



Great Plains
Medicare Advantage



Great Plains Medicare Advantage (HMO I-SNP) 2023 Formulary List of Covered Drugs

Plans covered:

Great Plains Medicare Advantage of South Dakota
Great Plains Medicare Advantage of North Dakota
Great Plains Medicare Advantage of Nebraska

For the most current list of covered medications
or if you have questions, call our pharmacy
management team at (844) 642-9090.

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

Formulary ID# 00023389, V14

This formulary was updated on 08/01/2023.

- **Important Message About What You Pay for Vaccines:**
Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
- **Important Message About What You Pay for Insulin:**
You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.



For more recent information or other questions, please contact us, Great Plains Medicare Advantage Gold Member Service at (844) 637-4760 TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, Monday through Friday or visit greatplainsmedicareadvantage.com.

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, call our customer service department at (844) 637-4760 TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, Monday through Friday.



Resources at greatplainsmedicareadvantage.com

Select Member Resources and Prescription Drug Benefits to:

- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Welcome

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 Good Samaritan Insurance Plan of North Dakota, South Dakota and Nebraska LLC. When it refers to “plan” or “our plan,” it means Great Plains Medicare Advantage (HMO I-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of September 1, 2023. For an updated formulary, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

You must generally choose network pharmacies to use your prescription drug benefit. Benefits, formularies, pharmacy networks and/or copayments/coinsurance may change on Jan. 1, 2023, and from time to time during the year.

Welcome

What is the Great Plains Medicare Advantage (HMO I-SNP) Formulary?

A formulary is a list of covered drugs selected by the plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

The plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete list of all prescription drugs covered by the plan, please visit our website or call us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

About this formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan document also referred to as your Summary of Benefits.

Understanding your formulary

Can the Formulary (drug list) change?

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

Changes that can affect you this year: In the following 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.

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or if 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, move it to a different cost-sharing tier or both. Or we may also 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

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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 31-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.

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 Jan. 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 September 1, 2023. To get updated information about the drugs covered by the plan, please contact us. Our contact information appears on the front and back cover pages. The monthly formulary updates will be posted on our website, including the date it was updated.

Understanding your formulary

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 11. 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, Calcium Channel Blocking Agents. If you know what your drug is used for, look for the category name in the list that begins on page 11. 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 74. 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?

The plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Understanding your formulary

The formulary gives you choices so you and your provider can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

NDS	Non-Extended Day Supply — This prescription drug is not available for an extended days' supply.
PA	Prior Authorization — You or your provider must get pre-approval for the medicine with OptumRx before you can get the prescription filled. NOTE: While the member is ultimately responsible for obtaining prior approval from OptumRx, we are here to help you or your provider through this process.
QL	Quantity Limit/Amount Allowed — Medication may be limited to a certain quantity.
ST	Step Therapy — Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Understanding your formulary

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 Member Services and ask if your drug is covered. For more information, 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 learn that GPMA does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by GPMA. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by GPMA.
- You can ask GPMA 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 GPMA's Formulary?

- You can ask GPMA to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.
- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, GPMA 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, GPMA will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your

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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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

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

If you have questions about GPMA, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Understanding your formulary

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

GPMA Formulary

The formulary provides coverage information about the drugs covered by GPMA. If you have trouble finding your drug in the list, turn to the Index.

If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

This formulary was updated on Aug 1, 2023, and the drug list updated on 08/01/2023. For more recent information or other questions, please contact Great Plains Medicare Advantage Customer Service at (844) 637-4760 TTY: (888) 279-1549, seven days a week from 8 a.m. to 8 p.m. CST, or visit greatplainsmedicareadvantage.com. The formulary, pharmacy network and/or provider network may change at any time.

Drug Name	Requirements/Limits
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
<i>celecoxib capsule</i>	QL (60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	
<i>diclofenac sodium dr</i>	
<i>diclofenac sodium er</i>	
<i>diclofenac sodium gel 1%</i>	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	PA
<i>diflunisal tablet 500mg</i>	
<i>ec-naproxen tablet delayed release 500mg</i>	
<i>etodolac capsule, tablet</i>	
<i>flurbiprofen tablet</i>	
<i>ibu</i>	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	
<i>indomethacin er</i>	
<i>indomethacin capsule 25mg, 50mg</i>	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	
<i>ketorolac tromethamine tablet 10mg</i>	QL (20 EA per 30 days)
<i>meloxicam tablet</i>	
<i>nabumetone tablet</i>	
<i>naproxen sodium tablet 275mg, 550mg</i>	
<i>naproxen tablet delayed release 375mg</i>	
<i>naproxen tablet delayed release 500mg</i>	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	
<i>oxaprozin</i>	
<i>piroxicam capsule</i>	
<i>sulindac tablet</i>	
Opioid Analgesics, Long-acting	
BUPRENORPHINE	QL (4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	NDS
<i>methadone hcl tablet</i>	NDS
<i>methadone hcl solution</i>	NDS
<i>methadone hydrochloride intensol</i>	NDS
<i>methadone hydrochloride concentrate</i>	NDS
<i>methadose sugar-free</i>	NDS
<i>methadose concentrate 10mg/ml</i>	NDS
<i>morphine sulfate er tablet extended release</i>	NDS
<i>tramadol hydrochloride er</i>	NDS
XTAMPZA ER	NDS
Opioid Analgesics, Short-acting	
<i>acetaminophen/codeine</i>	NDS
<i>codeine sulfate tablet 60mg</i>	NDS
<i>endocet tablet 325mg; 5mg</i>	NDS

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Requirements/Limits
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	NDS
<i>hydromorphone hcl tablet 8mg</i>	NDS
<i>hydromorphone hydrochloride dosette</i>	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	NDS
<i>lorcet</i>	NDS
<i>lorcet hd</i>	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	NDS
<i>morphine sulfate oral solution, tablet</i>	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	NDS
<i>oxycodone hydrochloride solution</i>	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg</i>	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg</i>	NDS
<i>tramadol hcl tablet</i>	NDS
<i>tramadol hydrochloride/acetaminophen</i>	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	NDS
Anesthetics	
<i>Local Anesthetics</i>	
<i>glydo</i>	QL (30 ML per 30 days); PA
<i>lidocaine hcl jelly prefilled syringe</i>	QL (30 ML per 30 days); PA
<i>lidocaine hcl prefilled syringe</i>	QL (30 ML per 30 days); PA
<i>lidocaine-prilocaine-cream base cream</i>	QL (30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	QL (30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	QL (150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	PA
<i>premium lidocaine</i>	QL (150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents	
<i>Alcohol Deterrents/Anti-craving</i>	
<i>acamprosate calcium dr</i>	
<i>disulfiram tablet</i>	
<i>naltrexone hcl tablet</i>	

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Drug Name	Requirements/Limits
VIVITROL	
Opioid Dependence	
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	QL (90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	QL (90 EA per 30 days)
Opioid Reversal Agents	
<i>naloxone hcl injection 4mg/10ml</i>	
<i>naloxone hcl injection 2mg/2ml</i>	
NALOXONE HYDROCHLORIDE LIQUID	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	
<i>naloxone hydrochloride injection 2mg/2ml</i>	
Smoking Cessation Agents	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	QL (60 EA per 30 days)
NICOTROL NS	QL (360 ML per 365 days)
<i>varenicline starting month box</i>	QL (504 EA per 365 days)
<i>varenicline tartrate</i>	QL (504 EA per 365 days)
Antibacterials	
Aminoglycosides	
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	
<i>gentamicin sulfate pediatric</i>	
<i>gentamicin sulfate cream 0.1%</i>	
<i>gentamicin sulfate injection 40mg/ml</i>	
<i>gentamicin sulfate ointment 0.1%</i>	
<i>neomycin sulfate</i>	
<i>paromomycin sulfate</i>	
<i>streptomycin sulfate injection 1gm</i>	
<i>tobramycin sulfate injection</i>	
Antibacterials, Other	
<i>aztreonam</i>	
<i>clindacin etz pledgets</i>	
<i>clindamycin hcl capsule 300mg</i>	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	
<i>clindamycin palmitate hcl</i>	
<i>clindamycin phosphate cream 2%</i>	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	
<i>clindamycin phosphate swab 1%</i>	
<i>colistimethate sodium</i>	
DAPTOMYCIN INJECTION 350MG	

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Drug Name	Requirements/Limits
<i>daptomycin injection 500mg</i>	
IMPAVIDO	
KIMYRSA	
<i>lincomycin hcl injection</i>	
<i>linezolid tablet</i>	QL (56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	QL (1800 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	
<i>linezolid injection 600mg/300ml</i>	
<i>methenamine hippurate</i>	
<i>metronidazole vaginal</i>	
<i>metronidazole injection 500mg/100ml</i>	
<i>metronidazole tablet 250mg, 500mg</i>	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	
<i>nitrofurantoin monohydrate/macrocrystals</i>	
<i>nitrofurantoin monohydrate capsule</i>	
ORBACTIV	
<i>tinidazole</i>	
<i>trimethoprim tablet</i>	
<i>vancomycin hydrochloride capsule 125mg</i>	QL (120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	QL (240 EA per 30 days)
<i>vancomycin hydrochloride injection 250mg</i>	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	
VOQUEZNA DUAL PAK	PA
VOQUEZNA TRIPLE PAK	PA
XENLETA TABLET	
Beta-lactam, Cephalosporins	
<i>cefaclor capsule</i>	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	
<i>cefadroxil capsule, suspension reconstituted</i>	
<i>cefazolin sodium injection 1gm</i>	
CEFAZOLIN INJECTION 2GM	
<i>cefdinir capsule</i>	
<i>cefdinir suspension reconstituted</i>	
<i>cefepime</i>	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	
<i>cefixime capsule</i>	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	
<i>cefotetan injection 1gm, 2gm</i>	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	
<i>cefpodoxime proxetil suspension reconstituted</i>	
<i>cefpodoxime proxetil tablet</i>	
<i>cefprozil</i>	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	

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Drug Name	Requirements/Limits
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	
<i>ceftriaxone sodium injection 1gm, 250mg, 2gm, 500mg</i>	
<i>cefuroxime axetil tablet</i>	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	
<i>cephalexin capsule 250mg, 500mg</i>	
<i>cephalexin suspension reconstituted</i>	
FETROJA	
<i>tazicef injection 1gm, 2gm, 6gm</i>	
TEFLARO	
Beta-lactam, Penicillins	
<i>amoxicillin/clavulanate potassium er</i>	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	
<i>amoxicillin tablet chewable 125mg</i>	
<i>amoxicillin tablet chewable 250mg</i>	
<i>ampicillin sodium injection 1gm</i>	
<i>ampicillin-sulbactam</i>	
<i>ampicillin capsule 500mg</i>	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium</i>	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	
Carbapenems	
<i>ertapenem</i>	
<i>ertapenem sodium</i>	
<i>imipenem/cilastatin</i>	
<i>meropenem</i>	
Macrolides	

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Drug Name	Requirements/Limits
<i>azithromycin packet</i>	
<i>azithromycin suspension reconstituted</i>	
<i>azithromycin injection 500mg</i>	
<i>azithromycin tablet 250mg</i>	
<i>azithromycin tablet 500mg, 600mg</i>	
<i>clarithromycin er</i>	
<i>clarithromycin tablet</i>	
<i>clarithromycin suspension reconstituted</i>	
DIFICID	
<i>erythromycin dr</i>	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	
Quinolones	
BAXDELA TABLET	
CIPRO SUSPENSION RECONSTITUTED	
<i>ciprofloxacin hcl tablet 750mg</i>	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	
<i>ciprofloxacin i.v.-in d5w</i>	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	
<i>levofloxacin in d5w</i>	
<i>levofloxacin injection 25mg/ml</i>	
<i>levofloxacin oral solution 25mg/ml</i>	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	
<i>moxifloxacin hydrochloride tablet 400mg</i>	
<i>ofloxacin tablet 300mg, 400mg</i>	
Sulfonamides	
<i>sulfadiazine tablet</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>sulfamethoxazole/trimethoprim tablet</i>	
<i>sulfamethoxazole/trimethoprim suspension</i>	
Tetracyclines	
<i>demeclocycline hcl tablet</i>	
<i>demeclocycline hydrochloride tablet 300mg</i>	
<i>doxy 100</i>	
<i>doxycycline hyclate capsule 100mg</i>	
<i>doxycycline hyclate capsule 50mg</i>	
<i>doxycycline hyclate injection 100mg</i>	
<i>doxycycline hyclate tablet 100mg</i>	
<i>doxycycline monohydrate capsule 100mg</i>	
<i>doxycycline monohydrate capsule 50mg</i>	
<i>doxycycline monohydrate tablet 100mg</i>	
<i>doxycycline monohydrate tablet 50mg</i>	
<i>doxycycline suspension reconstituted</i>	

