



CVS Caremark®
Value Formulary – Chart
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Value Formulary – Chart

INTRODUCTION

We are pleased to provide the 2025 **CVS Caremark Value Formulary – Chart** as a useful reference and informational tool. This document can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical

expertise are invited to meet with the P&T Committee, but no CVS Caremark employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

There are two ways to find your drug on this drug list:

1. Medical Conditions

The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under Cardiovascular. If you know what your drug is used for, look for the category name in the list and then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the drug list. The Index is an alphabetical list of all drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find the coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in the lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug. Their requirements and limits may include:

- **Prior Authorization:** Your plan needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from your plan before you fill your prescriptions.
- **Quantity Limits:** For certain drugs, your plan limits the amount of the drug that it will cover. Your plan may also limit the amount of drugs you may receive within a class of drugs. For example, for opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.
- **Step Therapy:** Your plan needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B. If you don't get approval, your plan may not cover the drug.

LEGEND

Symbol	Name
AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
PA*	If Quantity Limit is exceeded, Prior Authorization may apply
PA**	If Step Therapy requirements are not met, Prior Authorization may apply
QL	Quantity Limit
SP	Specialty Drug subject to Specialty Guideline Management
ST	Step Therapy

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

SPECIALTY MEDICATIONS

A rapidly growing category of drugs, specialty medications are the result of continued advances in drug development technology and design. They are created to target and treat complex chronic or genetic medical conditions and include bioengineered proteins, blood-derived products and complex molecules.

Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medications based on currently accepted evidence-based medicine guidelines. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as "SP" for your reference. For additional information, please refer to CVSspecialty.com or to submit a prior authorization, please call 1-866-814-5506.

PLAN DESIGN

Preferred brand-name medications are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Special note for opioid containing products: The quantity of opioid product prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30 day supply. Members who are opioid-naïve will be required to use an immediate-release (IR) formulation before moving to an extended-release (ER) formulation and will be subject to quantity limit restrictions.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. Your specific prescription benefit plan design may not cover certain medications, products, or categories, regardless of their appearance in this document. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. If covered in the pharmacy benefit, OTC products require a valid prescription.

Log in to Caremark.com to check coverage.

PREVENTIVE SERVICES

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share. These items may include:

- Bowel Preparations for Colorectal Cancer Screening
- Fluoride Supplementation in Children
- Folic Acid Supplementation
- Tobacco Use Counseling and Cessation Intervention

- Immunizations
- Medications for Risk Reduction of Primary Breast Cancer
- Contraceptives
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults
- Antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection
- Diabetes Prevention Medicine for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity

Items that may be covered as preventive services under this formulary will not be specifically noted since final coverage is determined by the plan sponsor.

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Requirements/Limits
ANALGESICS	
GOUT	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine tabs .6mg</i>	
<i>MITIGARE CAPS .6MG</i>	
<i>probenecid tabs 500mg</i>	
NSAIDS	
<i>diclofenac potassium tabs 50mg</i>	
<i>diclofenac sodium delayed-rel tbec 25mg, 50mg, 75mg</i>	
<i>diclofenac sodium ext-rel tb24 100mg</i>	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg</i>	
<i>flurbiprofen tabs 50mg, 100mg</i>	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg</i>	
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	
<i>naproxen tbec 375mg, 500mg</i>	
<i>naproxen sodium tabs 275mg, 550mg</i>	
<i>oxaprozin tabs 600mg</i>	
<i>piroxicam caps 10mg, 20mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
OPIOID ANALGESICS	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL
<i>CODEINE SULFATE TABS 15MG, 60MG</i>	QL; PA*
<i>codeine sulfate tabs 30mg</i>	QL; PA*
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	QL; PA*
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbs 40mg</i>	QL; PA*

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	QL; PA*
<i>oxycodone hcl conc 20mg/ml; soln 5mg/5ml; tabs 5mg</i> , QL; PA* <i>10mg, 15mg, 20mg, 30mg</i>	
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL
<i>tramadol hcl tabs 50mg</i>	QL; PA*
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	QL; PA*, Initial PA may apply to higher strengths
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG	QL; PA*, Initial PA may apply to higher strengths

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	QL; PA*, Initial PA may apply to higher strengths
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths

SALICYLATES

<i>diflunisal tabs 500mg</i>

VISCOSUPPLEMENTS

DUROLANE PRSY 60MG/3ML	SP, PA
EUFLEXXA SOSY 20MG/2ML	SP, PA
GELSYN-3 SOSY 16.8MG/2ML	SP, PA
SUPARTZ FX SOSY 25MG/2.5ML	SP, PA

ANTI-INFECTIVES

ANTHELMINTICS

<i>EMVERM CHEW 100MG</i>	QL; PA*
<i>ivermectin tabs 3mg</i>	
<i>praziquantel tabs 600mg</i>	QL; PA*

ANTI-BACTERIALS - MISCELLANEOUS

ARIKAYCE SUSP 590MG/8.4ML	SP, PA
<i>tinidazole tabs 250mg, 500mg</i>	

ANTIFUNGALS

<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>
<i>itraconazole caps 100mg; soln 10mg/ml</i>

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA
ANTIRETROVIRAL AGENTS	
<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
<i>APRETUDE SUER 600MG/3ML</i>	QL
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	QL; PA*
<i>darunavir tabs 600mg, 800mg</i>	QL; PA*
<i>EDURANT TABS 25MG</i>	QL; PA*
<i>efavirenz tabs 600mg</i>	QL; PA*
<i>emtricitabine caps 200mg</i>	QL; PA*
<i>EMTRIVA SOLN 10MG/ML</i>	QL; PA*
<i>etravirine tabs 100mg, 200mg</i>	QL; PA*
<i>fosamprenavir calcium tabs 700mg</i>	QL; PA*
<i>INTELENCE TABS 25MG</i>	QL; PA*
<i>ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG</i>	QL; PA*
<i>ISENTRESS HD TABS 600MG</i>	QL; PA*
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	QL; PA*
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	QL; PA*
<i>NORVIR PACK 100MG</i>	QL; PA*
<i>PREZISTA SUSP 100MG/ML; TABS 75MG, 150MG</i>	QL; PA*
<i>REYATAZ PACK 50MG</i>	QL; PA*
<i>ritonavir tabs 100mg</i>	QL; PA*
<i>RUKOBIA TB12 600MG</i>	QL; PA*
<i>SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG</i>	QL
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL; PA*
<i>TIVICAY TABS 50MG</i>	QL; PA*
<i>TIVICAY PD TBSO 5MG</i>	QL; PA*
<i>TROGARZO SOLN 200MG/1.33ML</i>	
<i>VIREAD POWD 40MG/GM</i>	QL; PA*
<i>VIREAD TABS 150MG, 200MG, 250MG</i>	QL; PA*
<i>zidovudine caps 100mg; syrup 50mg/5ml; tabs 300mg</i>	QL; PA*
ANTIRETROVIRAL COMBINATION AGENTS	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL; PA*
<i>BIKTARVY TAB</i>	QL; PA*
<i>CABENUVA SUS 400-600</i>	SP, PA, QL
<i>CABENUVA SUS 600-900</i>	SP, PA, QL
<i>CIMDUO TAB 300-300</i>	QL; PA*
<i>DESCOVY TAB 120-15MG</i>	QL; PA*
<i>DESCOVY TAB 200/25MG</i>	QL; PA*
<i>DOVATO TAB 50-300MG</i>	QL; PA*

