

2024 OHP Drug List (Formulary)

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



UPDATED DECEMBER 1, 2024

If you want a copy of this book, need this book in another language, large print, Braille, CD, or other format, please call the Customer Service number of your CCO listed below. TTY users can call 711. You can always view the most recent version of this drug list on your CCO's website.

Columbia Pacific CCO Customer Service: toll-free, 855-722-8206; online: colpachealth.org

Health Share/CareOregon Customer Service: 503-416-4100 or toll-free, 800-224-4840; online: careoregon.org/healthshare

Jackson Care Connect Customer Service: 541-500-0567 or toll-free, 855-722-8208; online: jacksoncareconnect.org

Si desea una copia de este documento, necesita este documento en otro idioma, letra grande, Braille, CD u otro formato, llame al número de servicio al cliente de su CCO que se encuentra más adelante. Los usuarios de TTY pueden llamar al 711. Puede consultar en cualquier momento la versión más reciente de esta lista de medicamentos en el sitio web de su CCO.

Columbia Pacific CCO Servicio al cliente: llame gratis al 855-722-8206; en línea: colpachealth.org

Health Share/CareOregon Servicio al cliente: 503-416-4100 o llame gratis al 800-224-4840; en línea: careoregon.org/healthshare

Jackson Care Connect Servicio al cliente: 541-500-0567 o llame gratis al 855-722-8208; en línea: jacksoncareconnect.org

Haddii aad doonayso nuqulka buugan, u baahan tahay buugan oo ku qoran luqad kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille, CD, ama qaab kale, fadlan wac lambarka Adeega Macmiilka ee CCO-gaaga ee hoos ku qoran.

Dadka isticmaala TTY waxay wici karaan 711. Waxaad markasta liiskii u dambeeyay ee daawadan ka fiirin kartaa website-kaaga CCO.

Columbia Pacific CCO Adeega Macmiilka: khadka bilaashka ah, 855-722-8206; internet-ka: colpachealth.org

Health Share/CareOregon Adeega Macmiilka: 503-416-4100 ama khadka bilaashka ah, 800-224-4840; internet-ka: careoregon.org/healthshare

Jackson Care Connect Adeega Macmiilka: 541-500-0567 ama khadka bilaashka ah, 855-722-8208; internet-ka: jacksoncareconnect.org

如果您想獲得一份本手冊、需要本手冊的其他語言版本、大字版、盲文版、CD 或其他格式，請致電下列您 CCO 的客戶服務部電話號碼。聽語障專線使用者可致電 711。

您可隨時在您 CCO 的網站上檢視本藥物清單的最新版本。

Columbia Pacific CCO 客戶服務部：免費電話 855-722-8206；網站：colpachealth.org

Health Share/CareOregon 客戶服務部：503-416-4100 或免費電話 800-224-4840；網站：careoregon.org/healthshare

Jackson Care Connect 客戶服務部：541-500-0567 或免費電話 855-722-8208；網站：jacksoncareconnect.org

Nếu quý vị muốn có một bản sao của cuốn sách này, cần cuốn sách này trên ngôn ngữ khác, bản in khổ lớn, chữ nổi Braille, CD, hoặc hình thức khác, xin vui lòng gọi số điện thoại dịch vụ khách hàng của Tổ chức Săn sóc Phối hợp (Coordinated Care Organization/CCO) của quý vị được liệt kê dưới đây. Những ai sử dụng điện thoại dành cho người khiếm thính/điếc (TTY) có thể gọi số 711. Quý vị luôn có thể xem phiên bản mới nhất của danh mục thuốc này trên trang web của CCO của quý vị.

Dịch vụ Khách hàng của Columbia Pacific CCO: số miễn phí, 855-722-8206; trực tuyến: colpachealth.org

Dịch vụ Khách hàng của Health Share/CareOregon: 503-416-4100 hoặc số miễn phí, 800-224-4840; trực tuyến: careoregon.org/healthshare

Dịch vụ Khách hàng của Jackson Care Connect: 541-500-0567 hoặc số miễn phí, 855-722-8208; jacksoncareconnect.org

Если вы желаете получить копию данного материала или вам необходимо, чтобы данный материал был переведен на другой язык, напечатан крупным шрифтом, шрифтом Брайля, записан на компакт-диск или был доступен в каком-либо другом формате, пожалуйста, позвоните в отдел обслуживания клиентов вашей организации координированного обслуживания (ССО) по телефону, указанному ниже. Пользователи системы телетайп (TTY) могут звонить на номер 711. Самую последнюю версию данного перечня лекарственных препаратов всегда можно увидеть на веб-сайте вашей организации СОО.

Отдел обслуживания клиентов организации Columbia Pacific CCO: бесплатный номер: 855-722-8206; Отдел обслуживания клиентов организации в Интернете:

colpachealth.org

Health Share/CareOregon: 503-416-4100 или бесплатный номер: 800-224-4840; Отдел обслуживания клиентов организации в Интернете: careoregon.org/healthshare

Jackson Care Connect: 541-500-0567 или бесплатный номер: 855-722-8208; Отдел обслуживания клиентов организации в Интернете: jacksoncareconnect.org

Health Share of Oregon does not discriminate

Health Share of Oregon must follow state and federal civil rights laws. We cannot treat people unfairly in any of our programs or activities because of a person's:

- Age
- Color
- Disability
- Gender identity
- Marital status
- National origin
- Race
- Religion
- Sex
- Sexual orientation

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. This includes receiving written material in other formats that work for you (large print, audio, braille, etc).

If you don't speak English, this also includes free interpretation services and written information/ material in the language you speak. Health Share of Oregon will make reasonable changes to policies, practices and procedures by talking with you about your needs.

To report concerns or to get more information, please contact our Grievance Coordinator one of these ways:

Email: civilrights@healthshareoregon.org
Phone: 503-416-1459 or TTY 711
Fax: 503-416-4981
Mail: Health Share of Oregon
Attn: Grievance Coordinator
2121 SW Broadway, Suite 200
Portland, OR 97201

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Contact that office one of these ways:

Web: hhs.gov
Email: OCRComplaint@hhs.gov
Phone: toll-free 800-368-1019 or TTY 711
Mail: 200 Independence Ave SW
Room 509F HHH Bldg
Washington DC 20201



Columbia Pacific CCO does not discriminate

Columbia Pacific CCO must follow state and federal civil rights laws. We cannot treat people unfairly in any of our programs or activities because of a person's:

- Age
- Color
- Disability
- Gender identity
- Marital status
- National origin
- Race
- Religion
- Sex
- Sexual orientation

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. This includes receiving written material in other formats that work for you (large print, audio, braille, etc).

If you don't speak English, this also includes free interpretation services and written information/ material in the language you speak. Columbia Pacific CCO will make reasonable changes to policies, practices and procedures by talking with you about your needs.

To report concerns or to get more information, please contact our Grievance Coordinator one of these ways:

Email: customerservice@careoregon.org
Phone: 503-488-2822 or toll-free 855-722-8206, TTY 711
Fax: 503-416-1313
Mail: Columbia Pacific CCO
Attn: Grievance Coordinator
315 SW Fifth Ave
Portland, OR 97204

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Contact that office one of these ways:

Web: [hhs.gov](https://www.hhs.gov)
Email: OCRComplaint@hhs.gov
Phone: toll-free 800-368-1019 or TTY 711
Mail: 200 Independence Ave SW
Room 509F HHH Bldg
Washington DC 20201



Jackson Care Connect does not discriminate

Jackson Care Connect must follow state and federal civil rights laws. We cannot treat people unfairly in any of our programs or activities because of a person's:

- Age
- Color
- Disability
- Gender identity
- Marital status
- National origin
- Race
- Religion
- Sex
- Sexual orientation

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. This includes receiving written material in other formats that work for you (large print, audio, braille, etc).

If you don't speak English, this also includes free interpretation services and written information/ material in the language you speak. Jackson Care Connect will make reasonable changes to policies, practices and procedures by talking with you about your needs.

To report concerns or to get more information, please contact our Grievance Coordinator one of these ways:

Email: customerservice@careoregon.org
Phone: 541-500-0567 or toll-free 855-722-8208, TTY 711
Fax: 503-416-1313
Mail: Jackson Care Connect
Attn: Grievance Coordinator
315 SW Fifth Ave
Portland, OR 97204

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Contact that office one of these ways:

Web: hhs.gov
Email: OCRComplaint@hhs.gov
Phone: toll-free 800-368-1019 or TTY 711
Mail: 200 Independence Ave SW
Room 509F HHH Bldg
Washington DC 20201



2024 OHP Drug List (Formulary)

Administered by CareOregon. Last updated December 1, 2024.

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

Jackson Care Connect: 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 drug 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:

Health Share/CareOregon: careoregon.org/portal

Jackson Care Connect: jacksoncareconnect.org/portal

Columbia Pacific CCO: colpachealth.org/portal

TABLE OF CONTENTS

ANTI-INFECTIVES.....	1
PENICILLINS	1
CEPHALOSPORINS	2
MACROLIDES.....	4
TETRACYCLINES	4
FLUOROQUINOLONES.....	4
AMEBICIDES	5
AMINOGLYCOSIDES.....	5
ANTITUBERCULOSIS AGENTS	5
ANTIFUNGALS	5
ANTIFUNGALS (SKIN & MUCOUS MEMBRANE).....	6
ANTIVIRALS	7
HEPATITIS AGENTS	8
HIV	8
INFLUENZA AGENTS	11
ANTIMALARIALS	11
ANTHELMINTICS	11
ANTI-INFECTIVE AGENTS: MISC.....	11
HEPATIC ENCEPHALOPATHY.....	13
MONOBACTAMS	13
BIOLOGICALS (VACCINES).....	13
VACCINES AGES 18 AND YOUNGER COVERED BY VACCINES FOR CHILDREN	13
ANTI-NEOPLASTICS	15
ANTIDOTES.....	15
ANTIMETABOLITES	15
ANTINEOPLASTIC AGENTS	16
PROGESTINS.....	23
ENDOCRINE AND METABOLIC DRUGS	23
ADRENALS	23
ANDROGENS	24
ESTROGENS.....	25
CONTRACEPTIVES.....	26
ALPHA-GLUCOSIDASE INHIBITORS.....	30
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS	30
BIGUANIDES	31

COMBO ANTI-DIABETIC	31
GLUCAGON	31
GNRH AGENTS	31
INCRETIN MIMETICS.....	32
INSULINS.....	32
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS	33
MEGLITINIDES	34
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB	34
SULFONYLUREAS	35
THIAZOLIDINEDIONES	35
ANTITHYROID AGENTS.....	35
THYROID AGENTS	36
OXYTOCICS	38
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS	38
ESTROGEN AGONIST-ANTAGONISTS	38
OSTEOPOROSIS.....	38
OTHER MISCELLANEOUS THERAPEUTIC AGENTS	38
PITUITARY.....	40
SOMATOTROPIN AGONISTS	41
SOMATOTROPIN ANTAGONISTS.....	41
VITAMIN D.....	41
VITAMIN E	42
CARDIOVASCULAR AGENTS.....	42
CARDIOTONIC AGENTS	42
CARDIAC DRUGS, MISCELLANEOUS.....	42
NITRATES AND NITRITES	43
BETA-ADRENERGIC BLOCKING AGENTS	43
CALCIUM-CHANNEL BLOCKING AGENTS.....	45
ANTIARRHYTHMICS.....	47
ANGIOTENSIN II RECEPTOR ANTAGONISTS	47
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS.....	48
CENTRAL ALPHA-AGONISTS.....	49
COMBO HYPERTENSION MEDS	49
DIRECT VASODILATORS.....	50
CARBONIC ANHYDRASE INHIBITORS (EENT)	50
LOOP DIURETICS	51
POTASSIUM-SPARING DIURETICS	51
THIAZIDE AND THIAZIDE-LIKE DIURETICS	51
ALPHA-ADRENERGIC AGONISTS.....	52
EPINEPHRINE	52