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Drug Name	Requirements/Limits
MINOCIN INJECTION	
<i>minocycline hcl capsule 75mg</i>	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	
<i>mondoxyne nl capsule 100mg</i>	
<i>morgidox 1x100mg capsule</i>	
<i>morgidox 2x100mg capsule</i>	
<i>tetracycline hydrochloride capsule</i>	
Anticonvulsants	
<i>Anticonvulsants, Other</i>	
BRIVIACT SOLUTION, TABLET	PA
EPIDIOLEX	PA
EPRONTIA	
<i>felbamate tablet</i>	
<i>felbamate suspension</i>	
FINTEPLA	PA
FYCOMPA SUSPENSION	
FYCOMPA TABLET 2MG	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	
<i>lamotrigine er</i>	
<i>lamotrigine odt</i>	
<i>lamotrigine starter kit/blue</i>	
<i>lamotrigine starter kit/green</i>	
<i>lamotrigine starter kit/orange</i>	
<i>lamotrigine titration</i>	
<i>lamotrigine tablet</i>	
<i>lamotrigine tablet chewable</i>	
<i>levetiracetam er</i>	
<i>levetiracetam solution, tablet</i>	
NAYZILAM	QL (10 EA per 30 days)
<i>roweepra</i>	
<i>roweepra xr</i>	
SPRITAM	
<i>subvenite</i>	
<i>subvenite starter kit/blue</i>	
<i>subvenite starter kit/green</i>	
<i>subvenite starter kit/orange</i>	
<i>topiramate tablet</i>	
<i>topiramate capsule sprinkle</i>	
XCOPRI TABLET	PA
XCOPRI TABLET THERAPY PACK 0	PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	PA
XCOPRI TABLET THERAPY PACK 0	PA; (100mg-150mg)
<i>Calcium Channel Modifying Agents</i>	

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Drug Name	Requirements/Limits
CELONTIN CAPSULE 300MG	
<i>ethosuximide</i>	
<i>methsuximide</i>	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>	
<i>clobazam</i>	
<i>clonazepam odt tablet disintegrating 2mg</i>	QL (300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	QL (90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	QL (300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	QL (90 EA per 30 days)
DIACOMIT	PA
<i>diazepam rectal gel</i>	
<i>divalproex sodium dr</i>	
<i>divalproex sodium er</i>	
<i>divalproex sodium capsule delayed release sprinkle</i>	
<i>gabapentin capsule 100mg, 300mg</i>	QL (360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	QL (270 EA per 30 days)
<i>gabapentin solution</i>	QL (2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	QL (150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	QL (180 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	
<i>primidone tablet 125mg</i>	
<i>primidone tablet 250mg, 50mg</i>	
SYMPAZAN	
<i>tiagabine hydrochloride</i>	
VALTOCO 10 MG DOSE	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE	QL (10 EA per 30 days)
<i>vigabatrin</i>	PA
VIGADRONE TABLET	PA
<i>vigadrone packet</i>	PA
<i>Sodium Channel Agents</i>	
APTIOM	
<i>carbamazepine er tablet extended release 12 hour</i>	
<i>carbamazepine er capsule extended release 12 hour</i>	
<i>carbamazepine tablet chewable</i>	
<i>carbamazepine suspension, tablet</i>	
DILANTIN CAPSULE 30MG	
<i>epitol</i>	
<i>lacosamide solution</i>	
<i>lacosamide tablet</i>	

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Drug Name	Requirements/Limits
<i>oxcarbazepine tablet</i>	
<i>oxcarbazepine suspension</i>	
PEGANONE TABLET 250MG	
<i>phenytoin infatabs</i>	
<i>phenytoin sodium extended</i>	
<i>phenytoin tablet chewable, suspension</i>	
<i>rufinamide suspension</i>	
<i>rufinamide tablet 200mg</i>	
<i>rufinamide tablet 400mg</i>	
ZONISADE	ST
<i>zonisamide</i>	
Antidementia Agents	
<i>Antidementia Agents, Other</i>	
<i>ergoloid mesylates tablet</i>	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	QL (30 EA per 30 days); ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	QL (56 EA per 365 days); ST
<i>Cholinesterase Inhibitors</i>	
<i>donepezil hcl tablet disintegrating</i>	
<i>donepezil hcl tablet 10mg</i>	
<i>donepezil hcl tablet 23mg</i>	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	
<i>galantamine hydrobromide er</i>	
<i>galantamine hydrobromide solution, tablet</i>	
<i>rivastigmine tartrate</i>	
<i>rivastigmine transdermal system</i>	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>	
<i>memantine hcl titration pak</i>	
<i>memantine hydrochloride er</i>	QL (30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	
Antidepressants	
<i>Antidepressants, Other</i>	
AUVELITY	QL (60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	QL (90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	
<i>maprotiline hcl</i>	

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Drug Name	Requirements/Limits
<i>mirtazapine odt</i>	
<i>mirtazapine tablet</i>	
SPRAVATO 56MG DOSE	PA
SPRAVATO 84MG DOSE	PA
<i>Monoamine Oxidase Inhibitors</i>	
EMSAM	QL (30 EA per 30 days); ST
MARPLAN	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>	
<i>citalopram hydrobromide tablet</i>	
<i>citalopram hydrobromide solution</i>	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	QL (120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	QL (90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	QL (60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	QL (90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	
<i>escitalopram oxalate solution</i>	
FETZIMA	QL (30 EA per 30 days); ST
FETZIMA TITRATION PACK	QL (56 EA per 365 days); ST
<i>fluoxetine hcl capsule 20mg</i>	
<i>fluoxetine hcl solution</i>	
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	
<i>fluoxetine hydrochloride solution</i>	
<i>fluvoxamine maleate</i>	
<i>nefazodone hydrochloride</i>	
<i>paroxetine hcl tablet 30mg, 40mg</i>	
<i>paroxetine hydrochloride suspension</i>	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	
<i>sertraline hcl concentrate</i>	
<i>sertraline hcl tablet 25mg, 50mg</i>	
<i>sertraline hydrochloride tablet 100mg</i>	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	
TRINTELLIX	QL (30 EA per 30 days)
VENLAFAXINE BESYLATE ER	ST
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	
<i>venlafaxine hydrochloride</i>	

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Drug Name	Requirements/Limits
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	
VIIBRYD STARTER PACK	QL (60 EA per 365 days)
<i>vilazodone hydrochloride</i>	QL (30 EA per 30 days)
Tricyclics	
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	
<i>amoxapine</i>	
<i>clomipramine hydrochloride</i>	
<i>desipramine hydrochloride</i>	
<i>doxepin hcl capsule 75mg</i>	
<i>doxepin hcl concentrate</i>	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	
<i>imipramine hcl tablet 25mg, 50mg</i>	
<i>imipramine hydrochloride tablet 10mg</i>	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	
<i>nortriptyline hcl solution</i>	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate capsule</i>	
Antiemetics	
Antiemetics, Other	
<i>compro</i>	
<i>meclizine hcl tablet</i>	
<i>phenadoz</i>	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	
<i>prochlorperazine maleate tablet</i>	
<i>prochlorperazine suppository 25mg</i>	
<i>promethazine hcl plain</i>	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	
<i>promethazine hcl tablet 12.5mg</i>	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	
<i>promethegan suppository 12.5mg, 25mg</i>	
<i>scopolamine</i>	
Emetogenic Therapy Adjuncts	
AKYNZEO CAPSULE	QL (2 EA per 30 days); B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	
<i>aprepitant capsule 40mg</i>	QL (1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	QL (2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	QL (6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	QL (8 EA per 30 days); B/D
DRONABINOL CAPSULE 10MG	QL (60 EA per 30 days); PA
<i>dronabinol capsule 2.5mg, 5mg</i>	QL (60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	QL (450 ML per 30 days); B/D

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

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Drug Name	Requirements/Limits
COLCHICINE TABLET 0.6MG	
<i>febuxostat</i>	
<i>probenecid/colchicine</i>	
<i>probenecid tablet</i>	
Antimigraine Agents	
<i>Ergot Alkaloids</i>	
<i>dihydroergotamine mesylate solution</i>	QL (8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	QL (24 EA per 28 days)
<i>Prophylactic</i>	
AIMOVIG INJECTION 140MG/ML	QL (1 ML per 30 days); PA
AIMOVIG INJECTION 70MG/ML	QL (2 ML per 30 days); PA
EMGALITY INJECTION 120MG/ML	QL (1 ML per 30 days); PA
EMGALITY INJECTION 100MG/ML	QL (3 ML per 30 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	
UBRELVY	QL (16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>	
<i>naratriptan hcl</i>	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	QL (18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJECTION 4MG/0.5ML, 6MG/0.5ML	QL (5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	QL (5 ML per 30 days)
SUMATRIPTAN SOLUTION	QL (12 EA per 30 days)
<i>zolmitriptan tablet</i>	QL (12 EA per 30 days)
<i>zolmitriptan solution 2.5mg</i>	QL (18 EA per 30 days)
Antimyasthenic Agents	
<i>Parasympathomimetics</i>	
GUANIDINE HCL	
<i>pyridostigmine bromide tablet 60mg</i>	
Antimycobacterials	
<i>Antimycobacterials, Other</i>	
<i>dapsone tablet</i>	
<i>rifabutin</i>	
<i>Antituberculars</i>	
CAPASTAT SULFATE	
<i>cycloserine</i>	
<i>ethambutol hydrochloride</i>	
ISONIAZID INJECTION	
<i>isoniazid tablet</i>	
<i>isoniazid syrup</i>	
PASER	
PRIFTIN	

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Drug Name	Requirements/Limits
<i>pyrazinamide tablet</i>	
<i>rifampin capsule</i>	
<i>rifampin injection</i>	
SIRTURO	
TRECATOR	
Antineoplastics	
<i>Alkylating Agents</i>	
<i>cyclophosphamide monohydrate injection</i>	
CYCLOPHOSPHAMIDE CAPSULE	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML	
CYCLOPHOSPHAMIDE INJECTION 500MG/2.5ML	
<i>cyclophosphamide injection 500mg/ml</i>	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	
IFOSFAMIDE INJECTION 3GM	
LEUKERAN	
MATULANE	
<i>thiotepa injection 100mg</i>	
VALCHLOR	PA
ZEPZELCA	PA
<i>Antiandrogens</i>	
<i>abiraterone acetate</i>	PA
<i>bicalutamide</i>	
ERLEADA	PA
<i>flutamide</i>	
<i>nilutamide</i>	
NUBEQA	PA
XTANDI	PA
<i>Antiangiogenic Agents</i>	
FOTIVDA	PA
<i>lenalidomide</i>	PA
POMALYST	PA
QINLOCK	PA
REVLIMID	PA
TABRECTA	QL (120 EA per 30 days); PA
THALOMID	PA
<i>Antiestrogens/Modifiers</i>	
EMCYT	
SOLTAMOX	
<i>tamoxifen citrate tablet</i>	
<i>toremifene citrate</i>	
<i>Antimetabolites</i>	
DROXIA	
<i>hydroxyurea capsule</i>	

