

Arkansas Blue Cross and Blue Shield Blue Choice Formulary

Effective 04/01/2025

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INTRODUCTION

We are pleased to provide the 2025 Arkansas Blue Cross and Blue Shield Blue Choice Formulary as a useful reference and informational tool. This document can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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

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

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

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

PREFACE

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

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

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Arkansas Blue Cross will utilize the services of the independent National P&T Committee as well as internal pharmacy and medical advisory committees to direct formulary decisions as it relates to our benefit certificates and policies.

DRUG LIST PRODUCT DESCRIPTIONS

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

1. Medical Conditions

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

2. Alphabetical Listing

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

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

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

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

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

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LEGEND

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

GENERIC SUBSTITUTION

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

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

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

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

SPECIALTY MEDICATIONS

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

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Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medications based on currently accepted evidence-based medicine guidelines. The utilization management program is available for therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as “SP” for your reference. For additional information, please call 1-866-814-5506.

PLAN DESIGN

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

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

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. If covered in the pharmacy benefit, OTC products require a valid prescription.

Some Plans exclude mental health drugs.

PREVENTIVE SERVICES

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

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

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

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

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

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

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Drug Name	Requirements/Limits
ANALGESICS	
GOUT	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine caps .6mg; tabs .6mg</i>	
MITIGARE CAPS .6MG	
<i>probenecid tabs 500mg</i>	
NSAIDS	
<i>diclofenac potassium tabs 50mg</i>	
<i>diclofenac sodium delayed-rel tbec 25mg, 50mg, 75mg</i>	
<i>diclofenac sodium ext-rel tb24 100mg</i>	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg</i>	
<i>flurbiprofen tabs 50mg, 100mg</i>	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg</i>	
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	
<i>naproxen tbec 375mg, 500mg</i>	
<i>naproxen sodium tabs 275mg, 550mg</i>	
<i>oxaprozin tabs 600mg</i>	
<i>piroxicam caps 10mg, 20mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
OPIOID ANALGESICS	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL
<i>codeine sulfate tabs 30mg</i>	QL; PA*
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	PA, QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	QL; PA*
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	QL; PA*
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	QL; PA*

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Drug Name	Requirements/Limits
<i>oxycodone hcl conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL; PA*
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL
<i>tramadol hcl tabs 50mg</i>	QL; PA*
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	QL; PA*, Initial PA may apply to higher strengths

SALICYLATES

diflunisal tabs 500mg

VISCOSUPPLEMENTS

DUROLANE PRSY 60MG/3ML

SP, PA

EUFLEXXA SOSY 20MG/2ML

SP, PA

GELSYN-3 SOSY 16.8MG/2ML

SP, PA

SUPARTZ FX SOSY 25MG/2.5ML

SP, PA

ANTI-INFECTIVES

ANTHELMINTICS

EMVERM CHEW 100MG

QL; PA*

ivermectin tabs 3mg

praziquantel tabs 600mg

QL; PA*

ANTI-BACTERIALS - MISCELLANEOUS

ARIKAYCE SUSP 590MG/8.4ML

SP, PA

tinidazole tabs 250mg, 500mg

ANTIFUNGALS

fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg

griseofulvin microsize susp 125mg/5ml; tabs 500mg

itraconazole caps 100mg; soln 10mg/ml

nystatin tabs 500000unit

terbinafine hcl tabs 250mg

voriconazole susr 40mg/ml; tabs 50mg, 200mg

PA

ANTIRETROVIRAL AGENTS

abacavir sulfate soln 20mg/ml; tabs 300mg

QL; PA*

APRETUDE SUER 600MG/3ML

QL

atazanavir sulfate caps 150mg, 200mg, 300mg

QL; PA*

darunavir tabs 600mg, 800mg

QL; PA*

efavirenz caps 50mg, 200mg; tabs 600mg

QL; PA*

emtricitabine caps 200mg

QL; PA*

EMTRIVA SOLN 10MG/ML

QL; PA*

etravirine tabs 100mg, 200mg

QL; PA*

fosamprenavir calcium tabs 700mg

QL; PA*

FUZEON SOLR 90MG

SP, PA, QL

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Drug Name	Requirements/Limits
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	QL; PA*
ISENTRESS HD TABS 600MG	QL; PA*
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	QL; PA*
<i>maraviroc tabs 150mg, 300mg</i>	QL; PA*
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg</i>	QL; PA*
NORVIR PACK 100MG	QL; PA*
REYATAZ PACK 50MG	QL; PA*
<i>ritonavir tabs 100mg</i>	QL; PA*
RUKOBIA TB12 600MG	QL; PA*
SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG	QL
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL; PA*
TIVICAY TABS 50MG	QL; PA*
TIVICAY PD TBSO 5MG	QL; PA*
TROGARZO SOLN 200MG/1.33ML	
VIREAD POWD 40MG/GM; TABS 150MG, 200MG, 250MG	QL; PA*
<i>zidovudine caps 100mg; syrps 50mg/5ml; tabs 300mg</i>	QL; PA*

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL; PA*
BIKTARVY TAB	QL; PA*
CABENUVA SUS 400-600	SP, PA, QL
CABENUVA SUS 600-900	SP, PA, QL
CIMDUO TAB 300-300	QL; PA*
DESCOVY TAB 120-15MG	QL; PA*
DESCOVY TAB 200/25MG	QL; PA*
DOVATO TAB 50-300MG	QL; PA*
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL; PA*
EVOTAZ TAB 300-150	QL; PA*
GENVOYA TAB	QL; PA*
JULUCA TAB 50-25MG	QL; PA*
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL; PA*
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	QL
ODEFSEY TAB	QL; PA*
PREZCOBIX TAB 800-150	QL; PA*
SYMTUZA TAB	QL; PA*

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Drug Name	Requirements/Limits
TRIUMEQ PD TAB	QL; PA*
TRIUMEQ TAB	QL; PA*

ANTITUBERCULAR AGENTS

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

ANTIVIRALS

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

CEPHALOSPORINS

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefepodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	

