



Kansas City

MEMBER **2022**
PREMIUM DRUG LIST

For group HMO, PPO and EPO members with an insurance plan that includes a prescription drug benefit

Effective January 1, 2022

Blue Cross and Blue Shield of Kansas City 2022 Premium Drug List

Introduction

The Prescription Drug List (PDL) has been developed and is maintained by the Medical and Pharmacy Management Committee of Blue Cross and Blue Shield of Kansas City (Blue KC). The committee is composed of practicing doctors and pharmacists within the Kansas City area. Quarterly meetings are held to evaluate new drug therapies and review drug utilization issues.

Medications are evaluated on the basis of safety, effectiveness, adverse events, proven advantages over existing agents and cost. Tier 1 medications are typically generic drugs that contain the same active ingredients as brand name drugs and have the lowest copay. New drugs will require an exception or prior authorization until they are reviewed by the committee.

While extensive, this is not an exhaustive list of all available medications and this list is subject to change. See the most current PDL by visiting your member portal at MyBlueKC.com. If you require additional information or clarification, contact our Clinical Pharmacy unit at 816-395-2176 or 800-228-1436.

Please be aware that as new products are released and post-marketing information on existing therapies becomes available, changes in the PDL status may occur. The committee may also implement prior authorization or other utilization management processes as deemed necessary. Doctors and pharmacists will be notified of any such changes via direct mailings.

How to use this list:

- 1 Find the page number for your drug by searching the alphabetical index at the end.
- 2 Locate your drug and identify the Drug Tier. You will also want to note restrictions and preferred alternatives if applicable.
- 3 Refer to the Drug Tier description tables at the end of this introduction to identify the tier copay for your drug (based on the benefit schedule described in your member certificate or in your Blue KC benefit summary).

Prior Authorization/Drug Utilization Management

Some drugs have coverage rules or have limits on the amount dispensed. In some cases, the prescriber must do something in order to obtain the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, the prescriber must get approval from BlueKC before the prescription can be filled. Without that approval, the drug may not be covered.
- **Quantity limits:** For some drugs, there are limits to the amount of drug that may be obtained.
- **Step Therapy:** For some drugs, BlueKC requires step therapy. This means that drugs will have to be tried in a certain order for a medical condition. If the doctor feels that the first drugs are not appropriate, the prescriber will have to submit a prior authorization request.

Prescribers may request exceptions to these coverage rules or limits by submitting an electronic prior authorization request form. www.BlueKC.com > Providers > Forms > Prior Authorizations for Medications.

HOW TO REACH US

Blue Cross and Blue Shield of Kansas City Pharmacy Services

P.O. Box 419169

Kansas City, MO 64141-2735

816-395-2176 or 800-228-1436

www.BlueKC.com

Frequently asked questions

What is the difference between brand name drugs and generic drugs?

When a drug company develops a new medication they apply for a patent. This patent protects the drug from being copied by other drug companies for a certain period of time. These drugs are brand name drugs. Once the patent period expires, other manufacturers can produce the same drug as long as they follow strict guidelines established by the Food and Drug Administration's (FDA) guidelines. These same drugs are generic drugs. Generic drugs are less expensive versions of those brand name drugs whose patents have expired. They are made with the same active ingredients of the brand name drug, but they may have a different color, shape or filler material. The cost of a generic drug is typically less than a brand name drug. All generic medications are approved by the FDA before they are released on the market.

What is the difference between a generic equivalent and a generic alternative?

A generic equivalent is a medication that contains the same active ingredient and works the same way as the original brand name drug. A generic alternative is a generic medication that may not have the same active ingredient, but works in the same way as another drug.

What is a maintenance drug?

A maintenance drug is a medication used to treat a chronic condition like diabetes or high blood pressure. The FDA must approve maintenance drugs as safe for long-term use. Blue KC uses a national drug information database called Medispan to determine which medications are included on the maintenance drug list. If your prescription is a maintenance drug, you can have it filled for several months instead of just one prescription at a time.

Does Blue KC cover all prescription drugs?

Blue KC covers most prescription drugs. However, some drug classes require an additional benefit be added to your health insurance plan in order to be covered. This additional benefit is referred to as a 'rider.' Examples of such drug classes are fertility, birth control, impotency, and weight loss.

How is the tier level status determined for medications?

The PDL is a list of prescription medications that have been reviewed and recommended by the Blue KC Medical and Pharmacy Management Committee.

The list has a combination of brand name and generic medications. Each of these medications has been reviewed for its safety, effectiveness, clinical outcomes, and cost. Doctors and pharmacists on the committee look at drug utilization issues, the number of adverse events, and any proven advantages over other drugs on the PDL. The most efficient and cost-effective drugs are on Tier 1 of the PDL.

Why does Blue KC require prior authorization for some drugs before they are covered?

Blue KC may require prior authorization for some drugs or a class. Medications on the prior authorization list may have safety concerns or have FDA approval, only for a certain use. Some of the prior authorization medications may also have a lower-cost alternative that should be considered first or the drug may not be as effective as something else in the same drug class. Some medications are also on the prior authorization list because they have the potential to be misused. Your doctor and Blue KC will work together to get prior authorization and approval for your prescription when needed.

Do I need to show my member ID card at the pharmacy?

Yes, show your member ID card to your pharmacist whenever you have a prescription filled. Your prescription claim is electronically transmitted to Blue KC when you fill your prescription. Please make sure the pharmacy has your most current health insurance information and correct birth date so there won't be any delays or claim denials when we process your claim.

What do I do if I need to refill my prescription early (i.e., leaving on vacation, the doctor increased my dosage)?

To have a prescription refilled early, have your pharmacist call the Pharmacy Customer Service unit at 816-395-2176 or 800-228-1436, Monday through Friday from 8 a.m. to 5 p.m. Central Time.

What if I am out of town and need to have a prescription filled?

Blue KC contracts with most major pharmacy chains and has a network of over 44,000 pharmacies nationwide. If the pharmacy you are using has difficulty in processing your prescription claim, have them contact the Pharmacy Customer Service unit for assistance at 816-395-2176 or 800-228-1436, Monday through Friday from 8 a.m. to 5 p.m. Central Time.

Why must some drugs be purchased through a Specialty Pharmacy?

Specialty drugs are those that require special ordering, handling, clinical monitoring and/or customer service. These drugs are best purchased through a Specialty Pharmacy. Blue KC has a network of Specialty Pharmacies available to provide specialized care for patients with complex chronic health conditions to obtain

their medications and manage their health conditions. Specialty medications are limited to a 34 day supply.

What if I have questions about my prescription drug coverage?

For more information on your prescription drug coverage, call the Pharmacy Customer Service unit at 816-395-2176 or 800-228-1436, Monday through Friday from 8 a.m. to 5 p.m. Central Time.

Miscellaneous Information

Specialty Pharmacy

A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions such as Rheumatoid Arthritis, Multiple Sclerosis or Psoriasis. Specialty drugs may be oral or injectable medications that can either be self-administered or administered by a health care professional. These pharmacies do everything from dispense the specialty medication to help patients manage their health condition. Most specialty medications are covered under the pharmacy benefit. Specialty medications are limited to a 34 day supply. The following is a list of other services provided by the Specialty Pharmacies:

- Assigns a Patient Care Coordinator who serves as a personal advocate and point of contact
- Offers access to a dedicated clinical staff of nurses and pharmacists who are knowledgeable about the medications and conditions
- Provides the necessary supplies to administer the medications — at no additional cost
- Offers care management programs to help patients get the most from their medications
- Provides patients with refill reminder calls
- Allows the medications to be delivered to either the physician's office or patients home
- Works directly with patients to arrange a convenient shipment date
- Ships all medications overnight
- Coordinates with Blue KC to take care of billing issues

These services are provided to you at no additional cost. Prescriptions for a specialty medication will need to be filled at the Specialty Pharmacy listed below.

Optum Specialty Pharmacy

Phone: 1-855-427-4682

Drug Tier Descriptions

To find out what prescription drug tier is on your plan, please see the benefit schedule in your member certificate or in your Blue KC benefit summary.

| 1-Tier Benefit | Drug Tier |
|-------------------------------------|--------------|
| Tier 1 copay | G G-S |
| Not Covered | PB PB-S |
| Not Covered | NPB NPB-S |
| 3-Tier Benefit | Drug Tier |
| Tier 1 copay | G G-S |
| Tier 2 copay | PB PB-S |
| Tier 3 copay | NPB NPB-S |
| 3-Tier Retail/Specialty Benefit | Drug Tier |
| Tier 1 copay | G |
| Tier 2 copay | PB |
| Tier 3 copay | NPB |
| Generic Specialty copay | G-S |
| Preferred Brand Specialty copay | PB-S |
| Non-Preferred Brand Specialty copay | NPB-S |
| 4-Tier Benefit | Drug Tier |
| Tier 1 copay | G G-S |
| Tier 2 copay | PB |
| Tier 3 copay | PB-S NPB |
| Tier 4 copay | NPB-S |

List of Abbreviations

| | |
|--------------|---|
| G | Generic Drug. |
| G-S | Generic Specialty Drug. |
| NPB | Non-preferred Brand Drug. |
| NPB-S | Non-preferred Brand Specialty Drug. |
| PB | Preferred Brand Drug. |
| PB-S | Preferred Brand Specialty Drug. |
| ACA | Affordable Care Act. These preventative drugs may be covered at no cost (check your benefits to confirm). |
| M | Maintenance Drug. |
| OTC | Over the Counter. An OTC drug is a non-prescription drug. |
| PA | Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, your plan may not cover the drug. |
| QL | Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover. |
| ST | ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. |