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL; PA*
EVOTAZ TAB 300-150	QL; PA*
GENVOYA TAB	QL; PA*
JULUCA TAB 50-25MG	QL; PA*
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL; PA*
ODEFSEY TAB	QL; PA*
PREZCOBIX TAB 800-150	QL; PA*
SYMTUZA TAB	QL; PA*
TRIUMEQ PD TAB	QL; PA*
TRIUMEQ TAB	QL; PA*

ANTITUBERCULAR AGENTS

cycloserine caps 250mg
ethambutol hcl tabs 100mg, 400mg
isoniazid syrup 50mg/5ml; tabs 100mg, 300mg
PRIFTIN TABS 150MG
pyrazinamide tabs 500mg
rifabutin caps 150mg
rifampin caps 150mg, 300mg
streptomycin sulfate solr 1gm
TRECATOR TABS 250MG

ANTIVIRALS

acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg
famciclovir tabs 125mg, 250mg, 500mg
oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml QL; PA*
PAXLOVID TAB 150-100 QL
PAXLOVID TAB 300-100 QL
valacyclovir hcl tabs 1gm, 500mg
valganciclovir hcl solr 50mg/ml; tabs 450mg QL

Drug Name	Requirements/Limits
CEPHALOSPORINS	
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	
cefodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
cefuroxime axetil tabs 250mg, 500mg	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
ERYTHROMYCINS/MACROLIDES	
azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	
clarithromycin ext-rel tb24 500mg	
DIFICID SUSR 40MG/ML; TABS 200MG	PA
erythromycin susr 200mg/5ml; tabs 250mg, 400mg	
erythromycin base tabs 500mg	
erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg	
ZITHROMAX PACK 1GM	
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	
moxifloxacin hcl tabs 400mg	
HEPATITIS B	
BARACLUDE SOLN .05MG/ML	QL
entecavir tabs .5mg, 1mg	QL
lamivudine (hbv) tabs 100mg	
VEMLIDY TABS 25MG	QL
HEPATITIS C	
EPCLUSA PAK 150-37.5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6

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Drug Name	Requirements/Limits
EPCLUSA TAB 400-100	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
<i>ribavirin caps 200mg; tabs 200mg</i>	SP, PA
VOSEVI TAB	SP, PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

MISCELLANEOUS

<i>atovaquone susp 750mg/5ml</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	
<i>dapsone tabs 25mg, 100mg</i>	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	PA
<i>linezolid inj soln 600mg/300ml</i>	PA
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
<i>nitrofurantoin ext-rel caps 100mg</i>	
<i>nitrofurantoin macrocrystals caps 25mg, 50mg, 100mg</i>	
<i>sulfamethoxazole/trimethoprim</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>vancomycin hcl caps 125mg, 250mg</i>	QL

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg;</i>
<i>susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml;</i>
<i>tabs 500mg, 875mg</i>
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>
<i>amoxicillin & k clavulanate tab 250-125 mg</i>
<i>amoxicillin & k clavulanate tab 500-125 mg</i>

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Drug Name	Requirements/Limits
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & pot clavulanate ext-rel</i>	
<i>ampicillin caps 500mg</i>	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
TETRACYCLINES	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>doxycycline monohydrate susp susr 25mg/5ml</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	QL; PA*
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
<i>cyclophosphamide caps 25mg, 50mg</i>	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	
LEUKERAN TABS 2MG	
MYLERAN TABS 2MG	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, SP, PA 250mg</i>	
ANTIMETABOLITES	
<i>capecitabine tabs 150mg, 500mg</i>	SP, PA
LONSURF TAB 15-6.14	SP, PA, QL
LONSURF TAB 20-8.19	SP, PA, QL
<i>mercaptopurine tabs 50mg</i>	
ONUREG TABS 200MG, 300MG	SP, PA, QL
TABLOID TABS 40MG	
BIOLOGIC RESPONSE MODIFIERS	
ERIVEDGE CAPS 150MG	SP, PA, QL
PADCEV SOLR 20MG, 30MG	SP, PA, QL
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	SP, PA, QL
<i>REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG</i>	SP, PA, QL
THALOMID CAPS 50MG, 100MG	SP, PA, QL
BIOSIMILARS	
KANJINTI SOLR 150MG, 420MG	SP, PA
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	SP, PA
TRAZIMERA SOLR 150MG, 420MG	SP, PA
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	SP, PA

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Drug Name	Requirements/Limits
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tabs 250mg</i>	SP, PA, QL
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
<i>ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG</i>	SP, PA
<i>ERLEADA TABS 60MG, 240MG</i>	SP, PA, QL
<i>exemestane tabs 25mg</i>	
<i>FIRMAGON SOLR 80MG, 120MG/VIAL</i>	SP, PA
<i>fulvestrant sosy 250mg/5ml</i>	SP, PA
<i>letrozole tabs 2.5mg</i>	
<i>LYSODREN TABS 500MG</i>	
<i>megestrol acetate tabs 20mg, 40mg</i>	
<i>nilutamide tabs 150mg</i>	
<i>NUBEQA TABS 300MG</i>	SP, PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
<i>XTANDI CAPS 40MG; TABS 40MG, 80MG</i>	SP, PA, QL
<i>YONSA TABS 125MG</i>	SP, PA, QL
KINASE INHIBITORS	
<i>ALECENSA CAPS 150MG</i>	SP, PA, QL
<i>BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG</i>	SP, PA, QL
<i>CABOMETYX TABS 20MG, 40MG, 60MG</i>	SP, PA, QL
<i>CALQUENCE TABS 100MG</i>	SP, PA, QL
<i>CAPRELSA TABS 100MG, 300MG</i>	SP, PA, QL
<i>COPIKTRA CAPS 15MG, 25MG</i>	SP, PA, QL
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	SP, PA, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	SP, PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	SP, PA, QL
<i>gefitinib tabs 250mg</i>	SP, PA, QL
<i>GILOTTRIF TABS 20MG, 30MG, 40MG</i>	SP, PA, QL
<i>IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG</i>	SP, PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
<i>IMBRUICA CAPS 70MG, 140MG; SUSP 70MG/ML; TABS 140MG, 280MG, 420MG</i>	SP, PA, QL
<i>INLYTA TABS 1MG, 5MG</i>	SP, PA, QL
<i>ITOVEBI TABS 3MG, 9MG</i>	SP, PA, QL
<i>JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG</i>	SP, PA, QL
<i>KISQALI TBPK 200MG</i>	SP, PA, QL