ERYTHROMYCINS/MACROLIDES

<i>azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>clarithromycin ext-rel tb24 500mg</i>	
DIFICID SUSR 40MG/ML; TABS 200MG	PA
<i>erythromycin susr 200mg/5ml; tabs 250mg, 400mg</i>	
<i>erythromycin base tabs 500mg</i>	
<i>erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg</i>	
ZITHROMAX PACK 1GM	

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Drug Name	Requirements/Limits
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
HEPATITIS B	
<i>entecavir tabs .5mg, 1mg</i>	QL
<i>lamivudine (hbv) tabs 100mg</i>	
VEMLIDY TABS 25MG	QL
HEPATITIS C	
EPCLUSA PAK 150-37.5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
<i>ribavirin caps 200mg; tabs 200mg</i>	SP, PA
VOSEVI TAB	SP, PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).
MISCELLANEOUS	
<i>atovaquone susp 750mg/5ml</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	
<i>dapsone tabs 25mg, 100mg</i>	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	PA
<i>linezolid inj soln 600mg/300ml</i>	PA
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
<i>nitrofurantoin ext-rel caps 100mg</i>	
<i>nitrofurantoin macrocrystals caps 25mg, 50mg, 100mg</i>	
<i>sulfamethoxazole/trimethoprim</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	

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Drug Name	Requirements/Limits
<i>vancomycin hcl caps 125mg, 250mg</i>	QL
XIFAXAN TABS 550MG	PA

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & pot clavulanate ext-rel</i>	
<i>ampicillin caps 500mg</i>	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	

TETRACYCLINES

<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>doxycycline monohydrate susp susr 25mg/5ml</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	QL; PA*

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>cyclophosphamide caps 25mg, 50mg</i>	
CYCLOPHOSPHAMIDE TABS 25MG, 50MG	
EMCYT CAPS 140MG	
LEUKERAN TABS 2MG	
MYLERAN TABS 2MG	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	SP, PA

ANTIMETABOLITES

<i>capecitabine tabs 150mg, 500mg</i>	SP, PA
LONSURF TAB 15-6.14	SP, PA, QL
LONSURF TAB 20-8.19	SP, PA, QL
<i>mercaptopurine tabs 50mg</i>	
ONUREG TABS 200MG, 300MG	SP, PA, QL
TABLOID TABS 40MG	

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Drug Name	Requirements/Limits
BIOLOGIC RESPONSE MODIFIERS	
BESREMI SOSY 500MCG/ML	SP, PA, QL
ERIVEDGE CAPS 150MG	SP, PA, QL
PADCEV SOLR 20MG, 30MG	SP, PA, QL
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	SP, PA, QL
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	SP, PA, QL
THALOMID CAPS 50MG, 100MG	SP, PA, QL
BIOSIMILARS	
KANJINTI SOLR 150MG, 420MG	SP, PA
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	SP, PA
TRAZIMERA SOLR 150MG, 420MG	SP, PA
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	SP, PA
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tabs 250mg</i>	SP, PA, QL
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	SP, PA
ERLEADA TABS 60MG, 240MG	SP, PA, QL
<i>exemestane tabs 25mg</i>	
<i>fulvestrant sosy 250mg/5ml</i>	SP, PA
<i>letrozole tabs 2.5mg</i>	
LUPRON DEPOT (1-MONTH) KIT 3.75MG	SP, PA
LUPRON DEPOT (3-MONTH) KIT 11.25MG	SP, PA
LYSODREN TABS 500MG	
<i>megestrol acetate tabs 20mg, 40mg</i>	
<i>nilutamide tabs 150mg</i>	
NUBEQA TABS 300MG	SP, PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
XTANDI CAPS 40MG; TABS 40MG, 80MG	SP, PA, QL
YONSA TABS 125MG	SP, PA, QL
KINASE INHIBITORS	
ALECENSA CAPS 150MG	SP, PA, QL
ALUNBRIG TABS 30MG, 90MG, 180MG	SP, PA, QL
ALUNBRIG PAK	SP, PA, QL
AUGTYRO CAPS 40MG, 160MG	SP, PA, QL
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	SP, PA, QL
BRAFTOVI CAPS 75MG	SP, PA, QL
BRUKINSA CAPS 80MG	SP, PA, QL
CABOMETYX TABS 20MG, 40MG, 60MG	SP, PA, QL
CALQUENCE TABS 100MG	SP, PA, QL
CAPRELSA TABS 100MG, 300MG	SP, PA, QL

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Drug Name	Requirements/Limits
COPIKTRA CAPS 15MG, 25MG	SP, PA, QL
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	SP, PA, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	SP, PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbs0 2mg, 3mg, 5mg</i>	SP, PA, QL
GAVRETO CAPS 100MG	SP, PA, QL
<i>gefitinib tabs 250mg</i>	SP, PA, QL
GILOTRIF TABS 20MG, 30MG, 40MG	SP, PA, QL
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	SP, PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
INLYTA TABS 1MG, 5MG	SP, PA, QL
KOSELUGO CAPS 10MG, 25MG	SP, PA, QL
<i>lapatinib ditosylate tabs 250mg</i>	SP, PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10MG	SP, PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4MG	SP, PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10MG	SP, PA, QL
LENVIMA CAP 14 MG	SP, PA, QL
LENVIMA CAP 18 MG	SP, PA, QL
LENVIMA CAP 24 MG	SP, PA, QL
LORBRENA TABS 25MG, 100MG	SP, PA, QL
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	SP, PA, QL
MEKTOVI TABS 15MG	SP, PA, QL
NERLYNX TABS 40MG	SP, PA, QL
<i>pazopanib hcl tabs 200mg</i>	SP, PA, QL
PIQRAY 200MG DAILY DOSE TBPK 200MG	SP, PA, QL
PIQRAY 250MG TAB DOSE	SP, PA, QL
PIQRAY 300MG DAILY DOSE TBPK 150MG	SP, PA, QL
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	SP, PA, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	SP, PA, QL
RYDAPT CAPS 25MG	SP, PA, QL
SCEMBLIX TABS 20MG, 40MG, 100MG	SP, PA, QL
<i>sorafenib tosylate tabs 200mg</i>	SP, PA, QL
STIVARGA TABS 40MG	SP, PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SP, PA, QL
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	SP, PA, QL
TAGRISSE TABS 40MG, 80MG	SP, PA, QL
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	SP, PA, QL
TUKYSA TABS 50MG, 150MG	SP, PA, QL
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	SP, PA, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	SP, PA, QL

