Prescribing Guide – Standard Control for Clients with Advanced Control Specialty Formulary® for Kansas State Employees Specialty Drug Listing

Effective October 1, 2026

The 2026 Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary® for Kansas State Employees is intended to be a useful reference and informational tool for medical providers. It is intended to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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INTRODUCTION

We are pleased to provide the 2026 ***Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary®*** for Kansas State Employees as a useful reference and informational tool. The ***Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary®*** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The ***Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary®*** is reflective of current medical practice as of the date of review.

The information contained in this ***Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary®*** is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This ***Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary®*** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the ***Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary®*** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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

National guidelines can be found on the National Guideline Clearinghouse site at https://www.ahrq.gov/gam/.

PREFACE

The ***Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary®*** is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. ***This Formulary includes Specialty medications only***.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. Pharmacy law requires a valid prescription for purchase of needles and syringes in

certain states. OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription.

Drugs represented in the ***Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary®*** may have varying cost to the plan member. Prescription benefit plan may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lowest cost, brand-name medications on the ***Prescribing Guide - Standard Control for Clients with Advanced Control Specialty Formulary®*** will generally cost more than generics, and brand-name medications not on the list will generally cost the most. **For specific information regarding your prescription benefit coverage and cost sharing, or if you have additional questions, please visit https://sehp.healthbenefitsprogram.ks.gov/or call the Kansas State Employees Prescription Drug Program at 1-800-294-6324.**

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve clinically appropriate drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark® employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

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

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

LEGEND

Abbreviation	Description
OTC	Over the counter
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

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

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

Drug Name	Requirements/Limits
ANALGESICS	
VISCOSUPPLEMENTS	
DUROLANE PRSY 60MG/3ML	
EUFLEXXA SOSY 20MG/2ML	
GELSYN-3 SOSY 16.8MG/2ML	
ORTHOVISC SOSY 30MG/2ML	
ANTI-INFECTIVES	
ANTIRETROVIRAL AGENTS	
abacavir sulfate soln 20mg/ml; tabs 300mg	
APRETUDE SUER 600MG/3ML	
atazanavir sulfate caps 150mg, 200mg, 300mg	
darunavir tabs 600mg, 800mg	
efavirenz tabs 600mg	
emtricitabine caps 200mg	
etravirine tabs 100mg, 200mg	
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	
ISENTRESS HD TABS 600MG	
lamivudine soln 10mg/ml; tabs 150mg, 300mg	
maraviroc tabs 150mg, 300mg	
nevirapine susp 50mg/5ml; tabs 200mg; tb24 400mg	
rilpivirine hcl tabs 25mg	
ritonavir tabs 100mg	
tenofovir disoproxil fumarate tabs 300mg	
TIVICAY TABS 50MG	
TIVICAY PD TBSO 5MG	
YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	
zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg	
ANTIRETROVIRAL COMBINATION AGENTS	
abacavir sulfate-lamivudine tab 600-300 mg	
BIKTARVY TAB	
CABENUVA SUS 400-600	
CABENUVA SUS 600-900	
CIMDUO TAB 300-300	
DESCOVY TAB 120-15MG	
DESCOVY TAB 200/25MG	
DOVATO TAB 50-300MG	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	

Drug Name	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	
GENVOYA TAB	
lamivudine-zidovudine tab 150-300 mg	
lopinavir-ritonavir tab 100-25 mg	
lopinavir-ritonavir tab 200-50 mg	
ODEFSEY TAB	
SYMTUZA TAB	
TRIUMEQ PD TAB	
TRIUMEQ TAB	
HEPATITIS B	
entecavir tabs .5mg, 1mg	
lamivudine (hbv) tabs 100mg	
tenofovir disoproxil fumarate tabs 300mg	
HEPATITIS C	
EPCLUSA PAK 150-37.5	Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	Genotypes 1, 4, 5, 6
ribavirin (hepatitis c) caps 200mg; tabs 200mg	
VOSEVI TAB	For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	
ANTIMETABOLITES	
capecitabine tabs 150mg, 500mg	
LONSURF TAB 15-6.14	
LONSURF TAB 20-8.19	
BIOLOGIC RESPONSE MODIFIERS	
ERIVEDGE CAPS 150MG	