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Drug Name	Requirements/Limits
INFUGEM INJECTION 1900MG/190ML; 0.9%	
<i>mercaptopurine tablet</i>	
<i>nelarabine</i>	
PURIXAN	
TABLOID	
<i>Antineoplastics, Other</i>	
<i>arsenic trioxide injection 10mg/10ml</i>	
ASPARLAS	
BESREMI	PA
COLUMVI	PA
EPKINLY	PA
GAVRETO	PA
IBRANCE TABLET 100MG, 125MG, 75MG	PA
IDHIFA	QL (30 EA per 30 days); PA
INREBIC	PA
IXEMPRA KIT INJECTION 15MG	
KIMMTRAK	PA
KISQALI FEMARA 200 DOSE	PA
KISQALI FEMARA 400 DOSE	PA
KISQALI FEMARA 600 DOSE	PA
KRAZATI	PA
LONSURF	PA
LUMAKRAS	PA
LYTGOBI	PA
NINLARO	PA
ONUREG	PA
PEMAZYRE	QL (30 EA per 30 days); PA
PHESGO	PA
RETEVMO	PA
ROMIDEPSIN INJECTION 27.5MG/5.5ML	PA
RYLAZE	
SCEMBLIX TABLET 40MG	PA
SCEMBLIX TABLET 20MG	QL (60 EA per 30 days); PA
SYNRIBO	PA
TAZVERIK	PA
TICE BCG	
TRUSELTIQ	PA
TUKYSA	PA
VANFLYTA	PA
VONJO	PA
XPOVIO	PA
XPOVIO 100 MG ONCE WEEKLY	PA
XPOVIO 40 MG ONCE WEEKLY	PA

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Drug Name	Requirements/Limits
XPOVIO 40 MG TWICE WEEKLY	PA
XPOVIO 60 MG ONCE WEEKLY	PA
XPOVIO 60 MG TWICE WEEKLY	PA
XPOVIO 80 MG ONCE WEEKLY	PA
XPOVIO 80 MG TWICE WEEKLY	PA
ZOLINZA	PA
Antineoplastics	
OPDUALAG	PA
ORSERDU	PA
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole tablet</i>	
<i>exemestane</i>	
<i>letrozole</i>	
Enzyme Inhibitors	
ETOPOPHOS	
Molecular Target Inhibitors	
AFINITOR DISPERZ	PA
ALECENSA	PA
ALUNBRIG TABLET THERAPY PACK	QL (60 EA per 365 days); PA
ALUNBRIG TABLET 30MG	QL (120 EA per 30 days); PA
ALUNBRIG TABLET 180MG, 90MG	QL (30 EA per 30 days); PA
AYVAKIT	QL (30 EA per 30 days); PA
BALVERSA	PA
BOSULIF	PA
BRAFTOVI	PA
BRUKINSA	PA
CABOMETYX	PA
CALQUENCE	PA
CAPRELSA TABLET 300MG	PA
CAPRELSA TABLET 100MG	QL (60 EA per 30 days); PA
COMETRIQ	PA
COPIKTRA	PA
COTELLIC	PA
DAURISMO	PA
ERIVEDGE	PA
<i>erlotinib hydrochloride tablet</i>	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL (30 EA per 30 days); PA
EXKIVITY	PA
FARYDAK	PA
FYARRO	PA
<i>gefitinib</i>	PA
GILOTRIF	QL (30 EA per 30 days); PA

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Drug Name	Requirements/Limits
IBRANCE CAPSULE 100MG, 125MG, 75MG	PA
ICLUSIG TABLET 30MG, 45MG	PA
ICLUSIG TABLET 10MG, 15MG	QL (30 EA per 30 days); PA
<i>imatinib mesylate</i>	PA
IMBRUVICA	PA
INLYTA	PA
INQOVI	PA
IRESSA	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	PA
JAKAFI TABLET 10MG	QL (60 EA per 30 days); PA
JAYPIRCA TABLET 100MG	PA
JAYPIRCA TABLET 50MG	QL (30 EA per 30 days); PA
KISQALI	PA
KOSELUGO	PA
<i>lapatinib ditosylate</i>	PA
LENVIMA 10 MG DAILY DOSE	PA
LENVIMA 12MG DAILY DOSE	PA
LENVIMA 14 MG DAILY DOSE	PA
LENVIMA 18 MG DAILY DOSE	PA
LENVIMA 20 MG DAILY DOSE	PA
LENVIMA 24 MG DAILY DOSE	PA
LENVIMA 4 MG DAILY DOSE	PA
LENVIMA 8 MG DAILY DOSE	PA
LORBRENA	PA
LYNPARZA TABLET	PA
MEKINIST	PA
MEKTOVI	PA
NERLYNX	QL (180 EA per 30 days); PA
ODOMZO	PA
PIQRAY 200MG DAILY DOSE	PA
PIQRAY 250MG DAILY DOSE	PA
PIQRAY 300MG DAILY DOSE	PA
REZLIDHIA	PA
ROZLYTREK	PA
RUBRACA	PA
RYDAPT	PA
<i>sorafenib</i>	PA
<i>sorafenib tosylate</i>	PA
SPRYCEL	PA
STIVARGA	PA
<i>sunitinib malate</i>	PA
TAFINLAR	PA
TAGRISSO TABLET 80MG	PA

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Drug Name	Requirements/Limits
TAGRISSE TABLET 40MG	QL (30 EA per 30 days); PA
TALZENNA	PA
TASIGNA	PA
TEPMETKO	PA
TIBSOVO	PA
TURALIO	PA
UKONIQ	PA
VENCLEXTA STARTING PACK	PA
VENCLEXTA TABLET 10MG	PA
VENCLEXTA TABLET 100MG, 50MG	PA
VERZENIO	PA
VITRAKVI	PA
VIZIMPRO	PA
VOTRIENT	PA
WELIREG	PA
XALKORI	PA
XOSPATA	PA
ZEJULA CAPSULE	PA
ZEJULA TABLET 200MG, 300MG	PA
ZEJULA TABLET 100MG	QL (30 EA per 30 days); PA
ZELBORAF	PA
ZYDELIG	PA
ZYKADIA	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>	
DANYELZA	PA
DARZALEX FASPRO	PA
JEMPERLI	PA
KANJINTI	PA
MONJUVI	PA
MVASI	PA
POLIVY	PA
RUXIENCE	PA
RYBREXANT	PA
SARCLISA	PA
TIVDAK	PA
TRAZIMERA	PA
TRODELVY	PA
ZIRABEV	PA
ZYNLONTA	PA
<i>Retinoids</i>	
<i>bexarotene</i>	PA
PANRETIN	
<i>tretinoin capsule 10mg</i>	

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Drug Name	Requirements/Limits
Treatment Adjuncts	
ELITEK	
leucovorin calcium tablet	
leucovorin calcium injection 500mg	
MESNEX TABLET	
Antiparasitics	
Anthelmintics	
albendazole tablet	
ivermectin tablet	PA
praziquantel tablet	
Antiprotozoals	
ALINIA SUSPENSION RECONSTITUTED	
atovaquone	
atovaquone/proguanil hcl	
BENZNIDAZOLE	
chloroquine phosphate tablet	
COARTEM	
hydroxychloroquine sulfate tablet 100mg, 200mg	
mefloquine hcl	
nitazoxanide	
pentamidine isethionate injection	
pentamidine isethionate inhalation solution reconstituted	B/D
primaquine phosphate tablet	
pyrimethamine tablet	PA
quinine sulfate capsule 324mg	PA
Antiparkinson Agents	
Anticholinergics	
benztropine mesylate tablet	
trihexyphenidyl hcl solution	
trihexyphenidyl hydrochloride	
Antiparkinson Agents, Other	
entacapone	
OSMOLEX ER	PA
Dopamine Agonists	
bromocriptine mesylate capsule, tablet	
KYNMOBI	QL (150 EA per 30 days); PA
KYNMOBI TITRATION KIT	QL (20 EA per 365 days); PA
NEUPRO	
pramipexole dihydrochloride	
ropinirole er	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	
ropinirole hydrochloride tablet 0.25mg, 3mg	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	

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Drug Name	Requirements/Limits
<i>carbidopa/levodopa</i>	
<i>carbidopa/levodopa er</i>	
<i>carbidopa/levodopa odt</i>	
<i>carbidopa tablet</i>	
INBRIJA	PA
RYTARY	ST
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>	
<i>rasagiline mesylate tablet</i>	
<i>selegiline hcl capsule, tablet</i>	
Antipsychotics	
<i>1st Generation/Typical</i>	
<i>chlorpromazine hcl tablet</i>	
<i>chlorpromazine hydrochloride concentrate</i>	
<i>fluphenazine decanoate injection</i>	
<i>fluphenazine hcl concentrate, injection, tablet</i>	
<i>fluphenazine hydrochloride elixir</i>	
<i>haloperidol decanoate injection</i>	
<i>haloperidol lactate</i>	
<i>haloperidol concentrate</i>	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	
<i>haloperidol tablet 20mg</i>	
<i>loxapine</i>	
<i>molindone hydrochloride</i>	
<i>perphenazine tablet 2mg, 4mg</i>	
<i>perphenazine tablet 16mg, 8mg</i>	
<i>pimozide</i>	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 10mg</i>	
<i>trifluoperazine hydrochloride tablet 1mg</i>	
<i>2nd Generation/Atypical</i>	
ABILIFY MAINTENA	
<i>aripiprazole odt</i>	QL (60 EA per 30 days)
<i>aripiprazole tablet</i>	QL (30 EA per 30 days)
<i>aripiprazole solution</i>	QL (750 ML per 30 days)
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate sl</i>	QL (60 EA per 30 days)
CAPLYTA	QL (30 EA per 30 days); PA
FANAPT	QL (60 EA per 30 days); ST
FANAPT TITRATION PACK	QL (8 EA per 180 days); ST
INVEGA HAFYERA	ST

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Drug Name	Requirements/Limits
INVEGA SUSTENNA INJECTION 39MG/0.25ML	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	
INVEGA TRINZA	
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	QL (30 EA per 30 days)
LATUDA TABLET 80MG	QL (60 EA per 30 days)
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	QL (60 EA per 30 days)
LYBALVI	QL (30 EA per 30 days); ST
NUPLAZID	PA
<i>olanzapine odt</i>	QL (30 EA per 30 days)
<i>olanzapine tablet</i>	QL (30 EA per 30 days)
<i>olanzapine injection</i>	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	QL (60 EA per 30 days)
PERSERIS	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	QL (90 EA per 30 days)
REXULTI	QL (30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	
<i>risperidone odt tablet disintegrating 0.25mg</i>	QL (60 EA per 30 days)
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	QL (60 EA per 30 days)
<i>risperidone tablet</i>	QL (60 EA per 30 days)
<i>risperidone solution</i>	QL (240 ML per 30 days)
SECUADO	QL (30 EA per 30 days); ST
VRAYLAR CAPSULE THERAPY PACK	QL (14 EA per 365 days); ST
VRAYLAR CAPSULE	QL (30 EA per 30 days); ST
<i>ziprasidone hcl</i>	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	
Treatment-Resistant	
<i>clozapine odt tablet disintegrating 150mg</i>	QL (180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	QL (270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	QL (90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	QL (120 EA per 30 days)
<i>clozapine tablet 25mg</i>	QL (270 EA per 30 days)
<i>clozapine tablet 50mg</i>	QL (180 EA per 30 days)
<i>clozapine tablet 200mg</i>	QL (120 EA per 30 days)