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Drug Name	Requirements/Limits
XALKORI CPSP 20MG, 50MG, 150MG	SP, PA, QL
XOSPATA TABS 40MG	SP, PA, QL
ZYDELIG TABS 100MG, 150MG	SP, PA, QL
ZYKADIA TABS 150MG	SP, PA, QL

MISCELLANEOUS

<i>bexarotene caps 75mg</i>	SP, PA
CRYSVITA SOLN 10MG/ML, 20MG/ML, 30MG/ML	SP, PA, QL
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
KRAZATI TABS 200MG	SP, PA, QL
LUMAKRAS TABS 120MG, 240MG, 320MG	SP, PA, QL
LYNPARZA TABS 100MG, 150MG	SP, PA, QL
MATULANE CAPS 50MG	
ODOMZO CAPS 200MG	SP, PA, QL
POLIVY SOLR 30MG, 140MG	SP, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	
VENCLEXTA TABS 10MG, 50MG, 100MG	SP, PA, QL
VENCLEXTA TAB START PK	SP, PA, QL
VISTOGARD PACK 10GM	QL
ZEJULA TABS 100MG, 200MG, 300MG	SP, PA, QL
ZOLINZA CAPS 100MG	SP, PA, QL

MONOCLONAL ANTIBODIES

PERJETA SOLN 420MG/14ML	SP, PA
PHESGO SOL	SP, PA

PROTEASOME INHIBITORS

<i>bortezomib solr 3.5mg</i>	SP, PA, QL
NINLARO CAPS 2.3MG, 3MG, 4MG	SP, PA, QL

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	

ACE INHIBITORS

<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
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Drug Name	Requirements/Limits
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<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	
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<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	
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<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
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<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	
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<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
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ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone tabs 25mg, 50mg</i>	
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KERENDIA TABS 10MG, 20MG	PA
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<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
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ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	
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<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	
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<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	
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<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	
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<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
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<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
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<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
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<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
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<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
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<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	
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<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	
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<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	
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<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	
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<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	
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<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	
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<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	
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<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
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<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tabs 75mg, 150mg, 300mg</i>	
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<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
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<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	
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<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
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Drug Name	Requirements/Limits
ANTIARRHYTHMICS	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	SP, PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>ibutilide fumarate soln 1mg/10ml</i>	
<i>propafenone ext-rel cp12 225mg, 325mg, 425mg</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine powd 4gm/dose</i>	
<i>cholestyramine light powd 4gm/dose</i>	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
<i>ezetimibe tabs 10mg</i>	
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	
<i>gemfibrozil tabs 600mg</i>	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
<i>icosapent ethyl caps .5gm, 1gm</i>	
VASCEPA CAPS .5GM, 1GM	
ANTILIPEMICS, PCSK9 INHIBITORS	
REPATHA SOSY 140MG/ML	QL
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	QL
REPATHA SURECLICK SOAJ 140MG/ML	QL
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	

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

Drug Name	Requirements/Limits
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<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
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BETA-BLOCKERS

<i>acebutolol hcl caps 200mg, 400mg</i>	
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<i>atenolol tabs 25mg, 50mg, 100mg</i>	
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<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
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<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	
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<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
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<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	
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<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	
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<i>nadolol tabs 20mg, 40mg, 80mg</i>	
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<i>pindolol tabs 5mg, 10mg</i>	
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<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	
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<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	
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CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
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<i>diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
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<i>felodipine ext-rel tb24 2.5mg, 5mg, 10mg</i>	
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<i>isradipine caps 2.5mg, 5mg</i>	
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<i>nicardipine hcl caps 20mg, 30mg</i>	
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<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	
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<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	
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DIGITALIS GLYCOSIDES

<i>digoxin tabs 62.5mcg, 125mcg, 250mcg</i>	
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<i>digoxin ped elixir soln .05mg/ml</i>	
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DIURETICS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
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<i>amiloride hcl tabs 5mg</i>	
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<i>bumetanide tabs .5mg, 1mg, 2mg</i>	
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<i>chlorthalidone tabs 25mg, 50mg</i>	
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<i>ethacrynic acid tabs 25mg</i>	
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<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	
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<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
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<i>indapamide tabs 1.25mg, 2.5mg</i>	
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<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
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<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
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<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	
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<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
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<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
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Drug Name	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	
HEART FAILURE	
CORLANOR SOLN 5MG/5ML	
ENTRESTO CAP 6-6MG	
ENTRESTO CAP 15-16MG	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	
MISCELLANEOUS	
CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	SP, PA, QL
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	
VYNDAMAX CAPS 61MG	SP, PA, QL
NITRATES	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	
<i>isosorbide mononitrate ext-rel tb24 30mg, 60mg, 120mg</i>	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	
<i>nitroglycerin sublingual subl .3mg, .4mg, .6mg</i>	
<i>nitroglycerin transdermal pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
PULMONARY ARTERIAL HYPERTENSION	
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	SP, PA, QL
<i>ambrisentan tabs 5mg, 10mg</i>	SP, PA, QL
<i>bosentan tabs 62.5mg, 125mg</i>	SP, PA, QL
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	SP, PA
OPSUMIT TABS 10MG	SP, PA, QL
OPSYNVI TAB 10-20MG	SP, PA, QL
OPSYNVI TAB 10-40MG	SP, PA, QL
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	SP, PA
ORENITRAM TAB MONTH 1	SP, PA
ORENITRAM TAB MONTH 2	SP, PA
ORENITRAM TAB MONTH 3	SP, PA
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg</i>	SP, PA, QL
TADLIQ SUSP 20MG/5ML	SP, PA, QL
TYVASO SOLN .6MG/ML	SP, PA, QL