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Drug Name	Requirements/Limits
KISQALI 200 PAK FEMARA	SP, PA, QL
KISQALI 400 PAK FEMARA	SP, PA, QL
KISQALI 600 PAK FEMARA	SP, PA, QL
KOSELUGO CAPS 10MG, 25MG	SP, PA, QL
<i>lapatinib ditosylate tabs 250mg</i>	SP, PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10MG	SP, PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10MG	SP, PA, QL
LENVIMA CAP 14 MG	SP, PA, QL
LENVIMA CAP 18 MG	SP, PA, QL
LENVIMA CAP 24 MG	SP, PA, QL
LORBRENA TABS 25MG, 100MG	SP, PA, QL
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	SP, PA, QL
NERLYNX TABS 40MG	SP, PA, QL
<i>pazopanib hcl tabs 200mg</i>	SP, PA, QL
PIQRAY 200MG DAILY DOSE TBPK 200MG	SP, PA, QL
PIQRAY 250MG TAB DOSE	SP, PA, QL
PIQRAY 300MG DAILY DOSE TBPK 150MG	SP, PA, QL
RYDAPT CAPS 25MG	SP, PA, QL
STIVARGA TABS 40MG	SP, PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SP, PA, QL
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	SP, PA, QL
TAGRISSO TABS 40MG, 80MG	SP, PA, QL
TUKYSA TABS 50MG, 150MG	SP, PA, QL
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	SP, PA, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	SP, PA, QL
XALKORI CPSP 20MG, 50MG, 150MG	SP, PA, QL
XOSPATA TABS 40MG	SP, PA, QL

MISCELLANEOUS

<i>bexarotene caps 75mg</i>	SP, PA
CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML	SP, PA, QL
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
LUMAKRAS TABS 120MG, 240MG, 320MG	SP, PA, QL
LYNPARZA TABS 100MG, 150MG	SP, PA, QL
MATULANE CAPS 50MG	
ODOMZO CAPS 200MG	SP, PA, QL
POLIVY SOLR 30MG, 140MG	SP, PA
RUBRACA TABS 200MG, 250MG, 300MG	SP, PA, QL
<i>tretinoin (chemotherapy) caps 10mg</i>	

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Drug Name	Requirements/Limits
VENCLEXTA TABS 10MG, 50MG, 100MG	SP, PA, QL
VENCLEXTA TAB START PK	SP, PA, QL
VISTOGARD PACK 10GM	QL
ZEJULA TABS 100MG, 200MG, 300MG	SP, PA, QL
ZOLINZA CAPS 100MG	SP, PA, QL
MONOCLONAL ANTIBODIES	
PERJETA SOLN 420MG/14ML	SP, PA
PHESGO SOL	SP, PA
PROTEASOME INHIBITORS	
bortezomib soln 3.5mg	SP, PA, QL
NINLARO CAPS 2.3MG, 3MG, 4MG	SP, PA, QL
CARDIOVASCULAR	
ACE INHIBITOR COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
ACE INHIBITORS	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone tabs 25mg, 50mg</i>	
KERENDIA TABS 10MG, 20MG	PA
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	

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Drug Name	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	SP, PA

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Drug Name	Requirements/Limits
flecainide acetate tabs 50mg, 100mg, 150mg	
ibutilide fumarate soln 1mg/10ml	
NORPACE CR CP12 100MG, 150MG	
propafenone ext-rel cp12 225mg, 325mg, 425mg	
propafenone hcl tabs 150mg, 225mg, 300mg	
sotalol tabs 80mg, 120mg, 160mg	
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	
ANTILIPEMICS, BILE ACID RESINS	
cholestyramine powd 4gm/dose	
cholestyramine light powd 4gm/dose	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
ezetimibe tabs 10mg	
ANTILIPEMICS, FIBRATES	
fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg	
gemfibrozil tabs 600mg	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	
rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg	
simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg	
ANTILIPEMICS, MISCELLANEOUS	
niacin ext-rel tbcr 500mg, 750mg, 1000mg	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
icosapent ethyl caps .5gm, 1gm	
ANTILIPEMICS, PCSK9 INHIBITORS	
REPATHA SOSY 140MG/ML	QL
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	QL
REPATHA SURECLICK SOAJ 140MG/ML	QL
BETA-BLOCKER/DIURETIC COMBINATIONS	
atenolol & chlorthalidone tab 50-25 mg	
atenolol & chlorthalidone tab 100-25 mg	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	
metoprolol & hydrochlorothiazide tab 50-25 mg	
metoprolol & hydrochlorothiazide tab 100-25 mg	
metoprolol & hydrochlorothiazide tab 100-50 mg	

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Drug Name	Requirements/Limits
BETA-BLOCKERS	
<i>acebutolol hcl caps 200mg, 400mg</i>	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	
<i>pindolol tabs 5mg, 10mg</i>	
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
<i>diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>isradipine caps 2.5mg, 5mg</i>	
<i>nicardipine hcl caps 20mg, 30mg</i>	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	
<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbcr 120mg, 180mg, 240mg</i>	
DIGITALIS GLYCOSIDES	
<i>digoxin tabs 62.5mcg, 125mcg, 250mcg</i>	
<i>digoxin ped elixir soln .05mg/ml</i>	
DIURETICS	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tabs 5mg</i>	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	
<i>ethacrynic acid tabs 25mg</i>	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	

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Drug Name	Requirements/Limits
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
HEART FAILURE	
CORLANOR SOLN 5MG/5ML	
ENTRESTO CAP 6-6MG	
ENTRESTO CAP 15-16MG	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	
VERQUVO TABS 2.5MG, 5MG, 10MG	
MISCELLANEOUS	
CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	SP, PA, QL
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	
VYNDAMAX CAPS 61MG	SP, PA, QL
VYNDAQEL CAPS 20MG	SP, PA, QL
NITRATES	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate ext-rel tb24 30mg, 60mg, 120mg</i>	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	
<i>nitroglycerin sublingual subl .3mg, .4mg, .6mg</i>	
<i>nitroglycerin transdermal pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
PULMONARY ARTERIAL HYPERTENSION	
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	SP, PA, QL
<i>ambrisentan tabs 5mg, 10mg</i>	SP, PA, QL
<i>bosentan tabs 62.5mg, 125mg</i>	SP, PA, QL
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	SP, PA
OPSUMIT TABS 10MG	SP, PA, QL
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	SP, PA
ORENITRAM TAB MONTH 1	SP, PA
ORENITRAM TAB MONTH 2	SP, PA
ORENITRAM TAB MONTH 3	SP, PA