Blue Cross and Blue Shield of Kansas City

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML) | NPB | |
| TICOVAC | NPB | |
| Analgesics - Drugs for Pain | | |
| acetaminophen-codeine | G | |
| acetaminophen-codeine #2 | G | |
| acetaminophen-codeine #3 | G | |
| acetaminophen-codeine #4 | G | |
| ACTIQ | NPB | PA; QL (4 EA per 1 day) |
| apap-caff-dihydrocodeine oral capsule | G | |
| ascomp-codeine | G | |
| bac | G | |
| BELBUCA | PB | QL (2 EA per 1 day) |
| buprenorphine | G | QL (0.15 EA per 1 day) |
| buprenorphine hcl injection | G | |
| butalbital-acetaminophen oral tablet 50-325 mg | G | |
| butalbital-apap-caff-cod | G | |
| butalbital-apap-caffeine | G | |
| butalbital-asa-caff-codeine | G | |
| butalbital-aspirin-caffeine | G | |
| butorphanol tartrate nasal | G | |
| carisoprodol-aspirin-codeine | G | |
| codeine sulfate | G | |
| DEMEROL INJECTION SOLUTION 25 MG/ML | NPB | |
| endocet | G | |
| ESGIC | NPB | |
| fentanyl citrate buccal lozenge on a handle | G | PA; QL (4 EA per 1 day) |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr | G | QL (1 EA per 1 day) |
| fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr | G | QL (0.5 EA per 1 day) |
| hydrocodone bitartrate er oral capsule extended release 12 hour | G | |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent | G | QL (1 EA per 1 day) |
| hydrocodone-acetaminophen | G | |
| hydrocodone-ibuprofen | G | |
| hydromorphone hcl er | G | QL (2 EA per 1 day) |
| hydromorphone hcl oral | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| hydromorphone hcl pf injection solution 50 mg/5ml | G | |
| HYSINGLA ER | PB | QL (1 EA per 1 day) |
| LORTAB | NPB | |
| meperidine hcl oral solution | G | |
| methadone hcl intensol | G | |
| methadone hcl oral | G | |
| methadose oral concentrate 10 mg/ml | G | |
| methadose oral tablet soluble | G | |
| methadose sugar-free | G | |
| morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml | G | |
| morphine sulfate er beads oral capsule extended release 24 hour 120 mg | G | QL (2 EA per 1 day) |
| morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg | G | QL (1 EA per 1 day) |
| morphine sulfate er oral capsule extended release 24 hour | G | QL (2 EA per 1 day) |
| morphine sulfate er oral tablet extended release | G | QL (3 EA per 1 day) |
| MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML | NPB | |
| morphine sulfate injection solution 2 mg/ml, 4 mg/ml | G | |
| morphine sulfate oral | G | |
| nalbuphine hcl injection solution 10 mg/ml | G | |
| oxycodone hcl oral capsule | G | |
| oxycodone hcl oral concentrate 100 mg/5ml | G | |
| oxycodone hcl oral solution | G | |
| oxycodone hcl oral tablet | G | |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | G | |
| OXYCONTIN | PB | QL (4 EA per 1 day) |
| oxymorphone hcl | G | |
| oxymorphone hcl er | G | |
| pentazocine-naloxone hcl | G | |
| SYNAPRYN FUSEPAQ | NPB | |
| TENCON | NPB | |
| tramadol hcl er (biphasic) | G | PA; QL (1 EA per 1 day) |
| tramadol hcl er oral tablet extended release 24 hour | G | PA; QL (1 EA per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| tramadol hcl ir | G | |
| tramadol-acetaminophen | G | |
| TREZIX | NPB | |
| XTAMPZA ER | PB | QL (4 EA per 1 day) |
| ZEBUTAL | NPB | |
| Analgesics - Drugs for Pain and Inflammation | | |
| AIF #2 DRUG PREPARATION KIT | NPB | |
| AIF #3 DRUG PREPARATION KIT | NPB | |
| celecoxib oral | G | QL (2 EA per 1 day) |
| DAYPRO | NPB | |
| diclofenac potassium oral tablet 50 mg | G | |
| diclofenac sodium er | G | |
| diclofenac sodium external gel 1 % | G | QL (33.33 GM per 1 day) |
| diclofenac sodium external solution | G | PA |
| diclofenac sodium oral | G | |
| diclofenac-misoprostol | G | |
| DICLOFONO | NPB | |
| diflunisal oral | G | |
| DUAL COMPLEX FORMULA 1 KIT | NPB | |
| EC-NAPROSYN | NPB | |
| ec-naproxen | G | |
| ENOVARX-DICLOFENAC SODIUM | NPB | |
| ENOVARX-IBUPROFEN | NPB | |
| ENOVARX-NAPROXEN | NPB | |
| etodolac | G | |
| etodolac er | G | |
| FBL KIT | NPB | |
| FELDENE | NPB | |
| flurbiprofen oral | G | |
| FROTEK | NPB | |
| GABAPENTIN-NAPROXEN CMPD KIT | NPB | |
| ibuprofen oral suspension 100 mg/5ml | G | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | G | |
| INDOCIN ORAL | NPB | ST |
| indomethacin er | G | |
| indomethacin oral capsule 25 mg, 50 mg | G | |
| K.B.G.L IN TERODERM | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------|
| KETOPHENE RAPIDPAQ | NPB | |
| ketoprofen oral capsule 50 mg, 75 mg | G | |
| KETOROLAC TROMETHAMINE EXTERNAL | NPB | |
| ketorolac tromethamine oral | G | QL (20 EA per 1 fill) |
| LODINE | NPB | |
| meloxicam oral tablet | G | |
| nabumetone oral | G | |
| NAPRO | NPB | |
| naproxen oral tablet | G | |
| naproxen oral tablet delayed release | G | |
| naproxen sodium oral tablet 275 mg, 550 mg | G | |
| NP #2 DRUG PREPARATION KIT | NPB | |
| oxaprozin | G | |
| piroxicam oral | G | |
| sulindac oral | G | |
| TRIPLE COMPLEX FORMULA 3 KIT | NPB | |
| VP FC KIT | NPB | |
| VP GKL KIT | NPB | |
| Anesthetics | | |
| ENOVARX-LIDOCAINE HCL | NPB | |
| ethyl chloride | G | |
| GEBAUERS PAIN EASE | NPB | |
| GEBAUERS SPRAY AND STRETCH | NPB | |
| glydo | G | |
| L.E.T. | NPB | |
| lidocaine external ointment 5 % | G | |
| lidocaine external patch 5 % | G | |
| lidocaine hcl external solution | G | |
| lidocaine hcl urethral/mucosal | G | |
| lidocaine-prilocaine external cream | G | |
| LIDTOPIC MAX | NPB | |
| NAROPIN INJECTION SOLUTION 10 MG/ML | NPB | |
| NESACAINE-MPF | NPB | |
| ropivacaine hcl injection solution 10 mg/ml | G | |
| SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000 | NPB | |
| STERILE TOPICAL L.E.T. GEL | NPB | |
| VENIPUNCTURE PX1 PHLEBOTOMY | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|--|
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| acamprosate calcium | G | |
| APO-VARENICLINE | NPB | ACA; QL (180 day supply per 365 days) |
| BUNAVAIL | G | QL (3 EA per 1 day) |
| buprenorphine hcl sublingual tablet sublingual 2 mg | G | QL (12 EA per 1 day) |
| buprenorphine hcl sublingual tablet sublingual 8 mg | G | QL (3 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 12-3 mg | G | QL (2 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg | G | QL (12 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 4-1 mg | G | QL (6 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 8-2 mg | G | QL (3 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg | G | QL (12 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg | G | QL (3 EA per 1 day) |
| bupropion hcl er (smoking det) | G | M; ACA; QL (180 day supply per 365 days) |
| disulfiram oral | G | |
| KLOXXADO | G | |
| LUCEMYRA | NPB | ST; QL (16 EA per 1 day) |
| naloxone hcl injection | G | |
| naltrexone hcl oral | G | |
| NARCAN | G | |
| NICOTROL | NPB | M; ACA; QL (180 day supply per 365 days) |
| NICOTROL NS | NPB | M; ACA; QL (180 day supply per 365 days) |
| SUBOXONE SUBLINGUAL FILM 12-3 MG | G | QL (2 EA per 1 day) |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG | G | QL (12 EA per 1 day) |
| SUBOXONE SUBLINGUAL FILM 4-1 MG | G | QL (6 EA per 1 day) |
| SUBOXONE SUBLINGUAL FILM 8-2 MG | G | QL (3 EA per 1 day) |
| varenicline tartrate | G | ACA; QL (180 day supply per 365 days) |
| VIVITROL | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 5.7-1.4 MG | G | QL (3 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG | G | QL (12 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG | G | QL (1 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG | G | QL (6 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG | G | QL (2 EA per 1 day) |
| Antibacterials | | |
| AEMCOLO | NPB | PA |
| ALTABAX | NPB | |
| amoxicillin | G | |
| amoxicillin-potassium clavulanate | G | |
| amoxicillin-potassium clavulanate er | G | |
| ampicillin | G | |
| ampicillin sodium injection solution reconstituted 250 mg | G | |
| ARIKAYCE | NPB-S | PA |
| AUGMENTIN | NPB | |
| AUGMENTIN ES-600 | NPB | |
| avidoxy | G | |
| azithromycin oral | G | |
| BACTRIM | NPB | |
| BACTRIM DS | NPB | |
| BAXDELA ORAL | NPB | |
| benzalkonium chloride external solution | G | |
| cefaclor | G | |
| cefaclor er | G | |
| cefadroxil | G | |
| cefdinir | G | |
| cefixime | G | |
| cefpodoxime proxetil | G | |
| cefprozil | G | |
| cefuroxime axetil | G | |
| CENTANY | NPB | |
| cephalexin | G | |
| CIPRO | NPB | |
| ciprofloxacin hcl oral | G | |
| clarithromycin er | G | |
| clarithromycin oral | G | |
| CLEOCIN ORAL | NPB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|------------------------|
| clindamycin hcl oral | G | |
| clindamycin palmitate hcl | G | |
| clindamycin phosphate vaginal | G | |
| CLINDESSE | NPB | |
| colistimethate sodium (cba) | G | |
| COLY-MYCIN M | NPB | |
| demeclocycline hcl | G | |
| dicloxacillin sodium | G | |
| DIFICID | NPB | |
| doxycycline hyclate oral capsule | G | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | G | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | G | |
| doxycycline monohydrate oral suspension reconstituted | G | |
| doxycycline monohydrate oral tablet | G | |
| E.E.S. 400 | NPB | |
| E.E.S. GRANULES | NPB | |
| ERYPED 200 | NPB | |
| ERYPED 400 | NPB | |
| ERY-TAB | NPB | |
| ERYTHROCIN STEARATE | NPB | |
| erythromycin base | G | |
| erythromycin ethylsuccinate oral | G | |
| erythromycin oral | G | |