Drug Name	Requirements/Limits
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	
THALOMID CAPS 50MG, 100MG	
BIOSIMILARS	
KANJINTI SOLR 150MG, 420MG	
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	
TRAZIMERA SOLR 150MG, 420MG	
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	
HORMONAL ANTINEOPLASTIC AGENTS	
abiraterone acetate tabs 250mg, 500mg	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	
ERLEADA TABS 60MG, 240MG	
leuprolide acetate kit 1mg/0.2ml	
NUBEQA TABS 300MG	
XTANDI CAPS 40MG; TABS 40MG, 80MG	
YONSA TABS 125MG	
KINASE INHIBITORS	
ALECENSA CAPS 150MG	
ALUNBRIG TABS 30MG, 90MG, 180MG	
ALUNBRIG PAK	
AUGTYRO CAPS 40MG, 160MG	
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	
BRAFTOVI CAPS 75MG	
BRUKINSA CAPS 80MG; TABS 160MG	
CABOMETYX TABS 20MG, 40MG, 60MG	
CALQUENCE TABS 100MG	
dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	
erlotinib hcl tabs 25mg, 100mg, 150mg	
everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg	
GAVRETO CAPS 100MG	
gefitinib tabs 250mg	
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	
IBTROZI CAPS 200MG	
imatinib mesylate tabs 100mg, 400mg	
INLYTA TABS 1MG, 5MG	
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	
JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG	
KISQALI TBPK 200MG	
KISQALI 200 PAK FEMARA	

Drug Name	Requirements/Limits
KISQALI 400 PAK FEMARA	
KISQALI 600 PAK FEMARA	
KOSELUGO CAPS 10MG, 25MG; CPSP 5MG, 7.5MG	
lapatinib ditosylate tabs 250mg	
LENVIMA 4 MG DAILY DOSE CPPK 4MG	
LENVIMA 8 MG DAILY DOSE CPPK 4MG	
LENVIMA 10 MG DAILY DOSE CPPK 10MG	
LENVIMA 12MG DAILY DOSE CPPK 4MG	
LENVIMA 20 MG DAILY DOSE CPPK 10MG	
LENVIMA CAP 14 MG	
LENVIMA CAP 18 MG	
LENVIMA CAP 24 MG	
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	
MEKTOVI TABS 15MG	
nilotinib hcl caps 50mg, 150mg, 200mg	
pazopanib hcl tabs 200mg, 400mg	
PIQRAY 200MG DAILY DOSE TBPK 200MG	
PIQRAY 250MG TAB DOSE	
PIQRAY 300MG DAILY DOSE TBPK 150MG	
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	
RYDAPT CAPS 25MG	
SCEMBLIX TABS 20MG, 40MG, 100MG	
sorafenib tosylate tabs 200mg	
STIVARGA TABS 40MG	
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	
TAGRISSO TABS 40MG, 80MG	
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	
TURALIO CAPS 125MG	
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	
XOSPATA TABS 40MG	
ZYKADIA TABS 150MG	
MISCELLANEOUS	
bexarotene caps 75mg	
KRAZATI TABS 200MG	
LUMAKRAS TABS 120MG, 240MG, 320MG	
LYNPARZA TABS 100MG, 150MG	
ODOMZO CAPS 200MG	
VISTOGARD PACK 10GM	
ZEJULA TABS 100MG, 200MG, 300MG	
MONOCLONAL ANTIBODIES	
PHESGO SOL	

Drug Name	Requirements/Limits
POLYCYTHEMIA VERA	
BESREMI SOSY 500MCG/ML	
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	
JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG	
PROTEASOME INHIBITORS	
bortezomib solr 3.5mg	
NINLARO CAPS 2.3MG, 3MG, 4MG	
CARDIOVASCULAR	
ANTILIPEMICS, PCSK9 INHIBITORS	
REPATHA SOSY 140MG/ML	
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	
REPATHA SURECLICK SOAJ 140MG/ML	
MISCELLANEOUS	
VYNDAMAX CAPS 61MG	
PULMONARY ARTERIAL HYPERTENSION	
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	
ambrisentan tabs 5mg, 10mg	
bosentan tabs 62.5mg, 125mg; tbso 32mg	
OPSUMIT TABS 10MG	
OPSYNVI TAB 10-20MG	
OPSYNVI TAB 10-40MG	
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	
ORENITRAM TAB MONTH 1	
ORENITRAM TAB MONTH 2	
ORENITRAM TAB MONTH 3	
sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg	
tadalafil (pulmonary hypertension) tabs 20mg	
TADLIQ SUSP 20MG/5ML	
treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	
TYVASO DPI POW 16-32-48	
TYVASO DPI POW MAIN KIT	
TYVASO STARTER KIT SOLN .6MG/ML	
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	
UPTRAVI PACK TAB 200/800	
YUTREPIA CAPS 26.5MCG, 53MCG, 79.5MCG, 106MCG	