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Drug Name	Requirements/Limits
sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg	SP, PA, QL
TYVASO SOLN .6MG/ML	SP, PA, QL
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	SP, PA, QL
UPTRAVI PACK TAB 200/800	SP, PA, QL

CENTRAL NERVOUS SYSTEM

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

riluzole tabs 50mg

ANTIANXIETY

alprazolam tabs .25mg, .5mg, 1mg, 2mg QL

ALPRAZOLAM INTENSOL CONC 1MG/ML QL

alprazolam orally disintegrating tabs tbdp .25mg, .5mg, QL
1mg, 2mg

buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg

fluvoxamine ext-rel cp24 100mg, 150mg

fluvoxamine maleate tabs 25mg, 50mg, 100mg

lorazepam tabs .5mg, 1mg, 2mg QL

oxazepam caps 10mg, 15mg, 30mg QL

ANTIDEMENTIA

donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp
5mg, 10mg

galantamine hydrobromide cp24 8mg, 16mg, 24mg;
soln 4mg/ml; tabs 4mg, 8mg, 12mg

memantine hcl soln 2mg/ml; tabs 5mg, 10mg

rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr,
13.3mg/24hr

rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg

ANTIDEPRESSANTS

amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg,
100mg, 150mg

bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg,
200mg

bupropion hcl ext-rel tb24 150mg, 300mg

citalopram hydrobromide soln 10mg/5ml; tabs 10mg,
20mg, 40mg

desipramine hcl tabs 10mg, 25mg, 50mg, 75mg,
100mg, 150mg

desvenlafaxine succinate ext-rel tb24 25mg, 50mg,
100mg

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Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements
are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug
subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>duloxetine delayed-rel cpep 20mg, 30mg, 60mg</i>	
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>	
<i>mirtazapine orally disintegrating tabs tbdp 15mg, 30mg, 45mg</i>	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	
<i>paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg</i>	Listing does not include certain NDCs
<i>paroxetine hcl tabs tabs 10mg, 20mg, 30mg, 40mg</i>	
<i>phenelzine sulfate tabs 15mg</i>	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	
<i>tranylcypromine sulfate tabs 10mg</i>	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	
<i>venlafaxine hcl ext-rel cp24 37.5mg, 75mg, 150mg</i>	
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	
ANTIPARKINSONIAN AGENTS	
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>apomorphine hydrochloride soct 30mg/3ml</i>	SP, PA, QL
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tabs 200mg</i>	

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Drug Name	Requirements/Limits
INBRIJA CAPS 42MG <i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	SP, PA, QL
<i>rasagiline mesylate tabs .5mg, 1mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	
ANTIPSYCHOTICS	
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	
<i>ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML</i>	
<i>ARISTADA INITIO PRSY 675MG/2.4ML</i>	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
<i>VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG</i>	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	
ANTISEIZURE AGENTS	
<i>carbamazepine chew 100mg, 200mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	QL
<i>diazepam tabs 2mg, 5mg, 10mg</i>	QL
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	

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Drug Name	Requirements/Limits
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	
<i>gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg</i>	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	
<i>oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	
<i>phenytoin sodium extended caps 100mg</i>	
<i>primidone tabs 50mg, 250mg</i>	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
<i>topiramate cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg</i>	
<i>valproic acid caps 250mg</i>	
<i>vigabatrin pack 500mg; tabs 500mg</i>	SP, PA, QL
<i>zonisamide caps 25mg, 50mg, 100mg</i>	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL; PA*
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, QL 80mg, 100mg</i>	
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	QL; PA*
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg</i>	QL; PA*

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Drug Name	Requirements/Limits
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, QL; PA*</i> <i>40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg,</i> <i>40mg, 50mg, 60mg</i>	
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg, QL; PA*</i> <i>60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg;</i> <i>soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tbcr</i> <i>10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	
<i>VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, QL; PA*</i> <i>60MG, 70MG; CHEW 10MG, 20MG, 30MG, 40MG,</i> <i>50MG, 60MG</i>	
BOTULINUM TOXINS	
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	SP, PA
FIBROMYALGIA	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	PA
SAVELLA MIS TITR PAK	PA
HYPNOTICS	
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	
<i>ramelteon tabs 8mg</i>	QL; PA*
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	QL
<i>zaleplon caps 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate tabs 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate ext-rel tbcr 6.25mg, 12.5mg</i>	QL; PA*
MIGRAINE - MISCELLANEOUS	
QULIPTA TABS 10MG, 30MG, 60MG	ST, QL; PA**
UBRELVY TABS 50MG, 100MG	ST, QL; PA**
MIGRAINE - MONOCLONAL ANTIBODIES	
AIMOVIG SOAJ 70MG/ML, 140MG/ML	ST, QL; PA**
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	ST, QL; PA**
MIGRAINE - TRIPTANS AND COMBINATIONS	
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL; PA*
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	QL; PA*
<i>rizatriptan orally disintegrating tabs tbdp 5mg, 10mg</i>	QL; PA*
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL; PA*
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml;</i> <i>soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs</i> <i>25mg, 50mg, 100mg</i>	QL; PA*
<i>zolmitriptan tabs 2.5mg, 5mg</i>	QL; PA*
<i>zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg</i>	QL; PA*
MISCELLANEOUS	
ENSPRYNG SOSY 120MG/ML	SP, PA, QL

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Drug Name	Requirements/Limits
EVRYSDI SOLR .75MG/ML; TABS 5MG	SP, PA, QL
MOOD STABILIZERS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	
MOVEMENT DISORDERS	
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	SP, PA, QL
INGREZZA CAP 40-80MG	SP, PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	SP, PA, QL
MULTIPLE SCLEROSIS AGENTS	
AVONEX PSKT 30MCG/0.5ML	SP, PA, QL
AVONEX PEN AJKT 30MCG/0.5ML	SP, PA, QL
BETASERON KIT .3MG	SP, PA, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	SP, PA, QL
<i>fingolimod hcl caps .5mg</i>	SP, PA, QL
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	SP, PA, QL
KESIMPTA SOAJ 20MG/0.4ML	SP, PA, QL
MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG	SP, PA, QL
MAYZENT STARTER PACK TBPK .25MG	SP, PA, QL
OCREVUS SOLN 300MG/10ML	SP, PA, QL
PLEGRIDY SOAJ 125MCG/0.5ML; SOSY 125MCG/0.5ML	SP, PA, QL
PLEGRIDY INJ STARTER	SP, PA, QL
PLEGRIDY PEN INJ STARTER	SP, PA, QL
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	SP, PA, QL
<i>teriflunomide tabs 7mg, 14mg</i>	SP, PA, QL
TYSABRI CONC 300MG/15ML	SP, PA, QL
VUMERTY CPDR 231MG	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL
MUSCULOSKELETAL THERAPY AGENTS	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
MYASTHENIA GRAVIS	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	
NARCOLEPSY/CATAPLEXY	
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA, QL