| FIRST-METRONIDAZOLE | NPB | |
| FIRVANQ | NPB | |
| FLAGYL | NPB | |
| FORTAZ INJECTION SOLUTION RECONSTITUTED 500 MG | NPB | |
| fosfomycin tromethamine | G | |
| gentamicin sulfate external | G | |
| gentamicin sulfate injection solution 40 mg/ml | G | |
| HIPREX | NPB | |
| HUMATIN | NPB | |
| hydrogen peroxide | G | |
| KEFLEX | NPB | |
| levofloxacin oral | G | |
| linezolid oral suspension reconstituted | G | QL (32.2 ML per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|------------------------|
| linezolid oral tablet | G | QL (28 EA per 30 days) |
| LUGOLS STRONG IODINE | NPB | |
| MACROBID | NPB | |
| MACRODANTIN | NPB | |
| mafenide acetate external | G | |
| methenamine hippurate | G | |
| methenamine mandelate oral | G | |
| METRONIDAZOLE BENZO+SYRSPEND | NPB | |
| metronidazole oral | G | |
| metronidazole vaginal | G | |
| MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR | NPB | |
| minocycline hcl oral | G | |
| mondoxyne nl oral capsule 100 mg | G | |
| MONUROL | NPB | |
| morgidox oral | G | |
| moxifloxacin hcl oral | G | |
| mupirocin external | G | |
| neomycin sulfate oral | G | |
| nitrofurantoin macrocrystal | G | |
| nitrofurantoin monohydrate macrocrystals | G | |
| NUZYRA ORAL | NPB | |
| ofloxacin oral | G | |
| oxacillin sodium injection solution reconstituted 2 gm | G | |
| paromomycin sulfate oral | G | |
| penicillin v potassium | G | |
| PRIMSOL | NPB | |
| SEYSARA | NPB | ST |
| silver sulfadiazine external | G | |
| SOLOSEC | NPB | |
| ssd | G | |
| sulfadiazine oral | G | |
| sulfamethoxazole-trimethoprim oral | G | |
| SULFAMYLON EXTERNAL PACKET | NPB | |
| sulfatrim pediatric | G | |
| SUPRAX | NPB | |
| tetracycline hcl oral | G | |
| tinidazole oral | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| tobramycin sulfate injection solution reconstituted | G | |
| trimethoprim oral | G | |
| VANCOCIN | NPB | |
| VANCOCIN HCL | NPB | |
| vancomycin hcl oral | G | |
| VANCOMYCIN+SYRSPEND SF | NPB | |
| vandazole | G | |
| VIBRAMYCIN | NPB | ST |
| XENLETA ORAL | NPB | |
| XEPI | NPB | |
| XIFAXAN | NPB | PA |
| XIMINO | NPB | |
| ZITHROMAX ORAL | NPB | |
| ZITHROMAX TRI-PAK | NPB | |
| ZITHROMAX Z-PAK | NPB | |
| ZYVOX ORAL SUSPENSION RECONSTITUTED | NPB | QL (32.2 ML per 1 day) |
| Anticoagulants | | |
| ARIXTRA | NPB-S | |
| ELIQUIS DVT/PE STARTER PACK | PB | M; QL (148 EA per 365 days) |
| ELIQUIS ORAL TABLET 2.5 MG | PB | M; QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET 5 MG | PB | M; QL (3 EA per 1 day) |
| enoxaparin sodium | G-S | |
| fondaparinux sodium | G-S | |
| FRAGMIN | NPB-S | |
| heparin sodium (porcine) | G | |
| heparin sodium (porcine) pf | G | |
| jantoven | G | |
| LOVENOX SUBCUTANEOUS | NPB-S | |
| PRADAXA | PB | M; QL (2 EA per 1 day) |
| SAVAYSA | NPB | M; QL (1 EA per 1 day) |
| warfarin sodium oral | G | |
| XARELTO ORAL TABLET 10 MG, 20 MG | PB | M; QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | PB | M; QL (2 EA per 1 day) |
| XARELTO STARTER PACK | PB | M; QL (102 EA per 365 days) |
| Anticonvulsants - Drugs for Seizures | | |
| APTIOM | NPB | |
| BANZEL | NPB | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------------|-----------|------------------------|
| BRIVIACT ORAL | NPB | ST |
| carbamazepine er | G | |
| carbamazepine oral | G | |
| CELONTIN | NPB | |
| clobazam | G | PA |
| DIACOMIT | NPB-S | PA |
| DIASTAT ACUDIAL | NPB | QL (2 EA per 1 fill) |
| DIASTAT PEDIATRIC | NPB | QL (2 EA per 1 fill) |
| diazepam rectal | G | QL (2 EA per 1 fill) |
| DILANTIN ORAL CAPSULE 30 MG | NPB | |
| divalproex sodium er | G | |
| divalproex sodium oral | G | |
| EPIDIOLEX | NPB-S | PA |
| epitol | G | |
| ethosuximide oral | G | |
| FANATREX FUSEPAQ | NPB | |
| felbamate | G | |
| FINTEPLA | NPB-S | PA |
| FYCOMPA | NPB | |
| gabapentin oral | G | |
| GABITRIL | NPB | |
| LAMICTAL XR ORAL KIT | NPB | |
| lamotrigine er | G | |
| lamotrigine oral | G | |
| lamotrigine starter kit-blue | G | |
| lamotrigine starter kit-green | G | |
| lamotrigine starter kit-orange | G | |
| levetiracetam er | G | |
| levetiracetam oral | G | |
| NAYZILAM | NPB | QL (0.34 EA per 1 day) |
| NEMBUTAL | NPB | |
| oxcarbazepine | G | |
| phenobarbital oral | G | |
| PHENYTEK | NPB | |
| phenytoin infatabs | G | |
| phenytoin oral | G | |
| phenytoin sodium extended | G | |
| primidone oral | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| roweepra | G | |
| rufinamide | G | PA |
| subvenite | G | |
| subvenite starter kit-blue | G | |
| subvenite starter kit-green | G | |
| subvenite starter kit-orange | G | |
| SYMPAZAN | NPB | PA |
| tiagabine hcl | G | |
| topiramate er | G | |
| topiramate oral | G | |
| TROKENDI XR | NPB | ST |
| valproic acid oral | G | |
| VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML | NPB | QL (0.34 EA per 1 day) |
| VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML | NPB | QL (0.67 EA per 1 day) |
| vigabatrin | G-S | PA |
| vigadrone | G-S | PA |
| VIMPAT ORAL | NPB | |
| XCOPRI | NPB | ST |
| ZARONTIN | NPB | |
| zonisamide oral | G | |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| ARICEPT | NPB | M |
| donepezil hcl | G | M |
| EXELON | NPB | M |
| galantamine hydrobromide | G | M |
| galantamine hydrobromide er | G | M |
| memantine hcl | G | M |
| memantine hcl er | G | M; QL (1 EA per 1 day) |
| NAMENDA TITRATION PAK | NPB | M |
| NAMENDA XR | NPB | M; QL (1 EA per 1 day) |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | PB | QL (56 EA per 365 days) |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | PB | QL (1 EA per 1 day) |
| RAZADYNE ER | NPB | M |
| rivastigmine | G | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------------|
| rivastigmine tartrate | G | M |
| Antidepressants | | |
| amitriptyline hcl oral | G | |
| amoxapine | G | |
| bupropion hcl er (sr) | G | M; QL (2 EA per 1 day) |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg | G | M; QL (3 EA per 1 day) |
| bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg | G | M; QL (1 EA per 1 day) |
| bupropion hcl oral | G | M |
| chlordiazepoxide-amitriptyline | G | |
| citalopram hydrobromide | G | M |
| clomipramine hcl oral | G | |
| desipramine hcl oral | G | |
| DESVENLAFAXINE ER | NPB | ST; M; QL (1 EA per 1 day) |
| desvenlafaxine succinate er | G | M; QL (1 EA per 1 day) |
| doxepin hcl oral capsule | G | |
| doxepin hcl oral concentrate | G | |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG | NPB | ST; M; QL (2 EA per 1 day) |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG | NPB | ST; M; QL (3 EA per 1 day) |
| duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg | G | M; QL (2 EA per 1 day) |
| duloxetine hcl oral capsule delayed release particles 30 mg | G | M; QL (3 EA per 1 day) |
| EMSAM | NPB | QL (1 EA per 1 day) |
| escitalopram oxalate | G | M |
| FETZIMA | NPB | ST; M; QL (1 EA per 1 day) |
| FETZIMA TITRATION | NPB | ST; M; QL (56 EA per 365 days) |
| fluoxetine hcl (pmdd) | G | M |
| fluoxetine hcl oral capsule | G | M |
| fluoxetine hcl oral capsule delayed release | G | M; QL (0.15 EA per 1 day) |
| fluoxetine hcl oral solution | G | M |
| fluoxetine hcl oral tablet 10 mg, 60 mg | G | M |
| fluvoxamine maleate | G | M |
| fluvoxamine maleate er | G | M; QL (2 EA per 1 day) |
| imipramine hcl oral | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|--------------------------|
| imipramine pamoate | G | |
| MARPLAN | NPB | |
| mirtazapine oral | G | |
| NARDIL | NPB | |
| nefazodone hcl | G | M |
| NORPRAMIN | NPB | |
| nortriptyline hcl oral | G | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg | G | QL (1 EA per 1 day) |
| olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg | G | QL (3 EA per 1 day) |
| PARNATE | NPB | |
| paroxetine hcl | G | M |
| paroxetine hcl er | G | M |
| paroxetine mesylate | G | M; QL (1 EA per 1 day) |
| PAXIL ORAL SUSPENSION | NPB | ST; M |
| perphenazine-amitriptyline | G | |
| phenelzine sulfate oral | G | |
| protriptyline hcl | G | |
| REMERON | NPB | |
| REMERON SOLTAB | NPB | |
| sertraline hcl oral concentrate | G | M |
| sertraline hcl oral tablet | G | M |
| SPRAVATO (56 MG DOSE) | NPB-S | PA |
| SPRAVATO (84 MG DOSE) | NPB-S | PA |
| SYMBYAX | NPB | QL (3 EA per 1 day) |
| tranylcypromine sulfate | G | |
| trazodone hcl oral | G | |
| trimipramine maleate oral | G | |
| TRINTELLIX | NPB | ST; QL (1 EA per 1 day) |
| venlafaxine hcl | G | M |
| venlafaxine hcl er oral capsule extended release 24 hour | G | M |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg | G | M |
| VIIBRYD | NPB | M; QL (1 EA per 1 day) |
| VIIBRYD STARTER PACK | NPB | M; QL (30 EA per 1 fill) |
| Antiemetics - Drugs for Nausea and Vomiting | | |
| AKYNZEO ORAL | NPB | QL (0.07 EA per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------|
| ANTIVERT | NPB | |
| aprepitant oral | G | QL (6 EA per 30 days) |
| aprepitant oral capsule 125 mg | G | QL (2 EA per 30 days) |
| aprepitant oral capsule 40 mg | G | QL (1 EA per 30 days) |
| aprepitant oral capsule 80 & 125 mg | G | QL (6 EA per 30 days) |
| aprepitant oral capsule 80 mg | G | QL (4 EA per 30 days) |
| BONJESTA | NPB | PA; QL (2 EA per 1 day) |
| compro | G | |
| DICLEGIS | NPB | PA; QL (4 EA per 1 day) |
| dimenhydrinate injection | G | |
| doxylamine-pyridoxine | G | PA; QL (4 EA per 1 day) |
