (la)	
diltiazem 24hr er (xr)	
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	
matzim la	
taztia xt	
tiadylt er	
TIAZAC	
verapamil er	
verapamil er pm	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	

DRUG NAME	REQUIREMENTS/LIMITS
verapamil sr	
VERELAN	
VERELAN PM	
Cardiovascular Agents, Other	
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	
acetazolamide	
acetazolamide er	
ALDACTAZIDE 25-25 TABLET	
aliskiren	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide	
amlodipine besylate-benazepril	
amlodipine-atorvastatin	
amlodipine-olmesartan	QL (30 PER 30 DAYS)
amlodipine-valsartan	QL (30 PER 30 DAYS)
amlodipine-valsartan-hctz	QL (30 PER 30 DAYS)
ATACAND HCT	QL (30 PER 30 DAYS)
atenolol-chlorthalidone	
AVALIDE	QL (30 PER 30 DAYS)
AZOR	QL (30 PER 30 DAYS)
benazepril-hydrochlorothiazide	
BENICAR HCT	QL (30 PER 30 DAYS)
bisoprolol-hydrochlorothiazide	
candesartan-hydrochlorothiazid	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	PA, QL (600 PER 30 DAYS)
DEMSER	
digitek	QL (30 PER 30 DAYS)
digox	QL (30 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	QL (150 PER 30 DAYS)
DIOVAN HCT	QL (30 PER 30 DAYS)
EDARBYCLOR	QL (30 PER 30 DAYS)
enalapril-hydrochlorothiazide	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	QL (180 PER 30 DAYS)
EXFORGE	QL (30 PER 30 DAYS)
EXFORGE HCT	QL (30 PER 30 DAYS)
fosinopril-hydrochlorothiazide	
HYZAAR	QL (30 PER 30 DAYS)
irbesartan-hydrochlorothiazide	QL (30 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	QL (30 PER 30 DAYS)
lisinopril-hydrochlorothiazide	
losartan-hydrochlorothiazide	QL (30 PER 30 DAYS)
LOTENSIN HCT	
MAXZIDE	
MAXZIDE-25 MG	
methazolamide	
metoprolol-hydrochlorothiazide	
metyrosine	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	QL (60 PER 30 DAYS)
olmesartan-amlodipine-hctz	QL (30 PER 30 DAYS)
olmesartan-hydrochlorothiazide	QL (30 PER 30 DAYS)
pentoxifylline	
quinapril-hydrochlorothiazide	

DRUG NAME	REQUIREMENTS/LIMITS
ranolazine er	QL (60 PER 30 DAYS)
spironolactone-hctz	
TEKTURNA	QL (30 PER 30 DAYS)
telmisartan-amlodipine	QL (30 PER 30 DAYS)
telmisartan-hctz 80-12.5 mg tb	QL (60 PER 30 DAYS)
telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)	QL (30 PER 30 DAYS)
TENORETIC 100	
TENORETIC 50	
trandolapril-verapamil er	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	
TRIBENZOR	QL (30 PER 30 DAYS)
valsartan-hydrochlorothiazide	QL (30 PER 30 DAYS)
VASERETIC	
VERQUVO	QL (30 PER 30 DAYS)
ZESTORETIC	
ZIAC	
Diuretics, Loop	
bumetanide (0.25 mg/ml vial, 0.5 mg tablet,1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)	
furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syring, 100 mg/10 ml vial)	
LASIX	
torsemide	
Diuretics, Potassium-sparing	
ALDACTONE	
amiloride hcl	

DRUG NAME	REQUIREMENTS/LIMITS
eplerenone	
INSPRA	
KERENDIA	PA, QL (30 PER 30 DAYS)
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)	
Diuretics, Thiazide	
chlorthalidone	
hydrochlorothiazide	
indapamide	
metolazone	
Dyslipidemics, Fibric Acid Derivatives	
fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)	QL (60 PER 30 DAYS)
fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	QL (30 PER 30 DAYS)
fenofibric acid dr 135 mg cap	QL (30 PER 30 DAYS)
fenofibric acid dr 45 mg cap	QL (60 PER 30 DAYS)
gemfibrozil	QL (60 PER 30 DAYS)
LOPID	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors	
atorvastatin 80 mg tablet	QL (30 PER 30 DAYS)
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	ST, QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	ST, QL (30 PER 30 DAYS)
fluvastatin sodium	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	ST, QL (30 PER 30 DAYS)
lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	QL (60 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	QL (45 PER 30 DAYS)
pravastatin sodium 80 mg tab	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	QL (45 PER 30 DAYS)
rosuvastatin calcium 40 mg tab	QL (30 PER 30 DAYS)
simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)	QL (45 PER 30 DAYS)
simvastatin 20 mg tablet	QL (60 PER 30 DAYS)
simvastatin 80 mg tablet	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	ST, QL (60 PER 30 DAYS)
Dyslipidemics, Other	
cholestyramine (packet, powder)	
cholestyramine light (packet, powder)	
COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)	
colestipol hcl (1 gm tablet, granules, granules packet)	
ezetimibe	QL (30 PER 30 DAYS)
ezetimibe-simvastatin	QL (30 PER 30 DAYS)
icosapent ethyl (0.5 gm capsule, 500 mg capsule)	QL (240 PER 30 DAYS)
icosapent ethyl 1 gram capsule	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	PA
LOVAZA	
niacin er (750 mg tablet, 1,000 mg tablet)	QL (60 PER 30 DAYS)
niacin er 500 mg tablet	QL (30 PER 30 DAYS)
omega-3 acid ethyl esters	
prevalite (packet, powder)	

DRUG NAME	REQUIREMENTS/LIMITS
REPATHA PUSHTRONEX	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	PA, QL (2 PER 28 DAYS)
triklo	
VASCEPA 0.5 GM CAPSULE	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	QL (120 PER 30 DAYS)
VYTORIN	ST, QL (30 PER 30 DAYS)
ZETIA	QL (30 PER 30 DAYS)