Drug Name	Requirements/Limits
CENTRAL NERVOUS SYSTEM	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	
RADICAVA ORS SUSP 105MG/5ML	
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	
ANTIDEPRESSANTS	
ZURZUVAE CAPS 20MG, 25MG, 30MG	
ANTIPARKINSONIAN AGENTS	
INBRIJA CAPS 42MG	
ANTISEIZURE AGENTS	
vigabatrin pack 500mg; tabs 500mg	
BOTULINUM TOXINS	
DAXXIFY SOLR 100UNIT	
DYSPORT SOLR 300UNIT, 500UNIT	
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	
MISCELLANEOUS	
ENSPRYNG SOSY 120MG/ML	
MOVEMENT DISORDERS	
AUSTEDO TABS 6MG, 9MG, 12MG	
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	
INGREZZA CAP 40-80MG	
tetrabenazine tabs 12.5mg, 25mg	
MULTIPLE SCLEROSIS AGENTS	
AVONEX PSKT 30MCG/0.5ML	
AVONEX PEN AJKT 30MCG/0.5ML	
BAFIERTAM CPDR 95MG	
BETASERON KIT .3MG	
BRIUMVI SOLN 150MG/6ML	
dimethyl fumarate cpdr 120mg, 240mg	
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	
fingolimod hcl caps .5mg	
glatiramer acetate sosy 20mg/ml, 40mg/ml	
KESIMPTA SOAJ 20MG/0.4ML	
MAYZENT TABS .25MG, 1MG, 2MG	
MAYZENT STARTER PACK TBPK .25MG	
OCREVUS SOLN 300MG/10ML	
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	
REBIF REBIDO INJ TITRATN	
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	
teriflunomide tabs 7mg, 14mg	
TYRUKO CONC 300MG/15ML	
VUMERITY CPDR 231MG	
ZEPOSIA CAPS .92MG	

Drug Name	Requirements/Limits
ZEPOSIA 7DAY CAP STR PACK	
ZEPOSIA CAP STR KIT	
MYASTHENIA GRAVIS	
EPYSQLI SOLN 300MG/30ML	
VYVGART SOLN 400MG/20ML	
VYVGART INJ HYTRULO	
NARCOLEPSY/CATAPLEXY	
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	
LUMRYZ PAK STARTER	
WAKIX TABS 4.45MG, 17.8MG	
XYWAV SOL 0.5GM/ML	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
octreotide acetate kit 10mg, 20mg, 30mg	
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	
CALCIUM RECEPTOR AGONISTS	
cinacalcet hcl tabs 30mg, 60mg, 90mg	
CALCIUM REGULATORS, BISPHOSPHONATES	
zoledronic acid conc 4mg/5ml; soln 5mg/100ml	
CALCIUM REGULATORS, MISCELLANEOUS	
OSENVELT SOLN 120MG/1.7ML	
OSPOMYV SOSY 60MG/ML	
STOBOCLO SOSY 60MG/ML	
CALCIUM REGULATORS, PARATHYROID HORMONES	
BONSITY SOPN 560MCG/2.24ML	
teriparatide sopn 560mcg/2.24ml	
TERIPARATIDE SOPN 560MCG/2.24ML	
TYMLOS SOPN 3120MCG/1.56ML	
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45MG	
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	
LUPRON DEPOT-PED (6-MONTH KIT 45MG	
SUPPRELIN LA KIT 50MG	
TRIPTODUR SRER 22.5MG	
CHELATING AGENTS	
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg	
deferiprone tabs 500mg, 1000mg	
deferoxamine mesylate solr 2gm, 500mg	
penicillamine caps 250mg; tabs 250mg	
trientine hcl caps 250mg	