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Drug Name	Requirements/Limits
<i>clozapine tablet 100mg</i>	QL (270 EA per 30 days)
VERSACLOZ	QL (540 ML per 30 days)
Antispasticity Agents	
<i>Antispasticity Agents</i>	
<i>baclofen tablet 10mg, 20mg</i>	
<i>baclofen tablet 5mg</i>	
<i>dantrolene sodium capsule</i>	
<i>tizanidine hcl tablet 2mg</i>	
<i>tizanidine hydrochloride tablet 4mg</i>	
Antivirals	
<i>Anti-cytomegalovirus (CMV) Agents</i>	
<i>cidofovir</i>	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	B/D
LIVTENCITY	
PREVYMIS	
<i>valganciclovir</i>	
<i>valganciclovir hydrochloride</i>	
<i>Anti-hepatitis B (HBV) Agents</i>	
<i>adefovir dipivoxil</i>	
BARACLUDE SOLUTION	QL (600 ML per 30 days)
<i>entecavir</i>	QL (30 EA per 30 days)
EPIVIR HBV SOLUTION	
<i>lamivudine tablet 100mg</i>	
VEMLIDY	
<i>Anti-hepatitis C (HCV) Agents</i>	
MAVYRET TABLET	QL (336 EA per 365 days); PA
MAVYRET PACKET	QL (560 EA per 365 days); PA
REBETOL SOLUTION	
<i>ribavirin tablet 200mg</i>	
SOFOSBUVIR/VELPATASVIR	QL (84 EA per 365 days); PA
VOSEVI	QL (84 EA per 365 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>	
APRETUDE	
BIKTARVY	QL (30 EA per 30 days)
CABENUVA	
DOVATO	QL (30 EA per 30 days)
GENVOYA	QL (30 EA per 30 days)
ISENTRESS HD	
ISENTRESS PACKET, TABLET	
ISENTRESS TABLET CHEWABLE 25MG	
ISENTRESS TABLET CHEWABLE 100MG	
JULUCA	QL (30 EA per 30 days)
STRIBILD	QL (30 EA per 30 days)

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Drug Name	Requirements/Limits
TIVICAY PD	
TIVICAY TABLET 10MG	
TIVICAY TABLET 25MG, 50MG	
VOCABRIA	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>	
COMPLERA	QL (30 EA per 30 days)
DELSTRIGO	QL (30 EA per 30 days)
EDURANT	
<i>efavirenz</i>	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	QL (30 EA per 30 days)
<i>etravirine tablet 100mg</i>	
<i>etravirine tablet 200mg</i>	
INTELENCE TABLET 25MG	
<i>nevirapine er</i>	
<i>nevirapine suspension</i>	
<i>nevirapine tablet</i>	
PIFELTRO	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>	
<i>abacavir</i>	
<i>abacavir sulfate/lamivudine</i>	QL (30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	QL (60 EA per 30 days)
CIMDUO	QL (30 EA per 30 days)
DESCOVY	QL (30 EA per 30 days)
<i>didanosine capsule delayed release 200mg, 250mg, 400mg</i>	
<i>emtricitabine</i>	
<i>emtricitabine/tenofovir disoproxil</i>	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	QL (30 EA per 30 days)
EMTRIVA SOLUTION	
<i>lamivudine/zidovudine</i>	QL (60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	
<i>lamivudine tablet 150mg, 300mg</i>	
ODEFSEY	QL (30 EA per 30 days)
RETROVIR IV INFUSION	
<i>stavudine capsule</i>	
TEMIXYS	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	
TRIUMEQ	QL (30 EA per 30 days)
TRIUMEQ PD	QL (180 EA per 30 days)
TRIZIVIR	QL (60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	

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Drug Name	Requirements/Limits
VIDEX PEDIATRIC	
VIREAD POWDER	
VIREAD TABLET 150MG, 200MG, 250MG	
<i>zidovudine</i>	
Anti-HIV Agents, Other	
FUZEON	
<i>maraviroc</i>	
RUKOBIA	
SELZENTRY SOLUTION	
SELZENTRY TABLET 25MG	
SELZENTRY TABLET 75MG	
SUNLENCA	
TROGARZO	
TYBOST	
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS	
<i>atazanavir</i>	
<i>atazanavir sulfate capsule 300mg</i>	
<i>darunavir tablet 600mg</i>	
<i>darunavir tablet 800mg</i>	
EVOTAZ	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	
INVIRASE TABLET	
LEXIVA SUSPENSION	
<i>lopinavir/ritonavir</i>	
NORVIR PACKET, SOLUTION	
PREZCOBIX	QL (30 EA per 30 days)
PREZISTA SUSPENSION	
PREZISTA TABLET 150MG, 75MG	
PREZISTA TABLET 600MG, 800MG	
REYATAZ PACKET	
<i>ritonavir</i>	
SYMTUZA	QL (30 EA per 30 days)
VIRACEPT	
Anti-influenza Agents	
<i>amantadine hcl capsule, solution</i>	
<i>oseltamivir phosphate capsule 75mg</i>	QL (110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	QL (168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	QL (84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	QL (1080 ML per 365 days)
RELENZA DISKHALER	QL (240 EA per 365 days)
<i>rimantadine hydrochloride</i>	
TAMIFLU CAPSULE 75MG	QL (110 EA per 365 days)

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Drug Name	Requirements/Limits
TAMIFLU CAPSULE 30MG	QL (168 EA per 365 days)
TAMIFLU CAPSULE 45MG	QL (84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	QL (1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	QL (2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	QL (4 EA per 365 days)
Antitherpetic Agents	
<i>acyclovir sodium injection 50mg/ml</i>	B/D
<i>acyclovir capsule 200mg</i>	
<i>acyclovir suspension 200mg/5ml</i>	
<i>acyclovir tablet 400mg, 800mg</i>	
<i>famciclovir tablet</i>	
<i>valacyclovir hcl tablet 1gm</i>	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	QL (120 EA per 30 days)
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl tablet 15mg</i>	
<i>buspirone hcl tablet 30mg</i>	
<i>buspirone hydrochloride tablet 10mg, 5mg</i>	
<i>buspirone hydrochloride tablet 7.5mg</i>	
<i>hydroxyzine pamoate capsule</i>	
Benzodiazepines	
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	QL (120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl capsule 5mg</i>	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	QL (900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	QL (180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	QL (720 EA per 30 days)
<i>diazepam intensol</i>	
<i>diazepam concentrate, oral solution</i>	
<i>diazepam injection 5mg/ml</i>	
<i>diazepam tablet 10mg</i>	QL (120 EA per 30 days)
<i>diazepam tablet 5mg</i>	QL (240 EA per 30 days)
<i>diazepam tablet 2mg</i>	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	
<i>lorazepam tablet 2mg</i>	QL (150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	QL (90 EA per 30 days)
Bipolar Agents	
Mood Stabilizers	
<i>lithium</i>	
<i>lithium carbonate er</i>	
<i>lithium carbonate capsule, tablet</i>	

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Drug Name	Requirements/Limits
<i>valproic acid capsule, solution</i>	
Blood Glucose Regulators	
<i>Antidiabetic Agents</i>	
<i>acarbose tablet</i>	
CYCLOSET	
FARXIGA	
<i>glimepiride</i>	
<i>glipizide er</i>	
<i>glipizide xl</i>	
<i>glipizide/metformin hydrochloride</i>	
<i>glipizide tablet</i>	
<i>glyburide/metformin hydrochloride</i>	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	
GLYXAMBI	
INVOKAMET	ST
INVOKAMET XR	ST
INVOKANA	ST
JANUMET	
JANUMET XR	
JANUVIA	QL (30 EA per 30 days)
JARDIANCE	
JENTADUETO	
JENTADUETO XR	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	
<i>miglitol</i>	
MOUNJARO	QL (2 ML per 28 days); ST
<i>nateglinide</i>	
OZEMPIC INJECTION 2MG/1.5ML	QL (1.5 ML per 28 days); ST
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	QL (3 ML per 28 days); ST
<i>pioglitazone hcl/metformin hcl</i>	
<i>pioglitazone hcl tablet 45mg</i>	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	
<i>repaglinide</i>	
RYBELSUS TABLET 14MG, 7MG	QL (30 EA per 30 days); ST
RYBELSUS TABLET 3MG	QL (60 EA per 365 days); ST
SOLIQUA 100/33	ST
SYMLINPEN 120	PA
SYMLINPEN 60	PA
SYNJARDY	
SYNJARDY XR	

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Drug Name	Requirements/Limits
<i>tolazamide tablet 250mg, 500mg</i>	
<i>tolbutamide</i>	
TRADJENTA	QL (30 EA per 30 days)
TRIJARDY XR	
TRULICITY	QL (2 ML per 28 days); ST
VICTOZA	QL (9 ML per 30 days); ST
XIGDUO XR	
<i>Glycemic Agents</i>	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide suspension</i>	
GLUCAGEN HYPOKIT	ST
GLUCAGON EMERGENCY KIT	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	
GVOKE HYPOPEN 1-PACK	
GVOKE HYPOPEN 2-PACK	
GVOKE KIT	
GVOKE PFS	
<i>Insulins</i>	
HUMALOG	
HUMALOG JUNIOR KWIKPEN	
HUMALOG KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
LANTUS	
LANTUS SOLOSTAR	
LEVEMIR	
LEVEMIR FLEXPEN	
LEVEMIR FLEXTOUCH	
LYUMJEV	
LYUMJEV KWIKPEN	
NOVOLIN 70/30	

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Drug Name	Requirements/Limits
NOVOLIN 70/30 FLEXPEN	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLOG	
NOVOLOG FLEXPEN	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
NOVOLOG PENFILL	
TOUJEO MAX SOLOSTAR	
TOUJEO SOLOSTAR	
TRESIBA	
TRESIBA FLEXTOUCH	
Blood Products and Modifiers	
<i>Anticoagulants</i>	
ELIQUIS STARTER PACK	QL (148 EA per 365 days)
ELIQUIS TABLET 2.5MG	QL (60 EA per 30 days)
ELIQUIS TABLET 5MG	QL (90 EA per 30 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	QL (10.5 ML per 90 days)
<i>enoxaparin sodium injection 300mg/3ml</i>	QL (105 ML per 90 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	QL (14 ML per 90 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	QL (21 ML per 90 days)
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	QL (28 ML per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	QL (35 ML per 90 days)
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	QL (17.5 ML per 90 days)
<i>fondaparinux sodium injection 5mg/0.4ml</i>	QL (14 ML per 90 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	QL (21 ML per 90 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	QL (28 ML per 90 days)
FRAGMIN INJECTION 2500UNIT/0.2ML	QL (7 ML per 90 days)
FRAGMIN INJECTION 7500UNIT/0.3ML	QL (10.5 ML per 90 days)
FRAGMIN INJECTION 12500UNIT/0.5ML	QL (17.5 ML per 90 days)
FRAGMIN INJECTION 15000UNIT/0.6ML	QL (21 ML per 90 days)
FRAGMIN INJECTION 95000UNIT/3.8ML	QL (22.8 ML per 90 days)
FRAGMIN INJECTION 18000UNIT/0.72ML	QL (25.3 ML per 90 days)
FRAGMIN INJECTION 10000UNIT/ML	QL (35 ML per 90 days)
FRAGMIN INJECTION 5000UNIT/0.2ML	QL (7 ML per 90 days)
<i>heparin sodium injection 5000unit/ml</i>	
<i>jantoven</i>	
<i>warfarin sodium tablet</i>	
XARELTO STARTER PACK	QL (102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	QL (30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	QL (60 EA per 30 days)

