HealthPartners®

HealthPartners® GenericsAdvantageRx

2022 Formulary

(List of covered drugs)

For current information on the GenericsAdvantageRx Drug List, visit **healthpartners.com/pharmacy.**

Effective: October 1, 2022

What's the GenericsAdvantageRx drug list?

This is the list of medicines (sometimes called a formulary) covered by your health plan. The drug list is reviewed by a team of experts every three months for new medicines, safety alerts and other updates.

Who decides what's on the drug list?

The HealthPartners Pharmacy and Therapeutics Committee manages the list. This team of experts is focused on safety, effectiveness and affordability. Visit **healthpartners.com/pharmacy** for more information.

How do you use the drug list?

The medicines on the drug list are listed in alphabetical order by type of medicine starting on page 4.

Generic medicines are in *lowercaseitalics* (e.g.,*cephalexin*).Thesemedicinesaresafeandeffectivebutcostlessthanbrand medicines.

Brand medicines are in ALL CAPS (e.g., KEFLEX) and are more costly than generic medicines.

The **Tier** can be used to determine how much a medicine will cost you. For exact cost information,

- Find the status for your medicine.
- Review your Summary of Plan Benefits or contract for the copay or coinsurance for that Status. Or,
- Log on to your *my*HealthPartners account to check your pharmacy benefits.

- T1 – Formulary Low Cost Generics
- T2 – Formulary High Cost Generics
- T3 – Formulary Brands

What's a Specialty Medicine?

Specialty medicines are usually prescribed by doctors whose focus is on the treatment of chronic and complex diseases. These medicines usually require more management, have a high price and aren't always stocked at retail pharmacies. Prescriptions for these medicines must be filled at a specialty pharmacy and are often covered at a different benefit than non-specialty medicines. Log on to your *my*HealthPartners account and click on *My plan benefits* on the Medical Plan tab to check your benefits for specialty medicines.

What do the abbreviations under *Limits & Restrictions* mean?

Special information about the medicine you're searching for. The abbreviations let you know there might be a special program or rule for the medicine. Use this key to help you navigate the drug list:

- PA - Prior Authorization Required
- ST - Step Therapy Required
- AL1 - Age Limit
- AQ1 – Age Quantity Limit
- QL - Quantity Limit
- SC - Smoking Cessation Benefit
- WL - Weight Loss Benefit
- ONC - Oncology Benefit
- OH – Oncology Health
- TD - Trial Drug Program
- S – Specialty

Why do you need prior authorization (PA) for some medicines?

Even though some medicines are on the drug list, they need to meet the HealthPartners prior authorization criteria in order for the medicine to be covered by your pharmacy benefits.

What's Step Therapy (ST)?

Some medicines are on the drug list, but you need to try one or more other medicines first. HealthPartners covers a medicine with step therapy, if you've already tried the other medicine(s). If you haven't, you or your doctor will need to get approval from HealthPartners before the medicine will be covered by your lowest brand, generic or specialty copay or coinsurance.

What's an Age Edit (AE)?

An age edit means some medicines are only covered if you're within a specific age range. If you're not in the approved age range, you or your doctor will need to request approval from HealthPartners for your medicine to be covered.

What's a Gender Edit (GE)?

A gender edit means some medicines are covered for males or females only. If you're not in the approved gender group, you or your doctor will need to request approval from HealthPartners for your medicine to be covered.

What's a Quantity Limit (QL)?

This means HealthPartners limits the amount of the medicine you'll get each time you fill your prescription. The quantity limit may be less than the days supply listed in your contract or Summary Plan Description.

What's the Trial Drug Program (TD)?

The trial drug program is for new prescriptions for certain medicines that may not be well tolerated due to:

- Side effects
- High cost
- High potential for waste

Your first 6 fills of a trial drug may be limited to less than a month supply. If the medicine works well, you'll get the rest of your month supply. If a copay applies to the medicine, you'll pay no more than one copay for each one month supply.

What's the Weight Loss Benefit (WL)?

This type of medicine may have limits on the amount you get or may not be covered under all plans. Log on to your *my*HealthPartners account and click on *My plan benefits* on the Medical Plan tab to check your benefits for weight loss. Weight Loss medicines are listed on the drug list under the Weight Loss medicine category.

What's the Oncology Benefit (ONC)?

These are oncology (cancer) medicines that must be filled at a specialty pharmacy, but you're only responsible for your regular generic or brand pharmacy copay or coinsurance.

LEGEND		
TYPE		DESCRIPTION
F$	Formulary Low Cost Generics	
F$$	Formulary High Cost Generics	
F$$$	Formulary Brands	
BEN	Covered	
TYPE		DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
S	Specialty Drug	Specialty drugs are high-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia.
AQ1	Age Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame. Must also fall into the specified age range.
ACA	Affordable Care Act	This product is covered under the Affordable Care Act.
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered.
PREV	Preventive Drug	Preventive drugs are used to help avoid disease and maintain health. Some insurance plans have a benefit that allows you to buy preventive drugs at a copay. Log on to your secure account to check your benefits.
SC	Smoking Cessation	Medicines marked with this symbol are used to for smoking cessation.

WL	Weight Loss	Medicines marked with this symbol are used for weight loss. Certain plans don't cover these medicines. Log on to your secure account to check your benefits for weight loss.
TD	Trial Drug	Medicines marked with this symbol are in a trial drug program. The first 6 fills may be limited to less than a month supply. If tolerated and effective you will receive the remainder of the supply and pay no more than one copay for each full month supply.
OP	Opioid Program	New users will be limited to a 7 days supply for their first fill, and a total of 14 days supply for each episode. Longer therapy requires prior authorization: Provider attestation, that therapy for this patient is being managed per standard opioid prescribing guidelines, including assessment and documentation of risk factors for chronic opioid use.
SD	Sexual Dysfunction	Products to treat sexual dysfunction may not be covered under all contracts. Log on to your secure account to check your benefits for coverage details.
DS	Diabetic Supplies	Glucose testing supplies are covered under your durable medical equipment (DME) benefit.
GH	Growth Hormone	Growth Hormone may not be covered under all contracts. Log on to your secure account to check your benefits and medical coverage criteria for growth hormone.
EXD	Excluded Drug List	The Excluded Drug List includes selected drugs within a therapy class that are not eligible for coverage on contracts excluding coverage for drugs on the Excluded Drug List. For more information on your benefits, call Member Services at the number on the back of your member ID card.
ONC	Oncology	Oncology (cancer) medicines must be filled at a specialty pharmacy, but your regular generic or brand pharmacy copay or coinsurance will apply.
INF	Infertility	Infertility products may not be covered under all contracts. Log on to your secure account to check your benefits and the medical coverage criteria for Infertility products.

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
dihydroergotamine mesylate 0.5mg/spry spray/pump	F$$	QL PA
dihydroergotamine mesylate 1 mg/ml ampul	F$$	QL PA
ergoloid mesylates	F$$	PA
ergotamine tartrate/caffeine	F$$	QL PA
phenoxybenzamine hcl	F$$	PA
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
alfuzosin hcl	F$$	
silodosin	F$$	PA
tamsulosin hcl	F$	
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
butalb/acetaminophen/caffeine 50-325-40 capsule	F$$	QL
butalb/acetaminophen/caffeine 50-325-40 tablet	F$$	QL
butalbital/acetaminophen 50mg-325mg tablet	F$$	QL
TENCON *butalbital/acetaminophen*	F$$	QL
ZEBUTAL *butalbital/acetaminophen/caffeine*	F$$	QL
OPIATE AGONISTS		
acetaminophen with codeine 120-12mg/5 solution	F$	AQ1 At least 12 yrs old; 60 / 1 day(s) OP
acetaminophen with codeine 300mg-15mg tablet	F$$	AQ1 At least 12 yrs old; 8 / 1 DAY OP

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
acetaminophen with codeine 300mg-30mg tablet	F$$	AQ1 At least 12 yrs old; 8 / 1 DAY OP
acetaminophen with codeine 300mg-60mg tablet	F$$	AQ1 At least 12 yrs old; 8 / 1 DAY OP
acetaminophen with codeine 300mg/12.5 solution	F$$	AQ1 At least 12 yrs old; 60 / 1 DAY OP
acetaminophen/caff/dihydrocod 320.5-30mg capsule	F$$	PA AQ1 At least 12 yrs old; 8 / 1 DAY(s) OP
acetaminophen/caff/dihydrocod 325-30-16 tablet	F$$	PA OP
ASCOMP WITH CODEINE *codeine phosphate/butalbital/aspirin/caffeine*	F$$	QL AL1 At least 12 yrs old OP
benzhydrocodone hcl/acetaminophen	F$$	PA
butalbit/acetamin/caff/codeine 50-300-30 capsule	F$$	QL PA AL1 At least 12 yrs old OP
butalbit/acetamin/caff/codeine 50-325-30 capsule	F$$	QL AL1 At least 12 yrs old OP
codeine phosphate/butalbital/aspirin/caffeine	F$$	QL AL1 At least 12 yrs old OP
codeine sulfate	F$$	AQ1 At least 12 yrs old; 8 / 1 DAY OP
ENDOCET 10-325 MG TABLET *oxycodone hcl/acetaminophen*	F$$	QL OP

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ENDOCET 5-325 MG TABLET *oxycodone hcl/acetaminophen*	F$$	QL OP
ENDOCET 7.5-325 MG TABLET *oxycodone hcl/acetaminophen*	F$$	QL OP
fentanyl 100 mcg/hr patch td72	F$$	PA
fentanyl 12 mcg/hr patch td72	F$$	PA
fentanyl 25 mcg/hr patch td72	F$$	PA
fentanyl 50mcg/hr patch td72	F$$	PA
fentanyl 75mcg/hr patch td72	F$$	PA
hydrocodone bitartrate 10 mg cap er 12h	F$$	PA OP
hydrocodone bitartrate 15 mg cap er 12h	F$$	PA OP
hydrocodone bitartrate 20 mg cap er 12h	F$$	PA OP
hydrocodone bitartrate 30 mg cap er 12h	F$$	PA OP
hydrocodone bitartrate 40 mg cap er 12h	F$$	PA OP
hydrocodone bitartrate 50 mg cap er 12h	F$$	PA OP
hydrocodone/acetaminophen 10mg-325mg tablet	F$$	QL OP
hydrocodone/acetaminophen 2.5-108/5 solution	F$$	QL OP
hydrocodone/acetaminophen 5 mg-325mg tablet	F$$	QL OP
hydrocodone/acetaminophen 5-217mg/10 solution	F$$	QL OP

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
hydrocodone/acetaminophen 7.5-325 mg tablet	F$$	QL OP
hydrocodone/acetaminophen 7.5-325/15 solution	F$$	QL OP
hydrocodone/ibuprofen 7.5-200 mg tablet	F$$	QL OP
hydromorphone hcl 1 mg/ml liquid	F$$	QL OP
hydromorphone hcl 12 mg tab er 24h	F$$	PA
hydromorphone hcl 16 mg tab er 24h	F$$	PA
hydromorphone hcl 2 mg tablet	F$$	QL OP
hydromorphone hcl 3 mg supp.rect	F$$	QL OP
hydromorphone hcl 32 mg tab er 24h	F$$	PA
hydromorphone hcl 4 mg tablet	F$$	QL OP
hydromorphone hcl 8 mg tab er 24h	F$$	PA
hydromorphone hcl 8 mg tablet	F$$	QL OP
levorphanol tartrate	F$$	PA OP
LORCET HD *hydrocodone bitartrate/acetaminophen*	F$$	QL OP
methadone hcl 10 mg tablet	F$$	PA
methadone hcl 10 mg/5 ml solution	F$$	PA
methadone hcl 10 mg/ml oral conc	F$$	PA
methadone hcl 40 mg tablet sol	F$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
methadone hcl 5 mg tablet	F$$	PA
methadone hcl 5 mg/5 ml solution	F$$	PA
METHADONE INTENSOL *methadone hcl*	F$$	PA
METHADOSE 40 MG TABLET DISPR *methadone hcl*	F$$	PA
morphine sulfate 10 mg supp.rect	F$$	QL OP
morphine sulfate 10 mg/5 ml solution	F$$	QL OP
morphine sulfate 100 mg tablet er	F$$	PA
morphine sulfate 100 mg/5ml solution	F$$	QL OP
morphine sulfate 15 mg tablet	F$$	QL OP
morphine sulfate 15 mg tablet er	F$$	PA
morphine sulfate 20 mg supp.rect	F$$	QL OP
morphine sulfate 20 mg/5 ml solution	F$$	QL OP
morphine sulfate 200 mg tablet er	F$$	PA
morphine sulfate 30 mg supp.rect	F$$	QL OP
morphine sulfate 30 mg tablet	F$$	QL OP
morphine sulfate 30 mg tablet er	F$$	PA
morphine sulfate 5 mg supp.rect	F$$	QL OP
morphine sulfate 60 mg tablet er	F$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
MORPHINE SULFATE IR 15 MG TAB (BRAND) *morphine sulfate*	F$$$	QL OP
MORPHINE SULFATE IR 30 MG TAB (BRAND) *morphine sulfate*	F$$$	QL OP
NUCYNTA 100 MG TABLET *tapentadol hcl*	F$$$	QL PA OP
NUCYNTA 50 MG TABLET *tapentadol hcl*	F$$$	QL PA OP
NUCYNTA 75 MG TABLET *tapentadol hcl*	F$$$	QL PA OP
oxycodone hcl 10 mg tab er 12h	F$$	PA
oxycodone hcl 10 mg tablet	F$$	QL OP
oxycodone hcl 15 mg tab er 12h	F$$	PA
oxycodone hcl 15 mg tablet	F$$	QL OP
oxycodone hcl 20 mg tab er 12h	F$$	PA
oxycodone hcl 20 mg tablet	F$$	QL OP
oxycodone hcl 20 mg/ml oral conc	F$$	QL OP
oxycodone hcl 30 mg tab er 12h	F$	PA
oxycodone hcl 30 mg tablet	F$$	PA OP
oxycodone hcl 40 mg tab er 12h	F$	PA
oxycodone hcl 5 mg capsule	F$$	QL OP

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
oxycodone hcl 5 mg tablet	F$$	QL, OP
oxycodone hcl 5 mg/5 ml solution	F$	QL, OP
oxycodone hcl 60 mg tab er 12h	F$	PA
oxycodone hcl 80 mg tab er 12h	F$	PA
oxycodone hcl/acetaminophen 10mg-325mg tablet	F$$	QL, OP
oxycodone hcl/acetaminophen 5 mg-325mg tablet	F$$	QL, OP
oxycodone hcl/acetaminophen 7.5-325 mg tablet	F$$	QL, OP
oxycodone hcl/aspirin	F$$	QL, OP
OXYCONTIN *oxycodone hcl*	F$$$	PA
oxymorphone hcl 10 mg tab er 12h	F$$	PA
oxymorphone hcl 10 mg tablet	F$$	QL, PA, OP
oxymorphone hcl 15 mg tab er 12h	F$$	PA
oxymorphone hcl 20 mg tab er 12h	F$$	PA
oxymorphone hcl 30 mg tab er 12h	F$$	PA
oxymorphone hcl 40 mg tab er 12h	F$$	PA
oxymorphone hcl 5 mg tab er 12h	F$$	PA
oxymorphone hcl 5 mg tablet	F$$	QL, PA, OP
oxymorphone hcl 7.5 mg tab er 12h	F$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
TRAMADOL ER 100 MG TABLET (Generic for Ryzolt)	F$$	QL PA AL1 At least 12 yrs old
TRAMADOL ER 200 MG TABLET (Generic for Ryzolt)	F$$	QL PA AL1 At least 12 yrs old
TRAMADOL ER 300 MG TABLET (Generic for Ryzolt)	F$$	QL PA AL1 At least 12 yrs old
tramadol hcl 50 mg tablet	F$	AQ1 At least 12 yrs old; 8 / 1 DAY OP
TRAMADOL HCL ER 100 MG CAPSULE (Generic for Conzip)	F$$	PA AQ1 At least 12 yrs old; 3 / 1 DAY
TRAMADOL HCL ER 100 MG TABLET (Generic for Ultram ER)	F$$	PA AQ1 At least 12 yrs old; 3 / 1 DAY
TRAMADOL HCL ER 200 MG CAPSULE (Generic for Conzip)	F$$	PA AQ1 At least 12 yrs old; 1 / 1 DAY
TRAMADOL HCL ER 200 MG TABLET (Generic for Ultram ER)	F$$	PA AQ1 At least 12 yrs old; 1 / 1 DAY
TRAMADOL HCL ER 300 MG CAPSULE (Generic for Conzip)	F$$	PA AQ1 At least 12 yrs old; 1 / 1 DAY
TRAMADOL HCL ER 300 MG TABLET (Generic for Ultram ER)	F$$	PA AQ1 At least 12 yrs old; 1 / 1 DAY
tramadol hcl/acetaminophen	F$$	PA AQ1 At least 12 yrs old; 8 / 1 DAY OP

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
OPIATE PARTIAL AGONISTS		
buprenorphine	F$$	PA
buprenorphine hcl 2 mg tab subl	F$$	QL
buprenorphine hcl 8 mg tab subl	F$$	QL
buprenorphine hcl/naloxone hcl 12 mg-3 mg film	F$$	QL
buprenorphine hcl/naloxone hcl 2 mg-0.5mg film	F$$	QL
buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab subl	F$$	QL
buprenorphine hcl/naloxone hcl 4mg-1mg film	F$$	QL
buprenorphine hcl/naloxone hcl 8 mg-2 mg film	F$$	QL
buprenorphine hcl/naloxone hcl 8 mg-2 mg tab subl	F$$	QL
pentazocine hcl/naloxone hcl	F$$	QL PA OP
ANOREXIGENIC AGENTS AMPHETAMINE DERIVATIVES		
LOMAIRA *phentermine hcl*	F$$	QL WL
phentermine hcl 15 mg capsule	F$$	QL PREV WL
phentermine hcl 30 mg capsule	F$$	QL PREV WL
phentermine hcl 37.5 mg capsule	F$$	QL PREV WL
phentermine hcl 37.5 mg tablet	F$$	QL PREV WL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANOREXIGENIC AGENTS, MISCELLANEOUS		
CONTRAVE *naltrexone hcl/bupropion hcl*	F$$$	PA WL
QSYMIA 11.25 MG-69 MG CAPSULE *phentermine hcl/topiramate*	F$$$	QL PA WL
QSYMIA 15 MG-92 MG CAPSULE *phentermine hcl/topiramate*	F$$$	QL PA WL
QSYMIA 3.75 MG-23 MG CAPSULE *phentermine hcl/topiramate*	F$$$	QL PA WL
QSYMIA 7.5 MG-46 MG CAPSULE *phentermine hcl/topiramate*	F$$$	QL PA WL
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS AMPHETAMINES		
ADDERALL XR *dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	F$$	QL
amphetamine sulfate	F$$	QL PA
DEXTROAMP-AMPHETAMIN 15 MG TAB (Generic Adderall)	F$$	QL
DEXTROAMP-AMPHETAMIN 20 MG TAB (Generic Adderall)	F$$	QL
dextroamphetamine sulfate 10 mg capsule er	F$$	QL
dextroamphetamine sulfate 10 mg tablet	F$$	QL
dextroamphetamine sulfate 15 mg capsule er	F$$	QL
dextroamphetamine sulfate 5 mg capsule er	F$$	QL
dextroamphetamine sulfate 5 mg tablet	F$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
dextroamphetamine/amphetamine 10 mg tablet	F$$	QL
dextroamphetamine/amphetamine 12.5 mg tablet	F$$	QL
dextroamphetamine/amphetamine 30 mg tablet	F$$	QL
dextroamphetamine/amphetamine 5 mg tablet	F$$	QL
dextroamphetamine/amphetamine 7.5 mg tablet	F$$	QL
VYVANSE 10 MG CAPSULE *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 10 MG CHEWABLE TABLET *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 20 MG CAPSULE *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 20 MG CHEWABLE TABLET *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 30 MG CAPSULE *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 30 MG CHEWABLE TABLET *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 40 MG CAPSULE *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 40 MG CHEWABLE TABLET *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 50 MG CAPSULE *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 50 MG CHEWABLE TABLET *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 60 MG CAPSULE *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 60 MG CHEWABLE TABLET *lisdexamfetamine dimesylate*	F$$$	QL
VYVANSE 70 MG CAPSULE *lisdexamfetamine dimesylate*	F$$$	QL
RESPIRATORY AND CNS STIMULANTS		
CONCERTA ER 18 MG TABLET *methylphenidate hcl*	F$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CONCERTA ER 27 MG TABLET *methylphenidate hcl*	F$$	QL
CONCERTA ER 36 MG TABLET *methylphenidate hcl*	F$$	QL
CONCERTA ER 54 MG TABLET *methylphenidate hcl*	F$$	QL
dexmethylphenidate hcl 10 mg cpbp 50-50	F$$	QL
dexmethylphenidate hcl 10 mg tablet	F$$	QL
dexmethylphenidate hcl 15 mg cpbp 50-50	F$$	QL
dexmethylphenidate hcl 2.5 mg tablet	F$$	QL
dexmethylphenidate hcl 20 mg cpbp 50-50	F$$	QL
dexmethylphenidate hcl 25 mg cpbp 50-50	F$$	QL
dexmethylphenidate hcl 30 mg cpbp 50-50	F$$	QL
dexmethylphenidate hcl 35 mg cpbp 50-50	F$$	QL
dexmethylphenidate hcl 40 mg cpbp 50-50	F$$	QL
dexmethylphenidate hcl 5 mg cpbp 50-50	F$$	QL
dexmethylphenidate hcl 5 mg tablet	F$$	QL
METADATE ER *methylphenidate hcl*	F$$	QL
methylphenidate er 10 mg cap (authorized generic)	F$$	QL
methylphenidate er 15 mg cap (authorized generic)	F$$	QL
methylphenidate er 20 mg cap (authorized generic)	F$$	QL
methylphenidate er 30 mg cap (authorized generic)	F$$	QL
methylphenidate er 40 mg cap (authorized generic)	F$$	QL
methylphenidate er 50 mg cap (authorized generic)	F$$	QL
methylphenidate er 60 mg cap (authorized generic)	F$$	QL
methylphenidate hcl 10 mg cpbp 30-70	F$$	QL
methylphenidate hcl 10 mg cpbp 50-50	F$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
methylphenidate hcl 10 mg csbp 40-60	F$$	QL
methylphenidate hcl 10 mg tablet	F$$	QL
methylphenidate hcl 10 mg tablet er	F$$	QL
methylphenidate hcl 15 mg csbp 40-60	F$$	QL
methylphenidate hcl 20 mg cpbp 30-70	F$$	QL
methylphenidate hcl 20 mg cpbp 50-50	F$$	QL
methylphenidate hcl 20 mg csbp 40-60	F$$	QL
methylphenidate hcl 20 mg tablet	F$$	QL
methylphenidate hcl 20 mg tablet er	F$$	QL
methylphenidate hcl 30 mg cpbp 30-70	F$$	QL
methylphenidate hcl 30 mg cpbp 50-50	F$$	QL
methylphenidate hcl 30 mg csbp 40-60	F$$	QL
methylphenidate hcl 40 mg cpbp 30-70	F$$	QL
methylphenidate hcl 40 mg cpbp 50-50	F$$	QL
methylphenidate hcl 40 mg csbp 40-60	F$$	QL
methylphenidate hcl 5 mg tablet	F$$	QL
methylphenidate hcl 50 mg cpbp 30-70	F$$	QL
methylphenidate hcl 50 mg csbp 40-60	F$$	QL
methylphenidate hcl 60 mg cpbp 30-70	F$$	QL
methylphenidate hcl 60 mg cpbp 50-50	F$$	QL
methylphenidate hcl 60 mg csbp 40-60	F$$	QL
QUILLICHEW ER 20 MG CHEW TAB *methylphenidate hcl*	F$$$	QL
QUILLICHEW ER 30 MG CHEW TAB *methylphenidate hcl*	F$$$	QL
QUILLICHEW ER 40 MG CHEW TAB *methylphenidate hcl*	F$$$	QL
QUILLIVANT XR *methylphenidate hcl*	F$$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
WAKEFULNESS-PROMOTING AGENTS		
armodafinil 150 mg tablet	F$$	QL
armodafinil 200 mg tablet	F$$	QL
armodafinil 250 mg tablet	F$$	QL
armodafinil 50 mg tablet	F$$	QL
modafinil	F$$	QL
SUNOSI *solriamfetol hcl*	F$$$	QL PA
WAKIX *pitolisant hcl*	F$$$	PA S Specialty Drug
ANTI-INFECTIVE AGENTS ANTHELMINTICS		
albendazole	F$$	PA
ivermectin 3 mg tablet	F$$	QL
praziquantel	F$$	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine	F$$	QL
methenamine hippurate	F$$	
nitrofurantoin	F$$	AL1 Up to 12 yrs old
nitrofurantoin macrocrystal 100 mg capsule	F$$	
nitrofurantoin macrocrystal 25 mg capsule	F$$	AL1 Up to 12 yrs old
nitrofurantoin macrocrystal 50 mg capsule	F$$	
nitrofurantoin monohydrate/macrocrystals	F$$	
trimethoprim	F$	
ANTI-INFECTIVES (EENT) ANTIBACTERIALS (EENT)		
AZASITE *azithromycin*	F$$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
bacitracin 500 unit/g oint. (g)	F$$	
bacitracin/polymyxin b sulfate	F$$	
BESIVANCE *besifloxacin hcl*	F$$$	PA
BLEPHAMIDE S.O.P. *sulfacetamide sodium/prednisolone acetate*	F$$$	
CILOXAN 0.3% OINTMENT *ciprofloxacin hcl*	F$$$	
CIPRO HC *ciprofloxacin hcl/hydrocortisone*	F$$$	
ciprofloxacin hcl 0.2 % droperette	F$$	PA
ciprofloxacin hcl 0.3 % drops	F$	
ciprofloxacin hcl/dexamethasone	F$$	
ciprofloxacin hcl/fluocinolone acetonide	F$$	PA
doxycycline hyclate 20 mg tablet	F$	
erythromycin base 5 mg/gram oint. (g)	F$$	
gatifloxacin	F$$	
GENTAK *gentamicin sulfate*	F$$	PA
gentamicin sulfate 0.3 % drops	F$$	PA
levofloxacin 0.5 % drops	F$$	PA
levofloxacin 1.5 % drops	F$$	PA
moxifloxacin hcl 0.5 % drops	F$	
neomycin sulfate/bacitracin/polymyxin b	F$$	
neomycin sulfate/polymyxin b sulfate/gramicidin d	F$	
neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g)	F$$	
neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp	F$$	
neomycin/polymyxin b/hydrocort 3.5-10k-1 solution	F$$	
ofloxacin 0.3 % drops	F$$	
polymyxin b sulfate/trimethoprim	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PRED-G *gentamicin sulfate/prednisolone acetate*	F$$$	PA
sulfacetamide sodium 10 % drops	F$$	
sulfacetamide sodium 10 % oint. (g)	F$$	
sulfacetamide sodium/prednisolone sodium phosphate	F$$	
TOBRADEX EYE OINTMENT *tobramycin/dexamethasone*	F$$$	
tobramycin 0.3 % drops	F$$	
tobramycin/dexamethasone	F$$	
TOBREX 0.3% EYE OINTMENT *tobramycin*	F$$$	
ZYLET *tobramycin/loteprednol etabonate*	F$$$	PA
ANTIFUNGALS (EENT)		
NATACYN *natamycin*	F$$$	PA
ANTIVIRALS (EENT)		
trifluridine	F$$	
ZIRGAN *ganciclovir*	F$$$	
EENT ANTI-INFECTIVES, MISCELLANEOUS		
acetic acid 2 % solution	F$$	
chlorhexidine gluconate 0.12 % mouthwash	F$	
hydrocortisone/acetic acid	F$$	
PAROEX *chlorhexidine gluconate*	F$$	
PERIOGARD *chlorhexidine gluconate*	F$$	
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE) ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ALTABAX *retapamulin*	F$$$	ST