Vasodilators, Direct-acting Arterial

hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	
minoxidil (2.5 mg tablet, 10 mg tablet)	

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE	
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	
isosorbide mononitrate	
isosorbide mononitrate er	
NITRO-BID	
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)	
nitroglycerin patch	
NITROLINGUAL	
NITROSTAT	
RECTIV	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	QL (120 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
DEXEDRINE SPANSULE 5 MG	QL (90 PER 30 DAYS)
dextroamp-amphetamin 20 mg tab	QL (90 PER 30 DAYS)
dextroamphetamine 10 mg tab	QL (180 PER 30 DAYS)
dextroamphetamine 5 mg tab	QL (90 PER 30 DAYS)
dextroamphetamine er 5 mg cap	QL (90 PER 30 DAYS)
dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)	QL (120 PER 30 DAYS)
dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)	QL (30 PER 30 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)	QL (60 PER 30 DAYS)
lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	QL (30 PER 30 DAYS)
zenzedi 10 mg tablet	QL (180 PER 30 DAYS)
zenzedi 5 mg tablet	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	QL (30 PER 30 DAYS)
clonidine hcl er 0.1 mg tablet	QL (120 PER 30 DAYS)
dexmethylphenidate hcl	PA, QL (60 PER 30 DAYS)
FOCALIN	PA, QL (60 PER 30 DAYS)
guanfacine hcl er	QL (30 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
methylphenidate 10 mg/5 ml sol	PA, QL (900 PER 30 DAYS)
methylphenidate 5 mg/5 ml soln	PA, QL (450 PER 30 DAYS)
methylphenidate er 20 mg tab	PA, QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	PA, QL (90 PER 30 DAYS)
RITALIN	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	QL (30 PER 30 DAYS)
Central Nervous System, Other	
NUEDEXTA	PA, QL (60 PER 30 DAYS)
riluzole	
tetrabenazine 12.5 mg tablet	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tablet	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents	
AMPYRA	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	PA, QL (1 PER 28 DAYS)
AVONEX PEN	PA, QL (1 PER 28 DAYS)
BETASERON	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	PA, QL (12 PER 28 DAYS)
dalfampridine er	PA
dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)	PA, QL (60 PER 30 DAYS)
dimethyl fumarate 30d start pk	PA, QL (60 PER 30 DAYS)
fingolimod	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	PA, QL (30 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
glatiramer 20 mg/ml syringe	PA, QL (30 PER 30 DAYS)
glatiramer 40 mg/ml syringe	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml syringe	PA, QL (30 PER 30 DAYS)
glatopa 40 mg/ml syringe	PA, QL (12 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	PA, QL (12 PER 28 DAYS)
PLEGRIDY	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	PA, QL (1 PER 28 DAYS)
TECFIDERA	PA, QL (60 PER 30 DAYS)
TYSABRI	PA
VUMERITY	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

cevimeline hcl	
chlorhexidine gluconate (15 ml cup, 15 ml cup, rinse)	
KEPIVANCE	
kourzeq	
oralone	
periogard	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	
SALAGEN	
triamcinolone 0.1% paste	

Dermatological Agents

Acne and Rosacea Agents

accutane	
acitretin	

DRUG NAME	REQUIREMENTS/LIMITS
amnesteem	
AVITA	PA
azelaic acid 15% gel	
AZELEX	
BENZAMYCIN	
claravis	
clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)	
erythromycin-benzoyl peroxide	
FINACEA 15% FOAM	
FINACEA 15% GEL	
isotretinoin	
KLARON	
myorisan	
ORACEA	
RETIN-A	PA
sulfacetamide sodium (sod top susp, sodium lotn)	
tazarotene (0.05% gel, 0.1% cream, 0.1% gel)	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	PA
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)	PA
zenatane	

Dermatitis and Pruitus Agents

ALA-CORT 1% CREAM	
ala-cort 2.5% cream	QL (454 PER 30 DAYS)
alclometasone dipropionate	QL (120 PER 30 DAYS)
ammonium lactate	
betamethasone diprop augmented (crm, oin)	QL (200 PER 28 DAYS)
betamethasone dipropionate (crm, oint)	QL (135 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
betamethasone dp 0.05% lot	QL (120 PER 30 DAYS)
betamethasone dp aug 0.05% gel	QL (200 PER 28 DAYS)
betamethasone dp aug 0.05% lot	QL (210 PER 30 DAYS)
betamethasone va 0.1% lotion	QL (120 PER 30 DAYS)
betamethasone valerate (va cream, valer ointm)	QL (135 PER 30 DAYS)
clobetasol 0.05% shampoo	QL (236 PER 30 DAYS)
clobetasol emollient 0.05% crm	QL (210 PER 28 DAYS)
clobetasol propionate (cream, gel, ointment)	QL (210 PER 28 DAYS)
clobetasol propionate (prop foam, solution)	QL (200 PER 28 DAYS)
clodan	QL (236 PER 30 DAYS)
desonide (cream, ointment)	QL (120 PER 30 DAYS)
desonide 0.05% lotion	QL (118 PER 30 DAYS)
desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)	QL (120 PER 30 DAYS)
DIPROLENE	QL (200 PER 28 DAYS)
doxepin 5% cream	PA
ELIDEL	PA
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)	QL (120 PER 30 DAYS)
fluocinolone acetonide (body oil, scalp oil)	QL (118.28 PER 30 DAYS)
fluocinonide (cream, gel, ointment, solution)	QL (120 PER 30 DAYS)
fluocinonide-e	QL (120 PER 30 DAYS)
fluticasone propionate (0.005% oint, 0.05% cream)	QL (120 PER 30 DAYS)
halobetasol propionate (cream, ointmnt)	QL (200 PER 28 DAYS)
hydrocortisone (cream, ointment)	
hydrocortisone 2.5% lotion	QL (118 PER 30 DAYS)
hydrocortisone 2.5% ointment	QL (454 PER 30 DAYS)
hydrocortisone butyr 0.1% soln	QL (120 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)	QL (135 PER 30 DAYS)
hydrocortisone valerate	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	QL (135 PER 30 DAYS)
mometasone furoate (cream, oint)	QL (135 PER 30 DAYS)
mometasone furoate 0.1% soln	QL (120 PER 30 DAYS)
pimecrolimus	PA
prednicarbate 0.1% ointment	QL (120 PER 30 DAYS)
PRUDOXIN	PA
selenium sulfide 2.5% lotion	
tacrolimus (0.03%, 0.1%)	PA
triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)	QL (454 PER 30 DAYS)
triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)	QL (120 PER 30 DAYS)
triderm	QL (454 PER 30 DAYS)
ZONALON	PA
Dermatological Agents, Other	
calcipotriene (cream, ointment, solution)	QL (120 PER 30 DAYS)
calcitrene	QL (120 PER 30 DAYS)
clotrimazole-betamethasone (crm, lot)	
diclofenac sodium 3% gel	PA
EFUDEX	
fluorouracil (cream, topical soln)	
fluorouracil 0.5% cream	
fluorouracil 2% topical soln	
imiquimod 5% cream packet	PA
methoxsalen	
nystatin-triamcinolone	

