

# Align DUALPartnership (HMO D-SNP) 2025 Formulary List of Covered Drugs

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

**For the most current list of covered medications  
or if you have questions, call our Pharmacy  
Management Team at (844) 642-9090 (TTY: 711).**

Formulary ID# 00025382, V7

This formulary was updated on 08/16/2024.

• **Important Message About What You Pay for Vaccines:**

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

• **Important Message About What You Pay for Insulin:**

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

For more recent information or other questions, please contact member services at (844) 642-9090 (TTY users should call 711), 24 hours a day/7 days a week or visit [align.sanfordhealthplan.com](https://align.sanfordhealthplan.com).

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, please call our member service department at (844) 642-9090 (TTY: 711), 24 hours a day/7 days a week.



Visit [align.sanfordhealthplan.com](https://align.sanfordhealthplan.com) and select Pharmacy Coverage to:

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

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# Understanding your formulary

## What is a formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Align DUALPartnership (HMO D-SNP), please visit our website [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com) or call member services at (844) 642-9090 (TTY: 711), 24 hours a day/7 days a week. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Sanford Health Plan. When it refers to “plan” or “our plan,” it means Align DUALPartnership (HMO D-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2025. For an updated formulary, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on Jan. 1, 2025, and from time to time during the year.

## Understanding your formulary

### Can the Formulary (drug list) change?

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

**Changes that can affect you this year:** In the following cases, you will be affected by coverage changes during the year.

**Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the plans Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

## Understanding your formulary

**Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

**Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Align Dual Partnership (HMO D-SNP) Formulary?”

## Understanding your formulary

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

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2025. To get updated information about the drugs covered by Align DUAL Partnership (HMO D-SNP), please contact us. Our contact information appears on the front and back cover pages. The monthly formulary updates will be posted on our website, including the date it was updated.

# Understanding your formulary

## How do I use the Formulary?

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

### 1) Medical Condition

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category Calcium Channel Blocking Agents. If you know what your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug.

### 2) Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 67. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

## Additional Formulary Information

### What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact member services and ask if your drug is covered. For more information, please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.

If you learn that Align DUALPartnership (HMO D-SNP) does not cover your drug, you have two options: You can ask member services for a list of similar drugs that are covered by Align DUALPartnership (HMO D-SNP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Align DUALPartnership (HMO D-SNP).

You can ask Align DUALPartnership (HMO D-SNP) to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Formulary?**

You can ask Align DUALPartnership (HMO D-SNP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Align DUALPartnership (HMO D-SNP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Align DUALPartnership (HMO D-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction.

## Additional Formulary Information

**When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

### **What can I do if my drug is not on the formulary or has a restriction?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of Align Dual Partnership (HMO D-SNP).

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 90-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 90-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

### **For more information**

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

If you have questions about Align DUALPartnership (HMO D-SNP) , please contact us. Our contact information can be found on the front and back pages, along with the date we last updated the formulary.



## Drug Coverage

### **Drug coverage**

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

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 67.

The first column of the chart lists the drug name. Brand name drugs are capitalized e.g., NAYZILAM and generic drugs are listed in lower-case italics e.g., *roweepra*. The information in the Requirements/Limits column tells you if the plan has any special requirements for coverage of your drug.

# Drug List Information

## Drug list information

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

NDS	<b>Non-Extended Day Supply</b> – This prescription drug is not available for an extended days' supply.
PA	<b>Prior Authorization</b> – You or your provider must get pre-approval for the medicine with OptumRx before you can get the prescription filled. NOTE: While the member is ultimately responsible for obtaining prior approval from OptumRx, we are here to help you or your provider through this process.
QL	<b>Quantity Limit/Amount Allowed</b> – Medication may be limited to a certain quantity.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ST	<b>Step Therapy</b> – Trial of a lower-cost medication(s) is required before a higher-cost medication can be covered.
PA NSO	<b>Prior Authorization New Starts Only</b> – A prior authorization is only required when a new medication is to be started.
ST NSO	<b>Step Therapy New Starts Only</b> – Step therapy is only required when a new medication is to be started.

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

This formulary was updated on 08/16/2024. For more recent information or other questions, please contact member services at (844) 642-9090 (TTY users should call 711), 24 hours a day/7 days a week, or visit [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com). The formulary, pharmacy network and/or provider network may change at any time. 01/01/2025

Drug Name	Requirements/Limits
<b>Analgesics</b>	
<b><i>Nonsteroidal Anti-inflammatory Drugs</i></b>	
<i>celecoxib capsule</i>	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	
<i>diclofenac sodium dr</i>	
<i>diclofenac sodium er</i>	
<i>diclofenac sodium gel 1%</i>	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	PA
<i>diflunisal tablet 500mg</i>	
<i>ec-naproxen tablet delayed release 500mg</i>	
<i>etodolac capsule, tablet</i>	
<i>flurbiprofen tablet</i>	
<i>ibu</i>	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	
<i>indomethacin er</i>	
<i>indomethacin capsule 25mg, 50mg</i>	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	
<i>ketorolac tromethamine tablet 10mg</i>	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	
<i>nabumetone tablet</i>	
<i>naproxen dr tablet delayed release 375mg</i>	
<i>naproxen sodium tablet 275mg, 550mg</i>	
<i>naproxen tablet delayed release 500mg</i>	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	
<i>oxaprozin tablet</i>	
<i>piroxicam capsule</i>	
<i>sulindac tablet</i>	
<b><i>Opioid Analgesics, Long-acting</i></b>	
<i>buprenorphine</i>	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	NDS
<i>methadone hcl tablet</i>	NDS
<i>methadone hcl solution</i>	NDS
<i>methadone hydrochloride intensol</i>	NDS
<i>methadone hydrochloride concentrate</i>	NDS
<i>morphine sulfate er tablet extended release</i>	NDS
<i>XTAMPZA ER</i>	NDS
<b><i>Opioid Analgesics, Short-acting</i></b>	
<i>acetaminophen/codeine</i>	NDS
<i>endocet tablet 325mg; 5mg</i>	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	NDS

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

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	NDS
<i>hydromorphone hcl injection 10mg/ml, 4mg/ml</i>	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	NDS
<i>hydromorphone hcl tablet 8mg</i>	NDS
<i>hydromorphone hydrochloride dosette</i>	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	NDS
<i>lorcet</i>	NDS
<i>lorcet hd</i>	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	NDS
<i>morphine sulfate oral solution, tablet</i>	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	NDS
<i>oxycodone hydrochloride solution</i>	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	NDS
<i>tramadol hydrochloride/acetaminophen</i>	NDS
<i>tramadol hydrochloride tablet 50mg</i>	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	NDS
<b>Anesthetics</b>	
<b><i>Local Anesthetics</i></b>	
<i>lidocaine-prilocaine-cream base cream</i>	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	PA
<i>premium lidocaine</i>	QL(150 GM per 30 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>	
<b><i>Alcohol Deterrents/Anti-craving</i></b>	
<i>acamprosate calcium dr</i>	
<i>disulfiram tablet</i>	
<i>naltrexone hcl tablet</i>	
<b>VIVITROL</b>	
<b><i>Opioid Dependence</i></b>	
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	QL(90 EA per 30 days)
<b><i>Opioid Reversal Agents</i></b>	

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Drug Name	Requirements/Limits
<i>naloxone hcl injection 4mg/10ml</i>	
<i>naloxone hydrochloride liquid</i>	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	
<i>naloxone hydrochloride injection 2mg/2ml</i>	
OPVEE	
<b>Smoking Cessation Agents</b>	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	QL(60 EA per 30 days)
NICOTROL NS	QL(360 ML per 365 days)
TYRVAYA	QL(8.4 ML per 30 days)
<i>varenicline starting month box</i>	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	QL(504 EA per 365 days)
<b>Antibacterials</b>	
<b>Aminoglycosides</b>	
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	
ARIKAYCE	PA
<i>gentamicin sulfate pediatric</i>	
<i>gentamicin sulfate cream 0.1%</i>	
<i>gentamicin sulfate injection 40mg/ml</i>	
<i>gentamicin sulfate ointment 0.1%</i>	
HUMATIN	
<i>neomycin sulfate</i>	
<i>paromomycin sulfate</i>	
<i>streptomycin sulfate injection 1gm</i>	
<i>tobramycin sulfate injection</i>	
<b>Antibacterials, Other</b>	
<i>aztreonam injection 1gm</i>	
<i>aztreonam injection 2gm</i>	
<i>clindacin etz pledgets</i>	
<i>clindamycin hcl capsule 300mg</i>	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	
<i>clindamycin palmitate hydrochloride</i>	
<i>clindamycin phosphate cream 2%</i>	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	
<i>clindamycin phosphate swab 1%</i>	
<i>colistimethate sodium</i>	
<i>daptomycin</i>	
DAPTOMYCIN/SODIUM CHLORIDE	
IMPAVIDO	
<i>linezolid tablet</i>	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	
<i>methenamine hippurate</i>	
<i>metronidazole vaginal</i>	
<i>metronidazole injection 500mg/100ml</i>	

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Drug Name	Requirements/Limits
<i>metronidazole tablet 250mg, 500mg</i>	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	
<i>nitrofurantoin monohydrate/macrocrystals</i>	
<i>nitrofurantoin monohydrate capsule</i>	
<i>tigecycline</i>	
<i>tinidazole</i>	
<i>trimethoprim tablet</i>	
<i>vancomycin hcl injection 10gm</i>	
<i>vancomycin hydrochloride capsule 125mg</i>	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	
<b>Beta-lactam, Cephalosporins</b>	
<i>cefaclor capsule</i>	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	
<i>cefadroxil capsule, suspension reconstituted</i>	
<i>cefazolin sodium injection 1gm</i>	
CEFAZOLIN INJECTION 2GM, 3GM	
<i>cefdinir capsule</i>	
<i>cefdinir suspension reconstituted</i>	
<i>cefepime</i>	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	
<i>cefixime capsule</i>	
<i>cefotaxime sodium injection 1gm, 2gm</i>	
<i>cefotetan injection 1gm, 2gm</i>	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	
<i>cefpodoxime proxetil suspension reconstituted</i>	
<i>cefpodoxime proxetil tablet</i>	
<i>cefprozil</i>	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	
<i>cefuroxime axetil tablet</i>	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	
<i>cephalexin capsule 250mg, 500mg</i>	
<i>cephalexin suspension reconstituted</i>	
TAZICEF INJECTION 6GM	
<i>tazicef injection 1gm, 2gm</i>	
TEFLARO	
<b>Beta-lactam, Penicillins</b>	
<i>amoxicillin/clavulanate potassium er</i>	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	