| dronabinol | G | PA; QL (2 EA per 1 day) |
| EMEND ORAL CAPSULE | NPB | QL (4 EA per 30 days) |
| EMEND ORAL SUSPENSION RECONSTITUTED | NPB | QL (0.1 EA per 1 day) |
| EMEND TRI-PACK | NPB | QL (6 EA per 30 days) |
| granisetron hcl oral | G | QL (0.14 EA per 1 day) |
| MARINOL | NPB | PA; QL (2 EA per 1 day) |
| meclizine hcl oral tablet | G | |
| metoclopramide hcl oral | G | |
| ondansetron hcl oral solution | G | QL (4 ML per 1 day) |
| ondansetron hcl oral tablet 4 mg, 8 mg | G | |
| ondansetron odt | G | |
| perphenazine oral | G | |
| prochlorperazine | G | |
| prochlorperazine maleate oral | G | |
| REGLAN | NPB | |
| scopolamine | G | |
| SYNDROS | NPB | PA; QL (4 ML per 1 day) |
| TRANSDERM-SCOP (1.5 MG) | NPB | |
| trimethobenzamide hcl oral | G | |
| VARUBI (180 MG DOSE) | NPB | QL (0.14 EA per 1 day) |
| Antifungals | | |
| ANCOBON | NPB | |
| ciclodan | G | |
| ciclopirox external | G | |
| ciclopirox olamine external | G | |
| clotrimazole external | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|-------------------------------|-----------|---------------------------------|
| clotrimazole mouth/throat | G | |
| clotrimazole-betamethasone | G | |
| CRESEMBA ORAL | NPB | PA |
| DIFLUCAN | NPB | |
| econazole nitrate external | G | |
| fluconazole oral | G | |
| flucytosine oral | G | |
| griseofulvin microsize oral | G | |
| griseofulvin ultramicrosize | G | |
| GYNAZOLE-1 | NPB | |
| itraconazole oral | G | PA |
| KERYDIN | NPB | PA |
| ketoconazole external cream | G | |
| ketoconazole external shampoo | G | |
| ketoconazole oral | G | |
| LOPROX EXTERNAL CREAM | NPB | |
| LOPROX EXTERNAL SHAMPOO | NPB | |
| LOPROX EXTERNAL SUSPENSION | NPB | |
| miconazole 3 | G | |
| MICOTRIN AC | NPB | |
| naftifine hcl | G | |
| NAFTIN | NPB | |
| NOXAFIL ORAL | NPB | PA |
| nyamyc | G | |
| nystatin external | G | |
| nystatin mouth/throat | G | |
| nystatin oral | G | |
| nystatin-triamcinolone | G | |
| nystop | G | |
| posaconazole | G | PA |
| SPORANOX | NPB | PA |
| SPORANOX PULSEPAK | NPB | PA |
| tavaborole | G | PA |
| terbinafine hcl oral | G | QL (84 day supply per 180 days) |
| terconazole | G | |
| VFEND | NPB | PA |
| voriconazole oral | G | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------------|
| Antigout Agents | | |
| allopurinol oral | G | M |
| colchicine oral tablet | G | |
| colchicine-probenecid | G | |
| febuxostat | G | ST; M |
| probenecid | G | M |
| ULORIC | NPB | ST; M |
| ZYLOPRIM | NPB | M |
| Antimigraine Agents | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | PB | PA; M; QL (0.04 ML per 1 day) |
| AIMOVIG | PB | PA; M; QL (0.07 ML per 1 day) |
| almotriptan malate | G | QL (0.4 EA per 1 day) |
| AMERGE | NPB | QL (0.3 EA per 1 day) |
| CAFERGOT | NPB | PA |
| D.H.E. 45 | NPB | PA; QL (0.86 ML per 1 day) |
| dihydroergotamine mesylate injection | G | PA; QL (0.86 ML per 1 day) |
| dihydroergotamine mesylate nasal | G | PA; QL (0.27 ML per 1 day) |
| eletriptan hydrobromide | G | QL (12 EA per 30 days) |
| EMGALITY | PB | PA; M; QL (0.04 ML per 1 day) |
| EMGALITY (300 MG DOSE) | PB | PA; M; QL (0.1 ML per 1 day) |
| ERGOMAR | NPB | PA |
| ergotamine-caffeine | G | PA |
| MIGERGOT | NPB | PA |
| MIGRANAL | NPB | PA; QL (0.27 ML per 1 day) |
| naratriptan hcl | G | QL (0.3 EA per 1 day) |
| NURTEC | PB | PA; QL (0.27 EA per 1 day) |
| rizatriptan benzoate | G | QL (0.6 EA per 1 day) |
| sumatriptan nasal | G | QL (0.4 EA per 1 day) |
| sumatriptan succinate oral | G | QL (0.3 EA per 1 day) |
| sumatriptan succinate refill | G | QL (0.17 ML per 1 day) |
| sumatriptan succinate subcutaneous | G | QL (0.17 ML per 1 day) |
| UBRELVY | PB | PA; QL (0.34 EA per 1 day) |
| ZOLMITRIPTAN NASAL | NPB | ST; QL (0.4 EA per 1 day) |
| zolmitriptan oral | G | QL (0.4 EA per 1 day) |
| ZOMIG NASAL | NPB | ST; QL (0.4 EA per 1 day) |
| Antimyasthenic Agents | | |
| MESTINON ORAL SOLUTION | NPB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| MESTINON ORAL TABLET EXTENDED RELEASE | NPB | M |
| pyridostigmine bromide er | G | M |
| pyridostigmine bromide oral | G | M |
| Antimycobacterials | | |
| cycloserine oral | G | |
| dapsone oral | G | |
| ethambutol hcl oral | G | |
| isoniazid oral | G | |
| MYAMBUTOL | NPB | |
| MYCOBUTIN | NPB | |
| PASER | NPB | |
| PRETOMANID | NPB | |
| PRIFTIN | NPB | |
| pyrazinamide oral | G | |
| rifabutin | G | |
| rifampin oral | G | |
| RIFAMPIN+SYRSPEND SF | NPB | |
| SIRTURO | NPB | |
| TRECTOR | NPB | |
| Antineoplastics - Drugs for Cancer | | |
| abiraterone acetate | G-S | PA |
| AFINITOR DISPERZ | PB-S | PA |
| ALECENSA | PB-S | PA |
| ALKERAN ORAL | PB-S | |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | PB-S | PA; QL (1 EA per 1 day) |
| ALUNBRIG ORAL TABLET 30 MG | PB-S | PA; QL (4 EA per 1 day) |
| ALUNBRIG ORAL TABLET THERAPY PACK | PB-S | PA; QL (30 EA per 365 days) |
| anastrozole oral | G | ACA |
| AROMASIN | PB | |
| AYVAKIT | PB-S | PA; QL (1 EA per 1 day) |
| BALVERSA | PB-S | PA |
| bexarotene | G-S | PA |
| bicalutamide | G | |
| BOSULIF | PB-S | PA |
| BRAFTOVI | PB-S | PA |
| BRUKINSA | PB-S | PA |
| CABOMETYX | PB-S | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------|
| CALQUENCE | PB-S | PA |
| capecitabine | G-S | PA |
| CAPRELSA ORAL TABLET 100 MG | PB-S | PA; QL (2 EA per 1 day) |
| CAPRELSA ORAL TABLET 300 MG | PB-S | PA |
| CASODEX | PB | |
| COMETRIQ | PB-S | PA |
| COPIKTRA | PB-S | PA |
| COTELLIC | PB-S | PA |
| cyclophosphamide injection | G-S | |
| cyclophosphamide oral capsule | G | |
| CYCLOPHOSPHAMIDE ORAL TABLET | PB | |
| DAURISMO | PB-S | PA |
| DROXIA | NPB | |
| EMCYT | PB | |
| ERIVEDGE | PB-S | PA |
| erlotinib hcl oral tablet 100 mg, 150 mg | G-S | PA |
| erlotinib hcl oral tablet 25 mg | G-S | PA; QL (3 EA per 1 day) |
| etoposide oral | G-S | |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | G-S | PA; QL (1 EA per 1 day) |
| everolimus oral tablet soluble | G-S | PA |
| exemestane | G | ACA |
| FARESTON | PB | |
| FARYDAK | PB-S | PA |
| flutamide | G | |
| GILOTRIF | PB-S | PA; QL (1 EA per 1 day) |
| GLEOSTINE | PB-S | |
| HYCANTIN ORAL | PB-S | |
| HYDREA | PB | |
| hydroxyurea oral | G | |
| IBRANCE | PB-S | PA |
| ICLUSIG ORAL TABLET 10 MG, 15 MG | PB-S | PA; QL (1 EA per 1 day) |
| ICLUSIG ORAL TABLET 30 MG, 45 MG | PB-S | PA |
| IDHIFA | PB-S | PA; QL (1 EA per 1 day) |
| imatinib mesylate | G-S | PA |
| IMBRUVICA | PB-S | PA; QL (1 EA per 1 day) |
| INLYTA | PB-S | PA |
| INREBIC | PB-S | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| IRESSA | PB-S | PA |
| JAKAFI ORAL TABLET 10 MG | PB-S | PA; QL (2 EA per 1 day) |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG | PB-S | PA |
| KISQALI FEMARA | PB-S | PA |
| KISQALI ORAL TABLET THERAPY PACK 200 MG | PB-S | PA |
| KOSELUGO | PB-S | PA |
| lapatinib ditosylate | G-S | PA |
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | PB-S | PA |
| letrozole oral | G | |
| leucovorin calcium oral | G | |
| LEUKERAN | PB | |
| LONSURF | PB-S | PA |
| LORBRENA | PB-S | PA |
| LUMAKRAS | PB-S | PA |
| LYNPARZA | PB-S | PA |
| LYSODREN | PB | |
| MATULANE | PB-S | |
| MEKINIST | PB-S | PA |
| MEKTOVI | PB-S | PA |
| melphalan | G-S | |
| mercaptopurine oral | G | |
| MESNEX ORAL | PB-S | |
| MYLERAN | PB | |
| NERLYNX | PB-S | PA; QL (6 EA per 1 day) |
| NEXAVAR | PB-S | PA |
| NILANDRON | PB-S | |
| nilutamide | G-S | |
| NINLARO | PB-S | PA |
| NUBEQA | PB-S | PA |
| ODOMZO | PB-S | PA |
| ONCASPAR | PB-S | |
| ONUREG | PB-S | PA |
| ORGOVYX | PB-S | PA |
| PANRETIN | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|-------------------------------------|-----------|-------------------------|
| PEMAZYRE | PB-S | PA; QL (1 EA per 1 day) |
| PIQRAY | PB-S | PA |
| POMALYST | PB-S | PA |
| PURIXAN | PB-S | |
| QINLOCK | PB-S | PA |
| RETEVMO | PB-S | PA |
| REVLIMID | PB-S | PA |
| ROZLYTREK | PB-S | PA |
| RUBRACA | PB-S | PA |
| RYDAPT | PB-S | PA |
| SIKLOS | NPB | PA |
| SOLTAMOX | PB | ACA |
| SPRYCEL | PB-S | PA |
| STIVARGA | PB-S | PA |
| sunitinib malate | G-S | PA |
| SUTENT | PB-S | PA |
| TABLOID | PB-S | |
| TABRECTA | PB-S | PA |
| TAFINLAR | PB-S | PA |
| TAGRISSE ORAL TABLET 40 MG | PB-S | PA; QL (1 EA per 1 day) |
| TAGRISSE ORAL TABLET 80 MG | PB-S | PA |
| TALZENNA | PB-S | PA |
| tamoxifen citrate oral tablet 10 mg | G | |
| tamoxifen citrate oral tablet 20 mg | G | ACA |
| TARGRETIN EXTERNAL | NPB-S | PA |
| TASIGNA | PB-S | PA |
| temozolomide | G-S | PA |
| THALOMID | PB-S | PA |
| thiotepa injection | G-S | |
| TIBSOVO | PB-S | PA |
| toremifene citrate | G | |
| tretinoin oral | G-S | |
| TRUSELTIQ (100MG DAILY DOSE) | PB-S | PA |
| TRUSELTIQ (125MG DAILY DOSE) | PB-S | PA |
| TRUSELTIQ (50MG DAILY DOSE) | PB-S | PA |
| TRUSELTIQ (75MG DAILY DOSE) | PB-S | PA |
| TUKYSA | PB-S | PA |
| TURALIO | PB-S | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------------------|-----------|-----------------------|
| TYKERB | PB-S | PA |
| UKONIQ | PB-S | PA |
| VALCHLOR | NPB-S | PA |
| VENCLEXTA | PB-S | PA |
| VENCLEXTA STARTING PACK | PB-S | PA |
| VERZENIO | PB-S | PA |
| VITRAKVI | PB-S | PA |
| VIZIMPRO | PB-S | PA |
| VOTRIENT | PB-S | PA |
| XALKORI | PB-S | PA |
| XOSPATA | PB-S | PA |
| XPOVIO (100 MG ONCE WEEKLY) | PB-S | PA |
| XPOVIO (40 MG ONCE WEEKLY) | PB-S | PA |
| XPOVIO (40 MG TWICE WEEKLY) | PB-S | PA |
| XPOVIO (60 MG ONCE WEEKLY) | PB-S | PA |
