

2026 OHP Drug List (Formulary)

For members of Columbia Pacific CCO,
Health Share/CareOregon and Jackson Care Connect



Updated June 1, 2026

English

You can get this document in other languages, large print, braille or a format you prefer. You also have the right to an interpreter. You can get help from a certified or qualified health care interpreter. This help is free. Please call the Customer Service number of your CCO listed below. TTY users can call 711. We accept relay calls.

Columbia Pacific CCO Customer Service: toll-free, 855-722-8206.

Health Share/CareOregon Customer Service: toll-free, 800-224-4840.

Jackson Care Connect Customer Service: toll-free, 855-722-8208.

Arabic

يمكنكم الحصول على هذه الوثيقة بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل، أو حسب التنسيق المفضل لكم. كما يحقّ لكم الحصول على مترجم شفهي. يمكنكم الحصول على المساعدة من مترجم شفهي مُعتمد أو مؤهل في مجال الرعاية الصحيّة. هذه المساعدة مجانيّة. يُرجى الاتصال برقم الهاتف المذكور أدناه لقسم خدمة العملاء في الـ CCO التابعين لها. يمكن للذين يستخدمون TTY (المبرقة الكاتبة) الاتصال بالرقم 711. نقبل المكالمات الهاتفية المعمولة عبر المرّجّلات.

قسم خدمة العملاء لـ **Columbia Pacific CCO**: رقم هاتف الاتصال المجّاني، 855-722-8206.

قسم خدمة العملاء لـ **Health Share/CareOregon**: رقم هاتف الاتصال المجّاني، 800-224-4840.

قسم خدمة العملاء لـ **Jackson Care Connect**: رقم هاتف الاتصال
المجاني، 855-722-8208.

Traditional Chinese (Cantonese)

您可以獲得這份文件用其他語言、大字體、盲文（點字）或一種您希望的格式呈現的版本。您也有權獲得一位口譯員幫助。您可以從一位經認證的或合格的保健護理口譯員那裡獲得幫助。這種幫助是免費的。請撥打以下列出的您的 CCO 客戶服務電話號碼。TTY（聽障語障者專線）用戶可撥打 711.我們接受中繼電話。

Columbia Pacific CCO 客戶服務電話：免費撥打， 855-722-8206.

Health Share/CareOregon 客戶服務電話：免費撥打， 800-224-4840.

Jackson Care Connect 客戶服務電話：免費撥打， 855-722-8208.

Dari - Afghan Persian

شما میتوانید این سند را به زبان های دیگر، چاپ بزرگ، خط بریل یا هر فرمت دیگری که ترجیح می‌دهید، دریافت کنید. شما همچنان حق دارید یک ترجمان داشته باشید. شما میتوانید از خدمات یک ترجمان مراقبت صحتی تصدیق شده یا واجد شرایط بهره مند شوید. این کمک رایگان است. لطفاً با شماره خدمات مشتریان CCO مربوط به خودتان که در زیر ذکر شده، تماس بگیرید. کاربران TTY میتوانند با شماره 711 تماس بگیرند. ما تماس های رله را قبول میکنیم.

شماره تلفن رایگان خدمات مشتریان: ۸۲۰۶- **Columbia Pacific CCO**
۷۲۲-۸۵۵

شماره تلفن رایگان خدمات مشتریان: **Health Share/CareOregon**
۴۸۴۰-۲۲۴-۸۰۰

شماره تلفن رایگان خدمات مشتریان: ۸۲۰۸- **Jackson Care Connect**
۷۲۲-۸۵۵

Russian

Вы можете получить этот документ на других языках, напечатанный крупным шрифтом, шрифтом Брайля или в любом другом формате, который вы предпочитаете. Вы также имеете право на услуги переводчика. Вы можете обратиться за помощью к сертифицированному медицинскому переводчику. Эта помощь предоставляется бесплатно. Пожалуйста, позвоните по указанному ниже номеру службы поддержки клиентов вашей организации ССО. Пользователи ТТУ могут позвонить по номеру 711. Мы принимаем ретрансляционные вызовы.

Организация ССО Columbia Pacific служба поддержки клиентов: бесплатный звонок по телефону 855-722-8206.

Организация Health Share/CareOregon служба поддержки клиентов: бесплатный звонок по телефону 800-224-4840.

Организация Jackson Care Connect служба поддержки клиентов: бесплатный звонок по телефону 855-722-8208.

Simplified Chinese (Mandarin)

您可以获得本文件用其他语言、大字体、盲文（点字）或您偏好的某种格式呈现的版本。您还有权要求给您一位口译员。您可以获得一名经认证的或合格的保健服务口译员的帮助。这种帮助是免费的。请拨打以下列出的您的 CCO 的客户服务电话号码。TTY（听障语障者专线）用户可以拨打 711。我们接受中继电话。

Columbia Pacific CCO 客户服务：免费拨打，855-722-8206.

Health Share/CareOregon 客户服务：免费拨打，800-224-4840.

Jackson Care Connect 客户服务：免费拨打，855-722-8208.

Somali

Waxaad ku heli kartaa dukumeentigan luqado kale, far waaweyn, farta indhoolayaasha ama qaab aad doorbidayso. Waxaad sidoo kale xaq u leedahay inaad hesho turjubaan. Waxaad caawimo ka heli kartaa turjubaan daryeel caafimaad oo shahaado haysta ama aqoon leh. Caawintani waa bilaash. Fadlan wac lambarka Adeegga Macaamiisha ee CCO-gaaga ee hoos ku qoran.

Dadka isticmaala TTY waxay wici karaan 711. Waxaan aqbalnaa wicitaanada gudbinta.

Adeegga Macaamiisha ee **Columbia Pacific CCO**: bilaash, 855-722-8206.

Adeegga Macaamiisha **Health Share/CareOregon**: bilaash, 800-224-4840.

Adeegga Macaamiisha ee **Jackson Care Connect**: bilaash, 855-722-8208.

Spanish

Puede recibir este documento en otros idiomas, en letra grande, en braille o en el formato que prefiera. También tiene derecho a un intérprete. Puede obtener asistencia de un intérprete médico certificado o calificado. Esta asistencia es gratuita. Por favor, llame al número de Servicio al Cliente de su número de Coordinated Care Organization (CCO, Organización de Atención Coordinada) que aparece a continuación. Los usuarios de TTY pueden llamar al 711. Aceptamos llamadas de retransmisión.

Servicio al Cliente de **Columbia Pacific CCO**: llamada sin costo, 855-722-8206.

Servicio al Cliente de **Health Share/CareOregon**: llamada sin costo, 800-224-4840.

Servicio al Cliente de **Jackson Care Connect**: llamada sin costo, 855-722-8208.

Vietnamese

Quý vị có thể nhận được tài liệu này bằng các ngôn ngữ khác, chữ cỡ lớn, chữ nổi Braille hoặc định dạng mà quý vị muốn. Quý vị cũng có quyền được yêu cầu một thông dịch viên. Quý vị có thể nhận được sự trợ giúp từ một thông dịch viên được chứng nhận hoặc đủ tiêu chuẩn trong lĩnh vực chăm sóc sức khỏe. Sự trợ giúp này hoàn toàn miễn phí. Vui lòng gọi đến số điện thoại của Customer Service (Bộ phận Dịch vụ Khách hàng) của CCO được liệt kê bên dưới. Người dùng TTY có thể gọi số 711. Chúng tôi chấp nhận cuộc gọi chuyển tiếp.

Customer Service của **Columbia Pacific CCO**: số điện thoại miễn phí, 855-722-8206.

Customer Service của **Health Share/CareOregon**: số điện thoại miễn phí, 800-224-4840.

Customer Service của **Jackson Care Connect**: số điện thoại miễn phí, 855-722-8208.

Amharic

ይህንን ሰነድ በሌሎች ቋንቋዎች፣ በትላልቅ ህትመቶች፣ በብሬይል ወይም በሚመርጡት ቅርጾች ማግኘት ይቻላል። በተጨማሪም አስተርጓሚ የማግኘት መብት አለዎት። እውቅና ካለው ወይም ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት ይቻላል። ይህ እርዳታ ነጻ ነው። እባክዎን ከታች ከተዘረዘሩት ውስጥ የእርስዎን CCO

ပေဒ်ဂီၤနီၤနီၤ ဟံၤဂီၤနီၤ ဂဲၤဂီၤ နီၤနီၤ နီၤနီၤ နီၤနီၤ TTY တၢ်နီၤနီၤနီၤ
711 နီၤနီၤ နီၤနီၤ နီၤနီၤ နီၤနီၤ နီၤနီၤ နီၤနီၤ နီၤနီၤ နီၤနီၤ

Columbia Pacific CCO ပေဒ်ဂီၤနီၤ ဟံၤဂီၤနီၤ:- ဂီၤဂီၤ ပဲၤဂီၤ
တၢ်နီၤနီၤနီၤ: 855-722-8206::

Health Share/CareOregon ပေဒ်ဂီၤနီၤ ဟံၤဂီၤနီၤ:- ဂီၤဂီၤ ပဲၤဂီၤ
တၢ်နီၤနီၤနီၤ: 800-224-4840::

Jackson Care Connect ပေဒ်ဂီၤနီၤ ဟံၤဂီၤနီၤ:- ဂီၤဂီၤ ပဲၤဂီၤ
တၢ်နီၤနီၤနီၤ: 855-722-8208::

Burmese

ဤစာရွက်စာတမ်းကို အခြားဘာသာစကားများ၊ စာလုံးကြီးဖြင့်
ပုံနှိပ်ထားခြင်း၊ မျက်မမြင်စာ သို့မဟုတ် သင်နှစ်သက်သော
ဖောမက်တစ်ခုဖြင့် ရရှိနိုင်ပါသည်။ သင့်တွင်
စကားပြန်တစ်ဦးရပိုင်ခွင့်လည်း ရှိပါသည်။
အသိအမှတ်ပြုထားသော သို့မဟုတ် အရည်အချင်းပြည့်မီသော
ကျန်းမာရေး စောင့်ရှောက်မှုဆိုင်ရာ စကားပြန်တစ်ဦး၏
အကူအညီကို သင်ရရှိနိုင်ပါသည်။ ဤအကူအညီသည် အခမဲ့
ဖြစ်ပါသည်။ အောက်ဖော်ပြပါ သင့် CCO ၏
သုံးစွဲသူဝန်ဆောင်မှုဌာနနံပါတ်ကို ခေါ်ဆိုပါ။ TTY
အသုံးပြုသူများအနေဖြင့် 711 ကို ခေါ်ဆိုနိုင်ပါသည်။

ကြားလူအကူအညီဖြင့် ဖုန်းခေါ်ဆိုမှုများကို ကျွန်ုပ်တို့ လက်ခံပါသည်။

Columbia Pacific CCO သုံးစွဲသူဝန်ဆောင်မှုဌာန-
အခမဲ့ခေါ်ဆိုနိုင်သည့်ဖုန်း၊ 855-722-8206။

Health Share/CareOregon သုံးစွဲသူဝန်ဆောင်မှုဌာန-
အခမဲ့ခေါ်ဆိုနိုင်သည့်ဖုန်း၊ 800-224-4840။

Jackson Care Connect သုံးစွဲသူဝန်ဆောင်မှုဌာန-
အခမဲ့ခေါ်ဆိုနိုင်သည့်ဖုန်း၊ 855-722-8208။

Chuukese

Ka tongeni angei ei taropwe non ekkoch fos, taropwe mi watte, braille ika ew napanap ka mochen. Mei pwan wor omw mumuta ngeni emon chon affouni. Ka tongeni angei aninis seni emon chon affouni pekin safei mei wor an taropwen mumuta ika mei sinenap. Ika fen me apasa pwe seni faniten. Kopwe kokori ewe Customer Service nampaan ewe Chief Commercial Officer CCO mei kefinita ngonuk mei mak asan. Ekkewe chon TTY ra tongeni kokori 711. Ika nomw pwan apwene mefiina relay.

Columbia Pacific CCO Angang ngeni chon kamo: toll-free, 855-722-8206.

Health Share/CareOregon Angang ngeni chon kamo: toll-free, 800-224-4840.

Jackson Care Connect Angang ngeni chon kamo: toll-free, 855-722-8208.

Farsi

شما می‌توانید این سند را به زبان‌های دیگر، نسخه چاپی درشت، خط بریل، یا در قالب دلخواه خود دریافت کنید. همچنین، شما حق دارید از یک مترجم شفاهی کمک بگیرید. می‌توانید از یک مترجم شفاهی مراقبت‌های بهداشتی دارای گواهی‌نامه یا واجد صلاحیت کمک بگیرید. این کمک رایگان است. لطفاً با شماره‌تلفن «خدمات مشتریان» CCO خود که در زیر فهرست شده تماس بگیرید. کاربران TTY می‌توانند با شماره 711 تماس بگیرند. ما از تماس‌های رله پشتیبانی می‌کنیم.

خدمات مشتریان **Columbia Pacific CCO**: شماره رایگان، 855-722-8206.

خدمات مشتریان **Health Share/CareOregon**: شماره رایگان، 800-224-4840.

خدمات مشتریان **Jackson Care Connect**: شماره رایگان، 855-722-8208.

Khmer/Cambodian

អ្នកអាចទទួលបានឯកសារនេះជាភាសាផ្សេងទៀត អក្សរធំៗ
អក្សរស្នាប ឬទម្រង់ដែលអ្នកចង់បាន។
អ្នកក៏មានសិទ្ធិទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ផងដែរ។
អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែផ្ទាល់មាត់ផ្នែកថែទាំសុខភាព។

ឧភាពដែលមានលក្ខណសម្បត្តិគ្រប់គ្រាន់
ឬមានវិញ្ញាបនបត្របញ្ជាក់។ ជំនួយនេះផ្តល់ជូនឥតគិតថ្លៃ។
សូមហៅទៅលេខទូរសព្ទសេវាកម្មអតិថិជននៃ CCO
របស់អ្នកដូចបង្ហាញខាងក្រោម។ អ្នកប្រើប្រាស់ TTY
អាចហៅទៅលេខ 711។
យើងទទួលយកការហៅទូរសព្ទបញ្ជូនបន្ត។

សេវាកម្មអតិថិជន **Columbia Pacific CCO**៖ ឥតគិតថ្លៃ 855-
722-8206។

សេវាកម្មអតិថិជន **Health Share/CareOregon**៖ ឥតគិតថ្លៃ
800-224-4840។

សេវាកម្មអតិថិជន **Jackson Care Connect**៖ ឥតគិតថ្លៃ 855-
722-8208។

Korean

본 문서는 다른 언어, 큰 활자, 점자 또는 귀하가 선호하는
형식으로 제공될 수 있습니다. 또한 통역사를 요청할
권리가 있습니다. 자격증을 소지하였거나 자격을 갖춘
의료 전문 통역사의 도움을 받을 수 있습니다. 이 지원은
무료로 제공됩니다. 아래에 기재된 귀하의 CCO 고객
서비스 번호로 전화해 주시기 바랍니다. TTY 사용자는
711번으로 전화하실 수 있습니다. 중계 전화도 받고
있습니다.

Columbia Pacific CCO 고객 서비스: 수신자 부담 전화 855-722-8206.

Health Share/CareOregon 고객 서비스: 수신자 부담 전화 800-224-4840.

Jackson Care Connect 고객 서비스: 수신자 부담 전화 855-722-8208.

Romanian

Puteți obține acest document în alte limbi, tipărit cu font mare, în braille sau în formatul preferat. De asemenea, aveți dreptul la un interpret. Puteți obține asistență de la un interpret aprobat sau calificat în domeniul medical. Asistența este gratuită. Sunați la numărul de telefon pentru asistență clienți din lista CCO de mai jos. Utilizatorii TTY pot suna la 711. Acceptăm apeluri prin centrală.

Serviciul de asistență clienți **Columbia Pacific CCO**:
gratuit, 855-722-8206.

Serviciul de asistență clienți **Health Share/CareOregon**:
gratuit, 800-224-4840.

Serviciul de asistență clienți **Jackson Care Connect**:
gratuit, 855-722-8208.

Swahili

Unaweza kupata hati hii katika lugha nyingine, machapisho makubwa, maandiko ya nukta nundu au

katika muundo unaoupenda. Una haki ya kupata mkalimani. Unaweza kupata msaada kutoka kwa mkalimani wa huduma za afya aliyeidhinishwa au anayestahiki. Msaada huu haulipishwi. Tafadhali piga simu kwa namba ya Huduma kwa Wateja ya CCO wako iliyoorodheshwa hapa chini Watumiaji wa TTY wanaweza kupiga 711. Tunapokea simu za kupitia mfasiri wa mawasiliano.

Columbia Pacific CCO Huduma kwa Wateja: namba isiyolipiwa, 855-722-8206.

Health Share/CareOregon Huduma kwa Wateja: namba isiyolipiwa, 800-224-4840.

Jackson Care Connect Huduma kwa Wateja: namba isiyolipiwa, 855-722-8208.

Ukrainian

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Служба підтримки клієнтів Columbia Pacific CCO: 855-722-8206, дзвінки безкоштовні.

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Служба підтримки клієнтів Jackson Care Connect: 855-722-8208, дзвінки безкоштовні.



2026 OHP Drug List (Formulary)

Administered by CareOregon. *Last updated June 1, 2026.*

Introduction

Your pharmacy benefit

We want to make sure you get the right care for your health needs! A very important part of that care can be drugs that your provider prescribes. Many prescriptions are paid for under your Oregon Health Plan (OHP) Medicaid drug coverage, but not all of them are. So how do you know which ones are covered, and which ones aren't? This booklet of covered drugs will tell you. It's called a "formulary." We've worked with pharmacists and doctors to create a formulary with drugs that are safe and effective. This formulary is administered by CareOregon, a partner in your coordinated care organization (CCO).

We usually update this formulary every two months. To get up-to-date information about drugs covered by us, call your CCO's Customer Service department. They are available Monday-Friday, from 8 a.m. to 5 p.m.

Columbia Pacific CCO Customer Service: 503-488-2822 or toll-free 855-722-8206, TTY 711

Health Share/CareOregon Customer Service: 503-416-4100 or toll-free 800-224-4840, TTY 711

Jackson Care Connect Customer Service: 541-500-0567 or toll-free 855-722-8208, TTY 711

Getting started

For some drugs, your provider will need to check with your CCO before they will cover the prescription. This is called a prior authorization or PA. Getting a PA will help get you started on your medication as soon as possible.

Here are some important things for you to know:

1. Before you leave your provider's office, ask if your CCO covers your drug.
2. If your CCO doesn't cover it, ask if there is a covered drug that would work for you.
3. If your provider does not prescribe a different drug for you, ask them to request a PA from your CCO.
4. If the PA is approved, your CCO will let you and your provider know. If it is not, your CCO will tell you how you can appeal the decision.

And always be sure to follow your provider's and pharmacist's directions for taking your medication(s).

How to fill your prescriptions

1. You can have your prescription filled at a participating network pharmacy. A list of pharmacies in your CCO's network can be found using the online Provider Directory on your CCO's web site.

Columbia Pacific CCO: colpachealth.org/providerdirectory

Health Share/CareOregon: [careoregon.org/members/
find-a-provider](http://careoregon.org/members/find-a-provider)

Jackson Care Connect: [jacksoncareconnect.org/
providerdirectory](http://jacksoncareconnect.org/providerdirectory)

2. Show your CCO Member ID card every time you fill a prescription.
3. There will be no copay for any drug that your CCO covers. If a pharmacy asks you to pay for a prescription, call your CCO's Customer Service before you pay.

IMPORTANT: As a member, it is your responsibility to contact Customer Service before paying out-of-pocket for prescriptions. If you can't contact them, your CCO may pay you back on prescriptions you paid for on your own. This depends on your benefit coverage and the limitations and exclusions of the plan. A form with instructions for getting paid back can be found in the "Member Forms" section on your CCO's website.

If your provider's clinic is closed and you think you need a prescription filled immediately, call your provider's after-hours telephone number. There will usually be someone there that can answer your questions.

Non-covered drugs

To help members have the best possible health outcomes, your CCO may add or remove drugs from the formulary or change coverage rules on drugs. If they remove a drug from the formulary or change the rules for a drug that you take, they will tell you at least 30 days before they do it. The following items are not covered:

- Drugs not listed in the formulary (see section titled "Drugs Not Listed in the Formulary" for more information)
- Drugs used to treat conditions that are not covered by the Oregon Health Plan.
- Drugs used for cosmetic purposes
- Drugs used for non-medically accepted indications

Mental health drugs are covered through the state's Medical Assistance Programs (MAP). These drugs are not listed in this formulary. Your pharmacist sends the bill directly to MAP.

New to plan or hospital discharge

New members or members who move to a different level of care may be using a non-formulary or restricted drug. If a provider asks for this drug to be covered, we may provide a transition supply.

A transition supply gives you time to try a different formulary drug to see if it meets your needs. While you're using your transition supply, your provider should ask for a PA for the drug to be covered.

Generic drugs

A generic drug works just like a brand-name drug. It is a copy of a brand-name drug. Most brand-name drugs will not be covered if there is a generic version of the drug available.

Over-the-counter (OTC) drugs

Your CCO covers some over-the-counter drugs that are listed in the formulary. These drugs are covered if you have a prescription for the drug from your provider.

Restrictions on formulary drugs

Some covered drugs may have special rules about their use. These rules may include:

- **Prior Authorization (PA):** If providers want to prescribe a drug marked "PA" in the formulary, they must send a "Prior Authorization" or "Formulary Exception Request Form" to us. We cannot pay for the prescription unless we approve the request in advance. Usually, we only approve PA requests if the drug treats conditions covered by the Oregon Health Plan.

- **Quantity Limits (QL):** For drugs marked “QL,” we limit the amount of the drug we’ll pay for. Your provider must send a PA to us if they want to prescribe an amount of the drug that is over our quantity limits.
- **Step Therapy (ST):** Sometimes we ask you to try other drugs before we cover a drug marked “ST.” Suppose Drug A and Drug B both treat your medical condition. We may not cover Drug B before you try Drug A. If Drug A has harmful side effects or doesn’t work for you, we’ll cover Drug B.
- **Age Restriction (AR):** For some drugs, we require you to be younger than or older than a specific age. For example, a drug may be restricted to people under age 6 or over age 16.

Exceptions

You may get up to a 90-day supply of some drugs. Drugs that qualify for a 90-day fill will have “90-day supply available” in the comments section next to the drug in the formulary.

Note: Your CCO may approve an additional refill in the following situations:

- Your prescription is lost, stolen, or spilled.
- You need extra medication because you will be out of town.
- You need extra medication because your dosage was increased.
- You need a supply of a certain medication for work or school.

For more information call your CCO’s Customer Service department.

Drugs not listed in the formulary

Drugs usually are not covered unless they are in the formulary. However, if your provider believes a drug outside of our formulary is the best drug for you, the provider can ask your

CCO to cover it. This is called “making a formulary exception request.” Your provider will need to submit a PA. Usually, formulary exception requests are approved only if:

- There is a medical reason that you need that specific drug.
- Other drugs in the formulary have not worked for you.

Urgent needs for non-formulary or restricted drugs

Your provider or a pharmacist may ask for a five-day emergency supply of a non-formulary or restricted drug. This gives them time to send a PA to your CCO. To ask for an emergency supply, call your CCO’s Customer Service.

Find more information at your CCO’s Member Portal

Your CCO has a secure Member Portal, where you find information about your prescriptions and more. Log in to your Member Portal and you can:

- Access your benefits information
- Check your prescriptions fill history
- Search for a provider
- Send us a secure message
- And more

Register for your CCO’s Member Portal at the link below:

Columbia Pacific CCO: [***colpachealth.org/portal***](https://colpachealth.org/portal)

Health Share/CareOregon: [***careoregon.org/portal***](https://careoregon.org/portal)

Jackson Care Connect: [***jacksoncareconnect.org/portal***](https://jacksoncareconnect.org/portal)