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Drug Name	Requirements/Limits
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	
<i>ampicillin-sulbactam</i>	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	
<i>ampicillin capsule 500mg</i>	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	
<i>dicloxacillin sodium</i>	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	
<i>penicillin g sodium</i>	
<i>penicillin v potassium</i>	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	
<b>Carbapenems</b>	
<i>ertapenem</i>	
<i>ertapenem sodium</i>	
<i>imipenem/cilastatin</i>	
<i>meropenem injection 1gm, 500mg</i>	
<i>meropenem injection 2gm</i>	
<b>Macrolides</b>	
<i>azithromycin packet</i>	
<i>azithromycin suspension reconstituted</i>	
<i>azithromycin injection 500mg</i>	
<i>azithromycin tablet 250mg</i>	
<i>azithromycin tablet 500mg, 600mg</i>	
<i>clarithromycin er</i>	
<i>clarithromycin tablet</i>	
<i>clarithromycin suspension reconstituted</i>	
DIFICID TABLET	
<i>erythromycin dr</i>	
<b>Quinolones</b>	
<i>ciprofloxacin hcl tablet 750mg</i>	
<i>ciprofloxacin hcl tablet 100mg</i>	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	
<i>ciprofloxacin i.v.-in d5w</i>	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>levofloxacin in d5w</i>	
<i>levofloxacin injection 25mg/ml</i>	
<i>levofloxacin oral solution 25mg/ml</i>	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	
<i>moxifloxacin hydrochloride tablet 400mg</i>	
<b>Sulfonamides</b>	
<i>sulfadiazine tablet</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>sulfamethoxazole/trimethoprim tablet</i>	
<i>sulfamethoxazole/trimethoprim suspension</i>	
<b>Tetracyclines</b>	
<i>demeclocycline hcl tablet</i>	
<i>demeclocycline hydrochloride tablet 300mg</i>	
<i>doxy 100</i>	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	
<i>doxycycline hyclate injection 100mg</i>	
<i>doxycycline hyclate tablet 100mg</i>	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	
<i>doxycycline suspension reconstituted</i>	
<i>minocycline hcl capsule 75mg</i>	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	
<i>mondoxyne nl capsule 100mg</i>	
<i>morgidox 1x100mg capsule</i>	
<i>morgidox 2x100mg capsule</i>	
<i>tetracycline hydrochloride capsule</i>	
<b>Anticonvulsants</b>	
<b><i>Anticonvulsants, Other</i></b>	
BRIVIACT SOLUTION, TABLET	PA NSO
EPIDIOLEX	PA NSO
EPRONTIA	
<i>felbamate</i>	
FINTEPLA	PA NSO
FYCOMPA SUSPENSION	
FYCOMPA TABLET 2MG	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	
<i>lamotrigine er</i>	
<i>lamotrigine odt tablet disintegrating 200mg</i>	
<i>lamotrigine starter kit/blue</i>	
<i>lamotrigine starter kit/green</i>	
<i>lamotrigine starter kit/orange</i>	
<i>lamotrigine tablet</i>	
<i>lamotrigine tablet chewable</i>	
<i>levetiracetam er</i>	

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Drug Name	Requirements/Limits
<i>levetiracetam solution, tablet</i>	
NAYZILAM	QL(10 EA per 30 days)
<i>roweepra</i>	
<i>roweepra xr</i>	
SPRITAM	
<i>subvenite</i>	
<i>subvenite starter kit/blue</i>	
<i>subvenite starter kit/green</i>	
<i>subvenite starter kit/orange</i>	
<i>topiramate tablet</i>	
<i>topiramate capsule sprinkle</i>	
<i>valproic acid</i>	
<b>Calcium Channel Modifying Agents</b>	
<i>ethosuximide</i>	
<i>methsuximide</i>	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>	
<i>clobazam</i>	
<i>clonazepam odt tablet disintegrating 2mg</i>	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	QL(90 EA per 30 days)
DIACOMIT	PA NSO
<i>diazepam rectal gel</i>	
<i>divalproex sodium dr</i>	
<i>divalproex sodium er</i>	
<i>divalproex sodium capsule delayed release sprinkle</i>	
<i>gabapentin capsule 400mg</i>	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	QL(360 EA per 30 days)
<i>gabapentin solution</i>	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	QL(180 EA per 30 days)
LIBERVANT	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	
<i>pregabalin capsule 300mg</i>	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	QL(90 EA per 30 days)
<i>pregabalin solution</i>	QL(900 ML per 30 days)
<i>primidone tablet</i>	
SYMPAZAN FILM 5MG	
SYMPAZAN FILM 10MG, 20MG	
<i>tiagabine hydrochloride</i>	
VALTOCO 10 MG DOSE	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	QL(10 EA per 30 days)

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Drug Name	Requirements/Limits
VALTOCO 20 MG DOSE	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	QL(10 EA per 30 days)
<i>vigabatrin</i>	PA NSO
<i>vigadrone</i>	PA NSO
VIGAFYDE	PA NSO
<i>vigpoder</i>	PA NSO
ZTALMY	PA NSO
<b><i>Sodium Channel Agents</i></b>	
APTIOM	
<i>carbamazepine er tablet extended release 12 hour</i>	
<i>carbamazepine er capsule extended release 12 hour</i>	
<i>carbamazepine tablet chewable</i>	
<i>carbamazepine suspension, tablet</i>	
DILANTIN CAPSULE 30MG	
<i>epitol</i>	
<i>lacosamide solution, tablet</i>	
<i>oxcarbazepine tablet</i>	
<i>oxcarbazepine suspension</i>	
PHENYTEK	
<i>phenytoin infatabs</i>	
<i>phenytoin sodium extended</i>	
<i>phenytoin tablet chewable, suspension</i>	
<i>rufinamide suspension</i>	
<i>rufinamide tablet 200mg</i>	
<i>rufinamide tablet 400mg</i>	
XCOPRI TABLET	PA NSO
XCOPRI TABLET THERAPY PACK 0	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	PA NSO
XCOPRI TABLET THERAPY PACK 0	PA NSO; (100mg-150mg)
ZONISADE	ST NSO
<i>zonisamide</i>	
<b>Antidementia Agents</b>	
<b><i>Antidementia Agents, Other</i></b>	
<i>ergoloid mesylates tablet</i>	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	QL(30 EA per 30 days); ST
<b><i>Cholinesterase Inhibitors</i></b>	
<i>donepezil hcl tablet disintegrating</i>	
<i>donepezil hcl tablet 10mg</i>	
<i>donepezil hcl tablet 23mg</i>	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	
<i>galantamine hydrobromide er</i>	
<i>galantamine hydrobromide solution, tablet</i>	
<i>rivastigmine tartrate</i>	
<i>rivastigmine transdermal system</i>	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>	

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Drug Name	Requirements/Limits
<i>memantine hcl titration pak</i>	
<i>memantine hydrochloride er</i>	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	
<b>Antidepressants</b>	
<b><i>Antidepressants, Other</i></b>	
AUVELITY	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	
<i>mirtazapine odt</i>	
<i>mirtazapine tablet</i>	
ZURZUVAE CAPSULE 30MG	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	QL(28 EA per 14 days); PA NSO
<b><i>Monoamine Oxidase Inhibitors</i></b>	
EMSAM	QL(30 EA per 30 days); ST NSO
MARPLAN	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	
<b><i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i></b>	
<i>citalopram hydrobromide tablet</i>	
<i>citalopram hydrobromide solution</i>	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	
<i>escitalopram oxalate solution</i>	
FETZIMA	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	
<i>fluoxetine hydrochloride solution</i>	
<i>fluvoxamine maleate</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>nefazodone hydrochloride</i>	
<i>paroxetine hcl tablet 30mg, 40mg</i>	
<i>paroxetine hydrochloride suspension</i>	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	
<i>sertraline hcl concentrate</i>	
<i>sertraline hcl tablet 50mg</i>	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	
<b>TRINTELLIX</b>	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	
<i>vilazodone hydrochloride</i>	QL(30 EA per 30 days)
<b>Tricyclics</b>	
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	
<i>amoxapine</i>	
<i>clomipramine hydrochloride</i>	
<i>desipramine hydrochloride</i>	
<i>doxepin hcl capsule 75mg</i>	
<i>doxepin hcl concentrate</i>	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	
<i>imipramine hcl tablet 25mg, 50mg</i>	
<i>imipramine hydrochloride tablet 10mg</i>	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	
<i>nortriptyline hcl solution</i>	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	
<i>protriptyline hcl</i>	
<i>trimipramine maleate capsule</i>	
<b>Antiemetics</b>	
<b>Antiemetics, Other</b>	
<i>compro</i>	
<i>meclizine hcl tablet</i>	
<i>phenadoz</i>	
<i>prochlorperazine maleate tablet</i>	
<i>prochlorperazine suppository 25mg</i>	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	
<i>promethazine hcl tablet 12.5mg</i>	
<i>promethazine hydrochloride plain</i>	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	
<i>promethegan suppository 12.5mg, 25mg</i>	
<i>scopolamine</i>	
<b>Emetogenic Therapy Adjuncts</b>	
<i>aprepitant capsule 40mg</i>	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	QL(6 EA per 30 days); B/D

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>aprepitant capsule 80mg</i>	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	B/D
<b>Antifungals</b>	
<b><i>Antifungals</i></b>	
<i>ABELCET</i>	B/D
<i>amphotericin b liposome</i>	B/D
<i>amphotericin b injection</i>	B/D
<i>caspofungin acetate</i>	
<i>clotrimazole cream</i>	QL(90 GM per 30 days)
<i>clotrimazole troche</i>	
<i>econazole nitrate cream</i>	
<i>fluconazole in sodium chloride</i>	
<i>fluconazole tablet</i>	
<i>fluconazole suspension reconstituted</i>	
<i>flucytosine capsule</i>	
<i>griseofulvin microsize</i>	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	
<i>itraconazole capsule</i>	PA
<b>JUBLIA</b>	
<i>ketoconazole shampoo, tablet</i>	
<i>ketoconazole cream</i>	QL(90 GM per 30 days)
<i>klayesta</i>	QL(120 GM per 30 days)
<i>nyamyc</i>	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	
<i>nystatin powder</i>	QL(120 GM per 30 days)
<i>nystatin tablet</i>	
<i>nystop</i>	QL(120 GM per 30 days)
<i>posaconazole dr</i>	PA
<i>posaconazole suspension</i>	PA
<i>terbinafine hcl tablet</i>	QL(84 EA per 180 days)
<i>terconazole cream</i>	
<i>voriconazole tablet</i>	
<i>voriconazole suspension reconstituted</i>	
<i>voriconazole injection</i>	PA
<b>Antigout Agents</b>	
<b><i>Antigout Agents</i></b>	
<i>allopurinol tablet 100mg, 300mg</i>	
<i>colchicine tablet 0.6mg</i>	
<i>febuxostat</i>	
<i>probenecid/colchicine</i>	
<i>probenecid tablet</i>	
<b>Antimigraine Agents</b>	

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Drug Name	Requirements/Limits
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>	
AIMOVIG INJECTION 140MG/ML	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	QL(3 ML per 28 days); PA
QULIPTA	QL(30 EA per 30 days); PA
UBRELVY	QL(16 EA per 30 days); PA
<b>Ergot Alkaloids</b>	
<i>dihydroergotamine mesylate solution</i>	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	QL(24 EA per 28 days)
<b>Prophylactic</b>	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	
<b>Serotonin (5-HT) Receptor Agonist</b>	
<i>naratriptan hcl</i>	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	QL(9 EA per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>	
<b>Parasympathomimetics</b>	
<i>pyridostigmine bromide tablet 60mg</i>	
<b>Antimycobacterials</b>	
<b>Antimycobacterials, Other</b>	
<i>dapsone tablet</i>	
<i>rifabutin</i>	
<b>Antituberculars</b>	
<i>cycloserine</i>	
<i>ethambutol hydrochloride</i>	
ISONIAZID INJECTION	
<i>isoniazid tablet</i>	
<i>isoniazid syrup</i>	
PASER	
PRIFTIN	
<i>pyrazinamide tablet</i>	
<i>rifampin capsule</i>	
<i>rifampin injection</i>	
SIRTURO	
TRECTOR	
<b>Antineoplastics</b>	
<b>Alkylating Agents</b>	
<i>cisplatin injection 100mg/100ml</i>	
<i>cyclophosphamide capsule</i>	B/D
GLEOSTINE CAPSULE 10MG, 40MG	