DRUG NAME	REQUIREMENTS/LIMITS
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)	PA
podofilox 0.5% topical soln	
REGRANEX	PA, QL (15 PER 30 DAYS)
SANTYL	QL (180 PER 30 DAYS)
SILVADENE	
silver sulfadiazine	
SSD	

Pediculicides/Scabicides

ivermectin 1% cream	PA
lindane	
malathion	
OVIDE	
permethrin	
SOOLANTRA	PA

Topical Anti-infectives

gentamicin sulfate (cream, ointment)	
METROCREAM	
METROGEL	
METROLOTION	
metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)	
mupirocin	QL (30 PER 30 OVER TIME)
rosadan	

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

aqua care sodium chloride	
CARBAGLU	PA

DRUG NAME	REQUIREMENTS/LIMITS
carglumic acid	PA
dextrose 2.5%-0.45% nacl	
dextrose 5%-0.2% nacl	
dextrose 5%-0.225% nacl	
dextrose 5%-0.3% nacl	
dextrose 5%-0.33% nacl	
dextrose 5%-0.45% nacl	
dextrose 5%-0.9% nacl	
dextrose in lactated ringers	
kcl 20 meq in d5w-lact ringer	
kcl 20 meq/l in d5w solution	
kcl-d5w-0.2% nacl	
kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)	
kcl-d5w-0.45% nacl	
KLOR-CON 10	
KLOR-CON 8	
klor-con m10	
KLOR-CON M15	
klor-con m20	
lactated ringers injection	
magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)	

DRUG NAME	REQUIREMENTS/LIMITS
potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)	
potassium chloride proamp	
potassium chloride-0.45% nacl	
potassium citrate er	
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)	
sodium chloride-water	

Electrolyte/Mineral/Metal Modifiers

CHEMET	
deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)	PA
deferasirox (90 mg tablet, 125 mg tb for susp)	PA
EXJADE	PA
JADENU	PA
JADENU SPRINKLE	PA
SAMSCA	PA
SYPRINE	PA, QL (240 PER 30 DAYS)
tolvaptan	PA

DRUG NAME	REQUIREMENTS/LIMITS
trientine hcl 250 mg capsule	PA, QL (240 PER 30 DAYS)
dextrose in water (5%-water 100 ml, 5%-water 50 ml, 5%-water iv soln, 5%-water vial, 10%-water iv solution)	
fomepizole	
glucose in water	
INTRALIPID 20% IV FAT EMUL	PA
NUTRILIPID	PA
sterile water for irrigation	
TRAVASOL	PA
TROPHAMINE	PA

Phosphate Binders

AURYXIA	PA, QL (360 PER 30 DAYS)
calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)	
FOSRENOL (750 MG POWDER PACKET, 750 MG TABLET CHEW)	QL (180 PER 30 DAYS)
FOSRENOL (MG POWDER PACK, MG TABLET CHEW)	QL (120 PER 30 DAYS)
FOSRENOL 500 MG TABLET CHEW	QL (90 PER 30 DAYS)
lanthanum carb 1,000 mg tb chw	QL (120 PER 30 DAYS)
lanthanum carb 500 mg tab chew	QL (90 PER 30 DAYS)
lanthanum carb 750 mg tab chew	QL (180 PER 30 DAYS)
RENVELA 0.8 GM POWDER PACKET	QL (270 PER 30 DAYS)
RENVELA 2.4 GM POWDER PACKET	QL (90 PER 30 DAYS)
RENVELA 800 MG TABLET	
sevelamer 0.8 gm powder packet	QL (270 PER 30 DAYS)
sevelamer 2.4 gm powder packet	QL (90 PER 30 DAYS)
sevelamer carbonate 800 mg tab	
VELPHORO	QL (180 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
Potassium Binders	
sodium polystyrene sulf powder	
SPS	
VELTASSA	
Gastrointestinal Agents	
Anti-Constipation Agents	
constulose	
enulose	
generlac	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	
LINZESS	QL (30 PER 30 DAYS)
lubiprostone 24 mcg capsule	QL (60 PER 30 DAYS)
lubiprostone 8 mcg capsule	QL (120 PER 30 DAYS)
MOVANTIK	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	PA
Anti-Diarrheal Agents	
alosetron hcl 0.5 mg tablet	PA, QL (60 PER 30 DAYS)
alosetron hcl 1 mg tablet	PA, QL (60 PER 30 DAYS)
diphenoxylate-atrop 2.5-0.025	PA
loperamide 2 mg capsule	
LOTRONEX	PA, QL (60 PER 30 DAYS)
VIBERZI	PA, QL (60 PER 30 DAYS)
XERMELO	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal	
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	PA