ANTILIPEMIC AGENTS, MISCELLANEOUS	52
BILE ACID SEQUESTRANTS	52
CHOLESTEROL ABSORPTION INHIBITORS.....	52
FIBRIC ACID DERIVATIVES	52
PCSK9 INHIBITORS	52
STATINS	53
PULMONARY HYPERTENSION	53
RESPIRATORY AGENTS	54
ANTI-HISTAMINES	54
DECONGESTANTS	55
NASAL STEROIDS	55
ALLERGY NASAL SPRAY	55
COUGH	55
CYSTIC FIBROSIS.....	55
INHALED ANTICHOLINERGICS	56
INHALED BETA-AGONISTS	56
INHALED COMBO ANTICHOLINERGICS/BETA-AGONISTS	56
INHALED COMBO BETA-AGONISTS/ANTICHOLINERGICS	56
INHALED COMBO STEROID/BETA-AGONISTS	56
INHALED STEROIDS.....	57
LEUKOTRIENE MODIFIERS	57
OTHER ASTHMA/COPD	57
GASTROINTESTINAL AGENTS.....	58
CATHARTICS AND LAXATIVES	58
ANTACIDS AND ADSORBENTS	59
ANTIDIARRHEA AGENTS.....	59
ANTIMUSCARINICS/ANTISPASMODICS	59
HISTAMINE H2-ANTAGONISTS	60
PROSTAGLANDINS.....	60
PROTECTANTS.....	60
PROTON-PUMP INHIBITORS.....	61
ANTI-NAUSEA.....	61
DIGESTANTS	62
CHOLELITHOLYTIC AGENTS.....	63
INFLAMMATORY BOWEL AGENTS	63
PHOSPHATE-REMOVING AGENTS.....	63
PROKINETIC AGENTS	64
GENITOURINARY PRODUCTS	64
INCONTINENCE/URINARY FREQUENCY.....	64

PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS).....	64
CONTRACEPTIVES (E.G. FOAMS, DEVICES).....	65
VAGINAL ANTI-INFECTIVES.....	65
ALKALINIZING AGENTS.....	65
IRRIGATING SOLUTIONS.....	66
MISCL URINARY AGENTS.....	66
BPH AGENTS.....	66
CENTRAL NERVOUS SYSTEM DRUGS.....	67
ANXIOLYTICS, SEDATIVES & HYPNOTICS, MISC.....	67
BENZODIAZEPINES.....	67
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP).....	68
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANT AGENTS.....	68
AMPHETAMINES.....	68
METHYLPHENIDATES.....	69
RESPIRATORY AND CNS STIMULANTS.....	71
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS – MISC.....	71
ALCOHOL DETERRENTS.....	71
ANTIDEMENTIA AGENTS.....	71
MULTIPLE SCLEROSIS.....	71
SMOKING DETERRENTS.....	72
ANALGESICS AND ANESTHETICS.....	72
ANALGESICS AND ANTIPYRETICS, MISC.....	72
SALICYLATES.....	73
OPIATE PARTIAL AGONISTS.....	73
OPIATES.....	74
ANTI-TNF INHIBITORS.....	76
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS.....	76
MISC BIOLOGIC.....	77
NONSTEROIDAL ANTI-INFLAMMATORY (NSAID).....	77
ACUTE MIGRAINE PRODUCTS.....	78
CHRONIC MIGRAINE PRODUCTS.....	79
ANTIGOUT AGENTS.....	79
URICOSURIC AGENTS.....	79
ANTI-CONVULSANTS.....	79
NEUROMUSCULAR DRUGS.....	82
ANTICHOLINERGIC AGENTS (CNS).....	82
ANTIPARKINSON.....	82

DOPAMINERGICS.....	82
CENTRAL NERVOUS SYSTEM AGENTS, MISC.....	82
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	83
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS	83
VMAT2 INIHIATORS	83
NUTRITIONAL PRODUCTS.....	83
VITAMIN B COMPLEX	83
MULTIVITAMIN PREPARATIONS	84
FLUORIDE	96
REPLACEMENT PREPARATIONS	97
CALORIC AGENTS.....	100
HEMATOLOGICAL AGENTS	100
HEMATOPOIETIC AGENTS.....	100
IRON CHELATING AGENTS	101
IRON PREPARATIONS	102
ANTICOAGULANTS	103
HEMOSTATICS.....	104
HEMORRHOLOGIC AGENTS.....	104
PLATELET-ACTING AGENTS.....	104
TOPICAL PRODUCTS	105
ALPHA-ADRENERGIC AGONISTS (EENT)	105
ANTIBACTERIALS (EENT)	105
ANTIVIRALS (EENT)	105
BETA-ADRENERGIC BLOCKING AGENTS (EENT)	106
CORTICOSTEROIDS (EENT).....	106
EENT DRUGS, MISCELLANEOUS	106
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS	107
MIOTICS.....	107
MYDRIATICS	107
PROSTAGLANDIN ANALOGS.....	107
LOCAL ANESTHETICS (EENT)	107
EENT ANTI-INFECTIVES, MISCELLANEOUS	107
ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE)	107
ANTIPRURITICS AND LOCAL ANESTHETICS.....	108
LOCAL ANTI-INFECTIVES, MISCELLANEOUS	108
SCABICIDES AND PEDICULICIDES	108
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.	109
TOPICAL CORTICOSTEROIDS.....	110

MISCELLANEOUS PRODUCTS	112
COMPLEMENT INHIBITORS	112
EMETICS	112
OPIATE ANTAGONISTS	113
ADRENOCORTICAL INSUFFICIENCY	113
GENETIC DISORDERS	113
SUBLINGUAL IMMUNOTHERAPY	113
MISCL OTHER	113
DEVICES	114
IMMUNOSUPPRESSIVE AGENTS	118
POTASSIUM-REMOVING AGENTS	119

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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
OXACILLIN SODIUM	IV SOLN 10 GM	Generic	
PENICILLIN G POTASSIUM	INJ 2000000	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	
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			
CEFACLOR	CAP 250MG	Generic	
CEFACLOR	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 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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
CEFAZOLIN/NAACL	IV SOLN 2 GM/100ML	Generic	
CEFAZOLIN/NAACL	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	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
-----------	----------------------	-----------	--------------

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	
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 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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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	PA
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			
AMPHOTERICIN	INJ 50MG	Generic	PA
BIO-STATIN	POW	Generic	PA
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
FLUCYTOSINE	CAP 500MG	Generic	PA

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
GRISEOFULVIN	SUS 125/5ML	Generic	PA required > 12
ITRACONAZOLE	CAP 100MG	Generic	PA
ITRACONAZOLE	SOL 10MG/ML	Generic	PA
KETOCONAZOLE	TAB 200MG	Generic	
KETOCONAZOLE	CRE 2%	Generic	QL 2.2 per day
NOXAFIL	SUSP 40MG/ML	Brand	PA
NOXAFIL	PAK 300MG	Brand	PA
NYSTATIN	TAB 500000	Generic	
NYSTATIN	POW	Generic	
NYSTATIN	SUS 100000	Generic	
NYSTATIN	POW 10BU	Generic	PA
NYSTATIN	POW 50MU	Generic	PA
NYSTATIN	POW 150MU	Generic	PA
NYSTATIN	POW 500MU	Generic	PA
NYSTATIN	POW 1BU	Generic	PA
NYSTATIN	POW 2BU	Generic	PA
NYSTATIN	POW 5BU	Generic	PA
NYSTATIN	CRE 100000	Generic	
NYSTATIN	OIN 100000	Generic	
POSACONAZOLE	TAB 100MG DR	Generic	PA
TERBINAFINE	TAB 250MG	Generic	
VORICONAZOLE	TAB 50MG	Generic	PA
VORICONAZOLE	TAB 200MG	Generic	PA
VORICONAZOLE	SUS 40MG/ML	Generic	PA
VORICONAZOLE	INJ 200MG	Generic	PA
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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 POW	POW	Generic	PA
MICONAZOLE 3	CRE 4%	Generic	
MICONAZOLE 7	CRE TUBE/KIT	Generic	
MICONAZOLE 7	CRE 2%	Generic	
MICONAZOLE 7	SUP 100MG	Generic	
MICRO GUARD	CRE 2%	Generic	
NEOSPORIN AF	CRE 2% JOCK	Generic	
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	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
PREVYMIS	TAB 240MG	Brand	PA QL 1 per day
PREVYMIS	TAB 480MG	Brand	PA QL 1 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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
MAVYRET	TAB 100-40MG	Brand	QL 3 tabs per day PA reqd for retreatment only
SOFOSBUVIR-VELPATASVIR (generic Eplclusa)	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	
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
COMPLERA	TAB 200MG-25MG-300MG	Brand	
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	PA for PrEP only (use Truvada) QL 1 per day
DESCOVY	TAB 200/25MG	Brand	PA for PrEP only (use Truvada) QL 1 per day

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
DIDANOSINE	CAP 125MG	Generic	
DIDANOSINE	CAP 200MG	Generic	
DIDANOSINE	CAP 250MG	Generic	
DIDANOSINE	CAP 400MG	Generic	
EDURANT	TAB 25MG	Brand	
EFAVIRENZ	CAP 50MG	Generic	
EFAVIRENZ	CAP 200MG	Generic	
EFAVIRENZ	TAB 600MG	Generic	
EFAVIR/EMTRI/TENOFOVI (generic Atripla)	TAB	Generic	
EMTRICITABINE	CAP 200MG	Generic	
EMTR/TENOFOV (generic Truvada)	TAB 100-150	Generic	QL 1 per day
EMTR/TENOFOV (generic Truvada)	TAB 133-200	Generic	QL 1 per day
EMTR/TENOFOV (generic Truvada)	TAB 167-250	Generic	QL 1 per day
EMTR/TENOFOV (generic Truvada)	TAB 200-300MG	Generic	QL 1 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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
ODEFSY	TAB 200-25-25MG	Brand	QL 1 per day
PIFELTRO	TAB 100MG	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	
SYM TUZA	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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
VITEKTA	TAB 150MG	Brand	QL 1 per day
VITEKTA	TAB 85MG	Brand	QL 1 per day
ZIAGEN	SOL 20MG/ML	Brand	
ZIDOVUDINE	CAP 100MG	Generic	
ZIDOVUDINE	TAB 300MG	Generic	
ZIDOVUDINE	SYP 50MG/5ML	Generic	
INFLUENZA AGENTS			
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	QL 40 per 365 days
OSELTAMIVIR	CAP 45MG	Generic	QL 20 per 365 days
OSELTAMIVIR	CAP 75MG	Generic	QL 20 per 365 days
OSELTAMIVIR	SUS 6MG/ML	Generic	AR PA required > 12; QL 240mls per 365 days
RELENZA	MIS DISKHALE	Brand	QL 20 per 30 days
ANTIMALARIALS			
CHLOROQUINE	TAB 250MG	Generic	
CHLOROQUINE	TAB 500MG	Generic	
COARTEM	TAB 20-120MG	Brand	
HYDROXYCHLOR	TAB 200MG	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	
REESES 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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
CLINDAMYCIN	CAP 300MG	Generic	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
VANCOMYCIN	INJ 5GM	Generic	
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
BIOLOGICALS (VACCINES)			
VACCINES AGES 18 AND YOUNGER COVERED BY VACCINES FOR CHILDREN			
ADACEL	INJ	Brand	AR <19 covered by VFC

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
AFLURIA QUAD	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	
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
FLUBLOK QUAD	INJ	Brand	AR covered for ages 3 and older
FLUCELVAX QUAD	INJ	Brand	AR covered for ages 3 and older
FLULAVAL QUAD	INJ	Brand	AR covered for ages 3 and older
FLUMIST QUAD	SUSP	Brand	AR Covered for ages 3-49
FLUZONE HD	INJ PF	Brand	AR < 65 not covered
FLUZONE QUAD	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
M-M-R II	INJ	Brand	AR <19 covered by VFC
MODERNA 6MO-11Y COVID VACCINE	INJ	Brand	
mRESVIA	INJ	Brand	AR >60
NOVAVAX	INJ	Brand	
PENBRAYA	INJ	Brand	AR <19 covered by VFC