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Drug Name	Requirements/Limits
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG	SP, PA, QL
TYVASO DPI POW 16-32-48	SP, PA, QL
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	SP, PA, QL
UPTRAVI PACK TAB 200/800	SP, PA, QL

CENTRAL NERVOUS SYSTEM

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS SUSP 105MG/5ML <i>riluzole tabs 50mg</i>	SP, PA, QL
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ANTIDEMENTIA

<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	
<i>memantine hcl soln 2mg/ml; tabs 5mg, 10mg</i>	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tabs 200mg</i>	
INBRIJA CAPS 42MG	SP, PA, QL
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>rasagiline mesylate tabs .5mg, 1mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	

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Drug Name	Requirements/Limits
ANTISEIZURE AGENTS	
<i>carbamazepine chew 100mg, 200mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	QL
<i>diazepam rectal gel 2.5mg, 10mg, 20mg</i>	QL
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	
<i>gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg</i>	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	
<i>phenytoin sodium extended caps 100mg</i>	
<i>primidone tabs 50mg, 250mg</i>	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	
<i>valproic acid caps 250mg</i>	
<i>vigabatrin pack 500mg; tabs 500mg</i>	SP, PA, QL
<i>zonisamide caps 25mg, 50mg, 100mg</i>	
BOTULINUM TOXINS	
<i>DAXXIFY SOLR 100UNIT</i>	SP, PA
<i>XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT</i>	SP, PA
FIBROMYALGIA	
<i>SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG</i>	PA
<i>SAVELLA MIS TITR PAK</i>	PA
MIGRAINE - MISCELLANEOUS	
<i>UBRELVY TABS 50MG, 100MG</i>	ST, QL; PA**
MIGRAINE - MONOCLONAL ANTIBODIES	
<i>AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML</i>	ST, QL; PA**
<i>EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML</i>	ST, QL; PA**
MIGRAINE - TRIPTANS AND COMBINATIONS	
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL; PA*
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	QL; PA*
<i>rizatriptan orally disintegrating tabs tbdp 5mg, 10mg</i>	QL; PA*

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Drug Name	Requirements/Limits
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL; PA*
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	QL; PA*
<i>zolmitriptan tabs 2.5mg, 5mg</i>	QL; PA*
<i>zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg</i>	QL; PA*

MISCELLANEOUS

ENSPRYNG SOSY 120MG/ML	SP, PA, QL
EVRYSDI SOLR .75MG/ML	SP, PA, QL
RYSTIGGO SOLN 280MG/2ML, 420MG/3ML, 560MG/4ML, 840MG/6ML	SP, PA, QL
VYVGART SOLN 400MG/20ML	SP, PA, QL
VYVGART INJ HYTRULO	SP, PA, QL

MOVEMENT DISORDERS

AUSTEDO TABS 6MG, 9MG, 12MG	SP, PA, QL
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	SP, PA, QL
AUSTEDO XR TAB TITR KIT	SP, PA, QL
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	SP, PA, QL
INGREZZA CAP 40-80MG	SP, PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	SP, PA, QL

MULTIPLE SCLEROSIS AGENTS

AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	SP, PA, QL
BETASERON KIT .3MG	SP, PA, QL
COPAXONE INJ 40MG/ML SOSY 40MG/ML	SP, PA, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	SP, PA, QL
<i> fingolimod hcl caps .5mg</i>	SP, PA, QL
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	SP, PA, QL
KESIMPTA SOAJ 20MG/0.4ML	SP, PA, QL
MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG	SP, PA, QL
MAYZENT STARTER PACK TBPK .25MG	SP, PA, QL
OCREVUS SOLN 300MG/10ML	SP, PA, QL
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	SP, PA, QL
<i>teriflunomide tabs 7mg, 14mg</i>	SP, PA, QL
TYSABRI CONC 300MG/15ML	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	

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Drug Name	Requirements/Limits
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
MYASTHENIA GRAVIS	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; soty 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	SP, PA, QL
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	SP, PA, QL
ANDROGENS	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate soln 200mg/ml</i>	PA
ANTIDIABETICS, AMYLIN ANALOGS	
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML	ST; PA**
ANTIDIABETICS, BIGUANIDE	
<i>metformin ext-rel tb24 500mg, 750mg</i>	Listing does not include generics for FORTAMET and GLUMETZA
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	ST; PA**
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	ST; PA**
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	ST; PA**
TRIJARDY XR TAB	ST; PA**
ZITUVIMET TAB 50-500MG	ST; PA**
ZITUVIMET TAB 50-1000	ST; PA**
ZITUVIMET XR TAB 50-500MG	ST; PA**
ZITUVIMET XR TAB 50-1000	ST; PA**
ZITUVIMET XR TAB 100-1000	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	ST; PA**
ZITUVIO TABS 25MG, 50MG, 100MG	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
<i>liraglutide sopn 18mg/3ml</i>	ST, QL; PA**
OZEMPIC SOPN 2MG/3ML, 4MG/3ML, 8MG/3ML	ST, QL; PA**

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Drug Name	Requirements/Limits
RYBELSUS TABS 3MG, 7MG, 14MG	ST, QL; PA**
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	ST, QL; PA**

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA	ST; PA**
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ANTIDIABETICS, INSULIN

FIASP SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	
HUMULIN R U-500 SOLN 500UNIT/ML; SOPN 500UNIT/ML	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	
LANTUS SOLN 100UNIT/ML	
LANTUS SOLOSTAR SOPN 100UNIT/ML	
NOVOLIN MIX	OTC
NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	OTC
NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML	OTC
NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	
NOVOLOG MIX	
TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	

ANTIDIABETICS, INSULIN SENSITIZER

<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	
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ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