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------------------------|----------------------|-----------|--------------|
| ANTI-INFECTIVES | | | |
| PENICILLINS | | | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | TAB 250MG | Generic | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | TAB 500MG | Generic | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | TAB 875MG | Generic | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | CHW 200MG | Generic | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | CHW 400MG | Generic | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | SUS 200/5ML | Generic | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | SUS 250/5ML | Generic | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | SUS 400/5ML | Generic | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | SUS 600/5ML | Generic | |
| AMOXICILLIN | TAB 875MG | Generic | |
| AMOXICILLIN | TAB 500MG | Generic | |
| AMOXICILLIN | CAP 250MG | Generic | |
| AMOXICILLIN | CAP 500MG | Generic | |
| AMOXICILLIN | CHW 250MG | Generic | |
| AMOXICILLIN | SUS 125/5ML | Generic | |
| AMOXICILLIN | SUS 200/5ML | Generic | |
| AMOXICILLIN | SUS 250/5ML | Generic | |
| AMOXICILLIN | SUS 400/5ML | Generic | |
| AMOXICILLIN/CLAVULANATE POTASSIUM | TAB ER | Generic | |
| AMPICILLIN | CAP 250MG | Generic | |
| AMPICILLIN | CAP 500MG | Generic | |
| AMP-SULBACTA | INJ 1.5GM | Generic | |
| AMP-SULBACTA | INJ 1-0.5GM | Generic | |
| AMP-SULBACTA | INJ 1.5GM | Generic | |
| AMP-SULBACTA | INJ 3GM | Generic | |
| AMP-SULBACTA | INJ 2-1GM | Generic | |
| AMP-SULBACTA | IV SOLN 3 (2-1) GM | Generic | |
| AMP-SULBACTA | INJ 10-5GM | Generic | |
| AMP-SULBACTA | INJ 15GM | Generic | |
| DICLOXACILLIN SODIUM | CAP 250MG | Generic | |
| DICLOXACILLIN SODIUM | CAP 500MG | Generic | |
| NAFCILLIN SODIUM | INJ 1 GM | Generic | |
| NAFCILLIN SODIUM | IV SOLN 1 GM | Generic | |
| NAFCILLIN SODIUM | INJ 2 GM | Generic | |
| NAFCILLIN SODIUM | IV SOLN 2 GM | Generic | |
| NAFCILLIN SODIUM | INJ 10 GM | Generic | |
| NAFCILLIN SODIUM | IV SOLN 10 GM | Generic | |
| OXACILLIN SODIUM | INJ 1 GM | Generic | |
| OXACILLIN SODIUM | INJ 2 GM | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------|----------------------|-----------|--------------|
| OXACILLIN SODIUM | IV SOLN 10 GM | Generic | |
| PENICILLIN G POTASSIUM | INJ 20000000 | Generic | |
| PENICILLIN G POTASSIUM | INJ 5000000 | Generic | |
| PENICILLIN G POTASSIUM DEXTROSE | INJ 20000 | Brand | |
| PENICILLIN G POTASSIUM DEXTROSE | INJ 40000 | Brand | |
| PENICILLIN G POTASSIUM DEXTROSE | INJ 60000 | Brand | |
| PENICILLN VK | TAB 250MG | Generic | |
| PENICILLN VK | TAB 500MG | Generic | |
| PENICILLN VK | SOL 125/5ML | Generic | |
| PENICILLN VK | SOL 250/5ML | Generic | |
| PIP/TAZ/NACL | INJ 2-0.25GM | Brand | |
| PIPER/TAZOBA | INJ 2-0.25GM | Generic | |
| PIPER/TAZOBA | INJ 3-0.375G | Generic | |
| PIPER/TAZOBA | INJ 4-0.5GM | Generic | |
| PIPER/TAZOBA | INJ 12-1.5GM | Generic | |
| PIPER/TAZOBA | INJ 36-4.5GM | Generic | |
| CEPHALOSPORINS | | | |
| CEFACTOR | CAP 250MG | Generic | |
| CEFACTOR | CAP 500MG | Generic | |
| CEFADROXIL | CAP 500MG | Generic | |
| CEFADROXIL | TAB 1GM | Generic | |
| CEFADROXIL | SUS 250/5ML | Generic | |
| CEFADROXIL | SUS 500/5ML | Generic | |
| CEFAZOLIN | INJ 500MG | Generic | |
| CEFAZOLIN | INJ 1GM | Generic | |
| CEFAZOLIN | INJ 2GM/10ML | Brand | |
| CEFAZOLIN | INJ 3GM/30ML | Brand | |
| CEFAZOLIN | INJ 10GM | Generic | |
| CEFAZOLIN | INJ 20GM | Generic | |
| CEFAZOLIN | INJ 100GM | Generic | |
| CEFAZOLIN | INJ 300GM | Generic | |
| CEFAZOLIN | INJ 1GM/50ML | Generic | |
| CEFAZOLIN/DEXTROSE | SOL 1GM | Generic | |
| CEFAZOLIN/DEXTROSE | SOL 2GM | Generic | |
| CEFAZOLIN/NACL | IV SOLN 2 GM/100ML | Generic | |
| CEFAZOLIN/NACL | IV SOLN 3 GM/100ML | Generic | |
| CEFDINIR | CAP 300MG | Generic | |
| CEFDINIR | SUS 125/5ML | Generic | |
| CEFDINIR | SUS 250/5ML | Generic | |
| CEFEPIME | INJ 1 GM | Generic | |
| CEFEPIME | INJ 2 GM | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------------|----------------------|-----------|--------------|
| CEFIXIME | CAP 400MG | Generic | |
| CEFIXIME | SUS 100/5ML | Generic | |
| CEFIXIME | SUS 200/5ML | Generic | |
| CEFOTAXIME | INJ 500 MG | Generic | |
| CEFOTAXIME | INJ 1 GM | Generic | |
| CEFOTAXIME | INJ 2 GM | Generic | |
| CEFOTETAN | INJ 1 GM | Generic | |
| CEFOTETAN | INJ 2 GM | Generic | |
| CEFOXITIN | IV SOLN 1 GM | Generic | |
| CEFOXITIN | IV SOLN 2 GM | Generic | |
| CEFOXITIN | INJ 10 GM | Generic | |
| CEFPODOXIME | TAB 100MG | Generic | |
| CEFPODOXIME | TAB 200MG | Generic | |
| CEFPODOXIME PROXETIL | SUS 50MG/5ML | Generic | |
| CEFPODOXIME PROXETIL | SUS 100MG/5ML | Generic | |
| CEFPROZIL | TAB 250MG | Generic | |
| CEFPROZIL | TAB 500MG | Generic | |
| CEFPROZIL | SUS 125/5ML | Generic | |
| CEFPROZIL | SUS 250/5ML | Generic | |
| CEFTRIAZONE | INJ 250MG | Generic | |
| CEFTRIAZONE | INJ 500MG | Generic | |
| CEFTRIAZONE | INJ 1GM | Generic | |
| CEFTRIAZONE | INJ 2GM | Generic | |
| CEFTRIAZONE | INJ 10GM | Generic | |
| CEFTRIAZONE | INJ 100GM | Generic | |
| CEFTRIAZONE | INJ DEX 1GM | Generic | |
| CEFTRIAZONE | INJ DEX 2GM | Generic | |
| CEFUROXIME | TAB 250MG | Generic | |
| CEFUROXIME | TAB 500MG | Generic | |
| CEPHALEXIN | CAP 250MG | Generic | |
| CEPHALEXIN | CAP 500MG | Generic | |
| CEPHALEXIN | SUS 125/5ML | Generic | |
| CEPHALEXIN | SUS 250/5ML | Generic | |
| SUPRAX | SUS 500/5ML | Brand | |
| MACROLIDES | | | |
| AZITHROMYCIN | TAB 250MG | Generic | |
| AZITHROMYCIN | TAB 500MG | Generic | |
| AZITHROMYCIN | TAB 600MG | Generic | |
| AZITHROMYCIN | SUS 100/5ML | Generic | |
| AZITHROMYCIN | SUS 200/5ML | Generic | |
| AZITHROMYCIN | IV SOLN 500 MG | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------|----------------------|-----------|-------------------------------|
| AZITHROMYCIN | POW 1GM PAK | Generic | |
| CLARITHROMYCIN | TAB 250MG | Generic | |
| CLARITHROMYCIN | TAB 500MG | Generic | |
| CLARITHROMYCIN | SUS 125/5ML | Generic | |
| CLARITHROMYCIN | SUS 250/5ML | Generic | |
| CLARITHROMYCIN | TAB 500MG ER | Generic | |
| ZITHROMAX | POW 1GM PAK | Brand | |
| TETRACYCLINES | | | |
| DOXYCYCLINE HYCLATE | CAP 50MG | Generic | QL 2.5 per day |
| DOXYCYCLINE HYCLATE | CAP 100MG | Generic | QL 2.5 per day |
| DOXYCYCLINE HYCLATE | TAB 20MG | Generic | derm |
| DOXYCYCLINE HYCLATE | TAB 100MG | Generic | QL 2.5 per day |
| DOXYCYCLINE MONOHYDRATE | CAP 50MG | Generic | QL 2.5 per day |
| DOXYCYCLINE MONOHYDRATE | CAP 100MG | Generic | QL 2.5 per day |
| DOXYCYCLINE MONOHYDRATE | TAB 50MG | Generic | QL 2.5 per day |
| DOXYCYCLINE MONOHYDRATE | TAB 100MG | Generic | QL 2.5 per day |
| MINOCYCLINE | CAP 50MG | Generic | QL 2 caps per day |
| MINOCYCLINE | CAP 100MG | Generic | QL 2 caps per day |
| TETRACYCLINE | CAP 250 MG | Generic | QL 14 day supply per 180 days |
| TETRACYCLINE | CAP 500 MG | Generic | QL 14 day supply per 180 days |
| VIBRAMYCIN | SYP 50MG/5ML | Brand | AR PA required > 12 |
| FLUOROQUINOLONES | | | |
| CIPROFLOXACIN | TAB 100MG | Generic | |
| CIPROFLOXACIN | TAB 250MG | Generic | |
| CIPROFLOXACIN | TAB 500MG | Generic | |
| CIPROFLOXACIN | TAB 750MG | Generic | |
| CIPROFLOXACIN | INJ 200MG | Generic | |
| CIPROFLOXACIN | INJ 400MG | Generic | |
| LEVOFLOXACIN | TAB 250MG | Generic | |
| LEVOFLOXACIN | TAB 500MG | Generic | |
| LEVOFLOXACIN | TAB 750MG | Generic | |
| LEVOFLOXACIN | SOL 25MG/ML | Generic | |
| LEVOFLOXACIN | IV SOL 25MG/ML | Generic | |
| MOXIFLOXACIN | TAB 400MG | Generic | |
| MOXIFLOXACIN | IV SOL 400 MG/250ML | Generic | |
| MOXIFLOXACIN | 400 MG/250ML INJ | Generic | |
| AMEBICIDES | | | |
| PAROMOMYCIN | CAP 250MG | Generic | |
| YODOXIN | TAB 210MG | Brand | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------------------------|----------------------|-----------|---------------------------------------|
| YODOXIN | TAB 650MG | Brand | |
| AMINOGLYCOSIDES | | | |
| AMIKACIN | INJ 500 MG/2ML | Generic | |
| AMIKACIN | INJ 1 GM/4ML | Generic | |
| NEOMYCIN | TAB 500MG | Generic | |
| TOBRAMYCIN | NEB 300/5ML | Generic | PA, QL 280ml per 60 days |
| TOBRAMYCIN | INJ 80MG/2ML | Generic | |
| TOBRAMYCIN | INJ 40MG/ML | Generic | |
| TOBRAMYCIN | 1.2 GM/30ML | Generic | |
| ANTITUBERCULOSIS AGENTS | | | |
| ETHAMBUTOL | TAB 100MG | Generic | |
| ETHAMBUTOL | TAB 400MG | Generic | |
| ISONIAZID | TAB 100MG | Generic | |
| ISONIAZID | TAB 300MG | Generic | |
| PRETOMANID | TAB 200MG | Brand | PA |
| PRIFTIN | TAB 150MG | Brand | |
| PYRAZINAMIDE | TAB 500MG | Generic | |
| RIFABUTIN | CAP 150MG | Generic | |
| RIFAMPIN | CAP 150MG | Generic | |
| RIFAMPIN | CAP 300MG | Generic | |
| SIRTURO | TAB 20MG | Brand | PA |
| SIRTURO | TAB 100MG | Brand | PA |
| ANTIFUNGALS | | | |
| BIO-STATIN | POW | Generic | PA |
| CICLOPIROX OLAMINE | CREAM 0.77% | Generic | |
| CICLOPIROX | SOL 8% | Generic | |
| ECONAZOLE NITRATE | CREAM 1% | Generic | |
| FLUCONAZOLE | TAB 50MG | Generic | |
| FLUCONAZOLE | TAB 100MG | Generic | |
| FLUCONAZOLE | TAB 150MG | Generic | |
| FLUCONAZOLE | TAB 200MG | Generic | |
| FLUCONAZOLE | SUS 10MG/ML | Generic | |
| FLUCONAZOLE | SUS 40MG/ML | Generic | |
| FLUCYTOSINE | CAP 250MG | Generic | PA QL 4 per day |
| FLUCYTOSINE | CAP 500MG | Generic | PA |
| GRISEOFULVIN | SUS 125/5ML | Generic | |
| ITRACONAZOLE | CAP 100MG | Generic | PA |
| ITRACONAZOLE | SOL 10MG/ML | Generic | PA AR covered for ages 12 and younger |
| KETOCONAZOLE | TAB 200MG | Generic | |
| KETOCONAZOLE | CRE 2% | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------------------------------|----------------------|-----------|---------------------------------------|
| NOXAFIL | SUSP 40MG/ML | Brand | PA |
| NYSTATIN | TAB 500000 | Generic | |
| NYSTATIN | SUS 100000 | Generic | |
| NYSTATIN | CRE 100000 | Generic | |
| NYSTATIN | OIN 100000 | Generic | |
| POSACONAZOLE | TAB 100MG DR | Generic | PA |
| TERBINAFINE | CREAM 1% | Generic | |
| TERBINAFINE | TAB 250MG | Generic | |
| VORICONAZOLE | TAB 50MG | Generic | PA QL 6 per day |
| VORICONAZOLE | TAB 200MG | Generic | PA |
| VORICONAZOLE | SUS 40MG/ML | Generic | PA AR covered for ages 12 and younger |
| ANTIFUNGALS (SKIN & MUCOUS MEMBRANE) | | | |
| 3 DAY VAGINAL | CRE 2% | Generic | |
| 3 DAY VAGINAL | CRE 4% | Generic | |
| ATHLETE FOOT | CRE 1% | Generic | |
| CLOTRIMAZOLE | CRE 1% | Generic | |
| CLOTRIMAZOLE | CRE 1% VAG | Generic | |
| CLOTRIMAZOLE | CRE 2% | Generic | |
| CLOTRIMAZOLE | CRE 3 DAY | Generic | |
| CLOTRIMAZOLE | TRO 10MG | Generic | |
| CLOTRIMAZOLE | LOZ 10MG | Generic | |
| CLOTRIMAZOLE | CRE GRX 1% | Generic | |
| CLOTRIMAZOLE W/ BETAMETHASONE | CRE 1-0.05% | Generic | |
| DESENEK | CRE 1% | Generic | |
| JOCK ITCH | CRE 1% | Generic | |
| KETOCONAZOLE | SHAMPOO 1% | Generic | QL 1 bottle per month (4mLs per day) |
| KETOCONAZOLE | SHAMPOO 2% | Generic | QL 1 bottle per month (4mLs per day) |
| MICADERM | CRE 2% | Generic | |
| MICONAZOLE | 3 KIT COMBO PK | Generic | |
| MICONAZOLE | SUP 100MG | Generic | |
| MICONAZOLE CRE 2% | CRE 2% | Generic | |
| MICONAZOLE 3 | CRE 4% | Generic | |
| MICONAZOLE 7 | CRE TUBE/KIT | Generic | |
| MICONAZOLE 7 | CRE 2% | Generic | |
| MICONAZOLE 7 | SUP 100MG | Generic | |
| MICONAZOLE NITRATE | POWDER 2% | Generic | |
| MICRO GUARD | CRE 2% | Generic | |
| NEOSPORIN AF | CRE 2% JOCK | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------|----------------------|-----------|---|
| PODACTIN | CRE 2% | Generic | |
| RINGWORM | CRE 1% | Generic | |
| SM ANTIFUNGL | CRE 1% | Generic | |
| SOOTHE&COOL | CRE INZO 2% | Generic | |
| SELENIUM SULFIDE | LOTION 2.5% | Generic | |
| TINEACIDE | CRE | Generic | |
| VAGISTAT-3 | KIT COMBO PK | Generic | |
| ANTIVIRALS | | | |
| AMANTADINE | TAB 100MG | Generic | |
| AMANTADINE | CAP 100MG | Generic | |
| AMANTADINE | SYP 50MG/5ML | Generic | |
| RIMANTADINE | TAB 100MG | Generic | |
| ACYCLOVIR | CAP 200MG | Generic | 90-day supply available |
| ACYCLOVIR | TAB 400MG | Generic | 90-day supply available |
| ACYCLOVIR | TAB 800MG | Generic | 90-day supply available |
| ACYCLOVIR | SUS 200/5ML | Generic | AR <12 90-day supply available |
| FAMCICLOVIR | TAB 125MG | Generic | 90-day supply available |
| FAMCICLOVIR | TAB 250MG | Generic | 90-day supply available |
| FAMCICLOVIR | TAB 500MG | Generic | 90-day supply available |
| PAXLOVID | TAB 150-100MG | Brand | |
| PAXLOVID | TAB 300-100MG | Brand | QL 20 tablets every 30 days |
| PAXLOVID | PAK | Brand | QL 11 per 30 days |
| PREVYMIS | TAB 240MG | Brand | PA QL 1 per day |
| PREVYMIS | TAB 480MG | Brand | PA QL 1 per day |
| PREVYMIS | PAK 20MG | Brand | PA QL 4 per day |
| PREVYMIS | PAK 120MG | Brand | PA QL 4 per day |
| VALACYCLOVIR | TAB 500MG | Generic | 90-day supply available |
| VALACYCLOVIR | TAB 1GM | Generic | 90-day supply available |
| VALGANCICLOVIR | SOL 50MG/ML | Generic | PA required > 12 |
| VALGANCICLOVIR | TAB 450MG | Generic | |
| HEPATITIS AGENTS | | | |
| BARACLUDE | SOL .05MG/ML | Brand | QL 20 per day; AR Covered for members ages 12 and younger |
| CIDOFOVIR | INJ 75MG/ML | Generic | |
| ENTECAVIR | TAB 0.5MG | Generic | QL 1 per day |
| ENTECAVIR | TAB 1MG | Generic | QL 1 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|-----------------------|-----------|---|
| MAVYRET | TAB 100-40MG | Brand | QL 3 tabs per day PA reqd for retreatment only |
| SOFOBUVIR-VELPATASVIR (generic Epclusa) | TAB 400-100MG | Generic | QL 1 per day PA reqd for retreatment only |
| VOSEVI | TAB 400-100-100MG | Brand | PA QL 1 per day |
| HIV | | | |
| ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE | TAB 300MG-150MG-300MG | Generic | |
| ABACAVIR/LAMIVUDINE | TAB 600MG-300MG | Generic | |
| ABACAVIR | TAB 300MG | Generic | |
| APRETUDE | SUS 600MG ER | Brand | |
| APTIVUS | CAP 250MG | Brand | |
| APTIVUS | SOL | Brand | |
| ATAZANAVIR | CAP 150MG | Generic | |
| ATAZANAVIR | CAP 200MG | Generic | |
| ATAZANAVIR | CAP 300MG | Generic | |
| BIKTARVY | TAB 30-120-15MG | Brand | QL 1 per day |
| BIKTARVY | TAB 50-200-25MG | Brand | QL 1 per day |
| CIMDUO | TAB 300MG | Brand | QL 1 per day |
| CRIXIVAN | CAP 200MG | Brand | |
| CRIXIVAN | CAP 400MG | Brand | |
| DARUNAVIR | TAB 600MG | Generic | |
| DARUNAVIR | TAB 800MG | Generic | |
| DELSTRIGO | TAB 100MG-300MG-300MG | Brand | QL 1 per day |
| DESCOVY | TAB 120/15MG | Brand | QL 1 per day |
| DESCOVY | TAB 200/25MG | Brand | QL 1 per day |
| DIDANOSINE | CAP 125MG | Generic | |
| DIDANOSINE | CAP 200MG | Generic | |
| DIDANOSINE | CAP 250MG | Generic | |
| DIDANOSINE | CAP 400MG | Generic | |
| DOVATO | TAB 50-300MG | Brand | QL 1 per day |
| EDURANT | TAB 25MG | Brand | |
| EDURANT PED | TAB 2.5MG | Brand | QL 6 per day |
| EFAVIRENZ | CAP 50MG | Generic | |
| EFAVIRENZ | CAP 200MG | Generic | |
| EFAVIRENZ | TAB 600MG | Generic | |
| EFAVIR/EMTRI/TENOFOVI (generic Atripla) | TAB | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|------------------------------|-----------|---------------------|
| EMTRICITABINE | CAP 200MG | Generic | |
| EMTRIC/RILPI TENOF DF (generic Complera) | TAB 200MG-25MG-300MG | Generic | |
| EMTR/TENOFOV (generic Truvada) | TAB 100-150 | Generic | QL 2 per day |
| EMTR/TENOFOV (generic Truvada) | TAB 133-200 | Generic | QL 2 per day |
| EMTR/TENOFOV (generic Truvada) | TAB 167-250 | Generic | QL 2 per day |
| EMTR/TENOFOV (generic Truvada) | TAB 200-300MG | Generic | QL 2 per day |
| EMTRIVA | SOL 10MG/ML | Brand | |
| ETRAVIRINE | TAB 100MG | Generic | |
| ETRAVIRINE | TAB 200MG | Generic | |
| EVOTAZ | TAB 300-150 | Brand | QL 1 per day |
| FOSAMPRENAVIR | TAB 700MG | Generic | |
| FUZEON | INJ 90MG | Brand | |
| GENVOYA | TAB 150-150-200-10 MG | Brand | QL 1 per day |
| INTELENCE | TAB 25MG | Brand | |
| INVIRASE | CAP 200MG | Brand | |
| INVIRASE | TAB 500MG | Brand | |
| ISENTRESS | CHEW 100MG | Brand | |
| ISENTRESS | CHEW 25MG | Brand | |
| ISENTRESS | POW 100MG | Brand | |
| ISENTRESS | TAB 400MG | Brand | |
| ISENTRESS HD | TAB 600 MG | Brand | QL 2 per day |
| JULUCA | TAB 50-25MG | Brand | QL 1 per day |
| LAMIVUDINE/ZIDOVUDINE | TAB 150-300 | Generic | |
| LAMIVUDINE | TAB 150MG | Generic | |
| LAMIVUDINE | TAB 300MG | Generic | QL 1 per day |
| LAMIVUDINE | SOL 10MG/ML | Generic | |
| LAMIVUDINE | TAB 100MG | Generic | |
| LEXIVA | SUS 50MG/ML | Brand | |
| LOPINA VIR-RITONAVIR | TAB 100-25MG | Generic | |
| LOPINA VIR-RITONAVIR | TAB 200-50MG | Generic | |
| LOPINA VIR-RITONAVIR SOL | 400-100 MG/5ML (80-20 MG/ML) | Generic | |
| MARAVIROC | 150MG | Generic | |
| MARAVIROC | 300MG | Generic | |
| NEVIRAPINE | SUS 50MG/5ML | Generic | |
| NEVIRAPINE | TAB 100MG | Generic | AR PA required > 18 |
| NEVIRAPINE | TAB 200MG | Generic | |
| NEVIRAPINE | TAB 400MG ER | Generic | |
| NORVIR | CAP 100MG | Brand | |
| NORVIR | SOL 80MG/ML | Brand | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------|----------------------|-----------|--|
| ODEFSY | TAB 200-25-25MG | Brand | QL 1 per day |
| PIFELTRO | TAB 100MG | Brand | QL 1 per day |
| PREZCOBIX | TAB 675-150 | Brand | QL 1 per day |
| PREZCOBIX | TAB 800-150 | Brand | QL 1 per day |
| PREZISTA | TAB 75MG | Brand | |
| PREZISTA | TAB 150MG | Brand | |
| PREZISTA | TAB 400MG | Brand | |
| PREZISTA | SUS 100MG/ML | Brand | |
| RESCRIPTOR | TAB 100 MG | Brand | |
| RESCRIPTOR | TAB 200MG | Brand | |
| RETROVIR | INJ 10MG/ML | Brand | |
| REYATAZ | POW 50MG | Brand | |
| RITONAVIR | TAB 100MG | Generic | |
| RUKOBIA | TAB 600MG | Brand | PA & QL 2 tabs per day |
| SELZENTRY | TAB 25MG | Brand | QL 4 tabs per day |
| SELZENTRY | TAB 75MG | Brand | QL 2 tabs per day |
| SELZENTRY | SOLN 20MG/ML | Brand | AR Covered for patients_age 12 and younger |
| STAVUDINE | CAP 15MG | Generic | |
| STAVUDINE | CAP 20MG | Generic | |
| STAVUDINE | CAP 30MG | Generic | |
| STAVUDINE | CAP 40MG | Generic | |
| STAVUDINE | SOL 1MG/ML | Generic | |
| STRIBILD | TAB | Brand | |
| SYMTUZA | TAB 800-150-200-10MG | Brand | QL 1 per day |
| TENOFOVIR | TAB 300MG | Generic | |
| TIVICAY | TAB 10MG | Brand | QL 1 per day |
| TIVICAY | TAB 25MG | Brand | QL 1 per day |
| TIVICAY | TAB 50MG | Brand | |
| TIVICAY PD | SUSP 5MG | Brand | QL 6 per day |
| TRIUMEQ | TAB | Brand | QL 1 per day |
| TRIUMEQ PD | TAB | Brand | QL 6 per day |
| TYBOST | TAB 150MG | Brand | QL 1 per day |
| VIDEX | SOL 2GM | Brand | |
| VIDEX | SOL 4GM | Brand | |
| VIRACEPT | TAB 250MG | Brand | |
| VIRACEPT | TAB 625MG | Brand | |
| VIREAD | TAB 150MG | Brand | QL 1 per day |
| VIREAD | TAB 200MG | Brand | |
| VIREAD | TAB 250MG | Brand | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------------------|----------------------|-----------|------------------------------|
| VIREAD | POW 40MG/GM | Brand | |
| VITEKTA | TAB 150MG | Brand | QL 1 per day |
| VITEKTA | TAB 85MG | Brand | QL 1 per day |
| YEZTUGO | TAB 300MG | Brand | QL 4 per 365 days |
| YEZTUGO | INJ 463.5MG | Brand | QL 0.02 per day |
| ZIAGEN | SOL 20MG/ML | Brand | |
| ZIDOVUDINE | CAP 100MG | Generic | |
| ZIDOVUDINE | TAB 300MG | Generic | |
| ZIDOVUDINE | SYP 50MG/5ML | Generic | |
| INFLUENZA AGENTS | | | |
| INFLUENZA A (H5N1) TISS-CULT | SOLN | Brand | |
| INFLUENZA VIRUS VAC TISS-CULT | SUSP | Brand | AR PA required > 19 |
| INFLUENZA VIRUS VACC RECOMBINANT | SOLN | Brand | AR PA required > 19 |
| OSELTAMIVIR | CAP 30MG | Generic | |
| OSELTAMIVIR | CAP 45MG | Generic | |
| OSELTAMIVIR | CAP 75MG | Generic | |
| OSELTAMIVIR | SUS 6MG/ML | Generic | AR PA required > 12; |
| RELENZA | MIS DISKHALE | Brand | |
| ANTIMALARIALS | | | |
| CHLOROQUINE | TAB 250MG | Generic | |
| CHLOROQUINE | TAB 500MG | Generic | |
| COARTEM | TAB 20-120MG | Brand | |
| HYDROXYCHLOR | TAB 200MG | Generic | |
| HYDROXYCHLOR | TAB 300MG | Generic | |
| KRINTAFEL | TAB 150MG | Brand | QL 2 per 180 days |
| MEFLOQUINE | TAB 250MG | Generic | |
| ANTHELMINTICS | | | |
| ALBENDAZOLE | TAB 200MG | Generic | PA |
| IVERMECTIN | TAB 3MG | Generic | QL of 20 tablets per 60 days |
| PINWORM | TAB MEDICINE | Generic | |
| PIN-X | SUS 50MG/ML | Generic | |
| REESSES MED | SUS PINWORM | Generic | |
| ANTI-INFECTIVE AGENTS: MISC | | | |
| ATOVAQUONE | SUS 750/5ML | Generic | PA; QL 10mls per day |
| BENZNIDAZOLE | TAB 12.5MG | Brand | PA |
| BENZNIDAZOLE | TAB 100MG | Brand | PA |
| CLINDAMYCIN | CAP 75MG | Generic | |
| CLINDAMYCIN | CAP 150MG | Generic | |
| CLINDAMYCIN | CAP 300MG | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------------|----------------------|-----------|----------------------------|
| CLINDAMYCIN | SOL 75MG/5ML | Generic | AR PA required > 12 |
| CLINDAMYCIN | INJ 300 MG/2ML | Generic | |
| CLINDAMYCIN | 600 MG/4ML | Generic | |
| CLINDAMYCIN | 900 MG/6ML | Generic | |
| CLINDAMYCIN | INJ 9 GM/60ML | Generic | |
| COLISTIMETHATE SOD | INJ 150 MG | Generic | |
| FIRVANQ | SOL 25MG/ML | Brand | |
| FIRVANQ | SOL 50MG/ML | Brand | |
| IMPAVIDO | CAP 50MG | Brand | PA; QL 3 per day |
| LAMPIT | TAB 30MG | Brand | PA |
| LAMPIT | TAB 120MG | Brand | PA |
| LINEZOLID | TAB 600MG | Generic | QL 14-day supply per fill |
| LINEZOLID | INJ 2MG/ML | Generic | QL 14-day supply per fill |
| MEROP/NACL | IV SOLN 500 MG/50ML | Generic | |
| MEROP/NACL | IV SOLN 1 GM/50ML | Generic | |
| METRONIDAZOLE | CAP 375MG | Generic | |
| METRONIDAZOLE | TAB 250MG | Generic | |
| METRONIDAZOLE | TAB 500MG | Generic | |
| METRONIDAZOLE | CREAM 0.75% | Generic | QL 3.3 per day |
| METRONIDAZOLE | GEL 0.75% | Generic | QL 3.3 per day |
| NEBUPENT | INH 300MG | Brand | |
| NEUTREXIN | INJ 25MG | Brand | |
| NITROFURANTOIN MACROCRYSTALS | CAP 25MG | Generic | |
| NITROFURANTOIN MACROCRYSTALS | CAP 50MG | Generic | |
| NITROFURANTOIN MACROCRYSTALS | CAP 100MG | Generic | |
| NITROFURANTOIN | CAP 100MG | Generic | |
| PENTAM 300 | INJ 300MG | Brand | |
| SMZ/TMP DS | TAB 800-160 | Generic | |
| SMZ-TMP | TAB 400-80MG | Generic | |
| SMZ-TMP | SUS 200-40/5 | Generic | |
| SULFATRIM PD | SUS 200-40/5 | Generic | |
| SYNAGIS | INJ 50MG | Brand | PA QL 5 fills per 6 months |
| SYNAGIS | INJ 100MG/ML | Brand | PA QL 5 fills per 6 months |
| TRIMETHOPRIM | TAB 100MG | Generic | |
| VANCOMYCIN | CAP 125MG | Generic | |
| VANCOMYCIN | CAP 250MG | Generic | |
| VANCOMYCIN | INJ 500MG | Generic | |
| VANCOMYCIN | INJ 750MG | Generic | |
| VANCOMYCIN | INJ 1 GM | Generic | |
| VANCOMYCIN | INJ 1000MG | Generic | |
| VANCOMYCIN | INJ 5GM | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------------|---------------------------|-----------|----------------------|
| VANCOMYCIN | INJ 10GM | Generic | |
| VANCOMYCIN | INJ 1GM/200ML | Generic | |
| VANCOMYCIN | INJ 1.5/300ML | Generic | |
| VANCOMYCIN ORAL SOLUTION | SOL 25MG/ML | Generic | |
| VANCOMYCIN ORAL SOLUTION | SOL 50MG/ML | Generic | |
| VANCOMYCIN | IV SOLN 500MG/100ML | Generic | |
| VANCOMYCIN | IV SOLN 2G/400ML | Generic | |
| VANCOMYCIN | IV SOLN 750 MG/7.5ML | Generic | |
| VANCOMYCIN | IV SOLN 1000 MG/10ML | Generic | |
| VANCOMYCIN | IV SOLN 1250 MG/12.5ML | Generic | |
| VANCOMYCIN | IV SOLN 1500 MG/15ML | Generic | |
| VANCOMYCIN | IV SOLN 1750 MG/17.5ML | Generic | |
| VANCOMYCIN | IV SOLN 2000 MG/20ML | Generic | |
| VANCOMYCIN | IV SOLN 1.25 GM | Generic | |
| VANCOMYCIN | IV SOLN 1.5 GM | Generic | |
| VANCOMYCIN | INJ 750/150 MG/ML | Generic | |
| VANCOMYCIN | INJ 1250/250 MG/ML | Generic | |
| VANCOMYCIN | INJ 1750/350 MG/ML | Generic | |
| VANCOMYCIN | INJ 1750/350 MG/ML | Generic | |
| VANCOMYCIN/DEXTROSE | INJ 500MG/100ML | Generic | |
| VANCOMYCIN/DEXTROSE | INJ 750MG/150ML | Generic | |
| VANCOMYCIN/DEXTROSE | INJ 1GM/200ML | Generic | |
| HEPATIC ENCEPHALOPATHY | | | |
| CONSTULOSE | SOL 10GM/15 | Generic | |
| ENULOSE | SOL 10GM/15 | Generic | |
| GENERLAC | SOL 10GM/15 | Generic | |
| LACTULOSE | SOL 10GM/15 | Generic | |
| LACTULOSE | SOL 20GM/30 | Generic | |
| XIFAXAN | TAB 550MG | Brand | PA |
| MONOBACTAMS | | | |
| AZTREONAM | INJ 1 GM | Generic | |
| AZTREONAM | INJ 2 GM | Generic | |
| CAYSTON | INH 75MG | Brand | PA 84mls per 60 days |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|---------------------------------|
| BIOLOGICALS (VACCINES) | | | |
| VACCINES AGES 18 AND YOUNGER COVERED BY VACCINES FOR CHILDREN | | | |
| ABRYSVO INJ | INNJ | Brand | |
| ADACEL | INJ | Brand | AR <19 covered by VFC |
| AFLURIA - | INJ | Brand | AR covered for ages 3 and older |
| BEXSERO | INJ | Brand | AR covered for ages 19-25 |
| BOOSTRIX | INJ | Brand | AR <19 covered by VFC |
| CAPVAXIVE | INJ | Brand | AR>19 |
| COMIRNATY | INJ 30/0.3ML | Brand | AR covered ages 12 and older |
| COMIRNATY 5-11 | INJ | Brand | AR covered ages 7-11 |
| DAPTACEL | INJ | Brand | AR <19 covered by VFC |
| EBOLA ZAIRE VIRU | INJ | Brand | |
| ENGERIX-B | INJ 10/0.5ML | Brand | AR <19 covered by VFC |
| ENGERIX-B | INJ 20MCG/ML | Brand | AR <19 covered by VFC |
| FLUAD | INJ | Brand | AR covered ages >64 |
| FLUARIX | INJ | Brand | AR covered for ages 3 and older |
| FLUBLOK | INJ | Brand | AR covered for ages 3 and older |
| FLUCELVAX | INJ | Brand | AR covered for ages 3 and older |
| FLULAVAL | INJ | Brand | AR covered for ages 3 and older |
| FLUMIST | SUSP | Brand | AR Covered for ages 3-49 |
| FLUZONE HD | INJ PF | Brand | AR < 65 not covered |
| FLUZONE | INJ | Brand | AR covered for ages 3 and older |
| GARDASIL 9 | INJ | Brand | AR Covered for ages 19-45 |
| HAVRIX | INJ 720UNIT | Brand | AR <19 covered by VFC |
| HAVRIX | INJ 1440UNIT | Brand | AR <19 covered by VFC |
| HEPLISAV-B | INJ 20MCG | Brand | AR <19 covered by VFC |
| HEPLISAV-B | INJ 20MCG/0.5ML | Brand | AR <19 covered by VFC |
| INFANRIX | INJ | Brand | AR <19 covered by VFC |
| IXCHIQ | INJ | Brand | AR <19 covered by VFC |
| MENACTRA | INJ | Brand | AR <19 covered by VFC |
| MENQUAFI | INJ | Brand | AR <19 covered by VFC |
| MENOMUNE | INJ A/C/Y/W | Brand | AR <19 covered by VFC |
| MENVEO | INJ | Brand | AR Covered for ages 19-55 |
| MENVEO | SOL | Brand | AR Covered for ages 19-55 |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------------|----------------------|-----------|--|
| M-M-R II | INJ | Brand | AR <19 covered by VFC |
| MNEXSPIKE | INJ | Brand | AR covered ages 12 and older |
| MODERNA 6MO-11Y COVID VACCINE | INJ | Brand | AR covered ages 7-11 |
| mRESVIA | INJ | Brand | AR <19 covered by VFC |
| NUVAXOVID | INJ | Brand | AR covered ages 12 and older |
| PENBRAYA | INJ | Brand | AR <25 covered by VFC |
| PENMENVY | INJ | Brand | AR covered for ages 19-25 |
| PRIORIX | INJ | Brand | AR <19 covered by VFC |
| PNEUMOVAX 23 | INJ 25/0.5 | Generic | AR <19 covered by VFC; QL 0.5ml per day |
| PREHEVBRIO | SUSP 10MCG/ML | Brand | AR <19 covered by VFC |
| PREVNAR 13 | INJ | Brand | AR <19 covered by VFC |
| PREVNAR 20 | INJ | Brand | AR <19 covered by VFC |
| RECOMBIVA HB | INJ 5MCG/0.5 | Brand | AR <19 covered by VFC |
| RECOMBIVA HB | INJ 10MCG/ML | Brand | AR <19 covered by VFC |
| RECOMBIVA HB | INJ 40MCG/ML | Brand | AR <19 covered by VFC |
| SHINGRIX | INJ 50MCG | Brand | AR Covered ages > 50; QL 2 inj per lifetime |
| SPIKEVAX | INJ 50/.5ML | Brand | AR covered ages 12 and older |
| TRUMENBA | INJ | Brand | AR Covered ages 19-25 |
| TWINRIX | INJ | Brand | AR <19 Covered by VFC |
| VAXNEUVANCE | INJ | Brand | AR <19 Covered by VFC |
| VAQTA | INJ 25/0.5ML | Brand | AR <19 covered by VFC |
| VAQTA | INJ 50UNT/ML | Brand | AR <19 covered by VFC |
| VARIVAX | INJ | Brand | AR <19 covered by VFC |
| VIMKUNYA | INJ 40/0.8ML | Brand | AR Covered ages 12 and older |
| ANTI-NEOPLASTICS | | | |
| ANTIDOTES | | | |
| LEUCOVOR CA | TAB 5MG | Generic | PA |
| LEUCOVOR CA | TAB 10MG | Generic | PA |
| LEUCOVOR CA | TAB 15MG | Generic | PA |
| LEUCOVOR CA | TAB 25MG | Generic | PA |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------------|----------------------|-----------|----------------------------|
| ANTIMETABOLITES | | | |
| MERCAPTOPYRINE | TAB 50MG | Generic | |
| METHOTREXATE | INJ 100/4ML | Generic | |
| METHOTREXATE | INJ 1GM | Generic | |
| METHOTREXATE | INJ 1GM/40ML | Generic | |
| METHOTREXATE | INJ 200/8ML | Generic | |
| METHOTREXATE | INJ 250/10ML | Generic | |
| METHOTREXATE | INJ 25MG/ML | Generic | |
| METHOTREXATE | INJ 50MG/2ML | Generic | |
| METHOTREXATE | TAB 2.5MG | Generic | |
| ANTINEOPLASTIC AGENTS | | | |
| ABIRATERONE | TAB 250MG | Generic | QL 4 per day |
| ABIRATERONE | TAB 500MG | Generic | QL 2 per day |
| ACTIMMUNE | INJ 2MU/0.5 | Brand | PA |
| ALECENSA | CAP 150MG | Brand | PA QL 8 per day |
| ALKERAN | TAB 2MG | Brand | |
| ALUNBRIG | STARTER PAK | Brand | PA QL 30 tabs per 180 days |
| ALUNBRIG | 30MG | Brand | PA QL 2 per day |
| ALUNBRIG | 90MG | Brand | PA QL 1 per day |
| ALUNBRIG | 180MG | Brand | PA QL 1 per day |
| ANASTROZOLE | TAB 1MG | Generic | |
| AUGTYRO | CAP 40MG | Brand | PA QL 8 per day |
| AUGTYRO | CAP 160MG | Brand | PA QL 2 per day |
| AVMAPKI PAK FAKZYNJA | THERAPY PAK | Brand | PA QL 66 per 28 days |
| AYVAKIT | TAB 25 MG | Brand | PA QL 1 per day |
| AYVAKIT | TAB 50 MG | Brand | PA QL 1 per day |
| AYVAKIT | TAB 100 MG | Brand | PA QL 1 per day |
| AYVAKIT | TAB 200 MG | Brand | PA QL 1 per day |
| AYVAKIT | TAB 300 MG | Brand | PA QL 1 per day |
| BALVERSA | TAB 3MG | Brand | PA QL 3 tabs per day |
| BALVERSA | TAB 4MG | Brand | PA QL 2 tabs per day |
| BALVERSA | TAB 5MG | Brand | PA QL 1 tab per day |
| BESREMI | SOL 500 MCG | Brand | PA QL 1 per 28 days |
| BICALUTAMIDE | TAB 50MG | Generic | |
| BOSULIF | CAP 50MG | Brand | PA QL 1 per day |
| BOSULIF | CAP 100MG | Brand | PA QL 3 per day |
| BOSULIF | TAB 100MG | Brand | PA QL 3 per day |
| BOSULIF | TAB 400MG | Brand | PA QL 1 per day |
| BOSULIF | TAB 500MG | Brand | PA QL 1 per day |
| BRAFTOVI | TAB 50MG | Brand | PA QL 1 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------|----------------------|-----------|-----------------|
| BRAFTOVI | TAB 75MG | Brand | PA QL 6 per day |
| BRUKINSA | CAP 80MG | Brand | PA QL 4 per day |
| BRUKINSA | TAB 160MG | Brand | PA QL 2 per day |
| DANZITEN | TAB 71MG | Brand | PA |
| DANZITEN | TAB 95MG | Brand | PA QL 4 per day |
| CABOMETYX | TAB 20MG | Brand | PA QL 1 per day |
| CABOMETYX | TAB 40MG | Brand | PA QL 1 per day |
| CABOMETYX | TAB 60MG | Brand | PA QL 1 per day |
| CALQUENCE | CAP 100MG | Brand | PA QL 2 per day |
| CALQUENCE | TAB 100MG | Brand | PA QL 2 per day |
| CAPECITABINE | TAB 150MG | Generic | |
| CAPECITABINE | TAB 500MG | Generic | |
| CAPRELSA | TAB 100MG | Brand | PA QL 2 per day |
| CAPRELSA | TAB 300MG | Brand | PA QL 1 per day |
| COMETRIQ | KIT 60MG | Brand | PA QL 3 per day |
| COMETRIQ | KIT 100MG | Brand | PA QL 2 per day |
| COMETRIQ | KIT 140MG | Brand | PA QL 4 per day |
| COTELLIC | TAB 20MG | Brand | PA |
| CYCLOPHOSPHAMIDE | CAP 25MG | Generic | |
| CYCLOPHOSPHAMIDE | CAP 50MG | Generic | |
| CYCLOPHOSPHAMIDE | TAB 25MG | Generic | |
| CYCLOPHOSPHAMIDE | TAB 50MG | Generic | |
| DASATINIB | TAB 20MG | Generic | PA |
| DASATINIB | TAB 50MG | Generic | PA |
| DASATINIB | TAB 70MG | Generic | PA |
| DASATINIB | TAB 80MG | Generic | PA |
| DASATINIB | TAB 100MG | Generic | PA |
| DASATINIB | TAB 140MG | Generic | PA |
| DAURISMO | TAB 25MG | Brand | PA QL 3 per day |
| DAURISMO | TAB 100MG | Brand | PA QL 1 per day |
| DROXIA | CAP 200MG | Brand | |
| DROXIA | CAP 300MG | Brand | |
| DROXIA | CAP 400MG | Brand | |
| ENSACOVE | CAP 25MG | Brand | PA QL 2 per day |
| ENSACOVE | CAP 100MG | Brand | PA QL 2 per day |
| ELIGARD | INJ 22.5MG | Brand | PA |
| ELIGARD | INJ 7.5MG | Brand | PA |
| EMCYT | CAP 140MG | Brand | |
| ERLEADA | TAB 60MG | Brand | PA QL 4 per day |
| ERLEADA | TAB 240MG | Brand | PA QL 1 per day |
| ERLOTINIB | TAB 25MG | Generic | PA QL 1 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------------|----------------------|-----------|------------------------|
| ERLOTINIB | TAB 100MG | Generic | PA QL 1 per day |
| ERLOTINIB | TAB 150MG | Generic | PA QL 1 per day |
| ERIVEDGE | TAB 150MG | Brand | PA QL 1 per day |
| ETOPOSIDE | CAP 50MG | Generic | |
| EVEROLIMUS (generic Afinitor) | TAB 2.5MG | Generic | PA QL 1 per day |
| EVEROLIMUS (generic Afinitor) | TAB 5MG | Generic | PA QL 2 per day |
| EVEROLIMUS (generic Afinitor) | TAB 7.5MG | Generic | PA QL 2 per day |
| EVEROLIMUS (generic Afinitor) | TAB 10MG | Generic | PA QL 1 per day |
| EVEROLIMUS (generic Afinitor Disperz) | TAB 2MG | Generic | PA |
| EVEROLIMUS (generic Afinitor Disperz) | TAB 3MG | Generic | PA |
| EVEROLIMUS (generic Afinitor Disperz) | TAB 5MG | Generic | PA |
| EXEMESTANE | TAB 25MG | Generic | |
| EXKIVITY | CAP 40MG | Brand | PA QL 4 per day |
| FARYDAK | CAP 10MG | Brand | PA |
| FARYDAK | CAP 15MG | Brand | PA |
| FARYDAK | CAP 20MG | Brand | PA |
| FRUZAQLA | CAP 1MG | Brand | PA QL 21 every 28 days |
| FRUZAQLA | CAP 5MG | Brand | PA QL 21 every 28 days |
| FLUTAMIDE | CAP 125MG | Generic | |
| FOTIVDA | CAP 0.89MG | Brand | PA QL 21 per month |
| FOTIVDA | CAP 1.34MG | Brand | PA QL 21 per month |
| GAVRETO | CAP 100MG | Brand | PA QL 4 per day |
| GEFITINIB | TAB 250MG | Generic | PA QL 1 per day |
| GILOTRIF | TAB 20MG | Brand | PA QL 1 per day |
| GILOTRIF | TAB 30MG | Brand | PA QL 1 per day |
| GILOTRIF | TAB 40mg | Brand | PA QL 1 per day |
| GLEOSTINE | CAP 5MG | Brand | PA |
| GLEOSTINE | CAP 10MG | Brand | PA |
| GLEOSTINE | CAP 40MG | Brand | PA |
| GLEOSTINE | CAP 100MG | Brand | PA |
| GOMEKLI | CAP 1MG | Brand | PA QL 4 per day |
| GOMEKLI | CAP 2MG | Brand | PA QL 4 per day |
| GOMEKLI | TAB 1MG | Brand | PA QL 4 per day |
| HERNEXEOS | TAB 60MG | Brand | PA QL 3 per day |
| HEXALEN | CAP 50MG | Brand | |
| HYCAMTIN | CAP 0.25MG | Brand | |
| HYCAMTIN | CAP 1MG | Brand | |
| HYDROXYUREA | CAP 500MG | Generic | |
| HYRNUO | TAB 10MG | Brand | PA QL 4 per day |
| IBTROZI | CAP 200MG | Brand | PA QL 3 per day |
| ITOVEBI | TAB 9MG | Brand | PA QL 1 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------|----------------------|-----------|----------------------|
| ITOVEBI | TAB 3MG | Brand | PA QL 2 per day |
| IBRANCE | CAP 75MG | Brand | PA QL 0.75/day |
| IBRANCE | CAP 100MG | Brand | PA QL 0.75/day |
| IBRANCE | CAP 125MG | Brand | PA QL 0.75/day |
| IBRANCE | TAB 75MG | Brand | PA QL 0.75/day |
| IBRANCE | TAB 100MG | Brand | PA QL 0.75/day |
| IBRANCE | TAB 125MG | Brand | PA QL 0.75/day |
| ICLUSIG | TAB 10MG | Brand | PA QL 1 per day |
| ICLUSIG | TAB 15MG | Brand | PA QL 1 per day |
| ICLUSIG | TAB 30MG | Brand | PA QL 1 per day |
| ICLUSIG | TAB 45MG | Brand | PA QL 1 per day |
| IDHIFA | TAB 50MG | Brand | PA QL 1 per day |
| IDHIFA | TAB 100MG | Brand | PA QL 1 per day |
| IMATINIB MESYLATE | TAB 100MG | Generic | QL 3 per day |
| IMATINIB MESYLATE | TAB 400MG | Generic | QL 1 per day |
| IMBRUVICA | TAB 560MG | Brand | PA QL 1 per day |
| IMBRUVICA | CAP 140MG | Brand | PA |
| IMBRUVICA | CAP 70MG | Brand | PA QL 1 per day |
| IMBRUVICA | SOL 70 MG/ML | Brand | PA QL 8 ML per day |
| INLYTA | TAB 1MG | Brand | PA QL 8 per day |
| INLYTA | TAB 5MG | Brand | PA QL 4 per day |
| INLURIYO | TAB 200MG | Brand | PA QL 2 per day |
| INQOVI | TAB 35-100MG | Brand | PA QL 5 per month |
| INREBIC | CAP 100MG | Brand | PA QL 4 per day |
| IWILFIN | TAB 192MG | Brand | PA QL 8 per day |
| JAKAFI | TAB 5MG | Brand | PA QL 2 tabs per day |
| JAKAFI | TAB 10MG | Brand | PA QL 2 tabs per day |
| JAKAFI | TAB 15MG | Brand | PA QL 2 tabs per day |
| JAKAFI | TAB 20MG | Brand | PA QL 2 tabs per day |
| JAKAFI | TAB 25MG | Brand | PA QL 2 tabs per day |
| JAYPIRCA | TAB 50MG | Brand | PA QL 3 per day |
| JAYPIRCA | TAB 100MG | Brand | PA QL 3 per day |
| KOMZIFTI | CAP 200MG | Brand | PA QL 3 per day |
| KISQALI | TAB 200 DOSE | Brand | PA QL 2.25 per day |
| KISQALI | TAB 400 DOSE | Brand | PA QL 2.25 per day |
| KISQALI | TAB 600 DOSE | Brand | PA QL 2.25 per day |
| KOSELUGO | CAP 5MG | Brand | PA |
| KOSELUGO | CAP 7.5MG | Brand | PA |
| KOSELUGO | CAP 10MG | Brand | PA QL 8 per day |
| KOSELUGO | CAP 25MG | Brand | PA QL 4 per day |
| KRAZATI | TAB 200MG | Brand | PA QL 6 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------|----------------------------|-----------|----------------------|
| LAPATINIB (generic Tykerb) | TAB 250MG | Generic | PA QL 5 per day |
| LAZCLUZE | TAB 80MG | Brand | PA QL 2 per day |
| LAZCLUZE | TAB 240MG | Brand | PA QL 1 per day |
| LENALIDOMIDE (generic Revlimid) | CAP 2.5MG | Generic | PA QL 1 per day |
| LENALIDOMIDE (generic Revlimid) | CAP 5MG | Generic | PA QL 1 per day |
| LENALIDOMIDE (generic Revlimid) | CAP 10MG | Generic | PA QL 1 per day |
| LENALIDOMIDE (generic Revlimid) | CAP 15MG | Generic | PA QL 1 per day |
| LENALIDOMIDE (generic Revlimid) | CAP 20MG | Generic | PA QL 1 per day |
| LENALIDOMIDE (generic Revlimid) | CAP 25MG | Generic | PA QL 1 per day |
| LENVIMA | CAP 4MG | Brand | PA QL 1 per day |
| LENVIMA | CAP 8MG | Brand | PA QL 2 per day |
| LENVIMA | CAP 10MG | Brand | PA QL 1 per day |
| LENVIMA | CAP 12MG | Brand | PA QL 3 per day |
| LENVIMA | CAP 14 MG | Brand | PA QL 2 per day |
| LENVIMA | CAP 18MG | Brand | PA QL 3 per day |
| LENVIMA | CAP 20 MG | Brand | PA QL 2 per day |
| LENVIMA | CAP 24MG | Brand | PA QL 3 per day |
| LETROZOLE | TAB 2.5MG | Generic | |
| LEUKERAN | TAB 2MG | Brand | |
| LEUPROLIDE | INJ 1MG/0.2 | Generic | PA |
| LEUPROLIDE | INJ 22.5MG | Generic | PA QL 1 per 84 days |
| LIFYORLI | CAP 125MG | Brand | PA QL 0.65 per day |
| LIFYORLI | CAP 150MG | Brand | PA QL 0.97 per day |
| LOMUSTINE | CAP 100MG | Generic | |
| LOMUSTINE | CAP 10MG | Generic | |
| LOMUSTINE | CAP 40MG | Generic | |
| LONSURF | TAB 15-6.14MG | Brand | PA |
| LONSURF | TAB 20-8.19MG | Brand | PA |
| LOQTORZI | INJ 240/6ML | Brand | PA |
| LORBRENA | TAB 25MG | Brand | PA QL 3 tabs per day |
| LORBRENA | TAB 100MG | Brand | PA QL 1 tab per day |
| LUMAKRAS | TAB 120MG | Brand | PA QL 8 per day |
| LUMAKRAS | TAB 240MG | Brand | PA QL 4 per day |
| LUMAKRAS | TAB 320MG | Brand | PA QL 3 per day |
| LYNPARZA | CAP 50MG | Brand | PA QL 8 per day |
| LYNPARZA | TAB 100MG | Brand | PA QL 4 per day |
| LYNPARZA | TAB 150MG | Brand | PA QL 4 per day |
| LYSODREN | TAB 500MG | Brand | |
| LYTGOBI | TAB 4MG (12 MG DAILY DOSE) | Brand | PA QL 3 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------|-----------------------------|-----------|----------------------|
| LYTGOBI | TAB 4 MG (16 MG DAILY DOSE) | Brand | PA QL 4 per day |
| LYTGOBI | TAB 4 MG (20 MG DAILY DOSE) | Brand | PA QL 5 per day |
| MATULANE | CAP 50MG | Brand | PA |
| MEGESTROL AC | SUS 400MG/10 | Generic | |
| MEGESTROL AC | SUS 40MG/ML | Generic | |
| MEGESTROL AC | TAB 20MG | Generic | |
| MEGESTROL AC | TAB 40MG | Generic | |
| MEKINIST | SOL 0.05/ML | Brand | PA QL 40ML per day |
| MEKINIST | TAB 0.5MG | Brand | PA QL 3 per day |
| MEKINIST | TAB 2MG | Brand | PA QL 1 per day |
| MEKTOVI | TAB 15MG | Brand | PA 6 per day |
| MODEYSO | CAP 125MG | Brand | PA 20 per 28 days |
| MYLERAN | TAB 2MG | Brand | |
| NERLYNX | TAB 40MG | Brand | PA QL 6 per day |
| NINLARO | CAP 2.3MG | Brand | PA QL 1 per day |
| NINLARO | CAP 3MG | Brand | PA QL 1 per day |
| NINLARO | CAP 4MG | Brand | PA QL 1 per day |
| NILOTINIB HCL | CAP 200MG | Generic | PA |
| NUBEQA | TAB 300MG | Brand | PA QL 4 per day |
| ODOMZO | CAP 200MG | Brand | PA QL 1 per day |
| OJEMDA | TAB 100MG | Brand | PA QL 0.86 per day |
| OJEMDA | SUS 25MG/ML | Brand | PA QL 2mls per day |
| OJJAARA | TAB 100MG | Brand | PA QL 1 per day |
| OJJAARA | TAB 150MG | Brand | PA QL 1 per day |
| OJJAARA | TAB 200MG | Brand | PA QL 1 per day |
| ONUREG | TAB 200MG | Brand | PA QL 14 per 28 days |
| ONUREG | TAB 300MG | Brand | PA QL 14 per 28 days |
| ORSERDU | TAB 86MG | Brand | PA QL 3 per day |
| ORSERDU | TAB 345MG | Brand | PA QL 1 per day |
| OGSIVEO | TAB 50MG | Brand | PA QL 6 per day |
| OGSIVEO | TAB 100MG | Brand | PA QL 2 per day |
| OGSIVEO | TAB 150MG | Brand | PA QL 2 per day |
| PEMAZYRE | TAB 4.5MG | Brand | PA QL 0.67 per day |
| PAZOPANIB | TAB 200MG | Generic | PA QL 4 per day |
| PAZOPANIB | TAB 400MG | Brand | PA QL 2 per day |
| PEMAZRYE | TAB 9MG | Brand | PA QL 0.67 per day |
| PEMAZYRE | TAB 13.5MG | Brand | PA QL 0.67 per day |
| PIQRAY | 200MG TAB DOSE | Brand | PA QL 1 per day |
| PIQRAY | 250MG TAB DOSE | Brand | PA QL 2 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------------------|----------------------|-----------|------------------------------------|
| PIQRAY | 300MG TAB DOSE | Brand | PA QL 2 per day |
| POMALYST | CAP 1MG | Brand | PA |
| POMALYST | CAP 2MG | Brand | PA |
| POMALYST | CAP 3MG | Brand | PA |
| POMALYST | CAP 4MG | Brand | PA |
| QINLOCK | TAB 50MG | Brand | PA QL 3 per day |
| REVUFORJ | TAB 110MG | Brand | PA QL 2 per day |
| REZLIDHIA | CAP 150MG | Brand | PA QL per day |
| ROMVIMZA | CAP 20MG | Brand | PA QL 0.29 per day (8 per 28 days) |
| ROMVIMZA | CAP 14MG | Brand | PA QL 0.29 per day (8 per 28 days) |
| ROMVIMZA | CAP 30MG | Brand | PA QL 0.29 per day (8 per 28 days) |
| ROZLYTREK | CAP 100MG | Brand | PA QL 1 per day |
| ROZLYTREK | CAP 200MG | Brand | PA QL 3 per day |
| RUBRACA | TAB 200MG | Brand | PA QL 4 per day |
| RUBRACA | TAB 250MG | Brand | PA QL 4 per day |
| RUBRACA | TAB 300MG | Brand | PA QL 4 per day |
| RYDAPT | CAP 25MG | Brand | PA QL 8 per day |
| SCEMBLIX | TAB 20 MG | Brand | PA QL 2 per day |
| SCEMBLIX | TAB 40 MG | Brand | PA QL 2 per day |
| SCEMBLIX | TAB 100 MG | Brand | PA QL 4 per day |
| SORAFENIB (generic Nexavar) | TAB 200MG | Generic | PA QL 4 per day |
| STIVARGA | TAB 40 MG | Brand | PA QL 4 per day |
| SUNITINIB | CAP 12.5MG | Generic | PA QL 1 per day |
| SUNITINIB | CAP 25MG | Generic | PA QL 1 per day |
| SUNITINIB | CAP 37.5MG | Generic | PA QL 1 per day |
| SUNITINIB | CAP 50MG | Generic | PA QL 1 per day |
| TABLOID | TAB 40MG | Brand | PA |
| TABRECTA | TAB 150MG | Brand | PA QL 4 per day |
| TABRECTA | TAB 200MG | Brand | PA QL 4 per day |
| TAFINLAR | TAB 10MG | Brand | PA QL 4 per day |
| TAFINLAR | CAP 50MG | Brand | PA QL 4 per day |
| TAFINLAR | CAP 75MG | Brand | PA QL 4 per day |
| TAGRISSO | TAB 40MG | Brand | PA QL 1 per day |
| TAGRISSO | TAB 80MG | Brand | PA QL 1 per day |
| TALZENNA | CAP 0.25MG | Brand | PA QL 3 caps per day |
| TALZENNA | CAP 0.5MG | Brand | PA QL 1 per day |
| TALZENNA | CAP 0.75MG | Brand | PA QL 1 per day |
| TALZENNA | CAP 1MG | Brand | PA QL 1 cap per day |
| TAMOXIFEN | TAB 10MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|---------------------------|
| TAMOXIFEN | TAB 20MG | Generic | |
| TASIGNA | CAP 200MG | Brand | PA |
| TAZVERIK | TAB 200MG | Brand | PA QL 8 per day |
| TEMOZOLOMIDE | CAP 100MG | Generic | |
| TEMOZOLOMIDE | CAP 140MG | Generic | |
| TEMOZOLOMIDE | CAP 180MG | Generic | |
| TEMOZOLOMIDE | CAP 20MG | Generic | |
| TEMOZOLOMIDE | CAP 250MG | Generic | |
| TEMOZOLOMIDE | CAP 5MG | Generic | |
| TEPMETKO | TAB 225MG | Brand | PA QL 2 per day |
| TIBSOVO | TAB 250MG | Brand | PA QL 2 per day |
| TOREMIFENE | TAB 60MG | Generic | |
| TRETINOIN | CAP 10MG | Generic | |
| TRUSELTIQ | CAP 50MG | Brand | PA QL 2 per day |
| TRUSELTIQ | CAP 75MG | Brand | PA QL 3 per day |
| TRUSELTIQ | CAP 100MG | Brand | PA QL 1 per day |
| TRUSELTIQ | CAP 125MG | Brand | PA QL 2 per day |
| TRUQAP | TAB 160MG | Brand | PA QL 4 per day |
| TRUQAP | TAB 200MG | Brand | PA QL 4 per day |
| TUKYSA | TAB 50MG | Brand | PA QL 4 per day |
| TUKYSA | TAB 150MG | Brand | PA QL 4 per day |
| TURALIO | CAP 125MG | Brand | PA QL 4 per day |
| UKONIQ | TAB 200MG | Brand | PA QL 4 per day |
| VANFLYTA | TAB 17.7MG & 26.5MG | Brand | PA QL 2 per day |
| VENCLEXTA | TAB 10MG | Brand | PA QL 4 per day |
| VENCLEXTA | TAB 50MG | Brand | PA QL 4 per day |
| VENCLEXTA | TAB 100MG | Brand | PA QL 6per day |
| VENCLEXTA | TAB STARTER PACK | Brand | PA QL 1 fill per 180 days |
| VERZENIO | TAB 50MG | Brand | PA QL 2 tabs per day |
| VERZENIO | TAB 150MG | Brand | PA QL 2 tabs per day |
| VERZENIO | TAB 200MG | Brand | PA QL 2 tabs per day |
| VORANIGO | TAB 10MG | Brand | PA QL 2 per day |
| VORANIGO | TAB 40MG | Brand | PA QL 2 per day |
| VITRAKVI | CAP 25MG | Brand | PA QL 6 caps per day |
| VITRAKVI | CAP 100MG | Brand | PA QL 2 caps per day |
| VITRAKVI | SOLN 20MG/ML | Brand | PA QL 10mls per day |
| VIZIMPRO | TAB 15MG | Brand | PA QL 1 tab per day |
| VIZIMPRO | TAB 30MG | Brand | PA QL 1 tab per day |
| VIZIMPRO | TAB 45MG | Brand | PA QL 1 tab per day |
| VONJO | CAP 100MG | Brand | PA QL 4 per day |
| WELIREG | TAB 40MG | Brand | PA QL 3 per day |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------|--|-----------|-------------------------|
| XALKORI | CAP 200MG | Brand | PA QL 4 per day |
| XTANDI | TAB 40MG | Brand | PA QL 4 per day |
| XOSPATA | TAB 40MG | Brand | PA QL 3 per day |
| XPOVIO | THERAPY PACK 20MG (80MG TWICE WEEKLY) | Brand | PA QL 32 caps per month |
| XPOVIO | THERAPY PACK 20MG (60MG TWICE WEEKLY) | Brand | PA QL 24 tabs per month |
| XPOVIO | THERAPY PACK 80MG (80MG ONCE WEEKLY) | Brand | PA QL 8 per 28 days |
| ZEJULA | CAP 200MG | Brand | PA QL 1 per day |
| ZEJULA | CAP 300MG | Brand | PA QL 1 per day |
| ZELBORAF | TAB 240MG | Brand | PA QL 8 per day |
| ZOLINZA | CAP 100MG | Brand | PA |
| ZYDELIG | TAB 100MG | Brand | PA QL 2 per day |
| ZYDELIG | TAB 150MG | Brand | PA QL 2 per day |
| ZYKADIA | TAB 150MG | Brand | PA QL 3 per day |
| ZYKADIA | CAP 150MG | Brand | PA QL 3 per day |