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
PFIZER 5-11Y COVID VACCINE	INJ	Brand	
PFIZER 6M-4Y COVID VACCINE	INJ	Brand	
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	
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
ANTI-NEOPLASTICS			
ANTIDOTES			
LEUCOVOR CA	TAB 5MG	Generic	
LEUCOVOR CA	TAB 10MG	Generic	
LEUCOVOR CA	TAB 15MG	Generic	
LEUCOVOR CA	TAB 25MG	Generic	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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	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
BRAFTOVI	TAB 75MG	Brand	PA QL 6 per day
BRUKINSA	CAP 80MG	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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
CYCLOPHOSPHAMIDE	CAP 25MG	Generic	
CYCLOPHOSPHAMIDE	CAP 50MG	Generic	
CYCLOPHOSPHAMIDE	TAB 25MG	Generic	
CYCLOPHOSPHAMIDE	TAB 50MG	Generic	
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	
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
HEXALEN	CAP 50MG	Brand	
HYCAMTIN	CAP 0.25MG	Brand	
HYCAMTIN	CAP 1MG	Brand	
HYDROXYUREA	CAP 500MG	Generic	
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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 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
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
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 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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
LYTGOBI	TAB 4MG (12 MG DAILY DOSE)	Brand	PA QL 3 per day
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
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
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
PEMAZYRE	TAB 4.5MG	Brand	PA QL 0.67 per day
PAZOPANIB	TAB 200MG	Generic	PA QL 4 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
PIQRAY	300MG TAB DOSE	Brand	PA QL 2 per day
POMALYST	CAP 1MG	Brand	PA
POMALYST	CAP 2MG	Brand	PA

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
POMALYST	CAP 3MG	Brand	PA
POMALYST	CAP 4MG	Brand	PA
QINLOCK	TAB 50MG	Brand	PA QL 3 per day
REZLIDHIA	CAP 150MG	Brand	PA QL per day
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 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
SPRYCEL	TAB 100MG	Brand	PA
SPRYCEL	TAB 140MG	Brand	PA
SPRYCEL	TAB 20MG	Brand	PA
SPRYCEL	TAB 50MG	Brand	PA
SPRYCEL	TAB 70MG	Brand	PA
SPRYCEL	TAB 80MG	Brand	PA
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	
TAMOXIFEN	TAB 20MG	Generic	
TASIGNA	CAP 200MG	Brand	PA
TAZVERIK	TAB 200MG	Brand	PA QL 8 per day
TEMOZOLOMIDE	CAP 100MG	Generic	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
XPOVIO	THERAPY PACK 20MG (60MG TWICE WEEKLY)	Brand	PA QL 24 tabs per month
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	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
METHYLPREDNISOLONE	TAB 4MG	Generic	
METHYLPREDNISOLONE	TAB 8MG	Generic	
METHYLPREDNISOLONE	TAB 16MG	Generic	
METHYLPREDNISOLONE	TAB 32MG	Generic	
METHYLPREDNISOLONE	PAK 4MG	Generic	
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	
PREDNISONE	TAB 1MG	Generic	
PREDNISONE	TAB 2.5MG	Generic	
PREDNISONE	TAB 5MG	Generic	
PREDNISONE	TAB 10MG	Generic	
PREDNISONE	TAB 20MG	Generic	
PREDNISONE	TAB 50MG	Generic	
PREDNISONE	SOL 5MG/5ML	Generic	
PREDNISONE	PAK 5MG	Generic	
PREDNISONE	PAK 10MG	Generic	
QSYMIA	CAP 3.75-23MG	Brand	PA
QSYMIA	CAP 7.5-46MG	Brand	PA
QSYMIA	CAP 11.25-69MG	Brand	PA
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
SOLU-CORTEF	INJ 100MG	Brand	2 vials per fill
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	PA QL 5 grams per day
VOGELXO	GEL 1%(50MG)	Brand	PA
VOGELXO	GEL PUMP 1%	Brand	PA
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	INJ 7.5MG	Brand	PA
ORGOVYX	TAB 120MG	Brand	PA QL 1 per day
ORLISSA	TAB 150MG	Brand	PA QL 1 per day
ORLISSA	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
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
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
VICTOZA	INJ 18MG/3ML	Brand	PA QL 0.3mls per day
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
INSULINS			
ADMELOG	INJ 100U/ML	Brand	90-day supply available
ADMELOG SOLO	INJ 100U/ML	Brand	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
HUMALOG	MIX INJ 50/50	Brand	90-day supply available
HUMALOG	MIX INJ 50/50KWP	Brand	; 90-day supply available
HUMALOG	MIX SUS 75/25 MIX	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
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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, 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,

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
			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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
JYNARQUE	TAB 15MG	Brand	PA QL 2 per day
JYNARQUE	TAB 30MG	Brand	PA QL 2 per day
JYNARQUE	PAK 15-15MG	Brand	PA QL 2 per day
JYNARQUE	PAK 30-15MG	Brand	PA QL 2 per day
JYNARQUE	PAK 45-15MG	Brand	PA QL 2 per day
JYNARQUE	PAK 60-30MG	Brand	PA QL 2 per day
JYNARQUE	PAK 90-30MG	Brand	PA QL 2 per day
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	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
MELATONIN	CAP 5MG	Generic	
MELATONIN	CAP 10MG	Generic	
MELATONIN	SL LOZ 5MG	Brand	
OMEGA III	CAP EPA+DHA	Generic	
OPFOLDA	CAP 65MG	Brand	QL 8 per 28 days
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
SOHONOS	CAP 1MG	Brand	PA
SOHONOS	CAP 1.5MG	Brand	PA
SOHONOS	CAP 2.5MG	Brand	PA
SOHONOS	CAP 5MG	Brand	PA
SOHONOS	CAP 10MG	Brand	PA
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
TOLVAPTAN	TAB 30MG	Generic	PA QL 2 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
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			
DESMOPRESSIN	TAB 0.1MG	Generic	QL 6 per day
DESMOPRESSIN	TAB 0.2MG	Generic	QL 6 per day

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	PA
OCTREOTIDE	INJ 1000MCG	Generic	PA
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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			
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
ENTRESTO	TAB 24-26MG	Brand	PA QL 2 per day
ENTRESTO	TAB 49-51MG	Brand	PA QL 2 per day
ENTRESTO	TAB 97-103MG	Brand	PA QL 2 per day
RANOLAZINE	TAB ER 500MG	Generic	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
RANOLAZINE	TAB ER 1000MG	Generic	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	
MINITRAN	DIS 0.4MG/HR	Generic	
MINITRAN	DIS 0.6MG/HR	Generic	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
AMLODIPINE BESYLATE-BENAZEPRIL	CAP 10-20MG	Generic	QL 1 per day
AMLODIPINE BESYLATE-BENAZEPRIL	CAP 10-40MG	Generic	QL 1 per day
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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 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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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
RESPIRATORY AGENTS			
ANTI-HISTAMINES			
ALA-HIST IR	TAB 2MG	Brand	
ALAVERT	TAB 10MG	Generic	QL 1 per day
ALER-DRYL	TAB 50MG	Generic	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
LORATADINE	SYP 5MG/5ML	Generic	90-day supply available
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			
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
TRIKAFTA	PAK 100-50-75MG & 150MG	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
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

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

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	
THEO-24	CAP 200MG CR	Brand	
THEOCHRON	TAB 100MG CR	Generic	
THEOCHRON	TAB 200MG CR	Generic	
THEOCHRON	TAB 300MG CR	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 ER	Generic	
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
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

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

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	
SODIUM BICAR	TAB 10GR	Generic	
SODIUM BICAR	TAB 650MG	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
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	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	PA
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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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-OMEPRAZOLE	SUS 2MG/ML	Brand	AR PA > 12
LANSOPRAZOLE (First-lansoprazole)	SUS 3MG/ML	Brand	AR > 12 not covered
LANSOPRAZOLE	CAP 15MG DR	Generic	PA QL 1 per day
LANSOPRAZOLE	CAP 30MG DR	Generic	PA 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	PA
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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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			
LIVMARLI	SOL 9.5MG/ML	Brand	PA QL 3ml per day
LIVMARLI	SOL 19MG/ML	Brand	PA QL 2ml per day
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
PENTASA	CAP 250MG CR	Brand	PA
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	PA
TOLTERODINE	TAB 2MG	Generic	PA
TOLTERODINE ER	CAP 2MG	Generic	PA
TOLTERODINE ER	CAP 4MG	Generic	PA
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 180MG	Generic	
PYRIDOSTIGMINE BROMIDE	SOL 60MG/5ML	Generic	AR < 13
REGONOL	INJ 5MG/ML	Brand	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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	
VANAZOLE	GEL 0.75%	Generic	
ALKALINIZING AGENTS			
CITRIC ACID/SODIUM CITRATE	SOL	Generic	
CYTRA K CRYSTALS	PACK	Generic	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
PHENAZO	TAB 200MG	Generic	
PHENAZOPYRID	TAB 100MG	Generic	
PHENAZOPYRID	TAB 200MG	Generic	
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
SLEEP AID	CAP 50MG	Generic	
SLEEP AID	TAB 25MG	Generic	
ZALEPLON	CAP 5MG	Generic	QL 15 Caps per 30 days
ZALEPLON	CAP 10MG	Generic	QL 15 Caps per 30 days
ZOLPIDEM	TAB 5MG	Generic	QL 15 per 30 days
ZOLPIDEM	TAB 10MG	Generic	QL 15 per 30 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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
MIDAZOLAM	INJ 5MG/5ML	Generic	QL 36/180 days
MIDAZOLAM	INJ 5MG/ML	Generic	QL 36/180 days
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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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.
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
METHYLPHENIDATE	SOL 5MG/5ML	Generic	AR PA> 12
METHYLPHENIDATE	SOL 10MG/5ML	Generic	AR PA> 12
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	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
GLATIRAMER (Generic Copaxone 40mg)	INJ 40MG/ML	Generic	QL 12 syringes per 28 days
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			
BUPROBAN	TAB 150MG	Generic	QL 2 per day; 180 days per 365 days
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
NICOTROL	NASAL SPRAY 10MG/ML	Brand	PA QL 4mls per day (80 sprays) 180-day supply per 365 days
NICOTROL	INHALER 10MG	Brand	PA QL 16 cartridges per day
VARENICLINE (generic Chantix)	PAK 1MG	Generic	QL 2 per day; max benefit 90 days per 180 days
VARENICLINE (generic Chantix)	TAB 0.5MG	Generic	QL 2 per day; max benefit 90 days per 180 days
VARENICLINE (generic Chantix)	TAB 1MG	Generic	QL 2 per day; max benefit 90 days per 180 days
ANALGESICS AND ANESTHETICS			
ANALGESICS AND ANTIPYRETICS, MISC.			
(List not all encompassing. Representative products listed only)			

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
ACETAMINOPHEN	CAP, CHEW, DROPS, ELIX, GELCAP, SOLN, SUPP, SUSP, TAB	Generic	
ACETAMINOPHEN/CAFF/PYRILAMINE	TAB	Generic	
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
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			
BUNAVAIL	MIS 2.1-0.3MG	Brand	PA*, QL 3 per day
BUNAVAIL	MIS 4.2-0.7MG	Brand	PA*, QL 3 per day
BUNAVAIL	MIS 6.3-1MG	Brand	PA*, QL 2 per day
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	PA*, QL 3 per day
ZUBSOLV	SUB 1.4-0.36MG	Brand	PA*, QL 3 per day
ZUBSOLV	SUB 2.9-0.71MG	Brand	PA*, QL 3 per day
ZUBSOLV	SUB 5.7-1.4MG	Brand	PA*, QL 3 per day
ZUBSOLV	SUB 8.6-2.1MG	Brand	PA*, QL 2 per day
ZUBSOLV	SUB 11.4-2.9MG	Brand	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
* In accordance with Oregon law, Bunavail and Zubsolv are covered without PA for the first 30 days. Continued use requires prior authorization and will be subject to possible therapy changes to generic buprenorphine/naloxone products.			
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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
YUSIMRY	INJ 40/0.8ML	Brand	PA QL 0.06 per day
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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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			
ELETRIPTAN	TAB 20MG	Generic	QL 12 per 23 days