| XPOVIO (60 MG TWICE WEEKLY) | PB-S | PA |
| XPOVIO (80 MG ONCE WEEKLY) | PB-S | PA |
| XPOVIO (80 MG TWICE WEEKLY) | PB-S | PA |
| XTANDI | PB-S | PA |
| ZEJULA | PB-S | PA |
| ZELBORAF | PB-S | PA |
| ZOLINZA | PB-S | PA |
| ZYDELIG | PB-S | PA |
| ZYKADIA | PB-S | PA |
| Antiparasitics | | |
| albendazole oral | G | PA |
| ALINIA ORAL SUSPENSION RECONSTITUTED | PB | |
| ALINIA ORAL TABLET | NPB | |
| ARAKODA | NPB | |
| atovaquone | G | |
| atovaquone-proguanil hcl | G | |
| BENZNIDAZOLE | NPB | |
| BILTRICIDE | NPB | |
| chloroquine phosphate oral | G | |
| COARTEM | NPB | |
| crotan | G | |
| DARAPRIM | NPB-S | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|---------------------------------|-----------|---------------------------|
| EGATEN | NPB | |
| EMVERM | PB | |
| hydroxychloroquine sulfate oral | G | M |
| IMPAVIDO | NPB | |
| ivermectin external lotion | G | |
| ivermectin oral | G | PA; QL (20 EA per 1 fill) |
| KRINTAFEL | NPB | |
| LAMPIT | NPB | |
| lindane | G | |
| MALARONE | NPB | |
| malathion | G | |
| mefloquine hcl | G | |
| MEPRON | NPB | |
| NEBUPENT | NPB | |
| nitazoxanide oral | G | |
| OVIDE | NPB | |
| pentamidine isethionate | G | |
| permethrin external | G | |
| praziquantel oral | G | |
| primaquine phosphate | G | |
| pyrimethamine oral | G-S | PA |
| PYRIMETHAMINE-LEUCOVORIN | NPB | |
| QUALAQUIN | NPB | PA |
| quinine sulfate oral | G | PA |
| spinosad | G | |
| STROMECTOL | NPB | PA; QL (20 EA per 1 fill) |
| sulfurated lime | G | |
| Antiparkinson Agents | | |
| amantadine hcl oral | G | M |
| APOKYN | NPB-S | PA; QL (3 ML per 1 day) |
| AZILECT | NPB | M |
| benztropine mesylate oral | G | |
| bromocriptine mesylate oral | G | |
| carbidopa oral | G | M |
| carbidopa-levodopa | G | M |
| carbidopa-levodopa er | G | M |
| carbidopa-levodopa-entacapone | G | M |
| COMTAN | NPB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| entacapone | G | M |
| INBRIJA | NPB-S | PA |
| KYNMOBI | NPB-S | PA; QL (5 EA per 1 day) |
| KYNMOBI TITRATION KIT | NPB-S | PA; QL (20 EA per 365 days) |
| MIRAPEX ER | NPB | M |
| NEUPRO | NPB | ST; M |
| NOURIANZ | NPB | PA |
| ONGENTYS | NPB | ST |
| PARLODEL | NPB | |
| pramipexole dihydrochloride | G | M |
| pramipexole dihydrochloride er | G | M |
| rasagiline mesylate oral | G | M |
| ropinirole hcl | G | M |
| ropinirole hcl er | G | M |
| RYTARY | NPB | ST; M |
| selegiline hcl oral | G | M |
| SINEMET | NPB | M |
| STALEVO 100 | NPB | M |
| STALEVO 125 | NPB | M |
| STALEVO 150 | NPB | M |
| STALEVO 200 | NPB | M |
| STALEVO 50 | NPB | M |
| STALEVO 75 | NPB | M |
| TASMAR | NPB | M |
| tolcapone | G | M |
| trihexyphenidyl hcl | G | |
| Antiplatelets | | |
| aspirin-dipyridamole er | G | M |
| BRILINTA | PB | M |
| CABLIVI | NPB-S | PA; QL (1 EA per 1 day) |
| cilostazol | G | M |
| clopidogrel bisulfate oral | G | M |
| dipyridamole oral | G | M |
| EFFIENT | NPB | M |
| prasugrel hcl | G | M |
| ZONTIVITY | NPB | M |
| Antipsychotics - Drugs for Mood Disorders | | |
| ABILIFY MAINTENA | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| ADASUVE | NPB | PA |
| aripiprazole oral solution | G | QL (25 ML per 1 day) |
| aripiprazole oral tablet | G | QL (1 EA per 1 day) |
| aripiprazole oral tablet dispersible | G | QL (2 EA per 1 day) |
| ARISTADA | NPB | |
| ARISTADA INITIO | NPB | |
| asenapine maleate | G | QL (2 EA per 1 day) |
| CAPLYTA | NPB | ST; QL (1 EA per 1 day) |
| chlorpromazine hcl oral | G | |
| clozapine oral tablet 100 mg, 25 mg | G | QL (9 EA per 1 day) |
| clozapine oral tablet 200 mg | G | QL (4 EA per 1 day) |
| clozapine oral tablet 50 mg | G | QL (6 EA per 1 day) |
| clozapine oral tablet dispersible 100 mg, 25 mg | G | QL (9 EA per 1 day) |
| clozapine oral tablet dispersible 12.5 mg | G | QL (3 EA per 1 day) |
| clozapine oral tablet dispersible 150 mg | G | QL (6 EA per 1 day) |
| clozapine oral tablet dispersible 200 mg | G | QL (4 EA per 1 day) |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | NPB | QL (9 EA per 1 day) |
| CLOZARIL ORAL TABLET 200 MG | NPB | QL (4 EA per 1 day) |
| CLOZARIL ORAL TABLET 50 MG | NPB | QL (6 EA per 1 day) |
| FANAPT | NPB | ST; QL (2 EA per 1 day) |
| FANAPT TITRATION PACK | NPB | ST; QL (8 EA per 180 days) |
| fluphenazine hcl | G | |
| GEODON INTRAMUSCULAR | NPB | |
| HALDOL DECANOATE | NPB | |
| haloperidol decanoate intramuscular | G | |
| haloperidol lactate oral | G | |
| haloperidol oral | G | |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG | NPB | QL (1 EA per 1 day) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | NPB | QL (2 EA per 1 day) |
| INVEGA SUSTENNA | NPB | |
| INVEGA TRINZA | NPB | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | NPB | QL (1 EA per 1 day) |
| LATUDA ORAL TABLET 80 MG | NPB | QL (2 EA per 1 day) |
| loxapine succinate | G | |
| molindone hcl | G | |
| NUPLAZID | NPB | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| olanzapine oral | G | QL (1 EA per 1 day) |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg | G | QL (1 EA per 1 day) |
| paliperidone er oral tablet extended release 24 hour 6 mg | G | QL (2 EA per 1 day) |
| PERSERIS | NPB | |
| pimozide | G | |
| quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg | G | QL (2 EA per 1 day) |
| quetiapine fumarate er oral tablet extended release 24 hour 200 mg | G | QL (3 EA per 1 day) |
| quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg | G | QL (3 EA per 1 day) |
| quetiapine fumarate oral tablet 300 mg, 400 mg | G | QL (2 EA per 1 day) |
| REXULTI | NPB | QL (1 EA per 1 day) |
| RISPERDAL CONSTA | NPB | |
| risperidone oral solution | G | QL (8 ML per 1 day) |
| risperidone oral tablet | G | QL (2 EA per 1 day) |
| risperidone oral tablet dispersible | G | QL (2 EA per 1 day) |
| thioridazine hcl oral | G | |
| thiothixene | G | |
| trifluoperazine hcl | G | |
| VERSACLOZ | NPB | QL (18 ML per 1 day) |
| VRAYLAR ORAL CAPSULE | NPB | ST; QL (1 EA per 1 day) |
| VRAYLAR ORAL CAPSULE THERAPY PACK | NPB | ST; QL (14 EA per 365 days) |
| ziprasidone hcl | G | QL (2 EA per 1 day) |
| ziprasidone mesylate | G | |
| ZYPREXA RELPREVV | NPB | |
| ZYPREXA ZYDIS | NPB | QL (1 EA per 1 day) |
| Antivirals | | |
| abacavir sulfate | G | |
| abacavir sulfate-lamivudine | G | |
| abacavir-lamivudine-zidovudine | G | |
| acyclovir external ointment | G | |
| acyclovir oral | G | |
| adefovir dipivoxil | G-S | |
| APTIVUS | PB | |
| atazanavir sulfate | G | |
| BARACLUDE ORAL SOLUTION | NPB-S | QL (630 ML per 30 days) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| BIKTARVY | NPB | |
| CIMDUO | PB | |
| COMBIVIR | NPB | |
| COMPLERA | PB | |
| CRIXIVAN | PB | |
| DELSTRIGO | NPB | |
| DOVATO | PB | |
| EDURANT | PB | |
| efavirenz | G | |
| efavirenz-emtricitab-tenofovir | G | |
| efavirenz-lamivudine-tenofovir | G | |
| emtricitabine | G | |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | G | |
| emtricitabine-tenofovir df oral tablet 200-300 mg | G | ACA |
| EMTRIVA ORAL CAPSULE | NPB | |
| EMTRIVA ORAL SOLUTION | PB | |
| entecavir | G-S | QL (1 EA per 1 day) |
| EPCLUSA | PB-S | PA; QL (1 EA per 1 day) |
| EPIVIR | NPB | |
| EPIVIR HBV ORAL SOLUTION | PB-S | |
| EPIVIR HBV ORAL TABLET | NPB-S | |
| EPZICOM | NPB | |
| etravirine | G | |
| EVOTAZ | PB | |
| famciclovir oral | G | |
| FAVIPIRAVIR | NPB | |
| fosamprenavir calcium | G | |
| FUZEON | PB | |
| GENVOYA | NPB | |
| HARVONI ORAL PACKET 33.75-150 MG | PB-S | PA; QL (1 EA per 1 day) |
| HARVONI ORAL PACKET 45-200 MG | PB-S | PA; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 45-200 MG | PB-S | PA; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 90-400 MG | PB-S | PA; QL (1 EA per 1 day) |
| HEPSERA | NPB-S | |
| INTELENCE ORAL TABLET 100 MG, 200 MG | NPB | |
| INTELENCE ORAL TABLET 25 MG | PB | |
| INTRON A | NPB-S | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------|
| INVIRASE | PB | |
| ISENTRESS | PB | |
| ISENTRESS HD | PB | |
| JULUCA | PB | |
| KALETRA | NPB | |
| lamivudine oral solution | G | |
| lamivudine oral tablet 100 mg | G-S | |
| lamivudine oral tablet 150 mg, 300 mg | G | |
| lamivudine-zidovudine | G | |
| LEXIVA ORAL SUSPENSION | PB | |
| LEXIVA ORAL TABLET | NPB | |
| lopinavir-ritonavir | G | |
| MAVYRET | PB-S | PA; QL (3 EA per 1 day) |
| nevirapine | G | |
| nevirapine er | G | |
| NORVIR ORAL PACKET | PB | |
| NORVIR ORAL SOLUTION | PB | |
| NORVIR ORAL TABLET | NPB | |
| ODEFSEY | NPB | |
| oseltamivir phosphate oral capsule 30 mg | G | QL (40 EA per 365 days) |
| oseltamivir phosphate oral capsule 45 mg, 75 mg | G | QL (20 EA per 365 days) |
| oseltamivir phosphate oral suspension reconstituted | G | QL (360 ML per 365 days) |
| PEGASYS | PB-S | PA |
| PIFELTRO | NPB | |
| PREVYMIS ORAL | NPB-S | |
| PREZCOBIX | PB | |
| PREZISTA | PB | |
| RELENZA DISKHALER | NPB | QL (40 EA per 365 days) |
| RETROVIR ORAL | NPB | |
| REYATAZ ORAL CAPSULE | NPB | |
| REYATAZ ORAL PACKET | PB | |
| ribavirin inhalation | G | |
| ribavirin oral | G-S | |
| rimantadine hcl | G | |
| ritonavir | G | |
| RUKOBIA | PB | |
| SELZENTRY | PB | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| SOVALDI ORAL PACKET 150 MG | NPB-S | PA; QL (1 EA per 1 day) |
| SOVALDI ORAL PACKET 200 MG | NPB-S | PA; QL (2 EA per 1 day) |
| SOVALDI ORAL TABLET 200 MG | NPB-S | PA; QL (2 EA per 1 day) |