PROGESTINS

| | | | |
|--------------------|---------------|---------|----------------------------|
| DEPO PROVERA | INJ 400/ML | Brand | |
| FIRST-PROGESTERONE | VAG SUP 100MG | Brand | PA |
| FIRST-PROGESTERONE | VAG SUP 200MG | Brand | PA |
| HYDROXYPROG | POW CAPROATE | Generic | |
| MEDROXYPR AC | INJ 150MG/ML | Generic | QL 1 injection per 90 days |
| MEDROXYPR AC | TAB 2.5MG | Generic | 90-day supply available |
| MEDROXYPR AC | TAB 5MG | Generic | 90-day supply available |
| MEDROXYPR AC | TAB 10MG | Generic | 90-day supply available |
| NORETHIN ACE | TAB 5MG | Generic | 90-day supply available |
| PROGESTERONE | CAP 100MG | Generic | 90-day supply available |
| PROGESTERONE | CAP 200MG | Generic | 90-day supply available |

ENDOCRINE AND METABOLIC DRUGS

ADRENALS

| | | | |
|-----------------|-------------|---------|-----------------------|
| BAQSIMI ONE POW | 3MG DOSE | Brand | |
| BAQSIMI TWO POW | 3MG DOSE | Brand | |
| BAYCADRON | ELX 0.5/5ML | Generic | |
| BUDESONIDE | CAP 3MG DR | Generic | |
| BUDES/FORMOT | AER 80-4.5 | Generic | QL 0.73 grams per day |
| BUDES/FORMOT | AER 160-4.5 | Generic | QL 0.73 grams per day |
| BREYNA | AER 80-4.5 | Generic | QL 0.73 grams per day |
| BREYNA | AER 160-4.5 | Generic | QL 0.73 grams per day |
| DELTASONE | TAB 20MG | Generic | |
| DEXAMETHASONE | ELX 0.5/5ML | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------------|----------------------|-----------|------------------|
| DEXAMETHASONE | TAB 0.5MG | Generic | |
| DEXAMETHASONE | TAB 0.75MG | Generic | |
| DEXAMETHASONE | TAB 1MG | Generic | |
| DEXAMETHASONE | TAB 1.5MG | Generic | |
| DEXAMETHASONE | TAB 2MG | Generic | |
| DEXAMETHASONE | TAB 4MG | Generic | |
| DEXAMETHASONE | TAB 6MG | Generic | |
| DEXAMETHASONE | ELX 0.5/5ML | Generic | |
| DEXAMETHASONE | CON 1MG/ML | Brand | |
| DEXAMETHASONE | SOL 0.5/5ML | Generic | |
| FLUDROCORTISONE | TAB 0.1MG | Generic | |
| HYDROCORTISONE | TAB 10MG | Generic | |
| HYDROCORTISONE | TAB 5MG | Generic | |
| HYDROCORTISONE | TAB 20MG | Generic | |
| HYDROCORTISON | INJ 100MG | Generic | 2 vials per fill |
| METHYLPREDNISOLONE | TAB 4MG | Generic | |
| METHYLPREDNISOLONE | TAB 8MG | Generic | |
| METHYLPREDNISOLONE | TAB 16MG | Generic | |
| METHYLPREDNISOLONE | TAB 32MG | Generic | |
| METHYLPREDNISOLONE | PAK 4MG | Generic | |
| PHENTERMINE HCL-TOPIRAMATE | CAP 3.75-23MG | Generic | PA |
| PHENTERMINE HCL-TOPIRAMATE | CAP 7.5-46MG | Generic | PA |
| PHENTERMINE HCL-TOPIRAMATE | CAP 11.25-69MG | Generic | PA |
| PHENTERMINE HCL-TOPIRAMATE | CAP 15-92MG | Generic | PA |
| POMBILITI | SOL 105MG | Brand | PA |
| PREDNISOLONE SODIUM PHOSPHATE | SOL 5MG/5ML | Generic | |
| PREDNISOLONE SODIUM PHOSPHATE | SOL 5MG/5ML | Generic | |
| PREDNISOLONE | SOL 15MG/5ML | Generic | |
| PREDNISOLONE | SYP 15MG/5ML | Generic | |
| PREDNISON | TAB 1MG | Generic | |
| PREDNISON | TAB 2.5MG | Generic | |
| PREDNISON | TAB 5MG | Generic | |
| PREDNISON | TAB 10MG | Generic | |
| PREDNISON | TAB 20MG | Generic | |
| PREDNISON | TAB 50MG | Generic | |
| PREDNISON | SOL 5MG/5ML | Generic | |
| PREDNISON | PAK 5MG | Generic | |
| PREDNISON | PAK 10MG | Generic | |
| QSYMIA | CAP 3.75-23MG | Brand | PA |
| QSYMIA | CAP 7.5-46MG | Brand | PA |
| QSYMIA | CAP 11.25-69MG | Brand | PA |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------------------|-----------------------------|-----------|---|
| QSYMIA | CAP 15-92MG | Brand | PA |
| RIVFLOZA | INJ 160 MG/ML | Brand | PA QL 0.036per day |
| RIVFLOZA | INJ 128/0.8 ML | Brand | PA QL 0.036per day |
| RIVFLOZA | INJ 80/.05ML | Brand | PA QL 0.036per day |
| SEPHIENCE | POW 250MG | Brand | PA |
| SEPHIENCE | POW 1000 | Brand | PA |
| SOLU-CORTEF | INJ 100MG | Brand | |
| SOLU-CORTEF | INJ 250MG | Brand | 2 vials per fill |
| SOLU-CORTEF | INJ 500MG | Brand | 2 vials per fill |
| SOLU-CORTEF | INJ 1000MG | Brand | 2 vials per fill |
| ANDROGENS | | | |
| DANAZOL | CAP 50MG | Generic | |
| DANAZOL | CAP 100MG | Generic | |
| DANAZOL | CAP 200MG | Generic | |
| FIRST-TESTOSTERONE | OIN 2% | Brand | PA |
| METHITEST | TAB 10MG | Brand | PA |
| OXANDROLONE | TAB 2.5MG | Generic | PA |
| TESTIM | GEL 1%(50MG) | Brand | PA |
| TESTOSTERONE CYPIONATE | INJ 100MG/ML | Generic | QL 91-day supply available |
| TESTOSTERONE CYPIONATE | INJ 200MG/ML | Generic | QL 91-day supply available |
| TESTOSTERONE ENATHATE | INJ 200MG/ML | Generic | QL 91-day supply available |
| TESTOSTERONE | GEL 1%(25MG) | Generic | PA |
| TESTOSTERONE | GEL 1%(50MG) | Generic | PA |
| TESTOSTERONE | GEL PUMP 1% | Generic | PA |
| TESTOSTERONE | INJ 250MG/ML | Generic | PA |
| TESTOSTERONE TD | GEL 20.25 MG/ACT (1.62%) | Generic | QL 5 grams per day |
| ESTROGENS | | | |
| COMBIPATCH | DIS .05/.14 | Brand | QL 0.29 per day |
| COMBIPATCH | DIS .05/.25 | Brand | QL 0.29 per day |
| ESTRADIOL | CRE 0.1MG/GM | Generic | 90-day supply available |
| ESTRADIOL | TAB 0.5MG | Generic | 90-day supply available |
| ESTRADIOL | TAB 1MG | Generic | 90-day supply available |
| ESTRADIOL | TAB 2MG | Generic | 90-day supply available |
| ESTRADIOL (Generic Climara) | PATCH WKLY 0.025MG | Generic | QL 4 per month; 90-day supply available |
| ESTRADIOL (Generic Climara) | PATCH WKLY 0.0375MG | Generic | QL 4 per month; 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------|---------------------------|-----------|--|
| ESTRADIOL (Generic Climara) | PATCH WKLY 0.05MG | Generic | QL 4 per month; 90-day supply available |
| ESTRADIOL (Generic Climara) | PATCH WKLY 0.06MG | Generic | QL 4 per month; 90-day supply available |
| ESTRADIOL (Generic Climara) | PATCH WKLY 0.075MG | Generic | QL 4 per month; 90-day supply available |
| ESTRADIOL (Generic Climara) | PATCH WKLY 0.1MG | Generic | QL 4 per month; 90-day supply available |
| ESTRADIOL (Generic Vivelle Dot) | PATCH TW 0.025MG | Generic | QL 16 per month; 90-day supply available |
| ESTRADIOL (Generic Vivelle Dot) | PATCH TW 0.0375MG | Generic | QL 16 per month; 90-day supply available |
| ESTRADIOL (Generic Vivelle Dot) | PATCH TW 0.05MG | Generic | QL 16 per month; 90-day supply available |
| ESTRADIOL (Generic Vivelle Dot) | PATCH TW 0.075MG | Generic | QL 16 per month; 90-day supply available |
| ESTRADIOL (Generic Vivelle Dot) | PATCH TW 0.1MG | Generic | QL 16 per month; 90-day supply available |
| ESTRADIOL TD | GEL 0.25 MG/0.25GM (0.1%) | Generic | QL 1 per day |
| ESTRADIOL TD | GEL 0.5 MG/0.5GM (0.1%) | Generic | QL 1 per day |
| ESTRADIOL TD | 0.75 MG/0.75GM (0.1%) | Generic | QL 1 per day |
| ESTRADIOL TD | GEL 1 MG/GM (0.1%) | Generic | QL 1 per day |
| ESTRADIOL TD | GEL 1.25 MG/1.25GM (0.1%) | Generic | QL 1.25 per day |
| ESTRA/NORETH | TAB 0.5-0.1MG | Generic | |
| ESTRA/NORETH | TAB 1-0.5MG | Generic | |
| ESTRADIOL VALERATE | INJ 10MG/ML | Generic | 90-day supply available |
| ESTRADIOL VALERATE | INJ 200MG/5 | Generic | 90-day supply available |
| ESTRADIOL VALERATE | INJ 20MG/ML | Generic | 90-day supply available |
| ESTRADIOL VALERATE | INJ 40MG/ML | Generic | 90-day supply available |
| DEPO-ESTRADIOL | INJ 5MG/ML | Brand | 90-day supply available |
| ESTRING | MIS 2MG | Brand | 90-day supply available |
| ESTROPIPATE | TAB 0.75MG | Generic | |
| ESTROPIPATE | TAB 1.5MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|-------------------------|
| ESTROPIPATE | TAB 3MG | Generic | |
| MENEST | TAB 0.3MG | Brand | 90-day supply available |
| MENEST | TAB 0.625MG | Brand | 90-day supply available |
| MENEST | TAB 1.25MG | Brand | 90-day supply available |
| YUVAFEM | TAB 10MCG | Generic | 90-day supply available |
| CONTRACEPTIVES | | | |
| *unless otherwise stated: generics QL max 91-day supply first fill; future fills up to 12-month supply. Brands QL max 91-day supply all fills | | | |
| AFTERA | TAB 1.5MG | Generic | *QL |
| ALTAVERA | TAB | Generic | *QL |
| ALYACEN | TAB 1/35 | Generic | *QL |
| ALYACEN | TAB 7/7/7 | Generic | *QL |
| AMETHIA | TAB | Generic | *QL |
| AMETHIA LO | TAB | Generic | *QL |
| AMETHYST | TAB 90-20MCG | Generic | *QL |
| APRI | TAB | Generic | *QL |
| ARANELLE | TAB | Generic | *QL |
| ASHLYNA | TAB | Generic | *QL |
| AUBRA | TAB 0.1-0.02 | Generic | *QL |
| AVIANE | TAB | Generic | *QL |
| AZURETTE | TAB 28-DAY | Generic | *QL |
| BALZIVA | TAB | Generic | *QL |
| BRIELLYN | TAB | Generic | *QL |
| CAMILA | TAB 0.35MG | Generic | *QL |
| CAMRESE | TAB | Generic | *QL |
| CAMRESE LO | TAB | Generic | *QL |
| CAZIAN | PAK | Generic | *QL |
| CESIA | PAK | Generic | *QL |
| CHATEAL | TAB 0.15/30 | Generic | *QL |
| CRYSSELLE-28 | TAB 28 TABS | Generic | *QL |
| CYCLAFEM | TAB 1/35 | Generic | *QL |
| CYCLAFEM | TAB 7/7/7 | Generic | *QL |
| CYRED | TAB | Generic | *QL |
| DASETTA | TAB 1/35 | Generic | *QL |
| DASETTA | TAB 7/7/7 | Generic | *QL |
| DAYSEE | TAB | Generic | *QL |
| DEBLITANE | TAB 0.35MG | Generic | *QL |
| DELYLA | TAB 0.1-0.02 | Generic | *QL |
| DESO/ETHINYL | TAB ESTRADIO | Generic | *QL |
| DROSPIR/ETHI | TAB 3-0.03MG | Generic | *QL |
| DROSPIRE/ETH TAB ESTR/LEV | TAB | Generic | *QL |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------------------|--------------------------|-----------|--|
| DROSPIRENONE | TAB ETHY EST | Generic | *QL |
| ECONTRA EZ | TAB 1.5MG | Generic | *QL |
| ELINEST | TAB | Generic | *QL |
| ELLA | TAB 30MG | Brand | QL 3 tabs per 31 days |
| ELURYNG (generic Nuvaring) | VA RING 0.120-0.015MG/HR | Generic | QL 1 per 21 days; 90 day supply per fill |
| EMOQUETTE | TAB | Generic | *QL |
| ENPRESSE-28 | TAB | Generic | *QL |
| ENSKYCE | TAB | Generic | *QL |
| ERRIN | TAB 0.35MG | Generic | *QL |
| ESTARYLLA | TAB 0.25-35 | Generic | *QL |
| FALLBACK | TAB 1.5MG | Generic | *QL |
| FALMINA | TAB | Generic | *QL |
| FAYOSIM | TAB | Generic | *QL |
| GIANVI | TAB 3-0.02MG | Generic | *QL |
| GILDAGIA | TAB 0.4-35 | Generic | *QL |
| GILDESS | TAB 1/20 | Generic | *QL |
| GILDESS | TAB 1.5/30 | Generic | *QL |
| GILDESS 24 | TAB FE 1/20 | Generic | *QL |
| GILDESS FE | TAB 1/20 | Generic | *QL |
| GILDESS FE | TAB 1.5/30 | Generic | *QL |
| HEATHER | TAB 0.35MG | Generic | *QL |
| INTROVALE | TAB | Generic | *QL |
| JENCYCLA | TAB 0.35MG | Generic | *QL |
| JOLESSA | TAB | Generic | *QL |
| JOLIVETTE | TAB 0.35MG | Generic | *QL |
| JULEBER | TAB | Generic | *QL |
| JUNEL 1.5/30 | TAB | Generic | *QL |
| JUNEL 1/20 | TAB | Generic | *QL |
| JUNEL FE | TAB 1/20 | Generic | *QL |
| JUNEL FE | TAB 1.5/30 | Generic | *QL |
| JUNEL FE 24 | TAB 1/20 | Generic | *QL |
| KARIVA | TAB 28-DAY | Generic | *QL |
| KELNOR | TAB 1/35 | Generic | *QL |
| KIMIDESS | TAB | Generic | *QL |
| KURVELO | TAB 0.15/30 | Generic | *QL |
| LARIN | TAB 1/20 | Generic | *QL |
| LARIN | TAB 1.5/30 | Generic | *QL |
| LARIN 24 | TAB FE 1/20 | Generic | *QL |
| LARIN FE | TAB 1/20 | Generic | *QL |
| LARIN FE | TAB 1.5/30 | Generic | *QL |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|--------------|
| LAYOLIS FE | CHW | Generic | *QL |
| LEENA | TAB | Generic | *QL |
| LESSINA | TAB | Generic | *QL |
| LEVO-ETH EST | TAB 90-20MCG | Generic | *QL |
| LEVONEST | TAB | Generic | *QL |
| LEVONOR/ETHI | TAB 0.1-0.02 | Generic | *QL |
| LEVONOR/ETHI | TAB ESTRADIO | Generic | *QL |
| LEVONORGESTR | TAB 0.75MG | Generic | *QL |
| LEVONORGESTR | TAB 1.5MG | Generic | *QL |
| LEVORA-28 | TAB 0.15/30 | Generic | *QL |
| LO LOESTRIN | TAB | Brand | *QL |
| LO MINASTRIN | PAK FE | Brand | *QL |
| LOMEDIA 24 | TAB FE | Generic | *QL |
| LORYNA | TAB 3-0.02MG | Generic | *QL |
| LOW-OGESTREL | TAB | Generic | *QL |
| LUTERA | TAB | Generic | *QL |
| LYZA | TAB 0.35MG | Generic | *QL |
| MARLISSA | TAB 0.15/30 | Generic | *QL |
| MIBELAS 24 | CHW FE | Generic | *QL |
| MICROGESTIN | TAB 1/20 | Generic | *QL |
| MICROGESTIN | TAB 1.5/30 | Generic | *QL |
| MICROGESTIN | TAB FE 1/20 | Generic | *QL |
| MICROGESTIN | TAB FE1.5/30 | Generic | *QL |
| MONO-LINYAH | TAB 0.25-35 | Generic | *QL |
| MONONESSA | TAB | Generic | *QL |
| MY WAY | TAB 1.5MG | Generic | *QL |
| MYZILRA | TAB | Generic | *QL |
| NECON | TAB 0.5/35 | Generic | *QL |
| NECON | TAB 1/35 | Generic | *QL |
| NECON | TAB 1/50-28 | Generic | *QL |
| NECON | TAB 10/11-28 | Generic | *QL |
| NECON | TAB 7/7/7 | Generic | *QL |
| NEXT CHOICE | TAB 1.5MG | Generic | *QL |
| NIKKI | TAB 3-0.02MG | Generic | *QL |
| NONOXYNOL-9 | GEL 4% | Generic | *QL |
| NORA-BE | TAB 0.35MG | Generic | *QL |
| NORETH/ETHIN | TAB 1/20 | Generic | *QL |
| NORETH/ETHIN | CHW FE | Generic | *QL |
| NORETH/ETHIN | TAB FE 1/20 | Generic | *QL |
| NORETHINDRON | TAB 0.35MG | Generic | *QL |
| NORGEST/ETHI | TAB 0.25/35 | Generic | *QL |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------------|----------------------|-----------|---------------------------------------|
| NORGEST/ETHI | TAB ESTRADIO | Generic | *QL |
| NORINYL | TAB 1+50-28 | Generic | *QL |
| NORLYROC | TAB 0.35MG | Generic | *QL |
| NORTREL | TAB 0.5/35 | Generic | *QL |
| NORTREL | TAB 1/35 | Generic | *QL |
| NORTREL | TAB 7/7/7 | Generic | *QL |
| OCELLA | TAB 3-0.03MG | Generic | *QL |
| OGESTREL | TAB | Generic | *QL |
| OPILL | TAB 0.075MG | Generic | QL 1 per day; 90-day supply available |
| OPCICON | TAB 1.5MG | Generic | *QL |
| ORSYTHIA | TAB | Generic | *QL |
| ORTHO TRI-CYCLN LO | TAB | Generic | *QL |
| PHILITH | TAB 0.4-35 | Generic | *QL |
| PIMTREA | TAB | Generic | *QL |
| PIRMELLA | TAB 1/35 | Generic | *QL |
| PIRMELLA | TAB 7/7/7 | Generic | *QL |
| PLAN B | TAB 0.75MG | Brand | QL 6 tabs per 31 days |
| PLAN B | TAB 1.5MG | Brand | QL 3 tabs per 31 days |
| PORTIA-28 | TAB | Generic | *QL |
| PREVIFEM | TAB | Generic | *QL |
| QUASENSE | TAB | Generic | *QL |
| RAJANI | TAB | Generic | *QL |
| RECLIPSEN | TAB | Generic | *QL |
| RIVELSA | TAB | Generic | *QL |
| SAFYRAL | TAB | Brand | *QL |
| SETLAKIN | TAB | Generic | *QL |
| SHAROBEL | TAB 0.35MG | Generic | *QL |
| SOLIA | TAB | Generic | *QL |
| SPRINTEC 28 | TAB 28-DAY | Generic | *QL |
| SRONYX | TAB | Generic | *QL |
| SYEDA | TAB 3-0.03MG | Generic | *QL |
| TAKE ACTION | TAB 1.5MG | Generic | *QL |
| TARINA FE | TAB 1/20 | Generic | *QL |
| TILIA FE | TAB | Generic | *QL |
| TRI-ESTARYLL | TAB | Generic | *QL |
| TRI-LEGEST | TAB FE | Generic | *QL |
| TRI-LINYAH | TAB | Generic | *QL |
| TRINESSA | TAB | Generic | *QL |
| TRI-PREVIFEM | TAB | Generic | *QL |
| TRI-SPRINTEC | TAB | Generic | *QL |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|-------------------------|-----------|----------------------------|
| TRIVORA-28 | TAB | Generic | *QL |
| VELIVET | PAK | Generic | *QL |
| VESTURA | TAB 3-0.02MG | Generic | *QL |
| VIORELE | TAB | Generic | *QL |
| VYFEMLA | TAB 0.4-35 | Generic | *QL |
| WERA | TAB 0.5/35 | Generic | *QL |
| WYMZYA FE | CHW 0.4MG-35 | Generic | *QL |
| XULANE | DIS 150-35 | Generic | Max 90-day supply per fill |
| ZARAH | TAB 3-0.03MG | Generic | *QL |
| ZENCHENT | TAB | Generic | *QL |
| ZENCHENT FE | CHW 0.4MG-35 | Generic | *QL |
| ZOVIA | TAB 1/35E | Generic | *QL |
| ZOVIA | TAB 1/50E | Generic | *QL |
| ALPHA-GLUCOSIDASE INHIBITORS | | | |
| ACARBOSE | TAB 50MG | Generic | QL 3 per day |
| ACARBOSE | TAB 100MG | Generic | QL 3 per day |
| ACARBOSE | TAB 25MG | Generic | QL 3 per day |
| ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS | | | |
| DEX4 | CHW 1GM | Brand | |
| DEX4 | GLUCOSE CHW QK DISLV | Brand | |
| DIAZOXIDE | SUS 50MG/ML | Generic | |
| GLUCOSE | CHW 4GM various flavors | Generic | |
| GLUCOSE BITS | CHW 1GM | Brand | |
| GLUTOSE 15 | GEL 40% | Generic | |
| GLUTOSE 45 | GEL 40% | Generic | |
| INSTA-GLUCOS | GEL 77.4% | Brand | |
| BIGUANIDES | | | |
| METFORMIN | TAB 500MG | Generic | 90-day supply available |
| METFORMIN | TAB 850MG | Generic | 90-day supply available |
| METFORMIN | TAB 1000MG | Generic | 90-day supply available |
| METFORMIN | TAB 500MG ER | Generic | 90-day supply available |
| METFORMIN | TAB 750MG ER | Generic | 90-day supply available |
| COMBO ANTI-DIABETIC | | | |
| GLIPIZIDE/METFORMIN | TAB 2.5-250M | Generic | |
| GLIPIZIDE/METFORMIN | TAB 2.5-500M | Generic | |
| GLIPIZIDE/METFORMIN | TAB 5-500MG | Generic | |
| GLYBURIDE/METFORMIN | TAB 1.25-250 | Generic | |
| GLYBURIDE/METFORMIN | TAB 2.5-500 | Generic | |
| GLYBURIDE/METFORMIN | TAB 5-500MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------------|----------------------|-----------|---|
| PIOGLITAZONE/METFORMIN | TAB 15-500MG | Generic | QL 3 per day |
| PIOGLITAZONE/METFORMIN | TAB 15-850MG | Generic | QL 3 per day |
| GLUCAGON | | | |
| GLUCAGEN | INJ HYPOKIT | Brand | QL 2 kits per month |
| GLUCAGON | KIT 1MG | Brand | QL 2 kits per month |
| GLUCAGON EMR | 1MG SOL | Brand | QL 2 per month |
| GVOKE (auto-injector) | 0.5MG/0.1ML | Brand | QL 2 per month (0.2ML/month) |
| GVOKE (auto-injector) | 1MG/0.2ML | Brand | QL 2 per month (0.4ML/month) |
| GVOKE (Prefilled Syringe) | PFS 0.5MG/0.1ML | Brand | QL 2 per month (0.2ML/month) |
| GVOKE (Prefilled Syringe) | PFS 1MG/0.2ML | Brand | QL 2 per month (0.4ML/month) |
| ZEGALOGUE (auto-injector) | 0.6MG/0.6ML | Brand | QL 2 per month (1.2ML/month) |
| ZEGALOGUE (Prefilled Syringe) | PFS 0.6MG/0.6ML | Brand | QL 2 per month (1.2ML/month) |
| GNRH AGENTS | | | |
| CAMCEVI | INJ 42MG | Brand | PA |
| LUPANETA | KIT 11.25-5 | Brand | PA |
| LUPANETA | KIT 3.75-5 | Brand | PA |
| LUPR DEP-PED | INJ 11.25MG | Brand | PA |
| LUPR DEP-PED | INJ 15MG | Brand | PA |
| LUPR DEP-PED | INJ 30MG | Brand | PA QL 1 per day |
| LUPR DEP-PED | INJ 7.5MG | Brand | PA |
| LUPRON DEPOT | INJ 11.25MG | Brand | PA QL 1 per 90 days |
| LUPRON DEPOT | INJ 22.5MG | Brand | PA QL 1 per 90 days |
| LUPRON DEPOT | INJ 3.75MG | Brand | PA |
| LUPRON DEPOT | INJ 30MG | Brand | PA |
| LUPRON DEPOT | INJ 45MG | Brand | PA |
| LUPRON DEPOT (pediatric kit) | INJ 45MG | Brand | PA QL 0.006 per day; Max 168 day supply per fill |
| LUPRON DEPOT | INJ 7.5MG | Brand | PA |
| ORGOVYX | TAB 120MG | Brand | PA QL 1 per day |
| ORILISSA | TAB 150MG | Brand | PA QL 1 per day |
| ORILISSA | TAB 200MG | Brand | PA QL 2 per day |
| INCRETIN MIMETICS | | | |
| ADLYXIN | INJ 20MCG | Brand | PA; QL 0.215mls per day |
| ADLYXIN | INJ 10/20MCG | Brand | PA; QL 6 per 180 days |
| BYDUREON | INJ | Brand | PA QL 0.143mls per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------|------------------------------------|-----------|---|
| BYDUREON | INJ BCISE | Brand | PA QL 0.122mls per day |
| BYETTA | INJ 10MCG | Brand | PA QL 2.4mls per month |
| BYETTA | INJ 5MCG | Brand | PA QL 1.2mls per month |
| LIRAGLUTIDE | INJ 18MG/3ML | Generic | ST required with alogliptan, Steglatro, Segluromet, Farxiga, or Xigduo XR. QL 0.3mls per day |
| MOUNJARO | INJ 2.5MG/0.5ML | Brand | PA QL .08 per day |
| MOUNJARO | INJ 5MG/0.5ML | Brand | PA QL .08 per day |
| MOUNJARO | 7.5MG/0.ML | Brand | PA QL .08 per day |
| MOUNJARO | 10MG/0.5ML | Brand | PA QL .08 per day |
| MOUNJARO | 12.5MG/0.5ML | Brand | PA QL .08 per day |
| MOUNJARO | 15MG/0.5ML | Brand | PA QL .08 per day |
| OZEMPIC | INJ 2/1.5ML | Brand | PA QL 0.054 per day |
| OZEMPIC | INJ 2MG/3ML | Brand | PA QL 0.108 per day |
| OZEMPIC | INJ 4MG/3ML | Brand | PA QL 0.108 per day |
| OZEMPIC | INJ 8MG/3ML | Brand | PA QL 0.108 per day |
| TANZEUM | INJ 30MG | Brand | PA QL 0.143mls per day |
| TANZEUM | INJ 50MG | Brand | PA QL 0.143mls per day |
| TRULICITY | INJ 0.75MG/.05ML | Brand | PA QL 4 syringes/month |
| TRULICITY | INJ 01.5MG/.05ML | Brand | PA QL 4 syringes/month |
| TRULICITY | INJ 3MG/0.5ML | Brand | PA QL 4 syringes/month |
| TRULICITY | INJ 4.5MG/0.5ML | Brand | PA QL 4 syringes/month |
| WEGOVY | INJ 0.25MG | Brand | PA QL 0.08mls per day |
| WEGOVY | INJ 0.5MG | Brand | PA QL 0.08mls per day |
| WEGOVY | INJ 1MG | Brand | PA QL 0.08mls per day |
| WEGOVY | INJ 1.7MG | Brand | PA QL 0.11mls per day |
| WEGOVY | INJ 1.7MG | Brand | PA QL 0.11mls per day |
| ZEPBOUND | SOLN 2.5 MG/0.5ML | Brand | PA QL 2 per 28 days |
| ZEPBOUND | SOLN 5 MG/0.5ML | Brand | PA QL 2 per 28 days |
| ZEPBOUND | SOLN AUTO-INJECTOR 2.5 MG/0.5ML | Brand | PA QL 2 per 28 days |
| ZEPBOUND | SOLN PEN-INJECTOR 2.5 MG/0.6ML | | PA QL 0.086 per day |
| ZEPBOUND | SOLN AUTO-INJECTOR 5 MG/0.5ML | Brand | PA QL 2 per 28 days |
| ZEPBOUND | SOLN PEN-INJECTOR 5 MG/0.6ML | Brand | PA QL 0.086 per day |
| ZEPBOUND | SOLN AUTO-INJECTOR 7.5 MG/0.5ML | Brand | PA QL 2 per 28 days |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------------------------------|-------------------------------------|-----------|-----------------------------|
| ZEPBOUND | SOLN PEN-INJECTOR 7.5 MG/0.6ML | Brand | PA QL 0.086 per day |
| ZEPBOUND | SOLN AUTO-INJECTOR 10 MG/0.5ML | Brand | PA QL 2 per 28 days |
| ZEPBOUND | SOLN PEN-INJECTOR 10 MG/0.6ML | Brand | PA QL 0.086 per day |
| ZEPBOUND | SOLN AUTO-INJECTOR 12.5 MG/0.5ML | Brand | PA QL 2 per 28 days |
| ZEPBOUND | SOLN PEN-INJECTOR 12.5 MG/0.6ML | Brand | PA QL 0.086 per day |
| ZEPBOUND | SOLN AUTO-INJECTOR 15 MG/0.5ML | Brand | PA QL 2 per 28 days |
| ZEPBOUND | SOLN PEN-INJECTOR 15 MG/0.6ML | Brand | PA QL 0.086 per day |
| INSULINS | | | |
| ADMELOG | INJ 100U/ML | Brand | 90-day supply available |
| ADMELOG SOLO | INJ 100U/ML | Brand | 90-day supply available |
| HUMALOG | INJ 100/ML | Brand | 90-day supply available |
| HUMALOG | KWIK INJ 100/ML | Brand | 90-day supply available |
| HUMALOG | KWIK INJ 200/ML | Brand | 90-day supply available |
| HUMALOG | MIX INJ 50/50 | Brand | 90-day supply available |
| HUMALOG | MIX INJ 50/50KWP | Brand | ;90-day supply available |
| HUMALOG MIX | INJ 75/25 KWIKPEN | Brand | 90-day supply available |
| HUMALOG JR | INJ 100/ML | Brand | 90-day supply available |
| HUMULIN | INJ 70/30 | Brand | 90-day supply available |
| HUMULIN | INJ 70/30KWP | Brand | 90-day supply available |
| HUMULIN | N INJ U-100 | Brand | 90-day supply available |
| HUMULIN | N INJ U-100KWP | Brand | 90-day supply available |
| HUMULIN | PEN INJ 70/30 | Brand | 90-day supply available |
| HUMULIN | R INJ U-100 | Brand | 90-day supply available |
| HUMULIN | R INJ 5-500 (pens) | Brand | PA; 90-day supply available |
| INSULIN ASPA (generic Novolog vial) | MIX INJ 70/30 | Generic | 90-day supply available |
| INSULIN ASPA (generic Novolog pen) | INJ FLEXPEN 70/30 | Generic | 90-day supply available |
| INSULIN ASPA | INJ 100 UNIT/ML | Generic | 90-day supply available |
| INSULIN ASPA | INJ FLEXPEN 100 UNIT/ML | Generic | 90-day supply available |
| INSULIN GLARG (generic Semglee pen) | INJ 100U/ML | Generic | 90-day supply available |
| INSULIN GLARG (generic Semglee vial) | SOL 100U/ML | Generic | 90-day supply available |
| INSULIN LISP (generic Humalog pen) | MIX INJ 75/25 | Generic | 90-day supply available |
| INSULIN LISP | INJ 100 UNIT/ML | Generic | 90-day supply available |
| INSULIN LISP | INJ 100 UNIT/ML | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|-----------------------|-----------|---|
| INSULIN LISP | INJ 100/ML JUNIOR | Brand | 90-day supply available |
| LANTUS | INJ 100/ML | Brand | 90-day supply available |
| LANTUS SOLOSTAR | INJ 100/ML (pen) | Brand | 90-day supply available |
| NOVOLIN | INJ 70/30 | Brand | 90-day supply available |
| NOVOLIN | N INJ RELION | Brand | 90-day supply available |
| NOVOLIN | N INJ U-100 | Brand | 90-day supply available |
| NOVOLIN | R INJ RELION | Brand | 90-day supply available |
| NOVOLIN | R INJ U-100 | Brand | 90-day supply available |
| NOVOLIN | R INJ 100 UNIT (pen) | Brand | 90-day supply available |
| NOVOLIN | 70/30 INJ RELION | Brand | 90-day supply available |
| NOVOLOG RELION | INJ 70/30 | Brand | 90-day supply available |
| NOVOLOG MIX | INJ FLEXPEN | Brand | 90-day supply available |
| REZVOGLAR | INJ 100 UNIT/ML (pen) | Brand | 90-day supply available |
| SOLIQUA | INJ 10/33 | Brand | PA |
| DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS | | | |
| ALOGLIPTIN | TAB 6.25MG | Brand | ST |
| ALOGLIPTIN | TAB 12.5MG | Brand | ST |
| ALOGLIPTIN | TAB 25MG | Brand | ST |
| ALOGLIPTIN-METFORMIN HCL | TAB 12.5-500 MG | Generic | ST QL 2 per day |
| ALOGLIPTIN-METFORMIN HCL | TAB 12.5-1000 MG | Generic | ST QL 2 per day |
| ALOGLIPTIN-PIOGLITAZONE | TAB 12.5-15 MG | Generic | ST QL 1 per day |
| ALOGLIPTIN-PIOGLITAZONE | TAB 12.5-30 MG | Generic | ST QL 1 per day |
| ALOGLIPTIN-PIOGLITAZONE | TAB 12.5-45 MG | Generic | ST QL 1 per day |
| ALOGLIPTIN-PIOGLITAZONE | TAB 25-15 MG | Generic | ST QL 1 per day |
| ALOGLIPTIN-PIOGLITAZONE | TAB 25-30 MG | Generic | ST QL 1 per day |
| ALOGLIPTIN-PIOGLITAZONE | TAB 25-45MG | Generic | ST QL 1 per day |
| MEGLITINIDES | | | |
| NATEGLINIDE | TAB 60MG | Generic | |
| NATEGLINIDE | TAB 120MG | Generic | |
| SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB | | | |
| FARXIGA | TAB 5MG | Brand | PA QL 1 per day |
| FARXIGA | TAB 10MG | Brand | PA QL 1 per day |
| QTERN | TAB 5-5MG | Brand | PA QL 1 per day |
| QTERN | TAB 10-5MG | Brand | PA QL 1 per day |
| STEGLATRO | TAB 5MG | Brand | ST Required with Metformin AND Pioglitazone OR Glipizide, |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------------|----------------------|-----------|---|
| | | | Glyburide, Glimepiride QL 1 per day |
| STEGLATRO | TAB 15MG | Brand | ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 1 per day |
| SEGLUROMET | TAB 2.5-500MG | Brand | ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 2 per day |
| SEGLUROMET | TAB 2.5-1000MG | Brand | ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 2 per day |
| SEGLUROMET | TAB 7.5-500MG | Brand | ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 2 per day |
| SEGLUROMET | TAB 7.5-1000MG | Brand | ST Required with Metformin AND Pioglitazone OR Glipizide, Glyburide, Glimepiride QL 2 per day |
| XIGDUO XR | TAB 2.5-1000 | Brand | PA QL 2 per day |
| XIGDUO XR | TAB 5-500MG | Brand | PA QL 1 per day |
| XIGDUO XR | TAB 5-1000MG | Brand | PA QL 2 per day |
| XIGDUO XR | TAB 10-500MG | Brand | PA QL 1 per day |
| XIGDUO XR | TAB 10-1000 | Brand | PA QL 1 per day |
| SULFONYLUREAS | | | |
| GLIMEPIRIDE | TAB 1MG | Generic | QL 4 per day; 90-day supply available |
| GLIMEPIRIDE | TAB 2MG | Generic | QL 4 per day; 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------|----------------------|-----------|---------------------------------------|
| GLIMEPIRIDE | TAB 4MG | Generic | QL 2 per day; 90-day supply available |
| GLIPIZIDE | TAB 5MG | Generic | 90-day supply available |
| GLIPIZIDE | TAB 10MG | Generic | 90-day supply available |
| GLIPIZIDE ER | TAB 2.5MG | Generic | 90-day supply available |
| GLIPIZIDE ER | TAB 5MG | Generic | 90-day supply available |
| GLIPIZIDE ER | TAB 10MG | Generic | 90-day supply available |
| GLYBURID MCR | TAB 1.5MG | Generic | 90-day supply available |
| GLYBURID MCR | TAB 3MG | Generic | 90-day supply available |
| GLYBURID MCR | TAB 6MG | Generic | 90-day supply available |
| GLYBURIDE | TAB 1.25MG | Generic | 90-day supply available |
| GLYBURIDE | TAB 2.5MG | Generic | 90-day supply available |
| GLYBURIDE | TAB 5MG | Generic | 90-day supply available |
| THIAZOLIDINEDIONES | | | |
| PIOGLITAZONE | TAB 15MG | Generic | QL 1 per day; 90-day supply available |
| PIOGLITAZONE | TAB 30MG | Generic | QL 1 per day; 90-day supply available |
| PIOGLITAZONE | TAB 45MG | Generic | QL 1 per day; 90-day supply available |
| ANTITHYROID AGENTS | | | |
| METHIMAZOLE | TAB 5MG | Generic | |
| METHIMAZOLE | TAB 10MG | Generic | |
| POT IODIDE | SOL 1GM/ML | Generic | |
| PROPYLTHIOUR | TAB 50MG | Generic | |
| SSKI | SOL 1GM/ML | Brand | |
| THYROID AGENTS | | | |
| ARMOUR THYROID | TAB 15MG | Brand | |
| ARMOUR THYROID | TAB 30MG | Brand | |
| ARMOUR THYROID | TAB 60MG | Brand | |
| ARMOUR THYROID | TAB 90MG | Brand | |
| ARMOUR THYROID | TAB 120MG | Brand | |
| ARMOUR THYROID | TAB 180MG | Brand | |
| ARMOUR THYROID | TAB 240MG | Brand | |
| ARMOUR THYROID | TAB 300MG | Brand | |
| LEVOTHYROXINE | TAB 25MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 50MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 75MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 88MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 100MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 112MCG | Generic | 90-day supply available |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------|----------------------|-----------|-------------------------|
| LEVOTHYROXINE | TAB 125MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 137MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 150MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 175MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 200MCG | Generic | 90-day supply available |
| LEVOTHYROXINE | TAB 300MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 25MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 50MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 75MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 88MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 100MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 112MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 125MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 137MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 150MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 175MCG | Generic | 90-day supply available |
| LEVOXYL | TAB 200MCG | Generic | 90-day supply available |
| LIOTHYRONINE | TAB 5MCG | Generic | |
| LIOTHYRONINE | TAB 25MCG | Generic | |
| LIOTHYRONINE | TAB 50MCG | Generic | |
| NP THYROID | TAB 30MG | Generic | |
| NP THYROID | TAB 60MG | Generic | |
| NP THYROID | TAB 90MG | Generic | |
| SYNTHROID | TAB 25MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 50MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 75MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 88MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 100MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 112MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 125MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 137MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 150MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 175MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 200MCG | Brand | 90-day supply available |
| SYNTHROID | TAB 300MCG | Brand | 90-day supply available |
| THYROLAR-1 | TAB 60MG | Brand | |
| THYROLAR-1/2 | TAB 30MG | Brand | |
| THYROLAR-1/4 | TAB 15MG | Brand | |
| THYROLAR-2 | TAB 120MG | Brand | |
| THYROLAR-3 | TAB 180MG | Brand | |
| UNITHROID DIRECT | TAB 25MCG | Generic | 90-day supply available |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------|----------------------|-----------|-------------------------|
| UNITHROID DIRECT | TAB 50MCG | Generic | 90-day supply available |
| UNITHROID DIRECT | TAB 75MCG | Generic | 90-day supply available |
| UNITHROID DIRECT | TAB 88MCG | Generic | 90-day supply available |
| UNITHROID DIRECT | TAB 100MCG | Generic | 90-day supply available |
| UNITHROID DIRECT | TAB 112MCG | Generic | 90-day supply available |
| UNITHROID DIRECT | TAB 125MCG | Generic | 90-day supply available |
| UNITHROID DIRECT | TAB 150MCG | Generic | 90-day supply available |
| UNITHROID DIRECT | TAB 175MCG | Generic | 90-day supply available |
| UNITHROID DIRECT | TAB 200MCG | Generic | 90-day supply available |
| UNITHROID DIRECT | TAB 300MCG | Generic | 90-day supply available |
| UNITHROID | TAB 25MCG | Generic | 90-day supply available |
| UNITHROID | TAB 50MCG | Generic | 90-day supply available |
| UNITHROID | TAB 75MCG | Generic | 90-day supply available |
| UNITHROID | TAB 88MCG | Generic | 90-day supply available |
| UNITHROID | TAB 100MCG | Generic | 90-day supply available |
| UNITHROID | TAB 112MCG | Generic | 90-day supply available |
| UNITHROID | TAB 125MCG | Generic | 90-day supply available |
| UNITHROID | TAB 137MCG | Generic | 90-day supply available |
| UNITHROID | TAB 150MCG | Generic | 90-day supply available |
| UNITHROID | TAB 175MCG | Generic | 90-day supply available |
| UNITHROID | TAB 200MCG | Generic | 90-day supply available |
| UNITHROID | TAB 300MCG | Generic | 90-day supply available |

OXYTOCICS

| | | | |
|--------------|-----------|---------|---------------|
| METHYLERGON | TAB 0.2MG | Generic | |
| MIFEPRISTONE | TAB 200MG | Generic | QL 1 per fill |

ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS

| | | | |
|-------------|-----------|---------|-----------------|
| CABERGOLINE | TAB 0.5MG | Generic | QL 20 per month |
|-------------|-----------|---------|-----------------|