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Drug Name	Requirements/Limits
<i>modafinil tabs 100mg, 200mg</i>	PA, QL
SODIUM OXYBATE SOLN 500MG/ML	SP, PA, QL
OPIOID AGONIST/ANTAGONIST	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL
OPIOID ANTAGONIST	
<i>naloxone hcl liqd 4mg/0.1ml</i>	QL; PA*
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
VIVITROL SUSR 380MG	SP, PA, QL
OPIOID PARTIAL AGONISTS	
<i>buprenorphine hcl subl 2mg, 8mg</i>	
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
<i>octreotide acetate kit 20mg, 30mg; soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	SP, PA, QL
<i>SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML</i>	SP, PA, QL
ANDROGENS	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	
ANTIDIABETICS, AMYLIN ANALOGS	
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML ST; PA**	

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Drug Name	Requirements/Limits
ANTIDIABETICS, BIGUANIDE	
<i>metformin ext-rel tb24 500mg, 750mg</i>	Listing does not include generics for FORTAMET and GLUMETZA
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	ST; PA**
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	ST; PA**
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	ST; PA**
<i>TRIJARDY XR TAB</i>	ST; PA**
<i>ZITUVIMET TAB 50-500MG</i>	ST; PA**
<i>ZITUVIMET TAB 50-1000</i>	ST; PA**
<i>ZITUVIMET XR TAB 50-500MG</i>	ST; PA**
<i>ZITUVIMET XR TAB 50-1000</i>	ST; PA**
<i>ZITUVIMET XR TAB 100-1000</i>	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	ST; PA**
<i>ZITUVIO TABS 25MG, 50MG, 100MG</i>	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
<i>liraglutide sopn 18mg/3ml</i>	ST, QL; PA**
<i>MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML</i>	ST, QL; PA**
<i>OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML</i>	ST, QL; PA**
<i>RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG</i>	ST, QL; PA**
<i>TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML</i>	ST, QL; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	
<i>SOLIQUA</i>	ST; PA**
ANTIDIABETICS, INSULIN	
<i>FIASP SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML</i>	
<i>FIASP PUMPCART SOCT 100UNIT/ML</i>	
<i>HUMULIN R U-500 SOLN 500UNIT/ML; SOPN 500UNIT/ML</i>	

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Drug Name	Requirements/Limits
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	
NOVOLIN MIX	OTC
NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	OTC
NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML	OTC
NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	
NOVOLOG MIX 70/30	
NOVOLOG MIX INJ 70/30	
TRESIBA SOLN 100UNIT/ML	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	
ANTIDIABETICS, INSULIN SENSITIZER	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	
SYNJARDY TAB	ST; PA**
SYNJARDY TAB 5-500MG	ST; PA**
SYNJARDY TAB 5-1000MG	ST; PA**
SYNJARDY TAB 12.5-500	ST; PA**
SYNJARDY XR TAB	ST; PA**
SYNJARDY XR TAB 5-1000MG	ST; PA**
SYNJARDY XR TAB 10-1000	ST; PA**
SYNJARDY XR TAB 25-1000	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	
GLYXAMBI TAB 10-5 MG	ST; PA**
GLYXAMBI TAB 25-5 MG	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS	
JARDIANCE TABS 10MG, 25MG	ST; PA**
ANTIDIABETICS, SULFONYLUREA	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	

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Drug Name	Requirements/Limits
ANTIOBESITY	
<i>orlistat caps 120mg</i>	
SAXENDA SOPN 18MG/3ML	
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML	
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
CALCIUM REGULATORS, BISPHOSPHONATES	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	
<i>ibandronate sodium tabs 150mg</i>	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
<i>PROLIA SOSY 60MG/ML</i>	SP, PA, QL
CALCIUM REGULATORS, PARATHYROID HORMONES	
<i>teriparatide sopn 560mcg/2.24ml</i>	SP, PA, QL
<i>TYMLOS SOPN 3120MCG/1.56ML</i>	SP, PA, QL
CENTRAL PRECOCIOUS PUBERTY	
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, SP, PA 15MG	
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG SP, PA	
LUPRON DEPOT-PED (6-MONTH KIT 45MG SP, PA	
SUPPRELIN LA KIT 50MG SP, PA	
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, SP, PA 180mg, 360mg; tbs 125mg, 250mg, 500mg</i>	
<i>deferiprone tabs 500mg</i> SP, PA	
<i>deferoxamine mesylate solr 2gm, 500mg</i> SP, PA	
<i>penicillamine tabs 250mg</i>	
CONTRACEPTIVES	
ANNOVERA MIS	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15- 0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
ELLA TABS 30MG	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	

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Drug Name	Requirements/Limits
etongestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	
KYLEENA IUD 19.5MG	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	
medroxyprogesterone acetate 150 mg/ml susp 150mg/ml; susy 150mg/ml	
MIRENA IUD 20MCG/DAY	
NEXPLANON IMPL 68MG	
norelgestromin/ethinyl estradiol - xulane	
norethindrone tabs .35mg	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg- mcg	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	
PARAGARD IUD T380A	
SKYLA IUD 13.5MG	

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Drug Name	Requirements/Limits
DIABETIC SUPPLIES	
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	OTC
ACCU-CHEK LANCETS / LANCING DEVICE	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	OTC
ACCU-CHEK SOL	OTC
BD INSULIN SYRINGES AND NEEDLES	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	
OMNIPOD 5 INSULIN INFUSION PUMP	
OMNIPOD DASH INSULIN INFUSION PUMP	
TWIIST KIT STARTER	
TWIIST REFIL KIT INFUSION	
ENDOMETRIOSIS	
<i>danazol caps 50mg, 100mg, 200mg</i>	
<i>SYNAREL SOLN 2MG/ML</i>	
FERTILITY REGULATORS	
CETROTIDE KIT .25MG	SP, PA
<i>clomiphene citrate tabs 50mg</i>	
GANIRELIX ACETATE SOSY 250MCG/0.5ML	SP, PA
GONAL-F SOLR 450UNIT, 1050UNIT	SP, PA, QL
GONAL-F RFF SOLR 75UNIT	SP, PA, QL
GONAL-F RFF REDIRECT SOPN 300UNIT/0.5ML, 450UNT/0.75ML, 900UNIT/1.5ML	SP, PA, QL
OVIDREL SOSY 250MCG/0.5ML	SP, PA
GLUCOCORTICOIDS	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	
<i>fludrocortisone acetate tabs .1mg</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	
MEDROL TABS 2MG	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>glucagon (rdna) kit 1mg</i>	