SYNJARDY TAB	ST; PA**
SYNJARDY TAB 5-500MG	ST; PA**
SYNJARDY TAB 5-1000MG	ST; PA**
SYNJARDY TAB 12.5-500	ST; PA**
SYNJARDY XR TAB	ST; PA**
SYNJARDY XR TAB 5-1000MG	ST; PA**
SYNJARDY XR TAB 10-1000	ST; PA**
SYNJARDY XR TAB 25-1000	ST; PA**
XIGDUO XR TAB 2.5-1000	ST; PA**
XIGDUO XR TAB 5-500MG	ST; PA**
XIGDUO XR TAB 5-1000MG	ST; PA**
XIGDUO XR TAB 10-500MG	ST; PA**

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Drug Name	Requirements/Limits
XIGDUO XR TAB 10-1000	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	
GLYXAMBI TAB 10-5 MG	ST; PA**
GLYXAMBI TAB 25-5 MG	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS	
FARXIGA TABS 5MG, 10MG	ST; PA**
JARDIANCE TABS 10MG, 25MG	ST; PA**
ANTIDIABETICS, SULFONYLUREA	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	
ANTIOBESITY	
<i>orlistat caps 120mg</i>	
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
CALCIUM REGULATORS, BISPHOSPHONATES	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	
<i>ibandronate sodium tabs 150mg</i>	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
PROLIA SOSY 60MG/ML	SP, PA, QL
CALCIUM REGULATORS, PARATHYROID HORMONES	
<i>teriparatide sopn 600mcg/2.4ml</i>	SP, PA, QL
TYMLOS SOPN 3120MCG/1.56ML	SP, PA, QL
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45MG	SP, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	SP, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	SP, PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG)	SP, PA
SUPPRELIN LA KIT 50MG	SP, PA
TRIPTODUR SRER 22.5MG	SP, PA
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	SP, PA
<i>deferiprone tabs 500mg</i>	SP, PA
<i>deferoxamine mesylate solr 2gm, 500mg</i>	SP, PA
<i>penicillamine tabs 250mg</i>	

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

Drug Name	Requirements/Limits
CONTRACEPTIVES	
ANNOVERA MIS	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
ELLA TABS 30MG	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	
KYLEENA IUD 19.5MG	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
LO LOESTRIN TAB 1-10-10	
<i>medroxyprogesterone acetate 150 mg/ml susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 20MCG/DAY	
NEXPLANON IMPL 68MG	
<i>norelgestromin/ethinyl estradiol - xulane</i>	
<i>norethindrone tabs .35mg</i>	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	

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Drug Name	Requirements/Limits
PARAGARD IUD T380A	
SKYLA IUD 13.5MG	
DIABETIC SUPPLIES	
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	OTC
ACCU-CHEK LANCETS / LANCING DEVICE	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	OTC
BD INSULIN SYRINGES AND NEEDLES	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SENSOR	PA, QL
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	PA
OMNIPOD 5 INSULIN INFUSION PUMP	PA, QL
OMNIPOD DASH INSULIN INFUSION PUMP	QL
ONETOUCH LANCETS / LANCING DEVICE	OTC
ONETOUCH ULTRA STRIPS AND KITS	OTC
ONETOUCH VERIO STRIPS AND KITS	OTC
ENDOMETRIOSIS	
<i>danazol caps 50mg, 100mg, 200mg</i>	
ORILISSA TABS 150MG, 200MG	PA
FERTILITY REGULATORS	
<i>cetorelix acetate kit .25mg</i>	SP, PA
<i>clomiphene citrate tabs 50mg</i>	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	SP, PA, QL
GANIRELIX ACETATE SOSY 250MCG/0.5ML	SP, PA
MENOPUR SOLR 75UNIT	SP, PA
PREGNYL W/DILUENT BENZYL SOLR 10000UNIT	SP, PA
GLUCOCORTICOIDS	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	
<i>fludrocortisone acetate tabs .1mg</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	
MEDROL TABS 2MG	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
<i>glucagon (rdna) kit 1mg</i>	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	

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Drug Name	Requirements/Limits
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	
GVOKE KIT SOLN 1MG/0.2ML	
GVOKE PFS SOSY 1MG/0.2ML	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	SP, PA
ORFADIN CAPS 20MG	SP, PA
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	SP, PA
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	SP, PA
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	SP, PA, QL
LYSOSOMAL STORAGE DISORDERS	
NEXVIAZYME SOLR 100MG	SP, PA
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	
ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML	SP, PA
FABRAZYME SOLR 5MG, 35MG	SP, PA
GALAFOLD CAPS 123MG	SP, PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	
CERDELGA CAPS 84MG	SP, PA, QL
CEREZYME SOLR 400UNIT	SP, PA, QL
MENOPAUSAL SYMPTOM AGENTS	
CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	
<i>estradiol vaginal tabs 10mcg</i>	
<i>estradiol vaginal crm crea .1mg/gm</i>	
<i>estradiol/norethindrone</i>	
IMVEXXY INST 4MCG, 10MCG	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
VAGIFEM TABS 10MCG	
MISCELLANEOUS	
<i>betaine powder for oral solution</i>	SP, PA
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50MG, 150MG	SP, PA
<i>raloxifene hcl tabs 60mg</i>	
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	SP, PA
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	SP, PA
XIAFLEX SOLR .9MG	SP, PA

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Drug Name	Requirements/Limits
PHOSPHATE BINDER AGENTS	
calcium acetate caps caps 667mg	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	
POTASSIUM-REMOVING AGENTS	
sodium polystyrene sulfonate susp 15gm/60ml	
PROGESTINS	
ENDOMETRIN INST 100MG	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	
megestrol acetate susp 400mg/10ml	
norethindrone acetate tabs 5mg	
progesterone, micronized caps 100mg, 200mg	
THYROID AGENTS	
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	
methimazole tabs 5mg, 10mg	
propylthiouracil tabs 50mg	
UREA CYCLE DISORDER	
carglumic acid tbs 200mg	SP, PA
PHEBURANE PLLT 483MG/GM	SP, PA, QL
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	SP, PA, QL
UTERINE FIBROIDS	
MYFEMBREE TAB	
ORIAHNN CAP	
VASOPRESSINS	
desmopressin acetate tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .01%	
VITAMIN D ANALOGS	
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	
paricalcitol caps 1mcg, 2mcg, 4mcg	
GASTROINTESTINAL	
ANTICHOLINERGICS	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	
glycopyrrolate soln 1mg/5ml	AGE
hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; tabs .125mg; tbdp .125mg	
ANTIDIARRHEALS	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	