ESTROGEN AGONIST-ANTAGONISTS

| | | | |
|------------|----------|---------|--|
| RALOXIFENE | TAB 60MG | Generic | |
|------------|----------|---------|--|

OSTEOPOROSIS

| | | | |
|-------------|-------------|---------|---------------------------------------|
| ALENDRONATE | TAB 5MG | Generic | QL 1 per day; 90-day supply available |
| ALENDRONATE | TAB 10MG | Generic | QL 1 per day; 90-day supply available |
| ALENDRONATE | TAB 35MG | Generic | QL 4 per 30 days; 12 per 77 days |
| ALENDRONATE | TAB 70MG | Generic | QL 4 per 30 days; 12 per 77 days |
| CALCITONIN | SPR 200/ACT | Generic | QL 3.7mls per 30 days |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|--------------------------------------|
| ETIDRONATE DISODIUM | TAB 200MG | Generic | |
| ETIDRONATE DISODIUM | TAB 400MG | Generic | |
| IBANDRONATE | TAB 150MG | Generic | QL 1 per 30 days |
| RISEDRONATE | TAB 5MG | Generic | ST (Alendronate) QL 1 per day |
| RISEDRONATE | TAB 35MG | Generic | ST (Alendronate) QL 4 per 30 days |
| RISEDRONATE | TAB 150MG | Generic | ST (Alendronate) QL 1 per 23 days |
| TYMLOS | INJ | Brand | PA QL 0.052ml per day |
| OTHER MISCELLANEOUS THERAPEUTIC AGENTS | | | |
| CINACALCET | TAB 30MG | Generic | |
| CINACALCET | TAB 60MG | Generic | |
| CINACALCET | TAB 90MG | Generic | |
| DALFAMPRIDINE | TAB 10MG ER | Generic | PA |
| FILSPARI | TAB 200MG | Brand | PA QL 1 TAB per day |
| FILSPARI | TAB 400MG | Brand | PA QL 1 TAB per day |
| FISH OIL | CAP 1000MG | Generic | 90-day supply available |
| FISH OIL | CAP 1200MG | Generic | 90-day supply available |
| FISH OIL | CAP 500MG | Generic | 90-day supply available |
| FISH OIL | CAP 300MG | Generic | 90-day supply available |
| FISH OIL | CAP 435MG | Generic | 90-day supply available |
| FISH OIL | CAP 900MG | Brand | 90-day supply available |
| KERENDIA | TAB 10MG | Brand | PA |
| LEVOCARNITINE | TAB 330MG | Generic | |
| LEVOCARNITINE | SOL 1GM/10ML | Generic | |
| MELATONIN | TAB 200MCG | Brand | |
| MELATONIN | TAB 300MCG | Generic | |
| MELATONIN | TAB 1MG | Generic | |
| MELATONIN | TAB 3MG | Generic | |
| MELATONIN | TAB 5MG | Generic | |
| MELATONIN | TAB 10MG | Generic | |
| MELATONIN | TAB 12MG | Brand | |
| MELATONIN | ER TAB 1MG | Brand | |
| MELATONIN | ER TAB 3MG | Brand | |
| MELATONIN | ER TAB 10MG | Generic | |
| MELATONIN | CHEW TAB 2.5MG | Generic | |
| MELATONIN | CHEW TAB 5MG | Brand | |
| MELATONIN | DIS TAB 500MCG | Brand | |
| MELATONIN | DIS TAB 3MG | Generic | |
| MELATONIN | DIS TAB 5MG | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------|------------------------------|-----------|-------------------------|
| MELATONIN | DIS TAB 10MG | Generic | |
| MELATONIN | DIS TAB 12MG | Brand | |
| MELATONIN | SL TAB 1MG | Brand | |
| MELATONIN | SL TAB 3MG | Brand | |
| MELATONIN | SL TAB 5MG | Generic | |
| MELATONIN | SL TAB 10MG | Generic | |
| MELATONIN | LIQ 1MG/ML | Generic | |
| MELATONIN | LIQ 1MG/4ML (2.5/10ML) | Brand | |
| MELATONIN | LIQ 3MG/0.9ML | Brand | |
| MELATONIN | LIQ 3.5MG/2ML (1.75MG/ML) | Brand | |
| MELATONIN | LIQ 5MG/ML | Brand | |
| MELATONIN | LIQ 5MG/15ML | Generic | |
| MELATONIN | LIQ 10MG/ML | Brand | |
| MELATONIN | CAP 1MG | Brand | |
| MELATONIN | CAP 3MG | Generic | |
| MELATONIN | CAP 5MG | Generic | |
| MELATONIN | CAP 10MG | Generic | |
| MELATONIN | SL LOZ 5MG | Brand | |
| OMEGA III | CAP EPA+DHA | Generic | |
| PYRUKYND | TAB 5MG | Brand | PA QL 2 per day |
| PYRUKYND | TAB 20MG | Brand | PA QL 2 per day |
| PYRUKYND | TAB 50MG | Brand | PA QL 2 per day |
| PYRUKYND | TAB 5MG TP | Brand | PA QL 1 per day |
| PYRUKYND | TAB 20MGx5MG | Brand | PA QL 1 per day |
| PYRUKYND | TAB 50MGx20MG | Brand | PA QL 1 per day |
| REZDIFFRA | TAB 60MG | Brand | PA QL 1 per day |
| REZDIFFRA | TAB 80MG | Brand | PA QL 1 per day |
| REZDIFFRA | TAB 100MG | Brand | PA QL 1 per day |
| REZUROCK | TAB 200MG | Brand | PA QL 1 per day |
| SAM-E.P.A. | CAP 500MG | Generic | |
| SAPROPTERIN | POW 100MG | Generic | PA |
| SAPROPTERIN | POW 500MG | Generic | PA |
| SAPROPTERIN | TAB 100MG | Generic | PA |
| SKYCLARYS | CAP 50MG | Brand | PA QL 3 per day |
| SUPER DHA | CAP GEMS | Generic | |
| SUPER OMEGA | CAP 500MG | Generic | 90-day supply available |
| SUPER OMEGA | CAP -3 | Generic | 90-day supply available |
| SUPER OMEGA | CAP-EPA | Generic | 90-day supply available |
| TOLVAPTAN | TAB 15MG | Generic | PA QL 2 per day |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------|----------------------|-----------|---------------------|
| TOLVAPTAN | TAB 30MG | Generic | PA QL 2 per day |
| TOLVAPTAN | PAK 15MG | Generic | PA QL 2 per day |
| TOLVAPTAN | PAK 30-15MG | Generic | PA QL 2 per day |
| TOLVAPTAN | PAK 45-15MG | Generic | PA QL 2 per day |
| TOLVAPTAN | PAK 60-30MG | Generic | PA QL 2 per day |
| TOLVAPTAN | PAK 90-30MG | Generic | PA QL 2 per day |
| VANRAFIA | 0.75MG TAB | Brand | PA QL 1 per day |
| VIJOICE | TAB 50MG | Brand | PA QL 1 per day |
| VIJOICE | TAB 125MG | Brand | PA QL 1 per day |
| VIJOICE | TAB 250MG | Brand | PA QL 2 per day |
| VOYXACT | INJ 400/2ML | Brand | PA QL 0.072 per day |
| VOXZOGO | INJ 0.4MG | Brand | PA |
| VOXZOGO | INJ 0.56MG | Brand | PA |
| VOXZOGO | INJ 1.2MG | Brand | PA |
| XACDURO | INJ 1-1GM | Brand | PA |
| PITUITARY | | | |
| CRENESSITY | CAP 50MG | Brand | PA QL 2 per day |
| CRENESSITY | CAP 100MG | Brand | PA QL 2 per day |
| CRENESSITY | SOL 50MG/ML | Brand | PA QL 2 per day |
| DESMOPRESSIN | TAB 0.1MG | Generic | QL 6 per day |
| DESMOPRESSIN | TAB 0.2MG | Generic | QL 6 per day |
| DESMOPRESSIN | INJ 4MCG/ML | Generic | PA |
| DESMOPRESSIN | SOL 0.01% | Generic | PA |
| DESMOPRESSIN | SPR 0.01% | Generic | PA |
| STIMATE | SOL 1.5MG/ML | Brand | PA |
| SOMATOTROPIN AGONISTS | | | |
| INCRELEX | INJ 40MG/4ML | Brand | PA |
| OCTREOTIDE | INJ 100MCG | Generic | |
| OCTREOTIDE | INJ 1000MCG | Generic | |
| OCTREOTIDE | SOL 80MG | Generic | |
| SIGNIFOR | INJ 0.3MG/ML | Brand | PA |
| SIGNIFOR | INJ 0.6MG/ML | Brand | PA |
| SIGNIFOR | INJ 0.9MG/ML | Brand | PA |
| ZOMACTON | INJ 5MG | Brand | PA |
| ZOMACTON | INJ 10MG | Brand | PA |
| SOMATOTROPIN ANTAGONISTS | | | |
| SOMAVERT | INJ 10MG | Brand | PA |
| SOMAVERT | INJ 15MG | Brand | PA |
| SOMAVERT | INJ 20MG | Brand | PA |
| SOMAVERT | INJ 25MG | Brand | PA |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------|----------------------|-----------|-----------------------------------|
| SOMAVERT | INJ 30MG | Brand | PA |
| VITAMIN D | | | |
| CALCITRIOL | CAP 0.25MCG | Generic | |
| CALCITRIOL | CAP 0.5MCG | Generic | |
| CALCITRIOL | SOL 1MCG/ML | Generic | |
| CHILD VIT D | CHW 400UNIT | Generic | 90-day supply available |
| D 400 | CHW 400UNIT | Generic | 90-day supply available |
| D-3 GUMMY | CHW 400UNIT | Generic | 90-day supply available |
| D3 KIDS | CHW 400UNIT | Generic | 90-day supply available |
| D-VI-SOL | LIQ 400UNIT | Brand | 90-day supply available |
| D-VITA | LIQ 400UNIT | Generic | 90-day supply available |
| ERGOCALCIFER | DRO 8000/ML | Generic | 90-day supply available |
| ERGOCALCIFER | SOL 8000/ML | Generic | 90-day supply available |
| JUST D | LIQ 400UNIT | Generic | 90-day supply available |
| PARICALCITOL | CAP 1 MCG | Generic | PA QL 15 per 31 days |
| PARICALCITOL | CAP 2 MCG | Generic | PA QL 15 per 31 days |
| PHYTONADIONE | TAB 5MG | Generic | QL 5 tabs per fill; ST (warfarin) |
| THERA-D | TAB 4000UNIT | Brand | 90-day supply available |
| VITAJOY DALY | CHW D 1000IU | Generic | 90-day supply available |
| VITAMIN D | CHW 400UNIT | Generic | 90-day supply available |
| VITAMIN D | TAB 5000IU | Generic | 90-day supply available |
| VITAMIN D | CAP 5000UNT | Generic | 90-day supply available |
| VITAMIN D2 | TAB 400UNT | Generic | 90-day supply available |
| VITAMIN D3 | TAB 800UNT | Generic | 90-day supply available |
| VITAMIN D3 | TAB 1000UNIT | Generic | 90-day supply available |
| VITAMIN D3 | TAB 2000UNIT | Generic | 90-day supply available |
| VITAMIN D3 | TAB 3000UNIT | Generic | 90-day supply available |
| VITAMIN D3 | TAB 400UNIT | Generic | 90-day supply available |
| VITAMIN D3 | TAB 5000UNIT | Generic | 90-day supply available |
| VITAMIN D3 | TAB 50000UNIT | Brand | 90-day supply available |
| VITAMIN D3 | CAP 400UNIT | Generic | 90-day supply available |
| VITAMIN D3 | CAP 5000UNIT | Generic | 90-day supply available |
| VITAMIN D3 | CAP 10000UNT | Generic | 90-day supply available |
| VITAMIN D3 | CAP 2000UNIT | Generic | 90-day supply available |
| VITAMIN D3 | CHW 1000UNIT | Generic | 90-day supply available |
| VITAMIN D3 | CHW 400UNIT | Generic | 90-day supply available |
| VITAMIN D3 | DRO 400UNIT | Generic | 90-day supply available |
| VIT D GUMMIE | CHW 400UNIT | Generic | 90-day supply available |
| VITAMIN E | | | |
| VITAMIN E | CAP 400 UNIT | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|------------------------|-----------|-------------------------|
| VITAMIN E | TAB 400 UNIT | Generic | |
| VITAMIN E | CAP 450MG (1000 UNIT) | Generic | |
| VITAMIN E | CAP 670MG, (1000 UNIT) | Generic | |
| VITAMIN E | CAP 1000 UNIT | Generic | |
| CARDIOVASCULAR AGENTS | | | |
| CARDIOTONIC AGENTS | | | |
| DIGOXIN | TAB 0.125MG | Generic | 90-day supply available |
| DIGOXIN | TAB 0.25MG | Generic | 90-day supply available |
| DIGOXIN | SOL 50MCG/ML | Generic | 90-day supply available |
| CARDIAC DRUGS, MISCELLANEOUS | | | |
| ATTRUBY | PAK 356MG | Brand | PA QL 4 per day |
| CAMZYOS | 2.5MG | Brand | PA QL 1 per day |
| CAMZYOS | 5MG | Brand | PA QL 1 per day |
| CAMZYOS | 10MG | Brand | PA QL 1 per day |
| CAMZYOS | 15MG | Brand | PA QL 1 per day |
| CORLANOR | TAB 5MG | Brand | PA QL 2 per day |
| CORLANOR | TAB 7.5MG | Brand | PA QL 2 per day |
| CORLANOR | SOL 5MG/5ML | Brand | PA QL 10ml per day |
| IVABRADINE | TAB 5MG | Generic | PA QL 2 per day |
| IVABRADINE | TAB 7.5MG | Generic | PA QL 2 per day |
| RANOLAZINE | TAB ER 500MG | Generic | QL 2 per day |
| RANOLAZINE | TAB ER 1000MG | Generic | QL 2 per day |
| SACUBITRIL-VALSARTAN (generic Entresto) | TAB 24-26MG | Generic | PA QL 2 per day |
| SACUBITRIL-VALSARTAN (generic Entresto) | TAB 49-51MG | Generic | PA QL 2 per day |
| SACUBITRIL-VALSARTAN (generic Entresto) | TAB 97-103MG | Generic | PA QL 2 per day |
| VYNDAMAX | CAP 61MG | Brand | PA QL 1 per day |
| NITRATES AND NITRITES | | | |
| ISOSORBIDE DINITRATE | TAB 5MG | Generic | 90-day supply available |
| ISOSORBIDE DINITRATE | TAB 10MG | Generic | 90-day supply available |
| ISOSORBIDE DINITRATE | TAB 20MG | Generic | 90-day supply available |
| ISOSORBIDE DINITRATE | TAB 30MG | Generic | 90-day supply available |
| ISOSORBIDE MONONITRATE | TAB 10MG | Generic | 90-day supply available |
| ISOSORBIDE MONONITRATE | TAB 20MG | Generic | 90-day supply available |
| ISOSORBIDE MONONITRATE | TAB 30MG ER | Generic | 90-day supply available |
| ISOSORBIDE MONONITRATE | TAB 60MG ER | Generic | 90-day supply available |
| ISOSORBIDE MONONITRATE | TAB 120MG ER | Generic | 90-day supply available |
| MINITRAN | DIS 0.1MG/HR | Generic | |
| MINITRAN | DIS 0.2MG/HR | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|-------------------------|
| MINITRAN | DIS 0.4MG/HR | Generic | |
| MINITRAN | DIS 0.6MG/HR | Generic | |
| MYQORZO | TAB 5MG | Brand | PA QL 1per day |
| MYQORZO | TAB 10MG | Brand | PA QL 1per day |
| MYQORZO | TAB 15MG | Brand | PA QL 1per day |
| MYQORZO | TAB 20MG | Brand | PA QL 1per day |
| NITRO-BID | OIN 2% | Brand | |
| NITRO-DUR | DIS 0.3MG/HR | Brand | |
| NITRO-DUR | DIS 0.8MG/HR | Brand | |
| NITROGLYCERIN | INJ 5MG/ML | Generic | |
| NITROGLYCERIN | DIS 0.1MG/HR | Generic | |
| NITROGLYCERIN | DIS 0.2MG/HR | Generic | |
| NITROGLYCERIN | DIS 0.4MG/HR | Generic | |
| NITROGLYCERIN | DIS 0.6MG/HR | Generic | |
| NITROGLYCERIN | SPR 0.4MG | Generic | |
| NITROGLYCERIN | SPR LINGUAL | Generic | |
| NITROGLYCERIN | SUB 0.3MG | Generic | |
| NITROGLYCERIN | SUB 0.4MG | Generic | |
| NITROGLYCERIN | SUB 0.6MG | Generic | |
| VYNDAQEL | 20MG CAP | Brand | PA QL: 4 per day |
| BETA-ADRENERGIC BLOCKING AGENTS | | | |
| ACEBUTOLOL | CAP 200MG | Generic | 90-day supply available |
| ACEBUTOLOL | CAP 400MG | Generic | 90-day supply available |
| ATENOLOL | TAB 25MG | Generic | 90-day supply available |
| ATENOLOL | TAB 50MG | Generic | 90-day supply available |
| ATENOLOL | TAB 100MG | Generic | 90-day supply available |
| BISOPROLOL FUMARATE | TAB 5MG | Generic | 90-day supply available |
| BISOPROLOL FUMARATE | TAB 10MG | Generic | 90-day supply available |
| CARVEDILOL | TAB 3.125MG | Generic | 90-day supply available |
| CARVEDILOL | TAB 6.25MG | Generic | 90-day supply available |
| CARVEDILOL | TAB 12.5MG | Generic | 90-day supply available |
| CARVEDILOL | TAB 25MG | Generic | 90-day supply available |
| LABETALOL | TAB 100MG | Generic | 90-day supply available |
| LABETALOL | TAB 200MG | Generic | 90-day supply available |
| LABETALOL | TAB 300MG | Generic | 90-day supply available |
| LABETALOL | INJ 10MG/2ML | Brand | |
| METOPROLOL TARTRATE | TAB 25MG | Generic | 90-day supply available |
| METOPROLOL TARTRATE | TAB 37.5MG | Generic | 90-day supply available |
| METOPROLOL TARTRATE | TAB 50MG | Generic | 90-day supply available |
| METOPROLOL TARTRATE | TAB 75MG | Generic | 90-day supply available |
| METOPROLOL TARTRATE | TAB 100MG | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|---|
| METOPROLOL | TAB 25MG ER | Generic | 90-day supply available |
| METOPROLOL | TAB 50MG ER | Generic | 90-day supply available |
| METOPROLOL | TAB 100MG ER | Generic | 90-day supply available |
| METOPROLOL | TAB 200MG ER | Generic | 90-day supply available |
| NADOLOL | TAB 20MG | Generic | 90-day supply available |
| NADOLOL | TAB 40MG | Generic | 90-day supply available |
| NADOLOL | TAB 80MG | Generic | 90-day supply available |
| PINDOLOL | TAB 5MG | Generic | 90-day supply available |
| PINDOLOL | TAB 10MG | Generic | 90-day supply available |
| PROPRANOLOL | CAP 60MG ER | Generic | 90-day supply available |
| PROPRANOLOL | CAP 80MG ER | Generic | 90-day supply available |
| PROPRANOLOL | CAP 120MG ER | Generic | 90-day supply available |
| PROPRANOLOL | CAP 160MG ER | Generic | 90-day supply available |
| PROPRANOLOL | TAB 10MG | Generic | 90-day supply available |
| PROPRANOLOL | TAB 20MG | Generic | 90-day supply available |
| PROPRANOLOL | TAB 40MG | Generic | 90-day supply available |
| PROPRANOLOL | TAB 60MG | Generic | 90-day supply available |
| PROPRANOLOL | TAB 80MG | Generic | 90-day supply available |
| PROPRANOLOL | SOL 20MG/5ML | Generic | AR PA required >12; 90-day supply available |
| PROPRANOLOL | SOL 40MG/5ML | Generic | AR PA required >12; 90-day supply available |
| SORINE | TAB 80MG | Generic | 90-day supply available |
| SORINE | TAB 120MG | Generic | 90-day supply available |
| SORINE | TAB 160MG | Generic | 90-day supply available |
| SORINE | TAB 240MG | Generic | 90-day supply available |
| SOTALOL AF | TAB 80MG | Generic | 90-day supply available |
| SOTALOL AF | TAB 120MG | Generic | 90-day supply available |
| SOTALOL AF | TAB 160MG | Generic | 90-day supply available |
| SOTALOL HCL | TAB 80MG | Generic | 90-day supply available |
| SOTALOL HCL | TAB 120MG | Generic | 90-day supply available |
| SOTALOL HCL | TAB 160MG | Generic | 90-day supply available |
| SOTALOL HCL | TAB 240MG | Generic | 90-day supply available |
| CALCIUM-CHANNEL BLOCKING AGENTS | | | |
| AMLODIPINE | TAB 2.5MG | Generic | 90-day supply available |
| AMLODIPINE | TAB 5MG | Generic | 90-day supply available |
| AMLODIPINE | TAB 10MG | Generic | 90-day supply available |
| AMLODIPINE BESYLATE-BENAZEPRIL | CAP 2.5-10MG | Generic | QL 1 per day |
| AMLODIPINE BESYLATE-BENAZEPRIL | CAP 5-10MG | Generic | QL 1 per day |
| AMLODIPINE BESYLATE-BENAZEPRIL | CAP 5-20MG | Generic | QL 1 per day |
| AMLODIPINE BESYLATE-BENAZEPRIL | CAP 5-40MG | Generic | QL 1 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------------------------|----------------------|-----------|--|
| AMLODIPINE BESYLATE-BENAZEPRIL | CAP 10-20MG | Generic | QL 1 per day |
| AMLODIPINE BESYLATE-BENAZEPRIL | CAP 10-40MG | Generic | QL 1 per day |
| CARDAMYST | SPR 2x70MG | Brand | PA QL 2 doses per fill; 6 doses per 365 days |
| CARTIA XT | CAP 120/24HR | Generic | 90-day supply available |
| CARTIA XT | CAP 180/24HR | Generic | 90-day supply available |
| CARTIA XT | CAP 240/24HR | Generic | 90-day supply available |
| CARTIA XT | CAP 300/24HR | Generic | 90-day supply available |
| DILT-CD | CAP 120MG | Generic | 90-day supply available |
| DILT-CD | CAP 180MG | Generic | 90-day supply available |
| DILT-CD | CAP 240MG | Generic | 90-day supply available |
| DILT-CD | CAP 300MG | Generic | 90-day supply available |
| DILTIAZEM | TAB 30MG | Generic | 90-day supply available |
| DILTIAZEM | TAB 60MG | Generic | 90-day supply available |
| DILTIAZEM | TAB 90MG | Generic | 90-day supply available |
| DILTIAZEM | TAB 120MG | Generic | 90-day supply available |
| DILTIAZEM | CAP 60MG ER | Generic | 90-day supply available |
| DILTIAZEM | CAP 90MG ER | Generic | 90-day supply available |
| DILTIAZEM | CAP 120MG ER | Generic | 90-day supply available |
| DILTIAZEM | CAP 180MG ER | Generic | 90-day supply available |
| DILTIAZEM | CAP 240MG ER | Generic | 90-day supply available |
| DILTIAZEM | CAP 120MG/24 | Generic | 90-day supply available |
| DILTIAZEM | CAP 180MG/24 | Generic | 90-day supply available |
| DILTIAZEM | CAP 240MG/24 | Generic | 90-day supply available |
| DILTIAZEM | CAP 300MG/24 | Generic | 90-day supply available |
| DILTIAZEM | CAP 360MG/24 | Generic | 90-day supply available |
| DILTIAZEM | CAP 360MG ER | Generic | 90-day supply available |
| DILTIAZEM | CAP 420MG/24 | Generic | 90-day supply available |
| DILTIAZEM | CAP 120MG CD | Generic | 90-day supply available |
| DILTIAZEM | CAP 180MG CD | Generic | 90-day supply available |
| DILTIAZEM | CAP 240MG CD | Generic | 90-day supply available |
| DILTIAZEM | CAP 300MG ER | Generic | 90-day supply available |
| DILTIAZEM | CAP 300MG CD | Generic | 90-day supply available |
| DILTIAZEM | CAP 360MG CD | Generic | 90-day supply available |
| DILT-XR | CAP 120MG | Generic | 90-day supply available |
| DILT-XR | CAP 180MG | Generic | 90-day supply available |
| DILT-XR | CAP 240MG | Generic | 90-day supply available |
| DILTZAC | CAP 120MG/24 | Generic | 90-day supply available |
| DILTZAC | CAP 180MG/24 | Generic | 90-day supply available |
| DILTZAC | CAP 240MG/24 | Generic | 90-day supply available |
| DILTZAC | CAP 300MG/24 | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------|----------------------|-----------|-------------------------|
| DILTZAC | CAP 360MG/24 | Generic | 90-day supply available |
| FELODIPINE | TAB 2.5MG ER | Generic | 90-day supply available |
| FELODIPINE | TAB 5MG ER | Generic | 90-day supply available |
| FELODIPINE | TAB 10MG ER | Generic | 90-day supply available |
| NIFEDIAC CC | TAB 30MG ER | Generic | 90-day supply available |
| NIFEDIAC CC | TAB 60MG ER | Generic | 90-day supply available |
| NIFEDICAL XL | TAB 30MG | Generic | 90-day supply available |
| NIFEDICAL XL | TAB 60MG | Generic | 90-day supply available |
| NIFEDIPINE | CAP 10MG | Generic | 90-day supply available |
| NIFEDIPINE | CAP 20MG | Generic | 90-day supply available |
| NIFEDIPINE | TAB 30MG ER | Generic | 90-day supply available |
| NIFEDIPINE | TAB 60MG ER | Generic | 90-day supply available |
| NIFEDIPINE | TAB 90MG ER | Generic | 90-day supply available |
| TAZTIA XT | CAP 120MG/24 | Generic | 90-day supply available |
| TAZTIA XT | CAP 180MG/24 | Generic | 90-day supply available |
| TAZTIA XT | CAP 240MG/24 | Generic | 90-day supply available |
| TAZTIA XT | CAP 300MG/24 | Generic | 90-day supply available |
| TAZTIA XT | CAP 360MG/24 | Generic | 90-day supply available |
| VERAPAMIL | TAB 40MG | Generic | 90-day supply available |
| VERAPAMIL | TAB 80MG | Generic | 90-day supply available |
| VERAPAMIL | TAB 120MG | Generic | 90-day supply available |
| VERAPAMIL | TAB 120MG ER | Generic | 90-day supply available |
| VERAPAMIL | TAB 180MG ER | Generic | 90-day supply available |
| VERAPAMIL | TAB 240MG ER | Generic | 90-day supply available |
| VERAPAMIL | INJ 2.5MG/ML | Generic | 90-day supply available |
| VERAPAMIL | CAP 100MG ER | Generic | 90-day supply available |
| VERAPAMIL | CAP 120MG ER | Generic | 90-day supply available |
| VERAPAMIL | CAP 120MG SR | Generic | 90-day supply available |
| VERAPAMIL | CAP 180MG ER | Generic | 90-day supply available |
| VERAPAMIL | CAP 180MG SR | Generic | 90-day supply available |
| VERAPAMIL | CAP 200MG ER | Generic | 90-day supply available |
| VERAPAMIL | CAP 240MG ER | Generic | 90-day supply available |
| VERAPAMIL | CAP 240MG SR | Generic | 90-day supply available |
| VERAPAMIL | CAP 300MG ER | Generic | 90-day supply available |
| VERAPAMIL | CAP 360MG SR | Generic | 90-day supply available |
| ANTIARRHYTHMICS | | | |
| ADENOSINE | INJ 6MG/2ML | Generic | |
| ADENOSINE | INJ 12MG/4ML | Generic | |
| AMIODARONE | TAB 200MG | Generic | 90-day supply available |
| AMIODARONE | INJ 50MG/ML | Generic | |
| AMIODARONE | INJ 150MG/3M | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|-----------------------------|
| DISOPYRAMIDE | CAP 100MG | Generic | |
| DISOPYRAMIDE | CAP 150MG | Generic | |
| DOFETILIDE | CAP 125MCG | Generic | |
| DOFETILIDE | CAP 250MCG | Generic | |
| DOFETILIDE | CAP 500MCG | Generic | |
| FLECAINIDE | TAB 50MG | Generic | |
| FLECAINIDE | TAB 100MG | Generic | |
| FLECAINIDE | TAB 150MG | Generic | |
| LIDOCAINE | INJ 20MG/ML | Generic | |
| MEXILETINE | CAP 150MG | Generic | |
| MEXILETINE | CAP 200MG | Generic | |
| MEXILETINE | CAP 250MG | Generic | |
| MULTAQ | TAB 400MG | Brand | PA QL 2 per day |
| NORPACE | CAP 100MG CR | Brand | |
| NORPACE | CAP 150MG CR | Brand | |
| PACERONE | TAB 200MG | Generic | 90-day supply available |
| PROCAINAMIDE | INJ 100MG/ML | Generic | |
| PROCAINAMIDE | INJ 500MG/ML | Generic | |
| PROPAFENONE | TAB 150MG | Generic | |
| PROPAFENONE | TAB 225MG | Generic | |
| PROPAFENONE | TAB 300MG | Generic | |
| QUINIDINE GLUCONATE | TAB 324MG CR | Generic | |
| QUINIDINE GLUCONATE | TAB 324MG ER | Generic | |
| QUINIDINE SULFATE | TAB 200MG | Generic | |
| QUINIDINE SULFATE | TAB 300MG | Generic | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | | |
| CANDESARTAN | TAB 4MG | Generic | PA 90-day supply available |
| CANDESARTAN | TAB 8MG | Generic | PA 90-day supply available |
| CANDESARTAN | TAB 16MG | Generic | PA 90-day supply available |
| CANDESARTAN | TAB 32MG | Generic | PA 90-day supply available |
| CANDESARTAN/HCTZ | TAB 16-12.5MG | Generic | PA; 90-day supply available |
| CANDESARTAN/HCTZ | TAB 32-12.5MG | Generic | PA; 90-day supply available |
| CANDESARTAN/HCTZ | TAB 32-25MG | Generic | PA; 90-day supply available |
| IRBESARTAN | TAB 75MG | Generic | 90-day supply available |
| IRBESARTAN | TAB 150MG | Generic | 90-day supply available |
| IRBESARTAN | TAB 300MG | Generic | 90-day supply available |
| LOSARTAN POTASSIUM | TAB 25MG | Generic | 90-day supply available |
| LOSARTAN POTASSIUM | TAB 50MG | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|------------------------------|
| LOSARTAN POTASSIUM | TAB 100MG | Generic | 90-day supply available |
| OLMESARTAN MEDOXOMIL | TAB 5MG | Generic | 90-day supply available |
| OLMESARTAN MEDOXOMIL | TAB 20MG | Generic | 90-day supply available |
| OLMESARTAN MEDOXOMIL | TAB 40MG | Generic | 90-day supply available |
| OLMESARTAN MEDOXOMIL/HCTZ | TAB 20-12.5MG | Generic | 90-day supply available |
| OLMESARTAN MEDOXOMIL/HCTZ | TAB 40-12.5MG | Generic | 90-day supply available |
| OLMESARTAN MEDOXOMIL/HCTZ | TAB 40-25MG | Generic | 90-day supply available |
| TELMISARTAN | TAB 20MG | Generic | |
| TELMISARTAN | TAB 40MG | Generic | |
| TELMISARTAN | TAB 80MG | Generic | |
| VALSARTAN | TAB 40MG | Generic | - 90-day supply available |
| VALSARTAN | TAB 80MG | Generic | - 90-day supply available |
| VALSARTAN | TAB 160MG | Generic | - 90-day supply available |
| VALSARTAN | TAB 320MG | Generic | - 90-day supply available |
| VALSARTAN/HCTZ | TAB 80-12.5MG | Generic | - 90-day supply available |
| VALSARTAN/HCTZ | TAB 160-12.5MG | Generic | - 90-day supply available |
| VALSARTAN/HCTZ | TAB 160-25MG | Generic | - 90-day supply available |
| VALSARTAN/HCTZ | TAB 320-12.5MG | Generic | 90-day supply available |
| VALSARTAN/HCTZ | TAB 320-25MG | Generic | 90-day supply available |
| ANGIOTENSIN-CONVERTING ENZYME INHIBITORS | | | |
| BENAZEPRIL | TAB 5MG | Generic | 90-day supply available |
| BENAZEPRIL | TAB 10MG | Generic | 90-day supply available |
| BENAZEPRIL | TAB 20MG | Generic | 90-day supply available |
| BENAZEPRIL | TAB 40MG | Generic | 90-day supply available |
| CAPTOPRIL | TAB 12.5MG | Generic | 90-day supply available |
| CAPTOPRIL | TAB 25MG | Generic | 90-day supply available |
| CAPTOPRIL | TAB 50MG | Generic | 90-day supply available |
| CAPTOPRIL | TAB 100MG | Generic | 90-day supply available |
| ENALAPRIL | TAB 2.5MG | Generic | 90-day supply available |
| ENALAPRIL | TAB 5MG | Generic | 90-day supply available |
| ENALAPRIL | TAB 10MG | Generic | 90-day supply available |
| ENALAPRIL | TAB 20MG | Generic | 90-day supply available |
| FOSINOPRIL | TAB 10MG | Generic | 90-day supply available |
| FOSINOPRIL | TAB 20MG | Generic | 90-day supply available |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|----------------------------|
| FOSINOPRIL | TAB 40MG | Generic | 90-day supply available |
| LISINOPRIL | TAB 2.5MG | Generic | 90-day supply available |
| LISINOPRIL | TAB 5MG | Generic | 90-day supply available |
| LISINOPRIL | TAB 10MG | Generic | 90-day supply available |
| LISINOPRIL | TAB 20MG | Generic | 90-day supply available |
| LISINOPRIL | TAB 30MG | Generic | 90-day supply available |
| LISINOPRIL | TAB 40MG | Generic | 90-day supply available |
| RAMIPRIL | CAP 10MG | Generic | 90-day supply available |
| RAMIPRIL | CAP 1.25MG | Generic | 90-day supply available |
| RAMIPRIL | CAP 2.5MG | Generic | 90-day supply available |
| RAMIPRIL | CAP 5MG | Generic | 90-day supply available |
| CENTRAL ALPHA-AGONISTS | | | |
| CLONIDINE | TAB 0.1MG | Generic | 90-day supply available |
| CLONIDINE | TAB 0.2MG | Generic | 90-day supply available |
| CLONIDINE | TAB 0.3MG | Generic | 90-day supply available |
| GUANFACINE | TAB 1MG | Generic | 90-day supply available |
| GUANFACINE | TAB 2MG | Generic | 90-day supply available |
| METHYLDOPA | TAB 250MG | Generic | 90-day supply available |
| METHYLDOPA | TAB 500MG | Generic | 90-day supply available |
| COMBO HYPERTENSION MEDS | | | |
| ATENOLOL/CHLORTHALIDONE | TAB 50-25MG | Generic | QL 90-day supply available |
| ATENOLOL/CHLORTHALIDONE | TAB 100-25MG | Generic | QL 90-day supply available |
| BENAZEPRIL/HYDROCHLOROTHIAZIDE | TAB 5-6.25 | Generic | QL 90-day supply available |
| BENAZEPRIL/HYDROCHLOROTHIAZIDE | TAB 10-12.5 | Generic | QL 90-day supply available |
| BENAZEPRIL/HYDROCHLOROTHIAZIDE | TAB 20-12.5 | Generic | QL 90-day supply available |
| BENAZEPRIL/HYDROCHLOROTHIAZIDE | TAB 20-25MG | Generic | QL 90-day supply available |
| BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE | TAB 2.5/6.25 | Generic | QL 90-day supply available |
| BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE | TAB 5-6.25MG | Generic | QL 90-day supply available |
| BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE | TAB 10/6.25 | Generic | QL 90-day supply available |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE | TAB 25-15MG | Generic | QL 90-day supply available |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE | TAB 50-15MG | Generic | QL 90-day supply available |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE | TAB 50-25MG | Generic | QL 90-day supply available |
| ENALAPRIL/HYDROCHLOROTHIAZIDE | TAB 5-12.5MG | Generic | QL 90-day supply available |
| ENALAPRIL/HYDROCHLOROTHIAZIDE | TAB 10-25MG | Generic | QL 90-day supply available |
| IRBESARTAN/HYDROCHLOROTHIAZIDE | TAB 300-12.5 | Generic | QL 90-day supply available |
| IRBESARTAN/HYDROCHLOROTHIAZIDE | TAB 150-12.5 | Generic | QL 90-day supply available |
| LISINOPRIL/HYDROCHLOROTHIAZIDE | TAB 10-12.5 | Generic | QL 90-day supply available |
| LISINOPRIL/HYDROCHLOROTHIAZIDE | TAB 20-12.5 | Generic | QL 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|----------------------------|
| LISINOPRIL/HYDROCHLOROTHIAZIDE | TAB 20-25MG | Generic | QL 90-day supply available |
| LOSARTAN/HYDROCHLOROTHIAZIDE | TAB 50-12.5 | Generic | QL 90-day supply available |
| LOSARTAN/HYDROCHLOROTHIAZIDE | TAB 100-12.5 | Generic | QL 90-day supply available |
| LOSARTAN/HYDROCHLOROTHIAZIDE | TAB 100-25 | Generic | QL 90-day supply available |
| METOPROLOL/HYDROCHLOROTHIAZIDE | TAB 50-25MG | Generic | QL 90-day supply available |
| METOPROLOL/HYDROCHLOROTHIAZIDE | TAB 100-25MG | Generic | QL 90-day supply available |
| METOPROLOL/HYDROCHLOROTHIAZIDE | TAB 100-50MG | Generic | QL 90-day supply available |
| SPIRONOLACTONE/HYDROCHLOROTHIAZIDE | TAB 25/25 | Generic | |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE | CAP 37.5-25 | Generic | |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE | TAB 37.5-25 | Generic | |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE | TAB 75-50MG | Generic | |
| DIRECT VASODILATORS | | | |
| HYDRALAZINE | TAB 10MG | Generic | 90-day supply available |
| HYDRALAZINE | TAB 25MG | Generic | 90-day supply available |
| HYDRALAZINE | TAB 50MG | Generic | 90-day supply available |
| HYDRALAZINE | TAB 100MG | Generic | 90-day supply available |
| MINOXIDIL | TAB 2.5MG | Generic | 90-day supply available |
| MINOXIDIL | TAB 10MG | Generic | 90-day supply available |
| CARBONIC ANHYDRASE INHIBITORS (EENT) | | | |
| ACETAZOLAMIDE | TAB 125MG | Generic | |
| ACETAZOLAMIDE | TAB 250MG | Generic | |
| ACETAZOLAMIDE | CAP 500MG ER | Generic | |
| BRINZOLAMIDE | SUS 1% OP | Generic | |
| DORZOLAMIDE/TIMOLOL MALEATE | SOL 22.3-6.8 | Generic | |
| DORZOLAMIDE | SOL 2% OP | Generic | |
| METHAZOLAMIDE | TAB 25MG | Generic | |
| METHAZOLAMIDE | TAB 50MG | Generic | |
| LOOP DIURETICS | | | |
| BUMETANIDE | TAB 0.5MG | Generic | 90-day supply available |
| BUMETANIDE | TAB 1MG | Generic | 90-day supply available |
| BUMETANIDE | TAB 2MG | Generic | 90-day supply available |
| BUMETANIDE | INJ 0.25/ML | Generic | 90-day supply available |
| FUROSEMIDE | TAB 20MG | Generic | 90-day supply available |
| FUROSEMIDE | TAB 40MG | Generic | 90-day supply available |
| FUROSEMIDE | TAB 80MG | Generic | 90-day supply available |
| FUROSEMIDE | INJ 10MG/ML | Generic | 90-day supply available |
| FUROSEMIDE | INJ 20MG/2ML | Generic | 90-day supply available |
| FUROSEMIDE | INJ 40MG/4ML | Generic | 90-day supply available |
| FUROSEMIDE | INJ 100/10ML | Generic | 90-day supply available |
| FUROSEMIDE | SOL 8MG/ML | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|-------------------------|
| FUROSEMIDE | SOL 10MG/ML | Generic | 90-day supply available |
| TORSEMIDE | TAB 5MG | Generic | 90-day supply available |
| TORSEMIDE | TAB 10MG | Generic | 90-day supply available |
| TORSEMIDE | TAB 20MG | Generic | 90-day supply available |
| TORSEMIDE | TAB 100MG | Generic | 90-day supply available |
| POTASSIUM-SPARING DIURETICS | | | |
| AMILORIDE/HYDROCHLOROTHIAZIDE | TAB 5-50 | Generic | |
| AMILORIDE | TAB 5MG | Generic | 90-day supply available |
| EPLERENONE | TAB 25MG | Generic | 90-day supply available |
| EPLERENONE | TAB 50MG | Generic | 90-day supply available |
| SPIRONOLACTONE | TAB 25MG | Generic | 90-day supply available |
| SPIRONOLACTONE | TAB 50MG | Generic | 90-day supply available |
| SPIRONOLACTONE | TAB 100MG | Generic | 90-day supply available |
| THIAZIDE AND THIAZIDE-LIKE DIURETICS | | | |
| CHLORTHALIDONE | TAB 25MG | Generic | 90-day supply available |
| CHLORTHALIDONE | TAB 50MG | Generic | 90-day supply available |
| HYDROCHLOROTHIAZIDE | CAP 12.5MG | Generic | 90-day supply available |
| HYDROCHLOROTHIAZIDE | TAB 12.5MG | Generic | 90-day supply available |
| HYDROCHLOROTHIAZIDE | TAB 25MG | Generic | 90-day supply available |
| HYDROCHLOROTHIAZIDE | TAB 50MG | Generic | 90-day supply available |
| INDAPAMIDE | TAB 1.25MG | Generic | 90-day supply available |
| INDAPAMIDE | TAB 2.5MG | Generic | 90-day supply available |
| METOLAZONE | TAB 2.5MG | Generic | 90-day supply available |
| METOLAZONE | TAB 5MG | Generic | 90-day supply available |
| METOLAZONE | TAB 10MG | Generic | 90-day supply available |
| ALPHA-ADRENERGIC AGONISTS | | | |
| MIDODRINE | TAB 2.5MG | Generic | |
| MIDODRINE | TAB 5MG | Generic | |
| MIDODRINE | TAB 10MG | Generic | |
| EPINEPHRINE | | | |
| EPINEPHRINE AUTO-INJECTOR | INJ 0.15MG | Generic | |
| EPINEPHRINE AUTO-INJECTOR | INJ 0.3MG | Generic | |
| ANTILIPEMIC AGENTS, MISCELLANEOUS | | | |
| ICOSAPENT | CAP 0.5GM | Generic | PA QL 2 per day |
| ICOSAPENT | CAP 1GM | Generic | PA QL 4 per day |
| NIACIN | TAB 500MG ER | Generic | |
| NIACIN ER | TAB 500MG | Generic | |
| NIACIN ER | TAB 1000MG | Generic | |
| NIACIN ER | TAB 750MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|---|
| REDEMPLO | SOL 25/0.5ML | Brand | PA QL 0.006 per day; Max 84 day supply per fill |
| TRYNGOLZA | INJ 80MG/0.8 | Brand | PA QL 0.8mls per 28 days |
| BILE ACID SEQUESTRANTS | | | |
| CHOLESTYRAM | POW 4GM | Generic | |
| CHOLESTYRAM | POW 4GM LITE | Generic | |
| COLESTIPOL | TAB 1GM | Generic | |
| COLESTIPOL | GRA 5GM | Generic | |
| PREVALITE | POW 4GM | Generic | |
| PREVALITE | POW 4GM PK | Generic | |
| CHOLESTEROL ABSORPTION INHIBITORS | | | |
| EZETIMIBE | TAB 10MG | Generic | 90-day supply available |
| FIBRIC ACID DERIVATIVES | | | |
| FENOFIBRATE | TAB 48MG | Generic | 90-day supply available |
| FENOFIBRATE | TAB 54MG | Generic | 90-day supply available |
| FENOFIBRATE | TAB 145MG | Generic | |
| FENOFIBRATE | TAB 160MG | Generic | 90-day supply available |
| FENOFIBRATE | CAP 43MG | Generic | 90-day supply available |
| FENOFIBRATE | CAP 67MG | Generic | 90-day supply available |
| FENOFIBRATE | CAP 134MG | Generic | 90-day supply available |
| FENOFIBRATE | CAP 200MG | Generic | |
| FENOFIBRIC | CAP 45MG DR | Generic | 90-day supply available |
| GEMFIBROZIL | TAB 600MG | Generic | 90-day supply available |
| PCSK9 INHIBITORS | | | |
| PRALUENT | INJ 75MG/ML | Brand | PA QL 0.08 per day |
| PRALUENT | INJ 150MG/ML | Brand | PA QL 0.08 per day |
| REPATHA | PUSH INJ 420/3.5 | Brand | PA; QL 1 device per month |
| REPATHA | SURE INJ 140MG/ML | Brand | PA; QL 2 pens per month |
| REPATHA | INJ 140MG/ML | Brand | PA; QL 2 pens per month |
| STATINS | | | |
| ATORVASTATIN | TAB 10MG | Generic | 90-day supply available |
| ATORVASTATIN | TAB 20MG | Generic | 90-day supply available |
| ATORVASTATIN | TAB 40MG | Generic | 90-day supply available |
| ATORVASTATIN | TAB 80MG | Generic | 90-day supply available |
| LOVASTATIN | TAB 10MG | Generic | 90-day supply available |
| LOVASTATIN | TAB 20MG | Generic | 90-day supply available |
| LOVASTATIN | TAB 40MG | Generic | 90-day supply available |
| PRAVASTATIN | TAB 10MG | Generic | 90-day supply available |
| PRAVASTATIN | TAB 20MG | Generic | 90-day supply available |
| PRAVASTATIN | TAB 40MG | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------|----------------------|-----------|---------------------------|
| PRAVASTATIN | TAB 80MG | Generic | 90-day supply available |
| ROSUVASTATIN | TAB 5MG | Generic | 90-day supply available |
| ROSUVASTATIN | TAB 10MG | Generic | 90-day supply available |
| ROSUVASTATIN | TAB 20MG | Generic | 90-day supply available |
| ROSUVASTATIN | TAB 40MG | Generic | 90-day supply available |
| SIMVASTATIN | TAB 5MG | Generic | 90-day supply available |
| SIMVASTATIN | TAB 10MG | Generic | 90-day supply available |
| SIMVASTATIN | TAB 20MG | Generic | 90-day supply available |
| SIMVASTATIN | TAB 40MG | Generic | 90-day supply available |
| SIMVASTATIN | TAB 80MG | Generic | 90-day supply available |
| PULMONARY HYPERTENSION | | | |
| ADEMPAS | TAB 0.5MG | Brand | PA |
| ADEMPAS | TAB 1MG | Brand | PA |
| ADEMPAS | TAB 1.5MG | Brand | PA |
| ADEMPAS | TAB 2MG | Brand | PA |
| ADEMPAS | TAB 2.5MG | Brand | PA |
| AMBRISENTAN | TAB 5MG | Generic | PA QL 1 per day |
| AMBRISENTAN | TAB 10MG | Generic | PA QL 1 per day |
| EPOPROSTENOL | INJ 0.5MG | Generic | PA |
| EPOPROSTENOL | INJ 1.5MG | Generic | PA |
| ORENITRAM | TAB MONTH 1 | Brand | PA QL 1 pack per 365 days |
| ORENITRAM | TAB MONTH 2 | Brand | PA QL 1 pack per 365 days |
| ORENITRAM | TAB MONTH 3 | Brand | PA QL 1 pack per 365 days |
| ORENITRAM | TAB 0.125MG | Brand | PA |
| ORENITRAM | TAB 0.25MG | Brand | PA |
| ORENITRAM | TAB 1MG | Brand | PA |
| ORENITRAM | TAB 2.5MG | Brand | PA |
| ORENITRAM | TAB 5MG | Brand | PA |
| SILDENAFIL | TAB 20MG | Generic | PA QL 6per day |
| TADALAFIL | TAB 20MG | Generic | PA QL 2 per day |
| TREPROSTINIL | INJ 1MG/ML | Generic | PA |
| TREPROSTINIL | 2.5MG/ML | Generic | PA |
| TREPROSTINIL | 5MG/ML | Generic | PA |
| TREPROSTINIL | 10MG/ML | Generic | PA |
| TYVASO DPI POW | 16MCG | Brand | PA QL 4 per day |
| TYVASO DPI POW | 32MCG | Brand | PA QL 4 per day |
| TYVASO DPI POW | 48MCG | Brand | PA QL 4 per day |
| TYVASO DPI POW | 64MCG | Brand | PA QL 4 per day |
| TYVASO DPI POW | 32-48MCG | Brand | PA QL 8 per day |
| TYVASO DPI POW | 16-32MCG | Brand | PA QL 7 per day |
| TYVASO DPI POW | 16-32-48 | Brand | PA QL 9 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------|----------------------|-----------|---------------------|
| WINREVAIR (KIT 2 X 45 MG) | INJ 45MG | Brand | PA QL 0.048 per day |
| WINREVAIR | INJ 45MG | Brand | PA QL 0.048 per day |
| WINREVAIR (KIT 2 X 60 MG) | INJ 60MG | Brand | PA QL 0.048 per day |
| WINREVAIR | INJ 60MG | Brand | PA QL 0.048 per day |
| YUTREPIA | CAP 26.5MCG | Brand | PA QL 5 per day |
| YUTREPIA | CAP 53MCG | Brand | PA QL 5 per day |
| YUTREPIA | CAP 79.5MCG | Brand | PA QL 5 per day |
| YUTREPIA | CAP 106MCG | Brand | PA QL 5 per day |