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Drug Name	Requirements/Limits
GLEOSTINE CAPSULE 100MG	
LEUKERAN	
MATULANE	
VALCHLOR	PA NSO
<b><i>Antiandrogens</i></b>	
<i>abiraterone acetate tablet 250mg</i>	PA NSO
<i>abiraterone acetate tablet 500mg</i>	PA NSO
<i>bicalutamide</i>	
ERLEADA	PA NSO
<i>flutamide</i>	
<i>nilutamide</i>	
NUBEQA	PA NSO
XTANDI	PA NSO
<b><i>Antiangiogenic Agents</i></b>	
<i>lenalidomide</i>	PA NSO
POMALYST	PA NSO
THALOMID	PA NSO
<b><i>Antiestrogens/Modifiers</i></b>	
EMCYT	
ORSERDU	PA NSO
SOLTAMOX	
<i>tamoxifen citrate tablet</i>	
<i>toremifene citrate</i>	
<b><i>Antimetabolites</i></b>	
DROXIA	
<i>hydroxyurea capsule</i>	
<i>mercaptopurine tablet</i>	
PURIXAN	
TABLOID	
<b><i>Antineoplastics, Other</i></b>	
AKEEGA	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	PA NSO
INREBIC	PA NSO
IWILFIN	PA NSO
KISQALI FEMARA 200 DOSE	PA NSO
KISQALI FEMARA 400 DOSE	PA NSO
KISQALI FEMARA 600 DOSE	PA NSO
<i>leucovorin calcium tablet</i>	
LONSURF	PA NSO
LYSODREN	
OGSIVEO	PA NSO
OJEMDA	PA NSO
ONUREG	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	PA NSO
SYNRIBO	

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Drug Name	Requirements/Limits
TRUSELTIQ	PA NSO
VONJO	PA NSO
ZOLINZA	PA NSO
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>	
<i>anastrozole tablet</i>	
<i>exemestane</i>	
<i>letrozole</i>	
<b><i>Molecular Target Inhibitors</i></b>	
ALECENSA	PA NSO
ALUNBRIG TABLET THERAPY PACK	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	QL(30 EA per 30 days); PA NSO
AUGTYRO	PA NSO
AYVAKIT	QL(30 EA per 30 days); PA NSO
BALVERSA	PA NSO
BOSULIF	PA NSO
BRAFTOVI CAPSULE 75MG	PA NSO
BRUKINSA	PA NSO
CABOMETYX TABLET 40MG, 60MG	PA NSO
CABOMETYX TABLET 20MG	QL(30 EA per 30 days); PA NSO
CALQUENCE	PA NSO
CAPRELSA TABLET 300MG	PA NSO
CAPRELSA TABLET 100MG	QL(60 EA per 30 days); PA NSO
COMETRIQ	PA NSO
COPIKTRA	PA NSO
COTELLIC	PA NSO
DAURISMO	PA NSO
ERIVEDGE	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	QL(30 EA per 30 days); PA NSO
EXKIVITY	
FARYDAK	
FOTIVDA	PA NSO
FRUZAQLA	PA NSO
GAVRETO	PA NSO
<i>gefitinib</i>	PA NSO
GILOTRIF	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	PA NSO
ICLUSIG TABLET 30MG, 45MG	PA NSO
ICLUSIG TABLET 10MG, 15MG	QL(30 EA per 30 days); PA NSO
IDHIFA	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	PA NSO
<i>imatinib mesylate tablet 400mg</i>	PA NSO

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Drug Name	Requirements/Limits
IMBRUVICA CAPSULE, SUSPENSION	PA NSO
IMBRUVICA TABLET 420MG, 560MG	PA NSO
INLYTA	PA NSO
INQOVI	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	PA NSO
JAKAFI TABLET 10MG	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	PA NSO
JAYPIRCA TABLET 50MG	QL(30 EA per 30 days); PA NSO
KISQALI	PA NSO
KOSELUGO	PA NSO
KRAZATI	PA NSO
<i>lapatinib ditosylate</i>	PA NSO
LENVIMA 10 MG DAILY DOSE	PA NSO
LENVIMA 12MG DAILY DOSE	PA NSO
LENVIMA 14 MG DAILY DOSE	PA NSO
LENVIMA 18 MG DAILY DOSE	PA NSO
LENVIMA 20 MG DAILY DOSE	PA NSO
LENVIMA 24 MG DAILY DOSE	PA NSO
LENVIMA 4 MG DAILY DOSE	PA NSO
LENVIMA 8 MG DAILY DOSE	PA NSO
LORBRENA	PA NSO
LUMAKRAS	PA NSO
LYNPARZA TABLET	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	PA NSO; 20 MG DAILY DOSE
MEKINIST	PA NSO
MEKTOVI	PA NSO
NERLYNX	QL(180 EA per 30 days); PA NSO
NINLARO	PA NSO
ODOMZO	PA NSO
OJJAARA	PA NSO
<i>pazopanib hydrochloride</i>	PA NSO
PEMAZYRE	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE	PA NSO
PIQRAY 250MG DAILY DOSE	PA NSO
PIQRAY 300MG DAILY DOSE	PA NSO
QINLOCK	PA NSO
RETEVMO CAPSULE	PA NSO
RETEVMO TABLET 120MG, 160MG	PA NSO
RETEVMO TABLET 80MG	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	QL(90 EA per 30 days); PA NSO
REZLIDHIA	PA NSO
ROZLYTREK	PA NSO
RUBRACA	PA NSO

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<b>Drug Name</b>	<b>Requirements/Limits</b>
RYDAPT	PA NSO
SCSEMBLIX TABLET 40MG	PA NSO
SCSEMBLIX TABLET 100MG	QL(120 EA per 30 days); PA NSO
SCSEMBLIX TABLET 20MG	QL(60 EA per 30 days); PA NSO
<i>sorafenib</i>	PA NSO
<i>sorafenib tosylate</i>	PA NSO
SPRYCEL	PA NSO
STIVARGA	PA NSO
<i>sunitinib malate</i>	PA NSO
TABRECTA	QL(120 EA per 30 days); PA NSO
TAFINLAR	PA NSO
TAGRISSE TABLET 80MG	PA NSO
TAGRISSE TABLET 40MG	QL(30 EA per 30 days); PA NSO
TALZENNA	PA NSO
TASIGNA	PA NSO
TAZVERIK	PA NSO
TEPMETKO	PA NSO
TIBSOVO	PA NSO
<i>torpenz</i>	QL(30 EA per 30 days); PA NSO
TRUQAP	PA NSO
TUKYSA	PA NSO
TURALIO	PA NSO
VANFLYTA	PA NSO
VENCLEXTA STARTING PACK	PA NSO
VENCLEXTA TABLET 10MG	PA NSO
VENCLEXTA TABLET 100MG, 50MG	PA NSO
VERZENIO	PA NSO
VITRAKVI	PA NSO
VIZIMPRO	PA NSO
XALKORI	PA NSO
XOSPATA	PA NSO
XPOVIO	PA NSO
XPOVIO 60 MG TWICE WEEKLY	PA NSO
XPOVIO 80 MG TWICE WEEKLY	PA NSO
ZEJULA CAPSULE	PA NSO
ZEJULA TABLET 200MG, 300MG	PA NSO
ZEJULA TABLET 100MG	QL(30 EA per 30 days); PA NSO
ZELBORAF	PA NSO
ZYDELIG	PA NSO
ZYKADIA TABLET	PA NSO
<b><i>Retinoids</i></b>	
<i>bexarotene</i>	PA NSO
PANRETIN	
<i>tretinoin capsule 10mg</i>	
<b><i>Treatment Adjuncts</i></b>	

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Drug Name	Requirements/Limits
MESNEX TABLET	
VORANIGO TABLET 40MG	PA NSO
VORANIGO TABLET 10MG	QL(60 EA per 30 days); PA NSO
<b>Antiparasitics</b>	
<b><i>Anthelmintics</i></b>	
<i>albendazole tablet</i>	
<i>ivermectin tablet</i>	PA
<i>praziquantel tablet</i>	
<b><i>Antiprotozoals</i></b>	
ALINIA SUSPENSION RECONSTITUTED	
<i>atovaquone</i>	
<i>atovaquone/proguanil hcl</i>	
<i>benznidazole</i>	
<i>chloroquine phosphate tablet</i>	
COARTEM	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	
<i>mefloquine hcl</i>	
<i>nitazoxanide</i>	
<i>pentamidine isethionate injection</i>	
<i>pentamidine isethionate inhalation solution reconstituted</i>	B/D
<i>primaquine phosphate tablet</i>	
<i>pyrimethamine tablet</i>	PA
<i>quinine sulfate capsule 324mg</i>	PA
<b>Antiparkinson Agents</b>	
<b><i>Anticholinergics</i></b>	
<i>benztropine mesylate tablet</i>	
<i>trihexyphenidyl hydrochloride</i>	
<b><i>Antiparkinson Agents, Other</i></b>	
<i>entacapone</i>	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	PA
<b><i>Dopamine Agonists</i></b>	
<i>bromocriptine mesylate capsule, tablet</i>	
<i>pramipexole dihydrochloride</i>	
<i>ropinirole er</i>	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	
<b><i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i></b>	
<i>carbidopa/levodopa</i>	
<i>carbidopa/levodopa er</i>	
<i>carbidopa/levodopa odt</i>	
<i>carbidopa tablet</i>	
INBRIJA	PA
RYTARY	ST

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Drug Name	Requirements/Limits
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>	
<i>rasagiline mesylate tablet</i>	
<i>selegiline hcl capsule, tablet</i>	
<b>Antipsychotics</b>	
<b>1st Generation/Typical</b>	
<i>chlorpromazine hcl tablet</i>	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	
<i>fluphenazine decanoate injection</i>	
<i>fluphenazine hcl concentrate</i>	
<i>fluphenazine hcl tablet 1mg</i>	
<i>fluphenazine hydrochloride elixir, injection</i>	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	
<i>haloperidol decanoate injection</i>	
<i>haloperidol lactate</i>	
<i>haloperidol concentrate</i>	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	
<i>haloperidol tablet 20mg</i>	
<i>loxapine</i>	
<i>molindone hydrochloride</i>	
<i>perphenazine tablet</i>	
<i>pimozide</i>	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	
<i>trifluoperazine hcl tablet 10mg</i>	
<i>trifluoperazine hydrochloride tablet 1mg</i>	
<b>2nd Generation/Atypical</b>	
ABILIFY MAINTENA	
<i>aripiprazole odt tablet disintegrating 15mg</i>	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	QL(750 ML per 30 days)
ARISTADA	
ARISTADA INITIO	
<i>asenapine maleate sl</i>	QL(60 EA per 30 days)
CAPLYTA	
FANAPT	
FANAPT TITRATION PACK	
INVEGA HAFYERA	
INVEGA SUSTENNA INJECTION 39MG/0.25ML	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	
INVEGA TRINZA	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	QL(60 EA per 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
LYBALVI	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	PA NSO
NUPLAZID TABLET 10MG	PA NSO
<i>olanzapine odt</i>	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	QL(30 EA per 30 days)
<i>olanzapine injection</i>	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	QL(60 EA per 30 days)
PERSERIS	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	QL(90 EA per 30 days)
REXULTI	QL(30 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	
<i>risperidone er injection 37.5mg, 50mg</i>	
<i>risperidone odt</i>	QL(60 EA per 30 days)
<i>risperidone tablet</i>	QL(60 EA per 30 days)
<i>risperidone solution</i>	QL(240 ML per 30 days)
SECUADO	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	QL(14 EA per 365 days)
VRAYLAR CAPSULE	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	
<b><i>Treatment-Resistant</i></b>	
<i>clozapine odt tablet disintegrating 200mg</i>	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	QL(90 EA per 30 days)
<i>clozapine tablet 50mg</i>	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	QL(270 EA per 30 days)
VERSACLOZ	QL(540 ML per 30 days)
<b>Antispasticity Agents</b>	
<b><i>Antispasticity Agents</i></b>	
<i>baclofen tablet 10mg, 20mg</i>	
<i>baclofen tablet 5mg</i>	
<i>dantrolene sodium capsule</i>	
<i>tizanidine hcl tablet 2mg</i>	
<i>tizanidine hydrochloride tablet 4mg</i>	
<b>Antivirals</b>	