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Drug Name	Requirements/Limits
<i>loperamide hcl caps 2mg</i>	
ANTIEMETICS	
<i>aprepitant caps 40mg, 80mg, 125mg</i>	QL; PA*
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	QL; PA*
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	
<i>granisetron hcl tabs 1mg</i>	
<i>meclizine hcl tabs 12.5mg, 25mg, 50mg</i>	
<i>metoclopramide hcl tabs 5mg, 10mg</i>	
<i>ondansetron tbdp 4mg, 8mg</i>	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	
<i>trimethobenzamide hcl caps 300mg</i>	
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	
INFLAMMATORY BOWEL DISEASE	
<i>balsalazide disodium caps 750mg</i>	
<i>budesonide cpep 3mg; tb24 9mg</i>	
<i>budesonide (intrarectal) foam 2mg</i>	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	
<i>mesalamine cp24 .375gm; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	
UCERIS TB24 9MG	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72MCG, 145MCG, 290MCG	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
<i>alosetron hcl tabs .5mg, 1mg</i>	
LAXATIVES	
CLENPIQ SOL	
<i>lactulose soln 10gm/15ml</i>	
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP
MISCELLANEOUS	
<i>misoprostol tabs 100mcg, 200mcg</i>	
OCALIVA TABS 5MG, 10MG	SP, PA, QL
SUCRAID SOLN 8500UNIT/ML	PA, QL
SYMPROIC TABS .2MG	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
PANCREATIC ENZYMES	
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	

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Drug Name	Requirements/Limits
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CREON CAP 12000UNT	
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CREON CAP 24000UNT	
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CREON CAP 36000UNT	
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ZENPEP CAP 3000UNIT	
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ZENPEP CAP 5000UNIT	
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ZENPEP CAP 10000UNT	
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ZENPEP CAP 15000UNT	
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ZENPEP CAP 20000UNT	
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ZENPEP CAP 25000UNT	
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ZENPEP CAP 40000UNT	
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ZENPEP CAP 60000UNT	
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PROTON PUMP INHIBITORS

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

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

BENIGN PROSTATIC HYPERPLASIA

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

<i>PHEXXI GEL</i>	
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MISCELLANEOUS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
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<i>potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg</i>	
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URINARY ANTISPASMODICS

<i>mirabegron tb24 25mg, 50mg</i>	
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<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg</i>	
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<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	
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<i>tolterodine tartrate tabs 1mg, 2mg</i>	
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<i>trospium tabs 20mg</i>	
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VAGINAL ANTI-INFECTIVES

<i>clindamycin cream crea 2%</i>	
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<i>metronidazole vaginal gel gel .75%</i>	
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<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
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HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate caps 75mg, 110mg, 150mg</i>	
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Drug Name	Requirements/Limits
ELIQUIS TABS 2.5MG, 5MG	
ELIQUIS STARTER PACK TBPK 5MG	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	
XARELTO STAR TAB 15/20MG	
BLEEDING DISORDERS AGENTS	
SEVENFACT SOLR 1MG, 5MG	SP, PA
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	SP, PA
FYLNETRA SOSY 6MG/0.6ML	PA, QL
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	SP, PA
NYVEPRIA SOSY 6MG/0.6ML	PA, QL
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	SP, PA
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	SP, PA
HEMOPHILIA A AGENTS	
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SP, PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	SP, PA
ALTUVIHO SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	SP, PA
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	SP, PA
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	SP, PA
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA

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Drug Name	Requirements/Limits
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	SP, PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	SP, PA
XYNTHA SOLOFUSE KIT 3000UNIT	SP, PA
HEMOPHILIA B AGENTS	
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	SP, PA
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT	SP, PA
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	SP, PA
MISCELLANEOUS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080MG/20ML	SP, PA, QL
PLATELET AGGREGATION INHIBITORS	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel/aspirin</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	
SICKLE CELL DISEASE	
ADAKVEO SOLN 100MG/10ML	SP, PA
<i>glutamine (sickle cell) pack 5gm</i>	SP, PA, QL
SIKLOS TABS 100MG, 1000MG	
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	SP, PA, QL
DOPTELET TABS 20MG	SP, PA, QL
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
ALOPECIA AREATA	
LITFULO CAPS 50MG	SP, PA, QL
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100MG	SP, PA, QL
ILUMYA SOSY 100MG/ML	SP, PA, QL
REMICADE SOLR 100MG	SP, PA, QL
SIMPONI ARIA SOLN 50MG/4ML	SP, PA, QL
SKYRIZI INTRAVENOUS SOLN 600MG/10ML	SP, PA, QL
STELARA INTRAVENOUS SOLN 130MG/26ML	SP, PA, QL

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Drug Name	Requirements/Limits
TREMFYA INTRAVENOUS SOLN 200MG/20ML	SP, PA, QL
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
<i>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA</i>	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL

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

Drug Name	Requirements/Limits
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA PSKT 200MG/ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
BIMZELX SOAJ 160MG/ML, 320MG/2ML; SOSY 160MG/ML, 320MG/2ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSH TOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
SKYRIZI SOAJ 150MG/ML; SOSY 150MG/ML	SP, PA, QL
SOTYKTU TABS 6MG	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
COSENTYX SOAJ 150MG/ML; SOSY 75MG/0.5ML, 150MG/ML	SP, PA, QL
COSENTYX UNOREADY SOAJ 300MG/2ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSH TOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
OTEZLA TABS 20MG, 30MG	SP, PA, QL
OTEZLA TAB 10/20	SP, PA, QL
OTEZLA TAB 10/20/30	SP, PA, QL
RINVOQ SOLN 1MG/ML; TB24 15MG	SP, PA, QL