RESPIRATORY AGENTS

ANTI-HISTAMINES

| | | | |
|--------------------------|------------------------|---------|---------------------------------------|
| ALA-HIST IR | TAB 2MG | Brand | |
| ALAVERT | TAB 10MG | Generic | QL 1 per day |
| ALER-DRYL | TAB 50MG | Generic | |
| BRINSUPRI | TAB 10MG | Brand | PA QL 1 per day |
| BRINSUPRI | TAB 25MG | Brand | PA QL 1 per day |
| CHLORPHENIRAMINE MALEATE | TAB 4MG | Generic | |
| DIPHENHYDRAMINE | CAP 25MG | Generic | |
| DIPHENHYDRAMINE | TAB 25MG | Generic | |
| DIPHENHYDRAMINE | LIQ 12.5/5ML | Generic | |
| CHLORPHENIRAMINE MALEATE | TAB 12MG CR | Generic | |
| DIPHENHYDRAMINE | TAB DYE-FREE | Generic | |
| DIPHENHYDRAMINE | LIQ 12.5/5ML | Generic | |
| DIPHENHYDRAMINE | CHW 12.5MG | Generic | |
| DIPHENHYDRAMINE | ELX 12.5/5ML | Generic | |
| DIPHENHYDRAMINE | LIQ 50/20ML | Generic | |
| CETIRIZINE | TAB 5MG | Generic | QL 1 per day; 90-day supply available |
| CETIRIZINE | SOL 1MG/ML(5mg/5ml) | Generic | 90-day supply available |
| CYPROHEPTADINE | TAB 4MG | Generic | |
| CYPROHEPTADINE | SYP 2MG/5ML | Generic | |
| DIABET TUSS | SYP ALLERGY | Generic | |
| DIPHENHYDRAMINE | INJ 50MG/ML | Generic | |
| FEXOFENADINE | TAB 60MG | Generic | 90-day supply available |
| FEXOFENADINE | TAB 180MG | Generic | 90-day supply available |
| LORATADINE | TAB 10MG | Generic | 90-day supply available |
| LORATADINE | SOL 5MG/5ML | Generic | 90-day supply available |
| LORATADINE | SYP 5MG/5ML | Generic | 90-day supply available |
| PIRFENIDONE | CAP 267MG | Generic | PA QL 3 per day |
| PIRFENIDONE | TAB 267MG | Generic | PA QL 3 per day |
| PIRFENIDONE | TAB 534MG | Generic | PA QL 3 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------------------|----------------------|-----------|-------------------------|
| PIRFENIDONE | TAB 801MG | Generic | PA QL 3 per day |
| DECONGESTANTS | | | |
| PSEUDOEPHEDRINE HCL | TAB 30MG | Generic | QL 8 per day |
| PSEUDOEPHEDRINE HCL | TAB 60MG | Generic | QL 4 per day |
| PSEUDOEPHEDRINE HCL | ER TAB 120MG | Generic | QL 2 per day |
| NASAL STEROIDS | | | |
| FLUNISOLIDE | SPR 0.025% | Generic | PA QL 25mls per 30 days |
| FLUTICASONE | SPR 50MCG | Generic | QL 16mls per 30 days |
| TRIAMCINOLONE NASAL | SPR 55MCG/AC | Generic | |
| ALLERGY NASAL SPRAY | | | |
| AZELASTINE HCL | NASAL SPRAY 0.1% | Generic | |
| IPRATROPIUM | NASAL SPRAY 0.03% | Generic | |
| COUGH | | | |
| BENZONATATE | CAP 100MG | Generic | |
| BENZONATATE | CAP 200MG | Generic | |
| CYSTIC FIBROSIS | | | |
| ALYFTREK | TAB 4-20-50 MG | Brand | PA QL 3 per day |
| ALYFTREK | TAB 10-50-125 MG | Brand | PA QL 2 per day |
| KALYDECO | TAB 150MG | Brand | PA QL 2 per day |
| KALYDECO | PAK 5.8MG | Brand | PA QL 2 per day |
| KALYDECO | PAK 25MG | Brand | PA QL 2 per day |
| KALYDECO | PAK 50MG | Brand | PA QL 2 per day |
| KALYDECO | PAK 75MG | Brand | PA QL 2 per day |
| NEBUSAL | NEB 3% | Generic | |
| ORKAMBI | TAB 100-125MG | Brand | PA QL 4 tabs per day |
| ORKAMBI | TAB 200-125MG | Brand | PA QL 4 tabs per day |
| ORKAMBI | GRA 75-94MG | Brand | PA QL 2 per day |
| ORKAMBI | GRA 100-125MG | Brand | PA QL 2 per day |
| ORKAMBI | GRA 150-188MG | Brand | PA QL 2 per day |
| PULMOSAL | NEB 7% | Generic | |
| PULMOZYME | SOL 1MG/ML | Brand | QL 150mls per 31 days |
| SODIUM CHLORIDE | NEB 0.9% | Generic | |
| SODIUM CHLORIDE | NEB 3% | Generic | |
| SODIUM CHLORIDE | NEB 7% | Generic | |
| SYMDEKO | TAB 50-75MG | Brand | PA QL 2 per day |
| SYMDEKO | TAB 100-150MG | Brand | PA QL 2 per day |
| TRIKAFTA | PAK 59.5MG | Brand | PA QL 2 per day |
| TRIKAFTA | PAK 75MG | Brand | PA QL 2 per day |
| TRIKAFTA | PAK 50-25-37.5MG | Brand | PA QL 3 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|-------------------------|-----------|--------------------------------|
| TRIKAFTA | PAK 100-50-75MG & 150MG | Brand | PA QL 3 per day |
| INHALED ANTICHOLINERGICS | | | |
| INCRUSE ELLIPTA | INH 62.5MCG | Brand | QL 1 per day |
| SPIRIVA | SPR RESPIMAT | Brand | PA QL 2 puffs per day |
| INHALED BETA-AGONISTS | | | |
| ALBUTEROL | AER HFA | Generic | QL 2 inhalers per month |
| ALBUTEROL | NEB 0.083% | Generic | 90-day supply available |
| ALBUTEROL | NEB 0.5% | Generic | 90-day supply available |
| ALBUTEROL | NEB 0.63MG/3 | Generic | 90-day supply available |
| ALBUTEROL | NEB 1.25MG/3 | Generic | 90-day supply available |
| SEREVENT DISKUS | AER 50MCG | Brand | |
| STRIVERDI | AER 2.5 MCG | Brand | |
| XOPENEX HFA | AER | Brand | QL 60-day supply per fill |
| INHALED COMBO ANTICHOLINERGICS/BETA-AGONISTS | | | |
| ANORO ELLIPTA | AER 62.5-25 | Brand | QL 2 per day |
| STIOLTO | AER RESPIMAT | Brand | QL 0.134 per day |
| INHALED COMBO BETA-AGONISTS/ANTICHOLINERGICS | | | |
| IPRATROPIUM/ | SOL ALBUTER | Generic | |
| IPRATROPIUM/ | SOL SULFATE | Generic | |
| INHALED COMBO STEROID/BETA-AGONISTS | | | |
| ADVAIR HFA | AER 45/21 | Brand | AR 12 Years Max |
| ADVAIR HFA | AER 115/21 | Brand | AR 12 Years Max |
| ADVAIR HFA | AER 230/21 | Brand | AR 12 Years Max |
| FLUTICASONE-SALMETEROL (generic Advair) | AER 100/50 | Generic | QL 2 per day |
| FLUTICASONE-SALMETEROL (generic Advair) | AER 250/50 | Generic | QL 2 per day |
| FLUTICASONE-SALMETEROL (generic Advair) | AER 500/50 | Generic | QL 2 per day |
| FLUTICASONE INH SALMETEROL (GENERIC AIRDUO) | AER 55/14 | Generic | QL 2 inhalers per month |
| FLUTICASONE INH SALMETEROL (GENERIC AIRDUO) | AER 113-14 | Generic | QL 2 inhalers per month |
| FLUTICASONE INH SALMETEROL (GENERIC AIRDUO) | AER 232-14 | Generic | QL 2 inhalers per month |
| TRELEGY AER ELLIPTA | 100-62.5-25MCG | Brand | ST QL 2 blister strips per day |
| TRELEGY AER ELLIPTA | 200-62.5-25MCG | Brand | ST QL 2 blister strips per day |
| WIXELA INHU (generic Advair) | 100/50 | Generic | QL 2 per day |
| WIXELA INHU (generic Advair) | 250/50 | Generic | QL 2 per day |
| WIXELA INHU (generic Advair) | 500/50 | Generic | QL 2 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------------|----------------------|-----------|---|
| INHALED STEROIDS | | | |
| BUDESONIDE | SUS 0.25MG/2 | Generic | QL 4 per day |
| BUDESONIDE | SUS 0.5MG/2 | Generic | QL 4 per day |
| BUDESONIDE | SUS 1MG/2ML | Generic | QL 2 per day |
| FLUTICASONE PROPIONATE | HFA AER 44 MCG | Brand | QL 1 inhaler per month 60 days per fill |
| FLUTICASONE PROPIONATE | HFA AER 110 MCG | Brand | QL 1 inhaler per month 60 days per fill |
| FLUTICASONE PROPIONATE | HFA AER 220 MCG | Brand | QL 2 inhalers per month 60 days per fill |
| QVAR REDHALER | AER 40MCG | Brand | QL 2 puffs per day; 60-day supply per fill |
| QVAR REDHALER | AER 80MCG | Brand | QL up to 60-day supply per fill |
| LEUKOTRIENE MODIFIERS | | | |
| MONTELUKAST | TAB 10MG | Generic | 90-day supply available |
| MONTELUKAST | CHW 4MG | Generic | 90-day supply available |
| MONTELUKAST | CHW 5MG | Generic | 90-day supply available |
| MONTELUKAST | GRA 4MG | Generic | 90-day supply available |
| ZAFIRLUKAST | TAB 10MG | Generic | |
| ZAFIRLUKAST | TAB 20MG | Generic | |
| OTHER ASTHMA/COPD | | | |
| ALBUTEROL | TAB 4MG ER | Generic | |
| ALBUTEROL | TAB 2MG | Generic | |
| ALBUTEROL | TAB 4MG | Generic | |
| ALBUTEROL | SYP 2MG/5ML | Generic | |
| ARALAST NP | INJ 500MG | Brand | PA |
| ARALAST NP | INJ 1000MG | Brand | PA |
| ELIXOPHYLLIN | ELX 80/15ML | Brand | |
| METAPROTEREN | SYP 10MG/5ML | Generic | |
| NUCALA (Auto-injector) | 100MG/ML | Brand | PA QL1 per 28 days |
| NUCALA (Prefilled syringe) | 40MG/0.4ML | Brand | PA QL 1 per 28 days |
| NUCALA (Prefilled syringe) | 100MG/ML | Brand | PA QL1 per 28 days |
| ROFLUMILAST | TAB 250MCG | Generic | PA QL 1 per day |
| ROFLUMILAST | TAB 500MCG | Generic | PA QL 1 per day |
| TERBUTALINE | TAB 2.5MG | Generic | |
| TERBUTALINE | TAB 5MG | Generic | |
| THEOCHRON | TAB 100MG CR | Generic | |
| THEOCHRON | TAB 200MG CR | Generic | |
| THEOCHRON | TAB 300MG CR | Generic | |
| THEOPHYLLINE | TAB 100MG ER | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------------------|-----------|---------------------|
| THEOPHYLLINE | TAB 100MG CR | Generic | |
| THEOPHYLLINE | TAB 200MG ER | Generic | |
| THEOPHYLLINE | TAB 200MG CR | Generic | |
| THEOPHYLLINE | TAB 300MG ER | Generic | |
| THEOPHYLLINE | TAB 450MG ER | Generic | |
| THEOPHYLLINE | TAB 400MG ER | Generic | |
| THEOPHYLLINE | TAB 600MG ER | Generic | |
| XOLAIR | INJ 75MG/0.5ML | Brand | PA QL 2 per 28 days |
| XOLAIR | INJ 150MG/ML | Brand | PA QL 4 per 28 days |
| XOLAIR | INJ 300/2ML | Brand | PA QL 0.072per day |
| ZEMAIRA | INJ 1000MG | Brand | PA |
| GASTROINTESTINAL AGENTS | | | |
| CATHARTICS AND LAXATIVES | | | |
| (List not all encompassing. Representative products listed only) | | | |
| BISACODYL | SUPP, TAB, TAB EC, | Generic | |
| CASCARA SAGRADA | CAP 450MG | Generic | |
| DOCUSATE SODIUM | CAP, SOFTGEL, SOL, SYRUP, TAB | Generic | |
| ENEMA | | Generic | |
| EX-LAX | CHEW 15MG | Brand | |
| EX-LAX | TAB 25MG | Brand | |
| FLEET | PED ENEMA | Brand | |
| FLEET | ENEMA | Brand | |
| GLYCERIN | SUPP | Generic | |
| IQIRVO | TAB | Brand | PA QL 1 per day |
| KONSYL | CAP | Generic | |
| LIVDELZI | CAP | Brand | PA QL 1 per day |
| MAGNESIUM CITRATE | SOLN | Generic | |
| METAMUCIL | PACKET, WAFER | Generic | |
| MILK OF MAGNESIUM | SUSP | Generic | |
| MINERAL OIL | ENEMA, LAXATIVE | Generic | |
| SALINE | LAXATIVE | Generic | |
| POLYETHYLENE GLYCOL | POWDER, PACKET | Generic | |
| PSYLLIUM FIBER | TAB, POWDER | Generic | |
| SENNA | TAB, LAXATIVE | Generic | |
| SENNA-DOCUSATE SODIUM | TAB | Generic | |
| GAVILYTE-C | SOLN | Generic | |
| GAVILYTE-G | SOLN | Generic | |
| GAVILYTE-N | SOLN | Generic | |
| OCALIVA | TAB 5MG | Brand | PA QL 1 per day |
| OCALIVA | TAB 10MG | Brand | PA QL 1 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|--------------------------------|-----------|-------------------|
| ONELAX | SUP 10MG | Brand | |
| PEDIA-LAX | LIQ 50MG | Brand | |
| PERDIEM | TAB 15MG | Brand | |
| TRILYTE | SOL | Generic | |
| ANTACIDS AND ADSORBENTS | | | |
| (List not all encompassing. Representative products listed only) | | | |
| ALCALAK | CHW 420MG | Generic | |
| ALMACONE SUS | SUSP 200-200-20 MG/5ML | Generic | |
| ANTACID | TAB, GELCAP, CHEW TAB, SUSP | Generic | |
| CALC ANTACID | CHW 1000MG | Generic | |
| CALC ANTACID | CHW 500MG | Generic | |
| CALC ANTACID | CHW 750MG | Generic | |
| CALCIUM CARB | CHW 500MG | Generic | |
| CALCIUM CARB | TAB 648MG | Generic | |
| CHILD SOOTHE | CHW 400MG | Generic | |
| CHILDRENS | CHW PEPTO | Generic | |
| COMFORT GEL | SUS | Generic | |
| MAALOX | LIQ, CHEW | Generic | |
| MAG OXIDE | TAB 400MG | Generic | |
| PINK BISMUTH | TAB 262MG | Generic | |
| SODIUM BICAR | TAB 10GR | Generic | |
| SODIUM BICAR | TAB 650MG | Generic | |
| SOOTHE | TAB 262MG | Generic | |
| SOOTHE ULTRA | TAB 525MG | Generic | |
| STOMACH RELF | TAB 262MG | Generic | |
| STOMACH RLF | CHW 400MG | Generic | |
| ANTIDIARRHEA AGENTS | | | |
| LOPERAMIDE | CAP 2MG | Generic | |
| ANTIMUSCARINICS/ANTISPASMODICS | | | |
| BELLA/OPIUM | SUP 16.2-30 | Generic | QL 1 per 180 days |
| BELLA/OPIUM | SUP 16.2-60 | Generic | QL 1 per 180 days |
| BISMUTH SUBSALICYLATE | CHW TAB 262MG | Generic | |
| DAPSONE | TAB 100MG | Generic | |
| DAPSONE | TAB 25MG | Generic | |
| DICYCLOMINE | CAP 10MG | Generic | |
| DICYCLOMINE | SOL 10MG/5ML | Generic | |
| DICYCLOMINE | TAB 20MG | Generic | |
| ED-SPAZ | TAB 0.125MG | Generic | |
| HYOMAX-SL | SUB 0.125MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------|----------------------|-----------|--|
| HYOSCYAMINE | DRO 0.125/ML | Generic | |
| HYOSCYAMINE | ELX 0.125/5 | Generic | |
| HYOSCYAMINE | SUB 0.125MG | Generic | |
| HYOSCYAMINE | TAB 0.375 ER | Generic | |
| HYOSCYAMINE | TAB 0.375 SR | Generic | |
| HYOSYNE | DRO 0.125/ML | Generic | |
| HYOSYNE | ELX 0.125/5 | Generic | |
| IPRATROPIUM | SOL 0.02%INH | Generic | |
| NULEV | TAB 0.125MG | Generic | |
| OSCIMIN | TAB 0.125MG | Generic | |
| OSCIMIN | SUB 0.125MG | Generic | |
| OSCIMIN SR | TAB 0.375MG | Generic | |
| PROPANTHELIN | TAB 15MG | Generic | |
| SYMAX FASTAB | TAB 0.125MG | Generic | |
| SYMAX-SL | SUB 0.125MG | Generic | |
| SYMAX-SR | TAB 0.375MG | Generic | |
| TROSPIUM | TAB 20MG | Generic | ST required with oxybutynin or solifenacin. |
| VOQUEZNA | DUEL PAK | Brand | PA QL 8 per day |
| HISTAMINE H2-ANTAGONISTS | | | |
| ACID CONTROL | TAB 10MG | Generic | 90-day supply available |
| ACID REDUCER | TAB 10MG | Generic | 90-day supply available |
| ACID REDUCER | TAB 200MG | Generic | 90-day supply available |
| ACID REDUCER | TAB 20MG | Generic | 90-day supply available |
| ACID RELIEF | TAB 200MG | Generic | 90-day supply available |
| CIMETIDINE | SOL 300/5ML | Generic | Covered for members 12 and younger. 90-day supply available |
| CIMETIDINE | TAB 200MG | Generic | 90-day supply available |
| CIMETIDINE | TAB 300MG | Generic | 90-day supply available |
| CIMETIDINE | TAB 400MG | Generic | 90-day supply available |
| CIMETIDINE | TAB 800MG | Generic | 90-day supply available |
| EQL HEARTBRN | TAB 10MG | Generic | 90-day supply available |
| FAMOTIDINE | TAB 10MG | Generic | 90-day supply available |
| FAMOTIDINE | TAB 20MG | Generic | 90-day supply available |
| FAMOTIDINE | TAB 40MG | Generic | 90-day supply available |
| FAMOTIDINE | SUS 40ML/5ML | Generic | AR PA required > 12; 90-day supply available |
| HEARTBRN REL | TAB 200MG | Generic | 90-day supply available |
| HEARTBURN | TAB 20MG | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------------------------|----------------------|-----------|--|
| NIZATIDINE | SOL 15MG/ML | Generic | AR PA required > 12; 90-day supply available |
| SM ACID REDU | TAB 200MG | Generic | 90-day supply available |
| PROSTAGLANDINS | | | |
| MISOPROSTOL | TAB 100MCG | Generic | |
| MISOPROSTOL | TAB 200MCG | Generic | |
| PROTECTANTS | | | |
| SUCRALFATE | TAB 1GM | Generic | |
| SUCRALFATE | SUS 1GM/10ML | Generic | |
| PROTON-PUMP INHIBITORS | | | |
| ESOMEPRAZOLE MAG | CAP 20MG DR | Generic | QL 1 per day |
| ESOMEPRAZOLE MAG | CAP 40MG DR | Generic | |
| FIRST-OMEPPRA | SUS 2MG/ML | Brand | AR PA > 12 |
| LANSOPRAZOLE (First-lansoprazole) | SUS 3MG/ML | Brand | AR > 12 not covered |
| LANSOPRAZOLE | CAP 15MG DR | Generic | QL 1 per day |
| LANSOPRAZOLE | CAP 30MG DR | Generic | QL 1 per day |
| OMEPRAZOLE | CAP 10MG | Generic | |
| OMEPRAZOLE | CAP 20MG | Generic | |
| OMEPRAZOLE | CAP 40MG | Generic | |
| OMEPRAZOLE + (First-omeprazole) | SUS SYRSPEND | Brand | AR PA Required > 12 |
| OMEPRAZOLE | TAB 20MG ODT | Generic | |
| PANTOPRAZOLE | TAB 20MG | Generic | QL 2 per day |
| PANTOPRAZOLE | TAB 40MG | Generic | |
| RABEPRAZOLE | TAB 20MG | Generic | |
| ANTI-NAUSEA | | | |
| AMBIZINE | TAB 25MG | Generic | |
| COMPAZINE | SUP 25MG | Generic | |
| APREPITANT | CAP 40MG | Generic | QL 1 per 30 days |
| APREPITANT | CAP 80MG | Generic | PA |
| APREPITANT | CAP 125MG | Generic | PA |
| APREPITANT | PAK 80 & 125 | Generic | PA |
| COMPRO | SUP 25MG | Generic | |
| DIMENHYDRIN | TAB 50MG | Generic | |
| DRAMAMINE | TAB 25MG | Generic | |
| DRIMINATE | TAB 50MG | Generic | |
| DRONABINOL | CAP 2.5MG | Generic | PA QL 4 per day |
| DRONABINOL | CAP 5MG | Generic | PA QL 4 per day |
| DRONABINOL | CAP 10MG | Generic | PA QL 4 per day |
| EMEND | SUSP 125 MG | Brand | PA |
| GRANISETRON | INJ 0.1MG/ML | Generic | PA |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|--------------------------------|
| GRANISETRON | INJ 4MG/4ML | Generic | PA |
| GRANISETRON | INJ 1MG/ML | Generic | PA |
| GRANISETRON | TAB 1 MG | Generic | ST (ondansetron); QL 2 per day |
| GRANISOL | SOL 2MG/10ML | Brand | PA |
| MECLIZINE | CHW 25MG | Generic | |
| MECLIZINE | TAB 12.5MG | Generic | |
| MECLIZINE | TAB 25MG | Generic | |
| MEDI-MECLIZI | TAB 25MG | Generic | |
| MOTION RELF | CHW 25MG | Generic | |
| MOTION SICK | TAB 50MG | Generic | |
| MOTION-TIME | CHW 25MG | Generic | |
| ONDANSETRON | SOL 4MG/5ML | Generic | AR > 12 not covered |
| ONDANSETRON | TAB 4MG ODT | Generic | QL 3 per day |
| ONDANSETRON | TAB 8MG ODT | Generic | QL 3 per day |
| ONDANSETRON | TAB 4MG | Generic | QL 3 per day |
| ONDANSETRON | TAB 8MG | Generic | QL 3 per day |
| ONDANSETRON | TAB 24MG | Generic | QL 1 per day |
| PHENADOZ | SUP 12.5MG | Generic | AR PA required < 2 |
| PHENADOZ | SUP 25MG | Generic | AR PA required < 2 |
| PHENERGAN | SUP 12.5MG | Generic | AR PA required < 2 |
| PHENERGAN | SUP 25MG | Generic | AR PA required < 2 |
| PHENERGAN | SUP 50MG | Generic | AR PA required < 2 |
| PROCHLORPER | SUP 25MG | Generic | |
| PROCHLORPER | TAB 5MG | Generic | |
| PROCHLORPER | TAB 10MG | Generic | |
| PROMETHAZINE | TAB 12.5MG | Generic | AR PA required < 2 |
| PROMETHAZINE | TAB 25MG | Generic | AR PA required < 2 |
| PROMETHAZINE | TAB 50MG | Generic | AR PA required < 2 |
| PROMETHAZINE | SYP 6.25/5ML | Generic | AR PA required < 2 |
| PROMETHAZINE | SOL 6.25/5ML | Generic | AR PA required < 2 |
| PROMETHAZINE | INJ 25MG/ML | Generic | AR PA required < 2 |
| PROMETHAZINE | INJ 50MG/ML | Generic | AR PA required < 2 |
| PROMETHAZINE | SUP 12.5MG | Generic | AR PA required < 2 |
| PROMETHAZINE | SUP 25MG | Generic | AR PA required < 2 |
| PROMETHEGAN | SUP 12.5MG | Generic | AR PA required < 2 |
| PROMETHEGAN | SUP 25MG | Generic | AR PA required < 2 |
| TRAVEL SICK | CHW 25MG | Generic | |
| TRAVEL SICK | TAB 50MG | Generic | |
| TRAV-TABS | TAB 50MG | Generic | |
| TRIPTONE | TAB 50MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------------------------|----------------------|-----------|---|
| WAL-DRAM | TAB 50MG | Generic | |
| WAL-DRAM II | TAB 25MG | Generic | |
| DIGESTANTS | | | |
| CREON | CAP 3000UNIT | Brand | PA |
| CREON | CAP 6000UNIT | Brand | PA |
| CREON | CAP 12000UNT | Brand | PA |
| CREON | CAP 24000UNT | Brand | PA |
| CREON | CAP 36000UNT | Brand | PA |
| PANCREAZE | CAP 37000UNT | Brand | PA |
| PANCREAZE | CAP 4200UNIT | Brand | PA |
| PANCREAZE | CAP 10500UNT | Brand | PA |
| PANCREAZE | CAP 16800UNT | Brand | PA |
| PANCREAZE | CAP 21000UNT | Brand | PA |
| ZENPEP | CAP 3000UNIT | Brand | PA |
| ZENPEP | CAP 5000UNIT | Brand | PA |
| ZENPEP | CAP 10000UNT | Brand | PA |
| ZENPEP | CAP 15000UNT | Brand | PA |
| ZENPEP | CAP 20000UNT | Brand | PA |
| ZENPEP | CAP 25000UNT | Brand | PA |
| ZENPEP | CAP 40000UNT | Brand | PA |
| ZENPEP | CAP 60000UNT | Brand | PA |
| CHOLELITHOLYTIC AGENTS | | | |
| URSODIOL | CAP 300MG | Generic | |
| URSODIOL | TAB 250MG | Generic | |
| URSODIOL | TAB 500MG | Generic | |
| INFLAMMATORY BOWEL AGENTS | | | |
| BALSALAZIDE | CAP 750MG | Generic | |
| MESALAMINE | ENE 4GM | Generic | |
| MESALAMINE | SUPP 1000MG | Generic | QL 42 per fill |
| MESALAMINE (generic Apriso) | CAP 0.375GM | Generic | ST (sulfasalazine, balsalazide) |
| MESALAMINE (generic Asacol HD) | TAB 800MG DR | Generic | ST (sulfasalazine, balsalazide); QL 6 per day |
| MESALAMINE (generic Lialda) | TAB 1.2GM | Generic | ST (sulfasalazine, balsalazide) |
| MESALAMINE (generic Delzicol) | CAP 400MG | Generic | ST (sulfasalazine, balsalazide) |
| MESALAMINE (generic Pentasa) | CAP 500MG ER | Generic | PA |
| OMVOH | INJ 100MG/ML | Brand | PA QL 0.072 per day |
| OMVOH | INJ 200MG/2ML | Brand | PA QL 0.072 per day |
| PENTASA | CAP 250MG CR | Brand | PA |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------------|----------------------|-----------|---|
| SULFADIAZINE | TAB 500MG | Generic | |
| SULFASALAZIN | TAB 500MG | Generic | |
| SULFASALAZIN | TAB 500MG DR | Generic | |
| SULFAZINE | TAB 500MG | Generic | |
| SULFAZINE EC | TAB 500MG | Generic | |
| PHOSPHATE-REMOVING AGENTS | | | |
| CALCIUM ACETATE | CAP 667MG | Generic | |
| CALCIUM ACETATE | TAB 667MG | Generic | |
| LANTHANUM | CHW 500MG | Generic | PA |
| LANTHANUM | CHW 750MG | Generic | PA |
| LANTHANUM | CHW 1000MG | Generic | PA |
| SEVELAMER CARBONATE | TAB 800MG | Generic | |
| SEVELAMER | PAK 2.4 GM | Generic | PA |
| SEVELAMER | PAK 0.8GM | Generic | PA |
| SEVELAMER HCL | TAB 800MG | Generic | PA |
| PROKINETIC AGENTS | | | |
| METOCLOPRAMIDE | TAB 5MG | Generic | |
| METOCLOPRAMIDE | TAB 10MG | Generic | |
| METOCLOPRAMIDE | INJ 5MG/ML | Generic | |
| METOCLOPRAMIDE | INJ 10MG/2ML | Generic | |
| METOCLOPRAMIDE | SOL 5MG/5ML | Generic | |
| METOCLOPRAMIDE | SOL 10/10ML | Generic | |
| GENITOURINARY PRODUCTS | | | |
| INCONTINENCE/URINARY FREQUENCY | | | |
| OXYBUTYNIN | TAB 5MG | Generic | |
| OXYBUTYNIN | SYP 5MG/5ML | Generic | |
| OXYBUTYNIN | TAB 5MG ER | Generic | |
| OXYBUTYNIN | TAB 10MG ER | Generic | |
| OXYBUTYNIN | TAB 15MG ER | Generic | |
| OXYTROL/WOMN | DIS 3.9MG/24 | Brand | ST |
| SOLIFENACIN (generic Vesicare) | TAB 5 MG | Generic | PA QL 1 per day |
| SOLIFENACIN (generic Vesicare) | TAB 10 MG | Generic | PA QL 1 per day |
| TOLTERODINE | TAB 1MG | Generic | ST required with oxybutynin or solifenacin. |
| TOLTERODINE | TAB 2MG | Generic | ST required with oxybutynin or solifenacin. |
| TOLTERODINE ER | CAP 2MG | Generic | ST required with oxybutynin or solifenacin. |
| TOLTERODINE ER | CAP 4MG | Generic | ST required with oxybutynin or solifenacin. |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|-------------------|
| PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) | | | |
| BETHANECHOL | TAB 5MG | Generic | |
| BETHANECHOL | TAB 10MG | Generic | |
| BETHANECHOL | TAB 25MG | Generic | |
| BETHANECHOL | TAB 50MG | Generic | |
| PILOCARPINE | TAB 5MG | Generic | |
| PILOCARPINE | TAB 7.5MG | Generic | |
| PYRIDOSTIGMINE BROMIDE | TAB 60MG | Generic | |
| PYRIDOSTIGMINE BROMIDE | TAB ER 105MG | Brand | |
| PYRIDOSTIGMINE BROMIDE | TAB 180MG | Generic | |
| PYRIDOSTIGMINE BROMIDE | SOL 60MG/5ML | Generic | AR < 13 |
| REGONOL | INJ 5MG/ML | Brand | |
| CONTRACEPTIVES (E.G. FOAMS, DEVICES) | | | |
| CERVICAL CAP | Various | Brand | QL 1 per 180 days |
| FEMALE CONDOMS | Various | Various | |
| FC2 FEMALE CONDOM | Various | Various | |
| MALE CONDOMS | Various | Various | |
| ORTHO COIL | DPR KIT 50 | Brand | QL 1 per 180 days |
| ORTHO COIL | DPR KIT 100 | Brand | QL 1 per 180 days |
| ORTHO COIL | DPR KIT 105 | Brand | QL 1 per 180 days |
| ORTHO FLAT | DPR KIT 55 | Brand | QL 1 per 180 days |
| ORTHO FLAT | DPR KIT 60 | Brand | QL 1 per 180 days |
| ORTHO FLAT | DPR KIT 65 | Brand | QL 1 per 180 days |
| ORTHO FLAT | DPR KIT 70 | Brand | QL 1 per 180 days |
| ORTHO FLAT | DPR KIT 75 | Brand | QL 1 per 180 days |
| ORTHO FLAT | DPR KIT 80 | Brand | QL 1 per 180 days |
| ORTHO FLAT | DPR KIT 85 | Brand | QL 1 per 180 days |
| ORTHO FLAT | DPR KIT 90 | Brand | QL 1 per 180 days |
| ORTHO FLAT | DPR KIT 95 | Brand | QL 1 per 180 days |
| ORTHO FLEX | DPR 65MM | Brand | QL 1 per 180 days |
| ORTHO FLEX | DPR 70MM | Brand | QL 1 per 180 days |
| ORTHO FLEX | DPR 75MM | Brand | QL 1 per 180 days |
| ORTHO FLEX | DPR 80MM | Brand | QL 1 per 180 days |
| SPONGE | VAGINAL SPONGE | Brand | |
| VCF VAGINAL | AER CONTRACP | Generic | |
| WIDE-SEAL | DPR KIT 60 | Brand | QL 1 per 180 days |
| WIDE-SEAL | DPR KIT 65 | Brand | QL 1 per 180 days |
| WIDE-SEAL | DPR KIT 70 | Brand | QL 1 per 180 days |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------------------------|----------------------|-----------|---------------------|
| WIDE-SEAL | DPR KIT 75 | Brand | QL 1 per 180 days |
| WIDE-SEAL | DPR KIT 80 | Brand | QL 1 per 180 days |
| WIDE-SEAL | DPR KIT 85 | Brand | QL 1 per 180 days |
| WIDE-SEAL | DPR KIT 95 | Brand | QL 1 per 180 days |
| VAGINAL ANTI-INFECTIVES | | | |
| CLINDAMYCIN | CRE 2% VAG | Generic | |
| METRONIDAZOLE | GEL 0.75%VAG | Generic | |
| VANADAZOLE | GEL 0.75% | Generic | |
| ALKALINIZING AGENTS | | | |
| CITRIC ACID/SODIUM CITRATE | SOL | Generic | |
| CYTRA K CRYSTALS | PACK | Generic | |
| CYTRA-2 | SOL | Generic | |
| CYTRA-3 | SYP | Generic | |
| CYTRA-K | SOL | Generic | |
| POTASSIUM CITRATE/CITRIC ACID | SOL | Generic | |
| NEUT | INJ 4% | Brand | |
| POTASSIUM CITRATE | TAB 540MG ER | Generic | |
| POTASSIUM CITRATE | TAB 1080MG | Generic | |
| POTASSIUM CITRATE | TAB 1620MG | Generic | |
| POTASSIUM CITRATE/CITRIC ACID | PACK | Generic | |
| SOD BICARB | INJ 8.4% | Generic | |
| SOD BICARB | INJ 4.2% | Generic | |
| SOD BICARB | INJ 7.5% | Generic | |
| VIRTRATE-2 | SOL 500-334 | Generic | |
| VIRTRATE-2 | SOL | Generic | |
| VIRTRATE-K | SOL 1100-334 | Generic | |
| VIRTRATE-K | SOL | Generic | |
| IRRIGATING SOLUTIONS | | | |
| ARGYL SALINE | SOL 0.9% | Generic | |
| ARGYL SALINE | SOL 100ML | Generic | |
| CURITY SALIN | SOL 0.9% IRR | Generic | |
| SODIUM CHLOR | SOL 0.9% IRR | Generic | |
| STERIL WATER | SOL IRRIG | Generic | |
| MISCL URINARY AGENTS | | | |
| ELMIRON | CAP 100MG | Brand | PA |
| MIRABEGRON | TAB ER 25MG | Generic | AR 64< QL 1 per day |
| MIRABEGRON | TAB ER 50MG | Generic | AR 64< QL 1 per day |
| PHENAZO | TAB 200MG | Generic | |
| PHENAZOPYRID | TAB 100MG | Generic | |
| PHENAZOPYRID | TAB 200MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|-------------------------|
| BPH AGENTS | | | |
| ALFUZOSIN | ER TAB 10MG | Generic | 90-day supply available |
| DOXAZOSIN | TAB 1MG | Generic | 90-day supply available |
| DOXAZOSIN | TAB 2MG | Generic | 90-day supply available |
| DOXAZOSIN | TAB 4MG | Generic | 90-day supply available |
| DOXAZOSIN | TAB 8MG | Generic | 90-day supply available |
| DUTASTERIDE | CAP 0.5MG | Generic | 90-day supply available |
| FINASTERIDE | TAB 1 MG | Generic | 90-day supply available |
| FINASTERIDE | TAB 5MG | Generic | 90-day supply available |
| FOSFOMYCIN TROMETHAMINE | PAK 3GM | Generic | QL 3g per 30 days |
| PRAZOSIN | HCL CAP 1MG | Generic | 90-day supply available |
| PRAZOSIN | HCL CAP 2MG | Generic | 90-day supply available |
| PRAZOSIN | HCL CAP 5MG | Generic | 90-day supply available |
| TAMSULOSIN | CAP 0.4MG | Generic | 90-day supply available |
| TERAZOSIN | CAP 1MG | Generic | 90-day supply available |
| TERAZOSIN | CAP 2MG | Generic | 90-day supply available |
| TERAZOSIN | CAP 5MG | Generic | 90-day supply available |
| TERAZOSIN | CAP 10MG | Generic | 90-day supply available |
| CENTRAL NERVOUS SYSTEM DRUGS | | | |
| ANXIOLYTICS, SEDATIVES & HYPNOTICS, MISC. | | | |
| COMPOZ | TAB 50MG | Generic | |
| DIPHENHYDRAM | TAB 50MG | Generic | |
| DOXYLAMINE SUCCINATE (SLEEP) | TAB 25MG | Generic | |
| ESZOPICLONE | TAB 1MG | Generic | QL 15 Caps per 30 days |
| ESZOPICLONE | TAB 2MG | Generic | QL 15 Caps per 30 days |
| ESZOPICLONE | TAB 3MG | Generic | QL 15 Caps per 30 days |
| HYDROXYZINE HCL | TAB 10MG | Generic | |
| HYDROXYZINE HCL | TAB 25MG | Generic | |
| HYDROXYZINE HCL | TAB 50MG | Generic | |
| HYDROXYZINE HCL | SYP 10MG/5ML | Generic | |
| HYDROXYZINE HCL | SOL 10MG/5ML | Generic | |
| HYDROXYZINE PAMOATE | CAP 25MG | Generic | |
| HYDROXYZINE PAMOATE | CAP 50MG | Generic | |
| HYDROXYZINE PAMOATE | CAP 100MG | Generic | |
| IBUPROFEN PM | TAB 200-38MG | Generic | |
| MOTRIN PM | TAB 200-38MG | Generic | |
| RAMELTEON | TAB 8MG | Generic | QL 1 per day |
| SLEEP AID | CAP 50MG | Generic | |
| SLEEP AID | TAB 25MG | Generic | |
| ZALEPLON | CAP 5MG | Generic | QL 15 Caps per 30 days |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|------------------------|
| ZALEPLON | CAP 10MG | Generic | QL 15 Caps per 30 days |
| ZOLPIDEM | TAB 5MG | Generic | QL 15 per 30 days |
| ZOLPIDEM | TAB ER 6.25 MG | Generic | QL 15 per 23 days |
| ZOLPIDEM | TAB 10MG | Generic | QL 15 per 30 days |
| ZOLPIDEM | TAB ER 12.5 MG | Generic | QL 15 per 23 days |
| BENZODIAZEPINES | | | |
| CLOBAZAM | TAB 10MG | Generic | PA |
| CLOBAZAM | TAB 20MG | Generic | PA |
| CLOBAZAM | SUS 2.5MG/ML | Generic | PA |
| CLONAZEPAM | TAB 0.5MG | Generic | |
| CLONAZEPAM | TAB 1MG | Generic | |
| CLONAZEPAM | TAB 2MG | Generic | |
| DIAZEPAM | GEL 2.5MG | Generic | |
| DIAZEPAM | GEL 10MG | Generic | |
| DIAZEPAM | GEL 20MG | Generic | |
| LORAZEPAM | INJ 2MG/ML | Generic | |
| LORAZEPAM | INJ 4MG/ML | Generic | |
| MIDAZOLAM | INJ 5MG/5ML | Generic | QL 36/180 days |
| MIDAZOLAM | INJ 5MG/ML | Generic | QL 36/180 days |
| MIDAZOLAM | INJ 10MG/0.7ML | Brand | |
| MIDAZOLAM | INJ 10MG/2ML | Generic | QL 36/180 days |
| MIDAZOLAM | INJ 50MG/10ML | Generic | QL 36/180 days |
| TRIAZOLAM | TAB 0.125MG | Generic | QL 2 per month |
| TRIAZOLAM | TAB 0.25MG | Generic | QL 2 per month |
| BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) | | | |
| PHENOBARB | TAB 15MG | Generic | |
| PHENOBARB | TAB 16.2MG | Generic | |
| PHENOBARB | TAB 30MG | Generic | |
| PHENOBARB | TAB 32.4MG | Generic | |
| PHENOBARB | TAB 60MG | Generic | |
| PHENOBARB | TAB 64.8MG | Generic | |
| PHENOBARB | TAB 97.2MG | Generic | |
| PHENOBARB | TAB 100MG | Generic | |
| PHENOBARB | ELX 20MG/5ML | Generic | |
| PHENOBARB | SOL 20MG/5ML | Generic | |
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANT AGENTS | | | |
| AMPHETAMINES | | | |
| AMPHETAMINE (Generic Adderall IR) | TAB 5MG | Generic | QL 3 per day |
| AMPHETAMINE (Generic Adderall IR) | TAB 7.5MG | Generic | QL 3 per day |
| AMPHETAMINE (Generic Adderall IR) | TAB 10MG | Generic | QL 3 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------------------|----------------------|-----------|---|
| AMPHETAMINE (Generic Adderall IR) | TAB 12.5MG | Generic | QL 3 per day |
| AMPHETAMINE (Generic Adderall IR) | TAB 15MG | Generic | QL 3 per day |
| AMPHETAMINE (Generic Adderall IR) | TAB 20MG | Generic | QL 3 per day |
| AMPHETAMINE (Generic Adderall IR) | TAB 30MG | Generic | QL 3 per day |
| AMPHETAMINE (Generic Adderall XR) | CAP 5MG ER | Generic | QL 2 per day |
| AMPHETAMINE (Generic Adderall XR) | CAP 10MG ER | Generic | QL 2 per day |
| AMPHETAMINE (Generic Adderall XR) | CAP 15MG ER | Generic | QL 2 per day |
| AMPHETAMINE (Generic Adderall XR) | CAP 20MG ER | Generic | QL 2 per day |
| AMPHETAMINE (Generic Adderall XR) | CAP 25MG ER | Generic | QL 2 per day |
| AMPHETAMINE (Generic Adderall XR) | CAP 30MG ER | Generic | QL 2 per day |
| DEXTROAMPHETAMINE (Dexedrine IR) | TAB 5MG | Generic | |
| DEXTROAMPHETAMINE (Dexedrine IR) | TAB 10MG | Generic | |
| DEXTROAMPHETAMINE | CAP 5MG ER | Generic | QL 2 PER DAY |
| DEXTROAMPHETAMINE | CAP 10MG ER | Generic | QL 2 PER DAY |
| DEXTROAMPHETAMINE | CAP 15MG ER | Generic | QL 2 PER DAY |
| LISDEXAMFETAMINE (generic Vyvanse) | CAP 10MG | Generic | QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug. |
| LISDEXAMFETAMINE (generic Vyvanse) | CAP 20MG | Generic | QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug. |
| LISDEXAMFETAMINE (generic Vyvanse) | CAP 30MG | Generic | QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug. |
| LISDEXAMFETAMINE (generic Vyvanse) | CAP 40MG | Generic | QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug. |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------------------|----------------------|-----------|---|
| LISDEXAMFETAMINE (generic Vyvanse) | CAP 50MG | Generic | QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug. |
| LISDEXAMFETAMINE (generic Vyvanse) | CAP 60MG | Generic | QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug. |
| LISDEXAMFETAMINE (generic Vyvanse) | CAP 70 MG | Generic | QL 2 PER DAY; ST req w/ generic Adderall XR or dextroamphetamine ER AND a long-acting methylphenidate drug. |