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
CARBAMAZEPINE	CHW 100MG	Generic	
CARBAMAZEPINE	SUS 100/5ML	Generic	
CARBAMAZEPINE	CAP 100MG ER	Generic	
CARBAMAZEPINE	CAP 200MG ER	Generic	
CARBAMAZEPINE	CAP 300MG ER	Generic	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
LEVETIRACETA	TAB 500MG ER	Generic	
LEVETIRACETA	TAB 750MG ER	Generic	
METHSUXIMIDE	CAP 300MG	Generic	
OXCARBAZEPIN	TAB 150MG	Generic	
OXCARBAZEPIN	TAB 300MG	Generic	
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 3 per day
PREGABALIN (generic Lyrica)	CAP 50MG	Generic	QL 3 per day
PREGABALIN (generic Lyrica)	CAP 75MG	Generic	QL 3 per day
PREGABALIN (generic Lyrica)	CAP 100MG	Generic	QL 3 per day
PREGABALIN (generic Lyrica)	CAP 150MG	Generic	QL 3 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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
ZONISAMIDE	CAP 25MG	Generic	
ZONISAMIDE	CAP 50MG	Generic	
ZONISAMIDE	CAP 100MG	Generic	
NEUROMUSCULAR DRUGS			
ANTICHOLINERGIC AGENTS (CNS)			
BENZTROPINE	TAB 0.5MG	Generic	
BENZTROPINE	TAB 1MG	Generic	
BENZTROPINE	TAB 2MG	Generic	
BENZTROPINE	INJ 1MG/ML	Generic	
DUVYZAT	SUS 8.86MG	Brand	PA QL 12ml per dayGaS
TRIHXYPHEN	TAB 2MG	Generic	
TRIHXYPHEN	TAB 5MG	Generic	
TRIHXYPHEN	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.			
DAYBUE	SOL 200MG/ML	Brand	PA QL 120ML per day

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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 INIHIATORS			
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
NIACIN	CAP 250MG ER	Generic	
NIACIN	CAP 250MG SR	Generic	
NIACIN	CAP 500MG TR	Generic	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
B COMPLEX W/C & FOLIC ACID	TAB	Generic	
BIOTIN FORTE	TAB	Brand	
BPROTECTED	SOL TRI-VITE	Generic	AR PA required > 2
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
DEKAS PLUS	CAP	Brand	ST required with cystic fibrosis drugs
DEKAS PLUS	CAP ESSENTIAL	Brand	ST required with cystic fibrosis drugs
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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
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

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

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

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

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

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

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 CARAMEL	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

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

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	

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

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

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

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

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

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

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

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

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

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/NAACL	INJ 0.45%	Generic	
D5W/NAACL	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

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

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			
APHEXDA	INJ 62MG	Brand	PA
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
ARANESP	INJ 200MCG	Brand	PA
ARANESP	INJ 300MCG	Brand	PA

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
ARANESP	INJ 10MCG	Brand	PA
ARANESP	INJ 500MCG	Brand	PA
CABLIVI	KIT 11MG	Brand	PA QL 1 per day
DOPTELET	TAB 20MG	Brand	PA QL 2 tabs per day
FYLNETRA	INJ 6MG/0.6	Brand	PA QL 0.6ml per fill
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
PROMACTA	TAB 12.5MG	Brand	PA QL 1 per day
PROMACTA	TAB 25MG	Brand	PA QL 1 per day
PROMACTA	PAK 25MG	Brand	PA QL 3 per day
PROMACTA	TAB 50MG	Brand	PA QL 1 per day
PROMACTA	TAB 75MG	Brand	PA QL 2 per day
PROMACTA	POW 12.5MG	Brand	PA QL 1 per day
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
VEOPOZ	INJ 400/2ML	Brand	PA
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
DEFERASIROX (GENERIC EXJADE)	TAB 500MG	Generic	PA

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
			90-day supply available
FERROUS SULFATE	LIQ 220/5ML	Generic	
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
SM IRON SLOW	TAB 160MG CR	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
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 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	
HEPARIN SOD	INJ 1000/ML	Generic	
HEPARIN SOD	INJ 5000/ML	Generic	
HEPARIN SOD (Prefilled Syringe)	PFS 5000/ML	Generic	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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			
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	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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 0.2% 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	
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	
TRIMETHOPRIM SOL POLYMYXN	SOL	Generic	
ANTIVIRALS (EENT)			
TRIFLURIDINE	SOL 1% OP	Generic	
ZIRGAN	GEL 0.15%	Brand	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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-POLYCN	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	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
OLOPATADINE HCL	OPHTH SOLN 0.2%	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	
PERIOGARD	SOL 0.12%	Generic	
ANTIBACTERIALS (SKIN & MUCOUS MEMBRANE)			
ANTIBIOTIC	OIN	Generic	
ANTIBIOTIC	OIN PAIN RLF	Brand	
BAC/NEO/POLY	OIN	Generic	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
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	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS			
ADAPALENE	GEL 0.1%	Generic	
ADAPALENE/BP	GEL 0.1-2.5%	Generic	PA Required
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	
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
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
PODOFILOX	SOL 0.5%	Generic	
PSORIASIN	LIQ 3%	Generic	
RA ARTH PAIN	CRE 0.075%	Generic	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
			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
STELARA	INJ 45MG/0.5	Brand	PA QL 1 syringe every 3 months Max 84-day supply per fill
STELARA	INJ 90MG/ML	Brand	PA QL 1 syringe every 3 months 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	
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
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	
BETAMETH DIP	LOT 0.05%	Generic	
BETAMETHASONE	CRE 0.1%	Generic	
CLOBETASOL	OINT 0.05%	Generic	QL 2 per day
CLOBETASOL	CRE 0.05%	Generic	
CLOBETASOL PROPIONATE	SOL 0.05%	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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
FLUTICASONE	CRE 0.05%	Generic	
FLUTICASONE	OIN 0.005%	Generic	
FLUOCINONIDE	SOL 0.05%	Generic	
FLUOCINONIDE ACET	SOL 0.01%	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	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
NEOSPORIN	CRE ECZEMA	Generic	
NOBLE FORMUL	CRE HC 1%	Generic	
NOBLE FORMUL	SPR 1%	Generic	
NYSTAT/TRIAM	CRE	Generic	QL 60 per 30 days
NYSTAT/TRIAM	OIN	Generic	QL 60 per 30 days
PREP H HC	CRE 1%	Generic	
PROCTO-PAK	CRE 1%	Generic	
PROCTOSOL HC	CRE 2.5%	Generic	
PROCTOZONE	CRE -HC 2.5%	Generic	
QC HYDROCORT	CRE 1%	Generic	
RECORT PLUS	CRE 1%	Generic	
REDERM	LOT 1%	Generic	
SARNOL-HC	LOT 1%	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	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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
RIVIVE	SPR 3/0.1ML	Brand	QL 4 per fill
ZIMHI	SOLN PREFILLED SYRINGE 5 MG/0.5ML	Brand	QL 1 per fill
ADRENOCORTICAL INSUFFICIENCY			
COSYNTROPIN	INJ 0.25MG	Generic	
GENETIC DISORDERS			
ZOKINVY	CAP 50MG	Brand	PA
ZOKINVY	CAP 75MG	Brand	PA
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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	
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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 8 per 30 days
INTELISWAB	KIT COVID-19	Brand	QL 8 per 30 days
BINAXNOW	KIT COVID-19	Brand	QL 8 per 30 days
QUICKVUE	KIT COVID-19	Brand	QL 8 per 30 days
ELLUME	KIT COVID-19	Brand	QL 8 per 30 days
IHEALTH	KIT COVID-19	Brand	QL 8 per 30 days
CLINITEST	KIT COVID-19	Brand	QL 8 per 30 days
DXTERITY	KIT COVID-19	Brand	PA QL 8 per 30 days
SIMPLICITY	KIT COVID-19	Brand	PA QL 8 per 30 days
PIXEL	KIT COVID-19	Brand	PA QL 8 per 30 days
MYLAB BOX	KIT COVID-19	Brand	PA QL 8 per 30 days
LUCIRA	KIT COVID-19	Brand	PA QL 8 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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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 (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
FREESTYLE (continuous glucose sensor)	LIBRA 3	Brand	PA QL 1 per 14 days 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 (calibration liquid)	SOL VERIO-HI	Brand	QL 1 box per 3 months
ONETOUCH (calibration liquid)	SOL VERIO	Brand	QL 1 box per 3 months
ONETOUCH (calibration liquid)	SOL ULT CONT	Brand	QL 1 box per 3 months
ONETOUCH (monitor)	KIT ULTRA 2	Brand	QL 1 per 2 years
ONETOUCH (monitor)	KIT VERIO FL	Brand	QL 1 per 2 years
ONETOUCH (monitor)	KIT ULT MINI	Brand	QL 1 per 2 years
ONETOUCH (monitor)	KIT VERIO IQ	Brand	QL 1 per 2 years
ONETOUCH (monitor)	KIT VERIO RE	Brand	QL 1 per 2 years
ONETOUCH (monitor)	KIT VERIO	Brand	QL 1 per 2 years
ONETOUCH (monitor)	VERIO FLEX KIT	Brand	QL 1 per 2 years
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

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
ONETOUCH (lancets)	DEL MIS PLUS 33G	Brand	QL 200 per month; 90-day supply allowed
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
ONETOUCH (test strips)	VERIO	Brand	QL 150 per month; 90-day supply allowed
ONETOUCH (test strips)	ULTRA	Brand	QL 150 per month; 90-day supply allowed
OPTICHAMBER	MIS ADVANTAG	Brand	QL 2 per 365 days
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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
SYRINGE/NEEDLE (DISPOSABLE)	VARIOUS	BOTH	QL 12 per 30 days; 90 day supply allowed
TABLET	CUTTER	Brand	QL 1 per 365 days
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	
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	

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

Drug Name	Dosage Form/Strength	Drug Type	Requirements
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 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

INDEX OF DRUGS

3

3 DAY VAGINAL 6

A

ABACAVIR 8

ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE.... 8

ABACAVIR/LAMIVUDINE 8

ABIRATERONE 16

ACAMPRO CAL 71

ACARBOSE 30

ACD/FLUORIDE..... 84

ACEBUTOLOL..... 43

ACETAMINOPHEN 73

ACETAMINOPHEN/CAFF/PYRILAMINE 73

ACETASOL HC 106

ACETAZOLAMIDE..... 50

ACETIC ACID 106

ACID CONTROL..... 60

ACID REDUCER 60

ACID RELIEF 60

ACITRETIN 109

ACTEMRA 77

ACTICIN 108

ACTIMMUNE 16

ACYCLOVIR 7

ADACEL..... 13

ADALIMUMAB-ADBIM 76

ADAPALENE..... 108

ADAPALENE/BP 108

ADBRY 109

ADEK GUMMIES PLUS ZINC..... 84

ADEMPAS 53

ADENOSINE 47

ADLYXIN 32

ADMELOG..... 32

ADMELOG SOLO 32

ADVAIR HFA 56

AERCHMBR PLS 114

AERCHMBR Z-..... 114

AEROCHAMBER..... 114

AFLURIA QUAD..... 14

AFTERA 26

AGGRENOX..... 104

AIMOVI 79

AIRZONE PEAK..... 114

AK-POLY-BAC..... 105

ALA-HIST IR..... 54

ALAVERT 54

ALBENDAZOLE..... 11

ALBUTEROL 56, 57

ALCALAK 59

ALCOHOL..... 108

ALCOHOL SWABS 114

ALCOHOL WIPE 108, 114

ALECENSA..... 16

ALENDRONATE 38

ALER-DRYL..... 54

ALFUZOSIN 66

ALKERAN 16

ALLOPURINOL 79

ALMACONE SUS..... 59

ALOGLIPTIN 33

ALOGLIPTIN-METFORMIN HCL..... 33

ALOGLIPTIN-PIOGLITAZONE..... 33, 34

ALTAVERA..... 26

ALUNBRIG..... 16

ALYACEN..... 26

AMANTADINE..... 7

AMBIZINE 61

AMBRISANTAN 53

AMETHIA 26

AMETHIA LO 26

AMETHYST..... 26

AMIKACIN.....	5
AMILORIDE.....	51
AMILORIDE/HYDROCHLOROTHIAZIDE.....	51
AMIODARONE.....	47
AMLODIPINE.....	45
AMLODIPINE BESYLATE-BENAZEPRIL.....	45
AMOXICILLIN.....	1
AMOXICILLIN/CLAVULANATE POTASSIUM.....	1
AMPHETAMINE (Generic Adderall IR).....	68
AMPHETAMINE (Generic Adderall XR).....	68
AMPHOTERICIN.....	5
AMPICILLIN.....	1
AMP-SULBACTA.....	1
ANAGRELIDE.....	104
ANASTROZOLE.....	16
ANORO ELLIPTA.....	56
ANTACID.....	59
ANTIBIOTIC.....	107
ANTI-ITCH.....	110
ANTIPY/BENZO.....	107
APAP/CODEINE.....	74
APHEXDA.....	100
APRACLONIDIN.....	106
APREPITANT.....	61
APRI.....	26
APTIVUS.....	8
ARALAST NP.....	57
ARANELLE.....	26
ARANESP.....	100, 101
ARGYL SALINE.....	66
ARIAL.....	114
ARMOUR THYROID.....	36
ASA/DIPYRIDA.....	104
ASHLYNA.....	26
ASPIRIN.....	73
ASSESS METER.....	114
ASTHMA CHECK.....	114
ASTHMAMENTOR.....	114
ATAZANAVIR.....	8
ATENOLOL.....	43
ATENOLOL/CHLORTHALIDONE.....	49