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Drug Name	Requirements/Limits
<b>Anti-cytomegalovirus (CMV) Agents</b>	
<i>ganciclovir injection 500mg/10ml</i>	B/D
LIVTENCITY	
PREVYMIS TABLET	
<i>valganciclovir</i>	
<i>valganciclovir hydrochloride</i>	
<b>Anti-hepatitis B (HBV) Agents</b>	
<i>adefovir dipivoxil</i>	
BARACLUDE SOLUTION	QL(600 ML per 30 days)
<i>entecavir</i>	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	
<b>Anti-hepatitis C (HCV) Agents</b>	
MAVYRET TABLET	QL(336 EA per 365 days); PA
MAVYRET PACKET	QL(560 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	
<i>sofosbuvir/velpatasvir</i>	QL(84 EA per 365 days); PA
VOSEVI	QL(84 EA per 365 days); PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>	
BIKTARVY	QL(30 EA per 30 days)
DOVATO	QL(30 EA per 30 days)
GENVOYA	QL(30 EA per 30 days)
ISENTRESS HD	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	QL(180 EA per 30 days)
JULUCA	QL(30 EA per 30 days)
STRIBILD	QL(30 EA per 30 days)
TIVICAY PD	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	QL(60 EA per 30 days)
VOCABRIA	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>	
COMPLERA	QL(30 EA per 30 days)
DELSTRIGO	QL(30 EA per 30 days)
EDURANT	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	QL(30 EA per 30 days)
<i>efavirenz tablet</i>	QL(30 EA per 30 days)
<i>efavirenz capsule</i>	QL(90 EA per 30 days)
<i>etravirine tablet 100mg</i>	QL(60 EA per 30 days)
<i>etravirine tablet 200mg</i>	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	QL(30 EA per 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>nevirapine er tablet extended release 24 hour 100mg</i>	QL(60 EA per 30 days)
<i>nevirapine tablet</i>	QL(60 EA per 30 days)
<i>nevirapine suspension</i>	QL(1200 ML per 30 days)
PIFELTRO	QL(30 EA per 30 days)
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>	
<i>abacavir sulfate/lamivudine</i>	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	QL(60 EA per 30 days)
<i>abacavir tablet</i>	QL(60 EA per 30 days)
<i>abacavir solution</i>	QL(960 ML per 30 days)
CIMDUO	QL(30 EA per 30 days)
DESCOVY	QL(30 EA per 30 days)
<i>emtricitabine</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	QL(30 EA per 30 days)
EMTRIVA SOLUTION	QL(850 ML per 30 days)
<i>lamivudine/zidovudine</i>	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	QL(960 ML per 30 days)
<i>lamivudine tablet 300mg</i>	QL(30 EA per 30 days)
<i>lamivudine tablet 150mg</i>	QL(60 EA per 30 days)
ODEFSEY	QL(30 EA per 30 days)
<i>stavudine capsule</i>	
TEMIXYS	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	QL(30 EA per 30 days)
TRIUMEQ	QL(30 EA per 30 days)
TRIUMEQ PD	QL(180 EA per 30 days)
TRIZIVIR	QL(60 EA per 30 days)
VIREAD POWDER	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	QL(30 EA per 30 days)
<i>zidovudine capsule</i>	QL(180 EA per 30 days)
<i>zidovudine syrup</i>	QL(1920 ML per 30 days)
<i>zidovudine tablet</i>	QL(60 EA per 30 days)
<b><i>Anti-HIV Agents, Other</i></b>	
FUZEON	
<i>maraviroc tablet 300mg</i>	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	QL(60 EA per 30 days)
RUKOBIA	QL(60 EA per 30 days)
SELZENTRY SOLUTION	
SELZENTRY TABLET 25MG	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	QL(60 EA per 30 days)
SUNLENCA TABLET THERAPY PACK 300MG	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	QL(8 EA per 365 days)
TYBOST	QL(30 EA per 30 days)

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Drug Name	Requirements/Limits
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>	
APTIVUS CAPSULE	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	
<i>atazanavir capsule 200mg</i>	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	QL(30 EA per 30 days)
<i>darunavir tablet 600mg</i>	QL(60 EA per 30 days)
EVOTAZ	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	QL(120 EA per 30 days)
LEXIVA SUSPENSION	QL(1800 ML per 30 days)
<i>lopinavir/ritonavir</i>	
NORVIR PACKET	QL(360 EA per 30 days)
NORVIR SOLUTION	QL(480 ML per 30 days)
PREZCOBIX	QL(30 EA per 30 days)
PREZISTA SUSPENSION	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	QL(180 EA per 30 days)
REYATAZ PACKET	QL(180 EA per 30 days)
<i>ritonavir</i>	QL(360 EA per 30 days)
SYMTUZA	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	QL(300 EA per 30 days)
<b>Anti-influenza Agents</b>	
<i>amantadine hcl capsule, solution</i>	
<i>oseltamivir phosphate capsule 75mg</i>	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	QL(1080 ML per 365 days)
RELENZA DISKHALER	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	
<b>Antiherpetic Agents</b>	
<i>acyclovir sodium injection 50mg/ml</i>	B/D
<i>acyclovir capsule 200mg</i>	
<i>acyclovir suspension 200mg/5ml</i>	
<i>acyclovir tablet 400mg, 800mg</i>	
<i>famciclovir tablet</i>	
<i>valacyclovir hydrochloride</i>	QL(120 EA per 30 days)
VYJUVEK	PA
<b>Antiviral, Coronavirus Agents</b>	
LAGEVRIO	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	QL(30 EA per 5 days); (300mg-100mg Pak)
<b>Anxiolytics</b>	
<b>Anxiolytics, Other</b>	

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Drug Name	Requirements/Limits
<i>bupirone hcl tablet 15mg</i>	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	
<b><i>Benzodiazepines</i></b>	
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	QL(720 EA per 30 days)
<i>diazepam intensol</i>	
<i>diazepam concentrate, solution</i>	
<i>diazepam tablet 10mg</i>	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	
<i>lorazepam tablet 2mg</i>	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	QL(90 EA per 30 days)
<b>Bipolar Agents</b>	
<b><i>Bipolar Agents, Other</i></b>	
IGALMI	PA NSO
<b><i>Mood Stabilizers</i></b>	
<i>lithium</i>	
<i>lithium carbonate er</i>	
<i>lithium carbonate capsule, tablet</i>	
<b>Blood Glucose Regulators</b>	
<b><i>Antidiabetic Agents</i></b>	
<i>acarbose tablet</i>	
BYDUREON BCISE	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	QL(4.8 ML per 28 days); PA
<i>glimepiride</i>	
<i>glipizide er</i>	
<i>glipizide xl</i>	
<i>glipizide/metformin hydrochloride</i>	
<i>glipizide tablet</i>	
<i>glyburide/metformin hydrochloride</i>	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	
GLYXAMBI	
JANUMET	
JANUMET XR	
JANUVIA	QL(30 EA per 30 days)
JENTADUETO	
JENTADUETO XR	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	

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Drug Name	Requirements/Limits
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	
MOUNJARO	QL(2 ML per 28 days); PA
<i>nateglinide</i>	
OZEMPIC INJECTION 2MG/1.5ML	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	
<i>pioglitazone hcl tablet 45mg</i>	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	
<i>repaglinide</i>	
RYBELSUS TABLET 14MG, 7MG	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	QL(60 EA per 365 days); PA
SOLIQUA 100/33	
SYNJARDY	
SYNJARDY XR	
TRADJENTA	QL(30 EA per 30 days)
TRIJARDY XR	
TRULICITY	QL(2 ML per 28 days); PA
XIGDUO XR	
<b><i>Glycemic Agents</i></b>	
BAQSIMI ONE PACK	
BAQSIMI TWO PACK	
<i>diazoxide suspension</i>	
<i>glucagon emergency kit</i>	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	
GVOKE HYPOPEN 1-PACK	
GVOKE HYPOPEN 2-PACK	
GVOKE KIT	
GVOKE PFS	
<b><i>Insulins</i></b>	
HUMALOG	
HUMALOG JUNIOR KWIKPEN	
HUMALOG KWIKPEN	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 KWIKPEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 KWIKPEN	
HUMULIN 70/30	
HUMULIN 70/30 KWIKPEN	
HUMULIN N	
HUMULIN N KWIKPEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTRATED)	
HUMULIN R U-500 KWIKPEN	
<i>insulin lispro</i>	
LANTUS	

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Drug Name	Requirements/Limits
LANTUS SOLOSTAR	
LYUMJEV	
LYUMJEV KWIKPEN	
NOVOLIN 70/30	
NOVOLIN 70/30 FLEXPEN	
NOVOLIN 70/30 FLEXPEN RELION	
NOVOLIN 70/30 RELION	
NOVOLIN N	
NOVOLIN N FLEXPEN	
NOVOLIN N FLEXPEN RELION	
NOVOLIN N RELION	
NOVOLIN R	
NOVOLIN R FLEXPEN	
NOVOLIN R FLEXPEN RELION	
NOVOLIN R RELION	
NOVOLOG	
NOVOLOG FLEXPEN	
NOVOLOG FLEXPEN RELION	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	
NOVOLOG MIX 70/30 RELION	
NOVOLOG PENFILL	
NOVOLOG RELION	
TOUJEO MAX SOLOSTAR	
TOUJEO SOLOSTAR	
TRESIBA	
TRESIBA FLEXTOUCH	
<b>Blood Products and Modifiers</b>	
<i>Anticoagulants</i>	
ELIQUIS STARTER PACK	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	
FRAGMIN INJECTION 2500UNIT/0.2ML	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	
<i>heparin sodium injection 5000unit/ml</i>	
<i>jantoven</i>	
<i>warfarin sodium tablet</i>	
XARELTO STARTER PACK	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	QL(30 EA per 30 days)

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Drug Name	Requirements/Limits
XARELTO TABLET 15MG, 2.5MG	QL(60 EA per 30 days)
<b>Blood Products and Modifiers, Other</b>	
<i>anagrelide hydrochloride</i>	
NEULASTA	PA
NEULASTA ONPRO KIT	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
PROCRIT INJECTION 40000UNIT/ML	PA
PROMACTA	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	PA
RETACRIT INJECTION 40000UNIT/ML	PA
ROLVEDON	PA
UDENYCA	PA
UDENYCA ONBODY	PA
XOLREMDI	QL(120 EA per 30 days); PA
ZARXIO	
<b>Hemostasis Agents</b>	
<i>tranexamic acid tablet</i>	
<b>Platelet Modifying Agents</b>	
<i>aspirin/dipyridamole</i>	
<i>aspirin/dipyridamole er</i>	
BRILINTA	
CABLIVI	QL(30 EA per 30 days); PA
<i>cilostazol</i>	
<i>clopidogrel tablet 75mg</i>	
<i>clopidogrel tablet 300mg</i>	
DOPTELET	PA
<i>prasugrel hydrochloride</i>	
<b>Cardiovascular Agents</b>	
<b>Alpha-adrenergic Agonists</b>	
<i>clonidine</i>	
<i>clonidine hydrochloride tablet</i>	
<i>droxidopa</i>	PA
<i>guanfacine hydrochloride</i>	
<i>methyldopa tablet 250mg, 500mg</i>	
<i>midodrine hcl</i>	
<b>Alpha-adrenergic Blocking Agents</b>	
<i>prazosin hydrochloride capsule</i>	
<b>Angiotensin II Receptor Antagonists</b>	
<i>candesartan cilexetil</i>	
EDARBI	
<i>irbesartan</i>	
<i>losartan potassium tablet</i>	
<i>olmesartan medoxomil tablet</i>	