DRUG NAME	REQUIREMENTS/LIMITS
glycopyrrolate (1 mg tablet, 2 mg tablet)	
methscopolamine bromide	PA
Gastrointestinal Agents, Other	
bismuth-metronidazole-tetracyc	
CHENODAL	PA
GATTEX	PA
gavilyte-c	
gavilyte-g	
gavilyte-n	
GOLYTELY	
metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial)	
MOVIPREP	
MYALEPT	PA
NULYTELY	
OCALIVA	PA, QL (30 PER 30 DAYS)
peg 3350-electrolyte solution	
peg-3350 and electrolytes	
peg3350-sod sul-nacl-kcl-asb-c	
PYLERA	
REGLAN	
sod sulf-potass sulf-mag sulf	
SUPREP	
SUTAB	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	
XIFAXAN 550 MG TABLET	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists	
cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)	

DRUG NAME	REQUIREMENTS/LIMITS
famotidine (20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial)	
nizatidine 150 mg capsule	
nizatidine 300 mg capsule	
Protectants	
CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	
CYTOTEC	
misoprostol	
sucralfate (1 gm tablet, 1 gm/10 ml susp,1 gm/10 ml susp cup)	
Proton Pump Inhibitors	
esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)	QL (30 PER 30 DAYS)
esomeprazole sodium 40 mg vial	
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	ST, QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	QL (30 PER 30 DAYS)
NEXIUM I.V.	
omeprazole (dr 20 mg capsule, dr 40 mg capsule)	QL (60 PER 30 DAYS)
omeprazole dr 10 mg capsule	QL (30 PER 30 DAYS)
pantoprazole sod dr 20 mg tab	QL (30 PER 30 DAYS)
pantoprazole sod dr 40 mg tab	QL (60 PER 30 DAYS)
pantoprazole sodium 40 mg vial	
PREVACID DR 30 MG CAPSULE	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	ST, QL (60 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
rabeprazole sod dr 20 mg tab	QL (30 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
ALDURAZYME	
betaine anhydrous	
BUPHENYL 500 MG TABLET	PA
CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)	
CARNITOR SF	
CEREZYME	PA
CREON	
cromolyn 100 mg/5 ml oral conc	
CRYSVITA	PA
CYSTADANE	
CYSTAGON	PA
ELAPRASE	
ELELYSO	PA
ENDARI	PA
FABRAZYME	
javygtor (100 mg powder packet, 500 mg powder packet)	PA
javygtor 100 mg tablet	PA
KUVAN	PA
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)	
levocarnitine sf	
LUMIZYME	
miglustat	PA, QL (90 PER 30 DAYS)
NAGLAZYME	
nitisinone	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	

DRUG NAME	REQUIREMENTS/LIMITS
PALYNZIQ	PA
PROLASTIN C	PA
REVCOVI	
sapropterin 100 mg tablet	PA
sapropterin dihydrochloride (100 mg powder pkt, 500 mg powder pkt)	PA
sodium phenylbutyrate (500mg tb, powder)	PA
STRENSIQ	PA
VPRIV	PA
VYNDAMAX	PA, QL (30 PER 30 DAYS)
VYNDAQEL	PA, QL (120 PER 30 DAYS)
yargesa	PA, QL (90 PER 30 DAYS)
ZENPEP	
ZOKINVY	PA, QL (120 PER 30 DAYS)
Genitourinary Agents	
Antispasmodics, Urinary	
darifenacin er	QL (30 PER 30 DAYS)
DETROL	ST, QL (60 PER 30 DAYS)
DETROL LA	ST, QL (30 PER 30 DAYS)
fesoterodine fumarate er	QL (30 PER 30 DAYS)
GEMTESA	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	QL (300 PER 28 DAYS)
oxybutynin 5 mg tablet	QL (120 PER 30 DAYS)
oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)	QL (600 PER 30 DAYS)
oxybutynin cl er 10 mg tablet	QL (90 PER 30 DAYS)
oxybutynin cl er 15 mg tablet	QL (60 PER 30 DAYS)
oxybutynin cl er 5 mg tablet	QL (30 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
solifenacin succinate	QL (30 PER 30 DAYS)
tolterodine tartrate	QL (60 PER 30 DAYS)
tolterodine tartrate er	QL (30 PER 30 DAYS)
TOVIAZ	ST, QL (30 PER 30 DAYS)
trospium chloride	QL (60 PER 30 DAYS)
trospium chloride er	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents	
alfuzosin hcl er	QL (30 PER 30 DAYS)
AVODART	QL (30 PER 30 DAYS)
dutasteride 0.5 mg capsule	QL (30 PER 30 DAYS)
dutasteride-tamsulosin	QL (30 PER 30 DAYS)
finasteride 5 mg tablet	QL (30 PER 30 DAYS)
FLOMAX	QL (60 PER 30 DAYS)
PROSCAR	QL (30 PER 30 DAYS)
RAPAFLO	QL (30 PER 30 DAYS)
silodosin	QL (30 PER 30 DAYS)
tamsulosin hcl	QL (60 PER 30 DAYS)
Genitourinary Agents, Other	
bethanechol chloride	
DEPEN	
methylergonovine 0.2 mg tablet	
penicillamine 250 mg tablet	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	
ACTHAR	PA
CORTEF	
decadron (0.5 mg tablet, 0.75 mg tablet, 4 mg tablet, 6 mg tablet)	

DRUG NAME	REQUIREMENTS/LIMITS
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)	
dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl)	
fludrocortisone acetate	
HEMADY	
hidex	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	
methylprednisolone	
methylprednisolone sodium succ	
prednisolone 15 mg/5 ml soln	
prednisolone sodium phosphate (5 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml)	
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL)	
taperdex 6 day 1.5 mg tablet	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	
CHORIONIC GONADOTROPIN	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	
desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)	
INCRELEX	