Drug Name	Requirements/Limits
CONTRACEPTIVES	
KYLEENA IUD 19.5MG	
MIRENA IUD 21MCG/DAY	
SKYLA IUD 13.5MG	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	
HUMAN GROWTH HORMONES	
HUMATROPE CART 6MG, 12MG, 24MG	
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	
LYSOSOMAL STORAGE DISORDERS	
NEXVIAZYME SOLR 100MG	
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	
ELFABRIO SOLN 5MG/2.5ML, 20MG/10ML	
FABRAZYME SOLR 5MG, 35MG	
GALAFOLD CAPS 123MG	
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE	
CERDELGA CAPS 84MG	
CEREZYME SOLR 400UNIT	
MISCELLANEOUS	
betaine powder for oral solution	
CYSTAGON CAPS 50MG, 150MG	
mifepristone (hyperglycemia) tabs 300mg	
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	
tolvaptan tbpk 15mg	
tolvaptan (hyponatremia) tabs 15mg, 30mg	
tolvaptan tab therapy pack 30 & 15 mg	
tolvaptan tab therapy pack 45 & 15 mg	
tolvaptan tab therapy pack 60 & 30 mg	
tolvaptan tab therapy pack 90 & 30 mg	
UREA CYCLE DISORDER	
carglumic acid tbso 200mg	
glycerol phenylbutyrate liqd 1.1gm/ml	
PHEBURANE PLLT 483MG/GM	
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	
GASTROINTESTINAL	
EOSINOPHILIC ESOPHAGITIS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	

Drug Name	Requirements/Limits
MISCELLANEOUS	
IQIRVO TABS 80MG	
GENITOURINARY	
MISCELLANEOUS	
FILSPARI TABS 200MG, 400MG	
tiopronin tabs 100mg; tbec 100mg, 300mg	
VANRAFIA TABS .75MG	
HEMATOLOGIC	
BLEEDING DISORDERS AGENTS	
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	
SEVENFACT SOLR 1MG, 2MG, 5MG	
WILATE INJ	
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	
FULPHILA SOSY 6MG/0.6ML	
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	
NYVEPRIA SOSY 6MG/0.6ML	
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	
HEMOPHILIA A AGENTS	
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	
ALTUVIIIO SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	

Drug Name	Requirements/Limits
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	
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BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080MG/20ML	
EPYSQLI SOLN 300MG/30ML	
SICKLE CELL DISEASE	
ENDARI PACK 5GM	
glutamine (sickle cell) pack 5gm	
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	
DOPTELET TABS 20MG	
DOPTELET SPRINKLE CPSP 10MG	
eltrombopag olamine pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg	
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	
ALOPECIA AREATA	
LITFULO CAPS 50MG	
OLUMIANT TABS 1MG, 2MG, 4MG	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100MG	
ILUMYA SOSY 100MG/ML	
PYZCHIVA SOLN 130MG/26ML	
REMICADE SOLR 100MG	
SIMPONI ARIA SOLN 50MG/4ML	
SKYRIZI SOLN 600MG/10ML	
STELARA SOLN 130MG/26ML	
TREMFYA SOLN 200MG/20ML	
YESINTEK SOLN 130MG/26ML	

Drug Name	Requirements/Limits
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	
ENBREL MINI SOCT 50MG/ML	
ENBREL SURECLICK SOAJ 50MG/ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	
COSENTYX UNOREADY SOAJ 300MG/2ML	
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	
ENBREL MINI SOCT 50MG/ML	
ENBREL SURECLICK SOAJ 50MG/ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX
RINVOQ TB24 15MG	
tofacitinib citrate tabs 5mg; tb24 11mg	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
ENTYVIO PEN SOAJ 108MG/0.68ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX
RINVOQ TB24 15MG, 30MG, 45MG	