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CLEOCIN 100 MG VAGINAL OVULE *clindamycin phosphate*	F$$$	
clindamycin ph 1% gel (generic for Cleocin T)	F$$	
clindamycin phos/benzoyl perox 1 %-5 % gel (gram)	F$$	
clindamycin phos/benzoyl perox 1 %-5 % gel w/pump	F$$	
clindamycin phos/benzoyl perox 1.2(1)%-5% gel (gram)	F$$	
clindamycin phosphate 1 % lotion	F$$	
clindamycin phosphate 1 % med. swab	F$$	
clindamycin phosphate 1 % solution	F$$	QL
clindamycin phosphate 2 % cream/appl	F$$	
erythromycin base in ethanol 2 % gel (gram)	F$$	
erythromycin base in ethanol 2 % solution	F$	QL
erythromycin base/benzoyl peroxide	F$$	
gentamicin sulfate 0.1 % cream (g)	F$$	QL
gentamicin sulfate 0.1 % oint. (g)	F$	
metronidazole 0.75 % cream (g)	F$$	
metronidazole 0.75 % gel (gram)	F$$	
metronidazole 0.75 % gel w/appl	F$	
metronidazole 0.75 % lotion	F$$	
metronidazole 1 % gel (gram)	F$$	
mupirocin	F$	QL
mupirocin calcium	F$$	QL PA
ROSADAN 0.75% CREAM *metronidazole*	F$$	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
acyclovir 5 % cream (g)	F$$	QL PA
acyclovir 5 % oint. (g)	F$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
DENAVIR *penciclovir*	F$$$	PA
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
hydrocortisone/iodoquinol	F$$	
mafenide acetate	F$$	PA
selenium sulfide 2.5 % lotion	F$$	
silver sulfadiazine	F$$	
SSD *silver sulfadiazine*	F$$	
sulfacetamide sod/sulfur/urea 10%-5%-10% cleanser	F$$	
sulfacetamide sodium 10 % suspension	F$$	
SCABICIDES AND PEDICULICIDES		
EURAX 10% CREAM *crotamiton*	F$$$	PA
ivermectin 0.5 % lotion	F$$	
ivermectin 0.5% lotion (Rx)	F$$	PA
lindane	F$$	PA
malathion	F$$	
permethrin 5 % cream (g)	F$$	
spinosad	F$$	PA
ULESFIA *benzyl alcohol*	F$$$	PA
ANTI-INFLAMMATORY AGENTS (EENT) CORTICOSTEROIDS (EENT)		
ALREX *loteprednol etabonate*	F$$$	PA
dexamethasone sodium phosphate 0.1 % drops	F$$	
difluprednate	F$$	PA
flunisolide	F$$	
fluocinolone acetonide oil	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
fluorometholone	F$$	
fluticasone propionate 50 mcg spray susp	F$	
FML S.O.P. *fluorometholone*	F$$$	
LOTEMAX 0.5% EYE OINTMENT *loteprednol etabonate*	F$$$	
LOTEMAX SM *loteprednol etabonate*	F$$$	
loteprednol etabonate	F$$	
prednisolone ac 1% eye drop (Generic Pred Forte)	F$$	
prednisolone sodium phosphate 1 % drops	F$	
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
cyclosporine 0.05 % droperette	F$$	
RESTASIS MULTIDOSE *cyclosporine*	F$$$	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
bromfenac sodium	F$$	
diclofenac sodium 0.1 % drops	F$	
flurbiprofen sodium	F$	
ILEVRO *nepafenac*	F$$$	PA
ketorolac tromethamine 0.4 % drops	F$$	
ketorolac tromethamine 0.5 % drops	F$$	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) INTERLEUKIN ANTAGONISTS		
DUPIXENT 100 MG/0.67 ML SYRING *dupilumab*	F$$$	PA S Specialty Drug
FASENRA PEN *benralizumab*	F$$$	PA S Specialty Drug
NUCALA 100 MG/ML AUTO-INJECTOR *mepolizumab*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
NUCALA 100 MG/ML SYRINGE *mepolizumab*	F$$$	PA S Specialty Drug
NUCALA 40 MG/0.4 ML SYRINGE *mepolizumab*	F$$$	PA S Specialty Drug
SKYRIZI ON-BODY *risankizumab-rzaa*	F$$$	PA S Specialty Drug
LEUKOTRIENE MODIFIERS		
montelukast sodium 10 mg tablet	F$	PREV
montelukast sodium 4 mg gran pack	F$$	PREV
montelukast sodium 4 mg tab chew	F$$	PREV
montelukast sodium 5 mg tab chew	F$$	PREV
zafirlukast	F$$	PA
zileuton	F$$	QL PA
MAST-CELL STABILIZERS		
ALOCRIL *nedocromil sodium*	F$$$	PA
cromolyn sodium 20 mg/2 ml ampul-neb	F$$	PA
cromolyn sodium 4 % drops	F$$	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS) ANTI-INFLAMMATORY AGENTS, MISC (SKIN)		
EUCRISA *crisaborole*	F$$$	QL ST
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ALA-CORT 1% CREAM *hydrocortisone*	F$$	
alclometasone dipropionate	F$$	
amcinonide 0.1 % cream (g)	F$$	PA
betamethasone dipropionate 0.05 % cream (g)	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
betamethasone dipropionate 0.05 % gel (gram)	F$$	
betamethasone dipropionate 0.05 % lotion	F$$	
betamethasone dipropionate 0.05 % oint. (g)	F$$	
betamethasone valerate 0.1 % cream (g)	F$$	
betamethasone valerate 0.1 % lotion	F$$	
betamethasone valerate 0.1 % oint. (g)	F$$	
betamethasone/propylene glyc 0.05 % cream (g)	F$	
betamethasone/propylene glyc 0.05 % lotion	F$$	
betamethasone/propylene glyc 0.05 % oint. (g)	F$$	
clobetasol propionate 0.05 % cream (g)	F$$	
clobetasol propionate 0.05 % gel (gram)	F$$	
clobetasol propionate 0.05 % oint. (g)	F$$	
clobetasol propionate 0.05 % solution	F$$	
clobetasol propionate/emoll 0.05 % cream (g)	F$$	
CORDRAN 4 MCG/SQ CM TAPE LARGE *flurandrenolide*	F$$$	PA
desonide 0.05 % cream (g)	F$$	
desonide 0.05 % lotion	F$$	
desonide 0.05 % oint. (g)	F$$	
desoximetasone 0.05 % cream (g)	F$$	
desoximetasone 0.05 % gel (gram)	F$$	
desoximetasone 0.25 % cream (g)	F$$	
desoximetasone 0.25 % oint. (g)	F$$	
diflorasone diacetate	F$$	PA
fluocinolone acetonide 0.01 % cream (g)	F$$	
fluocinolone acetonide 0.01 % oil	F$$	
fluocinolone acetonide 0.01 % solution	F$$	QL
fluocinolone acetonide 0.025 % cream (g)	F$$	
fluocinolone acetonide 0.025 % oint. (g)	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
fluocinolone acetonide/shower cap	F$$	
fluocinonide	F$$	
fluocinonide/emollient base	F$$	
fluticasone propionate 0.005 % oint. (g)	F$$	
fluticasone propionate 0.05 % cream (g)	F$$	
halobetasol propionate	F$$	PA
hydrocortisone 1 % cream (g)	F$$	
hydrocortisone 100mg/60ml enema	F$$	
hydrocortisone 2.5 % cream (g)	F$$	
hydrocortisone 2.5 % crm/pe app	F$$	
hydrocortisone 2.5 % lotion	F$$	
hydrocortisone 2.5 % oint. (g)	F$	
hydrocortisone acetate 25 mg supp.rect	F$$	
hydrocortisone butyrate 0.1 % cream (g)	F$$	
hydrocortisone butyrate 0.1 % oint. (g)	F$$	
hydrocortisone valerate	F$$	
HYDROCORTISONE-1% OINTMENT	F$$	
hydrocortisone/pramoxine 1 %-1 % cream/appl	F$$	
hydrocortisone/pramoxine 2.5 %-1 % cream (g)	F$$	
hydrocortisone/pramoxine 2.5 %-1 % cream/appl	F$$	
mometasone furoate 0.1 % cream (g)	F$$	
mometasone furoate 0.1 % oint. (g)	F$$	
mometasone furoate 0.1 % solution	F$$	
PROCTO-MED HC *hydrocortisone*	F$$	
PROCTOCORT 1% CREAM *hydrocortisone*	F$$$	
PROCTOSOL-HC *hydrocortisone*	F$$	
PROCTOZONE-HC *hydrocortisone*	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
triamcinolone acetonide 0.025 % cream (g)	F$$	
triamcinolone acetonide 0.025 % lotion	F$$	
triamcinolone acetonide 0.025 % oint. (g)	F$$	
triamcinolone acetonide 0.1 % cream (g)	F$$	
triamcinolone acetonide 0.1 % lotion	F$$	
triamcinolone acetonide 0.1 % oint. (g)	F$$	
triamcinolone acetonide 0.1 % paste (g)	F$	
triamcinolone acetonide 0.5 % cream (g)	F$$	
triamcinolone acetonide 0.5 % oint. (g)	F$$	
TRIDERM *triamcinolone acetonide*	F$$	
ANTIARRHYTHMIC AGENTS CLASS IA ANTIARRHYTHMICS		
disopyramide phosphate	F$$	
NORPACE CR *disopyramide phosphate*	F$$$	
quinidine sulfate	F$$	
CLASS IB ANTIARRHYTHMICS		
mexiletine hcl	F$$	
CLASS IC ANTIARRHYTHMICS		
flecainide acetate	F$$	
propafenone hcl 150 mg tablet	F$$	
propafenone hcl 225 mg tablet	F$$	
propafenone hcl 300 mg tablet	F$$	
CLASS III ANTIARRHYTHMICS		
amiodarone hcl 100 mg tablet	F$$	
amiodarone hcl 200 mg tablet	F$$	
amiodarone hcl 400 mg tablet	F$$	
dofetilide	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
MULTAQ *dronedarone hcl*	F$$$	PA
PACERONE 100 MG TABLET *amiodarone hcl*	F$$	
PACERONE 400 MG TABLET *amiodarone hcl*	F$$	
ANTIBACTERIALS AMINOGLYCOSIDE ANTIBIOTICS		
neomycin sulfate	F$$	
tobramycin in 0.225 % sodium chloride	F$$	PA S Specialty Drug
QUINOLONE ANTIBIOTICS		
BAXDELA 450 MG TABLET *delafloxacin meglumine*	F$$$	PA
CIPRO 10% SUSPENSION *ciprofloxacin*	F$$$	AL1 Up to 12 yrs old
CIPRO 5% SUSPENSION *ciprofloxacin*	F$$$	AL1 Up to 12 yrs old
ciprofloxacin	F$$	AL1 Up to 12 yrs old
ciprofloxacin hcl 100 mg tablet	F$	
ciprofloxacin hcl 250 mg tablet	F$	
ciprofloxacin hcl 500 mg tablet	F$	
ciprofloxacin hcl 750 mg tablet	F$	
FACTIVE *gemifloxacin mesylate*	F$$$	PA
levofloxacin 250 mg tablet	F$	
levofloxacin 250mg/10ml solution	F$$	AL1 Up to 12 yrs old
levofloxacin 500 mg tablet	F$	
levofloxacin 750 mg tablet	F$	
moxifloxacin hcl 400 mg tablet	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
sulfadiazine	F$$	PA
sulfamethoxazole/trimethoprim 200-40mg/5 oral susp	F$$	
sulfamethoxazole/trimethoprim 400mg-80mg tablet	F$	
sulfamethoxazole/trimethoprim 800-160 mg tablet	F$	
sulfamethoxazole/trimethoprim 800-160/20 oral susp	F$$	
SULFATRIM *sulfamethoxazole/trimethoprim*	F$$	
TETRACYCLINE ANTIBIOTICS		
demeclocycline hcl	F$$	
doxycycline hyclate 100 mg capsule	F$	
doxycycline hyclate 100 mg tablet	F$	
doxycycline hyclate 50 mg capsule	F$	
doxycycline monohydrate 100 mg capsule	F$$	
doxycycline monohydrate 100 mg tablet	F$$	
doxycycline monohydrate 25 mg/5 ml susp recon	F$$	AL1 Up to 12 yrs old
doxycycline monohydrate 50 mg capsule	F$$	
doxycycline monohydrate 50 mg tablet	F$$	
minocycline hcl 100 mg capsule	F$$	
minocycline hcl 50 mg capsule	F$$	
minocycline hcl 75 mg capsule	F$$	
tetracycline hcl	F$$	PA
ANTIBACTERIALS, MISCELLANEOUS GLYCOPEPTIDE ANTIBIOTICS		
vancomycin hcl 125 mg capsule	F$$	
vancomycin hcl 250 mg capsule	F$	
LINCOMYCIN ANTIBIOTICS		
clindamycin hcl 150 mg capsule	F$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
clindamycin hcl 300 mg capsule	F$	
clindamycin hcl 75 mg capsule	F$$	
clindamycin palmitate hcl	F$$	AL1 Up to 12 yrs old
OXAZOLIDINONE ANTIBIOTICS		
linezolid 100 mg/5ml susp recon	F$$	PA
linezolid 600 mg tablet	F$$	QL
SIVEXTRO 200 MG TABLET *tedizolid phosphate*	F$$$	PA
PLEUROMUTILINS		
XENLETA 600 MG TABLET *lefamulin acetate*	F$$$	QL PA
RIFAMYCIN ANTIBIOTICS		
XIFAXAN *rifaximin*	F$$$	PA
ANTICHOLINERGIC AGENTS ANTIMUSCARINICS/ANTISPASMODICS		
ANORO ELLIPTA *umeclidinium bromide/vilanterol trifenatate*	F$$$	PREV
ATROVENT HFA *ipratropium bromide*	F$$$	QL PREV
COMBIVENT RESPIMAT *ipratropium bromide/albuterol sulfate*	F$$$	QL PREV
dicyclomine hcl 10 mg capsule	F$$	
dicyclomine hcl 10 mg/5 ml solution	F$	
dicyclomine hcl 20 mg tablet	F$	
glycopyrrolate 1 mg tablet	F$$	
glycopyrrolate 1 mg/5 ml solution	F$$	PA
glycopyrrolate 2 mg tablet	F$$	
hyoscyamine sulfate 0.125 mg tab rapdis	F$$	
hyoscyamine sulfate 0.125 mg tab subl	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
hyoscyamine sulfate 0.125 mg tablet	F$$	
hyoscyamine sulfate 0.125mg/ml drops	F$$	
hyoscyamine sulfate 0.375 mg tab er 12h	F$$	
hyoscyamine sulfate 125mcg/5ml elixir	F$$	
INCRUSE ELLIPTA *umeclidinium bromide*	F$$$	PREV
ipratropium bromide 0.2 mg/ml solution	F$$	PREV
ipratropium bromide/albuterol sulfate	F$$	PREV
methscopolamine bromide	F$$	PA
propantheline bromide	F$$	
ANTICOAGULANTS ANTICOAGULANTS, MISCELLANEOUS		
fondaparinux sodium	F$$	QL PA
COUMARIN DERIVATIVES		
warfarin sodium	F$	PREV
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TABLET *apixaban*	F$$$	QL PREV
ELIQUIS 5 MG TABLET *apixaban*	F$$$	QL PREV
ELIQUIS DVT-PE TREAT START 5MG *apixaban*	F$$$	QL PREV
XARELTO 1 MG/ML SUSPENSION *rivaroxaban*	F$$$	QL PA
XARELTO 10 MG TABLET *rivaroxaban*	F$$$	QL PREV
XARELTO 15 MG TABLET *rivaroxaban*	F$$$	QL PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
XARELTO 2.5 MG TABLET *rivaroxaban*	F$$$	QL PREV
XARELTO 20 MG TABLET *rivaroxaban*	F$$$	QL PREV
XARELTO DVT-PE TREAT START 30D *rivaroxaban*	F$$$	QL PREV
DIRECT THROMBIN INHIBITORS		
dabigatran etexilate mesylate	F$$	PA
PRADAXA *dabigatran etexilate mesylate*	F$$$	PA PREV
HEPARINS		
enoxaparin sodium 100 mg/ml syringe	F$$	QL
enoxaparin sodium 120mg/.8ml syringe	F$$	QL
enoxaparin sodium 150 mg/ml syringe	F$$	QL
enoxaparin sodium 300mg/3ml vial	F$$	QL
enoxaparin sodium 30mg/0.3ml syringe	F$$	QL
enoxaparin sodium 40mg/0.4ml syringe	F$$	QL
enoxaparin sodium 60mg/0.6ml syringe	F$$	QL
enoxaparin sodium 80mg/0.8ml syringe	F$$	QL
heparin sodium,porcine 1000/ml vial	F$$	
heparin sodium,porcine 10000/ml vial	F$$	
heparin sodium,porcine 20000/ml vial	F$$	
heparin sodium,porcine 5000/ml syringe	F$$	
heparin sodium,porcine 5000/ml vial	F$$	
heparin sodium,porcine 5000/ml(1) cartridge	F$$	
heparin sodium,porcine/pf 5000/0.5ml cartridge	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTICONVULSANTS		
ANTICONVULSANTS, MISCELLANEOUS		
APTIOM *eslicarbazepine acetate*	F$$$	PA
BRIVIACT 10 MG TABLET *brivaracetam*	F$$$	PA
BRIVIACT 10 MG/ML ORAL SOLN *brivaracetam*	F$$$	PA
BRIVIACT 100 MG TABLET *brivaracetam*	F$$$	PA
BRIVIACT 25 MG TABLET *brivaracetam*	F$$$	PA
BRIVIACT 50 MG TABLET *brivaracetam*	F$$$	PA
BRIVIACT 75 MG TABLET *brivaracetam*	F$$$	PA
carbamazepine 100 mg cpmp 12hr	F$$	
carbamazepine 100 mg tab chew	F$$	
carbamazepine 100 mg tab er 12h	F$$	
carbamazepine 100 mg/5ml oral susp	F$$	
carbamazepine 200 mg cpmp 12hr	F$$	
carbamazepine 200 mg tab er 12h	F$$	
carbamazepine 200 mg tablet	F$$	
carbamazepine 300 mg cpmp 12hr	F$$	
carbamazepine 400 mg tab er 12h	F$$	
DIACOMIT 250 MG CAPSULE *stiripentol*	F$$$	QL PA S Specialty Drug
DIACOMIT 250 MG POWDER PACKET *stiripentol*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
DIACOMIT 500 MG POWDER PACKET *stiripentol*	F$$$	QL PA S Specialty Drug
divalproex sodium 125 mg cap dr spr	F$	
divalproex sodium 125 mg tablet dr	F$$	
divalproex sodium 250 mg tab er 24h	F$	
divalproex sodium 250 mg tablet dr	F$$	
divalproex sodium 500 mg tab er 24h	F$	
divalproex sodium 500 mg tablet dr	F$$	
EPIDIOLEX *cannabidiol (cbd)*	F$$$	QL PA S Specialty Drug
felbamate	F$$	
FINTEPLA *fenfluramine hcl*	F$$$	PA S Specialty Drug
FYCOMPA *perampanel*	F$$$	PA
gabapentin 100 mg capsule	F$$	QL
gabapentin 250 mg/5ml solution	F$$	QL
gabapentin 300 mg capsule	F$$	QL
gabapentin 300 mg/6ml solution	F$$	QL
gabapentin 400 mg capsule	F$$	QL
gabapentin 600 mg tablet	F$$	QL
gabapentin 800 mg tablet	F$$	QL
lacosamide 10 mg/ml solution	F$$	QL
lacosamide 100 mg tablet	F$$	QL
lacosamide 150 mg tablet	F$$	QL
lacosamide 200 mg tablet	F$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
lacosamide 50 mg tablet	F$$	QL
lamotrigine 100 mg tablet	F$$	
lamotrigine 150 mg tablet	F$$	
lamotrigine 200 mg tablet	F$$	
lamotrigine 25 mg tablet	F$$	
lamotrigine 25 mg tb chw dsp	F$$	
lamotrigine 5 mg tb chw dsp	F$$	
levetiracetam 100 mg/ml solution	F$$	
levetiracetam 1000 mg tablet	F$$	
levetiracetam 250 mg tablet	F$$	
levetiracetam 500 mg tab er 24h	F$	
levetiracetam 500 mg tablet	F$$	
levetiracetam 750 mg tab er 24h	F$	
levetiracetam 750 mg tablet	F$$	
oxcarbazepine	F$$	
pregabalin 100 mg capsule	F$$	QL
pregabalin 150 mg capsule	F$$	QL
pregabalin 20 mg/ml solution	F$$	QL
pregabalin 200 mg capsule	F$$	QL
pregabalin 225 mg capsule	F$$	QL
pregabalin 25 mg capsule	F$$	QL
pregabalin 300 mg capsule	F$$	QL
pregabalin 50 mg capsule	F$$	QL
pregabalin 75 mg capsule	F$$	QL
rufinamide 200 mg tablet	F$$	QL PA
rufinamide 40 mg/ml oral susp	F$$	QL PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
rufinamide 400 mg tablet	F$$	QL PA
SUBVENITE *lamotrigine*	F$$	
tiagabine hcl	F$$	
topiramate 100 mg tablet	F$	
topiramate 15 mg cap sprink	F$	
topiramate 200 mg tablet	F$	
topiramate 25 mg cap sprink	F$	
topiramate 25 mg tablet	F$	
topiramate 50 mg tablet	F$	
valproic acid	F$$	
valproic acid (as sodium salt) 250 mg/5ml solution	F$$	
valproic acid (as sodium salt) 500mg/10ml solution	F$$	
vigabatrin	F$$	PA S Specialty Drug
VIGADRONE *vigabatrin*	F$$	PA S Specialty Drug
zonisamide	F$	
BARBITURATES (ANTICONVULSANTS)		
primidone	F$$	
BENZODIAZEPINES (ANTICONVULSANTS)		
clobazam 10 mg tablet	F$$	QL
clobazam 2.5 mg/ml oral susp	F$$	QL
clobazam 20 mg tablet	F$$	QL
clonazepam 0.125 mg tab rapdis	F$	QL
clonazepam 0.25 mg tab rapdis	F$	QL
clonazepam 0.5 mg tab rapdis	F$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
clonazepam 0.5 mg tablet	F$	QL
clonazepam 1 mg tab rapdis	F$	QL
clonazepam 1 mg tablet	F$	QL
clonazepam 2 mg tab rapdis	F$	QL
clonazepam 2 mg tablet	F$	QL
NAYZILAM *midazolam*	F$$$	QL PA
HYDANTOINS		
DILANTIN 30 MG CAPSULE *phenytoin sodium extended*	F$$$	
phenytoin 125 mg/5ml oral susp	F$$	
phenytoin 50 mg tab chew	F$$	
phenytoin sodium extended	F$$	
SUCCINIMIDES		
CELONTIN *methsuximide*	F$$$	PA
ethosuximide	F$$	
ANTIDEPRESSANTS ANTIDEPRESSANTS, MISCELLANEOUS		
bupropion hcl 100 mg tab sr 12h	F$$	PREV
bupropion hcl 100 mg tablet	F$$	PREV
bupropion hcl 150 mg tab er 12h	F$$	PREV
bupropion hcl 150 mg tab er 24h	F$$	PREV
bupropion hcl 150 mg tab sr 12h	F$$	PREV
bupropion hcl 200 mg tab sr 12h	F$$	PREV
bupropion hcl 300 mg tab er 24h	F$$	PREV
bupropion hcl 75 mg tablet	F$$	PREV
mirtazapine 15 mg tablet	F$$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
mirtazapine 30 mg tablet	F$$	PREV
mirtazapine 45 mg tablet	F$$	PREV
mirtazapine 7.5 mg tablet	F$$	PREV
MONOAMINE OXIDASE INHIBITORS		
phenelzine sulfate	F$$	PREV
tranylcypromine sulfate	F$$	PREV
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
desvenlafaxine suc er 100 mg tablet (generic for Pristiq)	F$	
desvenlafaxine suc er 25 mg tablet (generic for Pristiq)	F$	
desvenlafaxine suc er 50 mg tablet (generic for Pristiq)	F$	
duloxetine hcl 20 mg capsule dr	F$$	PREV
duloxetine hcl 30 mg capsule dr	F$$	PREV
duloxetine hcl 60 mg capsule dr	F$$	PREV
FETZIMA *levomilnacipran hcl*	F$$$	PA
venlafaxine hcl 100 mg tablet	F$$	PREV
venlafaxine hcl 150 mg cap er 24h	F$$	PREV
venlafaxine hcl 25 mg tablet	F$$	PREV
venlafaxine hcl 37.5 mg cap er 24h	F$$	PREV
venlafaxine hcl 37.5 mg tablet	F$$	PREV
venlafaxine hcl 50 mg tablet	F$$	PREV
venlafaxine hcl 75 mg cap er 24h	F$$	PREV
venlafaxine hcl 75 mg tablet	F$$	PREV
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
citalopram hydrobromide 10 mg tablet	F$	PREV
citalopram hydrobromide 10 mg/5 ml solution	F$$	PREV
citalopram hydrobromide 20 mg tablet	F$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
citalopram hydrobromide 20 mg/10ml solution	F$$	PREV
citalopram hydrobromide 40 mg tablet	F$	PREV
escitalopram oxalate 10 mg tablet	F$	PREV
escitalopram oxalate 20 mg tablet	F$	PREV
escitalopram oxalate 5 mg tablet	F$	PREV
escitalopram oxalate 5 mg/5 ml solution	F$$	PREV
fluoxetine hcl 10 mg capsule	F$	PREV
fluoxetine hcl 20 mg capsule	F$	PREV
fluoxetine hcl 20 mg/5 ml solution	F$$	PREV
fluoxetine hcl 40 mg capsule	F$	PREV
fluvoxamine maleate 100 mg tablet	F$$	PREV
fluvoxamine maleate 25 mg tablet	F$$	PREV
fluvoxamine maleate 50 mg tablet	F$$	PREV
olanzapine/fluoxetine hcl	F$$	PA AL1 At least 7 yrs old
paroxetine hcl 10 mg tablet	F$	PREV
paroxetine hcl 10 mg/5 ml oral susp	F$$	PREV
paroxetine hcl 20 mg tablet	F$	PREV
paroxetine hcl 30 mg tablet	F$	PREV
paroxetine hcl 40 mg tablet	F$	PREV
sertraline hcl 100 mg tablet	F$	PREV
sertraline hcl 20 mg/ml oral conc	F$	PREV
sertraline hcl 25 mg tablet	F$	PREV
sertraline hcl 50 mg tablet	F$	PREV
SEROTONIN MODULATORS		
nefazodone hcl	F$$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
trazodone hcl	F$	PREV
TRINTELLIX *vortioxetine hydrobromide*	F$$$	PA
VIIBRYD 10-20 MG STARTER PACK *vilazodone hcl*	F$$$	PA
vilazodone hcl	F$$	PA
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
amitriptyline hcl	F$$	PREV
amitriptyline hcl/chlordiazepoxide	F$$	PA AQ1 Up to 64 yrs old; 4 / 1 DAY
amoxapine	F$$	PA
clomipramine hcl	F$$	PREV
desipramine hcl	F$$	PREV
doxepin hcl 10 mg capsule	F$$	PREV
doxepin hcl 10 mg/ml oral conc	F$$	PREV
doxepin hcl 100 mg capsule	F$$	PREV
doxepin hcl 150 mg capsule	F$$	PREV
doxepin hcl 25 mg capsule	F$$	PREV
doxepin hcl 3 mg tablet	F$$	PA
doxepin hcl 50 mg capsule	F$$	PREV
doxepin hcl 6 mg tablet	F$$	PA
doxepin hcl 75 mg capsule	F$$	PREV
imipramine hcl	F$$	PREV
maprotiline hcl	F$$	PA
nortriptyline hcl	F$$	PREV
perphenazine/amitriptyline hcl	F$$	PA AL1 At least 13 yrs old