DRUG NAME	REQUIREMENTS/LIMITS
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL)	PA
OMNITROPE 10 MG/1.5 ML CRTG	PA
PREGNYL	PA

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Androgens

ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	PA, QL (150 PER 30 DAYS)
danazol	PA
DEPO-TESTOSTERONE	PA
methyltestosterone 10 mg cap	PA
testosterone ((2.5 g) pkt, gel pump)	PA, QL (150 PER 30 DAYS)
testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)	PA, QL (300 PER 30 DAYS)
testosterone 1% (25mg/2.5g) pk	PA, QL (225 PER 30 DAYS)
testosterone 1.62%(1.25 g) pkt	PA, QL (37.5 PER 30 DAYS)
testosterone 30 mg/1.5 ml pump	PA, QL (180 PER 30 DAYS)
testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)	PA
testosterone enanthate	PA

Estrogens

DEPO-ESTRADIOL	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	
dotti	
ESTRACE 0.01% CREAM	

DRUG NAME	REQUIREMENTS/LIMITS
estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)	
estradiol (once weekly)	
estradiol (twice weekly)	
estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)	
ESTRING	
lyllana	
MENEST	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	
VAGIFEM	
yuvafem	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

afirmelle	
altavera	
alyacen	
amabelz	
amethia	
amethyst	
apri	
aranelle	
ashlyna	
aubra	
aubra eq	
aurovela	
aurovela 24 fe	

DRUG NAME	REQUIREMENTS/LIMITS
aurovela fe	
aviane	
ayuna	
azurette	
balziva	
blisovi 24 fe	
blisovi fe	
briellyn	
camrese	
camrese lo	
chateal	
chateal eq	
COMBIPATCH	
cryselle	
cyclafem	
cyred	
cyred eq	
dasetta	
daysee	
desogestr-eth estrad eth estra	
desogestrel-ethinyl estradiol	
dolishale	
drospirenone-eth estra-levomef	
drospirenone-ethinyl estradiol	
elinest	
eluryng	
emoquette	
enpresse	
enskyce	
estarylla	

DRUG NAME	REQUIREMENTS/LIMITS
estradiol-norethindrone acetat	
ethynodiol-ethinyl estradiol	
etonogestrel-ethinyl estradiol	
falmina	
femynor	
gemmily	
hailey	
hailey 24 fe	
hailey fe	
haloette	
iclevia	
introvale	
isibloom	
jaimiess	
jasmiel	
jolessa	
juleber	
junel	
junel fe	
junel fe 24	
kaitlib fe	
kalliga	
kariva	
kelnor 1-35	
kelnor 1-50	
kurvelo	
larin	
larin 24 fe	
larin fe	
larissia	

DRUG NAME	REQUIREMENTS/LIMITS
LAYOLIS FE	
leena	
lessina	
levonest	
levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)	
levonorgestrel-eth estradiol	
levora-28	
lillow	
lo-zumandimine	
LOESTRIN	
LOESTRIN FE	
lojaimiess	
loryna	
LOSEASONIQUE	
low-ogestrel	
lutera	
marlissa	
merzee	
microgestin	
microgestin 24 fe	
microgestin fe	
mili	
mimvey	
MIRCETTE	
mono-linyah	
necon	
nikki	
norethin-eth estra-ferrous fum	
norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)	

DRUG NAME	REQUIREMENTS/LIMITS
norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)	
norgestimate-ethinyl estradiol	
nortrel	
NUVARING	
nylia	
nymyo	
ocella	
orsythia	
philith	
pimtrea	
pirmella	
portia	
PREMPHASE	
PREMPRO	
previfem	
reclipsen	
SEASONIQUE	
setlakin	
simliya	
simpesse	
sprintec	
sronyx	
syeda	
tarina 24 fe	
tarina fe	
tarina fe 1-20 eq	
tilia fe	
tri femynor	

DRUG NAME	REQUIREMENTS/LIMITS
tri-estarylla	
tri-legest fe	
tri-linyah	
tri-lo-estarylla	
tri-lo-marzia	
tri-lo-mili	
tri-lo-sprintec	
tri-mili	
tri-nymyo	
tri-previfem	
tri-sprintec	
tri-vylibra	
tri-vylibra lo	
trivora-28	
TYBLUME	
tydemy	
velivet	
vestura	
vienva	
viorele	
volnea	
vyfemla	
vylibra	
wera	
wymzya fe	
YASMIN 28	
YAZ	
zarah	
zovia 1-35	
zumandimine	

DRUG NAME	REQUIREMENTS/LIMITS
enilloring	
taysofy	
turqoz	
Progestins	
AYGESTIN	
camila	
deblitane	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	
DEPO-SUBQ PROVERA 104	
errin	
heather	
hydroxyprogesterone 1.25 g/5ml	
incassia	
jencycla	
lyleq	
lyza	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)	
megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)	
nora-be	
norethindrone	
norethindrone ac (lupaneta)	
norethindrone acetate	
norlyda	
progesterone (100 mg capsule, 200 mg capsule)	
PROVERA	
sharobel	

DRUG NAME	REQUIREMENTS/LIMITS
tulana	
Selective Estrogen Receptor Modifying Agents	
DUAVEE	
EVISTA	
raloxifene hcl	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	
CYTOMEL	
EUTHYROX	
LEVO-T	
levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	
LEVOXYL	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	
SYNTHROID	
TIROSINT	
TIROSINT-SOL	
UNITHROID	
Hormonal Agents, Suppressant (Adrenal)	
KORLYM	PA, QL (120 PER 30 DAYS)
LYSODREN	
mifepristone 300 mg tablet	PA, QL (120 PER 30 DAYS)
Hormonal Agents, Suppressant (Pituitary)	
cabergoline	
ELIGARD	PA
FIRMAGON	