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Drug Name	Requirements/Limits
<i>Blood Products and Modifiers, Other</i>	
<i>anagrelide hydrochloride</i>	
NEULASTA	PA
NEULASTA ONPRO KIT	PA
OXBRYTA TABLET SOLUBLE	QL (240 EA per 30 days); PA
OXBRYTA TABLET 300MG	QL (240 EA per 30 days); PA
PROCRT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCRT INJECTION 40000UNIT/ML	PA
PROMACTA	PA
PYRUKYND TAPER PACK	QL (30 EA per 30 days); PA
PYRUKYND TABLET 50MG	QL (120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	QL (60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
RETACRIT INJECTION 40000UNIT/ML	PA
ROLVEDON	PA
UDENYCA	PA
ZARXIO	
<i>Hemostasis Agents</i>	
<i>tranexamic acid tablet</i>	
<i>Platelet Modifying Agents</i>	
<i>aspirin/dipyridamole</i>	
<i>aspirin/dipyridamole er</i>	
BRILINTA	
CABLIVI	QL (30 EA per 30 days); PA
<i>cilostazol</i>	
<i>clopidogrel tablet 75mg</i>	
<i>clopidogrel tablet 300mg</i>	
<i>prasugrel</i>	
TAVALISSE	PA
Cardiovascular Agents	
<i>Alpha-adrenergic Agonists</i>	
<i>clonidine hcl patch weekly</i>	
<i>clonidine hydrochloride tablet</i>	
<i>droxidopa</i>	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	
<i>methyldopa tablet 250mg, 500mg</i>	
<i>midodrine hcl</i>	
<i>Alpha-adrenergic Blocking Agents</i>	
<i>prazosin hydrochloride capsule</i>	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	
<i>terazosin hydrochloride capsule 2mg</i>	

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Drug Name	Requirements/Limits
Angiotensin II Receptor Antagonists	
candesartan cilexetil	
EDARBI	
irbesartan	
losartan potassium tablet	
olmesartan medoxomil tablet	
telmisartan	
valsartan tablet	
Angiotensin-converting Enzyme (ACE) Inhibitors	
benazepril hcl tablet 10mg, 40mg, 5mg	
benazepril hydrochloride tablet 20mg	
captopril tablet	
enalapril maleate tablet	
fosinopril sodium	
lisinopril tablet	
moexipril hcl	
perindopril erbumine	
quinapril hcl tablet 20mg, 40mg	
quinapril hydrochloride tablet 10mg, 5mg	
ramipril	
trandolapril	
Antiarrhythmics	
amiodarone hydrochloride tablet 200mg	
amiodarone hydrochloride tablet 100mg, 400mg	
digitek tablet 0.125mg	
digitek tablet 0.25mg	
digox	
digoxin solution	
digoxin tablet 125mcg, 250mcg, 62.5mcg	
disopyramide phosphate capsule	
dofetilide	
flecainide acetate	
mexiletine hcl capsule 150mg	
mexiletine hcl capsule 200mg, 250mg	
MULTAQ	
pacerone tablet 200mg	
pacerone tablet 100mg, 400mg	
propafenone hcl	
propafenone hydrochloride er	
quinidine sulfate tablet	
sorine	
sotalol hcl	
sotalol hydrochloride (af)	

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Drug Name	Requirements/Limits
sotalol hydrochloride tablet 120mg, 160mg, 80mg	
Beta-adrenergic Blocking Agents	
acebutolol hcl capsule 400mg	
acebutolol hydrochloride	
atenolol tablet	
betaxolol hcl tablet 10mg, 20mg	
bisoprolol fumarate	
carvedilol	
carvedilol phosphate er	
labetalol hydrochloride tablet	
metoprolol succinate er	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg	
metoprolol tartrate tablet 75mg	
nadolol tablet 20mg, 40mg	
nadolol tablet 80mg	
nebivolol hydrochloride	
nebivolol tablet 5mg	
pindolol tablet	
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	
propranolol hcl tablet 40mg	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	
Calcium Channel Blocking Agents, Dihydropyridines	
amlodipine besylate tablet	
felodipine er	
isradipine	
nicardipine hcl capsule	
nifedipine er	
nimodipine capsule	
NYMALIZE SOLUTION 60MG/20ML	
Calcium Channel Blocking Agents, Nondihydropyridines	
cartia xt	
dilt-xr	
diltiazem hcl cd	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	
diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour	
diltiazem hcl tablet	
diltiazem hydrochloride er capsule extended release 24 hour	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	

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Drug Name	Requirements/Limits
<i>matzim la</i>	
<i>taztia xt</i>	
<i>tiadylt er</i>	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	
<i>verapamil hcl sr capsule extended release 24 hour</i>	
<i>verapamil hcl tablet 40mg, 80mg</i>	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	
<i>verapamil hydrochloride tablet</i>	
Cardiovascular Agents, Other	
<i>acetazolamide</i>	
ADRENALIN INJECTION 1MG/ML	
<i>aliskiren</i>	
<i>amiloride/hydrochlorothiazide</i>	
<i>amlodipine besylate/benazepril hydrochloride</i>	
<i>amlodipine besylate/valsartan</i>	
<i>amlodipine/olmesartan medoxomil</i>	
<i>atenolol/chlorthalidone</i>	
<i>benazepril hcl/hydrochlorothiazide</i>	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	
CAMZYOS	QL (30 EA per 30 days); PA
<i>candesartan cilexetil/hydrochlorothiazide</i>	
<i>captopril/hydrochlorothiazide</i>	
CORLANOR SOLUTION	QL (450 ML per 30 days); PA
CORLANOR TABLET	QL (60 EA per 30 days); PA
EDARBYCLOR	
<i>enalapril maleate/hydrochlorothiazide</i>	
ENTRESTO	QL (60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	
<i>fosinopril sodium/hydrochlorothiazide</i>	
<i>irbesartan/hydrochlorothiazide</i>	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	
KERENDIA	QL (30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	
<i>losartan potassium/hydrochlorothiazide</i>	
<i>metyrosine</i>	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	
<i>pentoxifylline er</i>	
<i>quinapril/hydrochlorothiazide</i>	
<i>ranolazine er</i>	
<i>spironolactone/hydrochlorothiazide</i>	
<i>telmisartan/hydrochlorothiazide</i>	

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Drug Name	Requirements/Limits
trandolapril/verapamil hcl er	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	
triamterene/hydrochlorothiazide tablet	
valsartan/hydrochlorothiazide	
VYNDAMAX	QL (30 EA per 30 days); PA
Diuretics, Loop	
bumetanide injection, tablet	
furosemide tablet	
furosemide oral solution	
furosemide injection	
torsemide tablet	
Diuretics, Potassium-sparing	
amiloride hcl tablet	
eplerenone	
spironolactone tablet	
Diuretics, Thiazide	
chlorothiazide tablet	
chlorthalidone tablet 25mg, 50mg	
hydrochlorothiazide capsule, tablet	
indapamide tablet	
metolazone	
Dyslipidemics, Fibric Acid Derivatives	
fenofibrate micronized capsule 134mg, 200mg, 67mg	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	
fenofibric acid dr	
gemfibrozil tablet	
Dyslipidemics, HMG CoA Reductase Inhibitors	
atorvastatin calcium	
fluvastatin	
fluvastatin sodium er	
LIVALO	ST
lovastatin tablet	
pravastatin sodium	
rosuvastatin calcium	
simvastatin tablet	
Dyslipidemics, Other	
cholestyramine light	
cholestyramine packet, powder	
colesevelam hydrochloride tablet	
colestipol hcl	
ezetimibe	
ezetimibe/simvastatin	
icosapent ethyl	

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Drug Name	Requirements/Limits
JUXTAPID CAPSULE 10MG, 40MG, 5MG, 60MG	QL (30 EA per 30 days); PA
JUXTAPID CAPSULE 20MG, 30MG	QL (60 EA per 30 days); PA
NEXLETOL	QL (30 EA per 30 days); PA
NEXLIZET	QL (30 EA per 30 days); PA
<i>niacin er</i>	
<i>omega-3-acid ethyl esters</i>	
PRALUENT	QL (2 ML per 28 days); PA
<i>prevalite</i>	
REPATHA	QL (3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	QL (7 ML per 28 days); PA
REPATHA SURECLICK	QL (3 ML per 28 days); PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>	
DILATRATE SR	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg, 60mg</i>	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg</i>	
NITRO-BID	
<i>nitroglycerin lingual solution</i>	
<i>nitroglycerin transdermal</i>	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	
VERQUVO	QL (30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>	
<i>hydralazine hcl injection</i>	
<i>hydralazine hcl tablet 10mg</i>	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	
<i>hydralazine hydrochloride tablet 100mg</i>	
<i>minoxidil tablet</i>	
Central Nervous System Agents	
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>	
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	QL (60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	QL (60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	QL (60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	QL (60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	QL (60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	QL (60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	QL (90 EA per 30 days)

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Drug Name	Requirements/Limits
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hydrochloride capsule 25mg</i>	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	QL (60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	QL (30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg, 72mg</i>	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	
Central Nervous System, Other	
AUSTEDO	QL (120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	
INGREZZA CAPSULE 60MG, 80MG	QL (30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	QL (60 EA per 30 days); PA
NUEDEXTA	PA
RADICAVA ORS	PA
RADICAVA ORS STARTER KIT	PA
RELYVRIO	QL (60 EA per 30 days); PA
<i>riluzole</i>	PA
<i>tetrabenazine tablet 12.5mg</i>	PA
<i>tetrabenazine tablet 25mg</i>	PA
ZTALMY	PA
Fibromyalgia Agents	
<i>pregabalin capsule 300mg</i>	QL (60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	QL (90 EA per 30 days)
<i>pregabalin solution</i>	QL (900 ML per 30 days)
SAVELLA	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	QL (110 EA per 365 days)
Multiple Sclerosis Agents	
AUBAGIO	QL (30 EA per 30 days); PA
AVONEX	QL (4 EA per 28 days); PA
AVONEX PEN	QL (4 EA per 28 days); PA
BAFIERTAM	QL (120 EA per 30 days); PA

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Drug Name	Requirements/Limits
BETASERON	QL (15 EA per 30 days); PA
<i>dalfampridine er</i>	QL (60 EA per 30 days); PA
<i>dimethyl fumarate</i>	QL (60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	QL (120 EA per 365 days); PA
<i>fingolimod</i>	QL (30 EA per 30 days); PA
GILENYA	QL (30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	QL (12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	QL (30 ML per 30 days); PA
KESIMPTA	QL (0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL (14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL (24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	QL (120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	QL (30 EA per 30 days); PA
OCREVUS	PA
PLEGRIDY	QL (1 ML per 28 days); PA
PLEGRIDY STARTER PACK INJECTION 0	QL (2 ML per 365 days); PA
PLEGRIDY STARTER PACK INJECTION 0	QL (4 ML per 365 days); PA
REBIF	QL (6 ML per 28 days); PA
REBIF REBIDOSE	QL (6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	QL (8.4 ML per 365 days); PA
REBIF TITRATION PACK	QL (8.4 ML per 365 days); PA
<i>teriflunomide</i>	QL (30 EA per 30 days); PA
TYSABRI	PA
VUMERITY	QL (120 EA per 30 days); PA
ZEPOSIA	QL (30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	QL (14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL (56 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL (74 EA per 365 days); PA
Dental and Oral Agents	
<i>Dental and Oral Agents</i>	
<i>chlorhexidine gluconate solution</i>	
DENTA 5000 PLUS	
<i>doxycycline hyclate tablet 20mg</i>	
KEPIVANCE	
<i>lidocaine hydrochloride viscous</i>	
<i>lidocaine viscous</i>	
<i>oralone dental paste</i>	
<i>paroex</i>	
<i>pilocarpine hydrochloride</i>	
PREVIDENT 5000 PLUS	
<i>sf 5000 plus</i>	
<i>sodium fluoride 5000 plus</i>	
<i>sodium fluoride 5000 ppm cream</i>	