| SOVALDI ORAL TABLET 400 MG | NPB-S | PA; QL (1 EA per 1 day) |
| stavudine | G | |
| STRIBILD | NPB | |
| SUSTIVA | NPB | |
| SYMFI | PB | |
| SYMFI LO | PB | |
| SYMTUZA | NPB | |
| tenofovir disoproxil fumarate | G | ACA |
| TIVICAY | PB | |
| TIVICAY PD | PB | |
| TRIUMEQ | PB | |
| TRIZIVIR | NPB | |
| TYBOST | PB | |
| valacyclovir hcl oral | G | QL (4 EA per 1 day) |
| valganciclovir hcl | G | |
| VEMLIDY | NPB-S | |
| VIEKIRA PAK | NPB-S | PA; QL (4 EA per 1 day) |
| VIRACEPT | PB | |
| VIRAMUNE XR | NPB | |
| VIRAZOLE | NPB | |
| VIREAD ORAL POWDER | PB | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | PB | |
| VOSEVI | PB-S | PA; QL (1 EA per 1 day) |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | NPB | QL (2 EA per 365 days) |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG | NPB | QL (4 EA per 365 days) |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | NPB | QL (2 EA per 365 days) |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG | NPB | QL (4 EA per 365 days) |
| ZEPATIER | NPB-S | PA; QL (1 EA per 1 day) |
| ZIAGEN | NPB | |
| zidovudine | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------|
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg | G | QL (1 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 2 mg | G | QL (5 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 3 mg | G | QL (3 EA per 1 day) |
| alprazolam intensol | G | QL (10 ML per 1 day) |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg | G | QL (4 EA per 1 day) |
| alprazolam oral tablet 2 mg | G | QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg | G | QL (1 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 2 mg | G | QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 3 mg | G | QL (3 EA per 1 day) |
| bupirone hcl oral | G | M |
| chlordiazepoxide hcl oral capsule 10 mg | G | QL (30 EA per 1 day) |
| chlordiazepoxide hcl oral capsule 25 mg | G | QL (12 EA per 1 day) |
| chlordiazepoxide hcl oral capsule 5 mg | G | QL (4 EA per 1 day) |
| clonazepam oral tablet 0.5 mg, 1 mg | G | QL (3 EA per 1 day) |
| clonazepam oral tablet 2 mg | G | QL (10 EA per 1 day) |
| clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg | G | QL (3 EA per 1 day) |
| clonazepam oral tablet dispersible 2 mg | G | QL (10 EA per 1 day) |
| clorazepate dipotassium oral tablet 15 mg | G | QL (6 EA per 1 day) |
| clorazepate dipotassium oral tablet 3.75 mg | G | QL (24 EA per 1 day) |
| clorazepate dipotassium oral tablet 7.5 mg | G | QL (12 EA per 1 day) |
| diazepam intensol | G | |
| diazepam oral | G | |
| DORAL | NPB | QL (1 EA per 1 day) |
| estazolam | G | QL (1 EA per 1 day) |
| HALCION | NPB | QL (2 EA per 1 day) |
| hydroxyzine hcl oral | G | |
| hydroxyzine pamoate oral | G | |
| lorazepam injection solution 2 mg/ml | G | |
| lorazepam intensol | G | QL (5 ML per 1 day) |
| lorazepam oral concentrate 2 mg/ml | G | QL (5 ML per 1 day) |
| lorazepam oral tablet 0.5 mg, 1 mg | G | QL (3 EA per 1 day) |
| lorazepam oral tablet 2 mg | G | QL (5 EA per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| meprobamate | G | |
| oxazepam | G | QL (4 EA per 1 day) |
| quazepam | G | QL (1 EA per 1 day) |
| TRANXENE-T | NPB | QL (12 EA per 1 day) |
| triazolam | G | QL (2 EA per 1 day) |
| VISTARIL | NPB | |
| Bipolar Agents - Drugs for Mood Disorders | | |
| EQUETRO | NPB | |
| lithium carbonate er | G | |
| lithium carbonate oral | G | |
| Blood Products and Modifiers - Drugs for Blood Disorders | | |
| AGRYLIN | NPB | M |
| AMICAR | NPB | |
| aminocaproic acid oral | G | |
| anagrelide hcl | G | M |
| ASTRINGYN | NPB | |
| DOPTELET | NPB-S | PA |
| EMPAVELI | NPB-S | PA |
| LEUKINE | NPB-S | PA |
| LYSTEDA | NPB | |
| MULPLETA | PB-S | PA |
| PROMACTA | NPB-S | PA |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML | PB-S | PA |
| TAVALISSE | NPB-S | PA |
| THROMBIN-JMI | NPB | |
| THROMBIN-JMI EPISTAXIS | NPB | |
| THROMBOGEN | NPB | |
| tranexamic acid oral | G | |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| ACCUPRIL | NPB | M |
| ACCURETIC | NPB | M |
| acebutolol hcl oral | G | M |
| ALDACTAZIDE | NPB | M |
| ALDACTONE | NPB | M |
| aliskiren fumarate | G | M |
| amiloride hcl oral | G | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| amiloride-hydrochlorothiazide | G | M |
| amiodarone hcl oral | G | M |
| AMLODIPINE BES+SYRSPEND SF | NPB | M |
| amlodipine besylate oral | G | M |
| amlodipine besylate-benazepril hcl | G | M |
| amlodipine besylate-valsartan | G | M |
| amlodipine-atorvastatin | G | M |
| amlodipine-olmesartan | G | M |
| amlodipine-valsartan-hctz | G | M |
| ATACAND HCT | NPB | M |
| atenolol oral | G | M |
| ATENOLOL+SYRSPEND SF | NPB | M |
| atenolol-chlorthalidone | G | M |
| atorvastatin calcium oral tablet 10 mg, 20 mg | G | M; ACA |
| atorvastatin calcium oral tablet 40 mg, 80 mg | G | M |
| AVALIDE | NPB | M |
| benazepril hcl oral | G | M |
| benazepril-hydrochlorothiazide | G | M |
| BETAPACE AF | NPB | M |
| betaxolol hcl oral | G | M |
| BIDIL | NPB | M |
| bisoprolol fumarate oral | G | M |
| bisoprolol-hydrochlorothiazide | G | M |
| bumetanide oral | G | M |
| BUMEX | NPB | M |
| CALAN SR | NPB | M |
| candesartan cilexetil | G | M |
| candesartan cilexetil-hctz | G | M |
| captopril oral | G | M |
| CARDIZEM | NPB | M |
| CARDURA | NPB | M |
| CAROSPIR | NPB | M |
| cartia xt | G | M |
| carvedilol | G | M |
| carvedilol phosphate er | G | M |
| chlorthalidone | G | M |
| cholestyramine light | G | M |
| cholestyramine oral | G | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| clonidine | G | M |
| clonidine hcl oral | G | M |
| colesevelam hcl oral tablet | G | M |
| colestipol hcl | G | M |
| CORLANOR ORAL SOLUTION | NPB | PA; M; QL (15 ML per 1 day) |
| CORLANOR ORAL TABLET | NPB | PA; M; QL (2 EA per 1 day) |
| DEMSEER | NPB | |
| DIBENZYLIN | NPB | |
| digitek | G | M |
| digox | G | M |
| digoxin oral | G | M |
| diltiazem hcl er | G | M |
| diltiazem hcl er beads | G | M |
| diltiazem hcl er coated beads | G | M |
| diltiazem hcl oral | G | M |
| dilt-xr | G | M |
| disopyramide phosphate | G | M |
| DIURIL | NPB | M |
| dofetilide | G | |
| doxazosin mesylate oral | G | M |
| droxidopa | G-S | PA |
| DYRENIUM | NPB | M |
| EDARBI | NPB | ST; M |
| EDARBYCLOR | NPB | ST; M |
| EDECRIN | NPB | M |
| enalapril maleate oral tablet | G | M |
| enalapril-hydrochlorothiazide | G | M |
| ENTRESTO | PB | M; QL (2 EA per 1 day) |
| eplerenone | G | M |
| ethacrynic acid | G | M |
| ezetimibe | G | M |
| ezetimibe-simvastatin | G | M |
| felodipine er | G | M |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | G | M |
| fenofibrate oral capsule | G | M |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | G | M |
| fenofibric acid oral capsule delayed release | G | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------|
| flecainide acetate | G | M |
| fosinopril sodium | G | M |
| fosinopril sodium-hctz | G | M |
| furosemide oral | G | M |
| gemfibrozil oral | G | M |
| GONITRO | NPB | M |
| guanfacine hcl | G | M |
| HEMANGEOL | NPB | M |
| hydralazine hcl injection | G | M |
| hydralazine hcl oral | G | M |
| hydrochlorothiazide oral | G | M |
| icosapent ethyl | G | M |
| indapamide | G | M |
| INSPRA | NPB | M |
| irbesartan | G | M |
| irbesartan-hydrochlorothiazide | G | M |
| ISORDIL TITRADOSE | NPB | M |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | G | M |
| isosorbide mononitrate | G | M |
| isosorbide mononitrate er | G | M |
| isradipine | G | M |
| JUXTAPID ORAL CAPSULE 10 MG, 5 MG | NPB-S | PA; QL (1 EA per 1 day) |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | NPB-S | PA; QL (2 EA per 1 day) |
| labetalol hcl oral | G | M |
| LANOXIN ORAL | PB | M |
| LIPOFEN | NPB | M |
| lisinopril oral | G | M |
| lisinopril-hydrochlorothiazide | G | M |
| LOPID | NPB | M |
| LOPRESSOR | NPB | M |
| losartan potassium oral | G | M |
| losartan potassium-hctz | G | M |
| LOTENSIN | NPB | M |
| LOTENSIN HCT | NPB | M |
| lovastatin oral | G | M; ACA |
| matzim la | G | M |
| MAXZIDE | NPB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------------|-----------|-------------------------|
| MAXZIDE-25 | NPB | M |
| methyldopa | G | M |
| metolazone | G | M |
| metoprolol succinate er | G | M |
| metoprolol tartrate oral | G | M |
| metoprolol-hydrochlorothiazide | G | M |
| metyrosine | G | |
| mexiletine hcl oral | G | M |
| midodrine hcl | G | |
| MINIPRESS | NPB | M |
| minoxidil oral | G | M |
| moexipril hcl | G | M |
| MULTAQ | NPB | M |
| nadolol oral | G | M |
| nebivolol hcl | G | M |
| NEXLETOL | PB | PA; QL (1 EA per 1 day) |
| NEXLIZET | PB | PA; QL (1 EA per 1 day) |
| niacin er (antihyperlipidemic) | G | M |
| nicardipine hcl oral | G | M |
| nifedipine er | G | M |
| nifedipine er osmotic release | G | M |
| nifedipine oral | G | M |
| nimodipine oral | G | |
| nisoldipine er | G | M |
| NITRO-BID | NPB | M |
| NITRO-DUR | NPB | M |
| nitroglycerin sublingual | G | M |
| nitroglycerin transdermal | G | M |
| nitroglycerin translingual | G | M |
| NITROLINGUAL | NPB | M |
| NITROMIST | NPB | M |
| NORPACE | NPB | M |
| NORPACE CR | PB | M |
| NYMALIZE | NPB | |
| olmesartan medoxomil oral | G | M |
| olmesartan medoxomil-hctz | G | M |
| olmesartan-amlodipine-hctz | G | M |
| omega-3-acid ethyl esters | G | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| PACERONE | NPB | M |