METHYLPHENIDATES

| | | | |
|---|-------------|---------|--------------|
| DEXMETHYLPHENIDATE | TAB 2.5MG | Generic | |
| DEXMETHYLPHENIDATE | TAB 5MG | Generic | |
| DEXMETHYLPHENIDATE | TAB 10MG | Generic | |
| DEXMETHYLPHENIDATE (generic Focalin XR) | CAP 5MG ER | Generic | QL 2 PER DAY |
| DEXMETHYLPHENIDATE (generic Focalin XR) | CAP 10MG ER | Generic | QL 2 PER DAY |
| DEXMETHYLPHENIDATE (generic Focalin XR) | CAP 15MG ER | Generic | QL 2 PER DAY |
| DEXMETHYLPHENIDATE (generic Focalin XR) | CAP 20MG ER | Generic | QL 2 PER DAY |
| DEXMETHYLPHENIDATE (generic Focalin XR) | CAP 25MG ER | Generic | QL 2 PER DAY |
| DEXMETHYLPHENIDATE (generic Focalin XR) | CAP 30MG ER | Generic | QL 2 PER DAY |
| DEXMETHYLPHENIDATE (generic Focalin XR) | CAP 35MG ER | Generic | QL 2 PER DAY |
| DEXMETHYLPHENIDATE (generic Focalin XR) | CAP 40MG ER | Generic | QL 2 PER DAY |
| METHYLPHENIDATE (generic Ritalin IR) | TAB 5MG | Generic | |
| METHYLPHENIDATE (generic Ritalin IR) | TAB 10MG | Generic | |
| METHYLPHENIDATE (generic Ritalin IR) | TAB 20MG | Generic | |
| METHYLPHENIDATE (generic Concerta) | TAB 18MG ER | Generic | QL 2per day |
| METHYLPHENIDATE (generic Concerta) | TAB 27MG ER | Generic | QL 2 per day |
| METHYLPHENIDATE (generic Concerta) | TAB 36MG ER | Generic | QL 2 per day |
| METHYLPHENIDATE (generic Concerta) | TAB 54MG ER | Generic | QL 2 per day |
| METHYLPHENIDATE (generic Metadate CD) | CAP 10MG ER | Generic | QL 2 per day |
| METHYLPHENIDATE (generic Metadate CD) | CAP 20MG ER | | |
| METHYLPHENIDATE (generic Metadate CD) | CAP 30MG ER | Generic | QL 2 per day |
| METHYLPHENIDATE (generic Metadate CD) | CAP 40MG ER | Generic | QL 2 per day |
| METHYLPHENIDATE (generic Metadate CD) | CAP 50MG ER | Generic | QL 2 per day |
| METHYLPHENIDATE (generic Metadate CD) | CAP 60MG ER | Generic | QL 2 per day |
| METHYLPHENIDATE | TAB 10MG ER | Generic | QL 2 per day |
| METHYLPHENIDATE | TAB 20MG ER | Generic | QL 2 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|----------------------------|
| METHYLPHENIDATE | SOL 5MG/5ML | Generic | AR PA> 12 |
| METHYLPHENIDATE | SOL 10MG/5ML | Generic | AR PA> 12 |
| METHYLPHENIDATE HCL | TAB ER 24HR 18 MG | Generic | QL 1 Per day |
| METHYLPHENIDATE HCL | TAB ER 24HR 27 MG | Generic | QL 1 Per day |
| METHYLPHENIDATE HCL | TAB ER 24HR 36 MG | Generic | QL 1 Per day |
| METHYLPHENIDATE HCL | TAB ER 24HR 54 MG | Generic | QL 1 Per day |
| RESPIRATORY AND CNS STIMULANTS | | | |
| CAFFEINE CIT | INJ 60MG/3ML | Generic | AR PA >1 |
| CAFFEINE CIT | SOL 20MG/ML | Generic | AR PA >1 |
| CAFFEINE CIT | SOL 60MG/3ML | Generic | AR PA >1 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS – MISC | | | |
| ALCOHOL DETERRENTS | | | |
| ACAMPRO CAL | TAB 333MG | Generic | QL 6 per day |
| DISULFIRAM | TAB 250MG | Generic | |
| DISULFIRAM | TAB 500MG | Generic | |
| ANTIDEMENTIA AGENTS | | | |
| DONEPEZIL | TAB 5MG | Generic | QL 1 per day |
| DONEPEZIL | TAB 10MG | Generic | QL 1 per day |
| DONEPEZIL | TAB 5MG ODT | Generic | QL 1 per day |
| DONEPEZIL | TAB 10MG ODT | Generic | QL 1 per day |
| GALANTAMINE | TAB 4MG | Generic | |
| GALANTAMINE | TAB 8MG | Generic | |
| GALANTAMINE | TAB 12MG | Generic | |
| GALANTAMINE | CAP 8MG ER | Generic | |
| GALANTAMINE | CAP 16MG ER | Generic | |
| GALANTAMINE | CAP 24MG ER | Generic | |
| LEQEMBI IQLK | INJ 360/1.8 | Brand | PA QL 0.26 per day |
| MEMANTINE | TAB HCL 5MG | Generic | |
| MEMANTINE | TAB HCL 10MG | Generic | |
| RIVASTIGMINE | CAP 1.5MG | Generic | |
| RIVASTIGMINE | CAP 3MG | Generic | |
| RIVASTIGMINE | CAP 4.5MG | Generic | |
| RIVASTIGMINE | CAP 6MG | Generic | |
| MULTIPLE SCLEROSIS | | | |
| DIMETHYL FUMARATE | CAP 120MG | Generic | |
| DIMETHYL FUMARATE | CAP 240MG | Generic | |
| DIMETHYL FUMARATE | MIS STARTER | Generic | |
| FINGOLIMOD | CAP 0.5MG | Generic | PA QL 1 per day |
| GLATIRAMER (Generic Copaxone 20 mg) | INJ 20MG/ML | Generic | QL 30 syringes per 30 days |
| GLATIRAMER (Generic Copaxone 40mg) | INJ 40MG/ML | Generic | QL 12 syringes per 28 days |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|---|-----------|--|
| MAYZENT | START PAK 0.25MG | Brand | PA 12 tabs per 180 days |
| MAYZENT | START PAK 0.25MG | Brand | PA 7 tabs per 180 days |
| MAYZENT | TAB 0.25MG | Brand | PA 4 tabs per day |
| MAYZENT | TAB 1MG | Brand | PA QL 1 tab per day |
| MAYZENT | TAB 2MG | Brand | PA 1 tab per day |
| SMOKING DETERRENTS | | | |
| BUPROPION | TAB 150MG SR | Generic | QL 2 per day |
| NICOTINE | GUM 2MG | Generic | QL 24 pieces per day max 180 days per 365 days |
| NICOTINE | GUM 4MG | Generic | QL 24 pieces per day; 180 days per 365 days |
| NICOTINE | PATCH 7MG/24HR | Generic | QL 1 patch per day; 180 days per 365 days |
| NICOTINE | LOZENGE 2MG | Generic | QL 20 lozenges per day; 180 days per 365 days |
| NICOTINE | LOZENGE 4MG | Generic | QL 20 lozenges per day; 180 days per 365 days |
| NICOTINE | PATCH 21MG/24H | Generic | QL 1 patch per day; 180 days per 365 days |
| NICOTINE | PATCH 14MG/24H | Generic | QL 1 patch per day; 180 days per 365 days |
| NICOTINE SYS | KIT TRANSDER | Generic | QL 1 patch per day; 180 days per 365 days; 56- day supply per fill |
| VARENICLINE (generic Chantix) | PAK 1MG | Generic | QL 2 per day |
| VARENICLINE (generic Chantix) | TAB 0.5MG | Generic | QL 2 per day |
| VARENICLINE (generic Chantix) | TAB 1MG | Generic | QL 2 per day |
| ANALGESICS AND ANESTHETICS | | | |
| ANALGESICS AND ANTIPYRETICS, MISC. | | | |
| (List not all encompassing. Representative products listed only) | | | |
| ACETAMINOPHEN | CAP, CHEW, DROPS, ELIX, GELCAP, SOLN, SUPP, SUSP, TAB | Generic | |
| ACETAMINOPHEN/CAFF/PYRILAMINE | TAB | Generic | |
| BUTALBITAL-ACETAMINOPHEN | TAB 50-300 MG | Brand | PA |
| BUTALBITAL-ACETAMINOPHEN | TAB 50-325 MG | Brand | PA |
| SALICYLATES | | | |
| (List not all encompassing. Representative products listed only) | | | |
| ASPIRIN | TAB, CHEW, TAB EC, SUP | Generic | 90-day supply available |
| CHILD ASPIRIN | CHW 81MG | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------------------------|----------------------|-----------|-------------------------|
| CHOLINE MAG TRISALICYLATE | TAB, LIQ | Generic | 90-day supply available |
| SALSALATE | TAB 500MG | Generic | 90-day supply available |
| SALSALATE | TAB 750MG | Generic | 90-day supply available |
| OPIATE PARTIAL AGONISTS | | | |
| BRIXADI (WEEKLY) | SOLN 08MG/0.16ML | Brand | QL 0.023 per day |
| BRIXADI (WEEKLY) | SOLN 16MG/0.32ML | Brand | QL 0.046 per day |
| BRIXADI (WEEKLY) | SOLN 24MG/0.48ML | Brand | QL 0.069 per day |
| BRIXADI (WEEKLY) | SOLN 32MG/0.64ML | Brand | QL 0.092 per day |
| BRIXADI (MONTHLY) | SOLN 64MG/0.18ML | Brand | QL 0.007 per day |
| BRIXADI (MONTHLY) | SOLN 96MG/0.27ML | Brand | QL 0.01 per day |
| BRIXADI (MONTHLY) | SOLN 128MG/0.36ML | Brand | QL 0.013 per day |
| BUPRENORPHINE/NALOXONE | SUB 2-0.5MG | Generic | QL 3 per day |
| BUPRENORPHINE/NALOXONE | SUB 8-2MG | Generic | QL 4 per day |
| BUPRENORPHINE/NALOXONE | FILM 2-0.5MG | Generic | QL 90 per 23 days |
| BUPRENORPHINE/NALOXONE | FILM 4-1MG | Generic | 1 per day |
| BUPRENORPHINE/NALOXONE | FILM 8-2MG | Generic | 4 per day |
| BUPRENORPHINE/NALOXONE | FILM 12-3MG | Generic | 2 per day |
| BUPRENORPHINE TD | PATCH WEEKLY | Generic | PA QL 0.143 |
| BUPRENORPHINE | SUB 2MG | Generic | |
| BUPRENORPHINE | SUB 8MG | Generic | QL 4 per day |
| SUBLOCADE | SOLN 100MG/0.5ML | Brand | QL 0.02 per day |
| SUBLOCADE | SOLN 300MG/1.5ML | Brand | QL 0.06 per day |
| VIVITROL | INJ | Brand | QL 0.04 per day |
| ZUBSOLV | SUB 0.7-0.18MG | Brand | , QL 3 per day |
| ZUBSOLV | SUB 1.4-0.36MG | Brand | QL 3 per day |
| ZUBSOLV | SUB 2.9-0.71MG | Brand | QL 3 per day |
| ZUBSOLV | SUB 5.7-1.4MG | Brand | QL 3 per day |
| ZUBSOLV | SUB 8.6-2.1MG | Brand | QL 2 per day |
| ZUBSOLV | SUB 11.4-2.9MG | Brand | QL 2 per day |
| OPIATES | | | |
| APAP/CODEINE | TAB 300-15MG | Generic | QL 13 per day |
| APAP/CODEINE | TAB 300-30MG | Generic | QL 13 per day |
| APAP/CODEINE | TAB 300-60MG | Generic | QL 13 per day |
| APAP/CODEINE | SOL 120-12/5 | Generic | QL 166mls per day |
| CODEINE SULF | TAB 30MG | Generic | QL 26 tabs per day |
| CODEINE SULF | TAB 60MG | Generic | QL 13 tabs per day |
| DILAUDID-HP | INJ 250MG | Brand | |
| ENDOCET | TAB 5-325MG | Generic | QL 12 per day |
| ENDOCET | TAB 7.5-325 | Generic | QL 12 per day |
| ENDOCET | TAB 7.5-500M | Generic | QL 8 per day |
| ENDOCET | TAB 10-325MG | Generic | QL 12 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------------|----------------------|-----------|--------------------|
| ENDOCET | TAB 10-650MG | Generic | QL 6 per day |
| ENDODAN | TAB 4.8355-325MG | Generic | QL 12 per day |
| FENTANYL | DIS 12MCG/HR | Generic | PA QL 11 per month |
| FENTANYL | DIS 25MCG/HR | Generic | PA QL 11 per month |
| FENTANYL | DIS 37.5MCG | Generic | PA QL 11 per month |
| FENTANYL | DIS 50MCG/HR | Generic | PA QL 11 per month |
| FENTANYL | DIS 62.5MCG | Generic | PA QL 11 per month |
| FENTANYL | DIS 75MCG/HR | Generic | PA QL 11 per month |
| FENTANYL | DIS 87.5MCG | Generic | PA QL 11 per month |
| FENTANYL | DIS 100MCG/H | Generic | PA QL 11 per month |
| HYDROCODONE/APAP | TAB 10-325MG | Generic | QL 12 per day |
| HYDROCODONE/APAP | TAB 2.5-500 | Generic | QL 8 per day |
| HYDROCODONE/APAP | TAB 5-500MG | Generic | QL 8 per day |
| HYDROCODONE/APAP | TAB 7.5-500 | Generic | QL 8 per day |
| HYDROCODONE/APAP | TAB 7.5-650 | Generic | QL 6 per day |
| HYDROCODONE/APAP | TAB 10-650MG | Generic | QL 6 per day |
| HYDROCODONE/APAP | TAB 10-660MG | Generic | QL 6 per day |
| HYDROCODONE/APAP | TAB 7.5-750 | Generic | QL 5 per day |
| HYDROCODONE/APAP | TAB 5-325MG | Generic | QL 12 per day |
| HYDROCODONE/APAP | TAB 7.5-325 | Generic | QL 12 per day |
| HYDROCODONE/APAP | SOL 7.5-325 | Generic | QL 184mls per day |
| HYDROCODONE/APAP | SOL 5-217/10 | Generic | |
| HYDROCODONE/IBUPROFEN | TAB 7.5-200 | Generic | QL 16 tabs per day |
| HYDROMORPHONE | INJ 1MG/ML | Generic | QL 30mls per day |
| HYDROMORPHONE | INJ 2MG/ML | Generic | QL 15mls per day |
| HYDROMORPHONE | INJ 4MG/ML | Generic | QL 7mls per day |
| HYDROMORPHONE | INJ 10MG/ML | Generic | QL 3mls per day |
| HYDROMORPHONE | INJ 50MG/5ML | Generic | QL 3mls per day |
| HYDROMORPHONE | INJ 500/50ML | Generic | QL 3mls per day |
| LORCET | TAB 5-325MG | Generic | QL 12 per day |
| LORCET HD | TAB 10-325MG | Generic | QL 12 per day |
| LORCET PLUS | TAB 7.5-325 | Generic | QL 12 per day |
| LORTAB | TAB 10-325MG | Generic | QL 12 per day |
| LORTAB | TAB 5-325MG | Generic | QL 12 per day |
| LORTAB | TAB 7.5-325 | Generic | QL 12 per day |
| MORPHINE SULFATE | TAB 15MG | Generic | QL 8 tabs per day |
| MORPHINE SULFATE | TAB 30MG | Generic | QL 4 tabs per day |
| MORPHINE SULFATE | TAB 15MG ER | Generic | PA QL 3 per day |
| MORPHINE SULFATE | TAB 30MG ER | Generic | PA QL 3 per day |
| MORPHINE SULFATE | TAB 60MG ER | Generic | PA QL 3 per day |
| MORPHINE SULFATE | TAB 100MG ER | Generic | PA QL 3 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------|----------------------|-----------|-------------------|
| MORPHINE SULFATE | TAB 200MG ER | Generic | PA QL 3 per day |
| MORPHINE SULFATE | INJ 1MG/ML | Generic | QL 120mls per day |
| MORPHINE SULFATE | INJ 2MG/ML | Generic | QL 60mls per day |
| MORPHINE SULFATE | INJ 4MG/ML | Generic | QL 30mls per day |
| MORPHINE SULFATE | INJ 5MG/ML | Generic | QL 24mls per day |
| MORPHINE SULFATE | INJ 150/30ML | Generic | QL 24mls per day |
| MORPHINE SULFATE | INJ 25MG/ML | Generic | QL 4mls per day |
| MORPHINE SULFATE | INJ 50MG/ML | Generic | QL 2mls per day |
| MORPHINE SULFATE | SOL 10MG/5ML | Generic | QL 60mls per day |
| MORPHINE SULFATE | SOL 20MG/5ML | Generic | QL 30mls per day |
| MORPHINE SULFATE | SOL 100/5ML | Generic | QL 6mls per day |
| MORPHINE SULFATE | SUP 5MG | Generic | 24 per day |
| MORPHINE SULFATE | SUP 10MG | Generic | 12 per day |
| MORPHINE SULFATE | SUP 20MG | Generic | 6 per day |
| MORPHINE SULFATE | SUP 30MG | Generic | 4 per day |
| OXYCODONE/APAP | CAP 5-500MG | Generic | QL 8 per day |
| OXYCODONE/APAP | TAB 5-325MG | Generic | QL 12 per day |
| OXYCODONE/APAP | SOLN 5-325MG/5ML | Generic | QL 61mls per day |
| OXYCODONE/APAP | TAB 7.5-325 | Generic | QL 10 per day |
| OXYCODONE/APAP | TAB 7.5-500 | Generic | QL 8 per day |
| OXYCODONE/APAP | TAB 10-325MG | Generic | QL 8 per day |
| OXYCODONE/APAP | TAB 10-650MG | Generic | QL 6 per day |
| OXYCODONE/ASA | TAB | Generic | QL 12 per day |
| OXYCODONE | TAB 5MG | Generic | QL 16 per day |
| OXYCODONE | TAB 10MG | Generic | QL 8 per day |
| OXYCODONE | TAB 15MG | Generic | QL 5 per day |
| OXYCODONE | TAB 20MG | Generic | QL 4 per day |
| OXYCODONE | TAB 30MG | Generic | QL 2 per day |
| OXYCODONE | CON 100/5ML | Generic | QL 4mls per day |
| OXYCODONE | CON 20MG/ML | Generic | QL 4mls per day |
| OXYCODONE | SOL 5MG/5ML | Generic | QL 80mls per day |
| OXYCODONE | TAB 10MG ER | Generic | PA QL 3 per day |
| OXYCODONE | TAB 20MG ER | Generic | PA QL 3 per day |
| OXYCODONE | TAB 40MG ER | Generic | PA QL 3 per day |
| OXYCODONE | TAB 80MG ER | Generic | PA QL 3 per day |
| OXYCONTIN | TAB 10MG CR | Brand | PA QL 3 per day |
| OXYCONTIN | TAB 15MG CR | Brand | PA QL 3 per day |
| OXYCONTIN | TAB 20MG CR | Brand | PA QL 3 per day |
| OXYCONTIN | TAB 30MG CR | Brand | PA QL 3 per day |
| OXYCONTIN | TAB 40MG CR | Brand | PA QL 3 per day |
| OXYCONTIN | TAB 60MG CR | Brand | PA QL 3 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|------------------------|
| OXYCONTIN | TAB 80MG CR | Brand | PA QL 3 per day |
| ROXICET | TAB 5-325MG | Generic | QL 12 per day |
| TRAMADL/APAP | TAB 37.5-325 | Generic | QL 10 per day |
| TRAMADOL HCL | TAB 50MG | Generic | QL 8 per day |
| ANTI-TNF INHIBITORS | | | |
| ENBREL | INJ 25MG | Brand | PA QL 8mls per month |
| ENBREL | INJ 25/0.5ML | Brand | PA QL 2mls per 28 days |
| ENBREL | INJ 50MG/ML | Brand | PA QL 4mls per 28 days |
| ENBREL MINI | INJ 50MG/ML | Brand | PA QL 4mls per 28 days |
| ENBREL SRCLK | INJ 50MG/ML | Brand | PA QL 4mls per 28 days |
| GENOTROPIN | INJ 0.2MG | Brand | PA |
| NORDITROPIN | INJ 5/1.5ML | Brand | PA |
| NORDITROPIN | INJ 10/1.5ML | Brand | PA |
| NORDITROPIN | INJ 15/1.5ML | Brand | PA |
| NORDITROPIN | INJ 30/3ML | Brand | PA |
| NUTROPIN AQ | INJ NUSPIN 5 | Brand | PA |
| NUTROPIN AQ | INJ 10MG/2ML | Brand | PA |
| NUTROPIN AQ | INJ 20MG/2ML | Brand | PA |
| OMNITROPE | INJ 5/1.5ML | Brand | PA |
| OMNITROPE | INJ 10/1.5ML | Brand | PA |
| DISEASE-MODIFYING ANTIRHEUMATIC AGENTS | | | |
| ADALIMUMAB-ADBM | PFS 10mg/0.2ml | Generic | PA QL 0.03 per day |
| ADALIMUMAB-ADBM | PFS 20mg/0.4ml | Generic | PA QL 0.03 per day |
| HADLIMA | INJ 40/0.8ML | Brand | PA QL 0.06 per day |
| HADLIMA | PUSH INJ 40/0.8ML | Brand | PA QL 0.06 per day |
| HADLIMA | INJ 40/0.4ML | Brand | PA QL 0.03 per day |
| HADLIMA | PUSH INJ 40/0.4ML | Brand | PA QL 0.03 per day |
| LEFLUNOMIDE | TAB 10MG | Generic | |
| LEFLUNOMIDE | TAB 20MG | Generic | |
| SIMLANDI 2PN KIT | INJ 40/0.4ML | Brand | PA QL 0.08 per day |
| SIMLANDI 1 PN KIT | INJ 40/0.4ML | Brand | PA QL 0.08 per day |
| SIMLANDI KIT | 20/0.2ML | Brand | PA QL 0.072 per day |
| SIMLANDI KIT | 80/0.8ML | Brand | PA QL 0.072 per day |
| OTEZLA | TAB 30MG | Brand | PA QL 2 tabs per day |
| OTEZLA | TAB 10/20/30 | Brand | PA QL 1 per 180 days |
| OTEZLA | TAB 10/20 | Brand | PA QL 1 per 365 days |
| OTEZLA | TAB 20MG | Brand | PA QL 2 per day |
| OTEZLA XR | TAB 75MG | Brand | PA QL 1 per day |
| OTEZLA XR 28 DAY | PAK | Brand | PA QL 1 per 180 days |
| YUSIMRY | INJ 40/0.8ML | Brand | PA QL 0.06 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|------------------------------|
| MISC BIOLOGIC | | | |
| ACTEMRA | INJ 162/0.9 | Brand | PA QL 3.6mls per 31 days |
| ACTEMRA Actpen | PEN 162/.09ML | Brand | PA QL .13mls per day |
| COSENTYX (Pre-filled Syringe) | PFS 75MG/0.5ML | Brand | PA QL 1 per month |
| COSENTYX | INJ 150MG/ML | Brand | PA QL 1 per month |
| COSENTYX PEN | INJ 150MG/ML | Brand | PA QL 1 per month |
| COSENTYX UNOREADY | | Brand | PA QL 0.072 per day |
| DUPIXENT | INJ 100/0.67 | Brand | PA QL 2 injections per month |
| DUPIXENT | INJ 200/1.14 | Brand | PA QL 2 per month |
| DUPIXENT PEN | INJ 200/1.14 | Brand | PA QL 2 per month |
| DUPIXENT | INJ 300/2 | Brand | PA QL 2 per month |
| DUPIXENT PEN | INJ 300/2 | Brand | PA QL 2 per month |
| ENSPRYNG | INJ | Brand | PA QL 0.036 per day |
| FASENRA PEN (AUTO-INJECTOR) | INJ 30MG/ML | Brand | PA QL 0.02mls per day |
| FASENRA | INJ 10MG/0.5 | Brand | PA QL 0.01 per day |
| NEMLUVIO | INJ 30MG | Brand | PA QL 1 per 28 days |
| TALTZ | INJ 80MG/ML | Brand | PA QL 0.036mls per day |
| TALTZ | INJ 20/0.25 | Brand | PA QL 0.07 per day |
| TALTZ | 40/0.5ML | Brand | PA QL 0.02 per day |
| TYENNE | INJ 162MG | Brand | PA QL 0.07 |
| TYENNE | INJ 162/0.9 | Brand | PA QL 0.07 |
| NONSTEROIDAL ANTI-INFLAMMATORY (NSAID) | | | |
| (List not all encompassing. Representative products listed only) | | | |
| CELECOXIB | CAP 100MG | Generic | QL 2 per day |
| CELECOXIB | CAP 200MG | Generic | QL 2 per day |
| DICLOFENAC | GEL 1% | Generic | QL 300g per month |
| DICLOFEN POTASSIUM | TAB 50MG | Generic | |
| DICLOFENAC | TAB 25MG DR | Generic | |
| DICLOFENAC | TAB 50MG DR | Generic | |
| DICLOFENAC | TAB 75MG DR | Generic | |
| DICLOFENAC | TAB 100MG ER | Generic | |
| FLURBIPROFEN | TAB 50MG | Generic | |
| ETODOLAC | CAP 200MG | Generic | ST (meloxicam) |
| ETODOLAC | CAP 300MG | Generic | ST (meloxicam) |
| ETODOLAC | TAB 400MG | Generic | ST (meloxicam) |
| ETODOLAC | TAB 500MG | Generic | ST (meloxicam) |
| FLURBIPROFEN | TAB 100MG | Generic | |
| GENPRIL | TAB 200MG | Generic | |
| IBU-DROPS | DRO 40MG/ML | Generic | |
| IBUPROFEN | CAP 200MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------|----------------------|-----------|---------------------|
| IBUPROFEN | TAB 200MG | Generic | |
| IBUPROFEN | TAB 400MG | Generic | |
| IBUPROFEN | TAB 600MG | Generic | |
| IBUPROFEN | TAB 800MG | Generic | |
| IBUPROFEN | DRO 50/1.25 | Generic | |
| IBUPROFEN | SUS 100/5ML | Generic | |
| IBUPROFEN IB | TAB 200MG | Generic | |
| IBUPROFEN JR | CHW 100MG | Generic | |
| INDOMETHACIN | CAP 25MG | Generic | |
| INDOMETHACIN | CAP 50MG | Generic | |
| INDOMETHACIN | CAP 75MG ER | Generic | |
| INDOMETHACIN | SUS 25MG/5ML | Generic | |
| KETOPROFEN | CAP 25MG | Generic | |
| KETOPROFEN | CAP 50MG | Generic | |
| KETOPROFEN | CAP 75MG | Generic | |
| MEDI-PROFEN | CAP 200MG | Generic | |
| MEDI-PROFEN | TAB 200MG | Generic | |
| MEDI-PROFEN | SUS 40MG/ML | Generic | |
| MEDI-PROFEN | SUS 100/5ML | Generic | |
| MELOXICAM | TAB 7.5MG | Generic | QL 2 per day |
| MELOXICAM | TAB 15MG | Generic | |
| MIDOL | CAP 200MG | Generic | |
| NABUMETONE | TAB 500MG | Generic | |
| NABUMETONE | TAB 750MG | Generic | |
| NAPROXEN | TAB 250MG | Generic | |
| NAPROXEN | TAB 375MG | Generic | |
| NAPROXEN | TAB 500MG | Generic | |
| PROVIL | TAB 200MG | Generic | |
| SULINDAC | TAB 150MG | Generic | |
| SULINDAC | TAB 200MG | Generic | |
| ACUTE MIGRAINE PRODUCTS | | | |
| QULIPTA | TAB 10MG | Brand | PA QL 1 per day |
| QULIPTA | TAB 30MG | Brand | PA QL 1 per day |
| QULIPTA | TAB 60MG | Brand | PA QL 1 per day |
| ELETRIPTAN | TAB 20MG | Generic | QL 12 per 23 days |
| ELETRIPTAN | TAB 40MG | Generic | QL 12 per 23 days |
| NARATRIPTAN | TAB 1MG | Generic | QL 9 per 30 days |
| NARATRIPTAN | TAB 2.5MG | Generic | QL 9 per 30 days |
| REYVOW | TAB 50MG | Brand | PA QL 4 per 23 days |
| REYVOW | TAB 100MG | Brand | PA QL 4 per 23 days |
| RIZATRIPTAN | TAB 5MG | Generic | QL 12 per 30 days |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------------------------|----------------------|-----------|---------------------|
| RIZATRIPTAN | TAB 5MG ODT | Generic | QL 12 per 30 days |
| RIZATRIPTAN | TAB 10MG | Generic | QL 12 per 30 days |
| RIZATRIPTAN | TAB 10MG ODT | Generic | QL 12 per 30 days |
| SUMATRIPTAN | SPR 5MG/ACT | Generic | QL 6 per 30 days |
| SUMATRIPTAN | SPR 20MG/ACT | Generic | QL 6 per 30 days |
| SUMATRIPTAN | TAB 25MG | Generic | QL 9 per 30 days |
| SUMATRIPTAN | TAB 50MG | Generic | QL 9 per 30 days |
| SUMATRIPTAN | TAB 100MG | Generic | QL 9 per 30 days |
| SUMATRIPTAN | INJ 4MG/0.5 | Generic | |
| SUMATRIPTAN | INJ 6MG/0.5 | Generic | QL 3mls per 30 days |
| UBRELVY | TAB 50MG | Brand | PA QL 8 per 30 days |
| UBRELVY | TAB 100MG | Brand | PA QL 8 per 30 days |
| ZOLMITRIPTAN | TAB 2.5MG | Generic | QL 12 per 30 days |
| ZOLMITRIPTAN | TAB 5MG | Generic | QL 12 per 30 days |
| CHRONIC MIGRAINE PRODUCTS | | | |
| AIMOVIG | INJ 70MG/ML | Brand | PA QL 1 per 28 days |
| AIMOVIG | INJ 140MG/ML | Brand | PA QL 1 per 28 days |
| AJOVY (Auto-Injector) | INJ 225 MG/1.5ML | Brand | PA QL 1 per 28 days |
| AJOVY (Prefilled Syringe) | INJ 225 MG/1.5ML | Brand | PA QL 1 per 28 days |
| EMGALITY (Auto-Injector) | INJ 120MG/ML | Brand | PA QL 1 per 28 days |
| EMGALITY (Prefilled Syringe) | INJ 120MG/ML | Brand | PA QL 1 per 28 days |
| EMGALITY (Auto-Injector) | INJ 100MG/ML | Brand | PA QL 1 per 28 days |
| ANTIGOUT AGENTS | | | |
| ALLOPURINOL | TAB 100MG | Generic | |
| ALLOPURINOL | TAB 300MG | Generic | |
| COLCHICINE | TAB 0.6MG | Generic | |
| COLCRYS | TAB 0.6MG | Brand | |
| FEBUXOSTAT | TAB 40MG | Generic | QL 1 per day |
| FEBUXOSTAT | TAB 80MG | Generic | QL 1 per day |
| URICOSURIC AGENTS | | | |
| PROBEN/COLCH | TAB 500-0.5 | Generic | |
| PROBENECID | TAB 500MG | Generic | |
| ANTI-CONVULSANTS | | | |
| CARBAMAZEPINE | TAB 200MG | Generic | |
| CARBAMAZEPINE | CHW 100MG | Generic | |
| CARBAMAZEPINE | CHW 200MG | Generic | |
| CARBAMAZEPINE | SUS 100/5ML | Generic | |
| CARBAMAZEPINE | CAP 100MG ER | Generic | |
| CARBAMAZEPINE | CAP 200MG ER | Generic | |
| CARBAMAZEPINE | CAP 300MG ER | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------|----------------------|-----------|-------------------------|
| CARBAMAZEPINE | TAB 100MG ER | Generic | |
| CARBAMAZEPINE | TAB 200MG ER | Generic | |
| CARBAMAZEPINE | TAB 400MG ER | Generic | |
| DILANTIN | CHW 50MG | Brand | |
| DILANTIN | CAP 30MG | Brand | |
| DILANTIN | CAP 100MG | Brand | |
| DILANTIN-125 | SUS 125/5ML | Brand | |
| EPITOL | TAB 200MG | Generic | |
| ETHOSUXIMIDE | CAP 250MG | Generic | |
| ETHOSUXIMIDE | SOL 250/5ML | Generic | |
| FELBAMATE | TAB 400MG | Generic | |
| FELBAMATE | TAB 600MG | Generic | |
| FELBAMATE | SUS 600/5ML | Generic | |
| FOSPHENYTOIN | INJ 100/2ML | Generic | |
| FOSPHENYTOIN | INJ 500/10ML | Generic | |
| GABAPENTIN | CAP 100MG | Generic | QL 9 caps per day |
| GABAPENTIN | CAP 300MG | Generic | QL 9 caps per day |
| GABAPENTIN | CAP 400MG | Generic | QL 9 caps per day |
| GABAPENTIN | TAB 600MG | Generic | QL 6 per day |
| GABAPENTIN | TAB 800MG | Generic | QL 4.5 per day |
| GABAPENTIN | SOL 250/5ML | Generic | |
| GABITRIL | TAB 12MG | Brand | |
| GABITRIL | TAB 16MG | Brand | |
| LACOSAMIDE | TAB 50MG | Generic | |
| LACOSAMIDE | TAB 100MG | Generic | QL 2 tabs per day |
| LACOSAMIDE | TAB 150MG | Generic | |
| LACOSAMIDE | TAB 200MG | Generic | |
| LACOSAMIDE | ORAL SOL 10MG/ML | Generic | AR PA > 12 years of age |
| LACOSAMIDE | INJ 200MG/20 | Generic | |
| LEVETIRACETA | SOL 100MG/ML | Generic | |
| LEVETIRACETA | TAB 500MG | Generic | |
| LEVETIRACETA | TAB 750MG | Generic | |
| LEVETIRACETA | TAB 1000MG | Generic | |
| LEVETIRACETA | SOL 100MG/ML | Generic | |
| LEVETIRACETA | SOL 500/5ML | Generic | |
| LEVETIRACETA | TAB 500MG ER | Generic | |
| LEVETIRACETA | TAB 750MG ER | Generic | |
| METHSUXIMIDE | CAP 300MG | Generic | |
| OXCARBAZEPIN | TAB 150MG | Generic | |
| OXCARBAZEPIN | TAB 300MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------------------|----------------------|-----------|-------------------------|
| OXCARBAZEPIN | TAB 600MG | Generic | |
| OXCARBAZEPIN | SUS 300MG/5M | Generic | AR PA > 12 years of age |
| PEGANONE | TAB 250MG | Brand | |
| PHENYTOIN | CHW 50MG | Generic | |
| PHENYTOIN | SUS 125/5ML | Generic | |
| PHENYTOIN | INJ 50MG/ML | Generic | |
| PHENYTOIN EX | CAP 100MG | Generic | |
| PHENYTOIN EX | CAP 200MG | Generic | |
| PHENYTOIN EX | CAP 300MG | Generic | |
| PREGABALIN (generic Lyrica) | CAP 25MG | Generic | QL 6 per day |
| PREGABALIN (generic Lyrica) | CAP 50MG | Generic | QL 6 per day |
| PREGABALIN (generic Lyrica) | CAP 75MG | Generic | QL 6 per day |
| PREGABALIN (generic Lyrica) | CAP 100MG | Generic | QL 6 per day |
| PREGABALIN (generic Lyrica) | CAP 150MG | Generic | QL 4 per day |
| PREGABALIN (generic Lyrica) | CAP 200MG | Generic | QL 3 per day |
| PREGABALIN (generic Lyrica) | CAP 225MG | Generic | QL 2 per day |
| PREGABALIN (generic Lyrica) | CAP 300MG | Generic | QL 2 per day |
| PREGABALIN (generic Lyrica) | SOL 20MG/ML | Generic | |
| PRIMIDONE | TAB 50MG | Generic | |
| PRIMIDONE | TAB 250MG | Generic | |
| TIAGABINE | TAB 2MG | Generic | |
| TIAGABINE | TAB 4MG | Generic | |
| TOPIRAGEN | TAB 25MG | Generic | |
| TOPIRAGEN | TAB 50MG | Generic | |
| TOPIRAGEN | TAB 100MG | Generic | |
| TOPIRAGEN | TAB 200MG | Generic | |
| TOPIRAMATE | TAB 25MG | Generic | |
| TOPIRAMATE | TAB 50MG | Generic | |
| TOPIRAMATE | TAB 100MG | Generic | |
| TOPIRAMATE | TAB 200MG | Generic | |
| TOPIRAMATE | CAP 15MG | Generic | |
| TOPIRAMATE | CAP 25MG | Generic | |
| TRILEPTAL | SUS 300MG/5M | Brand | AR PA > 12 years of age |
| VIGABATRIN (GENERIC SABRIL) | PAK 500MG | Generic | PA |
| VIGABATRIN (Generic Sabril) | TAB 500MG | Generic | PA |
| VIMPAT | SOL 10MG/ML | Brand | PA |
| ZONISAMIDE | CAP 25MG | Generic | |
| ZONISAMIDE | CAP 50MG | Generic | |
| ZONISAMIDE | CAP 100MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|--------------------------|
| NEUROMUSCULAR DRUGS | | | |
| ANTICHOLINERGIC AGENTS (CNS) | | | |
| BENZTROPINE | TAB 0.5MG | Generic | |
| BENZTROPINE | TAB 1MG | Generic | |
| BENZTROPINE | TAB 2MG | Generic | |
| BENZTROPINE | INJ 1MG/ML | Generic | |
| | | | |
| TRIHEXYPHEN | TAB 2MG | Generic | |
| TRIHEXYPHEN | TAB 5MG | Generic | |
| TRIHEXYPHEN | ELX 0.4MG/ML | Generic | |
| ANTIPARKINSON | | | |
| ENTACAPONE | TAB 200MG | Generic | |
| SELEGILINE | CAP 5MG | Generic | |
| SELEGILINE | TAB 5MG | Generic | |
| DOPAMINERGICS | | | |
| BROMOCRIPTIN | CAP 5MG | Generic | |
| BROMOCRIPTIN | TAB 2.5MG | Generic | |
| CARBIDOPA/LEVODOPA | TAB 10-100MG | Generic | |
| CARBIDOPA/LEVODOPA | TAB 25-100MG | Generic | |
| CARBIDOPA/LEVODOPA | TAB 25-250MG | Generic | |
| CARBIDOPA/LEVODOPA | ER TAB 25-100MG | Generic | |
| CARBIDOPA/LEVODOPA | ER TAB 50-200MG | Generic | |
| PRAMIPEXOLE | TAB 0.125MG | Generic | QL 3 per day |
| PRAMIPEXOLE | TAB 0.25MG | Generic | QL 3 per day |
| PRAMIPEXOLE | TAB 0.5MG | Generic | QL 3 per day |
| PRAMIPEXOLE | TAB 0.75MG | Generic | QL 3 per day |
| PRAMIPEXOLE | TAB 1MG | Generic | QL 3 per day |
| PRAMIPEXOLE | TAB 1.5MG | Generic | QL 3 per day |
| ROPINIROLE | TAB 0.25MG | Generic | |
| ROPINIROLE | TAB 0.5MG | Generic | |
| ROPINIROLE | TAB 1MG | Generic | |
| ROPINIROLE | TAB 2MG | Generic | |
| ROPINIROLE | TAB 3MG | Generic | |
| ROPINIROLE | TAB 4MG | Generic | |
| ROPINIROLE | TAB 5MG | Generic | |
| CENTRAL NERVOUS SYSTEM AGENTS, MISC. | | | |
| RADICAVA ORS | SUSP 105 MG/5ML | Brand | PA QL 50mls per 28 days |
| RADICAVA ORS STARTER | SUSP 105 MG/5ML | Brand | PA QL 70mls per 180 days |
| RILUZOLE | TAB 50MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|---------------------------------|-----------|--|
| CENTRALLY ACTING SKELETAL MUSCLE RELAXNT | | | |
| BACLOFEN | TAB 10MG | Generic | |
| BACLOFEN | TAB 20MG | Generic | |
| CHLORZOXAZONE | TAB 500MG | Generic | |
| CYCLOBENZAPRINE | TAB 5MG | Generic | |
| CYCLOBENZAPRINE | TAB 10MG | Generic | |
| METHOCARBAMOL | TAB 500MG | Generic | |
| METHOCARBAMOL | TAB 750MG | Generic | |
| TIZANIDINE | TAB 2MG | Generic | |
| TIZANIDINE | TAB 4MG | Generic | |
| DIRECT-ACTING SKELETAL MUSCLE RELAXANTS | | | |
| DANTROLENE | CAP 25MG | Generic | |
| DANTROLENE | CAP 50MG | Generic | |
| DANTROLENE | CAP 100MG | Generic | |
| VMAT2 INHIBITORS | | | |
| INGREZZA | CAP 40MG | Brand | PA & QL 1 per day |
| INGREZZA | CAP 60MG | Brand | PA & QL 1 per day |
| INGREZZA | CAP 80MG | Brand | PA & QL 1 per day |
| INGREZZA | CAP 40MG & 80MG THERAPY PACK | Brand | PA & QL 1 per day & 28 per 180 days |
| TETRABENAZINE | TAB 12.5MG | Generic | PA |
| TETRABENAZINE | TAB 25MG | Generic | PA |
| NUTRITIONAL PRODUCTS | | | |
| VITAMIN B COMPLEX | | | |
| B1 NATURAL | TAB 250MG | Brand | |
| CYANOCOBALAM | INJ 1000MCG | Generic | |
| ENDUR-ACIN | TAB 250MG SR | Generic | |
| ENDUR-ACIN | TAB 500MG SR | Generic | |
| EQL B-12 | TAB 1000MCG | Generic | |
| FOLIC ACID | TAB 400MCG | Generic | 90-day supply available |
| FOLIC ACID | TAB 800MCG | Generic | 90-day supply available |
| FOLIC ACID | TAB 1MG | Generic | 90-day supply available |
| FOLIC ACID | TAB 1000MCG | Generic | 90-day supply available |
| FOLIC ACID | INJ 5MG/ML | Generic | |
| FOLIC ACID | TAB XTRA | Brand | |
| NIACIN | CAP 250MG TR | Generic | |
| NIACIN | CAP 250MG TD | Generic | |
| NIACIN | CAP 250MG ER | Generic | |
| NIACIN | CAP 250MG SR | Generic | |
| NIACIN | CAP 500MG TR | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------------------|----------------------|-----------|---|
| NIACIN | CAP 500MG SR | Generic | |
| NIACIN | TAB 50MG | Generic | |
| NIACIN | TAB 100MG | Generic | |
| NIACIN | TAB 250MG | Generic | |
| NIACIN | TAB 500MG | Generic | |
| NIACIN | TAB 250MG SR | Generic | |
| NIACIN | TAB 500MG CR | Generic | |
| NIACIN | TAB 500MG ER | Generic | |
| NIACIN | TAB 500MG PR | Generic | |
| NIACIN | TAB 750MG TR | Generic | |
| NIACIN ER | CAP 250MG | Generic | |
| NIACIN ER | CAP 500MG | Generic | |
| NIACIN TR | TAB 1000MG | Generic | |
| NIACINAMIDE | TAB 100MG | Generic | |
| NIACINAMIDE | TAB 500MG | Generic | |
| PYRIDOXINE | TAB 25MG | Generic | |
| PYRIDOXINE | TAB 50MG | Generic | |
| PYRIDOXINE | TAB 100MG | Generic | |
| SLO-NIACIN | TAB 250MG CR | Generic | |
| THIAMINE HCL | TAB 100MG | Generic | |
| VITAMIN B-1 | TAB 50MG | Generic | |
| VITAMIN B-1 | TAB 100MG | Generic | |
| VITAMIN B-12 | TAB 50MCG | Generic | |
| VITAMIN B-12 | TAB 100MCG | Generic | |
| VITAMIN B-12 | TAB 250MCG | Generic | |
| VITAMIN B-12 | TAB 500MCG | Generic | |
| VITAMIN B-12 | TAB 1000MCG | Generic | |
| VITAMIN B-12 | TAB 2000MCG | Generic | |
| VITAMIN B-12 | TAB 1000 CR | Generic | |
| VITAMIN B-12 | TAB 1000 TR | Generic | |
| VITAMIN B-12 | SUB 500MCG | Generic | |
| VITAMIN B-12 | SUB 1000MCG | Generic | |
| MULTIVITAMIN PREPARATIONS | | | |
| ACD/FLUORIDE | DRO 0.25MG | Generic | AR PA required > 2; 90-day supply available |
| ADEK GUMMIES PLUS ZINC | CHEWABLE | Brand | ST required with cystic fibrosis meds |
| B COMPLEX WITH VITAMIN C | TAB | Generic | |
| B COMPLEX W/C & FOLIC ACID | TAB | Generic | |
| BIOTIN FORTE | TAB | Brand | |
| BPROTECTED | SOL TRI-VITE | Generic | AR PA required > 2 |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|---|
| CALCIUM | SOFT CHEW | Generic | 90-day supply available |
| CALNA | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| CAVAN-EC SOD | MIS DHA | Generic | AR PA required >50; covered for females only; 90-day supply available |
| CENTRUM SPEC | PAK PRENATAL | Brand | AR PA required >50; covered for females only; 90-day supply available |
| CHEW CALCIUM | CHW | Generic | 90-day supply available |
| CL PRENATAL | TAB 28-0.8MG | Generic | AR PA required >50; covered for females only; 90-day supply available |
| COMP PRNATAL | MIS DHA | Generic | AR PA required >50; covered for females only; 90-day supply available |
| COMPL PRENAT | MIS +DHA | Brand | AR PA required >50; covered for females only; 90-day supply available |
| COMPLETENATE | CHW | Generic | AR PA required >50; covered for females only; 90-day supply available |
| CO-NATAL FA | TAB 29-1MG | Generic | AR PA required >50; covered for females only; 90-day supply available |
| CONCEPT OB | CAP | Brand | AR PA required >50; covered for females only; 90-day supply available |
| CVS PRENATAL | TAB 28-0.8MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| CVS PRENATAL | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| CVS STRESS | TAB FORMULA | Generic | |
| CVS SUPER B | TAB COMPLX/C | Generic | |
| DEKAS PLUS | LIQ | Brand | ST required with cystic fibrosis drugs |
| DEKAS PLUS | CAP | Brand | ST required with cystic fibrosis drugs |
| DEKAS PLUS | CAP ESSENTIAL | Brand | ST required with cystic fibrosis drugs |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------|----------------------|-----------|---|
| DEKAS | LIQ ESSENTIAL | Brand | ST required with cystic fibrosis drugs |
| DEKAS PLUS | CAP OCEAN | Brand | ST required with cystic fibrosis drugs |
| DEKAS PLUS | CHW | Brand | ST required with cystic fibrosis drugs |
| DEKAS BARIATRIC | CHW TAB | Brand | ST required with cystic fibrosis drugs |
| DIALYVITE | TAB 800 | Generic | |
| DIALYVITE | TAB | Generic | |
| DIALYVITE/ | TAB ZINC | Brand | |
| ELITE-OB | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| ENFAMIL | MIS EXPECTA | Brand | AR PA required >50; covered for females only; 90-day supply available |
| EQL PRENATAL | TAB FORMULA | Generic | AR PA required >50; covered for females only; 90-day supply available |
| FOCALGIN CA | MIS | Brand | AR PA required >50; covered for females only; 90-day supply available |
| FOLCAPS | CAP OMEGA 3 | Brand | AR PA required >50; covered for females only; 90-day supply available |
| FOLIVANE-OB | CAP | Brand | AR PA required >50; covered for females only; 90-day supply available |
| FOLIVANE-PRX | CAP DHA NF | Brand | AR PA required >50; covered for females only; 90-day supply available |
| FULL SPECT | TAB B/ VIT C | Generic | |
| GESTICARE | PAK DHA | Brand | AR PA required >50; covered for females only; 90-day supply available |
| GNP PRENATAL | TAB 28-0.8MG | Generic | AR PA required >50; covered for females only; 90-day supply available |
| GOODSENSE | TAB 28-0.8MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| HM B COMPLEX | TAB WITH C | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------|----------------------|-----------|---|
| HM PRENATAL | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| INATAL ADV | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| INATAL GT | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| INATAL ULTRA | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| *INFANT FOODS LIQUID** | | Both | PA |
| *INFANT FOODS POWDER** | | Brand | PA |
| KP B COMPLEX | TAB /C | Generic | |
| KP PRENATAL | TAB MULTIVIT | Brand | AR PA required >50; covered for females only; 90-day supply available |
| KPN PRENATAL | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| MISSION PREN | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| MISSION PREN | TAB HP | Generic | AR PA required >50; covered for females only; 90-day supply available |
| MULTI PRENAT | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| MULTI-VIT/FL | DRO /FL 0.25 | Generic | AR PA required > 12; 90-day supply available |
| MULTI-VIT/FL | DRO 0.25MG | Generic | AR PA required > 12; 90-day supply available |
| MULTI-VIT/FL | DRO 0.5MG/ML | Generic | AR PA required > 12; 90-day supply available |
| MULTI-VIT/FL | CHEW TAB 0.5MG | Generic | ; |
| MULTI-VIT/FL | CHEW TAB 0.25MG | Generic | AR Covered for members 18 and younger; 90-day supply available |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|---|
| MULTI-VIT/FL | CHEW TAB 1MG | Generic | AR Covered for members 18 and younger; 90-day supply available |
| M-VIT | TAB 27-1MG | Generic | AR PA required >50; covered for females only; 90-day supply available |
| MYNATAL | CAP | Brand | AR PA required >50; covered for females only; 90-day supply available |
| MYNATAL | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| MYNATAL | TAB ADVANCE | Generic | AR PA required >50; covered for females only; 90-day supply available |
| MYNATAL PLUS | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| MYNATAL-Z | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| MYNEPHROCAPS | CAP | Generic | |
| NATAL-V RX | TAB 29-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| NATALVIRT CA | PAK | Brand | AR PA required >50; covered for females only; 90-day supply available |
| NATALVIT | TAB 75-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| NEPHPLEX RX | TAB | Brand | |
| NEPHRONEX | TAB 1MG | Generic | |
| NEPHRO-VITE | TAB | Brand | |
| NIVA-PLUS | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| NOVAFERRUM | DRO 10MG/ML | Generic | AR PA required > 2 |
| OB COMPLETE | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------|----------------------|-----------|---|
| OB-NATAL ONE | CAP 27-1MG | Generic | AR PA required >50; covered for females only; 90-day supply available |
| O-CAL | TAB PRENATAL | Brand | AR PA required >50; covered for females only; 90-day supply available |
| O-CAL FA | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| ONE A DAY MIS PRENATAL | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PED MULT VIT W/C &FA | CHEW TAB | Generic | AR Age > 18 not covered |
| PNV FE FUM | TAB DOC/FA | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PNV FOLIC AC | TAB + IRON | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PNV OB+DHA | PAK | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PNV PRENATAL | TAB PLUS | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PNV TABS | TAB 29-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PNV-DHA | CAP | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PNV-SELECT | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PNV-VP-U | CAP 106.5-1 | Brand | AR PA required >50; covered for females only; 90-day supply available |
| POLY-VI-SOL | DRO | Brand | AR PA required > 12 |
| POLY-VI-SOL | DRO/IRON | Brand | AR PA required > 12 |
| POLY-VITA | DRO | Generic | AR PA required > 12 |
| POLY-VITA | DRO/IRON | Generic | AR PA required > 12 |
| POLYVITAMIN | DRO | Generic | AR PA required > 12 |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------|----------------------|-----------|---|
| POLYVITAMIN | DRO/IRON | Generic | AR PA required > 12 |
| POLY-VITE | DRO | Generic | AR PA required > 12 |
| POLY-VITE | SOL/IRON | Generic | AR PA required > 12 |
| PERRY PRENATAL | CAP | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENAISSANCE | PAK DHA | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENAISSANCE | PAK PROMISE | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENAPLUS | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENAT PLUS | TAB 27-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATABS FA | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATABS RX | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL CHW | GUMMIES | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB FORTE | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB VITAMINS | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB PLUS FE | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL COMPLETE | CAP | Brand | AR PA required >50; covered for females only; 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|---|
| PRENATAL | TAB COMPLETE | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB 27-0.8MG | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB LOW IRON | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB 27-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB PLUS | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB 28-0.8MG | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB FORMULA | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL | TAB PLUS DHA | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL 1 | CAP | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL 19 | CHW 29-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL 19 | CHW TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL 19 | TAB 29-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL AD | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL FRM | TAB A-FREE | Brand | AR PA required >50; covered for females only; 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|---|
| PRENATAL MV | MIS + DHA | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL VIT | TAB 28-0.8MG | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL/FE | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL+DHA | MIS | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL+DHA | MIS WOMENS | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL+FE | TAB 29-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRENATAL-U | CAP 106.5-1 | Generic | AR PA required >50; covered for females only; 90-day supply available |
| PRENATL MULT | CAP + DHA | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PREPLUS | TAB 27-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PRETAB | TAB 29-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| PX PRENATAL | TAB MULTIVIT | Generic | AR PA required >50; covered for females only; 90-day supply available |
| QC PRENATAL | TAB 28-0.8MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| QUFLORA PED | DRO 0.25MG | Generic | AR PA required > 12 |
| QUFLORA PED | DRO 0.5MG/ML | Generic | AR PA required > 12 |
| RA CALCIUM | CHW CAMEL | Generic | 90-day supply available |
| RA CALCIUM | CHW MLK CHOC | Generic | 90-day supply available |
| RA PRENATAL | TAB FORMULA | Brand | AR PA required >50; covered for females only; 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|---|
| RA PRENATAL | TAB 28-0.8MG | Generic | AR PA required >50; covered for females only; 90-day supply available |
| RENAL | CAP SOFTGEL | Generic | |
| RENAL | TAB MULTIVIT | Generic | |
| RENALPREN | CAP | Generic | |
| RENA-VITE | TAB | Generic | |
| RENA-VITE RX | TAB | Generic | |
| RENO | CAP | Generic | |
| RULAVITE DHA | CAP | Brand | AR PA required >50; covered for females only; 90-day supply available |
| SE-TAN DHA | CAP | Generic | AR PA required >50; covered for females only; 90-day supply available |
| SIMILAC PREN | PAK EARLY SH | Brand | AR PA required >50; covered for females only; 90-day supply available |
| SM CALCIUM | CHW | Generic | 90-day supply available |
| SM PRENATAL | TAB VITAMINS | Generic | AR PA required >50; covered for females only; 90-day supply available |
| STRESS 500 | TAB B-COMPLE | Generic | |
| STRESS FORM | TAB | Generic | |
| STUART ONE | CAP | Brand | AR PA required >50; covered for females only; 90-day supply available |
| STUART PREN | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| SUPER B-COMP | TAB VIT C/FA | Generic | |
| SUPER B-COMP | TAB /VIT C | Generic | |
| SUPERPLEX-T | TAB | Generic | |
| TH PRENATAL | TAB VITAMINS | Brand | AR PA required >50; covered for females only; 90-day supply available |
| THRIVITE 19 | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| THRIVITE RX | TAB 29-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| TOTAL B/C | TAB | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|---|
| TRIADVANCE | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| TRICARE | TAB PRENATAL | Generic | AR PA required >50; covered for females only; 90-day supply available |
| TRINATAL | TAB ULTRA | Brand | AR PA required >50; covered for females only; 90-day supply available |
| TRINATAL GT | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| TRINATAL RX | TAB 1 | Generic | AR PA required >50; covered for females only; 90-day supply available |
| TRINATE | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| TRIPHROCAPS | CAP | Generic | |
| TRI-VI-SOL | SOL | Brand | AR PA required > 12 |
| TRI-VIT/FL | DRO 0.25MG | Generic | AR PA required > 12 |
| TRI-VIT/FL | DRO 0.5MG | Generic | AR PA required > 12 |
| TRI-VIT/FLUO | DRO 0.25MG | Generic | AR PA required > 12 |
| TRI-VIT/FLUO | DRO 0.5MG | Generic | AR PA required > 12 |
| TRI-VITA | SOL | Generic | AR PA required > 12 |
| TRI-VITA/FL | DRO 0.25MG | Generic | AR PA required > 12 |
| TRI-VITAMIN | DRO | Generic | AR PA required > 12 |
| ULTIMATECARE | CAP ONE | Generic | AR PA required >50; covered for females only; 90-day supply available |
| ULTRA TABS | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| VENATAL-FA | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VINATE AZ EX | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VINATE CAL | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|---|