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
protriptyline hcl	F$$	PA
trimipramine maleate	F$$	PA
ANTIDIABETIC AGENTS ALPHA-GLUCOSIDASE INHIBITORS		
acarbose	F$	PREV
miglitol	F$$	PREV
BIGUANIDES		
METFORMIN HCL 1,000 MG TABLET (generic for GLUCOPHAGE)	F$	PREV
metformin hcl 500 mg tab er 24h	F$	PREV
METFORMIN HCL 500 MG TABLET (generic for GLUCOPHAGE)	F$	PREV
metformin hcl 750 mg tab er 24h	F$	PREV
metformin hcl 850 mg tablet	F$	PREV
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
alogliptin benzoate	F$$	QL
alogliptin benzoate/metformin hcl	F$$	QL
alogliptin benzoate/pioglitazone hcl	F$$	QL
JENTADUETO *linagliptin/metformin hcl*	F$$$	QL PREV
JENTADUETO XR *linagliptin/metformin hcl*	F$$$	QL PREV
TRADJENTA *linagliptin*	F$$$	QL PREV
INCRETIN MIMETICS		
BYDUREON BCISE *exenatide microspheres*	F$$$	QL PREV
BYDUREON PEN *exenatide microspheres*	F$$$	QL PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
BYETTA 10 MCG DOSE PEN INJ *exenatide*	F$$$	QL PREV
BYETTA 5 MCG DOSE PEN INJ *exenatide*	F$$$	QL PREV
OZEMPIC 0.25-0.5 MG/DOSE PEN *semaglutide*	F$$$	QL PREV
OZEMPIC 1 MG/DOSE (2 MG/1.5ML) *semaglutide*	F$$$	QL PREV
OZEMPIC 1 MG/DOSE (4 MG/3 ML) *semaglutide*	F$$$	QL PREV
OZEMPIC 2 MG/DOSE (8 MG/3 ML) *semaglutide*	F$$$	QL
RYBELSUS *semaglutide*	F$$$	QL
TRULICITY *dulaglutide*	F$$$	QL PREV
VICTOZA 2-PAK *liraglutide*	F$$$	QL PREV
VICTOZA 3-PAK *liraglutide*	F$$$	QL PREV
MEGLITINIDES		
nateglinide	F$$	PREV
repaglinide	F$$	PREV
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
GLYXAMBI *empagliflozin/linagliptin*	F$$$	QL
JARDIANCE *empagliflozin*	F$$$	QL PREV
SYNJARDY *empagliflozin/metformin hcl*	F$$$	QL PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SYNJARDY XR 10-1,000 MG TABLET *empagliflozin/metformin hcl*	F$$$	QL PREV
SYNJARDY XR 12.5-1,000 MG TAB *empagliflozin/metformin hcl*	F$$$	QL PREV
SYNJARDY XR 25-1,000 MG TABLET *empagliflozin/metformin hcl*	F$$$	QL PREV
SYNJARDY XR 5-1,000 MG TABLET *empagliflozin/metformin hcl*	F$$$	QL PREV
TRIJARDY XR 10-5-1,000 MG TAB *empagliflozin/linagliptin/metformin hcl*	F$$$	QL PREV
TRIJARDY XR 12.5-2.5-1,000 MG *empagliflozin/linagliptin/metformin hcl*	F$$$	QL PREV
TRIJARDY XR 25-5-1,000 MG TAB *empagliflozin/linagliptin/metformin hcl*	F$$$	QL PREV
TRIJARDY XR 5-2.5-1,000 MG TAB *empagliflozin/linagliptin/metformin hcl*	F$$$	QL PREV
SULFONYLUREAS		
glimepiride	F$	PREV
glipizide 10 mg tab er 24	F$	PREV
glipizide 10 mg tablet	F$	PREV
glipizide 2.5 mg tab er 24	F$	PREV
glipizide 5 mg tab er 24	F$	PREV
glipizide 5 mg tablet	F$	PREV
glipizide/metformin hcl	F$	PREV
glyburide	F$$	
glyburide,micronized	F$$	
glyburide/metformin hcl	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
THIAZOLIDINEDIONES		
pioglitazone hcl	F$	PREV
pioglitazone hcl/glimepiride	F$$	PREV
pioglitazone hcl/metformin hcl	F$$	PREV
ANTIEMETICS 5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl 1 mg tablet	F$$	PA
ondansetron	F$$	
ondansetron hcl 4 mg tablet	F$$	
ondansetron hcl 4 mg/5 ml solution	F$	
ondansetron hcl 8 mg tablet	F$$	
ANTIEMETICS, MISCELLANEOUS		
dronabinol 10 mg capsule	F$	
dronabinol 2.5 mg capsule	F$$	
dronabinol 5 mg capsule	F$$	
scopolamine	F$$	
ANTIHISTAMINES (GI DRUGS)		
meclizine hcl 25 mg tablet	F$$	
prochlorperazine	F$$	
prochlorperazine maleate	F$	
trimethobenzamide hcl	F$$	
NEUROKININ-1 RECEPTOR ANTAGONISTS		
aprepitant	F$$	
EMEND 125 MG POWDER PACKET *aprepitant*	F$$$	
ANTIFUNGAL (SYSTEMIC) ALLYLAMINE ANTIFUNGALS		
terbinafine hcl 250 mg tablet	F$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTIFUNGALS, MISCELLANEOUS		
griseofulvin ultramicrosize	F$$	
griseofulvin, microsize	F$$	
AZOLE ANTIFUNGALS		
CRESEMBA 186 MG CAPSULE *isavuconazonium sulfate*	F$$$	PA
fluconazole 10 mg/ml susp recon	F$$	
fluconazole 100 mg tablet	F$	
fluconazole 150 mg tablet	F$	
fluconazole 200 mg tablet	F$	
fluconazole 40 mg/ml susp recon	F$$	
fluconazole 50 mg tablet	F$	
itraconazole 100 mg capsule	F$$	
ketoconazole 200 mg tablet	F$	
NOXAFIL 40 MG/ML SUSPENSION *posaconazole*	F$$$	PA
posaconazole	F$$	PA
voriconazole 200 mg tablet	F$$	PA
voriconazole 200 mg/5ml susp recon	F$$	PA
voriconazole 50 mg tablet	F$$	PA
POLYENE ANTIFUNGALS		
nystatin 100000/ml oral susp	F$$	QL
nystatin 500k unit tablet	F$	
PYRIMIDINE ANTIFUNGALS		
flucytosine	F$$	PA
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE) ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
naftifine hcl 1 % cream (g)	F$$	PA
naftifine hcl 1 % gel (gram)	F$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
naftifine hcl 2 % cream (g)	F$$	QL PA
AZOLES (SKIN AND MUCOUS MEMBRANE)		
clotrimazole 10 mg troche	F$$	
clotrimazole/betamethasone dip 1 %-0.05 % cream (g)	F$$	
econazole nitrate	F$$	QL
ERTACZO *sertaconazole nitrate*	F$$$	PA
ketoconazole 2 % cream (g)	F$	QL
ketoconazole 2 % shampoo	F$$	
luliconazole	F$$	PA
oxiconazole nitrate	F$$	QL PA
OXISTAT 1% LOTION *oxiconazole nitrate*	F$$$	PA
sulconazole nitrate	F$$	PA
terconazole	F$$	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
ciclopirox	F$$	
ciclopirox olamine 0.77 % cream (g)	F$$	
ciclopirox olamine 0.77 % suspension	F$$	QL
POLYENES (SKIN AND MUCOUS MEMBRANE)		
nystatin 100000/g cream (g)	F$$	
nystatin 100000/g oint. (g)	F$$	
nystatin 100000/g powder	F$$	QL
nystatin/triamcinolone acetonide	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
ALPHAGAN P 0.1% DROPS *brimonidine tartrate*	F$$$	
brimonidine tartrate	F$$	
brimonidine tartrate/timolol maleate	F$$	
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
betaxolol hcl 0.5 % drops	F$$	
carteolol hcl	F$	
levobunolol hcl	F$	
metipranolol	F$$	PA
timolol maleate 0.25 % sol-gel	F$$	
timolol maleate 0.25% eye drop (generic for Timoptic)	F$	
timolol maleate 0.5 % sol-gel	F$$	
timolol maleate 0.5% eye drops (generic for Timoptic)	F$	
CARBONIC ANHYDRASE INHIBITORS (EENT)		
acetazolamide 125 mg tablet	F$	
acetazolamide 250 mg tablet	F$	
acetazolamide 500 mg capsule er	F$$	
brinzolamide	F$$	
dorzolamide hcl	F$$	
dorzolamide hcl/timolol maleate	F$$	
dorzolamide/timolol/pf 2 %-0.5 % droperette	F$$	
methazolamide	F$$	
SIMBRINZA *brinzolamide/brimonidine tartrate*	F$$$	
MIOTICS		
PHOSPHOLINE IODIDE *echothiophate iodide*	F$$$	
pilocarpine hcl 1 % drops	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
pilocarpine hcl 2 % drops	F$$	
pilocarpine hcl 4 % drops	F$$	
PROSTAGLANDIN ANALOGS		
bimatoprost 0.03 % drops	F$$	
latanoprost	F$$	
LUMIGAN *bimatoprost*	F$$$	
travoprost	F$$	
ZIOPTAN *tafluprost/pf*	F$$$	PA
RHO KINASE INHIBITORS		
RHOPRESSA *netarsudil mesylate*	F$$$	
ROCKLATAN *netarsudil mesylate/latanoprost*	F$$$	
ANTIHEMORRHAGIC AGENTS HEMOSTATICS		
ADVATE *antihemophilic factor (fviii) recombinant,full length*	F$$$	PA S Specialty Drug
ADYNOVATE *antihemophilic factor (fviii) recombinant, full length, peg*	F$$$	PA S Specialty Drug
AFSTYLA *antihemophilic factor viii recomb,single-chn,b-dom truncated*	F$$$	PA S Specialty Drug
ALPHANATE *antihemophilic factor, human/von willebrand factor,human*	F$$$	PA S Specialty Drug
ALPHANINE SD *factor ix*	F$$$	PA S Specialty Drug
ALPROLIX *factor ix recombinant, fc fusion protein*	F$$$	PA S Specialty Drug
BENEFIX *factor ix human recombinant*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
COAGADEX *coagulation factor x*	F$$$	PA S Specialty Drug
CORIFACT *factor xiii*	F$$$	PA S Specialty Drug
ELOCTATE *antihemophilic factor (fviii) recombinant, fc fusion protein*	F$$$	PA S Specialty Drug
ESPEROCT *antihemophilic factor (fviii) rec, b-dom truncated peg-exei*	F$$$	PA S Specialty Drug
FEIBA NF *anti-inhibitor coagulant complex*	F$$$	PA S Specialty Drug
HEMLIBRA *emicizumab-kxwh*	F$$$	PA S Specialty Drug
HEMOFIL M *antihemophilic factor, human*	F$$$	PA S Specialty Drug
HUMATE-P *antihemophilic factor, human/von willebrand factor,human*	F$$$	PA S Specialty Drug
IDELVION *factor ix recombinant,albumin fusion protein*	F$$$	PA S Specialty Drug
IXINITY *factor ix human recombinant, threonine 148*	F$$$	PA S Specialty Drug
JIVI *antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	F$$$	PA S Specialty Drug
KOATE *antihemophilic factor, human*	F$$$	PA S Specialty Drug
KOGENATE FS *antihemophilic factor (fviii) recombinant,full length*	F$$$	PA S Specialty Drug
KOVALTRY *antihemophilic factor (fviii) recombinant,full length*	F$$$	PA S Specialty Drug
MONONINE *factor ix*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
NOVOEIGHT *antihemophilic factor viii recombinant, b-domain truncated*	F$$$	PA S Specialty Drug
NOVOSEVEN RT *coagulation factor viia (recombinant)*	F$$$	PA S Specialty Drug
NUWIQ *antihemophilic factor viii rec hek cell, b-domain deleted*	F$$$	PA S Specialty Drug
OBIZUR *antihemophilic factor viii, recombinant porcine sequence*	F$$$	PA S Specialty Drug
PROFILNINE *factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor*	F$$$	PA S Specialty Drug
REBINYN *factor ix (human) recombinant, pegylated*	F$$$	PA S Specialty Drug
RECOMBINATE *antihemophilic factor viii, human recombinant*	F$$$	PA S Specialty Drug
RIXUBIS *factor ix human recombinant*	F$$$	PA S Specialty Drug
SEVENFACT *coagulation factor viia recombinant-jncw*	F$$$	PA S Specialty Drug
tranexamic acid 650 mg tablet	F$$	QL
TRETTEN *factor xiii a-subunit, recombinant*	F$$$	PA S Specialty Drug
VONVENDI *von willebrand factor (recombinant)*	F$$$	PA S Specialty Drug
WILATE *antihemophilic factor, human/von willebrand factor,human*	F$$$	PA S Specialty Drug
XYNTHA *antihemophilic factor (factor viii) recomb,b-domain deleted*	F$$$	PA S Specialty Drug
XYNTHA SOLOFUSE *antihemophilic factor (factor viii) recomb,b-domain deleted*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTIHISTAMINE DRUGS SECOND GENERATION ANTIHISTAMINES		
desloratadine 5 mg tablet	F$$	PA
levocetirizine dihydrochloride 5 mg tablet	F$$	
ANTIHYPOGLYCEMIC AGENTS GLYCOGENOLYTIC AGENTS		
BAQSIMI *glucagon*	F$$$	QL PREV
glucagon 1 mg emergency kit	F$$	QL
glucagon 1 mg emergency kit (generic glucagen)	F$$	QL PREV
GVOKE *glucagon*	F$$$	QL PREV
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML *glucagon*	F$$$	QL PREV
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML *glucagon*	F$$$	QL PREV
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML *glucagon*	F$$$	QL PREV
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML *glucagon*	F$$$	QL PREV
GVOKE PFS 1-PK 1 MG/0.2 ML SYR *glucagon*	F$$$	QL PREV
GVOKE PFS 1PK 0.5MG/0.1 ML SYR *glucagon*	F$$$	QL PREV
GVOKE PFS 2-PK 1 MG/0.2 ML SYR *glucagon*	F$$$	QL PREV
GVOKE PFS 2PK 0.5MG/0.1 ML SYR *glucagon*	F$$$	QL PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ZEGALOGUE AUTOINJECTOR *dasiglucagon hcl*	F$$$	QL
ZEGALOGUE SYRINGE *dasiglucagon hcl*	F$$$	QL
ANTILIPEMIC AGENTS ANTILIPEMIC AGENTS, MISCELLANEOUS		
icosapent ethyl	F$$	PA
JUXTAPID *lomitapide mesylate*	F$$$	PA S Specialty Drug
omega-3 acid ethyl esters	F$	PREV
BILE ACID SEQUESTRANTS		
cholestyramine (with sugar)	F$$	PREV
cholestyramine/aspartame	F$$	PREV
colestipol hcl 1 g tablet	F$$	PREV
PREVALITE *cholestyramine/aspartame*	F$$	PREV
CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe	F$	PREV
ezetimibe/simvastatin	F$$	
FIBRIC ACID DERIVATIVES		
fenofibrate 160 mg tablet	F$$	PREV
fenofibrate 54 mg tablet	F$$	PREV
fenofibrate nanocrystallized	F$	PREV
fenofibrate,micronized 134 mg capsule	F$	PREV
fenofibrate,micronized 200 mg capsule	F$	PREV
fenofibrate,micronized 67 mg capsule	F$	PREV
fenofibric acid (choline)	F$$	
gemfibrozil	F$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
HMG-COA REDUCTASE INHIBITORS		
atorvastatin calcium	F$	PREV
fluvastatin sodium 20 mg capsule	F$$	PA
fluvastatin sodium 40 mg capsule	F$$	PA
fluvastatin sodium 80 mg tab er 24h	F$$	PA
lovastatin	F$	PREV
pravastatin sodium	F$	PREV
rosuvastatin calcium	F$	PREV
simvastatin	F$	PREV
PCSK9 INHIBITORS		
REPATHA PUSHTRONEX *evolocumab*	F$$$	QL
REPATHA SURECLICK *evolocumab*	F$$$	QL
REPATHA SYRINGE *evolocumab*	F$$$	QL
ANTIMIGRAINE AGENTS CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AJOVY AUTOINJECTOR *fremanezumab-vfrm*	F$$$	QL PA S Specialty Drug
AJOVY SYRINGE *fremanezumab-vfrm*	F$$$	QL PA S Specialty Drug
EMGALITY 100 MG/ML SYR(1 OF 3) *galcanezumab-gnlm*	F$$$	QL PA S Specialty Drug
EMGALITY 120 MG/ML SYRINGE *galcanezumab-gnlm*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
EMGALITY 300 MG (100 MG X3SYR) *galcanezumab-gnlm*	F$$$	QL PA S Specialty Drug
EMGALITY PEN *galcanezumab-gnlm*	F$$$	QL PA S Specialty Drug
NURTEC ODT *rimegepant sulfate*	F$$$	QL PA
SELECTIVE SEROTONIN AGONISTS		
almotriptan malate	F$$	QL PA
eletriptan hydrobromide	F$$	QL PA
frovatriptan succinate	F$$	QL PA
naratriptan hcl	F$	QL
REYVOW *lasmiditan succinate*	F$$$	QL PA
rizatriptan benzoate	F$$	QL
sumatriptan	F$$	QL
sumatriptan succinate 100 mg tablet	F$$	QL
sumatriptan succinate 25 mg tablet	F$$	QL
sumatriptan succinate 4 mg/0.5ml cartridge	F$$	QL
sumatriptan succinate 4 mg/0.5ml pen injctr	F$$	QL
sumatriptan succinate 50 mg tablet	F$$	QL
sumatriptan succinate 6 mg/0.5ml cartridge	F$$	QL
sumatriptan succinate 6 mg/0.5ml pen injctr	F$$	QL
sumatriptan succinate 6 mg/0.5ml syringe	F$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
sumatriptan succinate 6 mg/0.5ml vial	F$$	QL
sumatriptan succinate/naproxen sodium	F$$	QL PA
zolmitriptan 2.5 mg tab rapdis	F$$	QL
zolmitriptan 2.5 mg tablet	F$$	QL
zolmitriptan 5 mg tab rapdis	F$$	QL
zolmitriptan 5 mg tablet	F$$	QL
ANTIMYCOBACTERIALS ANTIMYCOBACTERIALS, MISCELLANEOUS		
dapsone 100 mg tablet	F$$	
dapsone 25 mg tablet	F$$	
ANTITUBERCULOSIS AGENTS		
cycloserine	F$$	PA
ethambutol hcl	F$	
isoniazid 100 mg tablet	F$	
isoniazid 300 mg tablet	F$	
isoniazid 50 mg/5 ml solution	F$$	
pretomanid	F$$$	PA
PRIFTIN *rifapentine*	F$$$	
pyrazinamide	F$$	
rifabutin	F$$	
rifampin 150 mg capsule	F$	
rifampin 300 mg capsule	F$	
SIRTURO *bedaquiline fumarate*	F$$$	PA
TRECATOR *ethionamide*	F$$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTINEOPLASTIC AGENTS		
abiraterone acetate	F$$	PA, S, ONC, TD — Specialty Drug
AFINITOR DISPERZ 3 MG TABLET *everolimus*	F$$$	PA, S, ONC, TD — Specialty Drug
ALECENSA *alectinib hcl*	F$$$	PA, S, ONC — Specialty Drug
anastrozole	F$	
AYVAKIT *avapritinib*	F$$$	PA, S, ONC — Specialty Drug
BALVERSA *erdafitinib*	F$$$	PA, S, ONC — Specialty Drug
BESREMI *ropeginterferon alfa-2b-njft*	F$$$	PA, S, ONC — Specialty Drug
bexarotene 1 % gel (gram)	F$$	PA, S, ONC — Specialty Drug
bexarotene 75 mg capsule	F$$	PA, S, ONC, TD — Specialty Drug
bicalutamide	F$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
BRAFTOVI *encorafenib*	F$$$	PA S Specialty Drug ONC
BRUKINSA *zanubrutinib*	F$$$	PA S Specialty Drug ONC
CABOMETYX *cabozantinib s-malate*	F$$$	PA S Specialty Drug ONC TD
capecitabine	F$$	S Specialty Drug ONC
CAPRELSA *vandetanib*	F$$$	PA S Specialty Drug ONC
COMETRIQ *cabozantinib s-malate*	F$$$	PA S Specialty Drug ONC TD
COPIKTRA *duvelisib*	F$$$	PA S Specialty Drug ONC TD
COTELLIC *cobimetinib fumarate*	F$$$	PA S Specialty Drug ONC
CYCLOPHOSPHAMIDE 25 MG CAPSULE *cyclophosphamide*	F$$	
CYCLOPHOSPHAMIDE 25 MG CAPSULE (BRAND) *cyclophosphamide*	F$$	
cyclophosphamide 25 mg tablet	F$$	
CYCLOPHOSPHAMIDE 50 MG CAPSULE *cyclophosphamide*	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CYCLOPHOSPHAMIDE 50 MG CAPSULE (BRAND) *cyclophosphamide*	F$$	
cyclophosphamide 50 mg tablet	F$$	
DAURISMO *glasdegib maleate*	F$$$	PA S Specialty Drug ONC TD
EMCYT *estramustine phosphate sodium*	F$$$	
ERIVEDGE *vismodegib*	F$$$	PA S Specialty Drug ONC TD
ERLEADA *apalutamide*	F$$$	PA S Specialty Drug ONC
erlotinib hcl	F$$	PA S Specialty Drug ONC TD
etoposide 50 mg capsule	F$$	
everolimus 10 mg tablet	F$$	PA S Specialty Drug ONC TD
everolimus 2 mg tab susp	F$$	PA S Specialty Drug ONC TD
everolimus 2.5 mg tablet	F$$	PA S Specialty Drug ONC TD

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
everolimus 3 mg tab susp	F$$	PA S ONC TD Specialty Drug
everolimus 5 mg tab susp	F$$	PA S ONC TD Specialty Drug
everolimus 5 mg tablet	F$$	PA S ONC TD Specialty Drug
everolimus 7.5 mg tablet	F$$	PA S ONC TD Specialty Drug
exemestane	F$	
EXKIVITY *mobocertinib succinate*	F$$$	PA S ONC Specialty Drug
fluorouracil 2 % solution	F$$	
fluorouracil 5 % cream (g)	F$$	
fluorouracil 5 % solution	F$$	
flutamide	F$$	
FOTIVDA *tivozanib hcl*	F$$$	PA S ONC Specialty Drug
GAVRETO *pralsetinib*	F$$$	PA S ONC Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
GLEOSTINE *lomustine*	F$$$	
HYCAMTIN *topotecan hcl*	F$$$	S Specialty Drug ONC
hydroxyurea	F$$	
IBRANCE *palbociclib*	F$$$	PA S Specialty Drug ONC
ICLUSIG *ponatinib hcl*	F$$$	PA S Specialty Drug ONC TD
IDHIFA *enasidenib mesylate*	F$$$	PA S Specialty Drug ONC
imatinib mesylate	F$$	S Specialty Drug ONC TD
IMBRUVICA 140 MG CAPSULE *ibrutinib*	F$$$	PA S Specialty Drug ONC
IMBRUVICA 420 MG TABLET *ibrutinib*	F$$$	PA S Specialty Drug ONC
IMBRUVICA 560 MG TABLET *ibrutinib*	F$$$	PA S Specialty Drug ONC
IMBRUVICA 70 MG CAPSULE *ibrutinib*	F$$$	PA S Specialty Drug ONC
IMBRUVICA 70 MG/ML SUSPENSION *ibrutinib*	F$$$	PA S Specialty Drug ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
INLYTA *axitinib*	F$$$	PA S Specialty Drug ONC TD
INQOVI *decitabine/cedazuridine*	F$$$	PA S Specialty Drug ONC
INREBIC *fedratinib dihydrochloride*	F$$$	PA S Specialty Drug ONC
IRESSA *gefitinib*	F$$$	PA S Specialty Drug ONC TD
JAKAFI *ruxolitinib phosphate*	F$$$	PA S Specialty Drug ONC TD
KISQALI *ribociclib succinate*	F$$$	PA S Specialty Drug ONC
KISQALI FEMARA CO-PACK *ribociclib succinate/letrozole*	F$$$	PA S Specialty Drug ONC
KOSELUGO 10 MG CAPSULE *selumetinib sulfate/vitamin e tpgs*	F$$$	QL PA S Specialty Drug ONC
KOSELUGO 25 MG CAPSULE *selumetinib sulfate/vitamin e tpgs*	F$$$	QL PA S Specialty Drug ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
lapatinib ditosylate	F$$	PA S ONC Specialty Drug
lenalidomide	F$$	S ONC Specialty Drug
letrozole	F$	
LEUKERAN *chlorambucil*	F$$$	
LONSURF *trifluridine/tipiracil hcl*	F$$$	PA S ONC Specialty Drug
LORBRENA *lorlatinib*	F$$$	PA S ONC TD Specialty Drug
LUMAKRAS *sotorasib*	F$$$	PA S ONC Specialty Drug
LYNPARZA *olaparib*	F$$$	PA S ONC TD Specialty Drug
LYSODREN *mitotane*	F$$$	PA S ONC Specialty Drug
MATULANE *procarbazine hcl*	F$$$	PA S ONC Specialty Drug
MEKINIST *trametinib dimethyl sulfoxide*	F$$$	PA S ONC Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
MEKTOVI *binimetinib*	F$$$	PA S Specialty Drug ONC
melphalan	F$$	
mercaptopurine	F$$	
methotrexate sodium	F$$	
methotrexate sodium/pf 25 mg/ml vial	F$$	
MYLERAN *busulfan*	F$$$	
NERLYNX *neratinib maleate*	F$$$	PA S Specialty Drug ONC TD
NEXAVAR *sorafenib tosylate*	F$$$	PA S Specialty Drug ONC TD
nilutamide	F$$	PA S Specialty Drug ONC
NINLARO *ixazomib citrate*	F$$$	PA S Specialty Drug ONC
NUBEQA *darolutamide*	F$$$	PA S Specialty Drug ONC
ODOMZO *sonidegib phosphate*	F$$$	PA S Specialty Drug ONC TD
ONUREG *azacitidine*	F$$$	PA S Specialty Drug ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PEMAZYRE *pemigatinib*	F$$$	PA S Specialty Drug ONC
PICATO *ingenol mebutate*	F$$$	PA
POMALYST *pomalidomide*	F$$$	PA S Specialty Drug ONC
QINLOCK *ripretinib*	F$$$	PA S Specialty Drug ONC
RASUVO *methotrexate/pf*	F$$$	PA
RETEVMO *selpercatinib*	F$$$	PA S Specialty Drug ONC TD
REVLIMID *lenalidomide*	F$$$	S Specialty Drug ONC
ROZLYTREK *entrectinib*	F$$$	PA S Specialty Drug ONC
RYDAPT *midostaurin*	F$$$	PA S Specialty Drug ONC
SCEMBLIX *asciminib hydrochloride*	F$$$	PA S Specialty Drug ONC
sorafenib tosylate	F$$	PA S Specialty Drug ONC TD