DRUG NAME	REQUIREMENTS/LIMITS
leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)	PA
leuprolide depot	PA
LUPRON DEPOT	PA
LUPRON DEPOT (LUPANETA)	PA
LUPRON DEPOT-PED	PA
octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)	PA
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	PA
ORGOVYX	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	PA
SIGNIFOR	PA
SIGNIFOR LAR	PA
SOMATULINE DEPOT	PA
SOMAVERT	PA
SYNAREL	
TRELSTAR	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

methimazole	
propylthiouracil	

Immunological Agents

Angioedema Agents

CINRYZE	PA, QL (20 PER 30 DAYS)
FIRAZYR	PA, QL (18 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
HAEGARDA 2,000 UNIT VIAL	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	PA, QL (18 PER 30 DAYS)
icatibant	PA, QL (18 PER 30 DAYS)
sajazir	PA, QL (18 PER 30 DAYS)
Immunoglobulins	
ATGAM	PA
GAMMAGARD LIQUID	PA
GAMMAGARD S-D	PA
GAMMAPLEX	PA
GAMUNEX-C	PA
SYNAGIS	
THYMOGLOBULIN	PA
Immunological Agents, Other	
ARCALYST	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	PA
COSENTYX (2 SYRINGES)	PA
COSENTYX SENSOREADY (2 PENS)	PA
COSENTYX SENSOREADY PEN	PA
COSENTYX SYRINGE	PA
COSENTYX UNOREADY PEN	PA
DUPIXENT PEN	PA
DUPIXENT SYRINGE	PA
ILARIS	PA
KINERET	PA
NULOJIX	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	PA
ORENCIA CLICKJECT	PA

DRUG NAME	REQUIREMENTS/LIMITS
RIDAURA	
RINVOQ	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	PA
SKYRIZI ON-BODY	PA
SKYRIZI PEN	PA
STELARA	PA
TREMFYA	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	PA
XELJANZ XR	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	PA
Immunostimulants	
ACTIMMUNE	PA
BESREMI	PA, QL (2 PER 28 DAYS)
INTRON A 10 MILLION UNITS VIAL	
INTRON A 18 MILLION UNITS VIAL	
INTRON A 50 MILLION UNITS VIAL	
PEGASYS	PA
Immunosuppressants	
ASTAGRAF XL	PA
AZASAN	PA
azathioprine	PA
azathioprine sodium	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	PA
CELLCEPT 500 MG VIAL	PA
cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul)	PA

DRUG NAME	REQUIREMENTS/LIMITS
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	PA
CYLTEZO(CF)	PA
CYLTEZO(CF) PEN	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	PA
CYLTEZO(CF) PEN PSORIASIS-UV	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	PA
ENBREL MINI	PA
ENBREL SURECLICK	PA
everolimus (0.25 mg tablet, 0.5 mg tablet)	PA
everolimus (0.75 mg tablet, 1 mg tablet)	PA
gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)	PA
HUMIRA 40 MG/0.8 ML SYRINGE	PA
HUMIRA PEN	PA
HUMIRA PEN CROHN'S-UC-HS	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	PA
HUMIRA(CF)	PA
HUMIRA(CF) PEDIATRIC CROHN'S	PA
HUMIRA(CF) PEN	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	PA
HUMIRA(CF) PEN PEDIATRIC UC	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	PA
IMURAN	PA
leflunomide (10 mg tablet, 20 mg tablet)	
methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)	
methotrexate sodium	
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet, 500 mg vial)	PA

DRUG NAME	REQUIREMENTS/LIMITS
mycophenolic acid	PA
MYFORTIC 180 MG TABLET	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG/ML AMPULE)	PA
PROGRAF 5 MG CAPSULE	PA
RAPAMUNE 1 MG/ML ORAL SOLN	PA
RENFLEXIS	PA
SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)	PA
SIMULECT	PA
sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)	PA
tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))	PA
XATMEP	PA
ZORTRESS	PA

Vaccines

ABRYSVO	
ACTHIB	
ADACEL TDAP	
AREXVY	
BCG VACCINE (TICE STRAIN)	
BEXSERO	
BOOSTRIX TDAP	
DAPTACEL DTAP	
DENGVAXIA	
DIPHTHERIA-TETANUS TOXOIDS-PED	
ENGERIX-B ADULT	PA

DRUG NAME	REQUIREMENTS/LIMITS
ENGERIX-B PEDIATRIC-ADOLESCENT	PA
GARDASIL 9	
HAVRIX	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	PA
HIBERIX	
IMOVAX RABIES VACCINE	PA
INFANRIX DTAP	
IPOL	
IXCHIQ	
IXIARO	
JYNNEOS	PA
JYNNEOS (NATIONAL STOCKPILE)	PA
KINRIX	
M-M-R II VACCINE	
MENACTRA	
MENQUADFI	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	
PEDIARIX	
PEDVAXHIB	
PENBRAYA	
PENTACEL	
PREHEVBRIO	PA
PRIORIX	
PROQUAD	
QUADRACEL DTAP-IPV	
RABAVERT	PA
RECOMBIVAX HB	PA
ROTARIX	
ROTATEQ	