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Drug Name	Requirements/Limits
GVOKE HYPOOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE HYPOOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE KIT SOLN 1MG/0.2ML	
GVOKE PFS SOSY 1MG/0.2ML	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
nitisinone caps 2mg, 5mg, 10mg, 20mg	SP, PA
ORFADIN CAPS 20MG	SP, PA
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	SP, PA
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	SP, PA
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	SP, PA, QL
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	
ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML	SP, PA
FABRAZYME SOLR 5MG, 35MG	SP, PA
GALAFOLD CAPS 123MG	SP, PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	
CERDELGA CAPS 84MG	SP, PA, QL
CEREZYME SOLR 400UNIT	SP, PA, QL
MENOPAUSAL SYMPTOM AGENTS	
CLIMARA PRO DIS WEEKLY	
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	
estradiol vaginal crm crea .1mg/gm	
estradiol/norethindrone	
IMVEXXY INST 4MCG, 10MCG	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
VAGIFEM TABS 10MCG	
MISCELLANEOUS	
cabergoline tabs .5mg	
CYSTAGON CAPS 50MG, 150MG	SP, PA
JYNARQUE TABS 15MG, 30MG; TBPK 15MG	SP, PA, QL
JYNARQUE PAK 30-15MG	SP, PA, QL
JYNARQUE PAK 45-15MG	SP, PA, QL
JYNARQUE PAK 60-30MG	SP, PA, QL

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Drug Name	Requirements/Limits
JYNARQUE PAK 90-30MG	SP, PA, QL
raloxifene hcl tabs 60mg	
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	SP, PA
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	SP, PA
XIAFLEX SOLR .9MG	SP, PA
PHOSPHATE BINDER AGENTS	
calcium acetate caps caps 667mg	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	
POTASSIUM-REMOVING AGENTS	
sodium polystyrene sulfonate susp 15gm/60ml	
PROGESTINS	
ENDOMETRIN INST 100MG	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	
megestrol acetate susp 400mg/10ml	
norethindrone acetate tabs 5mg	
progesterone, micronized caps 100mg, 200mg	
THYROID AGENTS	
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	
methimazole tabs 5mg, 10mg	
propylthiouracil tabs 50mg	
UREA CYCLE DISORDER	
PHEBURANE PLLT 483MG/GM	SP, PA, QL
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	SP, PA, QL
UTERINE FIBROIDS	
MYFEMBREE TAB	
VASOPRESSINS	
desmopressin acetate tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .01%	
VITAMIN D ANALOGS	
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	
paricalcitol caps 1mcg, 2mcg, 4mcg	
GASTROINTESTINAL	
ANTICHOLINERGICS	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	

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Drug Name	Requirements/Limits
glycopyrrolate soln 1mg/5ml	AGE
hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; tabs .125mg; tbdp .125mg	
ANTIDIARRHEALS	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
loperamide hcl caps 2mg	
ANTIEMETICS	
aprepitant caps 40mg, 80mg, 125mg	QL; PA*
aprepitant capsule therapy pack 80 & 125 mg	QL; PA*
dronabinol caps 2.5mg, 5mg, 10mg	
granisetron hcl tabs 1mg	
meclizine hcl tabs 12.5mg, 25mg, 50mg	
metoclopramide hcl tabs 5mg, 10mg	
ondansetron tbdp 4mg, 8mg	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	
prochlorperazine maleate tabs 5mg, 10mg	
promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg	
trimethobenzamide hcl caps 300mg	
H2-RECEPTOR ANTAGONISTS	
cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 400mg, 800mg	
famotidine susr 40mg/5ml; tabs 20mg, 40mg	
INFLAMMATORY BOWEL DISEASE	
balsalazide disodium caps 750mg	
budesonide cprep 3mg; tb24 9mg	
budesonide (intrarectal) foam 2mg	
hydrocortisone (intrarectal) enem 100mg/60ml	
mesalamine cp24 .375gm; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg	
sulfasalazine tabs 500mg; tbec 500mg	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72MCG, 145MCG, 290MCG	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
alosetron hcl tabs .5mg, 1mg	
VIBERZI TABS 75MG, 100MG	PA
LAXATIVES	
CLENPIQ SOL	
lactulose soln 10gm/15ml	

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

MISCELLANEOUS

IQIRVO TABS 80MG	SP, PA, QL
misoprostol tabs 100mcg, 200mcg	
MOVANTIK TABS 12.5MG, 25MG	
SUCRAID SOLN 8500UNIT/ML	PA, QL
ursodiol caps 300mg; tabs 250mg, 500mg	

PANCREATIC ENZYMES

CREON CAP 3000UNIT
CREON CAP 6000UNIT
CREON CAP 12000UNT
CREON CAP 24000UNT
CREON CAP 36000UNT
VIOKACE TAB 10440
VIOKACE TAB 20880
ZENPEP CAP 3000UNIT
ZENPEP CAP 5000UNIT
ZENPEP CAP 10000UNT
ZENPEP CAP 15000UNT
ZENPEP CAP 20000UNT
ZENPEP CAP 25000UNT
ZENPEP CAP 40000UNT
ZENPEP CAP 60000UNT

PROTON PUMP INHIBITORS

<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>
<i>pantoprazole delayed-rel tabs tbec 20mg, 40mg</i>

RECTAL, CORTICOSTEROIDS

<i>hydrocortisone (rectal) crea 2.5%</i>
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GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin ext-rel tb24 10mg</i>
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>
<i>finasteride tabs 5mg</i>
<i>tamsulosin hcl caps .4mg</i>
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>

CONTRACEPTIVES

<i>PHEXXI GEL</i>

MISCELLANEOUS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>
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Drug Name	Requirements/Limits
<i>potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg</i>	
URINARY ANTISPASMODICS	
<i>mirabegron tb24 25mg, 50mg</i>	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg</i>	
<i>oxybutynin ext-rel tb24 10mg, 15mg</i>	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	
<i>trospium chloride tabs 20mg</i>	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin cream crea 2%</i>	
<i>metronidazole vaginal gel gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
HEMATOLOGIC	
ANTICOAGULANTS	
<i>dabigatran etexilate mesylate caps 75mg, 110mg, 150mg</i>	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
<i>XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG</i>	
<i>XARELTO STAR TAB 15/20MG</i>	
BLEEDING DISORDERS AGENTS	
<i>NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG</i>	SP, PA
<i>SEVENFACT SOLR 1MG, 2MG, 5MG</i>	SP, PA
HEMATOPOIETIC GROWTH FACTORS	
<i>ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML</i>	SP, PA
<i>FYLNETRA SOSY 6MG/0.6ML</i>	SP, PA, QL
<i>NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY SP, PA 300MCG/0.5ML, 480MCG/0.8ML</i>	
<i>NYVEPRIA SOSY 6MG/0.6ML</i>	SP, PA, QL
<i>RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML</i>	SP, PA