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SPRYCEL *dasatinib*	F$$$	PA S Specialty Drug ONC TD
STIVARGA *regorafenib*	F$$$	PA S Specialty Drug ONC
sunitinib malate	F$$	PA S Specialty Drug ONC
TABLOID *thioguanine*	F$$$	
TABRECTA *capmatinib hydrochloride*	F$$$	PA S Specialty Drug ONC
TAFINLAR *dabrafenib mesylate*	F$$$	PA S Specialty Drug ONC
TAGRISSO *osimertinib mesylate*	F$$$	PA S Specialty Drug ONC TD
TASIGNA *nilotinib hcl*	F$$$	PA S Specialty Drug ONC TD
TAZVERIK *tazemetostat hydrobromide*	F$$$	PA S Specialty Drug ONC
temozolomide	F$$	S Specialty Drug ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
TIBSOVO *ivosidenib*	F$$$	PA S Specialty Drug ONC
tretinoin 10 mg capsule	F$$	S Specialty Drug ONC
TRUSELTIQ *infigratinib phosphate*	F$$$	PA S Specialty Drug ONC
TURALIO *pexidartinib hydrochloride*	F$$$	PA S Specialty Drug ONC
UKONIQ *umbralisib tosylate*	F$$$	PA S Specialty Drug ONC
VALCHLOR *mechlorethamine hcl*	F$$$	PA S Specialty Drug ONC
VERZENIO *abemaciclib*	F$$$	PA S Specialty Drug ONC
VITRAKVI *larotrectinib sulfate*	F$$$	PA S Specialty Drug ONC TD
VIZIMPRO *dacomitinib*	F$$$	PA S Specialty Drug ONC TD
VONJO *pacritinib citrate*	F$$$	PA S Specialty Drug ONC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
VOTRIENT *pazopanib hcl*	F$$$	PA S Specialty Drug ONC TD
WELIREG *belzutifan*	F$$$	PA S Specialty Drug ONC
XALKORI *crizotinib*	F$$$	PA S Specialty Drug ONC TD
XOSPATA *gilteritinib fumarate*	F$$$	PA S Specialty Drug ONC
XPOVIO *selinexor*	F$$$	PA S Specialty Drug ONC
XTANDI *enzalutamide*	F$$$	PA S Specialty Drug ONC TD
ZEJULA *niraparib tosylate*	F$$$	PA S Specialty Drug ONC TD
ZELBORAF *vemurafenib*	F$$$	PA S Specialty Drug ONC
ZOLINZA *vorinostat*	F$$$	PA S Specialty Drug ONC TD

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ZYKADIA *ceritinib*	F$$$	PA S Specialty Drug ONC TD
ANTIPARKINSONIAN AGENTS (CNS) ADAMANTANES (CNS)		
amantadine hcl 100 mg capsule	F$	
amantadine hcl 100 mg tablet	F$$	
amantadine hcl 50 mg/5 ml solution	F$$	
ANTICHOLINERGIC AGENTS (CNS)		
benztropine mesylate 0.5 mg tablet	F$$	
benztropine mesylate 1 mg tablet	F$$	
benztropine mesylate 2 mg tablet	F$$	
trihexyphenidyl hcl 2 mg tablet	F$	
trihexyphenidyl hcl 2 mg/5 ml solution	F$$	
trihexyphenidyl hcl 5 mg tablet	F$	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
entacapone	F$$	
DOPAMINE PRECURSORS		
carbidopa/levodopa 10mg-100mg tab rapdis	F$$	
carbidopa/levodopa 10mg-100mg tablet	F$$	
carbidopa/levodopa 25mg-100mg tab rapdis	F$$	
carbidopa/levodopa 25mg-100mg tablet	F$$	
carbidopa/levodopa 25mg-100mg tablet er	F$$	
carbidopa/levodopa 25mg-250mg tab rapdis	F$$	
carbidopa/levodopa 25mg-250mg tablet	F$$	
carbidopa/levodopa 50mg-200mg tablet er	F$$	
carbidopa/levodopa/entacapone	F$$	
INBRIJA *levodopa*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
RYTARY *carbidopa/levodopa*	F$$$	ST
MONOAMINE OXIDASE B INHIBITORS		
EMSAM *selegiline*	F$$$	PA
rasagiline mesylate	F$$	PA
selegiline hcl	F$$	
ANTIPROTOZOALS ANTIMALARIALS		
atovaquone/proguanil hcl	F$$	
chloroquine phosphate	F$$	
hydroxychloroquine sulfate 200 mg tablet	F$$	
mefloquine hcl	F$	
quinine sulfate	F$$	PA
ANTIPROTOZOALS, MISCELLANEOUS		
ALINIA 100 MG/5 ML SUSPENSION *nitazoxanide*	F$$$	PA
atovaquone	F$$	
benznidazole	F$$	PA
IMPAVIDO *miltefosine*	F$$$	PA
LAMPIT *nifurtimox*	F$$$	PA
metronidazole 250 mg tablet	F$$	
metronidazole 500 mg tablet	F$$	
nitazoxanide	F$$	PA
tinidazole	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTIPSYCHOTIC AGENTS ANTIPSYCHOTICS, MISCELLANEOUS		
loxapine succinate	F$$	AL1 At least 7 yrs old PREV
pimozide	F$$	PA AL1 At least 12 yrs old
ATYPICAL ANTIPSYCHOTICS		
ABILIFY MAINTENA *aripiprazole*	F$$$	
aripiprazole 1 mg/ml solution	F$$	AL1 At least 7 yrs old PREV
aripiprazole 10 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
aripiprazole 10 mg tablet	F$$	AL1 At least 7 yrs old PREV
aripiprazole 15 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
aripiprazole 15 mg tablet	F$$	AL1 At least 7 yrs old PREV
aripiprazole 2 mg tablet	F$$	AL1 At least 7 yrs old PREV
aripiprazole 20 mg tablet	F$$	AL1 At least 7 yrs old PREV
aripiprazole 30 mg tablet	F$$	AL1 At least 7 yrs old PREV
aripiprazole 5 mg tablet	F$$	AL1 At least 7 yrs old PREV
asenapine maleate	F$$	PA AL1 At least 7 yrs old

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CAPLYTA *lumateperone tosylate*	F$$$	QL PA
clozapine 100 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
clozapine 100 mg tablet	F$$	AL1 At least 7 yrs old PREV
clozapine 12.5 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
clozapine 150 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
clozapine 200 mg tab rapdis	F$	PA AL1 At least 7 yrs old PREV
clozapine 200 mg tablet	F$$	AL1 At least 7 yrs old PREV
clozapine 25 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
clozapine 25 mg tablet	F$$	AL1 At least 7 yrs old PREV
clozapine 50 mg tablet	F$$	AL1 At least 7 yrs old PREV
FANAPT *iloperidone*	F$$$	PA AL1 At least 7 yrs old
INVEGA SUSTENNA *paliperidone palmitate*	F$$$	
LATUDA *lurasidone hcl*	F$$$	QL PA AL1 At least 7 yrs old

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
LYBALVI *olanzapine/samidorphan malate*	F$$$	QL PA AL1 At least 7 yrs old
NUPLAZID *pimavanserin tartrate*	F$$$	PA S Specialty Drug TD
olanzapine 10 mg tab rapdis	F$$	AL1 At least 7 yrs old PREV
olanzapine 10 mg tablet	F$$	AL1 At least 7 yrs old PREV
olanzapine 15 mg tab rapdis	F$$	AL1 At least 7 yrs old PREV
olanzapine 15 mg tablet	F$$	AL1 At least 7 yrs old PREV
olanzapine 2.5 mg tablet	F$$	AL1 At least 7 yrs old PREV
olanzapine 20 mg tab rapdis	F$$	AL1 At least 7 yrs old PREV
olanzapine 20 mg tablet	F$$	AL1 At least 7 yrs old PREV
olanzapine 5 mg tab rapdis	F$$	AL1 At least 7 yrs old PREV
olanzapine 5 mg tablet	F$$	AL1 At least 7 yrs old PREV
olanzapine 7.5 mg tablet	F$$	AL1 At least 7 yrs old PREV
paliperidone	F$	PA AL1 At least 7 yrs old
quetiapine fumarate 100 mg tablet	F$$	AL1 At least 7 yrs old PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
quetiapine fumarate 150 mg tab er 24h	F$$	AL1 At least 7 yrs old PREV
quetiapine fumarate 150 mg tablet	F$$	AL1 At least 7 yrs old
quetiapine fumarate 200 mg tab er 24h	F$$	AL1 At least 7 yrs old PREV
quetiapine fumarate 200 mg tablet	F$$	AL1 At least 7 yrs old PREV
quetiapine fumarate 25 mg tablet	F$$	AL1 At least 7 yrs old PREV
quetiapine fumarate 300 mg tab er 24h	F$$	AL1 At least 7 yrs old PREV
quetiapine fumarate 300 mg tablet	F$$	AL1 At least 7 yrs old PREV
quetiapine fumarate 400 mg tab er 24h	F$$	AL1 At least 7 yrs old PREV
quetiapine fumarate 400 mg tablet	F$$	AL1 At least 7 yrs old PREV
quetiapine fumarate 50 mg tab er 24h	F$$	AL1 At least 7 yrs old PREV
quetiapine fumarate 50 mg tablet	F$$	AL1 At least 7 yrs old PREV
REXULTI *brexpiprazole*	F$$$	PA AL1 At least 7 yrs old
RISPERDAL CONSTA *risperidone microspheres*	F$$$	
risperidone 0.25 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
risperidone 0.25 mg tablet	F$	AL1 At least 7 yrs old PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
risperidone 0.5 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
risperidone 0.5 mg tablet	F$	AL1 At least 7 yrs old PREV
risperidone 1 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
risperidone 1 mg tablet	F$	AL1 At least 7 yrs old PREV
risperidone 1 mg/ml solution	F$$	AL1 At least 7 yrs old PREV
risperidone 2 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
risperidone 2 mg tablet	F$	AL1 At least 7 yrs old PREV
risperidone 3 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
risperidone 3 mg tablet	F$	AL1 At least 7 yrs old PREV
risperidone 4 mg tab rapdis	F$$	PA AL1 At least 7 yrs old PREV
risperidone 4 mg tablet	F$	AL1 At least 7 yrs old PREV
SECUADO *asenapine*	F$$$	PA
VERSACLOZ *clozapine*	F$$$	PA AL1 At least 7 yrs old PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
VRAYLAR 1.5 MG CAPSULE *cariprazine hcl*	F$$$	QL PA AL1 At least 7 yrs old
VRAYLAR 1.5 MG-3 MG PACK *cariprazine hcl*	F$$$	QL PA AL1 At least 7 yrs old
VRAYLAR 3 MG CAPSULE *cariprazine hcl*	F$$$	QL PA AL1 At least 7 yrs old
VRAYLAR 4.5 MG CAPSULE *cariprazine hcl*	F$$$	QL PA AL1 At least 7 yrs old
VRAYLAR 6 MG CAPSULE *cariprazine hcl*	F$$$	QL PA AL1 At least 7 yrs old
ziprasidone hcl	F$$	AL1 At least 7 yrs old PREV
BUTYROPHENONES		
HALDOL DECANOATE 100 *haloperidol decanoate*	F$$$	
HALDOL DECANOATE 50 *haloperidol decanoate*	F$$$	
haloperidol	F$$	AL1 At least 7 yrs old PREV
haloperidol decanoate	F$$	
haloperidol lactate 2 mg/ml oral conc	F$$	AL1 At least 7 yrs old PREV
PHENOTHIAZINES		
chlorpromazine hcl 10 mg tablet	F$$	PA PREV
chlorpromazine hcl 100 mg tablet	F$$	PA PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
chlorpromazine hcl 100 mg/ml oral conc	F$$	PA PREV
chlorpromazine hcl 200 mg tablet	F$$	PA PREV
chlorpromazine hcl 25 mg tablet	F$$	PA PREV
chlorpromazine hcl 30 mg/ml oral conc	F$$	PA PREV
chlorpromazine hcl 50 mg tablet	F$$	PA PREV
fluphenazine decanoate	F$$	
fluphenazine hcl 1 mg tablet	F$$	AL1 At least 7 yrs old PREV
fluphenazine hcl 10 mg tablet	F$$	AL1 At least 7 yrs old PREV
fluphenazine hcl 2.5 mg tablet	F$$	AL1 At least 7 yrs old PREV
fluphenazine hcl 2.5 mg/5ml elixir	F$	AL1 At least 7 yrs old PREV
fluphenazine hcl 5 mg tablet	F$$	AL1 At least 7 yrs old PREV
fluphenazine hcl 5 mg/ml oral conc	F$	AL1 At least 7 yrs old PREV
perphenazine	F$	PREV
thioridazine hcl	F$	AL1 At least 7 yrs old PREV
trifluoperazine hcl	F$$	AL1 At least 7 yrs old PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
THIOXANTHENES		
thiothixene	F$	AL1 At least 7 yrs old PREV
ANTIRETROVIRALS HIV ENTRY AND FUSION INHIBITORS		
FUZEON *enfuvirtide*	F$$$	S Specialty Drug
maraviroc	F$$	
RUKOBIA *fostemsavir tromethamine*	F$$$	PA
SELZENTRY 20 MG/ML ORAL SOLN *maraviroc*	F$$$	
SELZENTRY 25 MG TABLET *maraviroc*	F$$$	
SELZENTRY 75 MG TABLET *maraviroc*	F$$$	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
ISENTRESS *raltegravir potassium*	F$$$	
ISENTRESS HD *raltegravir potassium*	F$$$	
JULUCA *dolutegravir sodium/rilpivirine hcl*	F$$$	
TIVICAY *dolutegravir sodium*	F$$$	
TIVICAY PD *dolutegravir sodium*	F$$$	
VOCABRIA *cabotegravir sodium*	F$$$	
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB.		
EDURANT *rilpivirine hcl*	F$$$	
efavirenz 200 mg capsule	F$	
efavirenz 50 mg capsule	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
efavirenz 600 mg tablet	F$$	
etravirine	F$$	
INTELENCE 25 MG TABLET *etravirine*	F$$$	
nevirapine 100 mg tab er 24h	F$$	
nevirapine 200 mg tablet	F$$	
nevirapine 400 mg tab er 24h	F$$	
nevirapine 50 mg/5 ml oral susp	F$$	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
abacavir sulfate	F$$	
abacavir sulfate/lamivudine	F$	
abacavir sulfate/lamivudine/zidovudine	F$$	
BIKTARVY *bictegravir sodium/emtricitabine/tenofovir alafenamide fumar*	F$$$	
COMPLERA *emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate*	F$$$	
DESCOVY 120-15 MG TABLET *emtricitabine/tenofovir alafenamide fumarate*	F$$$	PA
DESCOVY 200-25 MG TABLET *emtricitabine/tenofovir alafenamide fumarate*	F$$$	PA
efavirenz/emtricitabine/tenofovir disoproxil fumarate	F$$	
emtricitabine	F$$	
emtricitabine/tenofovir (tdf) 100-150 mg tablet	F$$	
emtricitabine/tenofovir (tdf) 133-200 mg tablet	F$$	
emtricitabine/tenofovir (tdf) 167-250 mg tablet	F$$	
emtricitabine/tenofovir (tdf) 200-300 mg tablet	F$$	ACA Affordable Care Act
EPIVIR HBV 25 MG/5 ML SOLN *lamivudine*	F$$$	
GENVOYA *elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide*	F$$$	
lamivudine 10 mg/ml solution	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
lamivudine 100 mg tablet	F$$	
lamivudine 150 mg tablet	F$$	
lamivudine 300 mg tablet	F$$	
lamivudine/zidovudine	F$$	
ODEFSEY *emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate*	F$$$	
STRIBILD *elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil*	F$$$	
tenofovir disoproxil fumarate	F$	
TRIUMEQ *abacavir sulfate/dolutegravir sodium/lamivudine*	F$$$	
TRIUMEQ PD *abacavir sulfate/dolutegravir sodium/lamivudine*	F$$$	
TRUVADA 167 MG-250 MG TABLET *emtricitabine/tenofovir disoproxil fumarate*	F$$$	
VIREAD 150 MG TABLET *tenofovir disoproxil fumarate*	F$$$	
VIREAD 200 MG TABLET *tenofovir disoproxil fumarate*	F$$$	
VIREAD 250 MG TABLET *tenofovir disoproxil fumarate*	F$$$	
VIREAD POWDER *tenofovir disoproxil fumarate*	F$$$	
zidovudine 10 mg/ml syrup	F$$	
zidovudine 100 mg capsule	F$	
zidovudine 300 mg tablet	F$$	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS 100 MG/ML SOLUTION *tipranavir/vitamin e tpgs*	F$$$	
APTIVUS 250 MG CAPSULE *tipranavir*	F$$$	
atazanavir sulfate	F$$	
EVOTAZ *atazanavir sulfate/cobicistat*	F$$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
fosamprenavir calcium	F$$	
INVIRASE *saquinavir mesylate*	F$$$	
KALETRA 100-25 MG TABLET *lopinavir/ritonavir*	F$$$	
LEXIVA 50 MG/ML SUSPENSION *fosamprenavir calcium*	F$$$	
lopinavir/ritonavir	F$$	
NORVIR 80 MG/ML SOLUTION *ritonavir*	F$$$	
PREZCOBIX *darunavir ethanolate/cobicistat*	F$$$	
PREZISTA *darunavir ethanolate*	F$$$	
REYATAZ 50 MG POWDER PACKET *atazanavir sulfate*	F$$$	
ritonavir	F$$	
SYMTUZA *darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide*	F$$$	
ANTITHROMBOTIC AGENTS ANTITHROMBOTIC AGENTS, MISCELLANEOUS		
CABLIVI 11 MG KIT *caplacizumab-yhdp*	F$$$	PA S Specialty Drug
PLATELET-AGGREGATION INHIBITORS		
BRILINTA *ticagrelor*	F$$$	PREV
cilostazol	F$$	PREV
clopidogrel bisulfate 75 mg tablet	F$	PREV
prasugrel hcl	F$$	PREV
ZONTIVITY *vorapaxar sulfate*	F$$$	PA PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PLATELET-REDUCING AGENTS		
anagrelide hcl	F$$	PREV
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES ALLERGENIC EXTRACTS (THERAPEUTIC)		
GRASTEK *allergenic extract,grass pollen-timothy,standard*	F$$$	PA
ODACTRA *allergenic extract, mite-d.farinae-d.pteronyssinus,standard*	F$$$	PA
PALFORZIA *peanut allergen powder-dnfp*	F$$$	PA S Specialty Drug
RAGWITEK *allergenic extract-weed pollen-short ragweed*	F$$$	PA
TOXOIDS		
ADACEL TDAP *diphtheria,pertussis(acellular),tetanus vaccine/pf*	F$$$	
BOOSTRIX TDAP *diphtheria,pertussis(acellular),tetanus vaccine*	F$$$	
DAPTACEL DTAP *diphtheria, pertussis (acell), tetanus pediatric vaccine/pf*	F$$$	
INFANRIX DTAP *diphtheria, pertussis (acell), tetanus pediatric vaccine/pf*	F$$$	
TENIVAC SYRINGE *tetanus and diphtheria toxoids, adsorbed, adult/pf*	F$$$	
TENIVAC VIAL *tetanus and diphtheria toxoids, adsorbed, adult/pf*	F$$$	ACA Affordable Care Act
tetanus and diphtheria toxoids, adult	F$$$	
tetanus,diphtheria toxoid ped/pf	F$$$	
VAXELIS *diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf*	F$$$	
VACCINES		
ACTHIB *haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf*	F$$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
adenovirus live type-4 and adenovirus live type-7 vaccine	F$$$	
adenovirus vaccine live type-4	F$$$	
adenovirus vaccine live type-7	F$$$	
AFLURIA QUAD 2020-2021 *influenza virus vaccine quadrivalent 2020-21 (6 mos and up)*	F$$$	ACA Affordable Care Act
AFLURIA QUAD 2020-21 (3YR UP) *influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf*	F$$$	ACA Affordable Care Act
AFLURIA QUAD 2020-21 (6-35MO) *influenza virus vaccine quadrival 2020-21 (6 mos-35 mos)/pf*	F$$$	ACA Affordable Care Act
AFLURIA QUAD 2021-2022 *influenza virus vaccine quadrivalent 2021-22 (6 mos and up)*	F$$$	ACA Affordable Care Act
AFLURIA QUAD 2021-22 (3YR UP) *influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf*	F$$$	ACA Affordable Care Act
AFLURIA QUAD 2021-22 (6-35MO) *influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf*	F$$$	ACA Affordable Care Act
AFLURIA QUAD 2022-2023 *influenza virus vaccine quadrivalent 2022-23 (6 mos and up)*	F$$$	ACA Affordable Care Act
AFLURIA QUAD 2022-23 (3YR UP) *influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf*	F$$$	ACA Affordable Care Act
ASTRAZENECA COVID19 VAC(UNAPP) *covid-19 vaccine, azd-1222 (astrazeneca)/pf*	F$$$	QLC 5 DOSES / LIFETIME
BEXSERO *meningococcal group b vaccine, 4-component*	F$$$	
COMIRNATY 30MCG/0.3ML VAC-GRAY *covid-19 vac mrna,tris(pfizer)/pf*	F$$$	QLC 5 DOSES / LIFETIME
COMIRNATY COVID-19 VACCINE VL *covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	F$$$	QLC 5 DOSES / LIFETIME
DENGVAXIA *dengue tetravalent vaccine, live, vero cell/pf*	F$$$	
ENGERIX-B ADULT *hepatitis b virus vaccine recombinant/pf*	F$$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ENGERIX-B PEDIATRIC-ADOLESCENT *hepatitis b virus vaccine recombinant/pf*	F$$$	
FLUAD 2020-2021 *influenza vaccine tvs 2020-21 (65 yr up)/adjuvant mf59c.1/pf*	F$$$	ACA Affordable Care Act
FLUAD QUAD 2020-2021 *influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf*	F$$$	ACA Affordable Care Act
FLUAD QUAD 2021-2022 *influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf*	F$$$	ACA Affordable Care Act
FLUAD QUAD 2022-2023 *influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf*	F$$$	ACA Affordable Care Act
FLUARIX QUAD 2020-2021 *influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	F$$$	ACA Affordable Care Act
FLUARIX QUAD 2021-2022 *influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	F$$$	ACA Affordable Care Act
FLUARIX QUAD 2022-2023 *influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	F$$$	ACA Affordable Care Act
FLUBLOK QUAD 2020-2021 *influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf*	F$$$	ACA Affordable Care Act
FLUBLOK QUAD 2021-2022 *influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf*	F$$$	ACA Affordable Care Act
FLUBLOK QUAD 2022-2023 *influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf*	F$$$	ACA Affordable Care Act
FLUCELVAX QUAD 2020-2021 SYR *flu vaccine quad 2020-2021(4 years and older)cell derived/pf*	F$$$	ACA Affordable Care Act
FLUCELVAX QUAD 2020-2021 VIAL *flu vaccine quadriv 2020-2021(4 years and older)cell derived*	F$$$	ACA Affordable Care Act
FLUCELVAX QUAD 2021-2022 SYR *flu vaccine quad 2021-2022(6 month and older)cell derived/pf*	F$$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
FLUCELVAX QUAD 2021-2022 VIAL *flu vaccine quadriv 2021-2022(6 month and older)cell derived*	F$$$	ACA Affordable Care Act
FLUCELVAX QUAD 2022-2023 SYR *flu vaccine quad 2022-2023(6 month and older)cell derived/pf*	F$$$	ACA Affordable Care Act
FLUCELVAX QUAD 2022-2023 VIAL *flu vaccine quadriv 2022-2023(6 month and older)cell derived*	F$$$	ACA Affordable Care Act
FLULAVAL QUAD 2020-2021 *influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	F$$$	ACA Affordable Care Act
FLULAVAL QUAD 2021-2022 *influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	F$$$	ACA Affordable Care Act
FLULAVAL QUAD 2022-2023 *influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	F$$$	ACA Affordable Care Act
FLUMIST QUAD 2020-2021 *influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs)*	F$$$	ACA Affordable Care Act
FLUMIST QUAD 2021-2022 *influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)*	F$$$	ACA Affordable Care Act
FLUMIST QUAD 2022-2023 *influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)*	F$$$	ACA Affordable Care Act
FLUZONE HIGH-DOSE QUAD 2020-21 *influenza virus vaccine quadrival split 2020-21(65 yr up)/pf*	F$$$	ACA Affordable Care Act
FLUZONE HIGH-DOSE QUAD 2021-22 *influenza virus vaccine quadrival split 2021-22(65 yr up)/pf*	F$$$	ACA Affordable Care Act
FLUZONE HIGH-DOSE QUAD 2022-23 *influenza virus vaccine quadrival split 2022-23(65 yr up)/pf*	F$$$	ACA Affordable Care Act
FLUZONE QUAD 2020-2021 *influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf*	F$$$	ACA Affordable Care Act
FLUZONE QUAD 2021-2022 *influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf*	F$$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
FLUZONE QUAD 2022-2023 *influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf*	F$$$	ACA Affordable Care Act
FLUZONE QUAD SOUTH HEM 2020 VL *influenza virus vacc quad 2020 south hem (6 mos and up)*	F$$$	ACA Affordable Care Act
FLUZONE QUAD SOUTH HEM 2021 VL *influenza virus vacc quad 2021 south hem (6 months and up)*	F$$$	ACA Affordable Care Act
FLUZONE QUAD SOUTH HEM2020 SYR *influenza virus vacc quad 2020 south hem (6 mos and up)/pf*	F$$$	ACA Affordable Care Act
FLUZONE QUAD SOUTH HEM2021 SYR *influenza virus vacc quad 2021 south hem (6 mos and up)/pf*	F$$$	ACA Affordable Care Act
GARDASIL 9 *human papillomavirus vaccine, 9-valent/pf*	F$$$	
HAVRIX *hepatitis a virus vaccine/pf*	F$$$	
HEPLISAV-B *hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf*	F$$$	
HIBERIX *haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf*	F$$$	
IPOL *poliomyelitis vaccine, killed*	F$$$	ACA Affordable Care Act
JANSSEN COVID-19 VACCINE (EUA) *covid-19 vac, ad26.cov2.s (janssen)/pf*	F$$$	QLC 5 DOSES / LIFETIME
KINRIX *diphtheria, pertussis(acell),tetanus,polio vaccine/pf*	F$$$	
M-M-R II VACCINE *measles, mumps, and rubella vaccine live/pf*	F$$$	ACA Affordable Care Act
MENACTRA *meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf*	F$$$	
MENQUADFI *meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf*	F$$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
MENVEO A-C-Y-W-135-DIP *meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf*	F$$$	
MENVEO MENA COMPONENT *meningococcal a diphtheria-conj vaccine component 2 of 2/pf*	F$$$	ACA Affordable Care Act
MENVEO MENCYW-135 COMPONENT *meningococcal c,y,w-135,dip-conj vaccine component 1 of 2/pf*	F$$$	ACA Affordable Care Act
MODERNA COVID (12Y UP)VAC(EUA) *covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	F$$$	QLC 5 DOSES / LIFETIME
MODERNA COVID BIVAL (6Y UP)EUA *covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf*	F$$$	QL
MODERNA COVID(6-11Y) VAC(EUA) *covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	F$$$	QLC 5 DOSES / LIFETIME
MODERNA COVID(6M-5Y) VACC(EUA) *covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf*	F$$$	QLC 5 DOSES / LIFETIME
MODERNA COVID-19 BOOSTER (EUA) *covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	F$$$	QLC 5 DOSES / LIFETIME
NOVAVAX COVID-19 VACC,ADJ(EUA) *covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf*	F$$$	QLC 5 DOSES / LIFETIME
PEDIARIX *hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf*	F$$$	
PEDVAXHIB *haemophilus b conjugate vaccine (meningococcal prot.conj)/pf*	F$$$	
PENTACEL *diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf*	F$$$	PREV
PENTACEL ACTHIB COMPONENT *haemophilus b polysacc conj-tetanus tox,component 2 of 2/pf*	F$$$	PREV
PENTACEL DTAP-IPV COMPONENT *diphther,pertus(acel),tetanus,polio vacc,component 1 of 2/pf*	F$$$	PREV
PFIZER COVID (12Y UP) VAC(EUA) *covid-19 vac mrna,tris(pfizer)/pf*	F$$$	QLC 5 DOSES / LIFETIME
PFIZER COVID (5-11Y) VAC (EUA) *covid-19 vac mrna,tris(pfizer)/pf*	F$$$	QLC 5 DOSES / LIFETIME