| VINATE GT | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| VINATE IC | CAP | Generic | AR PA required >50; covered for females only; 90-day supply available |
| VINATE II | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| VINATE ONE | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| VINATE ULTRA | TAB | Generic | AR PA required >50; covered for females only; 90-day supply available |
| VIRT NATE | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VIRT NATE | TAB 28-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VIRT-ADVANCE | TAB 90-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VIRT-CAPS | CAP | Generic | |
| VIRT-CARE | CAP ONE | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VIRT-PN | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VIRT-PN DHA | CAP | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VIRT-VITE GT | TAB 90-1MG | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VITA-BEE/C | TAB | Generic | |
| VOL-CARE RX | TAB | Generic | |
| VOL-NATE | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------|----------------------|-----------|---|
| VOL-PLUS | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VOL-TAB RX | TAB | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VP-ERA OB | PAK PLUS | Brand | AR PA required >50; covered for females only; 90-day supply available |
| VP-VITE RX | TAB | Generic | |
| FLUORIDE | | | |
| CAVAREST | GEL 1.1% | Generic | AR > 21 not covered |
| CONTROLRX | CRE 1.1% | Generic | AR > 21 not covered |
| DENTA 5000 | CRE PLUS | Generic | AR > 21 not covered |
| DENTA 5000 | CRE PLUS 2PK | Generic | AR > 21 not covered |
| DENTAGEL | GEL 1.1% | Generic | AR > 21 not covered |
| FLUOR-A-DAY | DRO 0.125MG | Generic | AR > 18 not covered; 90-day supply available |
| FLUOR-A-DAY | CHW 0.25MG F | Brand | AR > 18 not covered; 90-day supply available |
| FLUOR-A-DAY | CHW 0.5MG F | Brand | AR > 18 not covered; 90-day supply available |
| FLUOR-A-DAY | CHW 1MG F | Brand | AR > 18 not covered; 90-day supply available |
| FLUORIDE | CHW 0.25MG F | Generic | AR > 18 not covered; 90-day supply available |
| FLUORIDE | CHW 0.5MG F | Generic | AR > 18 not covered; 90-day supply available |
| FLUORIDE | CHW 1MG F | Generic | AR > 18 not covered; 90-day supply available |
| FLUORIDEX | PST 1.1% | Generic | AR > 21 not covered |
| FLUORITAB | CHW 0.25MG F | Generic | AR > 18 not covered; 90-day supply available |
| FLUORITAB | CHW 0.5MG F | Generic | AR > 18 not covered; 90-day supply available |
| FLUORITAB | CHW 1MG F | Generic | AR > 18 not covered; 90-day supply available |
| FLUORITAB | CHW 2.2MG | Generic | AR > 18 not covered; 90-day supply available |
| FLUORITAB | DRO 0.125MG | Generic | AR > 18 not covered; 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------|----------------------|-----------|--|
| FLURA-DROPS | DRO 0.125MG | Generic | AR > 18 not covered; 90-day supply available |
| KARIDIUM | DRO 0.125MG | Generic | AR > 18 not covered; 90-day supply available |
| KARIGEL-N | GEL 1.1% | Generic | AR > 21 not covered |
| LUDENT | CHW 0.25MG F | Generic | AR > 18 not covered; 90-day supply available |
| LUDENT | CHW 0.5MG F | Generic | AR > 18 not covered; 90-day supply available |
| LUDENT | CHW 1MG F | Generic | AR > 18 not covered; 90-day supply available |
| NAFRINSE | CHW 1MG F | Generic | AR > 18 not covered; 90-day supply available |
| NAFRINSE | DRO 0.125MG | Generic | AR > 18 not covered; 90-day supply available |
| NEUTRAGARD | GEL 1.1% | Generic | AR > 21 not covered |
| PHOS-FLUR | GEL 1.1% | Generic | AR > 21 not covered |
| SF | GEL 1.1% | Generic | AR > 21 not covered |
| SF 5000 PLUS | CRE 1.1% | Generic | AR > 21 not covered |
| SOD FLUORIDE | CHW 0.25MG F | Generic | AR > 18 not covered; 90-day supply available |
| SOD FLUORIDE | CHW 0.5MG F | Generic | AR > 18 not covered; 90-day supply available |
| SOD FLUORIDE | CHW 1.1MG | Generic | AR > 18 not covered; 90-day supply available |
| SOD FLUORIDE | CHW 1MG F | Generic | AR > 18 not covered; 90-day supply available |
| SOD FLUORIDE | CHW 2.2MG | Generic | AR > 18 not covered; 90-day supply available |
| SOD FLUORIDE | DRO 0.5MG/ML | Generic | AR > 18 not covered; 90-day supply available |
| SOD FLUORIDE | PST 1.1% | Generic | AR > 21 not covered |
| REPLACEMENT PREPARATIONS | | | |
| CALCIUM CARBONATE | CHW 500MG | Generic | 90-day supply available |
| CALCIUM CARBONATE | CHW 600-400 | Generic | 90-day supply available |
| CALCIUM W/VIT D & POTASSIUM | CHEW TAB 500MG-100 | Generic | 90-day supply available |
| CALCIUM/PLUS D | TAB | Generic | 90-day supply available |
| CALCIUM CITRATE | TAB | Generic | 90-day supply available |
| CALCIUM W/VIT D | TAB 600MG-200 | Generic | 90-day supply available |
| CALCIUM CITRATE PLUS VIT D | TAB | Generic | 90-day supply available |
| CALCIUM PLUS D/ MINERALS | TAB | Generic | 90-day supply available |
| CALCIUM PLUS D3 | TAB | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------------------------|----------------------|-----------|-------------------------|
| CALCIUM CARBONATE | CHEW TAB | Generic | 90-day supply available |
| CALCIUM CARBONATE | TAB | Generic | 90-day supply available |
| CALCIUM CITRATE PLUS VITAMIN D | TAB | Generic | 90-day supply available |
| CERALYTE 70 | LIQ | Brand | |
| CERASPORT | SOL | Brand | |
| CERASPORT | SOL EX1 | Brand | |
| CIT CALC/D | TAB 200-250 | Generic | 90-day supply available |
| CIT CALC/D | TAB 315-250 | Generic | 90-day supply available |
| D5W/NACL | INJ 0.45% | Generic | |
| D5W/NACL | INJ 0.9% | Generic | |
| EFFER-K | TAB 25MEQ EF | Generic | |
| ENFALYTE | SOL | Brand | |
| ENFAMIL | SOL ENFALYTE | Brand | |
| FLUSH SYRING | INJ 0.9% | Generic | |
| GERBER | SOL REPLENSH | Generic | |
| GNP CALCIUM | TAB 500/D | Generic | 90-day supply available |
| K-EFFERVESCE | TAB 25MEQ EF | Generic | |
| KLOR-CON 10 | TAB 10MEQ ER | Generic | 90-day supply available |
| KLOR-CON 8 | TAB 8MEQ ER | Generic | 90-day supply available |
| KLOR-CON M10 | TAB 10MEQ ER | Generic | 90-day supply available |
| KLOR-CON M20 | TAB 20MEQ ER | Generic | 90-day supply available |
| KLOR-CON SPR | CAP 8MEQ | Generic | 90-day supply available |
| KLOR-CON SPR | CAP 10MEQ | Generic | 90-day supply available |
| KLOR-CON/EF | TAB 25MEQ EF | Generic | |
| KLOR-CON/EF | TAB 25MEQ FR | Generic | |
| KP CALCIUM | TAB 600+D | Generic | 90-day supply available |
| K-PHOS | TAB | Brand | |
| K-PRIME | TAB 25MEQ EF | Generic | |
| K-SOL | SOL 10% | Generic | |
| K-SOL | SOL 20% | Generic | |
| K-VESCENT | POW 20MEQ | Generic | |
| LIQ CA/VIT D | CAP 600MG | Generic | 90-day supply available |
| MAG CL/CA CARBONATE (Slow mag) | DR TAB 70-117MG | Generic | |
| MAG 64 | TAB 64MG | Generic | |
| MAG OXIDE | TAB 400MG | Generic | |
| MAG OXIDE | TAB 500MG | Generic | |
| NATURALYTE | SOL | Generic | |
| NORML SALINE | INJ IV FLUSH | Generic | |
| ORAL ELECTRO | SOL H-E-B | Generic | |
| ORALYTE | SOL | Generic | |
| OS-CAL | CHW 500-600 | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------|----------------------|-----------|-------------------------|
| OS-CAL | 500 CHW | Generic | 90-day supply available |
| OSCAL | TAB 500/200 D-3 | Generic | 90-day supply available |
| OYS SHELL CA | TAB 500MG | Generic | 90-day supply available |
| OYS SHELL+D | TAB 250-125 | Generic | 90-day supply available |
| OYS SHELL+D | CHW 500-400 | Generic | 90-day supply available |
| OYSCO | 500 + D CHW | Generic | 90-day supply available |
| OYST CAL/D | TAB 250MG | Generic | 90-day supply available |
| OYST CAL/D | TAB 500MG | Generic | 90-day supply available |
| OYST SHELL/D | TAB 250MG | Generic | 90-day supply available |
| OYST SHELL/D | TAB 500MG | Generic | 90-day supply available |
| OYST SHELL/D | TAB 500-200 | Generic | 90-day supply available |
| OYST SHELL/D | TAB 600MG | Generic | 90-day supply available |
| OYST SHELL/D | TAB 500-125 | Generic | 90-day supply available |
| OYST SHELL/D | TAB 500-400 | Generic | 90-day supply available |
| PEDIALYTE | SOL | Brand | |
| PHOSPHA 250 | TAB NEUTRAL | Generic | |
| POT ACETATE | INJ 2MEQ/ML | Generic | |
| POT ACETATE | INJ 4MEQ/ML | Generic | |
| POT CHLORIDE | CAP 8MEQ ER | Generic | 90-day supply available |
| POT CHLORIDE | CAP 10MEQ ER | Generic | 90-day supply available |
| POT CHLORIDE | TAB 8MEQ ER | Generic | 90-day supply available |
| POT CHLORIDE | TAB 8MEQ SR | Generic | 90-day supply available |
| POT CHLORIDE | TAB 10MEQ ER | Generic | 90-day supply available |
| POT CHLORIDE | TAB 10MEQ CR | Generic | 90-day supply available |
| POT CHLORIDE | TAB 20MEQ ER | Generic | 90-day supply available |
| POT CHLORIDE | INJ 2MEQ/ML | Generic | |
| POT CHLORIDE | INJ 10MEQ | Generic | |
| POT CHLORIDE | INJ 20MEQ | Generic | |
| POT CHLORIDE | INJ 40MEQ | Generic | |
| POT CHLORIDE | SOL 10% SF | Generic | |
| POT CHLORIDE | SOL 10% | Generic | |
| POT CHLORIDE | SOL 20% SF | Generic | |
| POT CHLORIDE | SOL 20% | Generic | |
| POT CHLORIDE | TAB 25MEQ EF | Generic | |
| POT CL MICRO | TAB 10MEQ ER | Generic | |
| POT CL MICRO | TAB 10MEQ CR | Generic | |
| POT CL MICRO | TAB 20MEQ ER | Generic | |
| POT GLUCONAT | TAB 2MEQ | Generic | |
| POT GLUCONAT | TAB 550MG | Generic | |
| POT GLUCONAT | TAB 2.5MEQ | Generic | |
| POT GLUCONAT | TAB 99MG | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|-------------------------|
| POT GLUCONAT | TAB 595MG | Generic | |
| POTASSIUM | TAB 99MG | Generic | |
| SALINE FLUSH | INJ 0.9% | Generic | |
| SALINE FLUSH | INJ ZR 0.9% | Generic | |
| SOD CHLORIDE | INJ 0.45% | Generic | |
| SOD CHLORIDE | INJ 0.9% | Generic | |
| SOD CHLORIDE | INJ 3% | Generic | |
| SOD CHLORIDE | INJ 5% | Generic | |
| SOD CHLORIDE | INJ 23.4% | Generic | |
| SOD CHLORIDE | INJ 4MEQ/ML | Generic | |
| SOD CHLORIDE | INJ 2.5/ML | Generic | |
| TH CALCIUM/D | TAB 600-400 | Generic | 90-day supply available |
| VIRT-PHOS | TAB 250 NEUT | Generic | |
| CALORIC AGENTS | | | |
| (most nutritional supplements covered with prior authorization required; not all products listed) | | | |
| BOOST | | | PA |
| DOJOLVI | LIQ 100% | | PA |
| ENSURE | | | PA |
| GLUCERNA | | | PA |
| PEDIASURE | | | PA |
| DEXTROSE | INJ 5% | Generic | |
| DEXTROSE | INJ 5% PGBK | Generic | |
| DEXTROSE | INJ 10% | Generic | |
| DEXTROSE | INJ 20% | Generic | |
| DEXTROSE | INJ 25% | Generic | |
| DEXTROSE | INJ 30% | Generic | |
| DEXTROSE | INJ 40% | Generic | |
| DEXTROSE | INJ 50% | Generic | |
| DEXTROSE | INJ 70% | Generic | |
| HEMATOLOGICAL AGENTS | | | |
| HEMATOPOIETIC AGENTS | | | |
| ANDEMBRY | INJ 200/1.2 | Brand | PA QL 0.04 per day |
| APHEXDA | INJ 62MG | Brand | PA |
| AQVESME | TAB 100MG | Brand | PA QL 2 per day |
| ARANESP | INJ 25MCG | Brand | PA |
| ARANESP | INJ 40MCG | Brand | PA |
| ARANESP | INJ 60MCG | Brand | PA |
| ARANESP | INJ 100MCG | Brand | PA |
| ARANESP | INJ 150MCG | Brand | PA |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--------------------------------------|----------------------|-----------|---|
| ARANESP | INJ 200MCG | Brand | PA |
| ARANESP | INJ 300MCG | Brand | PA |
| ARANESP | INJ 10MCG | Brand | PA |
| ARANESP | INJ 500MCG | Brand | PA |
| CABLIVI | KIT 11MG | Brand | PA QL 1 per day |
| DAWNZERA | INJ 80 MG/0.8ML | Brand | PA QL 0.03 per day |
| DOPTELET SPR | CAP 10MG | Brand | PA QL 1 per day |
| DOPTELET | TAB 20MG | Brand | PA QL 2 tabs per day |
| ELTROMBOPAG OLAMINE (Promacta) | TAB 12.5MG | Generic | PA QL 1 per day |
| ELTROMBOPAG OLAMINE (Promacta) | TAB 25MG | Generic | PA QL 1 per day |
| ELTROMBOPAG OLAMINE (Promacta) | PAK 25MG | Generic | PA QL 3 per day |
| ELTROMBOPAG OLAMINE (Promacta) | TAB 50MG | Generic | PA QL 1 per day |
| ELTROMBOPAG OLAMINE (Promacta) | TAB 75MG | Generic | PA QL 2 per day |
| ELTROMBOPAG OLAMINE (Promacta) | POW 12.5MG | Generic | PA QL 1 per day |
| FYLNETRA | INJ 6MG/0.6 | Brand | PA QL 0.6ml per fill |
| ICATIBANT ACETATE | INJ 30MG/3ML | Generic | PA |
| NIVESTYM (NEUPOGEN BIOSIMILAR) | INJ 300MCG | Brand | PA |
| NIVESTYM (NEUPOGEN BIOSIMILAR) | INJ 480MCG | Brand | PA |
| NIVESTYM (NEUPOGEN BIOSIMILAR) | INJ 300MCG/0.5ML | Brand | PA |
| NIVESTYM (NEUPOGEN BIOSIMILAR) | INJ 480MCG/0.8ML | Brand | PA |
| PRASUGREL | TAB 5MG | Generic | QL 1 tab per day; 90-day supply available |
| PRASUGREL | TAB 10MG | Generic | QL 1 tab per day; 90-day supply available |
| RETACRIT (PROCRIT/EPOGEN BIOSIMILAR) | INJ 2000 UNIT/ML | Brand | PA |
| RETACRIT (PROCRIT/EPOGEN BIOSIMILAR) | INJ 3000 UNIT/ML | Brand | PA |
| RETACRIT (PROCRIT/EPOGEN BIOSIMILAR) | INJ 4000 UNIT/ML | Brand | PA |
| RETACRIT (PROCRIT/EPOGEN BIOSIMILAR) | INJ 10000 UNIT/ML | Brand | PA |
| RETACRIT (PROCRIT/EPOGEN BIOSIMILAR) | INJ 20000 UNIT/ML | Brand | PA |
| RETACRIT (PROCRIT/EPOGEN BIOSIMILAR) | INJ 40000 UNIT/ML | Brand | PA |
| TAVALISSE | TAB 100MG | Brand | PA QL 2 per day |
| TAVALISSE | TAB 150MG | Brand | PA QL 2 per day |
| WAYRILZ | TAB 400MG | Brand | PA QL 2 per day |
| XROMI | SOL 100MG/ML | Brand | AR covered for members 12 and younger |
| IRON CHELATING AGENTS | | | |
| DEFERASIROX | TAB 90MG | Generic | PA |
| DEFERASIROX | TAB 180MG | Generic | PA |
| DEFERASIROX | TAB 360MG | Generic | PA |
| DEFERASIROX (GENERIC EXJADE) | TAB 125MG | Generic | PA |
| DEFERASIROX (GENERIC EXJADE) | TAB 250MG | Generic | PA |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|------------------------------|----------------------|-----------|-------------------------|
| DEFERASIROX (GENERIC EXJADE) | TAB 500MG | Generic | PA |
| IRON PREPARATIONS | | | |
| EASY IRON | CAP 28MG | Generic | |
| FE TABS | TAB 325MG EC | Generic | 90-day supply available |
| FEOSOL | TAB 65MG | Generic | 90-day supply available |
| FERATE | TAB 27MG | Generic | 90-day supply available |
| FERGON | TAB 27MG | Generic | 90-day supply available |
| FER-IRON | DRO 15MG/ML | Generic | 90-day supply available |
| FEROSUL | ELX 220/5ML | Generic | 90-day supply available |
| FERREX 150 | CAP 150MG | Generic | 90-day supply available |
| FERRIC X-150 | CAP 150MG | Generic | 90-day supply available |
| FERROTABS | TAB | Generic | 90-day supply available |
| FERROUS | DRO 15MG/ML | Generic | 90-day supply available |
| FERROUS GLUCONATE | TAB 240MG | Generic | 90-day supply available |
| FERROUS GLUCONATE | TAB 324MG | Generic | 90-day supply available |
| FERROUS SULFATE | LIQ 220/5ML | Generic | 90-day supply available |
| FERROUS SULFATE | TAB 325MG | Generic | 90-day supply available |
| FERROUS SULFATE | TAB 325MG FC | Generic | 90-day supply available |
| FERROUS SULFATE | TAB 5GR | Generic | 90-day supply available |
| FERROUS SULFATE | TAB 324MG EC | Generic | 90-day supply available |
| FERROUS SULFATE | TAB 325MG EC | Generic | 90-day supply available |
| FERROUS SULFATE | ELX 220/5ML | Generic | 90-day supply available |
| FERROUS SULFATE | DRO 15MG/ML | Generic | 90-day supply available |
| IRON | TAB 65MG | Generic | 90-day supply available |
| IRON | TAB 325MG | Generic | 90-day supply available |
| IRON | TAB 27MG | Generic | 90-day supply available |
| IRON SUPPLEM | TAB THERAPY | Generic | 90-day supply available |
| IRON SUPPLMT | DRO 15MG/ML | Generic | 90-day supply available |
| IRON THERAPY | TAB 200MG | Generic | 90-day supply available |
| MYFERON 150 | CAP 150MG | Generic | 90-day supply available |
| NEPHRON FA | TAB | Brand | |
| NU-IRON 150 | CAP 150MG | Generic | 90-day supply available |
| PEDIA IRON | DRO 15MG/ML | Generic | 90-day supply available |
| POLY-IRON | CAP 150MG | Generic | 90-day supply available |
| SLOW IRON | TAB 160MG CR | Generic | 90-day supply available |
| SLOW REL FE | TAB 143MG CR | Brand | 90-day supply available |
| SLOW REL FE | TAB 160MG CR | Generic | 90-day supply available |
| SLOW RELEASE | TAB 143MG | Generic | 90-day supply available |
| SLOW RELEASE | TAB 47.5MG | Generic | 90-day supply available |
| SM IRON | TAB 325MG | Generic | 90-day supply available |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------------|----------------------|-----------|---------------------------|
| SM IRON SLOW | TAB 160MG CR | Generic | 90-day supply available |
| TH IRON | TAB 65MG | Generic | 90-day supply available |
| ANTICOAGULANTS | | | |
| COUMADIN | TAB 1MG | Brand | |
| COUMADIN | TAB 2MG | Brand | |
| COUMADIN | TAB 2.5MG | Brand | |
| COUMADIN | TAB 3MG | Brand | |
| COUMADIN | TAB 4MG | Brand | |
| COUMADIN | TAB 5MG | Brand | |
| COUMADIN | TAB 6MG | Brand | |
| COUMADIN | TAB 7.5MG | Brand | |
| COUMADIN | TAB 10MG | Brand | |
| COUMADIN | INJ 5 MG | Brand | |
| DABIGATRAN | CAP 75MG | Brand | QL 2 per day |
| DABIGATRAN | CAP 150MG | Brand | QL 2 per day |
| ELIQUIS | TAB 1.5MG | Brand | AR <12 years QL 6 per day |
| ELIQUIS | TAB 2MG | Brand | AR <12 years QL 6 per day |
| ELIQUIS | TAB 2.5MG | Brand | QL 2 per day |
| ELIQUIS | TAB 5MG | Brand | QL 74 per 30 days |
| ENOXAPARIN | INJ 30/0.3ML | Generic | QL 2 per day |
| ENOXAPARIN | INJ 40/0.4ML | Generic | QL 2 per day |
| ENOXAPARIN | INJ 60/0.6ML | Generic | QL 2 per day |
| ENOXAPARIN | INJ 80/0.8ML | Generic | QL 2 per day |
| ENOXAPARIN | INJ 100MG/ML | Generic | QL 2 per day |
| ENOXAPARIN | INJ 120/0.8 | Generic | QL 2 per day |
| ENOXAPARIN | INJ 150MG/ML | Generic | QL 2 per day |
| ENOXAPARIN | INJ 300/3ML | Generic | QL 2 per day |
| FONDAPARINUX | INJ 2.5/0.5 | Generic | QL 0.5mls per day |
| FONDAPARINUX | INJ 5/0.4ML | Generic | QL 0.4mls per day |
| FONDAPARINUX | INJ 7.5/0.6 | Generic | QL 0.6mls per day |
| FONDAPARINUX | INJ 10/0.8ML | Generic | QL 0.8mls per day |
| FRAGMIN | INJ 10000/ML | Brand | QL 10mls per 30 days |
| FRAGMIN | INJ 2500/0.2 | Brand | QL 2mls per 30 days |
| FRAGMIN | INJ 2500 UNIT/ML | Brand | QL 40mls per 30 days |
| FRAGMIN | INJ 5000/0.2 | Brand | QL 2mls per 30 days |
| FRAGMIN | INJ 7500/0.3 | Brand | QL 3mls per 30 days |
| FRAGMIN | INJ 12500UNT | Brand | QL 5mls per 30 days |
| FRAGMIN | INJ 15000UNT | Brand | QL 6mls per 30 days |
| FRAGMIN | INJ 18000UNT | Brand | QL 7.2mls per 30 days |
| FRAGMIN | INJ 25000/ML | Brand | QL 10mls per 30 days |
| FRAGMIN | INJ 95000UNT | Brand | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------|----------------------|-----------|-----------------------------------|
| HEPARIN SOD | INJ 1000/ML | Generic | |
| HEPARIN SOD | INJ 5000/ML | Generic | |
| HEPARIN SOD (Prefilled Syringe) | PFS 5000/ML | Generic | |
| HEPARIN SOD | INJ 5000/0.5 | Generic | |
| HEPARIN SOD | INJ 10000/ML | Generic | |
| HEPARIN SOD | INJ 20000/ML | Generic | |
| JANTOVEN | TAB 1MG | Generic | |
| JANTOVEN | TAB 2MG | Generic | |
| JANTOVEN | TAB 2.5MG | Generic | |
| JANTOVEN | TAB 3MG | Generic | |
| JANTOVEN | TAB 4MG | Generic | |
| JANTOVEN | TAB 5MG | Generic | |
| JANTOVEN | TAB 6MG | Generic | |
| JANTOVEN | TAB 7.5MG | Generic | |
| JANTOVEN | TAB 10MG | Generic | |
| PRADAXA | CAP 75MG | Brand | QL 2 per day |
| PRADAXA | CAP 110MG | Brand | QL 2 per day; #70 per 180 days |
| WARFARIN | TAB 1MG | Generic | |
| WARFARIN | TAB 2MG | Generic | |
| WARFARIN | TAB 2.5MG | Generic | |
| WARFARIN | TAB 3MG | Generic | |
| WARFARIN | TAB 4MG | Generic | |
| WARFARIN | TAB 5MG | Generic | |
| WARFARIN | TAB 6MG | Generic | |
| WARFARIN | TAB 7.5MG | Generic | |
| WARFARIN | SOD TAB 10MG | Generic | |
| WARFARIN | TAB 10MG | Generic | |
| XARELTO | TAB 10MG | Brand | QL 1 per day |
| XARELTO | TAB 20MG | Brand | QL 1 per day |
| XARELTO | TAB 15MG | Brand | QL 42 per 30 days |
| XARELTO STAR | TAB 15/20MG | Brand | QL 1 per 365 days |
| HEMOSTATICS | | | |
| HYMPAVZI | INJ 150MG/ML | Brand | PA QL 0.15ml per day |
| TRANEXAMIC ACID | TAB 650MG | Generic | QL 30 per 21 days |
| HEMORRHOLOGIC AGENTS | | | |
| PENTOXIFYLLI | TAB 400MG ER | Generic | |
| PLATELET-ACTING AGENTS | | | |
| AGGRENOX | CAP 25-200MG | Brand | |
| ANAGRELIDE | CAP 0.5MG | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|-------------------------|
| ANAGRELIDE | CAP 1MG | Generic | |
| ASA/DIPYRIDA | CAP 25-200MG | Generic | |
| CILOSTAZOL | TAB 50MG | Generic | 90-day supply available |
| CILOSTAZOL | TAB 100MG | Generic | 90-day supply available |
| CLOPIDOGREL | TAB 75MG | Generic | 90-day supply available |
| TICLOPIDINE | TAB 250MG | Generic | |
| TOPICAL PRODUCTS | | | |
| ALPHA-ADRENERGIC AGONISTS (EENT) | | | |
| BRIMONIDINE | SOL 0.1% | Generic | |
| BRIMONIDINE | SOL 0.15% | Generic | |
| BRIMONIDINE | SOL 0.2% OP | Generic | |
| ANTIBACTERIALS (EENT) | | | |
| AK-POLY-BAC | OIN OP | Generic | |
| BACIT/POLYMY | OIN OP | Generic | |
| BACITRACIN | OIN OP | Generic | |
| CILOXAN | OIN 0.3% OP | Brand | |
| CIPROFLOXACIN | SOL 0.3% OP | Generic | |
| CIPROFLOXACIN | OTIC SOL 0.2% | Generic | |
| ERYTHROMYCIN | OIN 5MG/GM | Generic | |
| ERYTHROMYCIN | OIN OP | Generic | i |
| ERYTHROMYCIN | SOL 2% | Generic | |
| GARAMYCIN | OIN 0.3% OP | Generic | |
| GATIFLOXACIN | SOL 0.5% | Generic | |
| GENTAK | OIN 0.3% OP | Generic | |
| GENTAMICIN | SOL 0.3% OP | Generic | |
| GENTAMICIN | OIN 0.3% OP | Generic | |
| ILOTYCIN | OIN OP | Generic | |
| ILOTYCIN | OIN OP | Generic | |
| NEO/BAC/POLY | OIN OP | Generic | |
| NEO/POLY/GRA | SOL OP | Generic | |
| NEO-POLYCIN | OIN OP | Generic | |
| OFLOXACIN | DRO 0.3% OP | Generic | |
| OFLOXACIN | DRO 0.3%OTIC | Generic | |
| POLYCIN | OIN OP | Generic | |
| POLYCIN | OIN OP | Generic | |
| POLYCIN B | OIN OP | Generic | |
| POLYMYXIN B/SOL TRIMETHOPRIM SULFATE | SOL | Generic | |
| ROMYCIN | | Generic | |
| SULFACET SOD | SOL 10% OP | Generic | |
| TOBRAMYCIN | SOL 0.3% OP | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|--------------|
| TRIMETHOPRIM SOL POLYMYXN | SOL | Generic | |
| ANTIVIRALS (EENT) | | | |
| TRIFLURIDINE | SOL 1% OP | Generic | |
| ZIRGAN | GEL 0.15% | Brand | |
| BETA-ADRENERGIC BLOCKING AGENTS (EENT) | | | |
| BETAXOLOL | SOL 0.5% OP | Generic | |
| LEVOBUNOLOL | SOL 0.25% OP | Generic | |
| LEVOBUNOLOL | SOL 0.5% OP | Generic | |
| METIPRANOLOL | SOL 0.3% OPH | Generic | |
| TIMOLOL GEL | SOL 0.25% OP | Generic | |
| TIMOLOL MAL | SOL 0.25% OP | Generic | |
| TIMOLOL MAL | SOL 0.5% OP | Generic | |
| CORTICOSTEROIDS (EENT) | | | |
| ACETASOL HC | SOL OTIC | Generic | |
| BLEPHAMIDE | SUS OP | Brand | |
| BLEPHAMIDE | OIN S.O.P. | Brand | |
| BUDESONIDE (nasal spray) | SUS 32MCG | Generic | |
| CIPRO/DEXA | 0.3-0.1% | Generic | PA |
| DEXAMETH PHO | SOL 0.1% OP | Generic | |
| FLUOROMETHOL | SUS 0.1% OP | Generic | |
| FML | OIN 0.1% OP | Brand | |
| FML FORTE | SUS 0.25% OP | Brand | |
| HC/ACET ACID | SOL OTIC | Generic | |
| NEO/POLY/BAC | OIN /HC 1%OP | Generic | |
| NEO/POLY/DEX | SUS 0.1% OP | Generic | |
| NEO/POLY/DEX | OIN 0.1% OP | Generic | |
| NEO/POLY/HC | SUS OP | Generic | |
| NEO/POLY/HC | SUS 1% OTIC | Generic | |
| NEO/POLY/HC | SOL 1% OTIC | Generic | |
| NEO-POLYICIN | OIN HC 1%OP | Generic | |
| POLY-DEX | OIN 0.1% OP | Generic | |
| PRED MILD | SUS 0.12% OP | Brand | |
| PRED SOD PHO | SOL 1% OP | Generic | |
| PREDNISOLONE | SUS 1% OP | Generic | |
| SULF/PRED NA | SOL OP | Generic | |
| TOBRA/DEXAME | SUS 0.3-0.1% | Generic | |
| TOBRADEX | OIN 0.3-0.1% | Brand | |
| EENT DRUGS, MISCELLANEOUS | | | |
| ACETIC ACID | SOL 2% OTIC | Generic | |
| APRACLONIDIN | SOL 0.5% OP | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|------------------|
| AZELASTINE HCL | OPHTH SOLN 0.05% | Generic | |
| IZERVAY | SOL 2/0.1ML | Brand | PA |
| KETOTIFEN FUM | SOL 0.025% | Generic | |
| OLOPATADINE HCL | OPHTH SOLN 0.1% | Generic | |
| OLOPATADINE HCL | OPHTH SOLN 0.2% | Generic | |
| MOXIFLOXACIN HCL | OPHTH SOLN 0.5% | Generic | |
| EENT NONSTEROIDAL ANTI-INFLAM. AGENTS | | | |
| DICLOFENAC | SOL 0.1% OP | Generic | |
| FLURBIPROFEN | SOL 0.03% OP | Generic | |
| KETOROLAC | SOL 0.5% | Generic | |
| MIOTICS | | | |
| PHOSPHOLINE | SOL 0.125%OP | Brand | |
| PILOCARPINE | SOL 1% OP | Generic | |
| PILOCARPINE | SOL 2% OP | Generic | |
| PILOCARPINE | SOL 4% OP | Generic | |
| MYDRIATICS | | | |
| ATROPIN-CARE | SOL 1% OP | Generic | |
| ATROPINE SUL | SOL 1% OP | Generic | |
| CYCLOMYDRIL | SOL OP | Brand | |
| CYCLOPENTOL | SOL 1% OP | Generic | |
| CYCLOPENTOL | SOL 2% OP | Generic | |
| CYCLOPENTOLATE | SOL 0.5% OP | Generic | |
| HOMATROPAIRE | SOL 5% OP | Generic | |
| HOMATROPINE | SOL 5% OP | Generic | |
| MYDRAL | SOL 0.5% OP | Generic | |
| MYDRAL | SOL 1% OP | Generic | |
| TROPICAMIDE | SOL 0.5% OP | Generic | |
| TROPICAMIDE | SOL 1% OP | Generic | |
| PROSTAGLANDIN ANALOGS | | | |
| BIMATOPROST | OPHTH SOLN 0.03% | Generic | ST (latanoprost) |
| LATANOPROST | SOL 0.005% | Generic | |
| TRAVOPROST | DRO 0.004% | Generic | ST (latanoprost) |
| LOCAL ANESTHETICS (EENT) | | | |
| ANTIPY/BENZO | SOL OTIC | Generic | |
| AURODEX | SOL OTIC | Generic | |
| LIDOCAINE | SOL 2% VISC | Generic | |
| EENT ANTI-INFECTIVES, MISCELLANEOUS | | | |
| CHLORHEX GLU | SOL 0.12% | Generic | |
| PAROEX | SOL 0.12% | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|--|----------------------|-----------|----------------------------------|
| PERIOGARD | SOL 0.12% | Generic | |
| ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE) | | | |
| ANTIBIOTIC | OIN | Generic | |
| ANTIBIOTIC | OIN PAIN RLF | Brand | |
| BAC/NEO/POLY | OIN | Generic | |
| BACITR ZINC | OIN 500/GM | Generic | |
| CLINDAMYCIN | SOL 1% | Generic | QL 60mls per month |
| CLINDAMYCIN | GEL 1% | Generic | PA and QL 60 grams every 30 days |
| CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE | GEL 1-5% | Genic | QL 1.7 per day |
| GENTAMICIN | CRE 0.1% | Generic | |
| GENTAMICIN | OIN 0.1% | Generic | |
| LANABIOTIC | OIN | Generic | |
| MUPIROCIN | OIN 2% | Generic | QL 3.67 grams per day |
| NEOPORACIN | OIN | Generic | |
| NEOSPORIN+PN | OIN RELF MAX | Generic | |
| SM FIRST AID | OIN 500/GM | Generic | |
| ANTIPRURITICS AND LOCAL ANESTHETICS | | | |
| GLYDO | GEL 2% | Generic | |
| LIDO/PRILOCN | CRE 2.5-2.5% | Generic | QL 2 grams per day |
| LIDOCAINE | GEL 2% JELLY | Generic | |
| LIDOCAINE | SOL 4% | Generic | |
| LIDOCAINE HCL | GEL 5% | Brand | |
| LOCAL ANTI-INFECTIVES, MISCELLANEOUS | | | |
| ADAPALENE | GEL 0.1% | Generic | |
| ADAPALENE/BP | GEL 0.1-2.5% | Generic | |
| ALCOHOL | MIS WIPES | Generic | |
| ALCOHOL WIPE | MIS 70% | Generic | |
| AVC | CRE 15% | Brand | |
| BENZOYL PEROXIDE | LIQ 5% | Generic | |
| BENZOYL PEROXIDE | LIQ 10% | Generic | |
| BENZOYL PEROXIDE | GEL 5% | Generic | |
| BENZOYL PEROXIDE | GEL 10% | Generic | |
| BENZOYL PEROXIDE | LOTION 10% | Generic | |
| BENZOYL PEROXIDE | LOTION 5% | Generic | |
| DIFFERIN | GEL 0.1% | Brand | |
| RA ALCOHOL | MIS WIPES | Brand | |
| ISOTRETINOIN | CAP 10MG | Generic | PA Required |
| ISOTRETINOIN | CAP 20MG | Generic | PA Required |
| ISOTRETINOIN | CAP 30MG | Generic | PA Required |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---|----------------------|-----------|-----------------------|
| ISOTRETINOIN | CAP 40MG | Generic | PA Required |
| SILVER SULFA | CRE 1% | Generic | |
| SSD | CRE 1% | Generic | |
| THERMAZENE | CRE 1% | Generic | |
| TRETINOIN | CRE 0.025% | Generic | |
| SCABICIDES AND PEDICULICIDES | | | |
| ACTICIN | CRE 5% | Generic | |
| LICE KILLING | SHA 0.33-4% | Generic | |
| LICE TREATMENT | LOT 1% | Generic | |
| LICE TRTMNT | LIQ 1% | Generic | |
| LICE TRTMNT | LIQ CRM RNSE | Generic | |
| LICIDE | LIQ MAX ST | Generic | |
| LICIDE | SHA 0.33-4% | Generic | |
| LINDANE | LOT 1% | Generic | |
| LINDANE | SHA 1% | Generic | |
| PERMETHRIN | CRE 5% | Generic | |
| PERMETHRIN | LOT 1% | Generic | |
| PRONTO PLUS | LIQ MOUSSE | Generic | |
| SKIN AND MUCOUS MEMBRANE AGENTS, MISC. | | | |
| ACITRETIN | CAP 10MG | Generic | PA, QL 2 caps per day |
| ACITRETIN | CAP 17.5MG | Generic | PA, QL 2 caps per day |
| ACITRETIN | CAP 25MG | Generic | PA QL 2 caps per day |
| ADBRY | INJ 150MG/ML | Brand | PA QL 4 per 30 days |
| ADBRY | INJ 300MG/2ML | Brand | PA QL 0.143 per day |
| CALCIPOTRIEN | SOL 0.005% | Generic | PA |
| CALCIPOTRIEN | CRE 0.005% | Generic | PA |
| CAPREX + | CRE 0.075% | Generic | |
| CAPSAICIN | CRE 0.025% | Generic | |
| CAPSAICIN | CRE 0.1% | Generic | |
| CAPZASIN-P | CRE 0.035% | Brand | |
| FILSUVEZ | GEL 10% | Brand | PA |
| FLUOROURACIL | DRO 5% | Generic | PA |
| FLUOROURACIL | SOL 5% | Generic | PA |
| FLUOROURACIL | CRE 5% | Generic | PA |
| HYFTOR | GEL 2.5% | Brand | PA |
| IMIQUIMOD | CRE 5% | Generic | |
| LACTIC ACID (AMMONIUM LACTATE) | CREAM 12% | Generic | QL 13 per day |
| LACTIC ACID (AMMONIUM LACTATE) | LOTION 12% | Generic | QL 13 per day |
| PODOFILOX | SOL 0.5% | Generic | |
| PSORIASIN | LIQ 3% | Generic | |
| RA ARTH PAIN | CRE 0.075% | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------------------|----------------------|-----------|--|
| REGRANEX | GEL 0.01% | Brand | PA QL 2g per day |
| RINVOQ LQ | SOL 1MG/ML | Brand | PA QL 12 per day |
| RINVOQ | TAB 15MG ER | Brand | PA QL 1 per day |
| RINVOQ | TAB 30MG ER | Brand | PA QL 1 per day |
| RINVOQ | TAB 45MG ER | Brand | PA QL 1 per day |
| SCALPICIN | LIQ 3% | Generic | |
| SILIQ | INJ 210/1.5 | Brand | PA QL 2 syringes per 28 days |
| SKYRIZI | INJ 150 DOSE | Brand | PA 1 kit every 3 months Max 84-day supply per fill |
| SKYRIZI (Auto-injector) | 150MG/ML | Brand | PA QL 1 syringe every 3 months Max 84-day supply per fill |
| SKYRIZI (Cartridge) | 360MG/2.4ML | Brand | PA QL .043 per day; Max 56-day supply per fill |
| SKYRIZI (Prefilled Syringe) | PFS 150MG/ML | Brand | PA QL 1 syringe every 3 months Max 84-day supply per fill |
| STARJEMZA | INJ 45/0.5ML | Brand | PA QL 0.006 per day; Max 84-day supply per fill |
| STARJEMZA | INJ 90MG/ML | Brand | PA QL 0.012 per day; Max 84-day supply per fill |
| TACROLIMUS | OINT 0.03% | Generic | QL 3.33g per day |
| TACROLIMUS | OINT 0.1% | Generic | QL 3.33g per day |
| THERAGEN HP | CRE 0.075% | Generic | |
| TREMFYA (prefilled syringe) | INJ 100MG/ML | Brand | PA QL 1 syringe per 2 months; max 56-day supply per fill |
| TREMFYA (pen-injector) | INJ 100MG/ML | Brand | PA QL 1 pen per 2 months; Max 56-day supply per fill |
| TRIXAICIN HP | CRE 0.075% | Generic | |
| UREA | CREAM 20% | Generic | QL 13 per day |
| UREA | CREAM 39.5% | Brand | QL 13 per day |
| UREA | CREAM 39% | Generic | QL 13 per day |
| UREA | CREAM 40% | Generic | QL 13 per day |
| UREA | LOTION 40% | Generic | QL 13 per day |
| XELJANZ XR | TAB 11MG | Brand | PA QL 1 per day |
| XELJANZ XR | TAB 22MG | Brand | PA QL 1 per day |
| XELJANZ | TAB 5MG | Brand | PA QL 2 per day |
| XELJANZ | TAB 10MG | Brand | PA QL 2 per day |
| XELJANZ | SOL 1MG/ML | Brand | PA QL 10 per day |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------------------|----------------------|-----------|---|
| YESINTEK | INJ 45/0.5ML | Brand | PA QL 1 syringe every 3 months; max 84-day supply per fill. |
| YESINTEK | | | PA QL 1 syringe every 3 months; max 84-day supply per fill. |
| ZINC OXIDE | OIN 20% | Generic | QL 16g per day |
| TOPICAL CORTICOSTEROIDS | | | |
| ANTI-ITCH | LOT 1% | Generic | |
| ANTI-ITCH | CRE 1% | Generic | |
| AUGMENTED BETAMETHASONE | CRE 0.05% | Generic | |
| AZELAIC ACID | GEL 15% | Generic | QL 2g per day |
| BETAMETH DIP | LOT 0.05% | Generic | |
| BETAMETHASONE | CRE 0.1% | Generic | |
| BETAMETHASONE DIPROPIONATE | CRE 0.05% | Generic | |
| BETAMETHASONE DIPROPIONATE | OINT 0.05% | Generic | |
| CLINDAMYCIN PHOSPHATE | LOT 1% | Generic | |
| CLOBETASOL | OINT 0.05% | Generic | QL 2 per day |
| CLOBETASOL | CRE 0.05% | Generic | |
| CLOBETASOL PROPIONATE | SOL 0.05% | Generic | |
| COAL TAR | SHAMPOO 0.5% | Generic | |
| COLOCORT | ENE 100MG | Generic | QL 60mls per day |
| CORT INTENSE | CRE 1% | Generic | |
| CORTAID | CRE 1% | Generic | |
| CORTAID | SPR 1% | Generic | |
| CORTAID ADV | CRE 1% 12 HR | Generic | |
| CORTIFOAM | AER 90MG | Brand | |
| CORTISONE | CRE 1% | Generic | |
| CORTISONE | LOT 1% | Generic | |
| CORTISONE | OIN 1%MAX ST | Generic | |
| CORTIZONE-10 | OIN 1% | Generic | |
| CORTIZONE-10 | CRE /ALOE 1% | Generic | |
| CORTIZONE-10 | CRE HEALING | Generic | |
| CORTIZONE-10 | CRE PLUS | Generic | |
| CORTIZONE-10 | LOT ECZEMA | Generic | |
| CORTIZONE-10 | LOT HYDRATEN | Generic | |
| DESOXIMETAS | CRE 0.25% | Generic | |
| EUCRISA | OIN 2% | Brand | PA QL 3.34g per day |
| FLUTICASONE | CRE 0.05% | Generic | |
| FLUTICASONE | OIN 0.005% | Generic | |
| FLUOCINONIDE | SOL 0.05% | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------|-----------------------|-----------|---------------------|
| FLUOCINONIDE ACET | SOL 0.01% | Generic | |
| FLUOCINOLONE ACETONIDE | OIL 0.01% (BODY OIL) | Generic | |
| FLUOCINOLONE ACETONIDE | OIL 0.01% (SCALP OIL) | Generic | |
| GYNECORT 10 | CRE 1% | Generic | |
| HYDROSKIN | LOT 1% | Generic | |
| HYDROCORTISONE | OIN 0.5% | Generic | |
| HYDROCORTISONE | CRE 0.5% | Generic | |
| HYDROCORTISONE | CRE 1% | Generic | |
| HYDROCORTISONE | CRE 2.5% | Generic | |
| HYDROCORTISONE | ENE 100MG | Generic | QL 60mls per day |
| HYDROCORTISONE | LOT 1% | Generic | |
| HYDROCORTISONE | LOT 2.5% | Generic | |
| HYDROCORTISONE | OIN 1% | Generic | |
| HYDROCORTISONE | OIN 2.5% | Generic | |
| HYDROCORTISONE PERIANAL | CRE 2.5% | Generic | |
| HYDROCORT AC | CRE 1% | Generic | |
| HYDROCORT/AB | OIN 1% | Generic | |
| HYDROCREAM | CRE 1% | Generic | |
| HYDRO-LOTION | LOT 1% | Generic | |
| HYDROSKIN | CRE 1% | Generic | |
| INSTACORT 5 | CRE 0.5% | Generic | |
| KERICORT 10 | CRE 1% | Generic | |
| K HYDROCORTISON | CRE PLS 1% | Generic | |
| LANACORT 10 | CRE 1% | Generic | |
| MED-DERM HC | CRE 1% | Generic | |
| MED-DERM HC | CRE 0.5% | Generic | |
| MEDI-CORT | CRE 1% | Generic | |
| MOMETASONE | CRE 1% | Generic | |
| MOMETASONE | OIN 0.1% | Generic | |
| MOMETASONE | SOL 0.1% | Generic | |
| MOMETASONE FUROATE | SOL 0.1% | Generic | |
| NEOSPORIN | CRE ECZEMA | Generic | |
| NOBLE FORMUL | CRE HC 1% | Generic | |
| NOBLE FORMUL | SPR 1% | Generic | |
| NYSTAT/TRIAM | CRE | Generic | |
| NYSTAT/TRIAM | OIN | Generic | |
| PIMECROLIMUS | CRE 1% | Genric | PA QL 3.34g per day |
| PREP H HC | CRE 1% | Generic | |
| PROCTO-PAK | CRE 1% | Generic | |
| QC HYDROCORT | CRE 1% | Generic | |
| RECORT PLUS | CRE 1% | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------------|----------------------|-----------|-----------------------|
| REDERM | LOT 1% | Generic | |
| SARNOL-HC | LOT 1% | Generic | |
| SALICYLIC ACID | SHAMPOO 3% | Generic | |
| SALICYLIC ACID | GEL 3% | Generic | |
| SB HYDROCORT | CRE 1% | Generic | |
| SCALP RELIEF | SOL 1% | Generic | |
| SCALPICIN | SOL 1% | Generic | |
| TRIAMCINOLON | OIN 0.1% | Generic | |
| TRIAMCINOLON | CRE 0.025% | Generic | |
| TRIAMCINOLON | CRE 0.1% | Generic | |
| TRIAMCINOLON | CRE 0.5% | Generic | |
| TRIAMCINOLON | LOT 0.025% | Generic | |
| TRIAMCINOLON | LOT 0.1% | Generic | |
| TRIDERM | CRE 0.1% | Generic | |
| ROFLUMILAST | TOP | Brand | QL 2 grams per day |
| MISCELLANEOUS PRODUCTS | | | |
| COMPLEMENT INHIBITORS | | | |
| FABHALTA | CAP 200MG | Brand | PA QL 2 per day |
| ORLADEYO | CAP 110MG | Brand | PA; QL 1 per days |
| ORLADEYO | CAP 150MG | Brand | PA; QL 1 per days |
| HAEGARDA | INJ 2000 UNIT | Brand | PA |
| HAEGARDA | INJ 4000 UNIT | Brand | PA |
| TAKHZYRO | INJ 150MG/ML | Brand | PA QL 2ML per 28 days |
| TAKHZYRO | INJ 300/2ML | Brand | PA QL 4ML per 28 days |
| TAKHZYRO | PFS 300/2ML | Brand | PA QL 4ML per 28 days |
| VOYDEYA | TAB 50-100MG | Brand | PA QL 6 per day |
| VOYDEYA | TAB 100MG | Brand | PA QL 6 per day |
| ZILBRYSQ | INJ 16.6MG | Brand | PA QL 0.081 per day |
| ZILBRYSQ | INJ 23MG | Brand | PA QL 0.081 per day |
| ZILBRYSQ | INJ 32.4MG | Brand | PA QL 0.081 per day |
| EMETICS | | | |
| IPECAC | SYP | Generic | |
| SM IPECAC | SYP | Generic | |
| OPIATE ANTAGONISTS | | | |
| KLOXXADO | SPRAY 8MG/0.1ML | Brand | QL 4 per fill |
| NALTREXONE | TAB 50MG | Generic | |
| NALOXONE | INJ 0.4MG/ML | Generic | QL 4 per fill |
| NALOXONE | INJ 1MG/ML | Generic | QL 4 ML per fill |
| NARCAN | SPRAY 4MG/0.1ML | Brand | QL 4 per fill |
| OPVEE | SPR 2.7/0.1 | Brand | QL 4 per fill |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-------------------------------------|--------------------------------------|-----------|-----------------|
| RIVIVE | SPR 3/0.1ML | Brand | QL 4 per fill |
| ZURNAI | INJ 1.5/0.5 | Brand | QL 4 per day |
| ZIMHI | SOLN PREFILLED SYRINGE 5 MG/0.5ML | Brand | QL 1 per fill |
| ADRENOCORTICAL INSUFFICIENCY | | | |
| COSYNTROPIN | INJ 0.25MG | Generic | |
| SUBLINGUAL IMMUNOTHERAPY | | | |
| GRASTEK | SUB 2800BAU, | Brand | PA QL 1 per day |
| ODACTRA | SUB | Brand | PA QL 1 per day |
| ORALAIR | SUB 300 IR | Brand | PA QL 1 per day |
| RAGWITEK | SUB | Brand | PA QL 1 per day |
| MISCL OTHER | | | |
| BUBBLE GUM | SYP | Generic | |
| CHERRY | SYP | Generic | |
| CHERRY | SYP CONCENTR | Generic | |
| COTTONSEED | OIL | Generic | |
| FLAVOR BLEND | SUS | Brand | |
| FLAVOR PLUS | LIQ | Brand | |
| FLAVOR SWEET | SYP | Brand | |
| FLAVOR SWEET | LIQ S/F | Brand | |
| GRAPE | SYP | Generic | |
| ORA-BLEND | SUS | Brand | |
| ORA-BLEND SF | SUS | Brand | |
| ORAL MIX | LIQ SUSPENDI | Brand | |
| ORAL MIX SF | LIQ | Brand | |
| ORAL SUSPEND | LIQ | Generic | |
| ORAL SYRUP | LIQ FLAVORED | Generic | |
| ORAL SYRUP | LIQ SF | Generic | |
| ORA-PLUS | LIQ | Brand | |
| ORA-SWEET | SYP | Brand | |
| ORA-SWEET SF | SYP | Brand | |
| PCCA SWEET | SYP -SF | Brand | |
| PCCA SYRUP | SYP VEHICLE | Brand | |
| PCCA-PLUS | SUS | Brand | |
| SIMPLE | SYP | Generic | |
| STERIL WATER | INJ | Generic | |
| SUSPENSION | SUS VEHICLE | Generic | |
| SYRPALTA | SYP | Brand | |
| SYRSPEND SF | LIQ | Brand | |
| SYRUP | SYP VEHICLE | Generic | |
| SYRUP SF | SYP VEHICLE | Generic | |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------|----------------------|-----------|--|
| VERSAFREE | SYP | Brand | |
| VERSAPLUS | SYP | Brand | |
| DEVICES | | | |
| AERCHMBR PLS | MIS SM MASK | Brand | QL 2 per 365 days |
| AERCHMBR PLS | MIS FLOW-VU | Brand | QL 2 per 365 days |
| AERCHMBR PLS | MIS LRG MASK | Brand | QL 2 per 365 days |
| AERCHMBR Z- | MIS STAT PLS | Brand | QL 2 per 365 days |
| AEROCHAMBER | MIS PLUS | Brand | QL 2 per 365 days |
| AEROCHAMBER | MIS FLOSIGNA | Brand | QL 2 per 365 days |
| AEROCHAMBER | MIS PLUS | Brand | QL 2 per 365 days |
| AEROCHAMBER | MIS MV | Brand | QL 2 per 365 days |
| AEROCHAMBER | MIS CHAMBER | Brand | QL 2 per 365 days |
| AEROCHAMBER | KIT ACTION | Brand | |
| AIRZONE PEAK | MIS FLOW MTR | Brand | QL 2 per 365 days |
| ALCOHOL SWABS | VARIOUS | Brand | 1 box per month; 90-day supply allowed |
| ALCOHOL WIPE | PAD | Generic | |
| ARIAL | MIS CHAMBER | Brand | QL 2 per 365 days |
| ASSESS METER | MIS FULL RNG | Brand | QL 2 per 365 days |
| ASSESS METER | MIS LOW RANG | Brand | QL 2 per 365 days |
| ASSESS METER | MIS FULL | Brand | QL 2 per 365 days |
| ASSESS METER | MIS LOW | Brand | QL 2 per 365 days |
| ASTHMA CHECK | MIS SYSTEM | Brand | QL 2 per 365 days |
| ASTHMAMENTOR | MIS | Brand | QL 2 per 365 days |
| BAND-AID | PAD 2"X2" | Brand | |
| BD SWAB BFLY | PAD SNGL USE | Brand | |
| BD SWAB REG | PAD SNGL USE | Brand | |
| BREATHERITE | MIS | Brand | QL 2 per 365 days |
| BREATHERITE | MIS W/MASK | Brand | QL 2 per 365 days |
| BREATHERITE | MIS LG MASK | Brand | QL 2 per 365 days |
| BREATHERITE | MIS MED MASK | Brand | QL 2 per 365 days |
| BREATHERITE | MIS SM MASK | Brand | QL 2 per 365 days |
| BREATHERITE | MIS SPACER | Brand | QL 2 per 365 days |
| DERMACEA | PAD 2"X2" | Brand | |
| FLOWFLEX | KIT HOME TEST | Brand | QL 4 per 30 days |
| INTELISWAB | KIT COVID-19 | Brand | QL 4 per 30 days |
| BINAXNOW | KIT COVID-19 | Brand | QL 4 per 30 days |
| QUICKVUE | KIT COVID-19 | Brand | QL 4 per 30 days |
| ELLUME | KIT COVID-19 | Brand | QL 4 per 30 days |
| IHEALTH | KIT COVID-19 | Brand | QL 4 per 30 days |
| CLINITEST | KIT COVID-19 | Brand | QL 4per 30 days |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------------|----------------------|-------------------|--|
| DXTERITY | KIT COVID-19 | Brand | PA QL 4per 30 days |
| SIMPLICITY | KIT COVID-19 | Brand | PA QL 4 per 30 days |
| PIXEL | KIT COVID-19 | Brand | PA QL 4 per 30 days |
| MYLAB BOX | KIT COVID-19 | Brand | PA QL 4per 30 days |
| LUCIRA | KIT COVID-19 | Brand | PA QL 4 per 30 days |
| EASIVENT | MIS | Brand | QL 2 per 365 days |
| EASIVENT | MIS MASK SM | Brand | QL 2 per 365 days |
| EASIVENT | MIS MASK MED | Brand | QL 2 per 365 days |
| EASIVENT | MIS MASK LG | Brand | QL 2 per 365 days |
| EQL GAUZE | PAD 2"X2" | Brand | |
| E-Z SPACER | MIS | Brand | QL 2 per 365 days |
| E-Z SPACER | MIS BODY GRD | Brand | QL 2 per 365 days |
| HYPODERMIC NEEDLES (DISPOSABLE) | VARIOUS | Brand/ Generic | QL 12 per 30 days; 90 day supply allowed |
| INSPIREASE | MIS DD SYST | Brand | QL 2 per 365 days |
| INSULIN PEN NEEDLES | VARIOUS | Brand/ Generic | QL 200 per month; 90-day supply allowed; ST required with insulin pen. |
| INSULIN SYRINGES | VARIOUS | Brand/ Generic | QL 500 per 3 months; 90-day supply allowed |
| LITEAIRE | MIS | Brand | QL 2 per 365 days |
| MASK VORTEX/ | MIS BABY DUC | Brand | QL 2 per 365 days |
| MASK VORTEX/ | MIS DUCK | Brand | QL 2 per 365 days |
| MASK VORTEX/ | MIS LADY BUG | Brand | QL 2 per 365 days |
| MASK VORTEX/ | MIS FROG | Brand | QL 2 per 365 days |
| MICROCHAMBER | MIS | Brand | QL 2 per 365 days |
| MICROLIFE | MIS PEAK FLO | Brand | QL 2 per 365 days |
| MICROSPACER | MIS | Brand | QL 2 per 365 days |
| MINI WRIGHT | MIS PFM | Brand | QL 2 per 365 days |
| MINI WRIGHT | MIS PFM LOW | Brand | QL 2 per 365 days |
| MIRASORB | MIS 2" X 2" | Brand | |
| NESSI SPACER | MIS MOUTHPC | Brand | QL 2 per 365 days |
| NESSI SPACER | MIS SM/MED | Brand | QL 2 per 365 days |
| NESSI SPACER | MIS LARGE | Brand | QL 2 per 365 days |
| FREESTYLE (blood glucose monitor) | KIT LIGHT | Brand | |
| FREESTYLE (blood glucose monitor) | KIT FREEDOM | Brand | |
| FREESTYLE (continuous glucose reader) | LIBRA 2 MIS READER | Brand | PA QL 1 per 2 years |
| FREESTYLE (continuous glucose sensor) | LIBRA 2 KIT SENSOR | Brand | PA QL 1 per 14 days 90-day supply allowed |
| FREESTYLE (continuous glucose reader) | LIBRA 14 DAY READER | Brand | PA QL 1 per 2 years |
| FREESTYLE (continuous glucose sensor) | LIBRA 14 DAY SENSOR | Brand | PA QL 1 per 14 days 90-day supply allowed |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------------|-------------------------------|-----------|--|
| FREESTYLE (continuous glucose sensor) | LIBRA 3 | Brand | PA QL 1 per 14 days 90-day supply allowed |
| FREESTYLE (lancets) | MIS | Brand | PA QL 1 per 14 days 90-day supply allowed |
| FREESTYLE (calibration liquid) | LIQ CONTROL | Brand | 1 box per 3 months; 90-day supply allowed |
| FREESTYLE (test strips) | INSULINX | Brand | QL 150 per month; 90-day supply allowed |
| FREESTYLE (test strips) | MIS | Brand | QL 150 per month; 90-day supply allowed |
| FREESTYLE (test strips) | PREC NEO | Brand | QL 150 per month; 90-day supply allowed |
| FREESTYLE (test strips) | TEST LITE | Brand | QL 150 per month; 90-day supply allowed |
| GNP (lancet device) | MIS | Brand | QL 1 per 3 months; 90-day supply allowed |
| MEDISENSE (calibration liquid) | LIQ GLUC-KET | Brand | 1 box per 3 months; 90-day supply allowed |
| MEDISENSE (calibration liquid) | CONTROL SOL LIQ HI/MID/LOW | Brand | 1 box per 3 months; 90-day supply allowed |
| OMNIPOD | MIS CLASSIC | Brand | PA Required age 21 and older; QL 10 per 30 days |
| OMNIPOD | DASH MIS PODS | Brand | PA Required age 21 and older; QL 10 per 30 days |
| OMNIPOD 5 | G6 MIS PODS | Brand | PA Required age 21 and older; QL 10 per 30 days |
| OMNIPOD | DASH KIT PDM | Brand | PA Required age 21 and older; QL 4 kits per 365 days |
| OMNIPOD | DASH KIT INTRO | Brand | PA Required age 21 and older; QL 4 kits per 365 days |
| OMNIPOD 5 | G6 KIT INTRO | Brand | PA Required age 21 and older; QL 4 kits per 365 days |
| ONETOUCH (lancet device) | MIS LANC DEV | Brand | QL 1 per 3 months; 90-day supply allowed |
| ONETOUCH (lancet device) | DEL MIS LANC DEV | Brand | QL 1 per 3 months; 90-day supply allowed |
| ONETOUCH (lancets) | MIS LANC DEV | Brand | QL 200 per month; 90-day supply allowed |
| ONETOUCH (lancets) | DEL MIS PLUS 33G | Brand | QL 200 per month; 90-day supply allowed |