| pentoxifylline er | G | M |
| perindopril erbumine | G | M |
| phenoxybenzamine hcl oral | G | |
| pindolol | G | M |
| pravastatin sodium | G | M |
| prazosin hcl oral | G | M |
| PRESTALIA | NPB | M |
| prevalite | G | M |
| procainamide hcl injection solution 100 mg/ml | G | |
| propafenone hcl | G | M |
| propafenone hcl er | G | M |
| propranolol hcl er | G | M |
| propranolol hcl oral | G | M |
| quinapril hcl | G | M |
| quinapril-hydrochlorothiazide | G | M |
| quinidine gluconate er | G | M |
| quinidine sulfate | G | M |
| ramipril | G | M |
| ranolazine er | G | M |
| RECTIV | NPB | |
| REPATHA | PB | PA; QL (0.11 ML per 1 day) |
| REPATHA PUSHTRONEX SYSTEM | PB | PA; QL (0.13 ML per 1 day) |
| REPATHA SURECLICK | PB | PA; QL (0.11 ML per 1 day) |
| rosuvastatin calcium | G | M |
| RYTHMOL SR | NPB | M |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | G | M; ACA |
| simvastatin oral tablet 80 mg | G | M |
| sorine | G | M |
| sotalol hcl (af) | G | M |
| sotalol hcl oral | G | M |
| SOTYLIZE | NPB | M |
| spironolactone oral | G | M |
| spironolactone-hctz | G | M |
| SULAR | NPB | M |
| taztia xt | G | M |
| TEKTURNA | PB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|--------------------------|
| TEKTURNA HCT | PB | ST; M |
| telmisartan | G | M |
| telmisartan-amlodipine | G | M |
| telmisartan-hctz | G | M |
| TENORETIC 100 | NPB | M |
| TENORETIC 50 | NPB | M |
| THALITONE | NPB | M |
| tiadylt er | G | M |
| TIAZAC | NPB | M |
| timolol maleate oral | G | M |
| toremide | G | M |
| trandolapril | G | M |
| trandolapril-verapamil hcl er | G | M |
| triamterene oral | G | M |
| triamterene-hctz | G | M |
| TRILIPIX | NPB | M |
| valsartan | G | M |
| valsartan-hydrochlorothiazide | G | M |
| VASCEPA | PB | M |
| VASERETIC | NPB | M |
| VECAMYL | NPB | |
| verapamil hcl er | G | M |
| verapamil hcl oral | G | M |
| VERELAN | NPB | M |
| VERELAN PM | NPB | M |
| VERQUVO | NPB | PA; QL (1 EA per 1 day) |
| VYNDAMAX | NPB-S | PA; QL (1 EA per 1 day) |
| VYNDAQEL | NPB-S | PA; QL (4 EA per 1 day) |
| ZIAC | NPB | M |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| amphetamine-dextroamphetamine er | G | QL (1 EA per 1 day) |
| ADZENYS XR-ODT | NPB | ST; QL (1 EA per 1 day) |
| AMPHETAMINE ER | NPB | ST; QL (15 ML per 1 day) |
| amphetamine sulfate | G | QL (6 EA per 1 day) |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg | G | QL (3 EA per 1 day) |
| amphetamine-dextroamphetamine oral tablet 30 mg | G | QL (2 EA per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------|
| APTENSIO XR | NPB | ST; QL (1 EA per 1 day) |
| atomoxetine hcl | G | QL (1 EA per 1 day) |
| clonidine hcl er | G | |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG | NPB | ST; QL (3 EA per 1 day) |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG | NPB | ST; QL (2 EA per 1 day) |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG | NPB | ST; QL (6 EA per 1 day) |
| DAYTRANA | NPB | ST; QL (1 EA per 1 day) |
| dexmethylphenidate hcl | G | QL (2 EA per 1 day) |
| dexmethylphenidate hcl er | G | QL (1 EA per 1 day) |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg | G | QL (6 EA per 1 day) |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg | G | QL (4 EA per 1 day) |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg | G | QL (3 EA per 1 day) |
| dextroamphetamine sulfate oral solution | G | QL (60 ML per 1 day) |
| dextroamphetamine sulfate oral tablet 10 mg | G | QL (6 EA per 1 day) |
| dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg | G | QL (3 EA per 1 day) |
| dextroamphetamine sulfate oral tablet 30 mg | G | QL (2 EA per 1 day) |
| DYANAVAL XR | NPB | ST; QL (8 ML per 1 day) |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG | NPB | QL (3 EA per 1 day) |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG | NPB | QL (2 EA per 1 day) |
| guanfacine hcl er | G | |
| JORNAY PM | NPB | ST; QL (1 EA per 1 day) |
| KAPVAY | NPB | ST |
| METHYLIN ORAL SOLUTION 10 MG/5ML | NPB | ST; QL (30 ML per 1 day) |
| METHYLIN ORAL SOLUTION 5 MG/5ML | NPB | ST; QL (60 ML per 1 day) |
| methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg | G | |
| methylphenidate hcl er (cd) oral capsule extended release 60 mg | G | QL (1 EA per 1 day) |
| methylphenidate hcl er (la) | G | QL (1 EA per 1 day) |
| methylphenidate hcl er (xr) | G | QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| methylphenidate hcl er oral tablet extended release 10 mg, 36 mg | G | QL (2 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg | G | QL (1 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 20 mg | G | QL (3 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg | G | QL (1 EA per 1 day) |
| methylphenidate hcl er oral tablet extended release 24 hour 36 mg | G | QL (2 EA per 1 day) |
| methylphenidate hcl oral solution 10 mg/5ml | G | QL (30 ML per 1 day) |
| methylphenidate hcl oral solution 5 mg/5ml | G | QL (60 ML per 1 day) |
| methylphenidate hcl oral tablet | G | QL (3 EA per 1 day) |
| methylphenidate hcl oral tablet chewable 10 mg | G | QL (6 EA per 1 day) |
| methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg | G | QL (3 EA per 1 day) |
| MYDAYIS | NPB | ST; QL (1 EA per 1 day) |
| PROCENTRA | NPB | ST; QL (60 ML per 1 day) |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG | NPB | ST; QL (1 EA per 1 day) |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG | NPB | ST; QL (2 EA per 1 day) |
| QUILLIVANT XR | NPB | ST; QL (12 ML per 1 day) |
| relexxii | G | QL (1 EA per 1 day) |
| VYVANSE | PB | QL (1 EA per 1 day) |
| ZENZEDI ORAL TABLET 10 MG | NPB | ST; QL (6 EA per 1 day) |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG | NPB | ST; QL (3 EA per 1 day) |
| ZENZEDI ORAL TABLET 30 MG | NPB | ST; QL (2 EA per 1 day) |
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| AMPYRA | NPB-S | PA; QL (2 EA per 1 day) |
| AUBAGIO | NPB-S | PA; QL (1 EA per 1 day) |
| AVONEX PEN | PB-S | PA; QL (0.15 EA per 1 day) |
| AVONEX PREFILLED | PB-S | PA; QL (0.15 EA per 1 day) |
| BAFIERTAM | PB-S | PA; QL (4 EA per 1 day) |
| BETASERON | PB-S | PA; QL (0.5 EA per 1 day) |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | PB-S | PA; QL (1 ML per 1 day) |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | PB-S | PA; QL (0.43 ML per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|------------------------------|
| dalfampridine er | G-S | PA; QL (2 EA per 1 day) |
| dimethyl fumarate oral | G-S | PA; QL (2 EA per 1 day) |
| dimethyl fumarate starter pack | G-S | PA; QL (120 EA per 365 days) |
| GILENYA | NPB-S | PA; QL (1 EA per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml | G-S | PA; QL (1 ML per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml | G-S | PA; QL (0.43 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 20 mg/ml | G-S | PA; QL (1 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 40 mg/ml | G-S | PA; QL (0.43 ML per 1 day) |
| KESIMPTA | PB-S | PA; QL (0.02 ML per 1 day) |
| MAVENCLAD | NPB-S | PA |
| MAYZENT ORAL TABLET 0.25 MG | NPB-S | PA; QL (4 EA per 1 day) |
| MAYZENT ORAL TABLET 2 MG | NPB-S | PA; QL (1 EA per 1 day) |
| MAYZENT STARTER PACK | NPB-S | PA; QL (24 EA per 365 days) |
| VUMERITY | PB-S | PA; QL (4 EA per 1 day) |
| ZEPOSIA | NPB-S | PA; QL (1 EA per 1 day) |
| ZEPOSIA 7-DAY STARTER PACK | NPB-S | PA; QL (14 EA per 365 days) |
| ZEPOSIA STARTER KIT | NPB-S | PA; QL (74 EA per 365 days) |
| Central Nervous System Agents - Miscellaneous | | |
| AUSTEDO | NPB-S | PA; QL (4 EA per 1 day) |
| benzphetamine hcl | G | PA |
| caffeine citrate oral | G | |
| diethylpropion hcl er | G | PA |
| diethylpropion hcl oral | G | PA |
| GRALISE ORAL | NPB | ST; QL (66 EA per 365 days) |
| GRALISE ORAL TABLET 300 MG | NPB | ST; QL (6 EA per 1 day) |
| GRALISE ORAL TABLET 600 MG | NPB | ST; QL (3 EA per 1 day) |
| HORIZANT | NPB | PA; QL (2 EA per 1 day) |
| INGREZZA ORAL CAPSULE | NPB-S | PA; QL (1 EA per 1 day) |
| INGREZZA ORAL CAPSULE THERAPY PACK | NPB-S | PA; QL (56 EA per 365 days) |
| LOMAIRA | NPB | PA |
| NEURAPTINE | NPB | |
| NUEDEXTA | NPB | PA |
| phendimetrazine tartrate | G | PA |
| phendimetrazine tartrate er | G | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|---------------------------------|
| phentermine hcl oral | G | PA |
| pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg | G | ST; QL (3 EA per 1 day) |
| pregabalin er oral tablet extended release 24 hour 330 mg | G | ST; QL (2 EA per 1 day) |
| pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg | G | QL (3 EA per 1 day) |
| pregabalin oral capsule 300 mg | G | QL (2 EA per 1 day) |
| pregabalin oral solution | G | QL (30 ML per 1 day) |
| QSYMIA | NPB | PA |
| RILUTEK | NPB | PA; QL (2 EA per 1 day) |
| riluzole | G | PA; QL (2 EA per 1 day) |
| SAVELLA | NPB | ST; M; QL (2 EA per 1 day) |
| SAVELLA TITRATION PACK | NPB | ST; M; QL (110 EA per 365 days) |
| SAXENDA | NPB | PA |
| TEGSEDI | NPB-S | PA |
| tetrabenazine | G-S | PA |
| TIGLUTIK | NPB | PA; QL (20 ML per 1 day) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML | NPB | PA; QL (0.08 ML per 1 day) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML | NPB | PA; QL (0.11 ML per 1 day) |
| XENICAL | NPB | PA |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| cavarest | G | M |
| cevimeline hcl | G | M |