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PFIZER COVID (6M-4Y) VACC(EUA) *covid-19 vac mrna,tris(pfizer)/pf*	F$$$	QLC 5 DOSES / LIFETIME
PFIZER COVID BIVAL (12Y UP)EUA *covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	F$$$	QL
PFIZER COVID BIVAL (5-11YR)EUA *covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf*	F$$$	QL
PFIZER COVID-19 VACCINE (EUA) *covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf*	F$$$	QLC 5 DOSES / LIFETIME
PNEUMOVAX 23 *pneumococcal 23-valent polysaccharide vaccine*	F$$$	
PREHEVBRIO *hepatitis b virus vaccine recombinant,isoform s,m,l/pf*	F$$$	
PREVNAR 13 *pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf*	F$$$	
PREVNAR 20 *pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf*	F$$$	
PRIORIX *measles, mumps, and rubella vaccine live/pf*	F$$$	
PROQUAD *measles, mumps, rubella, and varicella vaccine live/pf*	F$$$	
QUADRACEL DTAP-IPV *diphtheria, pertussis(acell),tetanus,polio vaccine/pf*	F$$$	ACA Affordable Care Act
RECOMBIVAX HB 10 MCG/ML SYR *hepatitis b virus vaccine recombinant/pf*	F$$$	
RECOMBIVAX HB 10 MCG/ML VIAL *hepatitis b virus vaccine recombinant/pf*	F$$$	ACA Affordable Care Act
RECOMBIVAX HB 40 MCG/ML VIAL *hepatitis b virus vaccine recombinant/pf*	F$$$	
RECOMBIVAX HB 5 MCG/0.5 ML SYR *hepatitis b virus vaccine recombinant/pf*	F$$$	
RECOMBIVAX HB 5 MCG/0.5 ML VL *hepatitis b virus vaccine recombinant/pf*	F$$$	ACA Affordable Care Act
ROTARIX *rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)*	F$$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ROTATEQ *rotavirus vaccine, live oral pentavalent*	F$$$	
SANOFI COVID BOOSTER-AG COMPNT *covid-19 vaccine, recombinant antigen (sanofi)/pf*	F$$$	QLC 5 DOSES / LIFETIME
SHINGRIX *varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf*	F$$$	QL
SHINGRIX GE ANTIGEN COMPONENT *varicella-zoster virus glycoprotein e,rec,component 2 of 2*	F$$$	QL
SPIKEVAX COVID (18Y UP) VACC *covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf*	F$$$	QLC 5 DOSES / LIFETIME
TICOVAC 2.4 MCG/0.5 ML SYRINGE *tick-borne encephalitis vaccine*	F$$$	
TRUMENBA *neisseria meningitidis group b, lipidated fhbp recombinant*	F$$$	
TWINRIX *hepatitis a virus and hepatitis b virus vaccine/pf*	F$$$	
VAQTA 25 UNITS/0.5 ML SYRINGE *hepatitis a virus vaccine/pf*	F$$$	
VAQTA 25 UNITS/0.5 ML VIAL *hepatitis a virus vaccine/pf*	F$$$	ACA Affordable Care Act
VAQTA 50 UNITS/ML SYRINGE *hepatitis a virus vaccine/pf*	F$$$	
VAQTA 50 UNITS/ML VIAL *hepatitis a virus vaccine/pf*	F$$$	
VARIVAX VACCINE *varicella virus vaccine live/pf*	F$$$	
VAXCHORA ACTIVE COMPONENT *cholera vaccine, live*	F$$$	
VAXCHORA VACCINE *cholera vaccine, live*	F$$$	
VAXNEUVANCE *pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf*	F$$$	
VIVOTIF *typhoid vacc,live,attenuated*	F$$$	PREV
ZOSTAVAX *zoster vaccine live/pf*	F$$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC		
TALICIA *omeprazole magnesium/amoxicillin trihydrate/rifabutin*	F$$$	PA
HISTAMINE H2-ANTAGONISTS		
cimetidine 300 mg tablet	F$$	
cimetidine 400 mg tablet	F$$	
cimetidine 800 mg tablet	F$$	
cimetidine hcl	F$$	
famotidine 20 mg tablet	F$	
famotidine 40 mg tablet	F$	
famotidine 40mg/5ml susp recon	F$$	AL1 Up to 12 yrs old
nizatidine	F$$	PA
PROSTAGLANDINS		
misoprostol	F$$	
PROTECTANTS		
sucralfate 1 g tablet	F$$	
sucralfate 1 g/10 ml oral susp	F$$	PA
PROTON-PUMP INHIBITORS		
esomeprazole magnesium 20 mg capsule dr	F$$	
esomeprazole magnesium 40 mg capsule dr	F$$	
lansoprazole 15 mg capsule dr	F$$	
lansoprazole 15 mg tab rap dr	F$$	AL1 Up to 9 yrs old
lansoprazole 30 mg capsule dr	F$$	
lansoprazole 30 mg tab rap dr	F$$	AL1 Up to 9 yrs old
lansoprazole/amoxicillin trihydrate/clarithromycin	F$$	PA
omeprazole 10 mg capsule dr	F$$	
omeprazole 20 mg capsule dr	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
omeprazole 40 mg capsule dr	F$$	
pantoprazole sodium 20 mg tablet dr	F$	
pantoprazole sodium 40 mg tablet dr	F$	
rabeprazole sodium 20 mg tablet dr	F$$	
ANTIVIRALS (SYSTEMIC) ADAMANTANE ANTIVIRALS		
rimantadine hcl	F$$	
ANTIVIRALS, MISCELLANEOUS		
LIVTENCITY *maribavir*	F$$$	PA S Specialty Drug
PAXLOVID 150-100 MG PACK (EUA) *nirmatrelvir/ritonavir*	F$$$	QL
PAXLOVID 300-100 MG PACK (EUA) *nirmatrelvir/ritonavir*	F$$$	QL
PREVYMIS 240 MG TABLET *letermovir*	F$$$	
PREVYMIS 480 MG TABLET *letermovir*	F$$$	
TPOXX 200 MG CAP (STOCKPILE) *tecovirimat*	F$$$	
INTERFERON ANTIVIRALS		
ALFERON N *interferon alfa-n3*	F$$$	S Specialty Drug
INTRON A *interferon alfa-2b,recomb.*	F$$$	S Specialty Drug
PEGASYS *peginterferon alfa-2a*	F$$$	PA S Specialty Drug
PEGINTRON *peginterferon alfa-2b*	F$$$	PA S Specialty Drug
NEURAMINIDASE INHIBITOR ANTIVIRALS		
oseltamivir phosphate 30 mg capsule	F$$	QL
oseltamivir phosphate 45 mg capsule	F$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
oseltamivir phosphate 6 mg/ml susp recon	F$$	QL
oseltamivir phosphate 75 mg capsule	F$$	QL
RELENZA *zanamivir*	F$$$	QL
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
acyclovir 200 mg capsule	F$$	
acyclovir 200 mg/5ml oral susp	F$$	AL1 Up to 12 yrs old
acyclovir 400 mg tablet	F$$	
acyclovir 800 mg tablet	F$$	
adefovir dipivoxil	F$$	
BARACLUDE 0.05 MG/ML SOLUTION *entecavir*	F$$$	
entecavir	F$	
famciclovir	F$$	
LAGEVRIO (EUA) *molnupiravir*	F$$	QL
ribavirin 200 mg capsule	F$$	S Specialty Drug
ribavirin 200 mg tablet	F$$	S Specialty Drug
valacyclovir hcl	F$$	
valganciclovir hcl	F$$	
VEMLIDY *tenofovir alafenamide*	F$$$	
ANXIOLYTICS, SEDATIVES AND HYPNOTICS ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC		
buspirone hcl	F$$	
eszopiclone	F$$	
hydroxyzine hcl 10 mg tablet	F$	
hydroxyzine hcl 10 mg/5 ml solution	F$$	
hydroxyzine hcl 25 mg tablet	F$	
hydroxyzine hcl 50 mg tablet	F$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
hydroxyzine hcl 50 mg/25ml solution	F$$	
hydroxyzine pamoate	F$$	
meprobamate	F$$	QL PA
ramelteon	F$$	QL
zaleplon	F$$	
zolpidem tartrate 10 mg tablet	F$	
zolpidem tartrate 12.5 mg tab mphase	F$$	ST
zolpidem tartrate 5 mg tablet	F$	
zolpidem tartrate 6.25 mg tab mphase	F$$	ST
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
phenobarbital 100 mg tablet	F$$	
phenobarbital 15 mg tablet	F$$	
phenobarbital 16.2 mg tablet	F$$	
phenobarbital 20 mg/5 ml elixir	F$$	
phenobarbital 30 mg tablet	F$$	
phenobarbital 60 mg tablet	F$$	
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)		
alprazolam 0.25 mg tablet	F$	QL
alprazolam 0.5 mg tab er 24h	F$	QL
alprazolam 0.5 mg tablet	F$	QL
alprazolam 1 mg tab er 24h	F$	QL
alprazolam 1 mg tablet	F$	QL
alprazolam 2 mg tab er 24h	F$	QL
alprazolam 2 mg tablet	F$	QL
alprazolam 3 mg tab er 24h	F$	QL
chlordiazepoxide hcl 10 mg capsule	F$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
chlordiazepoxide hcl 25 mg capsule	F$	QL
chlordiazepoxide hcl 5 mg capsule	F$$	QL
clorazepate dipotassium 15 mg tablet	F$$	QL PA
clorazepate dipotassium 3.75 mg tablet	F$$	QL PA
clorazepate dipotassium 7.5 mg tablet	F$$	QL PA
diazepam 10 mg tablet	F$	QL
diazepam 12.5-15-20 kit	F$$	QL
diazepam 2 mg tablet	F$	QL
diazepam 2.5 mg kit	F$$	QL
diazepam 5 mg tablet	F$	QL
diazepam 5 mg/5 ml solution	F$$	QL
diazepam 5 mg/ml oral conc	F$$	QL
diazepam 5-7.5-10mg kit	F$$	QL
estazolam 1 mg tablet	F$$	QL PA
estazolam 2 mg tablet	F$$	QL PA
flurazepam hcl 15 mg capsule	F$$	QL PA
flurazepam hcl 30 mg capsule	F$$	QL PA
lorazepam 0.5 mg tablet	F$	QL
lorazepam 1 mg tablet	F$	QL
lorazepam 2 mg tablet	F$	QL
lorazepam 2 mg/ml oral conc	F$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
LORAZEPAM INTENSOL *lorazepam*	F$$	QL
oxazepam 10 mg capsule	F$$	QL PA
oxazepam 15 mg capsule	F$$	QL PA
oxazepam 30 mg capsule	F$$	QL PA
quazepam	F$$	QL PA
temazepam 15 mg capsule	F$	QL
temazepam 30 mg capsule	F$	QL
triazolam 0.125 mg tablet	F$$	QL
triazolam 0.25 mg tablet	F$$	QL
VALTOCO *diazepam*	F$$$	QL PA
AUTONOMIC DRUGS AUTONOMIC DRUGS, MISCELLANEOUS		
apo-varenicline 0.5 mg tablet (Apotex)	F$$	QL ACA Affordable Care Act PREV SC
apo-varenicline 1 mg tablet (Apotex)	F$$	QL ACA Affordable Care Act PREV SC
nicotine 14mg/24hr patch td24	F$$	PREV SC
nicotine 21 mg/24hr patch td24	F$$	PREV SC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
nicotine 7mg/24hr patch td24	F$$	PREV SC
nicotine polacrilex 2 mg gum	F$$	PREV SC
nicotine polacrilex 2 mg lozenge	F$$	PREV SC
nicotine polacrilex 2 mg lozng mini	F$$	PREV SC
nicotine polacrilex 4 mg gum	F$$	PREV SC
nicotine polacrilex 4 mg lozenge	F$$	PREV SC
nicotine polacrilex 4 mg lozng mini	F$$	PREV SC
NICOTROL *nicotine*	F$$$	PREV SC
NICOTROL NS *nicotine*	F$$$	PREV SC
TYRVAYA *varenicline tartrate*	F$$$	
varenicline tartrate 0.5 (11)-1 tab ds pk	F$$	QL ACA Affordable Care Act SC
varenicline tartrate 0.5 mg tablet	F$$	QL ACA Affordable Care Act PREV SC
varenicline tartrate 1 mg tablet	F$$	QL ACA Affordable Care Act PREV SC

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
bethanechol chloride	F$$	
cevimeline hcl	F$$	
donepezil hcl 10 mg tab rapdis	F$$	
donepezil hcl 10 mg tablet	F$$	
donepezil hcl 5 mg tab rapdis	F$$	
donepezil hcl 5 mg tablet	F$$	
galantamine hbr 12 mg tablet	F$$	
galantamine hbr 16 mg cap24h pel	F$$	
galantamine hbr 24 mg cap24h pel	F$$	
galantamine hbr 4 mg tablet	F$$	
galantamine hbr 4 mg/ml solution	F$$	
galantamine hbr 8 mg cap24h pel	F$$	
galantamine hbr 8 mg tablet	F$$	
guanidine hcl	F$$$	PA
pilocarpine hcl 5 mg tablet	F$$	
pilocarpine hcl 7.5 mg tablet	F$$	
pyridostigmine bromide 180 mg tablet er	F$$	PA
pyridostigmine bromide 30 mg tablet	F$$	QL
pyridostigmine bromide 60 mg tablet	F$$	
rivastigmine	F$$	
rivastigmine tartrate	F$$	
BETA-3-ADRENERGIC AGONISTS SELECTIVE BETA-3-ADRENERGIC AGONISTS		
MYRBETRIQ ER 25 MG TABLET *mirabegron*	F$$$	
MYRBETRIQ ER 50 MG TABLET *mirabegron*	F$$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
BETA-ADRENERGIC AGONISTS SELECTIVE BETA-2-ADRENERGIC AGONISTS		
albuterol sulfate 0.63mg/3ml vial-neb	F$$	
albuterol sulfate 1.25mg/3ml vial-neb	F$$	
albuterol sulfate 2 mg/5 ml syrup	F$$	
albuterol sulfate 2.5 mg/0.5 vial-neb	F$$	
albuterol sulfate 2.5 mg/3ml vial-neb	F$$	
albuterol sulfate 5 mg/ml solution	F$$	
arformoterol tartrate	F$$	PA
BROVANA *arformoterol tartrate*	F$$$	PA
formoterol fumarate	F$$	PA
levalbuterol tartrate	F$$	PREV
PERFOROMIST *formoterol fumarate*	F$$$	PA
SEREVENT DISKUS *salmeterol xinafoate*	F$$$	PA PREV
STRIVERDI RESPIMAT *olodaterol hcl*	F$$$	PREV
terbutaline sulfate 2.5 mg tablet	F$$	PA
terbutaline sulfate 5 mg tablet	F$$	PA
VENTOLIN HFA *albuterol sulfate*	F$$	
BLOOD FORMATION, COAGULATION, THROMBOSIS BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
OXBRYTA *voxelotor*	F$$$	PA S Specialty Drug
PYRUKYND *mitapivat sulfate*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
HEMATOPOIETIC AGENTS		
ARANESP *darbepoetin alfa in polysorbate 80*	F$$$	S Specialty Drug
EPOGEN *epoetin alfa*	F$$$	S Specialty Drug
FULPHILA *pegfilgrastim-jmdb*	F$$$	PA
FYLNETRA *pegfilgrastim-pbbk*	F$$$	PA
GRANIX *tbo-filgrastim*	F$$$	S Specialty Drug
NYVEPRIA *pegfilgrastim-apgf*	F$$$	PA
PROCRIT *epoetin alfa*	F$$$	S Specialty Drug
PROMACTA *eltrombopag olamine*	F$$$	PA S Specialty Drug
RETACRIT 10,000 UNIT/ML VIAL *epoetin alfa-epbx*	F$$$	S Specialty Drug
RETACRIT 2,000 UNIT/ML VIAL *epoetin alfa-epbx*	F$$$	S Specialty Drug
RETACRIT 20,000 UNIT/ML VIAL *epoetin alfa-epbx*	F$$$	S Specialty Drug
RETACRIT 3,000 UNIT/ML VIAL *epoetin alfa-epbx*	F$$$	S Specialty Drug
RETACRIT 4,000 UNIT/ML VIAL *epoetin alfa-epbx*	F$$$	S Specialty Drug
RETACRIT 40,000 UNIT/ML VIAL *epoetin alfa-epbx*	F$$$	S Specialty Drug
UDENYCA *pegfilgrastim-cbqv*	F$$$	PA
ZIEXTENZO *pegfilgrastim-bmez*	F$$$	PA
HEMORRHEOLOGIC AGENTS		
pentoxifylline	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CARTIA XT *diltiazem hcl*	F$$	PREV
DILT-XR *diltiazem hcl*	F$	PREV
diltiazem hcl 120 mg cap er 24h	F$$	PREV
diltiazem hcl 120 mg cap er deg	F$	PREV
diltiazem hcl 120 mg cap sa 24h	F$$	PREV
diltiazem hcl 120 mg tablet	F$$	PREV
diltiazem hcl 180 mg cap er 24h	F$$	PREV
diltiazem hcl 180 mg cap er deg	F$	PREV
diltiazem hcl 180 mg cap sa 24h	F$$	PREV
diltiazem hcl 240 mg cap er 24h	F$$	PREV
diltiazem hcl 240 mg cap er deg	F$	PREV
diltiazem hcl 240 mg cap sa 24h	F$$	PREV
diltiazem hcl 30 mg tablet	F$$	PREV
diltiazem hcl 300 mg cap er 24h	F$$	PREV
diltiazem hcl 300 mg cap sa 24h	F$$	PREV
diltiazem hcl 360 mg cap sa 24h	F$	PREV
diltiazem hcl 420 mg cap sa 24h	F$$	PREV
diltiazem hcl 60 mg tablet	F$$	PREV
diltiazem hcl 90 mg tablet	F$$	PREV
MATZIM LA 240 MG TABLET *diltiazem hcl*	F$	PREV
TAZTIA XT 120 MG CAPSULE *diltiazem hcl*	F$$	PREV
TAZTIA XT 180 MG CAPSULE *diltiazem hcl*	F$$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
TAZTIA XT 240 MG CAPSULE *diltiazem hcl*	F$$	PREV
TAZTIA XT 300 MG CAPSULE *diltiazem hcl*	F$$	PREV
TAZTIA XT 360 MG CAPSULE *diltiazem hcl*	F$	PREV
TIADYLT ER 180 MG CAPSULE *diltiazem hcl*	F$$	PREV
TIADYLT ER 420 MG CAPSULE *diltiazem hcl*	F$$	PREV
verapamil hcl 120 mg cap24h pel	F$	PREV
verapamil hcl 120 mg tablet	F$	PREV
verapamil hcl 120 mg tablet er	F$$	PREV
verapamil hcl 180 mg cap24h pel	F$	PREV
verapamil hcl 180 mg tablet er	F$$	PREV
verapamil hcl 240 mg cap24h pel	F$	PREV
verapamil hcl 240 mg tablet er	F$$	PREV
verapamil hcl 360 mg cap24h pel	F$$	PREV
verapamil hcl 40 mg tablet	F$	PREV
verapamil hcl 80 mg tablet	F$	PREV
DIHYDROPYRIDINES		
amlodipine besylate	F$	PREV
amlodipine besylate/benazepril hcl	F$$	PREV
amlodipine besylate/olmesartan medoxomil	F$$	
amlodipine besylate/valsartan	F$	PREV
amlodipine besylate/valsartan/hydrochlorothiazide	F$$	PREV
felodipine	F$$	
nifedipine 10 mg capsule	F$$	AL1 Up to 45 yrs old
nifedipine 20 mg capsule	F$$	AL1 Up to 45 yrs old

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
nifedipine 30 mg tab er 24	F$$	PREV
nifedipine 30 mg tablet er	F$$	PREV
nifedipine 60 mg tab er 24	F$$	PREV
nifedipine 60 mg tablet er	F$$	PREV
nifedipine 90 mg tab er 24	F$$	PREV
nifedipine 90 mg tablet er	F$$	PREV
nimodipine	F$$	
CARDIAC DRUGS CARDIAC DRUGS, MISCELLANEOUS		
CORLANOR *ivabradine hcl*	F$$$	PA
CARDIOTONIC AGENTS		
DIGITEK 125 MCG TABLET *digoxin*	F$$	
DIGITEK 250 MCG TABLET *digoxin*	F$$	AL1 Up to 64 yrs old
DIGOX 125 MCG TABLET *digoxin*	F$$	
DIGOX 250 MCG TABLET *digoxin*	F$$	AL1 Up to 64 yrs old
digoxin 125 mcg tablet	F$$	
digoxin 250 mcg tablet	F$$	AL1 Up to 64 yrs old
digoxin 50 mcg/ml solution	F$$$	
CARDIOVASCULAR DRUGS ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate	F$$	PREV
prazosin hcl	F$$	PREV
terazosin hcl	F$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	F$$	
atenolol	F$	PREV
atenolol/chlorthalidone	F$$	PREV
betaxolol hcl 10 mg tablet	F$$	
betaxolol hcl 20 mg tablet	F$$	
bisoprolol fumarate	F$$	PREV
bisoprolol fumarate/hydrochlorothiazide	F$	PREV
carvedilol	F$	PREV
labetalol hcl 100 mg tablet	F$$	PREV
labetalol hcl 200 mg tablet	F$$	PREV
labetalol hcl 300 mg tablet	F$$	PREV
metoprolol succinate	F$$	PREV
metoprolol tartrate 100 mg tablet	F$	PREV
metoprolol tartrate 25 mg tablet	F$	PREV
metoprolol tartrate 50 mg tablet	F$	PREV
metoprolol tartrate/hydrochlorothiazide	F$$	PREV
nadolol	F$	PREV
propranolol hcl 10 mg tablet	F$$	PREV
propranolol hcl 120 mg cap sa 24h	F$	PREV
propranolol hcl 160 mg cap sa 24h	F$	PREV
propranolol hcl 20 mg tablet	F$$	PREV
propranolol hcl 20 mg/5 ml solution	F$$	
propranolol hcl 40 mg tablet	F$$	PREV
propranolol hcl 40mg/5ml solution	F$$	
propranolol hcl 60 mg cap sa 24h	F$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
propranolol hcl 60 mg tablet	F$$	PREV
propranolol hcl 80 mg cap sa 24h	F$	PREV
propranolol hcl 80 mg tablet	F$$	PREV
propranolol hcl/hydrochlorothiazide	F$$	PREV
SOTALOL AF *sotalol hcl*	F$$	
sotalol hcl 120 mg tablet	F$$	
sotalol hcl 160 mg tablet	F$$	
sotalol hcl 240 mg tablet	F$$	
sotalol hcl 80 mg tablet	F$$	
timolol maleate 10 mg tablet	F$$	
timolol maleate 20 mg tablet	F$$	
timolol maleate 5 mg tablet	F$$	
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
lithium carbonate 150 mg capsule	F$$	PREV
lithium carbonate 300 mg capsule	F$$	PREV
lithium carbonate 300 mg tablet	F$$	PREV
lithium carbonate 300 mg tablet er	F$$	PREV
lithium carbonate 450 mg tablet er	F$$	PREV
lithium carbonate 600 mg capsule	F$$	PREV
lithium citrate	F$$	PREV
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
acamprosate calcium	F$$	PREV
atomoxetine hcl 10 mg capsule	F$$	QL
atomoxetine hcl 100 mg capsule	F$$	QL
atomoxetine hcl 18 mg capsule	F$$	QL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
atomoxetine hcl 25 mg capsule	F$$	QL
atomoxetine hcl 40 mg capsule	F$$	QL
atomoxetine hcl 60 mg capsule	F$$	QL
atomoxetine hcl 80 mg capsule	F$$	QL
guanfacine hcl 1 mg tab er 24h	F$$	QL
guanfacine hcl 2 mg tab er 24h	F$$	QL
guanfacine hcl 3 mg tab er 24h	F$$	QL
guanfacine hcl 4 mg tab er 24h	F$$	QL
memantine hcl 10 mg tablet	F$$	
memantine hcl 2 mg/ml solution	F$$	
memantine hcl 5 mg tablet	F$$	
memantine hcl 5 mg-10 mg tab ds pk	F$$	
NOURIANZ *istradefylline*	F$$$	PA S Specialty Drug
RADICAVA ORS *edaravone*	F$$$	QL PA S Specialty Drug
riluzole	F$$	
XYREM *sodium oxybate*	F$$$	QL PA S Specialty Drug
XYWAV *sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate*	F$$$	QL PA S Specialty Drug
FIBROMYALGIA AGENTS		
SAVELLA 100 MG TABLET *milnacipran hcl*	F$$$	QL PA
SAVELLA 12.5 MG TABLET *milnacipran hcl*	F$$$	QL PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SAVELLA 25 MG TABLET *milnacipran hcl*	F$$$	QL PA
SAVELLA 50 MG TABLET *milnacipran hcl*	F$$$	QL PA
SAVELLA TITRATION PACK *milnacipran hcl*	F$$$	QL PA
OPIATE ANTAGONISTS		
KLOXXADO *naloxone hcl*	F$$$	
naloxone hcl 1 mg/ml syringe	F$$	
naloxone hcl 4 mg spray	F$$	
naltrexone hcl	F$$	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO *deutetrabenazine*	F$$$	PA S Specialty Drug
AUSTEDO 12MG START TITR(WK1-4) *deutetrabenazine*	F$$$	PA S Specialty Drug
AUSTEDO TD TITRATN PK (WK 1-2) *deutetrabenazine*	F$$$	PA S Specialty Drug
INGREZZA *valbenazine tosylate*	F$$$	PA S Specialty Drug
INGREZZA INITIATION PACK *valbenazine tosylate*	F$$$	PA S Specialty Drug
tetrabenazine	F$$	PA S Specialty Drug
CEPHALOSPORIN ANTIBIOTICS 1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
cefadroxil 1 g tablet	F$	
cefadroxil 250 mg/5ml susp recon	F$	
cefadroxil 500 mg capsule	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
cefadroxil 500 mg/5ml susp recon	F$	
cephalexin 125 mg/5ml susp recon	F$$	
cephalexin 250 mg capsule	F$	
cephalexin 250 mg/5ml susp recon	F$$	
cephalexin 500 mg capsule	F$	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
cefaclor 500 mg capsule	F$$	PA
cefprozil 125 mg/5ml susp recon	F$	
cefprozil 250 mg tablet	F$$	
cefprozil 250 mg/5ml susp recon	F$	
cefprozil 500 mg tablet	F$$	
cefuroxime axetil	F$$	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
cefdinir 125 mg/5ml susp recon	F$$	
cefdinir 250 mg/5ml susp recon	F$$	
cefdinir 300 mg capsule	F$	
cefixime 400 mg capsule	F$$	QL
cefpodoxime proxetil 100 mg tablet	F$$	QL
cefpodoxime proxetil 100 mg/5ml susp recon	F$$	QL
cefpodoxime proxetil 200 mg tablet	F$$	QL
cefpodoxime proxetil 50 mg/5 ml susp recon	F$$	QL
CORTICOSTEROIDS (RESPIRATORY TRACT) ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR DISKUS *fluticasone propionate/salmeterol xinafoate*	F$$	
ADVAIR HFA *fluticasone propionate/salmeterol xinafoate*	F$$$	PREV
ARNUITY ELLIPTA *fluticasone furoate*	F$$$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ASMANEX *mometasone furoate*	F$$$	PREV
ASMANEX HFA *mometasone furoate*	F$$$	PREV
BREO ELLIPTA *fluticasone furoate/vilanterol trifenatate*	F$$$	PREV
BREZTRI AEROSPHERE *budesonide/glycopyrrolate/formoterol fumarate*	F$$$	
budesonide 0.25mg/2ml ampul-neb	F$$	PREV
budesonide 0.5 mg/2ml ampul-neb	F$$	PREV
budesonide 1 mg/2 ml ampul-neb	F$$	PREV
budesonide/formoterol fumarate	F$$	
FLOVENT DISKUS *fluticasone propionate*	F$$$	PREV
FLOVENT HFA *fluticasone propionate*	F$$$	PREV
FLUTICASONE-SALMETEROL 113-14 (generic for AIRDUO RESPICLICK)	F$$	PREV
FLUTICASONE-SALMETEROL 232-14 (generic for AIRDUO RESPICLICK)	F$$	PREV
FLUTICASONE-SALMETEROL 55-14 (generic for AIRDUO RESPICLICK)	F$$	PREV
PULMICORT FLEXHALER *budesonide*	F$$$	PREV
QVAR REDIHALER *beclomethasone dipropionate*	F$$$	PREV
TRELEGY ELLIPTA *fluticasone furoate/umeclidinium bromide/vilanterol trifenat*	F$$$	PREV
CYSTIC FIBROSIS (CFTR) MODULATORS CYSTIC FIBROSIS (CFTR) CORRECTORS		
SYMDEKO *tezacaftor/ivacaftor*	F$$$	PA S Specialty Drug
TRIKAFTA *elexacaftor/tezacaftor/ivacaftor*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
KALYDECO *ivacaftor*	F$$$	PA S Specialty Drug
ORKAMBI *lumacaftor/ivacaftor*	F$$$	PA S Specialty Drug
DEVICES		
ACCU-CHEK AVIVA PLUS METER *blood-glucose meter*	BEN	DS
ACCU-CHEK AVIVA SOLUTION *blood glucose calibration control high and low*	BEN	DS
ACCU-CHEK FASTCLIX LANCING DEV *lancing device/lancets*	BEN	DS
ACCU-CHEK GUIDE CONTROL SOLN *blood glucose calibration control high and low*	BEN	DS
ACCU-CHEK GUIDE ME GLUCOSE MTR *blood-glucose meter*	BEN	DS
ACCU-CHEK GUIDE MONITOR SYSTEM *blood-glucose meter*	BEN	DS
ACCU-CHEK MULTICLIX LANCET KIT *lancing device/lancets*	BEN	DS
ACCU-CHEK SMARTVIEW CONTRL SOL *blood glucose calibration control solution, normal*	BEN	DS
ACCU-CHEK SOFTCLIX LANCET KIT *lancing device/lancets*	BEN	DS
ACCU-CHEK SOFTCLIX LANCETS *lancets*	BEN	DS
ACE AEROSOL CLOUD ENHANCER *inhaler, assist devices*	BEN	
AEROCHAMBER MINI *inhaler, assist devices*	BEN	
AEROCHAMBER MV *inhaler, assist devices*	BEN	
AEROCHAMBER PLUS FLOW-VU *inhaler, assist devices*	BEN	
AEROCHAMBER PLUS FLOW-VU LARGE *inhaler,assist device with large mask*	BEN	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
AEROCHAMBER PLUS FLOW-VU MED *inhaler,assist device with medium mask*	BEN	
AEROCHAMBER PLUS FLOW-VU SMALL *inhaler,assist device with small mask*	BEN	
AEROCHAMBER WITH FLOWSIGNAL *inhaler, assist devices*	BEN	
AEROCHAMBER Z-STAT PLUS LARGE *inhaler,assist device with large mask*	BEN	
AEROCHAMBER Z-STAT PLUS W-FLOW *inhaler, assist devices*	BEN	
AEROCHAMBER Z-STAT PLUS-MED *inhaler,assist device with medium mask*	BEN	
AEROCHAMBER Z-STAT PLUS-SMALL *inhaler,assist device with small mask*	BEN	
AEROTRACH PLUS *inhaler, assist devices*	BEN	
BD VERITOR AT-HOME COVID19 TST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
BINAXNOW COVD AG CARD HOME TST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
BINAXNOW COVID-19 AG SELF TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
BREATHERITE *inhaler, assist devices*	BEN	
BREATHRITE *inhaler, assist devices*	BEN	
CARESTART COVID-19 AG HOME TST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
CARETOUCH TWIST LANCET *lancets*	BEN	DS