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
HEMOPHILIA A AGENTS	
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SP, PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, SP, PA 2000UNIT, 2500UNIT, 3000UNIT	
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	SP, PA
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	SP, PA
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, SP, PA 4000UNIT	
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
Kovaltry SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SP, PA
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, SP, PA 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	
HEMOPHILIA B AGENTS	
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
IDEVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT	SP, PA
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
MISCELLANEOUS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
PLATELET AGGREGATION INHIBITORS	
<i>BRILINTA TABS 60MG, 90MG</i>	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel/aspirin</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
SICKLE CELL DISEASE	
ADAKVEO SOLN 100MG/10ML	SP, PA
SIKLOS TABS 100MG, 1000MG	
THROMBOCYTOPENIA AGENTS	
DOPTELET TABS 20MG	SP, PA, QL
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
PYZCHIVA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
REMICADE SOLR 100MG	SP, PA, QL
SIMPONI ARIA SOLN 50MG/4ML	SP, PA, QL
SKYRIZI INTRAVENOUS SOLN 600MG/10ML	SP, PA, QL
STELARA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
TREMFYA INTRAVENOUS SOLN 200MG/20ML	SP, PA, QL
YESINTEK INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314- XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314- XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
RINVOQ TB24 15MG	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314- XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL

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 Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements
 are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug
 subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314- XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
SKYRIZI SOAJ 150MG/ML; SOSY 150MG/ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TALTZ SOAJ 80MG/ML; SOSY 20MG/0.25ML, 40MG/0.5ML, 80MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314- XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
RIVOQUEL SOLN 1MG/ML; TB24 15MG	SP, PA, QL
SKYRIZI SOAJ 150MG/ML; SOSY 150MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	SP, PA, QL

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 Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements
 are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug
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Drug Name	Requirements/Limits
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314- XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	SP, PA, QL
ORENCIA CLICKJECT SOAJ 125MG/ML	SP, PA, QL
ORENCIA SUBCUTANEOUS SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	SP, PA, QL
XELJANZ XR TB24 11MG, 22MG	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL; Sandoz manufactured NDCs (61314- XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
PYZCHIVA SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	SP, PA, QL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity
 Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements
 are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug
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Drug Name	Requirements/Limits
VELSIPITY TABS 2MG	SP, PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	SP, PA, QL
XELJANZ XR TB24 11MG, 22MG	SP, PA, QL
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

hydroxychloroquine sulfate tabs 200mg

leflunomide tabs 10mg, 20mg

methotrexate sodium tabs 2.5mg

HEREDITARY ANGIOEDEMA

HAEGARDA SOLR 2000UNIT, 3000UNIT	SP, PA, QL
<i>icatibant acetate sosy 30mg/3ml</i>	SP, PA, QL
RUCONEST SOLR 2100UNIT	SP, PA, QL
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	SP, PA, QL

IMMUNOGLOBULIN

CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, SP, PA
3.3GM/20ML, 4GM/24ML, 8GM/48ML

GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML,
5GM/50ML, 10GM/100ML, 20GM/200ML,
40GM/400ML

OCTAGAM SOLN 1GM/20ML, 2GM/20ML,
2.5GM/50ML, 5GM/100ML, 5GM/50ML, 10GM/100ML,
10GM/200ML, 20GM/200ML, 30GM/300ML

PRIVIGEN SOLN 5GM/50ML, 10GM/100ML,
20GM/200ML, 40GM/400ML

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 .5MG, 1MG, 5MG

azathioprine tabs 50mg

BENLYSTA SOAJ 200MG/ML; SOLR 120MG, 400MG;
SOSY 200MG/ML

CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS
500MG

CELLCEPT INTRAVENOUS SOLR 500MG

cyclosporine caps 25mg, 100mg

*cyclosporine modified (for microemulsion) caps 25mg,
100mg; soln 100mg/ml*

ENVARSUS XR TB24 .75MG, 1MG, 4MG

*everolimus (immunosuppressant) tabs .25mg, .5mg,
.75mg, 1mg*

*mycophenolate mofetil caps 250mg; susr 200mg/ml;
tabs 500mg*

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Drug Name	Requirements/Limits
<i>mycophenolate sodium tbec 180mg, 360mg</i>	
MYFORTIC TBEC 180MG, 360MG	
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	
NULOJIX SOLR 250MG	
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG	
RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	
MISCELLANEOUS	
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	
SYNAGIS SOLN 50MG/0.5ML, 100MG/ML	SP, PA
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES	
<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq</i>	
<i>sodium fluoride soln .5mg/ml; tabs .5mg, 1mg</i>	
PRENATAL VITAMINS	
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4- 300 mg</i>	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	
VITAMINS	
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>ergocalciferol caps 1.25mg</i>	
<i>folic acid tabs 1mg</i>	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	
<i>pediatric vitamins acc w/ fluoride soln 0.5 mg/ml</i>	
<i>phytonadione tabs 5mg</i>	

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Drug Name	Requirements/Limits
OPHTHALMIC	
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
ANTI-INFECTIVES	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<i>moxifloxacin hcl (ophth) soln .5%</i>	
NATACYN SUSP 5%	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) soln .3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>trifluridine soln 1%</i>	
ANTI-INFLAMMATORIES	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	
<i>ketorolac tromethamine (ophth) soln .5%</i>	
<i>loteprednol etabonate susp .5%</i>	
<i>prednisolone acetate (ophth) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
ANTIALLERGICS	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
ANTIGLAUCOMA BETA-BLOCKERS	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
ANTIGLAUCOMA COMBINATION AGENTS	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	

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Drug Name	Requirements/Limits
CARBONIC ANHYDRASE INHIBITORS	
<i>dorzolamide hcl soln 2%</i>	
DRY EYE DISEASE	
RESTASIS MULTIDOSE EMUL .05%	PA, QL
RESTASIS SINGLE DOSE EMUL .05%	PA, QL
XIIDRA SOLN 5%	PA, QL
PROSTAGLANDINS	
<i>bimatoprost soln .03%</i>	
<i>latanoprost soln .005%</i>	
RETINAL DISORDERS	
EYLEA SOLN 2MG/0.05ML; SOSY 2MG/0.05ML	SP, PA
SYMPATHOMIMETICS	
<i>brimonidine tartrate soln .15%, .2%</i>	
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
PROLASTIN-C SOLN 1000MG/20ML	SP, PA
ANAPHYLAXIS TREATMENT AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml</i>	QL; PA*
EPIPEN SOAJ .3MG/0.3ML	QL; PA*
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
BEVESPI AER 9-4.8MCG	QL
<i>ipratropium/albuterol inhalation soln</i>	QL
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
BREZTRI AERO AER SPHERE	QL
TRELEGY AER 100MCG	QL
TRELEGY AER 200MCG	QL
ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation solution soln .02%</i>	QL
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT	QL
<i>tiotropium bromide monohydrate caps 18mcg</i>	QL
YUPELRI SOLN 175MCG/3ML	QL
ANTIHISTAMINES	
<i>azelastine hcl soln .15%, 137mcg/spray</i>	
<i>cyproheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl syrup 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
BETA AGONISTS	
<i>albuterol inhalation soln nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	QL