ATHLETE FOOT.....	6
ATORVASTATIN.....	53
ATOVAQUONE.....	11
ATROPIN-CARE.....	107
ATROPINE SUL.....	107
AUBRA.....	26
AUGMENTED BETAMETHASONE.....	110
AUGTYRO.....	16
AURODEX.....	107
AVC.....	108
AVIANE.....	26
AYVAKIT.....	16
AZATHIOPRINE.....	118
AZELASTINE HCL.....	55, 106
AZITHROMYCIN.....	4
AZTREONAM.....	13
AZURETTE.....	26

B

B COMPLEX W/C & FOLIC ACID.....	85
B COMPLEX WITH VITAMIN C.....	84
B1 NATURAL.....	83
BAC/NEO/POLY.....	107
BACIT/POLYMY.....	105
BACITR ZINC.....	108
BACITRACIN.....	105
BACLOFEN.....	83
BALSALAZIDE.....	63
BALVERSA.....	16
BALZIVA.....	26
BAND-AID.....	114
BAQSIMI ONE POW.....	23
BAQSIMI TWO POW.....	23
BARACLUDE.....	8
BAYCADRON.....	23
BD SWAB BFLY.....	114
BD SWAB REG.....	114
BELLA/OPIUM.....	59
BENAZEPRIL.....	48
BENAZEPRIL/HYDROCHLOROTHIAZIDE.....	49

BENLYSTA	118
BENZNIDAZOLE	11
BENZONATATE	55
BENZOYL PEROXIDE	108
BENZTROPINE.....	82
BESREMI	16
BETAMETH DIP.....	110
BETAMETHASONE.....	110
BETHANECHOL	64
BEXSERO.....	14
BICALUTAMIDE.....	16
BIKTARVY.....	8
BIMATOPROST	107
BINAXNOW.....	115
BIO-STATIN.....	5
BIOTIN FORTE.....	85
BISACODYL	58
BISOPROLOL FUMARATE.....	43
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	49
BLEPHAMIDE	106
BOOST	100
BOOSTRIX.....	14
BOSULIF.....	16
BPROTECTED	85
BRAFTOVI	16
BREATHERITE	114, 115
BREYNA	23
BRIELLYN	26
BRIMONIDINE.....	105
BRINZOLAMIDE	50
BRIXADI (MONTHLY)	73
BRIXADI (WEEKLY).....	73
BROMOCRIPTIN.....	82
BRUKINSA.....	16
BUBBLE GUM	113
BUDES/FORMOT	23
BUDESONIDE.....	23, 57
BUDESONIDE (nasal spray).....	106
BUMETANIDE	51
BUNAVAIL.....	73

BUPRENORPHINE	73
BUPRENORPHINE TD.....	73
BUPRENORPHINE/NALOXONE	73
BUPROBAN.....	72
BYDUREON	32
BYETTA	32

C

CABERGOLINE	38
CABLIVI.....	101
CABOMETYX	16
CAFFEINE CIT	71
CALC ANTACID.....	59
CALCIPOTRIEN.....	109
CALCITONIN.....	38
CALCITRIOL.....	41
CALCIUM	85
CALCIUM ACETATE.....	63
CALCIUM CARB.....	59
CALCIUM CARBONATE	97, 98
CALCIUM CITRATE.....	97
CALCIUM CITRATE PLUS VIT D	97
CALCIUM CITRATE PLUS VITAMIN D	98
CALCIUM PLUS D/ MINERALS	97
CALCIUM PLUS D3.....	97
CALCIUM W/VIT D.....	97
CALCIUM W/VIT D & POTASSIUM.....	97
CALCIUM/D	100
CALCIUM/PLUS D	97
CALNA.....	85
CALQUENCE.....	16
CAMCEVI	31
CAMILA.....	27
CAMRESE.....	27
CAMRESE LO.....	27
CANDESARTAN	47
CANDESARTAN/HCTZ	47
CAPECITABINE.....	16
CAPRELSA	16
CAPREX +	109

CAPSAICIN	109	CHILD ASPIRIN	73
CAPTOPRIL.....	48	CHILD SOOTHE	59
CAPTOPRIL/HYDROCHLOROTHIAZIDE	50	CHILD VIT D	41
CAPVAXIVE	14	CHILDRENS	59
CAPZASIN-P	109	CHLORHEX GLU	107
CARBAMAZEPINE	79, 80	CHLOROQUINE	11
CARBIDOPA/LEVODOPA.....	82	CHLORPHENIRAMINE MALEATE	54
CARTIA XT.....	45	CHLORTHALIDONE	51
CARVEDILOL	43, 44	CHLORZOXAZONE	83
CASCARA SAGRADA	58	CHOLESTYRAM	52
CAVAN-EC SOD.....	85	CHOLINE MAG TRISALICYLATE	73
CAVAREST.....	96	CIDOFOVIR	8
CAYSTON	13	CILOSTAZOL.....	104
CAZANT	27	CILOXAN	105
CEFACLOR.....	2	CIMDUO	8
CEFADROXIL	2	CIMETIDINE	60
CEFAZOLIN.....	2	CINACALCET	38
CEFAZOLIN/DEXTROSE	2	CIPROFLOXACIN	4, 105
CEFAZOLIN/NACL	3	CIT CALC/D	98
CEFDINIR	3	CITRIC ACID/SODIUM CITRATE	65
CEFEPIME	3	CL PRENATAL.....	85
CEFIXIME	3	CLARITHROMYCIN	4
CEFOTAXIME	3	CLINDAMYCIN	11, 12, 65, 108
CEFOTETAN	3	CLINITEST	115
CEFOXITIN	3	CLOBAZAM.....	67
CEFPODOXIME	3	CLOBETASOL.....	110
CEFPODOXIME PROXETIL.....	3	CLOBETASOL PROPIONATE	110
CEFPROZIL	3	CLONAZEPAM.....	67
CEFTRIAZONE	3	CLONIDINE	49
CEFUROXIME.....	3	CLOPIDOGREL.....	105
CELECOXIB.....	77	CLOTRIMAZOLE	6
CENTRUM SPEC.....	85	CLOTRIMAZOLE W/ BETAMETHASONE.....	6
CEPHALEXIN	3	COARTEM	11
CERALYTE 70	98	CODEINE SULF.....	74
CERASPORT	98	COLCHICINE.....	79
CERVICAL CAP.....	65	COLCRYS	79
CESIA	27	COLESTIPOL.....	52
CETIRIZINE.....	54	COLISTIMETHATE SOD	12
CHATEAL.....	27	COLOCORT.....	110
CHERRY.....	113	COMBIPATCH	25
CHEW CALCIUM	85	COMETRIQ.....	16

COMFORT GEL.....	59
COMIRNATY	14
COMP PRNATAL	85
COMPAZINE.....	61
COMPL PRENAT.....	85
COMPLERA	8
COMPLETENATE	85
COMPOZ.....	67
COMPRO	61
CO-NATAL FA.....	85
CONCEPT OB	85
CONSTULOSE.....	13
CONTROLRX	96
CORLANOR	42
CORT INTENSE.....	110
CORTAID.....	110
CORTAID ADV.....	110
CORTIFOAM	110
CORTISONE.....	111
CORTIZONE-10	111
COSENTYX	77
COSENTYX UNOREADY.....	77
COSENTYX (Pre-filled Syringe).....	77
COSENTYX PEN	77
COSYNTROPIN	113
COTELIC	16
COTTONSEED	113
COUMADIN	103
CREON.....	62
CRIXIVAN.....	8
CRYSELLE-28.....	27
CURITY SALIN	66
CVS PRENATAL	85
CVS STRESS.....	85
CVS SUPER B.....	85
CYANOCOBALAM	83
CYCLAFEM	27
CYCLOBENZAPRINE	83
CYCLOMYDRIL	107
CYCLOPENTOL.....	107
CYCLOPENTOLATE.....	107

CYCLOPHOSPH	17
CYCLOSPORINE.....	118
CYPROHEPTADINE.....	54
CYRED	27
CYTRA K CRYSTALS	65
CYTRA-2.....	66
CYTRA-3.....	66
CYTRA-K.....	66

D

D 400	41
D-3 GUMMY	41
D3 KIDS.....	41
D5W/NAACL	98
DALFAMPRIDINE	38
DANAZOL.....	24, 25
DANTROLENE	83
DAPSONE.....	59
DAPTACEL.....	14
DARUNAVIR.....	8
DASETTA.....	27
DAURISMO	17
DAYBUE	82
DAYSEE	27
DEBLITANE	27
DEFERASIROX	101
DEFERASIROX (GENERIC EXJADE).....	101
DEKAS.....	85, 86
DEKAS BARIATRIC.....	86
DEKAS PLUS.....	85, 86
DELSTRIGO	8
DELTASONE	23
DELYLA.....	27
DENTA 5000	96
DENTAGEL	96
DEPO-ESTRADIOL	26
DEPO-PROVERA.....	23
DERMACEA.....	115
DESCOVY	8
DESENEX.....	6

DESMOPRESSIN	40, 41
DESO/ETHINYL	27
DESOXIMETAS	111
DEX4	30
DEXAMETH PHO.....	106
DEXAMETHASONE.....	23, 24
DEXMETHYLPHENIDATE.....	69, 70
DEXMETHYLPHENIDATE (generic Focalin XR)	70
DEXTROAMPHETAMINE.....	68, 69
DEXTROSE	100
DIABET TUSS.....	54
DIALYVITE	86
DIALYVITE/	86
DIAZEPAM	67
DIAZOXIDE.....	30
DICLOFEN POTASSIUM.....	77
DICLOFENA.....	77
DICLOFENAC.....	77, 107
DICLOXACILLIN SODIUM	2
DICYCLOMINE.....	59
DIDANOSINE.....	9
DIFFERIN.....	108
DIGOXIN	42
DILANTIN	80
DILANTIN-125.....	80
DILAUDID-HP	74
DILT-CD.....	45
DILTIAZEM	45, 46
DILT-XR	46
DILTZAC	46
DIMENHYDRIN	61
DIMETHYL FUMARATE	71
DIPHENHYDRAM	67
DIPHENHYDRAMINE.....	54
DISOPYRAMIDE	47
DISULFIRAM	71
DOCUSATE SODIUM.....	58
DOFETILIDE.....	47
DOJOLVI.....	100
DONEPEZIL	71
DOPTELET	101