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CELLTRION DIATRUST COV-19 HOME *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
CLINITEST COVID-19 HOME TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
COVID-19 AT-HOME TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
CUE COVID-19 HOME TEST *covid-19 molecular nucleic acid test assay*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
DEXCOM G4 RECEIVER *blood-glucose meter,continuous*	BEN	QL ST DS
DEXCOM G4 TRANSMITTER *blood-glucose transmitter*	BEN	QL ST DS
DEXCOM G5 RECEIVER *blood-glucose meter,continuous*	BEN	QL ST DS
DEXCOM G5 TRANSMITTER *blood-glucose transmitter*	BEN	QL ST DS
DEXCOM G5-G4 SENSOR *blood-glucose sensor*	BEN	QL ST DS
DEXCOM G6 RECEIVER *blood-glucose meter,continuous*	BEN	QL ST DS

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
DEXCOM G6 TRANSMITTER *blood-glucose transmitter*	BEN	QL ST DS
DEXCOM RECEIVER *blood-glucose meter,continuous*	BEN	QL ST DS
EASIVENT HOLDING CHAMBER *inhaler, assist devices*	BEN	
EASIVENT MASK-LARGE *inhaler, assist devices, accessories*	BEN	
EASIVENT MASK-MEDIUM *inhaler, assist devices, accessories*	BEN	
EASIVENT MASK-SMALL *inhaler, assist devices, accessories*	BEN	
ELLUME COVID-19 HOME TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
FLOWFLEX COVID-19 AG HOME TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
FREESTYLE LIBRE 14 DAY READER *flash glucose scanning reader*	BEN	QL ST DS
FREESTYLE LIBRE 14 DAY SENSOR *flash glucose sensor*	BEN	QL ST DS
FREESTYLE LIBRE 2 READER *flash glucose scanning reader*	BEN	QL ST DS
FREESTYLE LIBRE 2 SENSOR *flash glucose sensor*	BEN	QL ST DS

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 3 SENSOR *blood-glucose sensor*	BEN	QL ST DS
GENABIO COVID-19 RAPID AT-HOME *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
IHEALTH COVID-19 AG HOME TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
INDICAID COVID-19 AG HOME TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
INPEN (FOR HUMALOG) *insulin admin. supplies*	BEN	
INPEN (FOR NOVOLOG OR FIASP) *insulin admin. supplies*	BEN	
INTELISWAB COVID-19 HOME TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
LITETOUCH *inhaler, assist devices, accessories*	BEN	
LUCIRA CHECK-IT COVID HOME TST *covid-19 molecular nucleic acid test assay*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
MICROCHAMBER *inhaler, assist devices*	BEN	
MICROSPACER *inhaler, assist devices*	BEN	
MIDASPOT COVID19 ANTIBODY TEST *covid-19 igg/igm test cassette*	F$$$	ACA Affordable Care Act
NOVOPEN ECHO *insulin admin. supplies*	BEN	
OMNIPOD 5 G6 INTRO KIT (GEN 5) *insulin pump cartridge,automated dosing,bt with controller*	BEN	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
OMNIPOD 5 G6 PODS (GEN 5) *insulin pump cartridge, subcut automated dosing, bluetooth*	BEN	
OMNIPOD CLASSIC PDM KIT(GEN 3) *insulin pump controller, radio frequency*	BEN	
OMNIPOD CLASSIC PODS (GEN 3) *insulin pump cartridge,continuous subcut infusion,radio freq*	BEN	
OMNIPOD DASH INTRO KIT (GEN 4) *insulin pump cartridge,continuous infusion,bt and controller*	BEN	
OMNIPOD DASH PDM KIT (GEN 4) *insulin pump controller*	BEN	
OMNIPOD DASH PODS (GEN 4) *insulin pump cartridge,continuous subcut infusion,bluetooth*	BEN	
ON-GO COVID-19 AG AT HOME TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
ONE WAY MOUTHPIECE *inhaler, assist devices, accessories*	BEN	
ONETOUCH DELICA *lancing device/lancets*	BEN	DS
OPTICHAMBER *inhaler, assist devices, accessories*	BEN	
OPTICHAMBER DIAMOND VHC *inhaler, assist devices*	BEN	
OPTICHAMBER DIAMOND W-LRG MASK *inhaler,assist device with large mask*	BEN	
PANDA MASK *inhaler, assist devices, accessories*	BEN	
PEDIATRIC MASK *inhaler, assist devices, accessories*	BEN	
PEDIATRIC MOUTHPIECE *inhaler, assist devices, accessories*	BEN	
PEDIATRIC PANDA MASK *inhaler, assist devices, accessories*	BEN	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PILOT COVID-19 AT-HOME TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
PIXEL COVID-19 HOME COLLECT KT *covid-19 test specimen collection*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
POCKET CHAMBER *inhaler, assist devices*	BEN	
PROCHAMBER *inhaler, assist devices*	BEN	
QUICKVUE AT-HOME COVID-19 TEST *covid-19 antigen immunoassay test*	F$$$	QL AL1 At least 2 yrs old ACA Affordable Care Act
SIDESTREAM PEDIATRIC *inhaler, assist devices, accessories*	BEN	
SILICONE MASK-INFANT *inhaler, assist devices, accessories*	BEN	
SILICONE MASK-PEDIATRIC *inhaler, assist devices, accessories*	BEN	
SOFT TOUCH *lancets*	BEN	DS
syringe with needle *syringe with needle,insulin,0.3 ml*	F$$$	
TRUE METRIX BLOOD GLUCOSE MTR *blood-glucose meter*	BEN	DS
TWIST TOP LANCET *lancets*	BEN	DS
V-GO 20 *sub-q insulin delivery device, 20 unit,disposable*	BEN	
V-GO 30 *sub-q insulin delivery device, 30 unit, disposable*	BEN	
V-GO 40 *sub-q insulin delivery device, 40 unit, disposable*	BEN	
VORTEX *inhaler, assist devices*	BEN	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
DIAGNOSTIC AGENTS ADRENOCORTICAL INSUFFICIENCY		
ACTHAR *corticotropin*	F$$$	PA S Specialty Drug
CORTROPHIN *corticotropin*	F$$$	PA S Specialty Drug
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS TEST STRP *blood sugar diagnostic*	BEN	QL DS
ACCU-CHEK GUIDE TEST STRIP *blood sugar diagnostic*	BEN	QL DS
ACCU-CHEK SMARTVIEW TEST STRIP *blood sugar diagnostic*	BEN	QL DS
DIURETICS LOOP DIURETICS		
bumetanide 0.5 mg tablet	F$$	PREV
bumetanide 1 mg tablet	F$$	PREV
bumetanide 2 mg tablet	F$$	PREV
ethacrynic acid	F$$	PA
furosemide 10 mg/ml solution	F$	PREV
furosemide 20 mg tablet	F$	PREV
furosemide 40 mg tablet	F$	PREV
furosemide 40mg/5ml solution	F$	PREV
furosemide 80 mg tablet	F$	PREV
torsemide	F$$	PREV
POTASSIUM-SPARING DIURETICS		
amiloride hcl	F$$	PREV
amiloride hcl/hydrochlorothiazide	F$$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
triamterene/hydrochlorothiazide	F$	PREV
THIAZIDE DIURETICS		
DIURIL *chlorothiazide*	F$$$	
hydrochlorothiazide	F$	PREV
THIAZIDE-LIKE DIURETICS		
chlorthalidone	F$$	PREV
indapamide	F$$	PREV
metolazone	F$$	PREV
DOPAMINE RECEPTOR AGONISTS ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
bromocriptine mesylate	F$$	
cabergoline	F$$	
CYCLOSET *bromocriptine mesylate*	F$$$	PA PREV
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
KYNMOBI *apomorphine hcl*	F$$$	PA S Specialty Drug
NEUPRO *rotigotine*	F$$$	PA
pramipexole di-hcl 0.125 mg tablet	F$$	
pramipexole di-hcl 0.25 mg tablet	F$$	
pramipexole di-hcl 0.375 mg tab er 24h	F$$	
pramipexole di-hcl 0.5 mg tablet	F$$	
pramipexole di-hcl 0.75 mg tab er 24h	F$$	
pramipexole di-hcl 0.75 mg tablet	F$$	
pramipexole di-hcl 1 mg tablet	F$$	
pramipexole di-hcl 1.5 mg tab er 24h	F$$	
pramipexole di-hcl 1.5 mg tablet	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
pramipexole di-hcl 2.25 mg tab er 24h	F$$	
pramipexole di-hcl 3 mg tab er 24h	F$$	
pramipexole di-hcl 3.75 mg tab er 24h	F$$	
pramipexole di-hcl 4.5 mg tab er 24h	F$$	
ropinirole hcl 0.25 mg tablet	F$$	
ropinirole hcl 0.5 mg tablet	F$$	
ropinirole hcl 1 mg tablet	F$$	
ropinirole hcl 12 mg tab er 24h	F$$	
ropinirole hcl 2 mg tab er 24h	F$$	
ropinirole hcl 2 mg tablet	F$$	
ropinirole hcl 3 mg tablet	F$$	
ropinirole hcl 4 mg tab er 24h	F$$	
ropinirole hcl 4 mg tablet	F$$	
ropinirole hcl 5 mg tablet	F$$	
ropinirole hcl 6 mg tab er 24h	F$$	
ropinirole hcl 8 mg tab er 24h	F$$	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
potassium citrate 10 meq tablet er	F$$	
potassium citrate 15 meq tablet er	F$$	
potassium citrate 5 meq tablet er	F$$	
AMMONIA DETOXICANTS		
CARBAGLU *carglumic acid*	F$$$	PA S Specialty Drug
carglumic acid	F$$	PA S Specialty Drug
ENULOSE *lactulose*	F$$	
GENERLAC *lactulose*	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
lactulose 10 g/15 ml solution	F$$	
sodium phenylbutyrate 0.94 g/g powder	F$$	PA
CALORIC AGENTS		
DOJOLVI *triheptanoin*	F$$$	PA S Specialty Drug
levocarnitine 330 mg tablet	F$	
REPLACEMENT PREPARATIONS		
KLOR-CON M10 *potassium chloride*	F$$	
KLOR-CON M15 *potassium chloride*	F$$	
KLOR-CON M20 *potassium chloride*	F$$	
potassium chloride 10 meq capsule er	F$$	
potassium chloride 10 meq tab er prt	F$$	
potassium chloride 10 meq tablet er	F$$	
potassium chloride 20 meq packet	F$$	
potassium chloride 20 meq tab er prt	F$$	
potassium chloride 20 meq tablet er	F$$	
potassium chloride 20meq/15ml liquid	F$$	
potassium chloride 40meq/15ml liquid	F$$	
potassium chloride 8 meq capsule er	F$$	
potassium chloride 8 meq tablet er	F$$	
URICOSURIC AGENTS		
probenecid	F$$	
probenecid/colchicine	F$$	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS BASIC LOTIONS AND LINIMENTS		
ammonium lactate 12 % lotion	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
BASIC OINTMENTS AND PROTECTANTS		
ammonium lactate 12 % cream (g)	F$$	
ENZYMES		
REVCOVI *elapegademase-lvlr*	F$$$	PA S Specialty Drug
STRENSIQ *asfotase alfa*	F$$$	PA S Specialty Drug
SUCRAID *sacrosidase*	F$$$	PA S Specialty Drug
ESTROGENS AND ANTIESTROGENS ESTROGEN AGONIST-ANTAGONISTS		
clomiphene citrate	F$$	INF
raloxifene hcl	F$$	
SOLTAMOX *tamoxifen citrate*	F$$$	
tamoxifen citrate	F$$	PREV
toremifene citrate	F$$	PA
ESTROGENS		
AMABELZ 0.5 MG-0.1 MG TABLET *estradiol/norethindrone acetate*	F$$	
CLIMARA PRO *estradiol/levonorgestrel*	F$$$	
COMBIPATCH *estradiol/norethindrone acetate*	F$$$	
DOTTI *estradiol*	F$$	
estradiol .025mg/24h patch tdsw	F$$	
estradiol .025mg/24h patch tdwk	F$$	
estradiol .0375mg/24 patch tdsw	F$$	
estradiol .0375mg/24 patch tdwk	F$$	
estradiol .075mg/24h patch tdsw	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
estradiol .075mg/24h patch tdwk	F$$	
estradiol 0.01 % cream/appl	F$$	
estradiol 0.05mg/24h patch tdsw	F$$	
estradiol 0.05mg/24h patch tdwk	F$$	
estradiol 0.06mg/24h patch tdwk	F$$	
estradiol 0.1mg/24hr patch tdsw	F$$	
estradiol 0.1mg/24hr patch tdwk	F$$	
estradiol 0.5 mg tablet	F$	
estradiol 1 mg tablet	F$	
estradiol 10 mcg tablet	F$$	
estradiol 2 mg tablet	F$	
estradiol/norethindrone acet 0.5-0.1 mg tablet	F$$	
ESTRING *estradiol*	F$$$	
FYAVOLV *norethindrone acetate-ethinyl estradiol*	F$$	
JINTELI *norethindrone acetate-ethinyl estradiol*	F$$	
norethindrone ac-eth estradiol 0.5mg-2.5 tablet	F$$	
norethindrone ac-eth estradiol 1mg-5mcg tablet	F$$	
PREMARIN 0.3 MG TABLET *estrogens, conjugated*	F$$$	
PREMARIN 0.45 MG TABLET *estrogens, conjugated*	F$$$	
PREMARIN 0.625 MG TABLET *estrogens, conjugated*	F$$$	
PREMARIN 0.9 MG TABLET *estrogens, conjugated*	F$$$	
PREMARIN 1.25 MG TABLET *estrogens, conjugated*	F$$$	
PREMARIN VAGINAL CREAM-APPL *estrogens, conjugated*	F$$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PREMPHASE *estrogens, conjugated/medroxyprogesterone acetate*	F$$$	
PREMPRO *estrogens, conjugated/medroxyprogesterone acetate*	F$$$	
YUVAFEM *estradiol*	F$$	
EYE, EAR, NOSE AND THROAT (EENT) PREPS. ANTIALLERGIC AGENTS		
ALOMIDE *lodoxamide tromethamine*	F$$$	PA
azelastine hcl	F$$	
epinastine hcl	F$$	
LASTACAFT *alcaftadine*	F$$$	PA
olopatadine hcl 0.1 % drops	F$$	
olopatadine hcl 0.6 % spray/pump	F$$	PA
ZERVIATE *cetirizine hcl*	F$$$	PA
EENT DRUGS, MISCELLANEOUS		
apraclonidine hcl	F$$	PA
CYSTADROPS *cysteamine hcl*	F$$$	QL PA S Specialty Drug
CYSTARAN *cysteamine hcl*	F$$$	QL PA S Specialty Drug
ipratropium bromide 21 mcg spray	F$$	
ipratropium bromide 42 mcg spray	F$$	
OXERVATE *cenegermin-bkbj*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
LOCAL ANESTHETICS (EENT)		
lidocaine hcl 2 % jel/pf app	F$$	
lidocaine hcl 2 % jelly(ml)	F$$	
lidocaine hcl 2 % solution	F$$	
lidocaine hcl 40 mg/ml solution	F$$	
MYDRIATICS		
atropine sulfate 1 % drops	F$$	
atropine sulfate 1 % oint. (g)	F$$	
cyclopentolate hcl 1 % drops	F$$	
homatropine hbr	F$$	
VASOCONSTRICTORS		
phenylephrine hcl 10 % drops	F$$	
phenylephrine hcl 2.5 % drops	F$$	
FIRST GENERATION ANTIHISTAMINES ETHANOLAMINE DERIVATIVES		
carbinoxamine maleate 4 mg tablet	F$$	PA
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
cyproheptadine hcl	F$$	
PHENOTHIAZINE DERIVATIVES		
phenylephrine hcl/promethazine hcl	F$	
promethazine hcl 12.5 mg supp.rect	F$$	
promethazine hcl 12.5 mg tablet	F$$	AQ1 Up to 64 yrs old; 30 / 1 FILL
promethazine hcl 25 mg supp.rect	F$$	
promethazine hcl 25 mg tablet	F$$	AQ1 Up to 64 yrs old; 30 / 1 FILL
promethazine hcl 50 mg supp.rect	F$$	
promethazine hcl 50 mg tablet	F$$	AQ1 Up to 64 yrs old; 30 / 1 FILL
promethazine hcl 6.25mg/5ml syrup	F$	AQ1 Up to 64 yrs old; 300 / 1 FILL

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PROMETHEGAN *promethazine hcl*	F$$	
GASTROINTESTINAL DRUGS ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
alosetron hcl	F$$	PA
balsalazide disodium	F$$	
DIPENTUM *olsalazine sodium*	F$$$	PA
mesalamine 0.375g cap er 24h	F$$	
mesalamine 1.2 g tablet dr	F$$	
mesalamine 1000 mg supp.rect	F$$	
mesalamine 4 g/60 ml enema	F$$	
mesalamine 400 mg cap(drtab)	F$$	
mesalamine 800 mg tablet dr	F$$	
ANTIDIARRHEA AGENTS		
diphenoxylate hcl/atropine 2.5-.025/5 liquid	F$$	QL
diphenoxylate hcl/atropine 2.5-.025mg tablet	F$$	QL
XERMELO *telotristat etiprate*	F$$$	PA S Specialty Drug
CATHARTICS AND LAXATIVES		
GAVILYTE-C *peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	F$	ACA Affordable Care Act
GAVILYTE-G *peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*	F$	ACA Affordable Care Act
GAVILYTE-N *sodium chloride/sodium bicarbonate/potassium chloride/peg*	F$$	
lubiprostone	F$$	QL
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride	F$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
sodium chloride/sodium bicarbonate/potassium chloride/peg	F$	ACA Affordable Care Act
sodium sulfate/potassium sulfate/magnesium sulfate	F$$	ACA Affordable Care Act
CHOLELITHOLYTIC AGENTS		
ursodiol 250 mg tablet	F$$	
ursodiol 300 mg capsule	F$$	
ursodiol 500 mg tablet	F$$	
DIGESTANTS		
CREON *lipase/protease/amylase*	F$$$	
GI DRUGS, MISCELLANEOUS		
CHOLBAM *cholic acid*	F$$$	PA S Specialty Drug
ENDARI *glutamine*	F$$$	PA S Specialty Drug
HUMIRA(CF) PEDI CROHN 80-40 MG *adalimumab*	F$$$	QL PA S Specialty Drug
L-GLUTAMINE *glutamine*	F$$$	PA
LINZESS *linaclotide*	F$$$	QL
MOVANTIK *naloxegol oxalate*	F$$$	QL PA
SYMPROIC *naldemedine tosylate*	F$$$	PA
PROKINETIC AGENTS		
GIMOTI *metoclopramide hcl*	F$$$	PA
metoclopramide hcl 10 mg tab rapdis	F$$	PA
metoclopramide hcl 10 mg tablet	F$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
metoclopramide hcl 10 mg/10ml solution	F$	
metoclopramide hcl 5 mg tab rapdis	F$$	PA
metoclopramide hcl 5 mg tablet	F$	
metoclopramide hcl 5 mg/5 ml solution	F$	
GENITOURINARY SMOOTH MUSCLE RELAXANTS ANTIMUSCARINICS		
darifenacin hydrobromide	F$$	PA
flavoxate hcl	F$$	PA
oxybutynin chloride 10 mg tab er 24	F$$	
oxybutynin chloride 15 mg tab er 24	F$$	
oxybutynin chloride 5 mg tab er 24	F$$	
oxybutynin chloride 5 mg tablet	F$	
oxybutynin chloride 5 mg/5 ml syrup	F$$	
solifenacin succinate	F$$	
tolterodine tartrate 1 mg tablet	F$$	
tolterodine tartrate 2 mg cap er 24h	F$$	
tolterodine tartrate 2 mg tablet	F$$	
tolterodine tartrate 4 mg cap er 24h	F$$	
trospium chloride 20 mg tablet	F$	
GOLD COMPOUNDS		
RIDAURA *auranofin*	F$$$	
GONADOTROPINS AND ANTIGONADOTROPINS ANTIGONADTROPINS		
CETROTIDE *cetrorelix acetate*	F$$$	INF
FYREMADEL *ganirelix acetate*	F$$	INF
MYFEMBREE *relugolix/estradiol/norethindrone acetate*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ORGOVYX *relugolix*	F$$$	PA S Specialty Drug ONC
ORIAHNN *elagolix sodium/estradiol/norethindrone acetate*	F$$$	QL PA S Specialty Drug
ORILISSA 150 MG TABLET *elagolix sodium*	F$$$	QL PA S Specialty Drug
ORILISSA 200 MG TABLET *elagolix sodium*	F$$$	QL PA S Specialty Drug
GONADOTROPINS		
chorionic gonadotropin, human	F$$	INF
FOLLISTIM AQ *follitropin beta,recombinant*	F$$$	INF
leuprolide acetate 1 mg/0.2ml kit	F$$	INF
MENOPUR *menotropins*	F$$$	INF
NOVAREL *chorionic gonadotropin, human*	F$$$	INF
OVIDREL *choriogonadotropin alfa*	F$$$	INF
PREGNYL *chorionic gonadotropin, human*	F$$$	INF
HCV ANTIVIRALS HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA 150-37.5 MG PELLET PKT *sofosbuvir/velpatasvir*	F$$$	PA S Specialty Drug
EPCLUSA 200 MG-50 MG TABLET *sofosbuvir/velpatasvir*	F$$$	PA S Specialty Drug
EPCLUSA 200-50 MG PELLET PACK *sofosbuvir/velpatasvir*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
HARVONI 33.75-150 MG PELLET PK *ledipasvir/sofosbuvir*	F$$$	PA S Specialty Drug
HARVONI 45-200 MG PELLET PACKT *ledipasvir/sofosbuvir*	F$$$	PA S Specialty Drug
HARVONI 45-200 MG TABLET *ledipasvir/sofosbuvir*	F$$$	PA S Specialty Drug
ledipasvir/sofosbuvir	F$$	PA S Specialty Drug
sofosbuvir/velpatasvir	F$$	PA S Specialty Drug
SOVALDI 150 MG PELLET PACKET *sofosbuvir*	F$$$	PA S Specialty Drug
SOVALDI 200 MG PELLET PACKET *sofosbuvir*	F$$$	PA S Specialty Drug
SOVALDI 200 MG TABLET *sofosbuvir*	F$$$	PA S Specialty Drug
VOSEVI *sofosbuvir/velpatasvir/voxilaprevir*	F$$$	PA S Specialty Drug
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET *glecaprevir/pibrentasvir*	F$$$	PA S Specialty Drug
HEAVY METAL ANTAGONISTS		
CHEMET *succimer*	F$$$	
D-PENAMINE *penicillamine*	F$$	PA
deferasirox 125 mg tab disper	F$$	PA S Specialty Drug TD
deferasirox 180 mg tablet	F$$	PA S Specialty Drug TD