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Drug Name	Requirements/Limits
<i>triamcinolone acetonide dental paste</i>	
Dermatological Agents	
<i>Acne and Rosacea Agents</i>	
ACCUTANE	
<i>acitretin</i>	
<i>amnestem</i>	
<i>azelaic acid</i>	
<i>claravis</i>	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	
<i>clindamycin/benzoyl peroxide</i>	
<i>erythromycin/benzoyl peroxide</i>	
FINACEA FOAM	QL (50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	
<i>metronidazole cream 0.75%</i>	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole gel 1%</i>	
<i>metronidazole lotion 0.75%</i>	
<i>myorisan</i>	
<i>rosadan</i>	
<i>tazarotene cream, gel</i>	
<i>tretinoin cream 0.025%</i>	PA
<i>tretinoin cream 0.05%</i>	PA
<i>zenatane</i>	
<i>Dermatitis and Pruitus Agents</i>	
<i>ala-cort cream 2.5%</i>	
<i>alclometasone dipropionate</i>	
<i>amcinonide lotion</i>	
<i>ammonium lactate cream, lotion</i>	
<i>betamethasone dipropionate augmented cream</i>	
<i>betamethasone dipropionate augmented ointment</i>	
<i>betamethasone dipropionate augmented gel</i>	
<i>betamethasone dipropionate cream, lotion</i>	
<i>betamethasone dipropionate ointment</i>	
<i>betamethasone valerate ointment</i>	
<i>betamethasone valerate cream, lotion</i>	
CIBINQO	QL (30 EA per 30 days); PA
<i>clobetasol propionate e</i>	
<i>clobetasol propionate cream, ointment</i>	
<i>clobetasol propionate gel, solution</i>	
<i>clobetasol propionate shampoo</i>	
<i>desonide cream</i>	
<i>desonide ointment</i>	QL (120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	QL (100 GM per 30 days)

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Drug Name	Requirements/Limits
<i>desoximetasone ointment 0.25%</i>	
EUCRISA	PA
<i>fluocinolone acetonide body</i>	
<i>fluocinolone acetonide scalp</i>	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	
<i>fluocinolone acetonide ointment 0.025%</i>	
<i>fluocinolone acetonide solution 0.01%</i>	
<i>fluocinonide cream 0.05%</i>	
<i>fluocinonide cream 0.1%</i>	QL (120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate ointment 0.005%</i>	
<i>halobetasol propionate cream</i>	
<i>halobetasol propionate ointment</i>	
<i>hydrocortisone valerate cream</i>	QL (60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone ointment 2.5%</i>	
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate ointment 0.1%</i>	
<i>mometasone furoate solution 0.1%</i>	
OPZELURA	QL (240 GM per 30 days); PA
<i>selenium sulfide</i>	
<i>tacrolimus ointment 0.03%, 0.1%</i>	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	
<i>triderm</i>	
<i>Dermatological Agents, Other</i>	
<i>calcipotriene solution</i>	QL (60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	QL (120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	
<i>diclofenac sodium gel 3%</i>	QL (300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	QL (40 GM per 30 days)
<i>fluorouracil solution 2%</i>	
<i>fluorouracil solution 5%</i>	
<i>imiquimod cream 5%</i>	
KLISYRI	ST
<i>nystatin/triamcinolone</i>	
OTEZLA TABLET 30MG	QL (60 EA per 30 days); PA
PICATO	ST
<i>podofilox</i>	

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Drug Name	Requirements/Limits
SANTYL	
silver sulfadiazine	
ssd	
urea lotion 40%	
Pediculicides/Scabicides	
malathion	
permethrin cream	
Topical Anti-infectives	
acyclovir ointment 5%	
BACTROBAN NASAL	
ciclodan solution	PA
ciclopirox nail lacquer	PA
ciclopirox olamine	
ciclopirox gel	
ciclopirox shampoo, suspension	
clindamycin phosphate lotion 1%	QL (75 ML per 30 days)
clindamycin phosphate external solution 1%	QL (60 ML per 30 days)
ery	
erythromycin gel 2%	
erythromycin pad 2%	
erythromycin solution 2%	
mupirocin ointment	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	B/D
aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml	B/D

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Drug Name	Requirements/Limits
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	B/D
<i>carglumic acid</i>	
<i>dextrose 5%</i>	
<i>dextrose 5%/nacl 0.45%</i>	
<i>dextrose 5%/nacl 0.9%</i>	
<i>effer-k tablet effervescent 25meq</i>	
<i>klor-con</i>	
<i>klor-con 10</i>	
<i>klor-con 8</i>	
<i>klor-con m10</i>	
<i>klor-con m15</i>	
<i>klor-con m20</i>	
<i>klor-con sprinkle</i>	
<i>klor-con/ef</i>	
<i>magnesium sulfate injection 50%</i>	
<i>plenamine</i>	B/D
<i>potassium chloride er capsule extended release</i>	
<i>potassium chloride er tablet extended release 20meq</i>	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	
<i>potassium chloride er tablet extended release 15meq</i>	
<i>potassium chloride sr tablet extended release 8meq</i>	
<i>potassium chloride packet, solution</i>	
<i>potassium citrate er</i>	
<i>sodium chloride 0.45% injection</i>	
<i>sodium chloride injection 0.45%, 0.9%</i>	
XENPOZYME	PA
<i>Electrolyte/Mineral/Metal Modifiers</i>	
CHEMET	
CLOVIQUE	PA
<i>deferasirox packet</i>	PA
<i>deferasirox tablet soluble 500mg</i>	PA
<i>deferasirox tablet soluble 125mg, 250mg</i>	PA
<i>deferasirox tablet 90mg</i>	PA
<i>deferasirox tablet 360mg</i>	PA
<i>deferasirox tablet 180mg</i>	PA
<i>deferiprone</i>	PA
<i>sodium polystyrene sulfonate powder 0</i>	
<i>trientine hydrochloride</i>	PA

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Drug Name	Requirements/Limits
Phosphate Binders	
AURYXIA	PA
calcium acetate capsule	
calcium acetate tablet 667mg	
lanthanum carbonate	
sevelamer carbonate tablet	
sevelamer carbonate packet	
VELPHORO	
Potassium Binders	
kionex suspension	
sodium polystyrene sulfonate oral suspension 15gm/60ml	
sodium polystyrene sulfonate rectal suspension 30gm/120ml, 50gm/200ml	
sps	
veltassa	
Vitamins	
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	
Gastrointestinal Agents	
Anti-Constipation Agents	
constulose	
enulose	
generlac	
lactulose solution	
LINZESS	QL (30 EA per 30 days)
LUBIPROSTONE	QL (60 EA per 30 days)
MOTEGRITY	QL (30 EA per 30 days)
pegylax	
polyethylene glycol 3350 packet 17gm	
polyethylene glycol 3350 powder 17gm/scoop	
RELISTOR TABLET	QL (90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	QL (12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	QL (18 ML per 30 days); ST
Anti-Diarrheal Agents	
alosetron hydrochloride	PA
diphenoxylate hydrochloride/atropine sulfate	
loperamide hcl capsule	
XERMELO	QL (90 EA per 30 days); PA
Antispasmodics, Gastrointestinal	
dicyclomine hcl solution	
dicyclomine hydrochloride capsule, tablet	
glycopyrrolate oral solution	PA
glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	

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Drug Name	Requirements/Limits
<i>glycopyrrolate tablet 1mg, 2mg</i>	PA
Gastrointestinal Agents, Other	
CLENPIQ	
GATTEX	PA
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-h</i>	
<i>gavilyte-n/flavor pack</i>	
<i>metoclopramide hcl solution</i>	
<i>metoclopramide hcl tablet 5mg</i>	
<i>metoclopramide hydrochloride injection</i>	
<i>metoclopramide hydrochloride tablet 10mg</i>	
<i>peg 3350/electrolytes</i>	
<i>peg-3350/electrolytes</i>	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	
RECTIV	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	
SUPREP BOWEL PREP KIT	
<i>trilyte</i>	
URSODIOL CAPSULE 300MG	
<i>ursodiol tablet</i>	
XIFAXAN	PA
ZORBTIVE	PA
Histamine2 (H2) Receptor Antagonists	
<i>famotidine suspension reconstituted</i>	
<i>famotidine tablet 20mg, 40mg</i>	
<i>nizatidine solution</i>	
Protectants	
<i>misoprostol tablet 100mcg</i>	
<i>misoprostol tablet 200mcg</i>	
SUCRALFATE SUSPENSION	
<i>sucralfate tablet</i>	
Proton Pump Inhibitors	
DEXILANT	QL (30 EA per 30 days)
DEXLANSOPRAZOLE	QL (30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	QL (60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg</i>	QL (60 EA per 30 days)
<i>pantoprazole sodium dr tablet delayed release 40mg</i>	QL (60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	QL (60 EA per 30 days)

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Drug Name	Requirements/Limits
<i>rabeprazole sodium</i>	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>	
ALDURAZYME	PA
<i>betaine anhydrous</i>	
CERDELGA	PA
CHOLBAM	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	
<i>cromolyn sodium concentrate 100mg/5ml</i>	
CYSTAGON	
ELAPRASE	PA
EVRYSDI	QL (240 ML per 30 days); PA
FABRAZYME	PA
KANUMA	PA
LUMIZYME	PA
<i>miglustat</i>	PA
NAGLAZYME	PA
<i>nitisinone</i>	
ORFADIN SUSPENSION	
ORFADIN CAPSULE 20MG	
PROLASTIN-C INJECTION 1000MG	PA
REVCovi	PA
<i>sapropterin dihydrochloride</i>	PA
<i>sodium phenylbutyrate powder, tablet</i>	
STRENSIQ	PA
SUCRAID	
TEGSEDI	PA
VIMIZIM	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	
ZOKINVY	QL (120 EA per 30 days); PA
Genitourinary Agents	
<i>Antispasmodics, Urinary</i>	
<i>darifenacin hydrobromide er</i>	

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Drug Name	Requirements/Limits
<i>flavoxate hcl</i>	
GELNIQUE PUMP	
MYRBETRIQ	
<i>oxybutynin chloride er</i>	
<i>oxybutynin chloride solution</i>	
<i>oxybutynin chloride syrup</i>	
<i>oxybutynin chloride tablet 5mg</i>	
<i>solifenacin succinate</i>	
<i>tolterodine tartrate</i>	
<i>tolterodine tartrate er</i>	
<i>trospium chloride</i>	
<i>trospium chloride er</i>	
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er</i>	
<i>doxazosin mesylate</i>	
<i>dutasteride/tamsulosin hydrochloride</i>	
<i>dutasteride capsule</i>	
<i>finasteride tablet</i>	
<i>silodosin</i>	
<i>tadalafil tablet 2.5mg, 5mg</i>	QL (30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	
Genitourinary Agents, Other	
<i>acetic acid 0.25%</i>	
<i>bethanechol chloride tablet</i>	
<i>d-penamine</i>	
ELMIRON	
<i>penicillamine tablet</i>	
THIOLA EC	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>	
<i>cortisone acetate tablet 25mg</i>	
<i>dexamethasone elixir, solution</i>	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	
<i>fludrocortisone acetate tablet</i>	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	
<i>methylprednisolone dose pack tablet therapy pack</i>	
<i>methylprednisolone tablet 16mg</i>	
<i>methylprednisolone tablet 32mg, 4mg, 8mg</i>	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	
<i>prednisolone sodium phosphate solution 25mg/5ml</i>	
<i>prednisolone sodium phosphate solution 20mg/5ml, 5mg/5ml</i>	
<i>prednisolone solution</i>	
<i>prednisone tablet therapy pack</i>	

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Drug Name	Requirements/Limits
<i>prednisone solution</i>	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	
<i>triamcinolone acetate injection 10mg/ml</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>	
<i>desmopressin acetate tablet</i>	
<i>desmopressin acetate injection</i>	
<i>desmopressin acetate nasal solution 0.01%, 0.1mg/ml</i>	
<i>desmopressin acetate nasal solution 1.5mg/ml</i>	
FENSOLVI	QL (1 EA per 168 days); PA
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
INCRELEX	PA
LUPRON DEPOT-PED	QL (1 EA per 168 days); PA
SKYTROFA	PA
STIMATE SOLUTION	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>	
KORLYM	QL (120 EA per 30 days); PA
<i>mifepristone</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
<i>Anabolic Steroids</i>	
ANADROL-50	PA
<i>oxandrolone tablet 2.5mg</i>	QL (240 EA per 30 days); PA
<i>oxandrolone tablet 10mg</i>	QL (60 EA per 30 days); PA
<i>Androgens</i>	
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	PA
<i>danazol capsule 100mg, 50mg</i>	
<i>danazol capsule 200mg</i>	
STRIANT	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate injection</i>	PA
TESTOSTERONE PUMP GEL 1%	PA
<i>testosterone pump gel 1.62%</i>	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	PA
<i>Estrogens</i>	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amabelz</i>	