Drug Name	Requirements/Limits
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	
SKYRIZI PEN SOAJ 150MG/ML	
TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML	
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	
COSENTYX UNOREADY SOAJ 300MG/2ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	
CIMZIA (2 SYRINGE) PSKT 200MG/ML	
CIMZIA STARTER KIT PSKT 200MG/ML	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	
RINVOQ TB24 15MG	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
BIMZELX SOAJ 160MG/ML, 320MG/2ML; SOSY 160MG/ML, 320MG/2ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX
OTEZLA TABS 20MG, 30MG	
OTEZLA TAB 10/20	
OTEZLA TAB 10/20/30	
OTEZLA XR TB24 75MG	
OTEZLA/XR TAB 28 DAY	

Drug Name	Requirements/Limits
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX
SKYRIZI SOSY 150MG/ML	
SKYRIZI PEN SOAJ 150MG/ML	
SOTYKTU TABS 6MG	
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	
COSENTYX UNOREADY SOAJ 300MG/2ML	
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	
ENBREL MINI SOCT 50MG/ML	
ENBREL SURECLICK SOAJ 50MG/ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX
OTEZLA TABS 20MG, 30MG	
OTEZLA TAB 10/20	
OTEZLA TAB 10/20/30	
OTEZLA XR TB24 75MG	
OTEZLA/XR TAB 28 DAY	
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX
RINVOQ TB24 15MG	
RINVOQ LQ SOLN 1MG/ML	
SKYRIZI SOSY 150MG/ML	
SKYRIZI PEN SOAJ 150MG/ML	
tofacitinib citrate soln 1mg/ml; tabs 5mg; tb24 11mg	
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	

Drug Name	Requirements/Limits
ENBREL MINI SOCT 50MG/ML	
ENBREL SURECLICK SOAJ 50MG/ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	
ORENCIA SOSY 125MG/ML	
ORENCIA CLICKJECT SOAJ 125MG/ML	
RINVOQ TB24 15MG	
tofacitinib citrate tabs 5mg; tb24 11mg	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	
ENTYVIO PEN SOAJ 108MG/0.68ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX
RINVOQ TB24 15MG, 30MG, 45MG	
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	
SKYRIZI PEN SOAJ 150MG/ML	
tofacitinib citrate tabs 5mg, 10mg; tb24 11mg, 22mg	
TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML	
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	
VELSIPITY TABS 2MG	
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	
ZEPOSIA CAPS .92MG	
ZEPOSIA 7DAY CAP STR PACK	
ZEPOSIA CAP STR KIT	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	

Drug Name	Requirements/Limits
HEREDITARY ANGIOEDEMA	
icatibant acetate sosy 30mg/3ml	
ORLADEYO CAPS 110MG, 150MG; PACK 72MG, 96MG, 108MG, 132MG	
RUCONEST SOLR 2100UNIT	
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	
IMMUNOGLOBULIN	
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	
IMMUNOSUPPRESSANTS	
cyclosporine caps 25mg, 100mg; soln 50mg/ml	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	
mycophenolate mofetil hcl solr 500mg	
mycophenolate sodium tbec 180mg, 360mg	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	
tacrolimus caps .5mg, 1mg, 5mg	
OPHTHALMIC	
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
ARALAST NP SOLR 500MG, 1000MG	
GLASSIA SOLN 4GM/200ML, 5GM/250ML, 1000MG/50ML	
ZEMAIRA SOLR 1000MG, 4000MG, 5000MG	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Except lyophilized powder
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Except lyophilized powder

Drug Name	Requirements/Limits
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	
CYSTIC FIBROSIS	
tobramycin nebu 300mg/4ml, 300mg/5ml	
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	
pirfenidone caps 267mg; tabs 267mg, 801mg	
SEVERE ASTHMA AGENTS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	
FASENRA SOSY 10MG/0.5ML, 30MG/ML	
FASENRA PEN SOAJ 30MG/ML	
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Except lyophilized powder
TEZSPIRE SOSY 210MG/1.91ML	
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	
TOPICAL	
DERMATOLOGY, ATOPIC DERMATITIS	
CIBINQO TABS 50MG, 100MG, 200MG	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	
EBGLYSS SOAJ 250MG/2ML; SOSY 250MG/2ML	
NEMLUVIO AUIJ 30MG	
RINVOQ TB24 15MG, 30MG, 45MG	
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DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	
DERMATOLOGY, PRURIGO NODULARIS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	
NEMLUVIO AUIJ 30MG	

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