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

Drug Name	Requirements/Limits
SKYRIZI SOAJ 150MG/ML; SOSY 150MG/ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	SP, PA, QL
ORENCIA CLICKJECT SOAJ 125MG/ML	SP, PA, QL
ORENCIA SUBCUTANEOUS SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	SP, PA, QL
RINVOQ TB24 15MG	SP, PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	SP, PA, QL
XELJANZ XR TB24 11MG, 22MG	SP, PA, QL

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 20MG/0.2ML, 40MG/0.4ML	SP, PA, QL
HADLIMA SOSY 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML, 40MG/0.8ML	SP, PA, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	SP, PA, QL
RINVOQ TB24 15MG, 30MG, 45MG	SP, PA, QL
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	SP, PA, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	SP, PA, QL
TREMFYA SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	SP, PA, QL
VELSIPITY TABS 2MG	SP, PA, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	SP, PA, QL
XELJANZ XR TB24 11MG, 22MG	SP, PA, QL
ZEPOSIA CAPS .92MG	SP, PA, QL
ZEPOSIA CAP STR KIT	SP, PA, QL

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	

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Drug Name	Requirements/Limits
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	SP, PA, QL

HEREDITARY ANGIOEDEMA

<i>icatibant acetate sosal 30mg/3ml</i>	SP, PA, QL
ORLADEYO CAPS 110MG, 150MG	SP, PA, QL
RUCONEST SOLR 2100UNIT	SP, PA, QL
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	SP, PA, QL

IMMUNOGLOBULIN

CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	SP, PA
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	SP, PA
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	SP, PA
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML	SP, PA
PRIVIGEN SOLN 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	SP, PA
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	SP, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 .5MG, 1MG, 5MG	
<i>azathioprine tabs 50mg</i>	
BENLYSTA SOAJ 200MG/ML; SOLR 120MG, 400MG; SOSY 200MG/ML	SP, PA, QL
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	
CELLCEPT INTRAVENOUS SOLR 500MG	
<i>cyclosporine caps 25mg, 100mg</i>	
<i>cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml</i>	
ENVARUSUS XR TB24 .75MG, 1MG, 4MG	
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	
MYFORTIC TBEC 180MG, 360MG	
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	
NULOJIX SOLR 250MG	
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG	
RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML	

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Drug Name	Requirements/Limits
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<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
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<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
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ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	
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MISCELLANEOUS

BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	
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ILARIS SOLN 150MG/ML	SP, PA
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SYNAGIS SOLN 50MG/0.5ML, 100MG/ML	SP, PA
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbc</i>	
<i>8meq, 10meq, 20meq</i>	

<i>sodium fluoride soln .5mg/ml; tabs .5mg, 1mg</i>	
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PRENATAL VITAMINS

<i>prenat w/o a w/fe-fum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	
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<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	
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<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	
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<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	
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<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	
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<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	
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VITAMINS

<i>cyanocobalamin soln 1000mcg/ml</i>	
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<i>ergocalciferol caps 1.25mg</i>	
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<i>folic acid tabs 1mg</i>	
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<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	
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<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
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<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
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<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	
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<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	
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<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	
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<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	
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<i>phytonadione tabs 5mg</i>	
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OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
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<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
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<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
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<i>neomycin-polymyxin-hc ophth susp</i>	
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<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
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<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
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ANTI-INFECTIVES

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
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Drug Name	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i>	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	
<i>erythromycin (ophth) oint 5mg/gm</i>	
<i>gentamicin sulfate (ophth) soln .3%</i>	
<i>moxifloxacin hcl (ophth) soln .5%</i>	
NATACYN SUSP 5%	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
<i>ofloxacin (ophth) soln .3%</i>	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
<i>sulfacetamide sodium (ophth) soln 10%</i>	
<i>tobramycin (ophth) soln .3%</i>	
<i>trifluridine soln 1%</i>	
XDEMVI SOLN .25%	
ANTI-INFLAMMATORIES	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
<i>diclofenac sodium (ophth) soln .1%</i>	
<i>fluorometholone (ophth) susp .1%</i>	
<i>ketorolac tromethamine (ophth) soln .5%</i>	
<i>loteprednol etabonate susp .5%</i>	
<i>prednisolone acetate (ophth) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
ANTIALLERGICS	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
ANTIGLAUCOMA BETA-BLOCKERS	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
ANTIGLAUCOMA COMBINATION AGENTS	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
CARBONIC ANHYDRASE INHIBITORS	
<i>dorzolamide hcl soln 2%</i>	
DRY EYE DISEASE	
RESTASIS EMUL .05%	PA, QL
RESTASIS EMUL .05%	PA, QL; multidose
XIIDRA SOLN 5%	PA, QL
PROSTAGLANDINS	
<i>bimatoprost soln .03%</i>	
<i>latanoprost soln .005%</i>	
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	SP, PA
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	SP, PA

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Drug Name	Requirements/Limits
SYMPATHOMIMETICS	
<i>brimonidine tartrate soln .15%, .2%</i>	
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
PROLASTIN-C SOLN 1000MG/20ML	SP, PA
ANAPHYLAXIS TREATMENT AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	QL; PA*, Listing does not include certain NDCs
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	QL
BEVESPI AER 9-4.8MCG	QL
<i>ipratropium/albuterol inhalation soln</i>	QL
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
TRELEGY AER 100MCG	QL
TRELEGY AER 200MCG	QL
ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation solution soln .02%</i>	QL
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT	QL
SPIRIVA HANDIHALER CAPS 18MCG	QL
YUPELRI SOLN 175MCG/3ML	QL
ANTI-HISTAMINES	
<i>azelastine hcl soln .15%, 137mcg/spray</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
BETA AGONISTS	
<i>albuterol inhalation soln nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	QL
<i>albuterol sulfate, cfc-free aerosol aers 108mcg/act</i>	QL; Listing does not include certain NDCs
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	QL
<i>levalbuterol nebulizer soln concentrate nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	QL
<i>levalbuterol, cfc-free aerosol aero 45mcg/act</i>	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	QL
COLD/COUGH	
<i>benzonatate caps 100mg, 200mg</i>	Listing does not include certain NDCs.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	QL; PA*
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	QL; PA*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL; PA*