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Drug Name	Requirements/Limits
<i>amethia</i>	QL (91 EA per 91 days)
<i>amethia lo</i>	QL (91 EA per 91 days)
<i>amethyst</i>	
<i>ashlyna</i>	QL (91 EA per 91 days)
<i>aubra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	
<i>bekyree</i>	
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camrese</i>	QL (91 EA per 91 days)
<i>camrese lo</i>	QL (91 EA per 91 days)
<i>chateal</i>	
<i>chateal eq</i>	
CLIMARA PRO	
<i>cryselle-28</i>	
<i>cyclafem 1/35</i>	
<i>cyclafem 7/7/7</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	QL (91 EA per 91 days)
<i>delyla</i>	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	
DIVIGEL	
<i>dolishale</i>	
DOTTI	
<i>elinest</i>	
<i>enpresse-28</i>	
<i>estarylla</i>	
<i>estradiol/norethindrone acetate</i>	
<i>estradiol cream, oral tablet</i>	
<i>estradiol gel, patch twice weekly, patch weekly, vaginal tablet</i>	
ESTRING RING 7.5MCG/24HR	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	
<i>falmina</i>	
<i>fayosim</i>	QL (91 EA per 91 days)

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

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

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Drug Name	Requirements/Limits
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-previfem</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>trinessa</i>	
<i>trivora-28</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	
<i>vylibra</i>	
<i>wera</i>	
<i>yuvaferm</i>	
<i>zovia 1/35</i>	
<i>zovia 1/35e</i>	
Progestins	
<i>camila</i>	
<i>deblitane</i>	
DEPO-PROVERA INJECTION 400MG/ML	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	QL (0.65 ML per 90 days)
<i>errin</i>	
<i>heather</i>	
<i>incassia</i>	
<i>jencycla</i>	
<i>jolivette</i>	
<i>lyleq</i>	
<i>lyza</i>	
MAKENA INJECTION 275MG/1.1ML	PA
<i>medroxyprogesterone acetate tablet</i>	
<i>medroxyprogesterone acetate injection</i>	QL (1 ML per 90 days)
<i>megestrol acetate tablet</i>	PA
<i>megestrol acetate suspension 40mg/ml</i>	PA
<i>megestrol acetate suspension 625mg/5ml</i>	PA
<i>nora-be</i>	
<i>norethindrone acetate tablet</i>	
<i>norethindrone tablet</i>	
<i>norlyda</i>	
<i>norlyroc</i>	
<i>progesterone capsule</i>	
<i>sharobel</i>	
<i>tulana</i>	
Selective Estrogen Receptor Modifying Agents	

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

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Drug Name	Requirements/Limits
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	PA
ORGOVYX	PA
ORILISSA TABLET 150MG	QL (30 EA per 30 days); PA
ORILISSA TABLET 200MG	QL (60 EA per 30 days); PA
SIGNIFOR	QL (60 ML per 30 days); PA
SIGNIFOR LAR	QL (1 EA per 28 days); PA
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	PA
SOMAVERT	PA
SUPPRELIN LA	QL (1 EA per 365 days); PA
SYNAREL	
TRELSTAR MIXJECT INJECTION 11.25MG	QL (1 EA per 84 days); PA
TRELSTAR MIXJECT INJECTION 22.5MG	QL (1 EA per 168 days); PA
TRIPTODUR	QL (1 EA per 168 days); PA
ZOLADEX INJECTION 3.6MG	QL (1 EA per 28 days); PA
ZOLADEX INJECTION 10.8MG	QL (1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)	
<i>Antithyroid Agents</i>	
<i>methimazole tablet 10mg, 5mg</i>	
<i>propylthiouracil tablet</i>	
Immunological Agents	
<i>Angioedema Agents</i>	
CINRYZE	PA
<i>icatibant acetate</i>	PA
<i>sajazir</i>	PA
<i>Immunoglobulins</i>	
ASCENIV	PA
BIVIGAM INJECTION 10%, 5GM/50ML	PA
<i>carimune nanofiltered injection 12gm, 6gm</i>	PA
CUTAQUIG	PA
CUVITRU	PA
GAMASTAN	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	PA
GAMUNEX-C	PA
HEPAGAM B INJECTION 312UNIT/ML	B/D
HIZENTRA	PA
HYPERHEP B	B/D
HYPERRAB S/D INJECTION 1500UNIT/10ML, 300UNIT/2ML	B/D
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML, 20GM/200ML; 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML	PA
IMOGAM RABIES-HT INJECTION 300UNIT/2ML	B/D

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Drug Name	Requirements/Limits
KEDRAB	B/D
NABI-HB INJECTION 312UNIT/ML	B/D
OCTAGAM	PA
PANZYGA	PA
PRIVIGEN	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	PA
THYMOGLOBULIN	
VARIZIG INJECTION 125UNIT/1.2ML	PA
XEMBIFY	PA
<i>Immunological Agents, Other</i>	
ADBRY	QL (4 ML per 28 days); PA
ARCALYST	PA
BENLYSTA INJECTION 200MG/ML	PA
COSENTYX SENSOREADY PEN	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	PA
DUPIXENT INJECTION 100MG/0.67ML	QL (1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	QL (4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	QL (8 ML per 28 days); PA
EMPAVELI	PA
ENJAYMO	PA
ENTYVIO	PA
ILARIS INJECTION 150MG/ML	QL (2 ML per 28 days); PA
ILUMYA	PA
LEMTRADA	PA
OTEZLA TABLET THERAPY PACK 0	QL (110 EA per 365 days); PA
RINVOQ	QL (30 EA per 30 days); PA
SAPHNELO	PA
SKYRIZI	PA
SKYRIZI PEN	PA
STELARA INJECTION 130MG/26ML	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	QL (3 ML per 84 days); PA
VYVGART HYTRULO	PA
XELJANZ XR	QL (30 EA per 30 days); PA
XELJANZ SOLUTION	QL (300 ML per 30 days); PA
XELJANZ TABLET	QL (60 EA per 30 days); PA
XOLAIR	PA
<i>Immunostimulants</i>	
ACTIMMUNE	PA
INTRON A	PA
PEGASYS	PA
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	PA
SYLATRON	PA
<i>Immunosuppressants</i>	

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Drug Name	Requirements/Limits
<i>azathioprine tablet 50mg</i>	B/D
<i>azathioprine tablet 100mg, 75mg</i>	B/D
BENLYSTA INJECTION 120MG, 400MG	PA
CIMZIA STARTER KIT	PA
CIMZIA INJECTION 200MG/ML	PA
<i>cyclosporine modified</i>	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	B/D
CYLTEZO	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	PA
ENBREL	PA
ENBREL MINI	PA
ENBREL SURECLICK	PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	B/D
<i>everolimus tablet 0.25mg</i>	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	B/D
<i>engraft capsule 100mg, 25mg</i>	B/D
<i>engraft solution</i>	B/D
HUMIRA	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PA
HUMIRA PEN	PA
HUMIRA PEN-CD/UC/HS STARTER	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	PA
HUMIRA PEN-PS/UV STARTER	PA
INFLECTRA	PA
INFLIXIMAB	PA
<i>leflunomide</i>	
<i>methotrexate sodium tablet</i>	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	
<i>methotrexate injection 50mg/2ml</i>	
<i>mycophenolate mofetil capsule, tablet</i>	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	B/D
<i>mycophenolic acid dr</i>	B/D
PROGRAF PACKET	B/D
REMICADE	PA
RENFLEXIS	PA
REZUROCK	QL (60 EA per 30 days); PA
SANDIMMUNE SOLUTION	B/D
<i>sirolimus solution</i>	B/D
<i>sirolimus tablet 0.5mg, 1mg</i>	B/D
<i>sirolimus tablet 2mg</i>	B/D

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Drug Name	Requirements/Limits
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D
XATMEP	
YUFLYMA 1-PEN KIT	PA
YUFLYMA 2-PEN KIT	PA
Vaccines	
ABRYSVO	
ACTHIB INJECTION 0	
ADACEL	
AREXVY	
BCG VACCINE INJECTION 50MG	
BEXSERO	
BOOSTRIX	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
DENG VAXIA	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	
ENGERIX-B	B/D
GARDASIL 9	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	
HEPLISAV-B	B/D
HIBERIX	
IMOVAX RABIES (H.D.C.V.)	B/D
INFANRIX	
IPOL INACTIVATED IPV	
IXIARO	
JYNNEOS	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	
PENTACEL	
PREHEVBRIO	B/D
PRIORIX	
PROQUAD	
QUADRACEL	
RABAVERT	B/D
RECOMBIVAX HB	B/D
ROTARIX	
ROTATEQ SOLUTION	

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Drug Name	Requirements/Limits
SHINGRIX	
STAMARIL	
TDVAX	
TENIVAC	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VAXELIS	
YF-VAX	
Inflammatory Bowel Disease Agents	
<i>Aminosalicylates</i>	
<i>balsalazide disodium</i>	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	
<i>mesalamine dr tablet delayed release 1.2gm</i>	
<i>mesalamine er capsule extended release 24 hour</i>	
<i>mesalamine enema, kit, suppository</i>	
SFROWASA	
<i>sulfasalazine tablet, tablet delayed release</i>	
<i>Glucocorticoids</i>	
<i>budesonide er</i>	
<i>budesonide capsule delayed release particles 3mg</i>	
<i>colocort</i>	
CORTIFOAM FOAM	
<i>hydrocortisone enema 100mg/60ml</i>	
<i>procto-med hc</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
TARPEYO	QL (120 EA per 30 days); PA
Metabolic Bone Disease Agents	
<i>Metabolic Bone Disease Agents</i>	
<i>alendronate sodium solution</i>	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	
<i>alendronate sodium tablet 70mg</i>	QL (4 EA per 28 days)
<i>calcitonin-salmon solution</i>	QL (3.7 ML per 30 days)
<i>calcitriol capsule</i>	
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	
<i>cinacalcet hydrochloride tablet 90mg</i>	
<i>doxercalciferol capsule</i>	
FORTEO INJECTION 600MCG/2.4ML	PA

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Drug Name	Requirements/Limits
<i>ibandronate sodium tablet</i>	QL (1 EA per 28 days)
NATPARA	QL (2 EA per 28 days); PA
<i>paricalcitol capsule</i>	
PROLIA	QL (2 ML per 365 days)
RAYALDEE	
<i>risedronate sodium dr</i>	QL (4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	
<i>risedronate sodium tablet 150mg</i>	QL (1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	QL (4 EA per 28 days)
TERIPARATIDE	PA
TYMLOS	PA
XGEVA	PA
Miscellaneous Therapeutic Agents	
<i>Miscellaneous Therapeutic Agents</i>	
ALCOHOL PREP PADS	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	QL (200 EA per 30 days)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	QL (200 EA per 30 days)
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	QL (200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	
ELLA	
IGALMI	PA
KORSUVA	PA
LAGEVRIO	QL (40 EA per 5 days)
LIVMARLI	QL (90 ML per 30 days); PA
<i>nutrilipid</i>	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	QL (30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	QL (10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	QL (10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	QL (10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	QL (10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	QL (10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	QL (10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	QL (10 EA per 30 days)
OXLUMO	PA