DRUG NAME	REQUIREMENTS/LIMITS
SHINGRIX	QL (2 PER 999 OVER TIME)
STAMARIL	
TDVAX	PA
TENIVAC	PA
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX VACCINE	
YF-VAX	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
APRISO	QL (120 PER 30 DAYS)
ASACOL HD	QL (180 PER 30 DAYS)
AZULFIDINE	
balsalazide disodium	
CANASA	
COLAZAL	
DELZICOL	QL (180 PER 30 DAYS)
DIPENTUM	
LIALDA	QL (120 PER 30 DAYS)
mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)	
mesalamine 800 mg dr tablet	QL (180 PER 30 DAYS)
mesalamine dr	QL (180 PER 30 DAYS)
mesalamine dr 1.2 gm tablet	QL (120 PER 30 DAYS)
mesalamine er 0.375 gram cap	QL (120 PER 30 DAYS)
mesalamine er 500 mg capsule	QL (240 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
PENTASA 250 MG CAPSULE	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	
SFROWASA	
sulfasalazine	
sulfasalazine dr	
Glucocorticoids	
budesonide dr	PA, QL (90 PER 30 DAYS)
budesonide ec	PA, QL (90 PER 30 DAYS)
budesonide er	PA, QL (30 PER 30 DAYS)
hydrocortisone 100 mg/60 ml	
hydrocortisone 2.5% cream	QL (454 PER 30 DAYS)
procto-med hc	QL (454 PER 30 DAYS)
procto-pak	
proctosol-hc	QL (454 PER 30 DAYS)
proctozone-hc	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents	
alendronate sodium (35 mg tab, 70 mg tab)	QL (4 PER 28 DAYS)
alendronate sodium 10 mg tab	QL (120 PER 30 DAYS)
ATELVIA	QL (4 PER 28 DAYS)
calcitonin-salmon 200 unit spr	
calcitonin-salmon 400 unit/2ml	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)	
calcitriol (1 mcg/ml ampul, 1 mcg/ml vial)	
cinacalcet hcl (30 mg tablet, 60 mg tablet)	PA
cinacalcet hcl 90 mg tablet	PA
FORTEO	PA
FOSAMAX	QL (4 PER 28 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
ibandronate sodium (3 mg/3 ml syringe,3 mg/3 ml vial)	
ibandronate sodium 150 mg tab	QL (1 PER 28 DAYS)
MIACALCIN	
NATPARA	PA, QL (2 PER 28 DAYS)
paricalcitol (1 mcg capsule, 2 mcg capsule,2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial)	
PROLIA	PA
risedronate sodium (5 mg tablet, 30 mg tab)	QL (30 PER 30 DAYS)
risedronate sodium 150 mg tab	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	QL (4 PER 28 DAYS)
risedronate sodium dr	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	PA
SENSIPAR 30 MG TABLET	PA
teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)	PA
TYMLOS	PA
XGEVA	PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	
zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)	

Ophthalmic Agents

Ophthalmic Agents, Other

atropine 1% eye drops	
brimonidine tartrate-timolol	
COMBIGAN	
COSOPT	
CYSTADROPS	PA

DRUG NAME	REQUIREMENTS/LIMITS
CYSTARAN	PA
dorzolamide-timolol eye drops	
MAXITROL EYE OINTMENT	
neo-polycin hc	
neomycin-bacitracin-poly-hc	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	
RESTASIS	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	QL (11 PER 30 DAYS)
sulfacetamide-prednisolone	
TOBRADEX (DROPS, OINTMENT)	
tobramycin-dexamethasone	

Ophthalmic Anti-Infectives

ak-poly-bac	
bacitracin 500 unit/gm ophth	
bacitracin-polymyxin	
BESIVANCE	
ciprofloxacin 0.3% eye drop	
erythromycin 0.5% eye ointment	
gentamicin 0.3% eye drop	
LACRISERT	
MOXEZA	
moxifloxacin (drops, drp-visc)	
NATACYN	
neo-polycin	
neomycin-bacitracin-polymyxin	
neomycin-polymyxin-gramicidin	
OCUFLOX	
ofloxacin 0.3% eye drops	

DRUG NAME	REQUIREMENTS/LIMITS
polycin	
polymyxin b sul-trimethoprim	
sulfacetamide 10% eye drops	
sulfacetamide 10% eye ointment	
tobramycin 0.3% eye drop	
trifluridine	
VIGAMOX	
Ophthalmic Anti-allergy Agents	
azelastine hcl 0.05% drops	
cromolyn 4% eye drops	
epinastine hcl	
olopatadine hcl (0.1% drops, 0.2% drop)	
Ophthalmic Anti-inflammatories	
ACULAR	
ACULAR LS	
bromfenac sodium (0.07% drp, 0.09% drp)	
dexamethasone 0.1% eye drop	
diclofenac 0.1% eye drops	
difluprednate	
DUREZOL	
EYSUVIS	PA
fluorometholone	
flurbiprofen sodium	
FML	
ILEVRO	
INVELTYS	
ketorolac tromethamine (0.4% solution, 0.5% solution)	
PRED FORTE	
PRED MILD	

DRUG NAME	REQUIREMENTS/LIMITS
prednisolone acetate	
prednisolone sod 1% eye drop	
PROLENSA	
Ophthalmic Beta-Adrenergic Blocking Agents	
betaxolol hcl 0.5% eye drop	
BETOPTIC S	
carteolol hcl	
ISTALOL	
levobunolol hcl	
timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)	
TIMOPTIC	
TIMOPTIC OCUDOSE	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
ALPHAGAN P	
AZOPT	
brimonidine tartrate (0.15% drp, 0.2% eye drop)	
brimonidine tartrate 0.1% drop	
brinzolamide	
dorzolamide hcl	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	
RHOPRESSA	QL (15 PER 75 OVER TIME)
ROCKLATAN	QL (15 PER 75 OVER TIME)
SIMBRINZA	
Ophthalmic Prostaglandin and Prostamide Analogs	
bimatoprost 0.03% eye drops	QL (15 PER 75 OVER TIME)
latanoprost 0.005% eye drops	QL (15 PER 75 OVER TIME)