DORZOLAMIDE.....	51
DORZOLAMIDE/TIMOLOL MALEATE.....	51
DOXAZOSIN	66
DOXYCYCLINE HYCLATE.....	4
DOXYCYCLINE MONOHYDRATE	4
DOXYLAMINE SUCCINATE (SLEEP)	67
DRAMAMINE.....	61
DRIMINATE.....	61
DRONABINOL	61
DROSPIR/ETHI	27
DROSPIRENONE	27
DROXIA.....	17
DUPIXENT.....	77
DUPIXENT PEN	77
DUTASTERIDE	66
DUVYZAT	82
D-VI-SOL.....	41
D-VITA	41
DXTERITY	115

E

EASIVENT.....	115
EASY IRON	102
EBOLA ZAIRE VIRU.....	14
ECONTRA EZ	27
ED-SPAZ.....	59
EDURANT.....	9
EFAVIR/EMTRI/TENOFOVI (generic Atripla)	9
EFFER-K	98
ELIGARD	17
ELINEST.....	27
ELIQUIS.....	103
ELITE-OB.....	86
ELIXOPHYLLIN.....	57
ELLA.....	27
ELLUME	115
ELMIRON	66
EMCYT	17
EMEND	61
EMOQUETTE	27

EMTR/TENOFOV (generic Truvada)	9
EMTRICITABINE	9
EMTRIVA	9
ENALAPRIL.....	48, 49
ENALAPRIL/HYDROCHLOROTHIAZIDE.....	50
ENBREL	76
ENBREL MINI	76
ENBREL SRCLK	76
ENDOCET	74
ENDODAN.....	74
ENDUR-ACIN.....	83
ENEMA	58
ENFALYTE	98
ENFAMIL.....	86, 98
ENGERIX-B.....	14
ENOXAPARIN	103
ENPRESSE-28.....	27
ENSKYCE	27
ENSPRYNG	77
ENSURE	100
ENTACAPONE	82
ENTECAVIR	8
ENTRESTO	42
ENULOSE	13
EPINEPHRINE AUTO-INJECTOR	52
EPITOL	80
EPLERENONE	51
EPOPROSTENOL	53
EQL B-12	83
EQL GAUZE	115
EQL HEARTBRN.....	60
EQL PRENATAL	86
ERGOCALCIFER	41
ERIVEDGE	17
ERLEADA.....	17
ERLOTINIB	17
ERRIN.....	27
ERYTHROMYCIN	105
ESOMEPRAZOLE MAG.....	61
ESTARYLLA.....	27
ESTRA/NORETH	26

ESTRADIOL.....	25
ESTRADIOL (Generic Climara)	25
ESTRADIOL (Generic Vivelle Dot)	25, 26
ESTRADIOL VALERATE	26
ESTRING.....	26
ESTROPIPATE.....	26
ESZOPICLONE	67
ETHAMBUTOL	5
ETHOSUXIMIDE	80
ETIDRONATE DISODIUM	38
ETODOLAC.....	78
ETOPOSIDE	17
ETRAVIRINE	9
EVEROLIMUS	17, 118
EVEROLIMUS (generic Afinitor Disperz).....	17
EVEROLIMUS (generic Afinitor).....	17
EVOTAZ.....	9
EXEMESTANE.....	17
EXKIVITY	17
EX-LAX	58
E-Z SPACER	115
EZETIMIBE	52

F

FABHALTA	112
FALLBACK	27
FALMINA	27
FAMCICLOVIR.....	7
FAMOTIDINE	60
FARYDAK	17
FASENRA.....	77
FASENRA PEN (AUTO-INJECTOR)	77
FAYOSIM.....	27
FC2 FEMALE CONDOM	65
FE TABS.....	102
FEBUXOSTAT	79
FELBAMATE	80
FELODIPINE	46
FEMALE CONDOMS.....	65
FENOFIBRATE	52

GALANTAMINE	71
GARAMYCIN	105
GARDASIL 9	14
GATIFLOXACIN	105
GAVILYTE-C.....	58
GAVILYTE-G	58
GAVILYTE-N	58
GAVRETO.....	17
GEFITINIB	17
GEMFIBROZIL	52
GENERLAC	13
GENGRAF.....	118
GENOTROPIN	76
GENPRIL.....	78
GENTAK	105
GENTAMICIN	105, 108
GENVOYA	9
GERBER.....	98
GESTICARE.....	86
GIANVI.....	27
GILDAGIA.....	27
GILDESS	27
GILDESS 24	27
GILDESS FE.....	27
GILOTRIF.....	18
GLATIRAMER (Generic Copaxone 20 mg)	71
GLATIRAMER (Generic Copaxone 40mg)	72
GLEOSTINE	18
GLIMEPIRIDE	35
GLIPIZIDE.....	35
GLIPIZIDE ER.....	35
GLIPIZIDE/METFORMIN	31
GLUCAGEN	31
GLUCAGON.....	31
GLUCAGON EMR	31
GLUCERNA.....	100
GLUCOSE	30
GLUCOSE BITS	30
GLUTOSE 15	30
GLUTOSE 45	31
GLYBURID MCR	35

GLYBURIDE	31, 35
GLYBURIDE/METFORMIN.....	31
GLYCERIN.....	58
GLYDO	108
GNP CALCIUM	98
GNP PRENATAL	86
GOODSENSE	87
GRANISETRON.....	61
GRANISOL.....	61
GRAPE.....	113
GRASTEK.....	113
GRISEOFULVIN	6
GUANFACINE.....	49
GVOKE (auto-injector).....	31
GVOKE (Prefilled Syringe)	31
GYNECORT 10.....	111

H

HADLIMA.....	76, 77
HAEGARDA	112
HAVRIX	14
HC/ACET ACID	106
HEARTBRN REL	60
HEARTBURN	60
HEATHER	27
HECORIA.....	118
HEPARIN SOD	103, 104
HEPLISAV-B.....	14
HEXALEN	18
HM B COMPLEX.....	87
HM PRENATAL.....	87
HOMATROPAIRE	107
HOMATROPINE	107
HUMALOG.....	33
HUMULIN	33
HYCAMTIN.....	18
HYDRALAZINE.....	50
HYDROCHLOROTHIAZIDE	51
HYDROCODONE/APAP	74
HYDROCODONE/IBUPROFEN.....	74

HYDROCORT	112
HYDROCORT AC.....	111
HYDROCORT/AB.....	111
HYDROCORTISONE.....	24, 111
HYDROCREAM.....	111
HYDRO-LOTION	111
HYDROMORPHONE.....	74, 75
HYDROSKIN	111
HYDROXYCHLOR.....	11
HYDROXYPROG	23
HYDROXYUREA.....	18
HYDROXYZINE HCL	67
HYDROXYZINE PAMOATE.....	67
HYFTOR	109
HYOMAX-SL.....	59
HYOSCYAMINE	59
HYOSYNE	60
HYPODERMIC NEEDLES (DISPOSABLE).....	115

I

IBANDRONATE	38
IBRANCE	18
IBU-DROPS	78
IBUPROFEN.....	67, 78
IBUPROFEN IB	78
IBUPROFEN JR	78
IBUPROFEN PM	67
ICLUSIG.....	18
ICOSAPENT	52
IDHIFA	18
IHEALTH.....	115
ILOTYCIN.....	105
IMATINIB MESYLATE	18
IMBRUVICA	18
IMIQUIMOD	109
IMPAVIDO	12
INATAL ADV.....	87
INATAL GT	87
INATAL ULTRA	87
INCRELEX.....	41

INCRUSE ELLIPTA.....	56
INDAPAMIDE.....	51
INDOMETHACIN	78
INFANRIX.....	14
INFLUENZA VIRUS VAC TISS-CULT.....	11
INFLUENZA VIRUS VACC RECOMBINANT	11
INGREZZA	83
INLYTA	18
INQOVI	18
INREBIC.....	18
INSPIREASE.....	115
INSTACORT 5.....	111
INSTA-GLUCOS	31
INSULIN ASPA.....	33
INSULIN ASPA (generic Novolog pen).....	33
INSULIN ASPA (generic Novolog vial).....	33
INSULIN GLARG (generic Semglee pen).....	33
INSULIN GLARG (generic Semglee vial).....	33
INSULIN LISP.....	33
INSULIN LISP (generic Humalog pen).....	33
INSULIN PEN NEEDLES	115
INSULIN SYRINGES.....	115
INTELENCE.....	9
INTELISWAB	115
INTROVALE	27
INVIRASE	9
IPECAC.....	112
IPRATROPIUM	55, 56, 60
IPRATROPIUM/.....	56
IQIRVO.....	58
IRBESARTAN	48
IRBESARTAN/HYDROCHLOROTHIAZIDE.....	50
IRON	102
IRON SUPPLEM.....	102
IRON SUPPLMT.....	102
IRON THERAPY	102
ISENTRESS	9
ISENTRESS HD.....	9
ISONIAZID.....	5
ISOSORBIDE DINITRATE	43
ISOSORBIDE MONONITRATE.....	43

ISOTRETINOIN	108
ITRACONAZOLE	6
IVERMECTIN	11
IWILFIN	18
IXCHIQ	14
IZERVAY	106

J

JAKAFI	18
JANTOVEN	104
JAYPIRCA	18
JENCYCLA	28
JOCK ITCH	6
JOENJA	118
JOLESSA	28
JOLIVETTE	28
JULEBER	28
JUNEL 1.5/30	28
JUNEL 1/20	28
JUNEL FE	28
JUNEL FE 24	28
JUST D	41
JYNARQUE	39

K

K HYDROCORTISON	111
KALYDECO	55
KARIDIUM	97
KARIGEL-N	97
KARIVA	28
K-EFFERVESCE	98
KELNOR	28
KERICORT 10	111
KETOCONAZOLE	6, 7
KETOPROFEN	78
KETOROLAC	107
KETOTIFEN FUM	106
KIMIDESS	28
KIONEX	119
KISQALI	19

KLOR-CON 10	98
KLOR-CON 8	98
KLOR-CON M10	98
KLOR-CON M20	98
KLOR-CON SPR	98
KLOR-CON/EF	98
KLOXXADO	113
KONSYL	58
KOSELUGO	19
KP B COMPLEX	87
KP CALCIUM	98
KP PRENATAL	87
K-PHOS	98
KPN PRENATAL	87
K-PRIME	98
KRAZATI	19
KRINTAFEL	11
K-SOL	98
KURVELO	28
K-VESCENT	98

L

LABETALOL	44
LACOSAMIDE	80
LACTULOSE	13
LAMIVUDINE	9
LAMIVUDINE/ZIDOVUDINE	9
LAMPIT	12
LANABIOTIC	108
LANACORT 10	111
LANSOPRAZOLE	61
LANTUS	33
LANTUS SOLOSTAR	33
LAPATINIB (generic Tykerb)	19
LARIN	28
LARIN 24	28
LARIN FE	28
LATANOPROST	107
LAYOLIS FE	28
LAZCLUZE	19

MAVYRET.....	8	METHYLPHENIDATE (generic Metadate CD)...	70, 71
MAYZENT.....	72	METHYLPREDNISOLONE.....	24
MECLIZINE.....	61	METIPRANOLOL	106
MED-DERM HC.....	111	METOCLOPRAMIDE.....	64
MEDI-CORT.....	111	METOLAZONE.....	51, 52
MEDI-MECLIZI	61	METOPROLOL.....	44
MEDI-PROFEN	78	METOPROLOL TARTRATE	44
MEDROXYPR AC	23	METOPROLOL/HYDROCHLOROTHIAZIDE.....	50
MEFLOQUINE	11	METRONIDAZOLE	12, 65
MEGESTROL AC.....	20	MEXILETINE	47
MEKINIST.....	20	MIBELAS 24	28
MEKTOVI	20	MICADERM.....	7
MELATONIN	39, 40	MICONAZOLE	7
MELOXICAM.....	78	MICONAZOLE CRE 2%.....	7
MEMANTINE	71	MICONAZOLE POW	7
MENACTRA.....	14	MICONAZOLE 3	7
MENEST.....	26	MICONAZOLE 7	7
MENOMUNE	14	MICRO GUARD	7
MENQUAFI	14	MICROCHAMBER.....	115
MENVEO.....	14	MICROGESTIN	28
MERCAPTOPURINE.....	15	MICROLIFE.....	115
MEROP/NACL.....	12	MICROSPACER.....	115
MESALAMINE	63	MIDAZOLAM	68
MESALAMINE (generic Pentasa)	63	MIDODRINE.....	52
MESALAMINE (generic Apriso)	63	MIDOL	78
MESALAMINE (generic Asacol HD)	63	MIFEPRISTONE	38
MESALAMINE (generic Delzicol)	63	MILK OF MAGNESIUM	58
MESALAMINE (generic Lialda)	63	MINERAL OIL	58
METAMUCIL	58	MINI WRIGHT	115
METAPROTEREN	57	MINITRAN.....	43
METFORMIN.....	31	MINOCYCLINE	4
METHAZOLAMIDE	51	MINOXIDIL.....	50
METHIMAZOLE.....	35	MIRASORB.....	116
METHITEST	25	MISOPROSTOL.....	60
METHOCARBAMOL	83	MISSION PREN.....	87
METHOTREXATE.....	15	M-M-R II	14
METHSUXIMIDE	81	MODERNA 6MO-11Y COVID VACCINE	14
METHYLDOPA.....	49	MOMETASONE.....	111
METHYLERGON	38	MOMETASONE FUROATE.....	111
METHYLPHENIDATE	70, 71	MONO-LINYAH	29
METHYLPHENIDATE (generic Concerta)	70	MONONESSA.....	29