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Drug Name	Requirements/Limits
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL (20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL (30 EA per 5 days)
<i>sodium chloride 0.9%</i>	
TAVNEOS	QL (180 EA per 30 days); PA
<i>ulticare micro pen needles/32g x 5/32"</i>	QL (200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	QL (200 EA per 30 days)
V-GO 20	
V-GO 30	
V-GO 40	
VIJOICE TABLET THERAPY PACK 125MG, 50MG	QL (28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 0	QL (56 EA per 28 days); PA
VISTOGARD	
VOXZOGO	QL (30 EA per 30 days); PA
VYVGART	PA
Ophthalmic Agents	
<i>Ophthalmic Agents, Other</i>	
<i>atropine sulfate solution 1%</i>	
<i>bacitracin/polymyxin b</i>	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	
COMBIGAN	
<i>cyclosporine emulsion 0.05%</i>	
CYSTARAN	QL (60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	
<i>neo-polycin</i>	
<i>neo-polycin hc</i>	
<i>neomycin/bacitracin/polymyxin</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	
<i>neomycin/polymyxin/dexamethasone</i>	
<i>neomycin/polymyxin/gramicidin</i>	
<i>polycin</i>	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	
RESTASIS	
RESTASIS MULTIDOSE	
ROCKLATAN	QL (2.5 ML per 25 days)
SIMBRINZA	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	
TOBRADEX ST	
TOBRADEX OINTMENT	
<i>tobramycin/dexamethasone</i>	
VABYSMO	PA
XIIDRA	QL (60 EA per 30 days)

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Drug Name	Requirements/Limits
ZYLET	
Ophthalmic Anti-allergy Agents	
<i>azelastine hcl ophthalmic solution 0.05%</i>	
BEPOTASTINE BESILATE	
<i>cromolyn sodium solution 4%</i>	
<i>epinastine hcl</i>	
<i>olopatadine hcl</i>	
<i>olopatadine hydrochloride solution 0.2%</i>	
Ophthalmic Anti-Infectives	
<i>bacitracin</i>	
BESIVANCE	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	
<i>erythromycin ointment 5mg/gm</i>	
<i>gatifloxacin</i>	
<i>gentak ointment</i>	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	
<i>levofloxacin ophthalmic solution 0.5%</i>	
<i>moxifloxacin hydrochloride solution 0.5%</i>	
NATACYN	
<i>ofloxacin ophthalmic solution 0.3%</i>	
<i>sulfacetamide sodium solution</i>	
<i>sulfacetamide sodium ointment</i>	
<i>tobramycin solution 0.3%</i>	
<i>trifluridine</i>	
ZIRGAN	
Ophthalmic Anti-inflammatories	
<i>dexamethasone sodium phosphate solution</i>	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	
FLAREX	
<i>fluorometholone</i>	
<i>flurbiprofen sodium</i>	
FML	
FML FORTE	
ILEVRO	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	
LOTEMAX SM	QL (20 GM per 365 days)
LOTEPREDNOL ETABONATE GEL	QL (20 GM per 365 days)
<i>loteprednol etabonate suspension</i>	
PRED MILD	
<i>prednisolone acetate</i>	
PROLENSA	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents	

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<i>betaxolol hcl solution 0.5%</i>	
<i>carteolol hcl</i>	
<i>levobunolol hcl solution 0.5%</i>	
<i>timolol maleate ophthalmic gel forming</i>	
<i>timolol maleate solution 0.25%, 0.5%</i>	
Ophthalmic Intraocular Pressure Lowering Agents, Other	
<i>acetazolamide er</i>	
ALPHAGAN P SOLUTION 0.1%	
<i>apraclonidine</i>	
<i>brimonidine tartrate solution 0.2%</i>	
<i>brinzolamide</i>	
<i>dorzolamide hydrochloride</i>	
<i>methazolamide tablet</i>	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	
RHOPRESSA	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs	
<i>latanoprost solution</i>	
LUMIGAN	QL (2.5 ML per 25 days)
VYZULTA	QL (5 ML per 25 days)
Otic Agents	
Otic Agents	
<i>acetic acid</i>	
<i>ciprofloxacin/dexamethasone</i>	
<i>ciprofloxacin solution 0.2%</i>	
<i>flac</i>	
<i>fluocinolone acetonide ear drops</i>	
<i>fluocinolone acetonide oil 0.01%</i>	
<i>hydrocortisone/acetic acid</i>	
<i>neomycin/polymyxin/hc</i>	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	
<i>ofloxacin otic solution 0.3%</i>	
Respiratory Tract/Pulmonary Agents	
Anti-inflammatories, Inhaled Corticosteroids	
ARNUITY ELLIPTA	QL (30 EA per 30 days)
ASMANEX HFA	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	QL (1 EA per 30 days)
BREZTRI AEROSPHERE	QL (23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	QL (120 ML per 30 days); B/D

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Drug Name	Requirements/Limits
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	QL (240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	QL (60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	QL (21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	QL (24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	QL (50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	
<i>mometasone furoate suspension 50mcg/act</i>	QL (34 GM per 30 days)
QVAR REDHALER	QL (21.2 GM per 30 days); ST
Antihistamines	
<i>azelastine hcl nasal solution 0.15%</i>	QL (60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	QL (60 ML per 30 days)
<i>cypheptadine hydrochloride tablet</i>	
<i>diphenhydramine hcl injection 50mg/ml</i>	
<i>diphenhydramine hydrochloride injection</i>	
<i>hydroxyzine hcl tablet 50mg</i>	
<i>hydroxyzine hydrochloride syrup</i>	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	
<i>levocetirizine dihydrochloride tablet</i>	
Antileukotrienes	
<i>montelukast sodium tablet</i>	
<i>montelukast sodium tablet chewable, packet</i>	
<i>zafirlukast</i>	
Bronchodilators, Anticholinergic	
ATROVENT HFA	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	QL (30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	
<i>ipratropium bromide inhalation solution</i>	QL (312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	QL (60 ML per 30 days)
SPIRIVA HANDIHALER	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	QL (8 GM per 30 days)
YUPELRI	QL (90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic	
<i>albuterol sulfate er</i>	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL (48 GM per 30 days)
<i>albuterol sulfate syrup</i>	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	QL (100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	QL (525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	QL (375 ML per 30 days); B/D

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Drug Name	Requirements/Limits
EPINEPHRINE INJECTION 0.15MG/0.3ML, 0.3MG/0.3ML	
<i>epinephrine injection 0.15mg/0.15ml, 0.3mg/0.3ml</i>	
<i>formoterol fumarate nebulization solution</i>	QL (120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	QL (270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	QL (540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	QL (540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	QL (30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	QL (90 EA per 30 days); B/D
PROAIR HFA	QL (17 GM per 30 days)
PROAIR RESPICLICK	QL (2 EA per 30 days)
SEREVENT DISKUS	QL (60 EA per 30 days)
<i>terbutaline sulfate tablet</i>	
Cystic Fibrosis Agents	
CAYSTON	PA
KALYDECO	PA
ORKAMBI TABLET	QL (112 EA per 28 days); PA
ORKAMBI PACKET	QL (56 EA per 28 days); PA
PULMOZYME	PA
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	QL (56 EA per 28 days); PA
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	QL (60 EA per 30 days); PA
TOBI PODHALER	QL (224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	B/D
TRIKAFTA TABLET THERAPY PACK	QL (84 EA per 28 days); PA
Mast Cell Stabilizers	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D
Phosphodiesterase Inhibitors, Airways Disease	
DALIRESP	PA
<i>roflumilast</i>	PA
<i>theophylline er tablet extended release 24 hour</i>	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	
Pulmonary Antihypertensives	
ADEMPAS	QL (90 EA per 30 days); PA
<i>alyq</i>	QL (60 EA per 30 days); PA
AMBRISANTAN	QL (30 EA per 30 days); PA
<i>bosentan</i>	QL (60 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	PA
<i>epoprostenol sodium injection 1.5mg</i>	PA
OPSUMIT	QL (30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	QL (336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	QL (672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	QL (504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	PA

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Drug Name	Requirements/Limits
<i>sildenafil citrate tablet</i>	QL (90 EA per 30 days); PA
<i>tadalafil tablet 20mg</i>	QL (60 EA per 30 days); PA
VENTAVIS	QL (270 ML per 30 days); PA
<i>Pulmonary Fibrosis Agents</i>	
ESBRIET CAPSULE	PA
OFEV	PA
<i>pirfenidone</i>	PA
<i>Respiratory Tract Agents, Other</i>	
<i>acetylcysteine solution</i>	B/D
ANORO ELLIPTA	QL (60 EA per 30 days)
BREO ELLIPTA	QL (60 EA per 30 days)
COMBIVENT RESPIMAT	QL (8 GM per 30 days)
FASENRA	PA
FASENRA PEN	PA
<i>fluticasone propionate/salmeterol diskus</i>	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	QL (540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	QL (0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	QL (3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	QL (3 ML per 28 days); PA
STIOLTO RESPIMAT	QL (24 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	QL (12 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	QL (13.8 GM per 30 days)
TEZSPIRE	QL (1.91 ML per 28 days); PA
TRELEGY ELLIPTA	QL (60 EA per 30 days)
<i>wixela inhub</i>	QL (60 EA per 30 days)
Skeletal Muscle Relaxants	
<i>Skeletal Muscle Relaxants</i>	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	
<i>methocarbamol tablet 500mg, 750mg</i>	
<i>orphenadrine citrate er</i>	
Sleep Disorder Agents	
<i>Sleep Promoting Agents</i>	
BELSOMRA	QL (30 EA per 30 days)
<i>eszopiclone</i>	QL (30 EA per 30 days)
<i>ramelteon</i>	QL (30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	QL (30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	QL (30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	QL (60 EA per 30 days)
<i>zolpidem tartrate er</i>	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>	
<i>armodafinil tablet 150mg, 200mg</i>	QL (30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	QL (60 EA per 30 days); PA

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Drug Name	Requirements/Limits
<i>armodafinil tablet 250mg</i>	QL (30 EA per 30 days); PA
<i>modafinil</i>	QL (30 EA per 30 days); PA
SODIUM OXYBATE	QL (540 ML per 30 days); PA
XYREM	QL (540 ML per 30 days); PA

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Great Plains Medicare Advantage (HMO I-SNP) 2023 Formulary List of Covered Drugs

PLEASE READ: This document contains information about the drugs we cover in this plan

Formulary ID# 00023389, V14

This formulary was updated on 08/01/2023.

For more recent information or other questions, please call Great Plains Medicare Advantage Member Service at (844) 637-4760 TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, Monday through Friday or visit greatplainsmedicareadvantage.com.

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, call our customer service department at (844) 637-4760 TTY: (888) 279-1549) from 8 a.m. to 8 p.m. CST, Monday through Friday.

Non-discrimination notice

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, please call us:
Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549)
Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)
Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103
Telephone number: (877) 473-0911 (TTY: 711)
Fax: (605) 312-9886
Email: shpcompliance@sanfordhealth.org

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you.

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

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

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>.



For help in any language other than English, call Great Plains Medicare Advantage: (844) 637-4760

Help in Other Languages

(TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 637-4760: Great Plains Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549) (888) 278-6485: Align Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549).

Amharic – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ Great Plains Medicare Advantage: (844) 637-4760 (መስማት ለተሳናቸው: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (መስማት ለተሳናቸው: (888) 279-1549).

Chinese – 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 。

Cushite (Oromo) – XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Karen – ၵာ်သ့ၵ်သး- နမ့ၢ်ကတိၢ် ကညီ ကျိၣ်အယိ, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢကိၣ်ဘျၣ်လၢကိၣ်စ့ၢ် နီတမံၤဘျၣ်သ့ၵ်သးလီၤ. ကိ: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 번으로 전화해 주십시오.

Laotian – ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບວ ການ

ຊ່ວຍເຫຼືອ ອາດຈະມີພາສາ, ໃດຫຼືເຈົ້າຖ້ວມນ ມີຮັບໃຫ້ ທ່ານ. ໂທ ສ

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French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Great Plains Medicare Advantage: (844) 637-4760 (ATS: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (ATS: (888) 279-1549).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Great Plains Medicare Advantage: (844) 637-4760 (телетайп: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (телетайп: (888) 279-1549).

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Thai – เรยน ถาคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ฟรี โทร Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

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