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
deferasirox 250 mg tab disper	F$$	PA S Specialty Drug TD
deferasirox 360 mg tablet	F$$	PA S Specialty Drug TD
deferasirox 500 mg tab disper	F$$	PA S Specialty Drug TD
deferasirox 90 mg tablet	F$$	PA S Specialty Drug TD
deferiprone 1000 mg tablet	F$$	PA S Specialty Drug
deferiprone 500 mg tablet	F$$	PA S Specialty Drug
FERRIPROX (2 TIMES A DAY) *deferiprone*	F$$$	PA S Specialty Drug
FERRIPROX (3 TIMES A DAY) *deferiprone*	F$$$	PA S Specialty Drug
FERRIPROX 1,000 MG TABLET *deferiprone*	F$$$	PA S Specialty Drug
FERRIPROX 100 MG/ML SOLUTION *deferiprone*	F$$$	PA S Specialty Drug
penicillamine 250 mg tablet	F$$	PA S Specialty Drug
HORMONES AND SYNTHETIC SUBSTITUTES ADRENALS		
budesonide 3 mg capdr - er	F$$	
dexamethasone 0.5 mg tablet	F$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
dexamethasone 0.5 mg/5ml elixir	F$$	
dexamethasone 0.5 mg/5ml solution	F$$	
dexamethasone 0.75 mg tablet	F$	
dexamethasone 1 mg tablet	F$	
dexamethasone 1.5 mg tablet	F$	
dexamethasone 2 mg tablet	F$$	
dexamethasone 4 mg tablet	F$	
dexamethasone 6 mg tablet	F$	
DEXAMETHASONE INTENSOL *dexamethasone*	F$$$	
dexamethasone sodium phosphate 10 mg/ml vial	F$$	
dexamethasone sodium phosphate 4 mg/ml vial	F$	
dexamethasone sodium phosphate/pf	F$$	
fludrocortisone acetate	F$$	
hydrocortisone 10 mg tablet	F$$	
hydrocortisone 20 mg tablet	F$$	
hydrocortisone 5 mg tablet	F$$	
MEDROL 2 MG TABLET *methylprednisolone*	F$$$	
methylprednisolone	F$$	
MILLIPRED *prednisolone*	F$$$	
prednisolone	F$	
prednisolone sodium phosphate 15 mg/5 ml solution	F$	
prednisolone sodium phosphate 25 mg/5 ml solution	F$	
prednisolone sodium phosphate 5 mg/5 ml solution	F$	
prednisone 1 mg tablet	F$	
prednisone 10 mg tab ds pk	F$	
prednisone 10 mg tablet	F$	
prednisone 2.5 mg tablet	F$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
prednisone 20 mg tablet	F$	
prednisone 5 mg tab ds pk	F$	
prednisone 5 mg tablet	F$	
prednisone 5 mg/5 ml solution	F$$	
prednisone 50 mg tablet	F$	
PREDNISONE INTENSOL *prednisone*	F$$$	
SOLU-CORTEF 100 MG ACT-O-VIAL *hydrocortisone sodium succinate/pf*	F$$$	
SOLU-CORTEF 100 MG VIAL *hydrocortisone sod succinate*	F$$$	
SOLU-CORTEF 250 MG ACT-O-VIAL *hydrocortisone sodium succinate/pf*	F$$$	
SOLU-CORTEF 500 MG ACT-O-VIAL *hydrocortisone sodium succinate/pf*	F$$$	
ANDROGENS		
ANADROL-50 *oxymetholone*	F$$$	PA
danazol	F$$	
methyltestosterone	F$$	QL PA
oxandrolone 10 mg tablet	F$$	QL PA
oxandrolone 2.5 mg tablet	F$$	QL PA
testosterone 1.25g-1.62 gel packet	F$$	PA
testosterone 10 mg (2%) gel md pmp	F$$	PA
testosterone 12.5/1.25g gel md pmp	F$$	PA
testosterone 2.5g-1.62% gel packet	F$$	PA
testosterone 20.25/1.25 gel md pmp	F$$	PA
testosterone 25mg(1%) gel packet	F$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
testosterone 50 mg (1%) gel (gram)	F$$	PA
testosterone 50 mg (1%) gel packet	F$$	PA
testosterone cypionate	F$$	PA
testosterone enanthate	F$$	PA
CONTRACEPTIVES		
AFIRMELLE *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
AFTER PILL *levonorgestrel*	F$$	ACA Affordable Care Act
ALTAVERA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
ALYACEN *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
AMETHIA *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act
AMETHIA LO *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act
AMETHYST *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
APRI *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
ARANELLE *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
ASHLYNA *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act
AUBRA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
AUBRA EQ *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
AUROVELA *norethindrone acetate-ethinyl estradiol*	F$$	ACA Affordable Care Act
AUROVELA 24 FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
AUROVELA FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
AVIANE *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
AYUNA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
AZURETTE *desogestrel-ethinyl estradiol/ethinyl estradiol*	F$$	ACA Affordable Care Act
BALZIVA *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
BEKYREE *desogestrel-ethinyl estradiol/ethinyl estradiol*	F$$	ACA Affordable Care Act
BLISOVI 24 FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
BLISOVI FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
BRIELLYN *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
CAMILA *norethindrone*	F$$	ACA Affordable Care Act
CAMRESE *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act
CAMRESE LO *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act
CAZIANT *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
CHATEAL *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
CHATEAL EQ *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
CRYSELLE *norgestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
CYCLAFEM *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
CYRED *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
CYRED EQ *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
DASETTA *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
DAYSEE *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act
DEBLITANE *norethindrone*	F$$	ACA Affordable Care Act
desogestrel-ethinyl estradiol	F$$	ACA Affordable Care Act
desogestrel-ethinyl estradiol/ethinyl estradiol	F$$	ACA Affordable Care Act
DOLISHALE *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
ECONTRA ONE-STEP *levonorgestrel*	F$$	ACA Affordable Care Act
ELINEST *norgestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
ELLA *ulipristal acetate*	F$$$	ACA Affordable Care Act
ELURYNG *etonogestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
EMOQUETTE *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
ENPRESSE *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
ENSKYCE *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
ERRIN *norethindrone*	F$$	ACA Affordable Care Act
ESTARYLLA *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
ethinyl estradiol/drospirenone	F$$	ACA Affordable Care Act
ethynodiol diacetate-ethinyl estradiol	F$$	ACA Affordable Care Act
etonogestrel/ethinyl estradiol	F$$	ACA Affordable Care Act
FALMINA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
FAYOSIM *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
FEMYNOR *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
GIANVI *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act
HAILEY *norethindrone acetate-ethinyl estradiol*	F$$	ACA Affordable Care Act
HAILEY 24 FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
HAILEY FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
HEATHER *norethindrone*	F$$	ACA Affordable Care Act
ICLEVIA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
INCASSIA *norethindrone*	F$$	ACA Affordable Care Act
INTROVALE *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
ISIBLOOM *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
JAIMIESS *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act
JASMIEL *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act
JENCYCLA *norethindrone*	F$$	ACA Affordable Care Act
JOLESSA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
JULEBER *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
JUNEL *norethindrone acetate-ethinyl estradiol*	F$$	ACA Affordable Care Act
JUNEL FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
JUNEL FE 24 *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
KALLIGA *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
KARIVA *desogestrel-ethinyl estradiol/ethinyl estradiol*	F$$	ACA Affordable Care Act
KELNOR 1-35 *ethynodiol diacetate-ethinyl estradiol*	F$$	ACA Affordable Care Act
KELNOR 1-50 *ethynodiol diacetate-ethinyl estradiol*	F$$	ACA Affordable Care Act
KURVELO *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
LARIN *norethindrone acetate-ethinyl estradiol*	F$$	ACA Affordable Care Act
LARIN 24 FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
LARIN FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
LARISSIA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
LEENA *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
LESSINA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
LEVONEST *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
levonorgestrel	F$$	ACA Affordable Care Act
levonorgestrel/ethinyl estradiol	F$$	ACA Affordable Care Act
levonorgestrel/ethinyl estradiol and ethinyl estradiol	F$$	ACA Affordable Care Act
LEVORA-28 *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
LILLOW *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
LO-ZUMANDIMINE *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act
LOJAIMIESS *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
LORYNA *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act
LOW-OGESTREL *norgestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
LUTERA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
LYLEQ *norethindrone*	F$$	ACA Affordable Care Act
LYZA *norethindrone*	F$$	ACA Affordable Care Act
MARLISSA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
MICROGESTIN *norethindrone acetate-ethinyl estradiol*	F$$	ACA Affordable Care Act
MICROGESTIN 24 FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	
MICROGESTIN FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
MILI *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
MONO-LINYAH *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
MY WAY *levonorgestrel*	F$$	ACA Affordable Care Act
NECON *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
NIKKI *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act
NORA-BE *norethindrone*	F$$	ACA Affordable Care Act
norethindrone	F$$	ACA Affordable Care Act
norethindrone ac-eth estradiol 1.5-0.03mg tablet	F$$	ACA Affordable Care Act
norethindrone ac-eth estradiol 1mg-20mcg tablet	F$$	ACA Affordable Care Act
norethindrone-e.estradiol-iron 1.5-30(21) tablet	F$$	ACA Affordable Care Act
norethindrone-e.estradiol-iron 1mg-20(21) tablet	F$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
norethindrone-e.estradiol-iron 1mg-20(24) tablet	F$$	ACA Affordable Care Act
norethindrone-e.estradiol-iron 5-7-9-7 tablet	F$$	ACA Affordable Care Act
norgestimate-ethinyl estradiol	F$$	ACA Affordable Care Act
NORLYDA *norethindrone*	F$$	ACA Affordable Care Act
NORTREL *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
NYLIA *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
NYMYO *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
OCELLA *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act
ORSYTHIA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
PHILITH *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
PIMTREA *desogestrel-ethinyl estradiol/ethinyl estradiol*	F$$	ACA Affordable Care Act
PIRMELLA *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
PORTIA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
PREVIFEM *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
RECLIPSEN *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
RIVELSA *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act
SETLAKIN *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
SHAROBEL *norethindrone*	F$$	ACA Affordable Care Act
SIMLIYA *desogestrel-ethinyl estradiol/ethinyl estradiol*	F$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SIMPESSE *levonorgestrel/ethinyl estradiol and ethinyl estradiol*	F$$	ACA Affordable Care Act
SPRINTEC *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
SRONYX *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
SYEDA *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act
TARINA 24 FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
TARINA FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
TARINA FE 1-20 EQ *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
TILIA FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
TRI FEMYNOR *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-ESTARYLLA *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-LEGEST FE *norethindrone acetate-ethinyl estradiol/ferrous fumarate*	F$$	ACA Affordable Care Act
TRI-LINYAH *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-LO-ESTARYLLA *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-LO-MARZIA *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-LO-MILI *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-LO-SPRINTEC *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-MILI *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-NYMYO *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
TRI-PREVIFEM *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-SPRINTEC *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-VYLIBRA *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRI-VYLIBRA LO *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
TRIVORA-28 *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
TULANA *norethindrone*	F$$	ACA Affordable Care Act
TYBLUME *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
VELIVET *desogestrel-ethinyl estradiol*	F$$	ACA Affordable Care Act
VESTURA *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act
VIENVA *levonorgestrel/ethinyl estradiol*	F$$	ACA Affordable Care Act
VIORELE *desogestrel-ethinyl estradiol/ethinyl estradiol*	F$$	ACA Affordable Care Act
VOLNEA *desogestrel-ethinyl estradiol/ethinyl estradiol*	F$$	ACA Affordable Care Act
VYFEMLA *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
VYLIBRA *norgestimate-ethinyl estradiol*	F$$	ACA Affordable Care Act
WERA *norethindrone-ethinyl estradiol*	F$$	ACA Affordable Care Act
XULANE *norelgestromin/ethinyl estradiol*	F$$	ACA Affordable Care Act
ZAFEMY *norelgestromin/ethinyl estradiol*	F$$	ACA Affordable Care Act
ZARAH *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ZOVIA 1-35 *ethynodiol diacetate-ethinyl estradiol*	F$$	ACA Affordable Care Act
ZOVIA 1-35E *ethynodiol diacetate-ethinyl estradiol*	F$$	ACA Affordable Care Act
ZUMANDIMINE *ethinyl estradiol/drospirenone*	F$$	ACA Affordable Care Act
PITUITARY		
desmopressin acetate (non-refrigerated)	F$$	PA
desmopressin acetate 0.1 mg tablet	F$$	AL1 At least 8 yrs old
desmopressin acetate 0.2 mg tablet	F$$	AL1 At least 8 yrs old
desmopressin acetate 10/spray spray/pump	F$$	PA
desmopressin acetate 150/spray spray/pump	F$$	PA
NORDITROPIN FLEXPRO *somatropin*	BEN	PA GH
PROGESTINS		
medroxyprogesterone acetate 10 mg tablet	F$	
medroxyprogesterone acetate 2.5 mg tablet	F$	
medroxyprogesterone acetate 5 mg tablet	F$	
megestrol acetate 20 mg tablet	F$$	
megestrol acetate 40 mg tablet	F$$	
megestrol acetate 400mg/10ml oral susp	F$$	
norethindrone acetate	F$$	
progesterone, micronized	F$$	
HYPOTENSIVE AGENTS CENTRAL ALPHA-AGONISTS		
clonidine	F$$	PREV
clonidine hcl 0.1 mg tab er 12h	F$$	QL PA
clonidine hcl 0.1 mg tablet	F$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
clonidine hcl 0.2 mg tablet	F$	PREV
clonidine hcl 0.3 mg tablet	F$	PREV
guanfacine hcl 1 mg tablet	F$	PREV
guanfacine hcl 2 mg tablet	F$	PREV
methyldopa	F$$	PREV
DIRECT VASODILATORS		
hydralazine hcl 10 mg tablet	F$$	PREV
hydralazine hcl 100 mg tablet	F$$	PREV
hydralazine hcl 25 mg tablet	F$$	PREV
hydralazine hcl 50 mg tablet	F$$	PREV
minoxidil 10 mg tablet	F$$	PREV
minoxidil 2.5 mg tablet	F$$	PREV
INSULINS INTERMEDIATE-ACTING INSULINS		
HUMULIN 70-30 *insulin nph human isophane/insulin regular, human*	F$$$	PREV
HUMULIN 70/30 KWIKPEN *insulin nph human isophane/insulin regular, human*	F$$$	PREV
HUMULIN N *insulin nph human isophane*	F$$$	PREV
HUMULIN N KWIKPEN *insulin nph human isophane*	F$$$	PREV
insulin nph hum/reg insulin hm 70-30/ml insuln pen	F$$$	PREV
relion novolin 70-30 vial	F$$$	PREV
relion novolin n 100 unit/ml	F$$$	PREV
relion novolin n u-100 flexpen	F$$$	PREV
LONG-ACTING INSULINS		
LANTUS *insulin glargine,human recombinant analog*	F$$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
LANTUS SOLOSTAR *insulin glargine,human recombinant analog*	F$$	PREV
LEVEMIR *insulin detemir*	F$$$	PA PREV
LEVEMIR FLEXTOUCH *insulin detemir*	F$$$	PA PREV
SOLIQUA 100-33 *insulin glargine,human recombinant analog/lixisenatide*	F$$$	PREV
TOUJEO MAX SOLOSTAR *insulin glargine,human recombinant analog*	F$$$	PREV
TOUJEO SOLOSTAR *insulin glargine,human recombinant analog*	F$$$	PREV
XULTOPHY 100-3.6 *insulin degludec/liraglutide*	F$$$	PREV
RAPID-ACTING INSULINS		
HUMALOG *insulin lispro*	F$$$	PREV
HUMALOG JUNIOR KWIKPEN *insulin lispro*	F$$$	PREV
HUMALOG KWIKPEN U-100 *insulin lispro*	F$$$	PREV
HUMALOG KWIKPEN U-200 *insulin lispro*	F$$$	PREV
HUMALOG MIX 50-50 *insulin lispro protamine and insulin lispro*	F$$$	PREV
HUMALOG MIX 50-50 KWIKPEN *insulin lispro protamine and insulin lispro*	F$$$	PREV
HUMALOG MIX 75-25 *insulin lispro protamine and insulin lispro*	F$$$	PREV
HUMALOG MIX 75-25 KWIKPEN *insulin lispro protamine and insulin lispro*	F$$$	PREV
insulin aspart 100/ml (3) insuln pen	F$$	PA
insulin aspart 100/ml cartridge	F$$	PA
insulin aspart 100/ml vial	F$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
insulin lispro 100/ml ins pen hf	F$$	PREV
insulin lispro 100/ml insuln pen	F$$	PREV
insulin lispro 100/ml vial	F$$	PREV
insulin lispro protamine and insulin lispro	F$$	PREV
SHORT-ACTING INSULINS		
HUMULIN R *insulin regular, human*	F$$$	PREV
HUMULIN R U-500 *insulin regular, human*	F$$$	PREV
HUMULIN R U-500 KWIKPEN *insulin regular, human*	F$$$	PREV
relion novolin r 100 unit/ml	F$$$	PREV
relion novolin r u-100 flexpen	F$$$	PREV
ION-REMOVING AGENTS PHOSPHATE-REMOVING AGENTS		
calcium acetate 667 mg capsule	F$$	
lanthanum carbonate	F$$	PA
PHOSLYRA *calcium acetate*	F$$$	
sevelamer carbonate	F$$	
POTASSIUM-REMOVING AGENTS		
LOKELMA *sodium zirconium cyclosilicate*	F$$$	
sodium polystyrene sulfonate	F$$	
KALLIKREIN-KININ SYSTEM INHIBITORS BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR *icatibant acetate*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
COMPLEMENT INHIBITORS		
BERINERT *c1 esterase inhibitor*	F$$$	PA S Specialty Drug
CINRYZE *c1 esterase inhibitor*	F$$$	PA S Specialty Drug
HAEGARDA *c1 esterase inhibitor*	F$$$	PA S Specialty Drug
RUCONEST *c1 esterase inhibitor, recombinant*	F$$$	PA S Specialty Drug
KALLIKREIN INHIBITORS		
KALBITOR *ecallantide*	F$$$	PA S Specialty Drug
ORLADEYO *berotralstat hydrochloride*	F$$$	QL PA S Specialty Drug
TAKHZYRO *lanadelumab-flyo*	F$$$	QL PA S Specialty Drug
MACROLIDE ANTIBIOTICS ERYTHROMYCIN ANTIBIOTICS		
erythromycin base 500 mg tablet	F$$	PA
OTHER MACROLIDE ANTIBIOTICS		
azithromycin 100 mg/5ml susp recon	F$$	
azithromycin 200 mg/5ml susp recon	F$$	
azithromycin 250 mg tablet	F$	
azithromycin 500 mg tablet	F$	
azithromycin 600 mg tablet	F$	
clarithromycin 125 mg/5ml susp recon	F$$	AL1 Up to 12 yrs old
clarithromycin 250 mg tablet	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
clarithromycin 250 mg/5ml susp recon	F$$	AL1 Up to 12 yrs old
clarithromycin 500 mg tablet	F$$	
DIFICID *fidaxomicin*	F$$$	PA
MISC. BETA-LACTAM ANTIBIOTICS MONOBACTAM ANTIBIOTICS		
CAYSTON *aztreonam lysine*	F$$$	PA S Specialty Drug
MISCELLANEOUS THERAPEUTIC AGENTS 5-ALPHA-REDUCTASE INHIBITORS		
dutasteride	F$$	
dutasteride/tamsulosin hcl	F$$	PA
finasteride 5 mg tablet	F$	
ALCOHOL DETERRENTS		
disulfiram	F$$	PREV
ANTIDOTES		
leucovorin calcium 10 mg tablet	F$$	
leucovorin calcium 15 mg tablet	F$$	
leucovorin calcium 25 mg tablet	F$$	
leucovorin calcium 5 mg tablet	F$$	
VISTOGARD *uridine triacetate*	F$$$	PA S Specialty Drug
ANTIGOUT AGENTS		
allopurinol	F$	
colchicine	F$$	
febuxostat	F$$	ST
BONE RESORPTION INHIBITORS		
alendronate sodium 10 mg tablet	F$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
alendronate sodium 35 mg tablet	F$	PREV
alendronate sodium 5 mg tablet	F$	
alendronate sodium 70 mg tablet	F$	PREV
alendronate sodium 70 mg/75ml solution	F$$	PA
ibandronate sodium 150 mg tablet	F$$	
risedronate sodium 150 mg tablet	F$$	
risedronate sodium 30 mg tablet	F$$	
risedronate sodium 35 mg tablet	F$$	
risedronate sodium 5 mg tablet	F$$	
CARIOSTATIC AGENTS		
fluoride (sodium) 0.25(0.55) tab chew	F$	AL1 Up to 5 yrs old ACA Affordable Care Act
fluoride (sodium) 0.5 mg/ml drops	F$	AL1 Up to 5 yrs old ACA Affordable Care Act
fluoride (sodium) 0.5(1.1)mg tab chew	F$	AL1 Up to 5 yrs old ACA Affordable Care Act
fluoride (sodium) 1.1 % cream (g)	F$	
fluoride (sodium) 1.1 % gel (gram)	F$	
fluoride (sodium) 1mg(2.2mg) tab chew	F$	AL1 Up to 5 yrs old ACA Affordable Care Act
FLUORITAB *fluoride (sodium)*	F$$$	AL1 Up to 5 yrs old ACA Affordable Care Act
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA 162 MG/0.9 ML SYRINGE *tocilizumab*	F$$$	QL PA S Specialty Drug
ACTEMRA ACTPEN *tocilizumab*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
CIMZIA 2X200 MG/ML(X3)START KT *certolizumab pegol*	F$$$	QL PA S Specialty Drug
COSENTYX (2 SYRINGES) *secukinumab*	F$$$	PA S Specialty Drug
COSENTYX PEN *secukinumab*	F$$$	PA S Specialty Drug
COSENTYX PEN (2 PENS) *secukinumab*	F$$$	PA S Specialty Drug
COSENTYX SYRINGE *secukinumab*	F$$$	PA S Specialty Drug
ENBREL 25 MG KIT *etanercept*	F$$$	QL PA S Specialty Drug
ENBREL 25 MG/0.5 ML SYRINGE *etanercept*	F$$$	QL PA S Specialty Drug
ENBREL 25 MG/0.5 ML VIAL *etanercept*	F$$$	QL PA S Specialty Drug
ENBREL 50 MG/ML SYRINGE *etanercept*	F$$$	QL PA S Specialty Drug
ENBREL MINI *etanercept*	F$$$	QL PA S Specialty Drug
ENBREL SURECLICK *etanercept*	F$$$	QL PA S Specialty Drug
HUMIRA *adalimumab*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
HUMIRA PEN *adalimumab*	F$$$	QL PA S Specialty Drug
HUMIRA PEN CROHN'S-UC-HS *adalimumab*	F$$$	QL PA S Specialty Drug
HUMIRA PEN PSOR-UVEITS-ADOL HS *adalimumab*	F$$$	QL PA S Specialty Drug
HUMIRA(CF) *adalimumab*	F$$$	QL PA S Specialty Drug
HUMIRA(CF) PEDI CROHN 80MG/0.8 *adalimumab*	F$$$	QL PA S Specialty Drug
HUMIRA(CF) PEN 40 MG/0.4 ML *adalimumab*	F$$$	QL PA S Specialty Drug
HUMIRA(CF) PEN 80 MG/0.8 ML *adalimumab*	F$$$	QL PA S Specialty Drug
HUMIRA(CF) PEN CROHN'S-UC-HS *adalimumab*	F$$$	QL PA S Specialty Drug
HUMIRA(CF) PEN PEDIATRIC UC *adalimumab*	F$$$	QL PA S Specialty Drug
HUMIRA(CF) PEN PSOR-UV-ADOL HS *adalimumab*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
leflunomide	F$$	
OLUMIANT 1 MG TABLET *baricitinib*	F$$$	QL PA S Specialty Drug
OLUMIANT 2 MG TABLET *baricitinib*	F$$$	QL PA S Specialty Drug
OLUMIANT 4 MG TABLET *baricitinib*	F$$$	QL PA S Specialty Drug
ORENCIA 125 MG/ML SYRINGE *abatacept*	F$$$	QL PA S Specialty Drug
ORENCIA 50 MG/0.4 ML SYRINGE *abatacept*	F$$$	QL PA S Specialty Drug
ORENCIA 87.5 MG/0.7 ML SYRINGE *abatacept*	F$$$	QL PA S Specialty Drug
ORENCIA CLICKJECT *abatacept*	F$$$	QL PA S Specialty Drug
OTEZLA 28 DAY STARTER PACK *apremilast*	F$$$	QL PA S Specialty Drug
OTEZLA 30 MG TABLET *apremilast*	F$$$	QL PA S Specialty Drug
OTEZLA STARTER PACK *apremilast*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
RINVOQ *upadacitinib*	F$$$	QL PA S Specialty Drug
sulfasalazine 500 mg tablet	F$$	
sulfasalazine 500 mg tablet dr	F$$	
IMMUNOMODULATORY AGENTS		
AUBAGIO *teriflunomide*	F$$$	QL S Specialty Drug
AVONEX 30 MCG/0.5 ML SYRINGE *interferon beta-1a*	F$$$	QL S Specialty Drug
AVONEX PEN *interferon beta-1a*	F$$$	QL S Specialty Drug
AVONEX PREFILLED SYR 30 MCG KT *interferon beta-1a*	F$$$	QL S Specialty Drug
BAFIERTAM *monomethyl fumarate*	F$$$	QL PA S Specialty Drug
BETASERON 0.3 MG KIT *interferon beta-1b*	F$$$	QL S Specialty Drug
BETASERON 0.3 MG VIAL *interferon beta-1b*	F$$$	QL S Specialty Drug
dimethyl fumarate	F$$	QL S Specialty Drug
ENSPRYNG *satralizumab-mwge*	F$$$	PA S Specialty Drug
GILENYA *fingolimod hcl*	F$$$	QL S Specialty Drug
glatiramer acetate 20 mg/ml syringe	F$$	QL S Specialty Drug
glatiramer acetate 40 mg/ml syringe	F$$	QL S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
GLATOPA 20 MG/ML SYRINGE *glatiramer acetate*	F$$	QL S Specialty Drug
GLATOPA 40 MG/ML SYRINGE *glatiramer acetate*	F$$	QL S Specialty Drug
KESIMPTA PEN *ofatumumab*	F$$$	QL S Specialty Drug
MAYZENT 0.25 MG TABLET *siponimod*	F$$$	QL S Specialty Drug
MAYZENT 0.25MG START-1MG MAINT *siponimod*	F$$$	QL S Specialty Drug
MAYZENT 0.25MG START-2MG MAINT *siponimod*	F$$$	QL S Specialty Drug
MAYZENT 1 MG TABLET *siponimod*	F$$$	QL S Specialty Drug
MAYZENT 2 MG TABLET *siponimod*	F$$$	QL S Specialty Drug
PLEGRIDY *peginterferon beta-1a*	F$$$	QL S Specialty Drug
PLEGRIDY PEN *peginterferon beta-1a*	F$$$	QL S Specialty Drug
REBIF 22 MCG/0.5 ML SYRINGE *interferon beta-1a/albumin human*	F$$$	QL PA S Specialty Drug
REBIF 44 MCG/0.5 ML SYRINGE *interferon beta-1a/albumin human*	F$$$	QL PA S Specialty Drug
REBIF REBIDOSE 22 MCG/0.5 ML *interferon beta-1a/albumin human*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
REBIF REBIDOSE TITRATION PACK *interferon beta-1a/albumin human*	F$$$	QL PA S Specialty Drug
REBIF TITRATION PACK *interferon beta-1a/albumin human*	F$$$	QL PA S Specialty Drug
REDITREX *methotrexate/pf*	F$$$	PA
THALOMID *thalidomide*	F$$$	S Specialty Drug ONC
VUMERITY *diroximel fumarate*	F$$$	QL S Specialty Drug
ZEPOSIA 0.23-0.46 MG START PCK *ozanimod hydrochloride*	F$$$	QL PA S Specialty Drug
ZEPOSIA 0.23-0.46-0.92 MG KIT *ozanimod hydrochloride*	F$$$	QL PA S Specialty Drug
ZEPOSIA 0.92 MG CAPSULE *ozanimod hydrochloride*	F$$$	QL PA S Specialty Drug
IMMUNOSUPPRESSIVE AGENTS		
azathioprine 50 mg tablet	F$$	
cyclosporine 100 mg capsule	F$$	
cyclosporine 25 mg capsule	F$$	
cyclosporine, modified	F$$	
everolimus 0.25 mg tablet	F$$	PA
everolimus 0.5 mg tablet	F$$	PA
everolimus 0.75 mg tablet	F$$	PA
everolimus 1 mg tablet	F$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
GENGRAF *cyclosporine, modified*	F$$	
MAVENCLAD *cladribine*	F$$$	PA S Specialty Drug
mycophenolate mofetil	F$$	
mycophenolate sodium	F$$	
sirolimus	F$$	
tacrolimus 0.5 mg capsule	F$$	
tacrolimus 1 mg capsule	F$$	
tacrolimus 5 mg capsule	F$$	
KALLIKREIN-KININ SYSTEM INHIBITORS		
TAVNEOS *avacopan*	F$$$	PA S Specialty Drug
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST *rilonacept*	F$$$	PA S Specialty Drug
CERDELGA *eliglustat tartrate*	F$$$	PA S Specialty Drug
CYSTAGON *cysteamine bitartrate*	F$$$	
dalfampridine	F$$	QL PA S Specialty Drug
EVRYSDI *risdiplam*	F$$$	PA S Specialty Drug
GALAFOLD *migalastat hcl*	F$$$	QL PA S Specialty Drug
ILARIS *canakinumab/pf*	F$$$	QL PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ISTURISA *osilodrostat phosphate*	F$$$	PA S Specialty Drug
JAVYGTOR *sapropterin dihydrochloride*	F$$	PA S Specialty Drug
levocarnitine (with sugar)	F$$	
levocarnitine 100 mg/ml solution	F$$	
miglustat	F$$	PA S Specialty Drug
REZUROCK *belumosudil mesylate*	F$$$	QL PA S Specialty Drug ONC
RUZURGI *amifampridine*	F$$$	QL PA S Specialty Drug
sapropterin dihydrochloride	F$$	PA S Specialty Drug
THIOLA *tiopronin*	F$$$	PA S Specialty Drug
THIOLA EC *tiopronin*	F$$$	PA S Specialty Drug
tiopronin	F$$	PA S Specialty Drug
TYBOST *cobicistat*	F$$$	
VOXZOGO *vosoritide*	F$$$	PA S Specialty Drug
VYNDAMAX *tafamidis*	F$$$	PA S Specialty Drug
VYNDAQEL *tafamidis meglumine*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
ZOKINVY *lonafarnib*	F$$$	PA S Specialty Drug
PROTECTIVE AGENTS		
ELMIRON *pentosan polysulfate sodium*	F$$$	
NONHORMONAL CONTRACEPTIVES		
CAYA CONTOURED *diaphragms, contoured*	BEN	ACA Affordable Care Act
FC2 FEMALE CONDOM *condoms, female*	BEN	ACA Affordable Care Act
FEMCAP *cervical cap*	BEN	ACA Affordable Care Act
nonoxynol 9 12.5 % foam/appl	F$	ACA Affordable Care Act
nonoxynol 9 4 % gel/pf app	F$	ACA Affordable Care Act
OMNIFLEX DIAPHRAGM *diaphragms, wide seal*	BEN	ACA Affordable Care Act
TODAY CONTRACEPTIVE SPONGE *nonoxynol 9*	F$$$	ACA Affordable Care Act
WIDE SEAL DIAPHRAGM *diaphragms, wide seal*	BEN	ACA Affordable Care Act
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
celecoxib	F$$	
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
diclofenac potassium 50 mg tablet	F$$	
diclofenac sodium 1 % gel (gram)	F$$	
diclofenac sodium 100 mg tab er 24h	F$$	
diclofenac sodium 25 mg tablet dr	F$$	
diclofenac sodium 50 mg tablet dr	F$$	
diclofenac sodium 75 mg tablet dr	F$$	
DICLOFENAC SODIUM-1% GEL	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
diclofenac sodium/misoprostol	F$$	PA
diflunisal	F$$	PA
etodolac 200 mg capsule	F$	
etodolac 300 mg capsule	F$	
etodolac 400 mg tab er 24h	F$$	
etodolac 400 mg tablet	F$$	
etodolac 500 mg tab er 24h	F$$	
etodolac 500 mg tablet	F$$	
etodolac 600 mg tab er 24h	F$$	
fenoprofen calcium	F$$	PA
flurbiprofen	F$$	
ibuprofen 400 mg tablet	F$	
ibuprofen 600 mg tablet	F$	
ibuprofen 800 mg tablet	F$	
ibuprofen/famotidine	F$$	PA
indomethacin 25 mg capsule	F$	
indomethacin 50 mg capsule	F$	
indomethacin 75 mg capsule er	F$$	
ketoprofen 25 mg capsule	F$$	PA
ketoprofen 50 mg capsule	F$$	PA
ketoprofen 75 mg capsule	F$$	PA
ketorolac tromethamine 10 mg tablet	F$$	QL
meclofenamate sodium	F$$	PA
mefenamic acid	F$$	PA
meloxicam	F$	
nabumetone	F$$	
naproxen 250 mg tablet	F$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
naproxen 375 mg tablet	F$	
naproxen 375 mg tablet dr	F$$	
naproxen 500 mg tablet	F$	
naproxen 500 mg tablet dr	F$$	
naproxen/esomeprazole magnesium	F$$	PA
oxaprozin	F$$	PA
piroxicam	F$	
sulindac	F$$	
tolmetin sodium	F$$	PA
SALICYLATES		
aspirin 325 mg tablet	F$	ACA Affordable Care Act
aspirin 325 mg tablet dr	F$	ACA Affordable Care Act
aspirin 81 mg tab chew	F$	ACA Affordable Care Act
aspirin 81 mg tablet dr	F$	ACA Affordable Care Act
aspirin/omeprazole	F$$	PA
BAYER ASPIRIN 325 MG TABLET *aspirin*	F$	ACA Affordable Care Act
BAYER CHEWABLE ASPIRIN *aspirin*	F$$$	ACA Affordable Care Act
butalbital/aspirin/caffeine 50-325-40 capsule	F$	QL
salsalate	F$$	
OXYTOCICS		
methylergonovine maleate 0.2 mg tablet	F$$	
PARATHYROID AND ANTIPARATHYROID AGENTS ANTIPARATHYROID AGENTS		
calcitonin,salmon,synthetic 200/spray spray/pump	F$$	
cinacalcet hcl	F$$	
SENSIPAR *cinacalcet hcl*	F$$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PARATHYROID AGENTS		
FORTEO *teriparatide*	F$$$	PA S Specialty Drug
teriparatide	F$$	PA S Specialty Drug
TYMLOS *abaloparatide*	F$$$	PA S Specialty Drug
PENICILLIN ANTIBIOTICS AMINOPENICILLIN ANTIBIOTICS		
amoxicillin	F$	
amoxicillin/potassium clav 200-28.5/5 susp recon	F$$	
amoxicillin/potassium clav 200-28.5mg tab chew	F$$	
amoxicillin/potassium clav 250-125 mg tablet	F$$	
amoxicillin/potassium clav 250-62.5/5 susp recon	F$$	
amoxicillin/potassium clav 400-57mg tab chew	F$$	
amoxicillin/potassium clav 400-57mg/5 susp recon	F$$	
amoxicillin/potassium clav 500-125 mg tablet	F$$	
amoxicillin/potassium clav 600-42.9/5 susp recon	F$$	
amoxicillin/potassium clav 875-125 mg tablet	F$$	
ampicillin trihydrate	F$	
NATURAL PENICILLIN ANTIBIOTICS		
penicillin v potassium 125 mg/5ml soln recon	F$$	
penicillin v potassium 250 mg tablet	F$	
penicillin v potassium 250 mg/5ml soln recon	F$$	
penicillin v potassium 500 mg tablet	F$	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
PHARMACEUTICAL AIDS		
SHINGRIX ADJUVANT COMPONENT *vaccine adjuvant system, as01b/pf, component vial 1 of 2*	F$$$	QL
VAXCHORA BUFFER COMPONENT *cholera vaccine buffer component*	F$$$	
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	F$$	
ENTRESTO *sacubitril/valsartan*	F$$$	PREV
irbesartan	F$	PREV
irbesartan/hydrochlorothiazide	F$$	PREV
losartan potassium	F$	PREV
losartan potassium/hydrochlorothiazide	F$	PREV
olmesartan medoxomil	F$$	
olmesartan medoxomil/hydrochlorothiazide	F$$	
telmisartan	F$$	
telmisartan/hydrochlorothiazide	F$$	
valsartan 160 mg tablet	F$$	PREV
valsartan 320 mg tablet	F$$	PREV
valsartan 40 mg tablet	F$$	PREV
valsartan 80 mg tablet	F$$	PREV
valsartan/hydrochlorothiazide	F$$	PREV
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
benazepril hcl	F$	PREV
benazepril hcl/hydrochlorothiazide	F$$	PREV
captopril	F$$	PREV
captopril/hydrochlorothiazide	F$$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
enalapril maleate 10 mg tablet	F$$	PREV
enalapril maleate 2.5 mg tablet	F$$	PREV
enalapril maleate 20 mg tablet	F$$	PREV
enalapril maleate 5 mg tablet	F$$	PREV
enalapril maleate/hydrochlorothiazide	F$	PREV
fosinopril sodium	F$	PREV
fosinopril sodium/hydrochlorothiazide	F$$	PREV
lisinopril	F$	PREV
lisinopril/hydrochlorothiazide	F$	PREV
moexipril hcl	F$$	PREV
perindopril erbumine	F$$	PREV
quinapril hcl	F$	PREV
quinapril hcl/hydrochlorothiazide	F$$	PREV
ramipril	F$	PREV
trandolapril	F$$	PREV
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
eplerenone	F$$	PREV
spironolactone	F$$	PREV
spironolactone/hydrochlorothiazide	F$$	PREV
RESPIRATORY TRACT AGENTS ANTITUSSIVES		
benzonatate 100 mg capsule	F$$	
benzonatate 200 mg capsule	F$$	
codeine phosphate/guaifenesin 10-100mg/5 liquid	F$$	AQ1 At least 18 yrs old; 60 / 1 day(s)
codeine phosphate/guaifenesin 20-200/10 liquid	F$$	AQ1 At least 18 yrs old; 60 / 1 day(s)
hydrocodone polistirex/chlorpheniramine polistirex	F$$	PA AQ1 At least 18 yrs old; 10 / 1 DAY