MONTELUKAST.....	57	NATALVIT	88
MORPHINE SULFATE	75	NATEGLINIDE.....	34
MOTION RELF.....	62	NATURALYTE	98
MOTION SICK	62	NEBUPENT.....	12
MOTION-TIME.....	62	NEBUSAL	55
MOTRIN PM	67	NECON.....	29
MOUNJARO.....	32	NEO/BAC/POLY	105
MOXIFLOXACIN	5	NEO/POLY/BAC	106
mRESVIA.....	14	NEO/POLY/DEX	106
MULTAQ.....	47	NEO/POLY/GRA.....	105
MULTI PRENAT	87	NEO/POLY/HC	106
MULTI-VIT/FE	87	NEOMYCIN	5
MULTI-VIT/FL	87, 88	NEO-POLYCIN	105, 106
MUPIROCIN.....	108	NEOPORACIN	108
M-VIT.....	88	NEOSPORIN	112
MY WAY	29	NEOSPORIN AF	7
MYCOPHENOLATE.....	118	NEOSPORIN+PN	108
MYCOPHENOLATE SODIUM.....	118	NEPHPLEX RX.....	88
MYDRAL.....	107	NEPHRON FA.....	102
MYFERON 150.....	102	NEPHRONEX	88
MYLAB BOX	115	NEPHRO-VITE	88
MYLERAN	20	NERLYNX.....	20
MYNATAL	88	NESSI SPACER	116
MYNATAL PLUS	88	NEUT	66
MYNATAL-Z	88	NEUTRAGARD.....	97
MYNEPHROCAPS.....	88	NEUTREXIN.....	12
MYZILRA	29	NEVIRAPINE.....	10
N			
NABUMETONE	78	NEXT CHOICE.....	29
NADOLOL.....	44	NIACIN.....	52, 83, 84
NAFCILLIN SODIUM.....	2	NIACIN ER.....	52, 84
NAFRINSE	97	NIACIN TR.....	84
NALOXONE	113	NIACINAMIDE.....	84
NALTREXONE.....	113	NICOTINE.....	72
NAPROXEN	78	NICOTINE SYS	72
NARATRIPTAN	79	NICOTROL.....	72
NARCAN	113	NIFEDIAC CC.....	46
NATAL-V RX.....	88	NIFEDICAL XL.....	46
NATALVIRT CA.....	88	NIFEDIPINE	46
		NIKKI.....	29
		NINLARO.....	20
		NITRO-BID	43

NITRO-DUR.....	43	OCTREOTIDE.....	41
NITROFURANTOIN.....	12	ODACTRA.....	113
NITROFURANTOIN MACROCRYSTALS.....	12	ODEFYSY.....	10
NITROGLYCERIN.....	43	ODOMZO.....	20
NIVA-PLUS.....	88	OFLOXACIN.....	105
NIVESTYM (NEUPOGEN BIOSIMILAR).....	101	OGESTREL.....	29
NIZATIDINE.....	60	OGSIVEO.....	20
NOBLE FORMUL.....	112	OJEMDA.....	20
NORA-BE.....	29	OJJAARA.....	20
NORDITROPIN.....	76	OLMESARTAN MEDOXOMIL.....	48
NORETH/ETHIN.....	29	OLOPATADINE HCL.....	106, 107
NORETHIN ACE.....	23	OMEGA III.....	40
NORETHINDRON.....	29	OMEPRAZOLE.....	61
NORGEST/ETHI.....	29	OMEPRAZOLE +.....	61
NORINYL.....	29	OMEPRAZOLE + (First-omeprazole).....	61
NORLYROC.....	29	OMNIPOD.....	116
NORPACE.....	47	OMNITROPE.....	76
NORTREL.....	29	OMVOH.....	63
NORVIR.....	10	ONDANSETRON.....	62
NOVAFERRUM.....	88	ONELAX.....	59
NOVAVAX.....	14	ONETOUCH (calibration liquid).....	116
NOVOLIN.....	33	ONETOUCH (lancet device).....	116
NOXAFIL.....	6	ONETOUCH (lancets).....	116, 117
NP THYROID.....	36	ONETOUCH (monitor).....	116
NUBEQA.....	20	ONETOUCH (test strips).....	117
NUCALA (Auto-injector).....	57	ONUREG.....	20
NUCALA (Prefilled syringe).....	57	OPCICON.....	29
NU-IRON 150.....	102	OPFOLDA.....	40
NULEV.....	60	OPILL.....	29
NUTROPIN AQ.....	76	OPTICHAMBER.....	117
NYSTAT/TRIAM.....	112	OPVEE.....	113
NYSTATIN.....	6	ORA-BLEND.....	113
O			
OB COMPLETE.....	88	ORA-BLEND SF.....	113
OB-NATAL ONE.....	89	ORAL ELECTRO.....	98
O-CAL.....	89	ORAL MIX.....	113
O-CAL FA.....	89	ORAL MIX SF.....	113
OALIVA.....	58	ORAL SUSPEND.....	113
OCELLA.....	29	ORAL SYRUP.....	113
		ORALAIR.....	113
		ORALYTE.....	98
		ORA-PLUS.....	113

ORA-SWEET	113
ORA-SWEET SF	114
ORENITRAM	53
ORGOVYX	32
ORLISSA	32
ORKAMBI.....	55
ORLADEYO.....	112
ORSERDU.....	20
ORSYTHIA	29
ORTHO COIL	65
ORTHO FLAT	65
ORTHO FLEX	65
ORTHO TRI-CYCLN LO.....	29
OS-CAL.....	98, 99
OSCAL.....	99
OSCIMIN	60
OSCIMIN SR.....	60
OSELTAMIVIR	11
OTEZLA	77
OXACILLIN SODIUM.....	2
OXANDROLONE.....	25
OXCARBAZEPIN	81
OXYBUTYNIN	64
OXYCODONE	75, 76
OXYCODONE/APAP	75
OXYCODONE/ASA	75
OXYCONTIN	76
OXYTROL/WOMN.....	64
OYS SHELL CA	99
OYS SHELL+D	99
OYSCO 500+D	99
OYST CAL/D	99
OYST SHELL/D.....	99
OZEMPIC	32

P

PACERONE.....	47
PANCREAZE	62, 63
PANDA MASK	117
PANTOPRAZOLE	61

PARICALCITOL	41
PAROEX	107
PAROMOMYCIN	5
PAXLOVID	7
PAZOPANIB	20
PCCA SWEET	114
PCCA SYRUP	114
PCCA-PLUS.....	114
PEAK AIR FLO.....	117
PEAK FLOW	117
PEAK FLW MTR.....	117
PED MULT VIT W/C &FA	89
PEDIA IRON	102
PEDIA-LAX	59
PEDIALYTE	99
PEDIASURE	100
PEGANONE	81
PEMAZRYE.....	20
PEMAZYRE.....	20
PENBRAYA	14
PENICILLIN G POTASSIUM.....	2
PENICILLIN G POTASSIUM DEXTROSE.....	2
PENTAM 300	12
PENTASA.....	63
PENTOXIFYLLI	104
PERDIEM.....	59
PERIOGARD	107
PERMETHRIN.....	109
PERSONAL BES	117
PFIZER 5-11Y COVID VACCINE.....	15
PFIZER 6M-4Y COVID VACCINE	15
PHENADOZ	62
PHENAZO.....	66
PHENAZOPYRID.....	66
PHENERGAN	62
PHENOBARB	68
PHENYTOIN	81
PHENYTOIN EX	81
PHILITH.....	29
PHOS-FLUR	97
PHOSPHA 250.....	99

PHOSPHOLINE	107	PORTIA-28	29
PHYTONADIONE	41	POSACONAZOLE	6
PIFELTRO	10	POT ACETATE	99
PIKO 1	117	POT CHLORIDE	99
PILOCARPINE	64, 107	POT CL MICRO	99
PIMTREA	29	POT GLUCONAT	99, 100
PINDOLOL	44	POTASSIUM	100
PINWORM	11	POTASSIUM CITRATE	66
PIN-X	11	POTASSIUM CITRATE/CITRIC ACID	66
PIOGLITAZONE	31, 35	PRADAXA	104
PIOGLITAZONE/METFORMIN	31	PRALUENT	52
PIPER/TAZOBA	2	PRAMIPEXOLE	82
PIQRAY	20	PRASUGREL	101
PIRMELLA	29	PRAVASTATIN	53
PIXEL	115	PRAZOSIN	66
PLAN B	29	PRED MILD	106
PNEUMOVAX 23	15	PRED SOD PHO	106
PNV FE FUM	89	PREDNISOLONE	24, 106
PNV FOLIC AC	89	PREDNISOLONE SODIUM PHOSPHATE	24
PNV OB+DHA	89	PREDNISONE	24
PNV PRENATAL	89	PREGABALIN (generic Lyrica)	81
PNV TABS	89	PREHEVBRIO	15
PNV-DHA	89	PRENAISSANCE	90
PNV-SELECT	89	PRENAPLUS	90
PNV-VP-U	89	PRENAT PLUS	90
POCKET PEAK	117	PRENATABS FA	90
POCKETPEAK	117	PRENATABS RX	90
PODACTIN	7	PRENATAL	89, 90, 91, 93, 94
PODOFILOX	109	PRENATAL 1	91
POLYCIN	105	PRENATAL 19	91
POLYCIN B	105	PRENATAL AD	91
POLY-DEX	106	PRENATAL FRM	91
POLYETHYLENE GLYCOL	58	PRENATAL MV	92
POLY-IRON	102	PRENATAL VIT	92
POLYMYXIN B/SOL TRIMETHOPRIM SULFATE	105	PRENATAL/FE	92
POLY-VI-SOL	89	PRENATAL+DHA	92
POLY-VITA	89	PRENATAL+FE	92
POLYVITAMIN	89, 90	PRENATAL-U	92
POLY-VITE	90	PRENATL MULT	92
POMALYST	20, 21	PREP H HC	112
POMBILITI	24	PREPLUS	92

PRETAB	92
PRETOMANID	5
PREVALITE	52
PREVIFEM	29
PREVNAR 13	15
PREVYMIS	7
PREZCOBIX	10
PREZISTA	10
PRIFTIN	5
PRIMEAIRE	117
PRIMIDONE	81
PRIORIX	15
PROBEN/COLCH	79
PROBENECID	79
PROCAINAMIDE	47
PROCHLORPER	62
PROCTO-PAK	112
PROCTOSOL HC	112
PROCTOZONE	112
PROGESTERONE	23
PROMACTA	101
PROMETHAZINE	62
PROMETHEGAN	62
PRONTO PLUS	109
PROPAFENONE	47
PROPANTHELIN	60
PROPRANOLOL	44
PROPYLTHIOUR	36
PROVIL	78
PSEUDOEPHEDRINE HCL	55
PSORIASIN	109
PSYLLIUM FIBER	58
PULMOSAL	55
PULMOZYME	55
PX PRENATAL	92
PYRAZINAMIDE	5
PYRIDOSTIGMINE BROMIDE	64
PYRIDOXINE	84
PYRUKYND	40