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Drug Name	Requirements/Limits
<i>telmisartan</i>	
<i>valsartan tablet</i>	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>	
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	
<i>benazepril hydrochloride tablet 20mg</i>	
<i>captopril tablet</i>	
<i>enalapril maleate tablet</i>	
<i>fosinopril sodium</i>	
<i>lisinopril tablet</i>	
<i>moexipril hcl</i>	
<i>perindopril erbumine</i>	
<i>quinapril hydrochloride</i>	
<i>ramipril</i>	
<i>trandolapril</i>	
<b>Antiarrhythmics</b>	
<i>amiodarone hydrochloride tablet 200mg</i>	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	
<i>digitek tablet 0.125mg, 0.25mg</i>	
<i>digox</i>	
<i>digoxin solution</i>	
<i>digoxin tablet 125mcg, 250mcg</i>	
<i>digoxin tablet 62.5mcg</i>	
<i>dofetilide</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl capsule 150mg</i>	
<i>mexiletine hcl capsule 200mg, 250mg</i>	
MULTAQ	
PACERONE TABLET 200MG	
PACERONE TABLET 100MG	
<i>propafenone hcl</i>	
<i>propafenone hydrochloride er</i>	
<i>quinidine sulfate tablet</i>	
<i>sorine</i>	
<i>sotalol hcl</i>	
<i>sotalol hydrochloride (af)</i>	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	
<b>Beta-adrenergic Blocking Agents</b>	
<i>acebutolol hcl capsule 400mg</i>	
<i>acebutolol hydrochloride</i>	
<i>atenolol tablet</i>	
<i>betaxolol hcl tablet 10mg, 20mg</i>	
<i>bisoprolol fumarate</i>	
<i>carvedilol</i>	
<i>labetalol hydrochloride tablet</i>	
<i>metoprolol succinate er</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>metoprolol tartrate tablet</i>	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	
<i>nebivolol hydrochloride</i>	
<i>nebivolol tablet 5mg</i>	
<i>pindolol tablet</i>	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	
<i>propranolol hcl tablet 40mg</i>	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>	
<i>amlodipine besylate tablet</i>	
<i>felodipine er</i>	
<i>isradipine</i>	
<i>nifedipine er</i>	
<i>nimodipine capsule</i>	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>	
<i>cartia xt</i>	
<i>dilt-xr</i>	
<i>diltiazem hcl cd</i>	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	
<i>diltiazem hcl er capsule extended release 12 hour</i>	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	
<i>diltiazem hydrochloride tablet 120mg</i>	
<i>matzim la</i>	
<i>taztia xt</i>	
<i>tiadyt er</i>	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	
<i>verapamil hcl sr capsule extended release 24 hour</i>	
<i>verapamil hcl tablet 40mg, 80mg</i>	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	
<i>verapamil hydrochloride tablet 120mg</i>	
<b>Cardiovascular Agents, Other</b>	
<i>aliskiren</i>	
<i>amiloride/hydrochlorothiazide</i>	
<i>amlodipine besylate/benazepril hydrochloride</i>	
<i>amlodipine besylate/valsartan</i>	
<i>amlodipine/olmesartan medoxomil</i>	
<i>atenolol/chlorthalidone</i>	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	

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Drug Name	Requirements/Limits
<i>bisoprolol fumarate/hydrochlorothiazide</i>	
<i>candesartan cilexetil/hydrochlorothiazide</i>	
<i>captopril/hydrochlorothiazide</i>	
CORLANOR TABLET	QL(60 EA per 30 days); PA
EDARBYCLOR	
<i>enalapril maleate/hydrochlorothiazide</i>	
ENTRESTO CAPSULE SPRINKLE	QL(240 EA per 30 days)
ENTRESTO TABLET	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	
<i>irbesartan/hydrochlorothiazide</i>	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	
<i>ivabradine hydrochloride</i>	QL(60 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	
<i>losartan potassium/hydrochlorothiazide</i>	
<i>metyrosine</i>	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	
<i>pentoxifylline er</i>	
<i>quinapril/hydrochlorothiazide</i>	
<i>ranolazine er</i>	
<i>spironolactone/hydrochlorothiazide</i>	
<i>telmisartan/hydrochlorothiazide</i>	
<i>trandolapril/verapamil hcl er</i>	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	
<i>triamterene/hydrochlorothiazide tablet</i>	
<i>valsartan/hydrochlorothiazide</i>	
VYNDAMAX	QL(30 EA per 30 days); PA
<b>Diuretics, Loop</b>	
<i>bumetanide injection, tablet</i>	
<i>furosemide tablet</i>	
<i>furosemide injection</i>	
<i>toremide tablet</i>	
<b>Diuretics, Potassium-sparing</b>	
<i>amiloride hcl tablet</i>	
<i>triamterene capsule</i>	
<b>Diuretics, Thiazide</b>	
<i>chlorthalidone tablet 25mg, 50mg</i>	
<i>hydrochlorothiazide capsule, tablet</i>	
<i>indapamide tablet</i>	
<i>metolazone</i>	
<b>Dyslipidemics, Fibric Acid Derivatives</b>	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	
<i>fenofibric acid dr</i>	
<i>gemfibrozil tablet</i>	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>	

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<i>atorvastatin calcium</i>	
<i>fluvastatin</i>	
<i>fluvastatin sodium er</i>	
<i>lovastatin tablet</i>	
<i>pitavastatin calcium</i>	
<i>pravastatin sodium</i>	
<i>rosuvastatin calcium tablet</i>	
<i>simvastatin tablet</i>	
<b><i>Dyslipidemics, Other</i></b>	
<i>cholestyramine light</i>	
<i>cholestyramine packet, powder</i>	
<i>colesevelam hydrochloride tablet</i>	
<i>colestipol hcl tablet</i>	
<i>colestipol hcl granules, packet</i>	
<i>ezetimibe</i>	
<i>ezetimibe/simvastatin</i>	
<i>icosapent ethyl</i>	
NEXLETOL	QL(30 EA per 30 days); PA
NEXLIZET	QL(30 EA per 30 days); PA
<i>niacin er</i>	
<i>omega-3-acid ethyl esters</i>	
PRALUENT	QL(2 ML per 28 days); PA
<i>prevalite</i>	
REPATHA	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	QL(7 ML per 28 days); PA
REPATHA SURECLICK	QL(3 ML per 28 days); PA
<b><i>Mineralocorticoid Receptor Antagonists</i></b>	
<i>eplerenone</i>	
KERENDIA	QL(30 EA per 30 days); PA
<i>spironolactone tablet</i>	
<b><i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i></b>	
FARXIGA	QL(30 EA per 30 days)
JARDIANCE	QL(30 EA per 30 days)
<b><i>Vasodilators, Direct-acting Arterial/Venous</i></b>	
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
NITRO-BID	
<i>nitroglycerin transdermal</i>	
<i>nitroglycerin solution 0.4mg/spray</i>	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	
VERQUVO	QL(30 EA per 30 days); PA
<b><i>Vasodilators, Direct-acting Arterial</i></b>	
<i>hydralazine hcl tablet 10mg</i>	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>hydralazine hydrochloride tablet 100mg</i>	
<i>minoxidil tablet</i>	
<b>Central Nervous System Agents</b>	
<b><i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i></b>	
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	QL(90 EA per 30 days)
<b><i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i></b>	
<i>atomoxetine hydrochloride capsule 25mg</i>	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	
<b><i>Central Nervous System, Other</i></b>	
AUSTEDO	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	QL(30 EA per 30 days); PA

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Drug Name	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	QL(90 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	
INGREZZA CAPSULE THERAPY PACK	QL(56 EA per 365 days); PA
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 0; 40MG	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	QL(60 EA per 30 days); PA
NUEDEXTA	PA
<i>riluzole</i>	
<i>tetrabenazine</i>	PA
VEOZAH	QL(30 EA per 30 days); PA
<b><i>Fibromyalgia Agents</i></b>	
SAVELLA	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	QL(110 EA per 365 days)
<b><i>Multiple Sclerosis Agents</i></b>	
AVONEX PEN	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	QL(4 EA per 28 days); PA
BETASERON	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	QL(120 EA per 365 days); PA
<i> fingolimod hydrochloride</i>	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	QL(30 ML per 30 days); PA
KESIMPTA	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	QL(30 EA per 30 days); PA
REBIF	QL(6 ML per 28 days); PA
REBIF REBIDOSE	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	QL(8.4 ML per 365 days); PA
VUMERITY	QL(120 EA per 30 days); PA
ZEPOSIA	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	QL(74 EA per 365 days); PA; (37 Capsules Pack)
<b>Dental and Oral Agents</b>	
<b><i>Dental and Oral Agents</i></b>	
<i>chlorhexidine gluconate solution</i>	
<i>doxycycline hyclate tablet 20mg</i>	