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Drug Name	Requirements/Limits
albuterol sulfate, cfc-free aerosol aers 108mcg/act	QL; Listing does not include certain NDCs
formoterol inhalation solution nebu 20mcg/2ml	QL
levalbuterol nebulizer soln concentrate nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	QL
levalbuterol, cfc-free aerosol aero 45mcg/act	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	QL
COLD/COUGH	
benzonatate caps 100mg, 200mg	Listing does not include certain NDCs.
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	QL; PA*
hydrocodone bitart-homatropine methylbromide tab 5- 1.5 mg	QL; PA*
promethazine w/ codeine syrup 6.25-10 mg/5ml	QL; PA*
promethazine-dm syrup 6.25-15 mg/5ml	
CYSTIC FIBROSIS	
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG; TABS 150MG	SP, PA, QL
PULMOZYME SOLN 2.5MG/2.5ML	SP, PA, QL
SYMDEKO TAB 50-75MG	SP, PA, QL
SYMDEKO TAB 100-150	SP, PA, QL
tobramycin nebu 300mg/4ml, 300mg/5ml	SP, PA, QL
TRIKAFTA PAK 59.5MG	SP, PA, QL
TRIKAFTA PAK 75MG	SP, PA, QL
TRIKAFTA TAB	SP, PA, QL
LEUKOTRIENE RECEPTOR ANTAGONISTS	
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	
NASAL STEROIDS	
flunisolide (nasal) soln .025%	
fluticasone propionate (nasal) susp 50mcg/act	
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	SP, PA, QL
pirfenidone caps 267mg; tabs 267mg, 801mg	SP, PA, QL
SEVERE ASTHMA AGENTS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
FASENRA SOSY 10MG/0.5ML, 30MG/ML	SP, PA, QL
FASENRA PEN SOAJ 30MG/ML	SP, PA, QL
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 40MG/0.4ML, 100MG/ML	SP, PA, QL

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Drug Name	Requirements/Limits
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SP, PA, QL SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	
STEROID INHALANTS	
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, QL 200MCG/ACT	
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, QL 200MCG/ACT	
<i>budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	QL; PA*
STEROID/BETA-AGONIST COMBINATIONS	
AIRSUPRA AER 90-80MCG	QL
BREO ELLIPTA INH 50-25MCG	QL; Listing does not include certain NDCs
BREO ELLIPTA INH 100-25	QL; Listing does not include certain NDCs.
BREO ELLIPTA INH 200-25	QL; Listing does not include certain NDCs.
<i>breyna 80-4.5 mcg/act</i>	QL
<i>breyna 160-4.5 mcg/act</i>	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	QL
DULERA AER 50-5MCG	QL
DULERA AER 100-5MCG	QL
DULERA AER 200-5MCG	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>wixela inhub 100-50 mcg/act</i>	QL
<i>wixela inhub 250-50 mcg/act</i>	QL
<i>wixela inhub 500-50 mcg/act</i>	QL
XANTHINES	
<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
TOPICAL	
DERMATOLOGY, ACNE	
clindamycin gel gel 1%	QL; PA*, Listing does not include certain NDCs

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Drug Name	Requirements/Limits
<i>clindamycin lotion lotn 1%</i>	QL; PA*
<i>clindamycin solution soln 1%</i>	QL; PA*
<i>erythromycin gel 2% gel 2%</i>	QL; PA*
<i>erythromycin soln soln 2%</i>	QL; PA*
<i>erythromycin/benzoyl peroxide</i>	QL; PA*
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>sulfacetamide lotion 10% lotn 10%</i>	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	
DERMATOLOGY, ACTINIC KERATOSIS	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	
<i>imiquimod crea 5%</i>	
DERMATOLOGY, ANTIBIOTICS	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	
<i>mupirocin oint 2%</i>	QL; PA*
<i>silver sulfadiazine crea 1%</i>	
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox gel .77%; sham 1%</i>	QL; PA*
<i>ciclopirox olamine crea .77%; susp .77%</i>	QL; PA*
<i>clotrimazole (topical) crea 1%; soln 1%</i>	QL; PA*
<i>econazole nitrate crea 1%</i>	QL; PA*
<i>ketoconazole (topical) crea 2%</i>	QL; PA*
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	QL; PA*
DERMATOLOGY, ANTIPSORIATICS	
<i>calcipotriene oint .005%; soln .005%</i>	
<i>ENSTILAR AER</i>	
<i>TACLONEX OIN</i>	
<i>TACLONEX SUS</i>	
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	
DERMATOLOGY, ATOPIC DERMATITIS	
<i>DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML</i>	SP, PA, QL
<i>EBGLYSS SOAJ 250MG/2ML; SOSY 250MG/2ML</i>	SP, PA, QL
<i>pimecrolimus crea 1%</i>	
<i>RINVOQ TB24 15MG, 30MG</i>	SP, PA, QL
<i>tacrolimus (topical) oint .03%, .1%</i>	
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	QL; PA*
<i>amcinonide crea .1%; lotn .1%</i>	QL; PA*

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Drug Name	Requirements/Limits
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	QL; PA*
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	QL; PA*
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desonide crea .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desoximetasone crea .05%, .25%; gel .05%; cint .25%</i>	QL; PA*
DUOBRII LOT	
<i>fluocinolone acetonide crea .025%; oint .025%; soln .01%</i>	QL; PA*
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	QL; PA*
<i>fluticasone propionate crea .05%; oint .005%</i>	QL; PA*
<i>halobetasol propionate crea .05%; oint .05%</i>	QL; PA*
<i>hydrocortisone (topical) crea 2.5%</i>	QL; PA*
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>hydrocortisone valerate crea .2%; oint .2%</i>	QL; PA*
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>triamicinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	QL; PA*
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine ptch 5%</i>	PA, QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
DERMATOLOGY, ROSACEA	
<i>ivermectin (rosacea) crea 1%</i>	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	QL; PA*
ORACEA CPDR 40MG	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
MUGARD LIQ	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamicinolone acetonide (mouth) pste .1%</i>	
OTIC	
<i>acetic acid (otic) soln 2%</i>	

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Drug Name	Requirements/Limits
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
<i>ofloxacin (otic) soln .3%</i>	

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