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| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|-----------------------------------|------------------------|-----------|--|
| ONETOUCH (lancets) | DEL MIS PLUS 30G | Brand | QL 200 per month; 90-day supply allowed |
| ONETOUCH (lancets) | MIS LANCETS | Brand | QL 200 per month; 90-day supply allowed |
| ONETOUCH (lancets) | ULTRA SOFT LANCETS | Brand | QL 200 per month; 90-day supply allowed |
| ONETOUCH (lancets) | MIS 30G | Brand | QL 200 per month; 90-day supply allowed |
| ONETOUCH (lancets) | FINE POINT MIS LANCETS | Brand | QL 200 per month; 90-day supply allowed |
| PRECISION (blood glucose monitor) | MIS XTRA | Brand | |
| PRECISION (calibration liquid) | LIQ GLUCOSE | Brand | QL 1 box per 3 months; 90-day supply allowed |
| PRECISION (test strips) | TEST XTRA | Brand | QL 150 per month; 90-day supply allowed |
| RELION (test strips) | TRUE TEST METRIX | Brand | QL 150 per month; 90-day supply allowed |
| TRUMETRIX (blood glucose monitor) | KIT AIR | Brand | |
| TRUOMETRIX (calibration liquid) | SOLUTION | Brand | QL 1 box per 3 months; 90-day supply allowed |
| TRUOMETRIX (calibration liquid) | SOLUTION LOW | Brand | QL 1 box per 3 months; 90-day supply allowed |
| TRUOMETRIX (calibration liquid) | SOLUTION HIGH | Brand | QL 1 box per 3 months; 90-day supply allowed |
| TRUOMETRIX (test strip) | TEST GLUCOSE | Brand | QL 150 per month; 90-day supply allowed |
| TRUEDRAW (lancet device) | MIS LA | Brand | QL 1 box per 3 months; 90-day supply allowed |
| TRUPLUS (lancets) | MIS 26 | Brand | QL 200 per month; 90-day supply allowed |
| TRUPLUS (lancets) | MIS 28 | Brand | QL 200 per month; 90-day supply allowed |
| TRUPLUS (lancets) | MIS 28G | Brand | QL 200 per month; 90-day supply allowed |
| TRUPLUS (lancets) | MIS 30 | Brand | QL 200 per month; 90-day supply allowed |
| TRUPLUS (lancets) | MIS 30G | Brand | QL 200 per month; 90-day supply allowed |
| TRUPLUS (lancets) | MIS 33 | Brand | QL 200 per month; 90-day supply allowed |
| TRUPLUS (lancets) | MIS 33G | Brand | QL 200 per month; 90-day supply allowed |
| OPTICHAMBER | MIS ADVANTAG | Brand | QL 2 per 365 days |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|---------------------------------|----------------------|-----------|--|
| OPTICHAMBER | MIS ADV SM | Brand | QL 2 per 365 days |
| OPTICHAMBER | MIS ADV MED | Brand | QL 2 per 365 days |
| OPTICHAMBER | MIS ADV LRG | Brand | QL 2 per 365 days |
| OPTICHAMBER | MIS FACE MAS | Brand | QL 2 per 365 days |
| OPTICHAMBER | MIS DIAMOND | Brand | QL 2 per 365 days |
| OPTICHAMBER | MIS DIA SM | Brand | QL 2 per 365 days |
| OPTICHAMBER | MIS DIA MD | Brand | QL 2 per 365 days |
| OPTICHAMBER | MIS DIA LG | Brand | QL 2 per 365 days |
| PANDA MASK | MIS PEDIATRI | Brand | QL 2 per 365 days |
| PANDA MASK | MIS SMALL | Brand | QL 2 per 365 days |
| PANDA MASK | MIS MEDIUM | Brand | QL 2 per 365 days |
| PANDA MASK | MIS LARGE | Brand | QL 2 per 365 days |
| PEAK AIR FLO | MIS ADLT/PED | Brand | QL 2 per 365 days |
| PEAK FLOW | MIS METER | Generic | QL 2 per 365 days |
| PEAK FLW MTR | MIS UNIVERSL | Generic | QL 2 per 365 days |
| PERSONAL BES | MIS FULL RNG | Brand | QL 2 per 365 days |
| PERSONAL BES | MIS LOW RANG | Brand | QL 2 per 365 days |
| PIKO 1 | MIS ELECTRON | Brand | QL 2 per 365 days |
| POCKET PEAK | MIS METER | Generic | QL 2 per 365 days |
| POCKETPEAK | MIS UNIVERSA | Brand | QL 2 per 365 days |
| POCKETPEAK | MIS MTR LOW | Brand | QL 2 per 365 days |
| PRIMEAIRE | MIS CHAMBER | Brand | |
| SYRINGE (DISPOSABLE) | VARIOUS | BOTH | QL 12 per 30 days; 90 day supply allowed |
| SYRINGE/NEEDLE (DISPOSABLE) | VARIOUS | BOTH | QL 12 per 30 days; 90 day supply allowed |
| TABLET | CUTTER | Brand | QL 1 per 365 days |
| DIATRIZOATE | SOL 66-10% | Generic | |
| TAGITOL V | SUS 40% | Brand | |
| RITEFLO | MIS | Brand | QL 2 per 365 days |
| TRUZONE PEAK | MIS FLOW MTR | Brand | QL 2 per 365 days |
| VALVD HOLDNG | MIS CHAMBER | Brand | QL 2 per 365 days |
| VORTEX VALVE | MIS CHAMBER | Brand | QL 2 per 365 days |
| VORTEX/MASK | MIS TODDLER | Brand | |
| VORTEX/MASK | MIS CHILDS | Brand | |
| WATCHHALER | MIS | Brand | QL 2 per 365 days |
| IMMUNOSUPPRESSIVE AGENTS | | | |
| AZATHIOPRINE | TAB 50MG | Generic | |
| BENLYSTA | INJ 200 MG/ML | Brand | PA QL 4 syringes per 28 days |
| CYCLOSPORINE | CAP 25MG | Generic | |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

| Drug Name | Dosage Form/Strength | Drug Type | Requirements |
|----------------------------------|----------------------|-----------|-------------------------|
| CYCLOSPORINE | CAP 100MG | Generic | |
| CYCLOSPORINE | CAP 25MG MOD | Generic | |
| CYCLOSPORINE | CAP 50MG MOD | Generic | |
| CYCLOSPORINE | CAP 100MG MD | Generic | |
| CYCLOSPORINE | SOL MODIFIED | Generic | |
| EVEROLIMUS | TAB 0.25MG | Generic | QL 2 per day |
| EVEROLIMUS | TAB 0.5MG | Generic | QL 2 per day |
| EVEROLIMUS | TAB 0.75MG | Generic | QL 2 per day |
| EVEROLIMUS | TAB 1MG | Generic | QL 2 per day |
| GENGRAF | CAP 25MG | Generic | |
| GENGRAF | CAP 100MG | Generic | |
| GENGRAF | SOL 100MG/ML | Generic | |
| HECORIA | CAP 0.5MG | Generic | |
| HECORIA | CAP 1MG | Generic | |
| HECORIA | CAP 5MG | Generic | |
| JOENJA | TAB 70MG | Generic | PA QL 2 per day |
| MYCOPHENOLATE | CAP 250MG | Generic | |
| MYCOPHENOLATE | TAB 500MG | Generic | |
| MYCOPHENOLATE | SUS 200MG/ML | Generic | |
| MYCOPHENOLATE SODIUM | TAB DR | Generic | |
| SIROLIMUS | SOL 1MG/ML | Generic | QL 2mls per day |
| SIROLIMUS | TAB 0.5MG | Generic | QL 2 per day |
| SIROLIMUS | TAB 1MG | Generic | QL 2 per day |
| SIROLIMUS | TAB 2MG | Generic | QL 2 per day |
| TACROLIMUS | CAP 0.5MG | Generic | |
| TACROLIMUS | CAP 1MG | Generic | |
| TACROLIMUS | CAP 5MG | Generic | |
| POTASSIUM-REMOVING AGENTS | | | |
| KIONEX | SUS 15GM/60 | Generic | |
| KIONEX | POW | Generic | |
| LOKELMA | PACKET 5GM | Brand | PA QL 3 packets per day |
| LOKELMA | PACKET 10GM | Brand | PA QL 3 packets per day |
| SOD POLY | SUL SUS 15GM/60 | Generic | |
| SOD POLY | SUL SUS 30/120ML | Generic | |
| SOD POLY | SUL SUS 50/200ML | Generic | |
| SOD POLY | SUL POW | Generic | |
| SPS | SUS 15GM/60 | Generic | |
| VELTASSA | POW 1GM | Brand | PA QL 4 per day |
| VELTASSA | POW 8.4GM | Brand | PA QL 1 packet per day |
| VELTASSA | POW 16.8GM | Brand | PA QL 1 packet per day |
| VELTASSA | POW 25.2GM | Brand | PA QL 1 packet per day |

QL: Quantity Limit | AR: Age Restriction | PA: Prior Authorization Required | ST: Step Therapy

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