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Drug Name	Requirements/Limits
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promethazine-dm syrup 6.25-15 mg/5ml

CYSTIC FIBROSIS

KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG;
TABS 150MG SP, PA, QL

PULMOZYME SOLN 2.5MG/2.5ML SP, PA, QL

SYMDEKO TAB 50-75MG SP, PA, QL

SYMDEKO TAB 100-150 SP, PA, QL

tobramycin nebu 300mg/4ml, 300mg/5ml SP, PA, QL

TRIKAFTA PAK 59.5MG SP, PA, QL

TRIKAFTA PAK 75MG SP, PA, QL

TRIKAFTA TAB SP, PA, QL

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg

NASAL STEROIDS

flunisolide spray soln .025%

fluticasone spray susp 50mcg/act

PULMONARY FIBROSIS AGENTS

OFEV CAPS 100MG, 150MG SP, PA, QL

pirfenidone caps 267mg; tabs 267mg, 801mg SP, PA, QL

SEVERE ASTHMA AGENTS

DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY
200MG/1.14ML, 300MG/2ML SP, PA, QL

FASENRA SOSY 10MG/0.5ML, 30MG/ML SP, PA, QL

FASENRA PEN SOAJ 30MG/ML SP, PA, QL

NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML SP, PA, QL

TEZSPIRE SOAJ 210MG/1.91ML; SOSY 210MG/1.91ML SP, PA, QL

XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SP, PA, QL

SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML

STEROID INHALANTS

ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT,
200MCG/ACT QL

budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml QL; PA*

PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT QL

STEROID/BETA-AGONIST COMBINATIONS

AIRSUPRA AER 90-80MCG QL

breynd 80-4.5 mcg/act QL

breynd 160-4.5 mcg/act QL

*budesonide-formoterol fumarate dihyd aerosol 80-4.5
mcg/act* QL

*budesonide-formoterol fumarate dihyd aerosol 160-4.5
mcg/act* QL

fluticasone-salmeterol aer powder ba 100-50 mcg/act QL; Listing does not include certain NDCs

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Drug Name	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>wixela inhub 100-50 mcg/act</i>	QL
<i>wixela inhub 250-50 mcg/act</i>	QL
<i>wixela inhub 500-50 mcg/act</i>	QL

XANTHINES

<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>
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TOPICAL

DERMATOLOGY, ACNE

<i>clindamycin gel gel 1%</i>	QL; PA*, Listing does not include certain NDCs
<i>clindamycin lotion lotn 1%</i>	QL; PA*
<i>clindamycin solution soln 1%</i>	QL; PA*
<i>erythromycin gel 2% gel 2%</i>	QL; PA*
<i>erythromycin soln soln 2%</i>	QL; PA*
<i>erythromycin/benzoyl peroxide</i>	QL; PA*
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>sulfacetamide lotion 10% lotn 10%</i>	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>
<i>imiquimod crea 5%</i>

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	
<i>mupirocin oint 2%</i>	QL; PA*
<i>silver sulfadiazine crea 1%</i>	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox gel .77%; sham 1%</i>	QL; PA*
<i>ciclopirox olamine crea .77%; susp .77%</i>	QL; PA*
<i>clotrimazole (topical) crea 1%; soln 1%</i>	QL; PA*
<i>econazole nitrate crea 1%</i>	QL; PA*
<i>ketoconazole (topical) crea 2%</i>	QL; PA*
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	QL; PA*

DERMATOLOGY, ANTIPSORIATICS

<i>calcipotriene oint .005%; soln .005%</i>	QL
ENSTILAR AER	
TACLONEX OIN	QL
TACLONEX SUS	

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical) sham 2%</i>	QL; PA*
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AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty Drug subject to Specialty Guideline Management **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>selenium sulfide lotn 2.5%</i>	
DERMATOLOGY, ATOPIC DERMATITIS	
ADBRY SOAJ 300MG/2ML; SOSY 150MG/ML	SP, PA, QL
CIBINQO TABS 50MG, 100MG, 200MG	SP, PA, QL
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	SP, PA, QL
<i>pimecrolimus crea 1%</i>	
RINVOQ TB24 15MG, 30MG	SP, PA, QL
<i>tacrolimus (topical) oint .03%, .1%</i>	
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	QL; PA*
<i>amcinonide crea .1%; lotn .1%</i>	QL; PA*
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	QL; PA*
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	QL; PA*
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desonide crea .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	QL; PA*
<i>fluocinolone acetonide crea .025%; oint .025%; soln .01%</i>	QL; PA*
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	QL; PA*
<i>fluticasone propionate crea .05%; oint .005%</i>	QL; PA*
<i>halobetasol propionate crea .05%; oint .05%</i>	QL; PA*
<i>hydrocortisone (topical) crea 2.5%</i>	QL; PA*
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>hydrocortisone valerate crea .2%; oint .2%</i>	QL; PA*
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	QL; PA*
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine ptch 5%</i>	PA, QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>bexarotene (topical) gel 1%</i>	SP, PA
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
DERMATOLOGY, ROSACEA	
<i>doxycycline (rosacea) cpdr 40mg</i>	
<i>ivermectin (rosacea) crea 1%</i>	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	QL; PA*
ORACEA CPDR 40MG	
SOOLANTRA CREA 1%	

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

Drug Name	Requirements/Limits
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
OTIC	
<i>acetic acid (otic) soln 2%</i>	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
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