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Drug Name	Requirements/Limits
<i>kourzeq</i>	
<i>lidocaine hydrochloride viscous</i>	
<i>lidocaine viscous</i>	
<i>oralone dental paste</i>	
<i>paroex</i>	
<i>perio gard</i>	
<i>pilocarpine hydrochloride</i>	
<i>triamcinolone acetonide dental paste</i>	
<b>Dermatological Agents</b>	
<b><i>Acne and Rosacea Agents</i></b>	
ACCUTANE	
<i>acitretin</i>	
<i>amnesteem</i>	
<i>azelaic acid</i>	QL(100 GM per 30 days)
<i>claravis</i>	
<i>erythromycin/benzoyl peroxide</i>	
FINACEA FOAM	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	
<i>metronidazole cream 0.75%</i>	
<i>metronidazole gel 0.75%</i>	
<i>metronidazole gel 1%</i>	
<i>myorisan</i>	
<i>rosadan</i>	
<i>tazarotene cream</i>	QL(60 GM per 30 days)
<i>tretinoin cream 0.025%</i>	PA
<i>tretinoin cream 0.05%</i>	PA
<i>zenatane</i>	
<b><i>Dermatitis and Pruritus Agents</i></b>	
ADBRY	QL(6 ML per 28 days); PA
ALA-CORT CREAM 2.5%	
<i>alclometasone dipropionate</i>	
<i>ammonium lactate cream, lotion</i>	
<i>betamethasone dipropionate augmented cream</i>	
<i>betamethasone dipropionate augmented ointment</i>	
<i>betamethasone dipropionate augmented gel</i>	
<i>betamethasone dipropionate cream, lotion</i>	
<i>betamethasone dipropionate ointment</i>	
<i>betamethasone valerate ointment</i>	
<i>betamethasone valerate cream, lotion</i>	
<i>clobetasol propionate e</i>	
<i>clobetasol propionate cream, ointment</i>	
<i>clobetasol propionate gel, solution</i>	
<i>clobetasol propionate shampoo</i>	
<i>desonide cream</i>	
<i>desonide ointment</i>	QL(120 GM per 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>desoximetasone cream 0.25%</i>	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	
<b>EUCRISA</b>	PA
<i>fluocinolone acetonide</i>	
<i>fluocinolone acetonide body</i>	
<i>fluocinolone acetonide scalp</i>	
<i>fluocinolone acetonide topical</i>	
<i>fluocinonide cream 0.1%</i>	QL(120 GM per 30 days)
<i>fluocinonide cream 0.05%</i>	QL(60 GM per 30 days)
<i>fluocinonide gel, ointment</i>	QL(60 GM per 30 days)
<i>fluocinonide solution</i>	QL(60 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	
<i>fluticasone propionate ointment 0.005%</i>	
<i>halobetasol propionate cream</i>	
<i>halobetasol propionate ointment</i>	
<i>hydrocortisone valerate cream</i>	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	
<i>hydrocortisone lotion 2.5%</i>	
<i>hydrocortisone ointment 1%, 2.5%</i>	
<i>mometasone furoate cream 0.1%</i>	
<i>mometasone furoate ointment 0.1%</i>	
<i>mometasone furoate solution 0.1%</i>	
<i>pimecrolimus</i>	
<i>selenium sulfide</i>	
<b>SPEVIGO INJECTION 150MG/ML</b>	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	
<i>triamcinolone acetonide lotion 0.1%</i>	
<i>triamcinolone acetonide lotion 0.025%</i>	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	
<i>triderm</i>	
<b><i>Dermatological Agents, Other</i></b>	
<i>calcipotriene solution</i>	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	QL(90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	
<i>imiquimod cream 5%</i>	QL(48 EA per 30 days)
<i>nystatin/triamcinolone</i>	
<i>nystatin/triamcinolone acetonide ointment</i>	
<b>OTEZLA TABLET 20MG, 30MG</b>	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	
<b>SANTYL</b>	
<i>silver sulfadiazine</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
SOTYKTU	QL(30 EA per 30 days); PA
<i>ssd</i>	
<i>urea lotion 40%</i>	
<b><i>Pediculicides/Scabicides</i></b>	
<i>malathion</i>	
<i>permethrin cream</i>	
<b><i>Topical Anti-infectives</i></b>	
<i>acyclovir ointment 5%</i>	QL(60 GM per 30 days)
<i>ciclodan solution</i>	PA
<i>ciclopirox nail lacquer</i>	PA
<i>ciclopirox olamine</i>	
<i>ciclopirox gel</i>	
<i>ciclopirox shampoo, suspension</i>	
<i>clindamycin phosphate lotion 1%</i>	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	QL(60 ML per 30 days)
<i>ery</i>	
<i>erythromycin gel 2%</i>	
<i>erythromycin pad 2%</i>	
<i>erythromycin solution 2%</i>	
<i>mupirocin ointment</i>	QL(110 GM per 30 days)
<i>mupirocin cream</i>	
<b>Electrolytes/Minerals/Metals/Vitamins</b>	
<b><i>Electrolyte/Mineral Replacement</i></b>	
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	B/D
<i>carglumic acid</i>	

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Drug Name	Requirements/Limits
<i>dextrose 5%</i>	
<i>dextrose 5%/sodium chloride 0.45%</i>	
<i>dextrose 5%/sodium chloride 0.9%</i>	
<i>effer-k tablet effervescent 25meq</i>	
<i>klor-con</i>	
<i>klor-con 10</i>	
<i>klor-con 8</i>	
<i>klor-con m10</i>	
<i>klor-con m15</i>	
<i>klor-con m20</i>	
<i>klor-con sprinkle</i>	
<i>klor-con/ef</i>	
<i>magnesium sulfate injection 50%</i>	
PLENAMINE	B/D
<i>potassium chloride er</i>	
<i>potassium chloride sr tablet extended release 8meq</i>	
<i>potassium chloride packet, solution</i>	
<i>potassium citrate er</i>	
<i>sodium chloride 0.45% injection</i>	
<i>sodium chloride injection 0.45%, 0.9%</i>	
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>	
CHEMET	
CLOVIQUE	PA
<i>deferasirox packet</i>	PA
<i>deferasirox tablet soluble 125mg</i>	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	PA
<i>deferasirox tablet 90mg</i>	PA
<i>deferasirox tablet 180mg, 360mg</i>	PA
<i>penicillamine tablet</i>	
<i>trientine hydrochloride capsule 250mg</i>	PA
<b><i>Phosphate Binders</i></b>	
<i>calcium acetate capsule</i>	
<i>calcium acetate tablet 667mg</i>	
<i>sevelamer carbonate tablet</i>	
VELPHORO	
<b><i>Potassium Binders</i></b>	
<i>kionex suspension</i>	
LOKELMA	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder, suspension</i>	
SPS	
VELTASSA	
<b><i>Vitamins</i></b>	
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	
<b>Gastrointestinal Agents</b>	

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Drug Name	Requirements/Limits
<b>Anti-Constipation Agents</b>	
<i>constulose</i>	
<i>enulose</i>	
<i>generlac</i>	
<i>lactulose solution 10gm/15ml</i>	
LINZESS	QL(30 EA per 30 days)
<i>lubiprostone</i>	QL(60 EA per 30 days)
MOTTEGRITY	QL(30 EA per 30 days)
<i>pegylax</i>	
RELISTOR TABLET	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	QL(18 ML per 30 days); ST
<b>Anti-Diarrheal Agents</b>	
<i>alosetron hydrochloride tablet 0.5mg</i>	PA
<i>alosetron hydrochloride tablet 1mg</i>	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	
<i>loperamide hcl capsule</i>	
XERMELO	QL(90 EA per 30 days); PA
<b>Antispasmodics, Gastrointestinal</b>	
<i>dicyclomine hcl solution</i>	
<i>dicyclomine hydrochloride capsule, tablet</i>	
<i>glycopyrrolate injection 0.4mg/2ml</i>	
<i>glycopyrrolate tablet 1mg, 2mg</i>	PA
<b>Gastrointestinal Agents, Other</b>	
CLENPIQ	
<i>gavilyte-c</i>	
<i>gavilyte-g</i>	
<i>gavilyte-h</i>	
<i>gavilyte-n/ flavor pack</i>	
LIVMARLI SOLUTION 19MG/ML	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	QL(90 ML per 30 days); PA
<i>metoclopramide hcl solution</i>	
<i>metoclopramide hcl tablet 5mg</i>	
<i>metoclopramide hydrochloride tablet 10mg</i>	
<i>nitroglycerin ointment 0.4%</i>	
<i>peg 3350/electrolytes</i>	
<i>peg-3350/electrolytes</i>	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	
SUTAB	
<i>trilyte</i>	
<i>ursodiol capsule 300mg</i>	
<i>ursodiol tablet</i>	
VOWST	PA
XIFAXAN TABLET 200MG	PA

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Drug Name	Requirements/Limits
XIFAXAN TABLET 550MG	PA
<b><i>Histamine2 (H2) Receptor Antagonists</i></b>	
<i>famotidine suspension reconstituted</i>	
<i>famotidine tablet 20mg, 40mg</i>	
<i>nizatidine</i>	
<b><i>Protectants</i></b>	
<i>misoprostol</i>	
<i>sucralfate tablet</i>	
<i>sucralfate suspension</i>	
<b><i>Proton Pump Inhibitors</i></b>	
<i>esomeprazole magnesium capsule delayed release</i>	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	QL(60 EA per 30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>	
<b><i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i></b>	
<i>betaine anhydrous</i>	
CERDELGA	PA
CHOLBAM	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	
<i>cromolyn sodium concentrate 100mg/5ml</i>	
CYSTAGON	
ENDARI	PA
EVRYSDI	QL(240 ML per 30 days); PA
FABRAZYME	PA
<i>l-glutamine</i>	PA
<i>miglustat</i>	PA
<i>nitisinone</i>	
PROLASTIN-C	PA
PYRUKYND TAPER PACK	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	QL(60 EA per 30 days); PA
REVCOVI	PA
<i>sapropterin dihydrochloride</i>	PA
<i>sodium phenylbutyrate powder, tablet</i>	
SUCRAID	PA
TEGSEDI	PA
WELIREG	PA NSO

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Drug Name	Requirements/Limits
<i>yargesa</i>	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	
<b>Genitourinary Agents</b>	
<b><i>Antispasmodics, Urinary</i></b>	
GELNIQUE GEL 10%	
GEMTESA	
MYRBETRIQ	
<i>oxybutynin chloride er</i>	
<i>oxybutynin chloride solution</i>	
<i>oxybutynin chloride tablet 5mg</i>	
<i>solifenacin succinate</i>	
<i>tolterodine tartrate</i>	
<i>tolterodine tartrate er</i>	
<i>tropium chloride</i>	
<i>tropium chloride er</i>	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>	
<i>alfuzosin hcl er</i>	
<i>doxazosin mesylate</i>	
<i>dutasteride capsule</i>	
<i>finasteride tablet</i>	
<i>silodosin</i>	
<i>tadalafil tablet 2.5mg, 5mg</i>	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	
<i>terazosin hydrochloride capsule 2mg</i>	
<b><i>Genitourinary Agents, Other</i></b>	
<i>acetic acid 0.25%</i>	
<i>bethanechol chloride tablet</i>	
ELMIRON	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>	
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i></b>	
<i>cortisone acetate tablet 25mg</i>	
<i>dexamethasone solution</i>	
<i>dexamethasone elixir</i>	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	
<i>fludrocortisone acetate tablet</i>	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	
<i>methylprednisolone dose pack tablet therapy pack</i>	
<i>methylprednisolone tablet</i>	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	

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Drug Name	Requirements/Limits
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	
<i>prednisolone solution</i>	
<i>prednisone tablet therapy pack</i>	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	
<i>triamcinolone acetonide injection 10mg/ml</i>	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>	
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i></b>	
<i>desmopressin acetate tablet</i>	
<i>desmopressin acetate solution 0.01%</i>	
GENOTROPIN	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	PA
INCRELEX	PA
ISTURISA TABLET 10MG	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	QL(360 EA per 30 days); PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>	
<b><i>Androgens</i></b>	
<i>danazol capsule</i>	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate injection</i>	PA
<i>testosterone pump</i>	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	PA
<b><i>Estrogens</i></b>	
<i>afirmelle</i>	
<i>altavera</i>	
<i>alyacen 1/35</i>	
<i>alyacen 7/7/7</i>	
<i>amabelz</i>	
<i>amethia</i>	QL(91 EA per 91 days)
<i>amethia lo</i>	QL(91 EA per 91 days)
<i>amethyst</i>	
<i>ashlyna</i>	QL(91 EA per 91 days)
<i>aubra eq</i>	
<i>aurovela 1.5/30</i>	
<i>aurovela 1/20</i>	
<i>aurovela fe 1.5/30</i>	
<i>aurovela fe 1/20</i>	
<i>aviane</i>	
<i>ayuna</i>	
<i>azurette</i>	
<i>balziva</i>	