DRUG NAME	REQUIREMENTS/LIMITS
LUMIGAN	QL (15 PER 75 OVER TIME)
TRAVATAN Z	QL (15 PER 75 OVER TIME)
travoprost	QL (15 PER 75 OVER TIME)
Otic Agents	
acetic acid 2% ear solution	
CIPRODEX	
ciprofloxacin-dexamethasone	
flac otic oil	
fluocinolone acetonide oil	
hydrocortisone-acetic acid	
neomycin-polymyxin-hc ear susp	
neomycin-polymyxin-hydrocort	
ofloxacin 0.3% ear drops	
Respiratory Tract/ Pulmonary Agents	
Anti-inflammatories, Inhaled Corticosteroids	
ARNUITY ELLIPTA	QL (30 PER 30 DAYS)
ASMANEX	QL (1 PER 30 DAYS)
ASMANEX HFA	QL (13 PER 30 DAYS)
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	PA
flunisolide	QL (75 PER 30 DAYS)
fluticasone prop 50 mcg spray	QL (16 PER 30 DAYS)
fluticasone prop hfa 110 mcg	QL (12 PER 30 DAYS)
fluticasone prop hfa 220 mcg	QL (24 PER 30 DAYS)
fluticasone prop hfa 44 mcg	QL (10.6 PER 30 DAYS)
mometasone furoate 50 mcg spry	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	QL (21.2 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
XHANCE	QL (32 PER 30 DAYS)
Antihistamines	
azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)	QL (60 PER 30 DAYS)
clemastine fum 2.68 mg tab	PA
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	PA
desloratadine 5 mg tablet	
diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)	
levocetirizine 5 mg tablet	
olopatadine 665 mcg nasal spry	QL (30.5 PER 30 DAYS)
Antileukotrienes	
ACCOLATE	
montelukast sodium	
SINGULAIR	
zafirlukast	
Bronchodilators, Anticholinergic	
ATROVENT HFA	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	QL (30 PER 30 DAYS)
ipratropium 0.03% spray	QL (60 PER 30 DAYS)
ipratropium 0.06% spray	QL (45 PER 30 DAYS)
ipratropium br 0.02% soln	PA
SPIRIVA HANDIHALER	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic	
albuterol hfa 90 mcg inhaler (generic proair hfa)	QL (36 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	QL (36 PER 30 DAYS)
albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)	

DRUG NAME	REQUIREMENTS/LIMITS
albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)	PA
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	
PROAIR HFA	QL (36 PER 30 DAYS)
PROAIR RESPICLICK	QL (2 PER 30 DAYS)
SEREVENT DISKUS	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	
VENTOLIN HFA	QL (36 PER 30 DAYS)
XOPENEX HFA	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents	
KALYDECO	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	PA, QL (60 PER 30 DAYS)
PULMOZYME	PA
tobramycin 300 mg/5 ml ampule	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers	
cromolyn 20 mg/2 ml neb soln	PA
Phosphodiesterase Inhibitors, Airways Disease	
caffeine cit 60 mg/3 ml oral	
DALIRESP	PA, QL (30 PER 30 DAYS)
roflumilast	PA, QL (30 PER 30 DAYS)
THEO-24	

DRUG NAME	REQUIREMENTS/LIMITS
theophylline anhydrous (er 300 mg tab, er 450 mg tab)	
theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)	
Pulmonary Antihypertensives	
ADCIRCA	PA, QL (60 PER 30 DAYS)
ADEMPAS	PA, QL (90 PER 30 DAYS)
alyq	PA, QL (60 PER 30 DAYS)
ambrisentan	PA, QL (30 PER 30 DAYS)
bosentan	PA, QL (60 PER 30 DAYS)
LETAIRIS	PA, QL (30 PER 30 DAYS)
OPSUMIT	PA, QL (30 PER 30 DAYS)
REMODULIN	PA
sildenafil 20 mg tablet	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	PA, QL (120 PER 30 DAYS)
treprostinil	PA
VENTAVIS	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents	
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	PA, QL (90 PER 30 DAYS)
OFEV	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg capsule, 267 mg tablet)	PA, QL (270 PER 30 DAYS)
pirfenidone 801 mg tablet	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other	
acetylcysteine (10% vial, 20% vial)	PA
ADVAIR HFA	QL (12 PER 30 DAYS)
ANORO ELLIPTA	QL (60 PER 30 DAYS)

DRUG NAME	REQUIREMENTS/LIMITS
BREO ELLIPTA	QL (60 PER 30 DAYS)
breyna	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate	QL (10.3 PER 30 DAYS)
COMBIVENT RESPIMAT	QL (8 PER 30 DAYS)
DULERA	QL (13 PER 30 DAYS)
FASENRA	PA
FASENRA PEN	PA
fluticasone-salmeterol (100-50, 250-50, 500-50)	QL (60 PER 30 DAYS)
fluticasone-salmeterol (55-14, 113-14, 232-14)	QL (1 PER 30 DAYS)
ipratropium-albuterol	PA
LAGEVRIO (COMMERCIAL)	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	QL (30 PER 30 OVER TIME)
ribavirin 6 gm inhalation vial	
STIOLTO RESPIMAT	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	QL (60 PER 30 DAYS)
wixela inhub	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	
methocarbamol (500 mg tablet, 750 mg tablet)	

DRUG NAME	REQUIREMENTS/LIMITS
Sleep Disorder Agents	
Sleep Promoting Agents	
BELSOMRA	PA, QL (30 PER 30 DAYS)
DAYVIGO	PA, QL (30 PER 30 DAYS)
doxepin hcl (3 mg tablet, 6 mg tablet)	QL (30 PER 30 DAYS)
HETLIOZ	PA, QL (30 PER 30 DAYS)
ramelteon	QL (30 PER 30 DAYS)
ROZEREM	QL (30 PER 30 DAYS)
SILENOR	QL (30 PER 30 DAYS)
tasimelteon	PA, QL (30 PER 30 DAYS)
temazepam (15 mg capsule, 30 mg capsule)	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	QL (60 PER 30 DAYS)
zaleplon 5 mg capsule	QL (30 PER 30 DAYS)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents	
armodafinil	PA, QL (30 PER 30 DAYS)
modafinil	PA, QL (30 PER 30 DAYS)
NUVIGIL	PA, QL (30 PER 30 DAYS)
sodium oxybate	PA, QL (540 PER 30 DAYS)

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Retiree RxCare

This formulary was updated on 4/23/2024 . For more recent information or other questions, please call Retiree RxCare at 855-693-3921(TTY 711) anytime, Monday through Friday 8:00 am to 8:00 pm, or visit http://retireerxcare.amwins.com.