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
promethazine hcl/dextromethorphan hbr	F$	
MUCOLYTIC AGENTS		
acetylcysteine 100 mg/ml vial	F$$	
acetylcysteine 200 mg/ml vial	F$$	
PULMOZYME *dornase alfa*	F$$$	QL PA S Specialty Drug
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP *roflumilast*	F$$$	PA PREV
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS *riociguat*	F$$$	PA S Specialty Drug
ambrisentan	F$$	PA S Specialty Drug
bosentan	F$$	PA S Specialty Drug
epoprostenol sodium	F$$	PA S Specialty Drug
epoprostenol sodium (glycine) 1.5 mg vial	F$$	PA S Specialty Drug
FLOLAN 1.5 MG VIAL *epoprostenol sodium (glycine)*	F$$$	PA S Specialty Drug
OPSUMIT *macitentan*	F$$$	PA S Specialty Drug
TRACLEER 32 MG TABLET FOR SUSP *bosentan*	F$$$	PA S Specialty Drug
treprostinil sodium	F$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
TYVASO *treprostinil*	F$$$	PA S Specialty Drug
TYVASO DPI *treprostinil*	F$$$	PA S Specialty Drug
TYVASO REFILL KIT *treprostinil/nebulizer accessories*	F$$$	PA S Specialty Drug
TYVASO STARTER KIT *treprostinil/nebulizer and accessories*	F$$$	PA S Specialty Drug
UPTRAVI 1,000 MCG TABLET *selexipag*	F$$$	PA S Specialty Drug
UPTRAVI 1,200 MCG TABLET *selexipag*	F$$$	PA S Specialty Drug
UPTRAVI 1,400 MCG TABLET *selexipag*	F$$$	PA S Specialty Drug
UPTRAVI 1,600 MCG TABLET *selexipag*	F$$$	PA S Specialty Drug
UPTRAVI 200 MCG TABLET *selexipag*	F$$$	PA S Specialty Drug
UPTRAVI 200-800 TITRATION PACK *selexipag*	F$$$	PA S Specialty Drug
UPTRAVI 400 MCG TABLET *selexipag*	F$$$	PA S Specialty Drug
UPTRAVI 600 MCG TABLET *selexipag*	F$$$	PA S Specialty Drug
UPTRAVI 800 MCG TABLET *selexipag*	F$$$	PA S Specialty Drug
VENTAVIS *iloprost tromethamine*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SKELETAL MUSCLE RELAXANTS CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		
carisoprodol 250 mg tablet	F$$	QL PA
carisoprodol 350 mg tablet	F$$	QL
carisoprodol/aspirin/codeine phosphate	F$$	QL PA
chlorzoxazone 500 mg tablet	F$$	
cyclobenzaprine hcl 10 mg tablet	F$$	
cyclobenzaprine hcl 5 mg tablet	F$$	
metaxalone	F$$	PA
methocarbamol 500 mg tablet	F$$	
methocarbamol 750 mg tablet	F$$	
tizanidine hcl 2 mg tablet	F$$	
tizanidine hcl 4 mg tablet	F$$	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
dantrolene sodium 100 mg capsule	F$$	
dantrolene sodium 25 mg capsule	F$$	
dantrolene sodium 50 mg capsule	F$$	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
baclofen 10 mg tablet	F$$	
baclofen 20 mg tablet	F$$	
baclofen 5 mg tablet	F$$	
SKIN AND MUCOUS MEMBRANE AGENTS ANTIPRURITICS AND LOCAL ANESTHETICS		
doxepin hcl 5 % cream (g)	F$$	QL PA
lidocaine 5 % adh. patch	F$$	QL PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
lidocaine/prilocaine	F$$	QL
lidocaine/tetracaine	F$$	PA
phenazopyridine hcl 100 mg tablet	F$	
phenazopyridine hcl 200 mg tablet	F$	
ASTRINGENTS		
DRYSOL *aluminum chloride*	F$$$	
CELL STIMULANTS AND PROLIFERANTS		
AVITA *tretinoin*	F$$	
tretinoin 0.01 % gel (gram)	F$$	
tretinoin 0.025 % cream (g)	F$$	
tretinoin 0.025 % gel (gram)	F$$	
tretinoin 0.05 % cream (g)	F$$	
tretinoin 0.1 % cream (g)	F$$	
KERATOLYTIC AGENTS		
sulfacetamide sodium/sulfur 10-5%(w/v) lotion	F$$	
sulfacetamide sodium/sulfur 10-5%(w/w) cleanser	F$$	QL
sulfacetamide sodium/sulfur 10-5%(w/w) cream (g)	F$$	
sulfacetamide sodium/sulfur 10-5%(w/w) lotion	F$$	
urea 40 % cream (g)	F$$	
urea 40 % lotion	F$$	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
acitretin	F$$	
adapalene 0.1 % cream (g)	F$$	PA
adapalene 0.1 % gel (gram)	F$$	
adapalene 0.3 % gel (gram)	F$$	PA
adapalene 0.3 % gel w/pump	F$$	PA
AMNESTEEM *isotretinoin*	F$$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
azelaic acid	F$$	
calcipotriene 0.005 % cream (g)	F$$	QL
calcipotriene 0.005 % oint. (g)	F$$	QL
calcipotriene 0.005 % solution	F$$	QL
calcitriol 3 mcg/g oint. (g)	F$$	PA
CLARAVIS *isotretinoin*	F$$	
dapsone 5 % gel (gram)	F$$	
DIFFERIN 0.1% GEL *adapalene*	F$$$	
DUPIXENT 200 MG/1.14 ML SYRING *dupilumab*	F$$$	PA S Specialty Drug
DUPIXENT 300 MG/2 ML SYRINGE *dupilumab*	F$$$	PA S Specialty Drug
DUPIXENT PEN *dupilumab*	F$$$	PA S Specialty Drug
imiquimod 5 % cream pack	F$$	
isotretinoin 10 mg capsule	F$$	
isotretinoin 20 mg capsule	F$$	
isotretinoin 30 mg capsule	F$$	
isotretinoin 40 mg capsule	F$$	
MYORISAN *isotretinoin*	F$$	
pimecrolimus	F$$	QL
podofilox	F$$	
SKYRIZI (2 SYRINGES) KIT *risankizumab-rzaa*	F$$$	PA S Specialty Drug
SKYRIZI 150 MG/ML SYRINGE *risankizumab-rzaa*	F$$$	PA S Specialty Drug
SKYRIZI 75 MG/0.83 ML SYRINGE *risankizumab-rzaa*	F$$$	PA S Specialty Drug

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SKYRIZI PEN *risankizumab-rzaa*	F$$$	PA S Specialty Drug
STELARA 45 MG/0.5 ML SYRINGE *ustekinumab*	F$$$	PA S Specialty Drug
STELARA 45 MG/0.5 ML VIAL *ustekinumab*	F$$$	PA S Specialty Drug
STELARA 90 MG/ML SYRINGE *ustekinumab*	F$$$	PA S Specialty Drug
tacrolimus 0.03 % oint. (g)	F$$	QL
tacrolimus 0.1 % oint. (g)	F$$	QL
tazarotene 0.05 % gel (gram)	F$$	QL PA
tazarotene 0.1 % cream (g)	F$$	QL
tazarotene 0.1 % gel (gram)	F$$	QL PA
TAZORAC 0.05% CREAM *tazarotene*	F$$$	QL PA
TAZORAC 0.05% GEL *tazarotene*	F$$$	QL PA
TAZORAC 0.1% GEL *tazarotene*	F$$$	QL PA
ZENATANE *isotretinoin*	F$$	
SMOOTH MUSCLE RELAXANTS RESPIRATORY SMOOTH MUSCLE RELAXANTS		
theophylline anhydrous 300 mg tab er 12h	F$$	PREV
theophylline anhydrous 400 mg tab er 24h	F$$	PREV
theophylline anhydrous 450 mg tab er 12h	F$$	PREV
theophylline anhydrous 600 mg tab er 24h	F$$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SOMATOSTATIN AGONISTS AND ANTAGONISTS SOMATOSTATIN AGONISTS		
BYNFEZIA *octreotide acetate*	F$$$	PA S Specialty Drug
octreotide acetate	F$$	S Specialty Drug
SANDOSTATIN LAR DEPOT *octreotide acetate, microspheres*	F$$$	S Specialty Drug
SIGNIFOR *pasireotide diaspartate*	F$$$	PA S Specialty Drug
SYMPATHOMIMETIC (ADRENERGIC) AGENTS ALPHA- AND BETA-ADRENERGIC AGONISTS		
EPINEPHRINE 0.15 MG AUTO-INJCT (TEVA)	F$$	
EPINEPHRINE 0.15 MG AUTO-INJECT (Generic for Adrenaclick)	F$$	
EPINEPHRINE 0.15 MG AUTO-INJECT (Generic for Epi-Pen Jr / Mylan)	F$$	
epinephrine 0.15/0.15 auto injct	F$$	
EPINEPHRINE 0.3 MG AUTO-INJECT (Generic for Adrenaclick)	F$$	
EPINEPHRINE 0.3 MG AUTO-INJECT (Generic for Epi-Pen / Mylan)	F$$	
EPINEPHRINE 0.3 MG AUTO-INJECT (TEVA)	F$$	
SYMJEPI *epinephrine*	F$$$	
ALPHA-ADRENERGIC AGONISTS		
midodrine hcl	F$$	
TETRACYCLINE ANTIBIOTICS AMINOMETHYLCYCLINES		
NUZYRA 150 MG TABLET *omadacycline tosylate*	F$$$	PA

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
methimazole	F$	
propylthiouracil	F$$	
THYROID AGENTS		
levothyroxine sodium 100 mcg tablet	F$$	
levothyroxine sodium 112 mcg tablet	F$$	
levothyroxine sodium 125 mcg tablet	F$$	
levothyroxine sodium 137 mcg tablet	F$$	
levothyroxine sodium 150 mcg tablet	F$$	
levothyroxine sodium 175 mcg tablet	F$$	
levothyroxine sodium 200 mcg tablet	F$$	
levothyroxine sodium 25 mcg tablet	F$$	
levothyroxine sodium 300 mcg tablet	F$$	
levothyroxine sodium 50 mcg tablet	F$$	
levothyroxine sodium 75 mcg tablet	F$$	
levothyroxine sodium 88 mcg tablet	F$$	
liothyronine sodium 25 mcg tablet	F$$	
liothyronine sodium 5 mcg tablet	F$$	
liothyronine sodium 50 mcg tablet	F$$	
SYNTHROID *levothyroxine sodium*	F$$$	
URINE AND FECES CONTENTS		
KETONES		
KETONE TEST STRIP *urine acetone test,strips*	BEN	DS
KETOSTIX REAGENT *urine acetone test,strips*	BEN	DS
TRUEPLUS KETONE TEST STRIP *urine acetone test,strips*	BEN	DS

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
SUGAR		
DIASTIX REAGENT *urine glucose test strip*	BEN	DS
Uncategorized Unclassified		
amcinonide 0.1 % oint. (g)	F$$	PA
ondansetron hcl 24 mg tablet	F$$	
VASODILATING AGENTS NITRATES AND NITRITES		
isosorbide dinitrate 10 mg tablet	F$$	
isosorbide dinitrate 20 mg tablet	F$$	
isosorbide dinitrate 30 mg tablet	F$$	
isosorbide dinitrate 5 mg tablet	F$$	
isosorbide mononitrate 10 mg tablet	F$$	
isosorbide mononitrate 120 mg tab er 24h	F$$	
isosorbide mononitrate 20 mg tablet	F$$	
isosorbide mononitrate 30 mg tab er 24h	F$$	
isosorbide mononitrate 60 mg tab er 24h	F$$	
NITRO-BID *nitroglycerin*	F$$$	
nitroglycerin 0.1mg/hr patch td24	F$$	
nitroglycerin 0.2mg/hr patch td24	F$$	
nitroglycerin 0.3 mg tab subl	F$$	
nitroglycerin 0.4 mg tab subl	F$$	
nitroglycerin 0.4mg/hr patch td24	F$$	
nitroglycerin 0.6 mg tab subl	F$$	
nitroglycerin 0.6mg/hr patch td24	F$$	
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
SILDENAFIL 20 MG TABLET (GENERIC FOR REVATIO)	F$$	QL SD

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
sildenafil citrate 100 mg tablet	F$$	SD
sildenafil citrate 25 mg tablet	F$$	SD
sildenafil citrate 50 mg tablet	F$$	SD
tadalafil 10 mg tablet	F$$	SD
tadalafil 2.5 mg tablet	F$$	QL SD
tadalafil 20 mg tablet	F$$	SD
TADALAFIL 20 MG TABLET (GENERIC FOR ADCIRCA)	F$$	QL PA
tadalafil 5 mg tablet	F$$	QL SD
VASODILATING AGENTS, MISCELLANEOUS		
aspirin/dipyridamole	F$$	PREV
dipyridamole	F$$	PREV
VERQUVO *vericiguat*	F$$$	PA
VITAMINS MULTIVITAMIN PREPARATIONS		
multivitamin combination no.51/ferrous fumarate/folic acid	F$$	PA
O-CAL PRENATAL *prenatal vit with calcium no.127/ferrous fumarate/folic acid*	F$	PREV
PRENATA *prenatal vitamins no.37/ferrous fumarate/folic acid*	F$$$	
PRENATABS FA *prenatal vits with calcium no.78/ferrous fumarate/folic acid*	F$	PREV
PRENATABS RX *prenatal vitamin with calcium no.76/iron,carbonyl/folic acid*	F$$	PREV
prenatal vit/iron fum/folic ac 65 mg-1 mg tablet	F$	PREV

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
prenatal vitamin 27 with calcium/ferrous fumarate/folic acid	F$$$	
prenatal vitamin with calcium no.76/iron,carbonyl/folic acid	F$$	PREV
prenatal vitamins no.14/ferrous fumarate/folic acid	F$$	PREV
prenatal vits with calcium 118/ferrous fumarate/folic acid	F$	
prenatal vits with calcium no.72/ferrous fumarate/folic acid	F$	PREV
prenatal vits with calcium no.72/iron,carbonyl/folic acid	F$	PREV
prenatal vits with calcium no.78/ferrous fumarate/folic acid	F$	
PRENATE ELITE *prenatal vitamins no.36/ferrous fumarate/folate comb. no.6*	F$$$	
PUREFE OB PLUS *multivit-mins no.73/iron fumarate,polysacc comp/folic acid*	F$	
TRINATE *prenatal vits with calcium no.73/ferrous fumarate/folic acid*	F$$	PREV
VITAMIN B COMPLEX		
cyanocobalamin (vitamin b-12) 1000mcg/ml vial	F$	
DODEX *cyanocobalamin (vitamin b-12)*	F$	
folic acid 0.4 mg tablet	F$	ACA Affordable Care Act
folic acid 0.8 mg tablet	F$	ACA Affordable Care Act
folic acid 1 mg tablet	F$	
VITAMIN D		
calcitriol 0.25 mcg capsule	F$$	
calcitriol 0.5 mcg capsule	F$$	
calcitriol 1 mcg/ml solution	F$$	
ergocalciferol (vitamin d2) 1250 mcg capsule	F$	

DRUG DESCRIPTION (RX)	TYPE	LIMITS & RESTRICTIONS
VITAMIN K ACTIVITY		
phytonadione (vit k1) 5 mg tablet	F$$	QL

Index of covered drugs

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z