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Drug Name	Requirements/Limits
<i>bekyree</i>	
<i>blisovi fe 1.5/30</i>	
<i>blisovi fe 1/20</i>	
<i>briellyn</i>	
<i>camrese</i>	QL(91 EA per 91 days)
<i>camrese lo</i>	QL(91 EA per 91 days)
<i>chateal</i>	
<i>chateal eq</i>	
CLIMARA PRO	
<i>cryselle-28</i>	
<i>cyclafem 1/35</i>	
<i>cyclafem 7/7/7</i>	
<i>dasetta 1/35</i>	
<i>dasetta 7/7/7</i>	
<i>daysee</i>	QL(91 EA per 91 days)
<i>delyla</i>	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	
<i>dolishale</i>	
DOTTI	
<i>elinest</i>	
<i>eluryng</i>	
<i>enilloring</i>	
<i>enpresse-28</i>	
<i>estarylla</i>	
<i>estradiol/norethindrone acetate</i>	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	
<i>estradiol cream, oral tablet</i>	
<i>estradiol patch weekly</i>	
<i>estradiol patch twice weekly, vaginal tablet</i>	
ESTRING	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	
<i>etonogestrel/ethinyl estradiol</i>	
<i>falmina</i>	
<i>fayosim</i>	QL(91 EA per 91 days)
<i>femynor</i>	
FYAVOLV	
<i>hailey 1.5/30</i>	
<i>hailey fe 1.5/30</i>	
<i>hailey fe 1/20</i>	
<i>haloette</i>	
<i>iclevia</i>	QL(91 EA per 91 days)
<i>introvale</i>	QL(91 EA per 91 days)
<i>jaimiess</i>	QL(91 EA per 91 days)
<i>jinteli</i>	

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>jolessa</i>	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	
<i>junel 1/20</i>	
<i>junel fe 1.5/30</i>	
<i>junel fe 1/20</i>	
<i>kariva</i>	
<i>kelnor 1/35</i>	
<i>kelnor 1/50</i>	
<i>kimidess</i>	
<i>kurvelo</i>	
<i>larin 1.5/30</i>	
<i>larin 1/20</i>	
<i>larin fe 1.5/30</i>	
<i>larin fe 1/20</i>	
<i>larissia</i>	
<i>lessina</i>	
<i>levonest</i>	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	
<i>lillow</i>	
<i>lojaimiess</i>	QL(91 EA per 91 days)
<i>lopreeza</i>	
<i>low-ogestrel</i>	
<i>lutra</i>	
<i>lyllana</i>	
<i>marlissa</i>	
<b>MENEST TABLET 2.5MG</b>	
<i>microgestin 1.5/30</i>	
<i>microgestin 1/20</i>	
<i>microgestin fe 1.5/30</i>	
<i>microgestin fe 1/20</i>	
<i>mili</i>	
<i>mimvey</i>	
<i>mimvey lo</i>	
<i>mono-linyah</i>	
<i>mononessa</i>	
<i>necon 0.5/35-28</i>	
<i>necon 7/7/7</i>	
<i>norelgestromin/ethinyl estradiol</i>	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	

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<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	
<i>norgestimate/ethinyl estradiol</i>	
<i>nortrel 0.5/35 (28)</i>	
<i>nortrel 1/35</i>	
<i>nortrel 7/7/7</i>	
<i>nylia 1/35</i>	
<i>nylia 7/7/7</i>	
<i>nymyo</i>	
<i>orsythia</i>	
<i>philith</i>	
<i>pimtrea</i>	
<i>pirmella 1/35</i>	
<i>pirmella 7/7/7</i>	
<i>portia-28</i>	
PREMARIN CREAM	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	
PREMPHASE	
PREMPRO	
<i>previfem</i>	
<i>rivelsa</i>	QL(91 EA per 91 days)
<i>setlakin</i>	QL(91 EA per 91 days)
<i>simliya</i>	
<i>simpesse</i>	QL(91 EA per 91 days)
<i>sprintec 28</i>	
<i>sronyx</i>	
<i>tarina fe 1/20</i>	
<i>tarina fe 1/20 eq</i>	
<i>tri femynor</i>	
<i>tri-estarylla</i>	
<i>tri-linyah</i>	
<i>tri-mili</i>	
<i>tri-nymyo</i>	
<i>tri-previfem</i>	
<i>tri-sprintec</i>	
<i>tri-vylibra</i>	
<i>trinessa</i>	
<i>trivora-28</i>	
<i>turqoz</i>	
<i>vienva</i>	
<i>viorele</i>	
<i>volnea</i>	
<i>vyfemla</i>	

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Drug Name	Requirements/Limits
<i>vylibra</i>	
<i>wera</i>	
<i>xulane</i>	
<i>yuvafem</i>	
<i>zafemy</i>	
<i>zovia 1/35</i>	
<i>zovia 1/35e</i>	
<b>Progestins</b>	
<i>camila</i>	
<i>deblitane</i>	
DEPO-SUBQ PROVERA 104	QL(0.65 ML per 90 days)
<i>emzahh</i>	
<i>errin</i>	
<i>heather</i>	
<i>incassia</i>	
<i>jencycla</i>	
LILETTA	
<i>lyleq</i>	
<i>lyza</i>	
<i>medroxyprogesterone acetate tablet</i>	
<i>medroxyprogesterone acetate injection</i>	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	
<i>megestrol acetate suspension 40mg/ml</i>	
<i>megestrol acetate suspension 625mg/5ml</i>	
NEXPLANON	
<i>nora-be</i>	
<i>norethindrone acetate tablet</i>	
<i>norethindrone tablet</i>	
<i>norlyda</i>	
<i>norlyroc</i>	
<i>progesterone capsule</i>	
<i>sharobel</i>	
<i>tulana</i>	
<b>Selective Estrogen Receptor Modifying Agents</b>	
OSPHENA	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>	
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
ARMOUR THYROID	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	
LEVO-T	
<i>levothyroxine sodium tablet</i>	

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Drug Name	Requirements/Limits
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG <i>liothyronine sodium tablet</i>	
NIVA THYROID	
<i>np thyroid 120</i>	
<i>np thyroid 15</i>	
<i>np thyroid 30</i>	
<i>np thyroid 60</i>	
<i>np thyroid 90</i>	
SYNTHROID TABLET	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	
UNITHROID	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>	
<b><i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i></b>	
<i>cabergoline</i>	
FIRMAGON INJECTION 80MG	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	QL(4 EA per 365 days); PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	PA NSO
LUPRON DEPOT (1-MONTH)	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	QL(1 EA per 84 days); PA
<i>mifepristone tablet 200mg</i>	
<i>mifepristone tablet 300mg</i>	QL(120 EA per 30 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	PA
ORGOVYX	PA NSO
SIGNIFOR	QL(60 ML per 30 days); PA
SOMAVERT	PA
TRELSTAR MIXJECT INJECTION 22.5MG	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	QL(1 EA per 84 days); PA NSO
<b>Hormonal Agents, Suppressant (Thyroid)</b>	
<b><i>Antithyroid Agents</i></b>	
<i>methimazole tablet 10mg, 5mg</i>	
<i>propylthiouracil tablet</i>	
<b>Immunological Agents</b>	
<b><i>Angioedema Agents</i></b>	
CINRYZE	PA
<i>icatibant acetate</i>	PA
<i>sajazir</i>	PA
<b><i>Immunoglobulins</i></b>	
BIVIGAM INJECTION 10%, 5GM/50ML	PA
CUVITRU INJECTION 8GM/40ML	PA

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<b>Drug Name</b>	<b>Requirements/Limits</b>
GAMASTAN	PA
HIZENTRA INJECTION 1GM/5ML, 2GM/10ML	PA
HYPERHEP B	B/D
PRIVIGEN	PA
<i>Immunological Agents, Other</i>	
BENLYSTA	PA
COSENTYX SENSOREADY PEN	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	QL(8 ML per 28 days); PA
EMPAVELI	PA
KINERET	PA
ORENCIA CLICKJECT	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	QL(110 EA per 365 days); PA
RINVOQ	QL(30 EA per 30 days); PA
RINVOQ LQ	QL(360 ML per 30 days); PA
SKYRIZI PEN	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 75MG/0.83ML	PA
SKYRIZI INJECTION 150MG/ML	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	QL(3 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	QL(3 ML per 84 days); PA
TAVNEOS	QL(180 EA per 30 days); PA
VEOPOZ	PA
XELJANZ XR	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	QL(300 ML per 30 days); PA
XELJANZ TABLET	QL(60 EA per 30 days); PA
XOLAIR	PA
<i>Immunostimulants</i>	
ACTIMMUNE	PA NSO
BESREMI	PA NSO
PEGASYS INJECTION 180MCG/ML	PA
<i>Immunosuppressants</i>	
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only

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ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL	B/D
<i>azathioprine tablet 50mg</i>	B/D
<i>cyclosporine modified</i>	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	B/D
ENBREL MINI	QL(8 ML per 28 days); PA
ENBREL SURECLICK	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	PA
ENBREL INJECTION 25MG/0.5ML	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	B/D
<i>gengraf capsule 100mg, 25mg</i>	B/D
<i>gengraf solution</i>	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA; Abbvie labeled products only

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Drug Name	Requirements/Limits
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	QL(6 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	PA
INFLIXIMAB	PA
JYLAMVO	PA NSO
<i>leflunomide</i>	
<i>methotrexate sodium tablet</i>	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	
<i>methotrexate injection 50mg/2ml</i>	
<i>mycophenolate mofetil capsule, tablet</i>	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	B/D
<i>mycophenolic acid dr</i>	B/D
ORENCIA INJECTION 250MG	PA
PEGASYS INJECTION 180MCG/0.5ML	PA
PROGRAF PACKET	B/D
RENFLEXIS	PA
REZUROCK	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	B/D
<i>sirolimus solution, tablet</i>	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	B/D
XATMEP	PA NSO
<b>Vaccines</b>	
ABRYSVO	QL(1 EA per 252 days)
ACTHIB INJECTION 0	
ADACEL	
AREXVY	QL(1 EA per 999 days)
<i>bcg vaccine injection 50mg</i>	
BEXSERO	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	
DENGVAXIA	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	
ENGERIX-B	B/D
GARDASIL 9 INJECTION 0	
GARDASIL 9 INJECTION 0	
HAVRIX INJECTION 1440ELU/ML	
HAVRIX INJECTION 720ELU/0.5ML	
HEPLISAV-B	B/D
HIBERIX	

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Drug Name	Requirements/Limits
IMOVAX RABIES (H.D.C.V.)	B/D
INFANRIX	
IPOL INACTIVATED IPV	
IXCHIQ	
IXIARO	
JYNNEOS	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
M-M-R II	
MENACTRA	
MENQUADFI	
MENVEO	
MRESVIA	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	
PENBRAYA	
PENTACEL	
PREHEVBRIO	B/D
PRIORIX	
PROQUAD	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	Single-dose vial; any pack size
RABAVERT	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	B/D
ROTARIX	
ROTATEQ SOLUTION	
SHINGRIX	
STAMARIL	
TDVAX	
TENIVAC	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	
TICOVAC	
TRUMENBA	
TWINRIX	
TYPHIM VI INJECTION 25MCG/0.5ML	
TYPHIM VI INJECTION 25MCG/0.5ML	
VAQTA INJECTION 50UNIT/ML	
VAQTA INJECTION 25UNIT/0.5ML	