Q

QC PRENATAL	92
QINLOCK	21
QSYMIA	24
QTERN	34
QUASENSE	29
QUFLORA PED	92
QUICKVUE	115
QUINIDINE GLUCONATE	47
QUINIDINE SULFATE	47
QVAR REDIHALER	57

R

RA ALCOHOL	108
RA ARTH PAIN	109
RA CALCIUM	92
RA PRENATAL	92, 93
RABEPRAZOLE	61
RADICAVA ORS	83
RAGWITEK	113
RAJANI	29
RALOXIFENE	38
RAMIPRIL	49
RANOLAZINE	42, 43
RECLIPSEN	29
RECOMBIVA HB	15
RECORT PLUS	112
REDERM	112
REESSES MED	11
REGONOL	64
REGRANEX	109
RELENZA	11
RENAL	93
RENALPREN	93
RENA-VITE	93
RENA-VITE RX	93
RENO	93
REPATHA	53
RESCRIPTOR	10
RETACRIT (PROCRIT/EPOGEN BIOSIMILAR)	101

SM FIRST AID.....	108	STIOLTO.....	56
SM IPECAC.....	113	STIVARGA	21
SM IRON	102	STOMACH RLF	59
SM IRON SLOW	102	STRESS 500	93
SMZ/TMP DS	12	STRESS FORM	93
SMZ-TMP.....	12	STRIBILD	10
SOD BICARB.....	66	STRIVERDI.....	56
SOD CHLORIDE	100	STUART PREN	93
SOD FLUORIDE	97	SUBLOCADE.....	73
SOD POLY	119	SUCRALFATE.....	60, 61
SODIUM BICAR.....	59	SULF/PRED NA.....	106
SODIUM CHLOR.....	66	SULFACET SOD	105
SODIUM CHLORIDE	55	SULFADIAZINE.....	63
SOFOSBUVIR-VELPATASVIR (generic Epclusa)	8	SULFASALAZIN.....	63
SOHONOS.....	40	SULFATRIM PD	12
SOLIA.....	30	SULFAZINE.....	63
SOLIFENACIN (generic Vesicare).....	64	SULFAZINE EC.....	63
SOLIQUA.....	33	SULINDAC.....	78
SOLU-CORTEF.....	24	SUMATRIPTAN	79
SOMAVERT	41	SUNITINIB.....	21
SOOTHE&COOL.....	7	SUPER B-COMP	93
SORAFENIB (generic Nexavar).....	21	SUPER DHA.....	40
SORINE	44	SUPER OMEGA	40
SOTALOL AF.....	44	SUPERPLEX-T.....	93
SOTALOL HCL.....	44, 45	SUPRAX.....	3
SPIKEVAX.....	15	SUSPENSION.....	114
SPIRIVA.....	56	SYEDA	30
SPIRONOLACTONE	50, 51	SYMAX FASTAB.....	60
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	50	SYMAX-SL	60
SPONGE.....	65	SYMAX-SR.....	60
SPRINTEC 28.....	30	SYMDEKO	55
SPRYCEL.....	21	SYMTUZA.....	10
SPS.....	119	SYNAGIS	12
SRONYX	30	SYNTHROID	37
SSD	108	SYRINGE (DISPOSABLE)	117
SSKI.....	36	SYRINGE/NEEDLE (DISPOSABLE).....	118
STAVUDINE.....	10	SYRPALTA	114
STEGLATRO.....	34	SYRSPEND SF	114
STELARA	110	SYRUP	114
STERIL WATER	66, 114	SYRUP SF	114
STIMATE	41		

T

TABLET.....	118
TABLOID	21
TABRECTA.....	21
TACROLIMUS.....	110, 118, 119
TADALAFIL.....	53
TAFINLAR.....	21
TAGRISSE	21
TAKE ACTION.....	30
TAKHZYRO	112
TALTZ.....	77
TALZENNA	21
TAMOXIFEN.....	21
TAMSULOSIN.....	66
TANZEUM	32
TARINA FE.....	30
TASIGNA	21
TAVALISSE	101
TAZTIA XT	46
TAZVERIK.....	21
TEMOZOLOMIDE.....	21, 22
TENOFOVIR	10
TEPMETKO.....	22
TERAZOSIN	67
TERBINAFINE	6
TERBUTALINE	57
TESTIM	25
TESTOSTERONE	25
TESTOSTERONE CYPIONATE.....	25
TESTOSTERONE ENATHATE.....	25
TESTOSTERONE TD	25
TETRABENAZINE.....	83
TETRACYCLINE.....	4
TH IRON.....	103
TH PRENATAL	93
THEO-24	57
THEOCHRON	57
THEOPHYLLINE	58
THERA-D	41
THERAGEN HP	110

THERMAZENE	108
THIAMINE HCL.....	84
THRIVITE 19.....	93
THRIVITE RX.....	93
THYROLAR-1.....	37
THYROLAR-1/2	37
THYROLAR-1/4	37
THYROLAR-2	37
THYROLAR-3	37
TIAGABINE.....	81
TIBSOVO	22
TICLOPIDINE	105
TILIA FE	30
TIMOLOL GEL	106
TIMOLOL MAL	106
TINEACIDE	7
TIVICAY	10
TIZANIDINE.....	83
TOBRA/DEXAME.....	106
TOBRADEX.....	106
TOBRAMYCIN	5, 105
TOLTERODINE.....	64
TOLVAPTAN.....	40
TOPIRAGEN	81
TOPIRAMATE.....	81
TOREMIFENE	22
TORSEMIDE	51
TOTAL B/C	93
TRAMADL/APAP	76
TRAMADOL HCL	76
TRANEXAMIC ACID.....	104
TRAVEL SICK	62
TRAVOPROST.....	107
TRAV-TABS	62
TRELEGY AER ELLIPTA	56
TREMFYA (pen-injector).....	110
TREMFYA (prefilled syringe)	110
TREPROSTINIL.....	54
TRETINOIN.....	22, 108
TRIADVANCE	94
TRIAMCINOLON	112

TRIAMCINOLONE NASAL.....	55	TRUZONE PEAK	118
TRIAMTERENE	50	TUKYSA	22
TRIAMTERENE/HYDROCHLOROTHIAZIDE	50	TWINRIX	15
TRIAZOLAM	68	TYBOST	10
TRICARE.....	94	TYENNE.....	77
TRIDERM	112	TYMLOS	38
TRI-ESTARYLL.....	30		
TRIFLURIDINE	105	U	
TRIHEXYPHEN	82	UBRELVY	79
TRIKAFTA.....	55	UKONIQ.....	22
TRI-LEGEST	30	ULTIMATECARE	94
TRILEPTAL.....	81	ULTRA TABS.....	94
TRI-LINYAH	30	UNITHROID.....	37
TRILYTE	59	UNITHROID DIRECT	37
TRIMETHOPRIM	12	URSODIOL.....	63
TRIMETHOPRIM SOL POLYMYXN	105		
TRINATAL.....	94	V	
TRINATAL GT	94	VAGISTAT-3	7
TRINATAL RX	94	VALACYCLOVIR	7
TRINATE.....	94	VALGANCICLOVIR.....	7, 8
TRINESSA.....	30	VALSARTAN	48
TRIPHROCAPS.....	94	VALSARTAN/HCTZ	48
TRI-PREVIFEM.....	30	VALVD HOLDNG	118
TRIPTONE	62	VANCOMYCIN.....	12, 13
TRI-SPRINTEC	30	VANCOMYCIN (compound kit).....	13
TRIUMEQ.....	10	VANCOMYCIN/DEXTROSE.....	13
TRIUMEQ PD	10	VANDAZOLE	65
TRI-VI-SOL.....	94	VANFLYTA.....	22
TRI-VIT/FL.....	94	VAQTA	15
TRI-VIT/FLUO.....	94	VARENICLINE (generic Chantix)	72
TRI-VITA.....	94	VARIVAX	15
TRI-VITA/FL.....	94	VAXNEUVANCE.....	15
TRI-VITAMIN.....	94	VCF VAGINAL.....	65
TRIVORA-28.....	30	VELIVET	30
TRIXAICIN HP.....	110	VELTASSA	119
TROPICAMIDE	107	VENATAL-FA	94
TROSPIUM.....	60	VENCLEXTA.....	22
TRULICITY	32	VEOPOZ.....	101
TRUMENBA	15	VERAPAMIL	46, 47
TRUQAP.....	22	VERSAFREE	114
TRUSELTIQ.....	22		

VERSAPLUS.....	114
VERZENIO	22
VESTURA	30
VIBRAMYCIN.....	4
VICTOZA	32
VIDEX.....	10, 11
VIGABATRIN (Generic Sabril)	81
VIGABATRIN (GENERIC SABRIL)	81
VIJOICE	40
VIMPAT.....	81
VINATE AZ EX	94
VINATE CAL	94
VINATE GT	95
VINATE IC	95
VINATE II.....	95
VINATE ONE	95
VINATE ULTRA.....	95
VIORELE.....	30
VIRACEPT.....	11
VIREAD	11
VIRT NATE	95
VIRT-ADVANCE.....	95
VIRT-CAPS.....	95
VIRT-CARE	95
VIRT-PHOS.....	100
VIRT-PN	95
VIRT-PN DHA	95
VIRTRATE-2.....	66
VIRTRATE-K	66
VIRT-VITE GT	95
VIT D GUMMIE	42
VITA-BEE/C	95
VITAJoy DALY	41
VITAMIN B-1.....	84
VITAMIN B-12.....	84
VITAMIN D.....	41
VITAMIN D2.....	42
VITAMIN D3.....	42
VITAMIN E	42
VITEKTA	11
VITRAKVI	22

VIVITROL.....	73
VIZIMPRO	22
VOGELXO.....	25
VOL-CARE RX.....	95
VOL-NATE.....	95
VOL-PLUS.....	96
VOL-TAB RX	96
VONJO	22
VORANIGO	22
VORICONAZOLE.....	6
VORTEX VALVE	118
VORTEX/MASK	118
VOSEVI.....	8
VOXZOGO.....	40
VOYDEYA.....	112
VP-ERA OB.....	96
VP-VITE RX.....	96
VYFEMLA	30
VYNDAMAX	43
VYNDAQEL.....	43

W

WAL-DRAM	62
WAL-DRAM II	62
WARFARIN.....	104
WATCHHALER	118
WEGOVY.....	32
WELIREG.....	22
WERA.....	30
WIDE-SEAL.....	65
WINREVAIR.....	54
WINREVAIR (KIT 2 X 45 MG)	54
WINREVAIR (KIT 2 X 60 MG)	54
WIXELA INHU (generic Advair).....	56
WYMZYA FE.....	30

X

XACDURO	40
XALKORI.....	22
XARELTO.....	104

XARELTO STAR.....	104
XELJANZ.....	110
XELJANZ XR.....	110
XIFAXAN	13
XIGDUO XR	35
XOLAIR.....	58
XOPENEX HFA.....	56
XOSPATA	22
XPOVIO.....	22, 23
XTANDI	22
XULANE	30

Y

YODOXIN	5
YUSIMRY.....	77
YUVAFEM	26

Z

ZAFIRLUKAST.....	57
ZALEPLON.....	67
ZARAH	30
ZEGALOGUE (auto-injector).....	31
ZEGALOGUE (Prefilled Syringe).....	31

ZEJULA.....	23
ZELBORAF.....	23
ZEMAIRA	58
ZENCHENT	30
ZENCHENT FE	30
ZENPEP	63
ZIAGEN	11
ZIDOVUDINE.....	11
ZILBRYSQ.....	112
ZIMHI.....	113
ZINC OXIDE.....	110
ZIRGAN	105
ZITHROMAX.....	4
ZOKINVY	113
ZOLINZA.....	23
ZOLMITRIPTAN.....	79
ZOLPIDEM	67
ZOMACTON.....	41
ZONISAMIDE	82
ZOVIA	30
ZUBSOLV	73
ZYDELIG.....	23
ZYKADIA.....	23