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Drug Name	Requirements/Limits
VARIVAX	
VAXELIS	
YF-VAX	
<b>Inflammatory Bowel Disease Agents</b>	
<i><b>Aminosalicylates</b></i>	
<i>balsalazide disodium</i>	
<i>mesalamine dr tablet delayed release 1.2gm</i>	
<i>mesalamine er</i>	
<i>mesalamine enema, kit, suppository</i>	
SFROWASA	
<i>sulfasalazine tablet, tablet delayed release</i>	
<i><b>Glucocorticoids</b></i>	
<i>budesonide er</i>	
<i>budesonide capsule delayed release particles 3mg</i>	
<i>colocort</i>	
<i>hydrocortisone cream 2.5%</i>	
<i>hydrocortisone enema 100mg/60ml</i>	
<i>procto-med hc</i>	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
<b>Metabolic Bone Disease Agents</b>	
<i><b>Metabolic Bone Disease Agents</b></i>	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	
<i>alendronate sodium tablet 70mg</i>	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	
<i>cinacalcet hydrochloride</i>	
FORTEO INJECTION 600MCG/2.4ML	PA
<i>ibandronate sodium tablet</i>	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	
PROLIA	QL(2 ML per 365 days)
RAYALDEE	
<i>risedronate sodium tablet 30mg, 5mg</i>	
<i>risedronate sodium tablet 150mg</i>	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	QL(4 EA per 28 days)
<i>teriparatide</i>	PA
TYMLOS	PA
XGEVA	PA
<b>Miscellaneous Therapeutic Agents</b>	
<i><b>Miscellaneous Therapeutic Agents</b></i>	
ALCOHOL PREP PADS	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	QL(200 EA per 30 days)

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Drug Name	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	QL(200 EA per 30 days)
ELLA	
NUTRILIPID	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	QL(10 EA per 30 days)
SKYCLARYS	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	
<i>ulticare micro pen needles/32g x 5/32"</i>	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	QL(200 EA per 30 days)
V-GO 20	
V-GO 30	
V-GO 40	
VISTOGARD	
ZOKINVY	QL(120 EA per 30 days); PA
<b>Ophthalmic Agents</b>	
<b><i>Ophthalmic Agents, Other</i></b>	
<i>atropine sulfate solution 1%</i>	
<i>bacitracin/polymyxin b</i>	
<i>brimonidine tartrate/timolol maleate</i>	
COMBIGAN	
<i>cyclosporine emulsion 0.05%</i>	
CYSTARAN	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	
<i>neo-polycin</i>	
<i>neo-polycin hc</i>	
<i>neomycin/bacitracin/polymyxin</i>	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	

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<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	
<i>neomycin/polymyxin/dexamethasone</i>	
<i>neomycin/polymyxin/gramicidin</i>	
<i>polycin</i>	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	
RESTASIS	
RESTASIS MULTIDOSE	
ROCKLATAN	QL(2.5 ML per 25 days)
SIMBRINZA	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	
TOBRADEX ST	
TOBRADEX OINTMENT	
<i>tobramycin/dexamethasone</i>	
XIIDRA	QL(60 EA per 30 days)
ZYLET	
<b><i>Ophthalmic Anti-allergy Agents</i></b>	
<i>azelastine hcl ophthalmic solution 0.05%</i>	
<i>cromolyn sodium solution 4%</i>	
<i>olopatadine hcl</i>	
<i>olopatadine hydrochloride solution 0.2%</i>	
<b><i>Ophthalmic Anti-Infectives</i></b>	
<i>bacitracin</i>	
BESIVANCE	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	
<i>erythromycin ointment 5mg/gm</i>	
<i>gatifloxacin</i>	
<i>gentak ointment</i>	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	
<i>levofloxacin ophthalmic solution 0.5%</i>	
<i>moxifloxacin hydrochloride solution 0.5%</i>	
NATACYN	
<i>ofloxacin ophthalmic solution 0.3%</i>	
<i>sulfacetamide sodium solution</i>	
<i>sulfacetamide sodium ointment</i>	
<i>tobramycin solution 0.3%</i>	
<i>trifluridine</i>	
XDEMVY	QL(10 ML per 42 days)
ZIRGAN	
<b><i>Ophthalmic Anti-inflammatories</i></b>	
<i>bromfenac sodium solution 0.07%</i>	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	
FLAREX	
<i>fluorometholone</i>	

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<i>flurbiprofen sodium</i>	
ILEVRO	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	
LOTEMAX SM	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	
<b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>	
<i>betaxolol hcl solution 0.5%</i>	
<i>carteolol hcl</i>	
<i>levobunolol hcl solution 0.5%</i>	
<i>timolol maleate solution 0.25%, 0.5%</i>	
<b><i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i></b>	
<i>acetazolamide</i>	
<i>acetazolamide er</i>	
BRIMONIDINE TARTRATE SOLUTION 0.1%	
<i>brimonidine tartrate solution 0.2%</i>	
<i>brinzolamide</i>	
<i>dorzolamide hydrochloride</i>	
<i>methazolamide tablet</i>	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	
RHOPRESSA	QL(2.5 ML per 25 days)
<b><i>Ophthalmic Prostaglandin and Prostanoid Analogs</i></b>	
<i>latanoprost solution</i>	
LUMIGAN	QL(2.5 ML per 25 days)
VYZULTA	QL(5 ML per 25 days)
<b>Otic Agents</b>	
<b><i>Otic Agents</i></b>	
<i>acetic acid</i>	
<i>ciprofloxacin/dexamethasone</i>	
<i>hydrocortisone/acetic acid</i>	
<i>neomycin/polymyxin/hc</i>	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	
<i>ofloxacin otic solution 0.3%</i>	
<b>Respiratory Tract/Pulmonary Agents</b>	
<b><i>Anti-inflammatories, Inhaled Corticosteroids</i></b>	
ARNUITY ELLIPTA	QL(30 EA per 30 days)
ASMANEX HFA	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	QL(1 EA per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	
<i>mometasone furoate suspension 50mcg/act</i>	QL(34 GM per 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
QVAR REDHALER	QL(21.2 GM per 30 days)
<b>Antihistamines</b>	
<i>azelastine hcl nasal solution 0.15%</i>	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	
<i>diphenhydramine hcl injection 50mg/ml</i>	
<i>diphenhydramine hydrochloride injection</i>	
<i>hydroxyzine hcl tablet 50mg</i>	
<i>hydroxyzine hydrochloride syrup</i>	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	
<i>hydroxyzine pamoate capsule</i>	
<i>levocetirizine dihydrochloride tablet</i>	
<b>Antileukotrienes</b>	
<i>montelukast sodium tablet</i>	
<i>montelukast sodium tablet chewable, packet</i>	
<i>zafirlukast</i>	
<b>Bronchodilators, Anticholinergic</b>	
ATROVENT HFA	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	
<i>ipratropium bromide inhalation solution</i>	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	QL(30 EA per 30 days)
YUPELRI	QL(90 ML per 30 days); B/D
<b>Bronchodilators, Sympathomimetic</b>	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	
<i>formoterol fumarate nebulization solution</i>	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	QL(2 EA per 30 days)
SEREVENT DISKUS	QL(60 EA per 30 days)
<b>Cystic Fibrosis Agents</b>	
CAYSTON	PA
KALYDECO PACKET	QL(56 EA per 28 days); PA

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Drug Name	Requirements/Limits
KALYDECO TABLET	QL(60 EA per 30 days); PA
ORKAMBI TABLET	QL(112 EA per 28 days); PA
PULMOZYME	PA
TOBI PODHALER	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	QL(84 EA per 28 days); PA
<b><i>Mast Cell Stabilizers</i></b>	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	B/D
<b><i>Phosphodiesterase Inhibitors, Airways Disease</i></b>	
<i>roflumilast</i>	PA
<i>theophylline er tablet extended release 24 hour</i>	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	
<b><i>Pulmonary Antihypertensives</i></b>	
ADEMPAS	QL(90 EA per 30 days); PA
<i>alyq</i>	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	QL(30 EA per 30 days); PA
OPSUMIT	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	PA
<i>sildenafil citrate tablet</i>	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	QL(60 EA per 30 days); PA
VENTAVIS	QL(270 ML per 30 days); PA
<b><i>Pulmonary Fibrosis Agents</i></b>	
OFEV	PA
<i>pirfenidone</i>	PA
<b><i>Respiratory Tract Agents, Other</i></b>	
ADVAIR HFA	QL(24 GM per 30 days)
ANORO ELLIPTA	QL(60 EA per 30 days)
BREO ELLIPTA	QL(60 EA per 30 days)
<i>breyna</i>	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	QL(23.6 GM per 28 days)
BRONCHITOL	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	QL(17.6 GM per 30 days); PA
FASENRA PEN	PA
FASENRA INJECTION 10MG/0.5ML	PA
FASENRA INJECTION 30MG/ML	PA
<i>fluticasone propionate/salmeterol diskus</i>	QL(60 EA per 30 days)

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<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate/salmeterol aerosol powder breath activated</i> 500mcg/act; 50mcg/act	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i> NUCALA INJECTION 40MG/0.4ML	QL(540 ML per 30 days); B/D QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	QL(24 GM per 30 days)
TRELEGY ELLIPTA	QL(60 EA per 30 days)
<i>wixela inhub</i>	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>	
<b><i>Skeletal Muscle Relaxants</i></b>	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	PA
<i>methocarbamol tablet 500mg, 750mg</i>	
<i>orphenadrine citrate er</i>	
<b>Sleep Disorder Agents</b>	
<b><i>Sleep Promoting Agents</i></b>	
BELSOMRA	QL(30 EA per 30 days)
<i>eszopiclone</i>	QL(30 EA per 30 days)
<i>ramelteon</i>	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	QL(30 EA per 30 days)
<b><i>Wakefulness Promoting Agents</i></b>	
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	QL(60 EA per 30 days); PA
<i>modafinil tablet</i>	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	QL(540 ML per 30 days); PA

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<i>atomoxetine</i>	41	FINE/0.5ML/30G X 12.7MM	
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# Non-discrimination notice

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

Sanford Health Plan:

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

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

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

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

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

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

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



# Help in Other Languages

For help in any language other than English, call Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

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

**Laotian** – ໂປດຊາບ: ຖ້າວ່າ ທ່ານ ບໍ່ເຂົ້າໃຈພາສາ ອັງກິດ, ການບໍລິການ

ພາສາ ອັງກິດ ຈຳນວນ ພາສາ, ໂດຍບໍ່ຄ່າ ສູນຄ່າ, ແມ່ນ ມີ ທ່ານ ໃຫ້ ມີ ທ່ານ ມີ ທ່ານ

Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

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

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

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

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

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

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

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

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

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

**Thai** – เรียน: ถ าคคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

**Karen** – ဟံသာဝတီသံ:– နမူကတိ ကညိ ကျိအလိ, နမူနာ ကျိအတိမတိတလါ တလါဘျိလါစု နိတမံဘျိသုနုလိ. ကိ Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

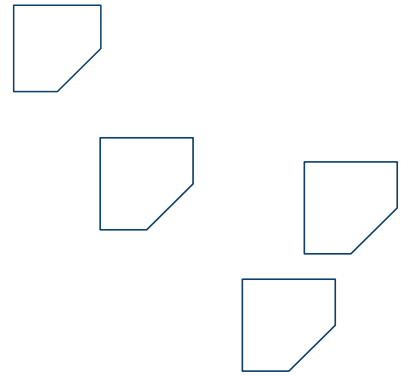
**Vietnamese** – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

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



SANFORD HEALTH PLAN





**Align DUALPartnership (HMO D-SNP)**

## **2025 Formulary List of Covered Drugs**

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

Formulary ID# 00025382, V7

This formulary was updated on 08/16/2024.

For more recent information or other questions, please contact member service at (844) 642-9090 (TTY users should call 711), 24 hours a day/7 days a week, or visit [align.sanfordhealthplan.com](http://align.sanfordhealthplan.com).

We also provide information in alternative formats such as braille, audio or large print. To receive information in an alternative format, please call our member service at (844) 642-9090 (TTY: 711), 24 hours a day/7 days a week.

This formulary last updated 08/16/2024