| chlorhexidine gluconate mouth/throat | G | |
| CLINPRO 5000 | NPB | M |
| DEBACTEROL | NPB | |
| DENTA 5000 PLUS | NPB | M |
| DENTAGEL | NPB | M |
| easygel | G | M |
| FIRST-MOUTHWASH BLM | NPB | |
| FLUORIDEX | NPB | M |
| fluoridex daily renewal | G | M |
| FLUORIDEX ENHANCED WHITENING | NPB | M |
| FLUORIDEX SENSITIVITY RELIEF | NPB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------|
| lidocaine viscous hcl | G | |
| NAFRINSE DAILY ACIDULATED | NPB | |
| NAFRINSE DAILY/NEUTRAL | NPB | M |
| NAFRINSE WEEKLY | NPB | M |
| oralone | G | |
| PERIDEX | NPB | |
| periogard | G | |
| pilocarpine hcl oral | G | |
| PREVIDENT | NPB | M |
| PREVIDENT 5000 BOOSTER PLUS | NPB | M |
| PREVIDENT 5000 DRY MOUTH | NPB | M |
| PREVIDENT 5000 ENAMEL PROTECT | NPB | M |
| PREVIDENT 5000 ORTHO DEFENSE | NPB | M |
| PREVIDENT 5000 PLUS | NPB | M |
| PREVIDENT 5000 SENSITIVE | NPB | M |
| REMESENSE | NPB | |
| SALAGEN | NPB | |
| sf | G | M |
| sf 5000 plus | G | M |
| sodium fluoride 5000 enamel | G | M |
| sodium fluoride 5000 plus | G | M |
| sodium fluoride 5000 ppm | G | M |
| sodium fluoride 5000 sensitive | G | M |
| sodium fluoride dental | G | M |
| sodium fluoride mouth/throat | G | M |
| triamcinolone acetonide mouth/throat | G | |
| Dermatological Agents - Drugs for Skin Conditions | | |
| A.A.G.C. KIT IN TERODERM | NPB | |
| ABSORICA LD | NPB | PA |
| accutane | G | PA |
| acitretin | G | |
| ACZONE EXTERNAL GEL 7.5 % | PB | |
| adapalene external cream | G | |
| adapalene external gel | G | |
| adapalene-benzoyl peroxide external gel | G | |
| ala-cort | G | |
| alclometasone dipropionate | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| ALTRENO | NPB | |
| amcinonide external lotion | G | |
| ammonium lactate external | G | |
| amnesteem | G | PA |
| AMZEEQ | NPB | |
| AQUACEL AG BURN | NPB | |
| ATRALIN | NPB | |
| azelaic acid external | G | |
| AZELEX | NPB | |
| balsam peru-castor oil | G | |
| benzoyl peroxide-erythromycin | G | |
| beser external lotion | G | |
| betamethasone dipropionate aug | G | |
| betamethasone dipropionate external | G | |
| betamethasone valerate external | G | |
| BPCO | NPB | |
| calcipotriene external cream | G | |
| calcipotriene external ointment | G | |
| calcipotriene external solution | G | |
| calcipotriene-betameth diprop external suspension | G | QL (4 GM per 1 day) |
| CALCITRENE | NPB | |
| calcitriol external | G | |
| CARAC | NPB | |
| claravis | G | PA |
| CLEOCIN-T | NPB | |
| clindacin etz external swab | G | |
| clindacin-p | G | |
| clindamycin phosphate-benzoyl peroxide | G | |
| clindamycin phosphate external | G | |
| clindamycin-tretinoin | G | |
| CLINOIN | NPB | |
| clobetasol prop emollient base | G | |
| clobetasol propionate e | G | |
| clobetasol propionate emulsion | G | |
| clobetasol propionate external | G | |
| clocortolone pivalate | G | |
| clodan external shampoo | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| coal tar external | G | |
| CONDYLOX | NPB | |
| CUTIVATE | NPB | |
| DERMA-SMOOTHIE/FS BODY | NPB | |
| DERMA-SMOOTHIE/FS SCALP | NPB | |
| desonide external cream | G | |
| desonide external lotion | G | |
| desonide external ointment | G | |
| DESOWEN | NPB | |
| desoximetasone external cream 0.25 % | G | |
| desoximetasone external gel | G | |
| desoximetasone external liquid | G | |
| desoximetasone external ointment 0.25 % | G | |
| diclofenac sodium external gel 3 % | G | ST; QL (10 GM per 1 day) |
| DIPROLENE | NPB | |
| DIPROLENE AF | NPB | |
| DOVONEX | NPB | |
| DRYSOL | NPB | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML | PB-S | PA; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML | PB-S | PA; QL (0.29 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | PB-S | PA; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | PB-S | PA; QL (0.29 ML per 1 day) |
| EFUDEX | NPB | |
| ENOVARX-TRAMADOL | NPB | |
| EPIDUO FORTE | NPB | |
| EPIFOAM | NPB | |
| ery | G | |
| ERYGEL | NPB | |
| erythromycin external | G | |
| EUCRISA | PB | ST |
| EVOCLIN | NPB | |
| FINACEA EXTERNAL FOAM | NPB | |
| FINACEA EXTERNAL GEL | NPB | ST |
| fluocinolone acetonide body | G | |
| fluocinolone acetonide external | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------|
| fluocinolone acetonide scalp | G | |
| fluocinonide emulsified base | G | |
| fluocinonide external | G | |
| FLUOROPLEX | NPB | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | PB | |
| fluorouracil external cream 5 % | G | |
| fluorouracil external solution | G | |
| fluticasone propionate external | G | |
| GORDOFILM | NPB | |
| halobetasol propionate external cream | G | |
| halobetasol propionate external ointment | G | |
| hydrocortisone butyrate external cream | G | |
| hydrocortisone butyrate external ointment | G | |
| hydrocortisone butyrate external solution | G | |
| hydrocortisone external cream 1 %, 2.5 % | G | |
| hydrocortisone external lotion 2.5 % | G | |
| hydrocortisone external ointment 1 %, 2.5 % | G | |
| hydrocortisone valerate | G | |
| imiquimod external | G | |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | G | PA |
| ivermectin external cream | G | |
| KERALYT EXTERNAL SHAMPOO | NPB | |
| KLARON | NPB | |
| KLISYRI | NPB | ST |
| lactic acid e | G | |
| lactic acid external | G | |
| LUXIQ | NPB | |
| methoxsalen rapid | G | |
| METROCREAM | NPB | |
| METROLOTION | NPB | |
| metronidazole external | G | |
| MIRVASO | NPB | |
| mometasone furoate external | G | |
| myorisan | G | PA |
| NEO-SYNALAR EXTERNAL CREAM | NPB | |
| neuac external gel | G | |
| OLUX | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------|
| OLUX-E | NPB | |
| ONEXTON | NPB | |
| pimecrolimus | G | ST |
| podofilox external | G | |
| PRAMOSONE EXTERNAL CREAM 1-1 % | NPB | |
| PRAMOSONE EXTERNAL LOTION | NPB | |
| prednicarbate | G | |
| PROTOPIC | NPB | ST |
| PYROGALLIC ACID | NPB | |
| QBREXZA | NPB | QL (1 EA per 1 day) |
| REGENECARE | NPB | |
| REGRANEX | NPB | PA |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % %, 0.08 % | PB | |
| RHOFADE | NPB | |
| rosadan external cream | G | |
| rosadan external gel | G | |
| SANTYL | NPB | |
| selenium sulfide external lotion | G | |
| SERNIVO | NPB | |
| SOOLANTRA | NPB | |
| SORIATANE | NPB | |
| sulfacetamide sodium (acne) | G | |
| SYNALAR | NPB | |
| TACLONEX EXTERNAL SUSPENSION | NPB | QL (4 GM per 1 day) |
| tacrolimus external | G | |
| tazarotene external cream | G | |
| TEMOVATE | NPB | |
| TOPICORT EXTERNAL CREAM 0.25 % | NPB | |
| TOPICORT EXTERNAL GEL | NPB | |
| TOPICORT EXTERNAL OINTMENT | NPB | |
| tovet external foam | G | |
| tretinoin external | G | |
| tretinoin microsphere | G | |
| tretinoin microsphere pump | G | |
| triamcinolone acetonide external cream | G | |
| triamcinolone acetonide external lotion | G | |
| triamcinolone acetonide external ointment 0.025 % %, 0.1 %, 0.5 % | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---------------------------------------|-----------|-------------------------------|
| TRI-CHLOR | NPB | |
| triderm | G | |
| TRIDESILON | NPB | |
| urea external lotion | G | |
| VENELEX | NPB | |
| XERAC AC | NPB | |
| XEROFORM OIL EMULSION 2"X2" | NPB | |
| XEROFORM OIL EMULSION GAUZE | NPB | |
| XEROFORM PETROLAT PATCH 2"X2" | NPB | |
| XEROFORM PETROLAT PATCH 4"X4" | NPB | |
| zenatane | G | PA |
| ZILXI | NPB | ST |
| Diabetes - Antidiabetic Agents | | |
| acarbose oral | G | M |
| ACTOPLUS MET | NPB | M |
| AMARYL | NPB | M |
| BYDUREON BCISE AUTOINJECTOR | PB | ST; M; QL (0.15 ML per 1 day) |
| BYETTA 10 MCG PEN | PB | ST; M; QL (0.16 ML per 1 day) |
| BYETTA 5 MCG PEN | PB | ST; M; QL (0.08 ML per 1 day) |
| CYCLOSET | NPB | ST; M |
| DUETACT | NPB | M |
| FARXIGA | PB | ST; M |
| glimepiride | G | M |
| glipizide er | G | M |
| glipizide ir | G | M |
| glipizide xl | G | M |
| glipizide-metformin hcl | G | M |
| GLUCOTROL XL | NPB | M |
| glyburide micronized | G | M |
| glyburide oral | G | M |
| glyburide-metformin | G | M |
| GLYNASE | NPB | M |
| GLYXAMBI | PB | ST; M |
| JANUMET | PB | ST; M |
| JANUMET XR | PB | ST; M |
| JANUVIA | PB | ST; M |
| JARDIANCE | PB | ST; M |
| JENTADUETO | PB | ST; M |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------------|
| JENTADUETO XR | PB | ST; M |
| metformin hcl er | G | M |
| metformin hcl ir | G | M |
| miglitol | G | M |
| nateglinide | G | M |
| OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML | PB | ST; M; QL (0.06 ML per 1 day) |
| OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML | PB | ST; M; QL (0.11 ML per 1 day) |
| pioglitazone hcl | G | M |
| pioglitazone hcl-glimepiride | G | M |
| pioglitazone hcl-metformin hcl | G | M |
| PRECOSE | NPB | M |
| repaglinide | G | M |
| RIOMET | NPB | ST; M |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | PB | ST; M; QL (1 EA per 1 day) |
| RYBELSUS ORAL TABLET 3 MG | PB | ST; M; QL (60 EA per 365 days) |
| SOLIQUA | PB | ST; M; QL (0.6 ML per 1 day) |
| SYMLINPEN 120 | NPB | PA; M |
| SYMLINPEN 60 | NPB | PA; M |
| SYNJARDY | PB | ST; M |
| SYNJARDY XR | PB | ST; M |
| TRADJENTA | PB | ST |
| TRIJARDY XR | PB | ST |
| TRULICITY | PB | ST; M; QL (0.08 ML per 1 day) |
| VICTOZA | PB | ST; M; QL (0.3 ML per 1 day) |
| XIGDUO XR | PB | ST; M |
| XULTOPHY | NPB | ST; M; QL (0.5 ML per 1 day) |
| Diabetes - Glucose Monitoring | | |
| CONTOUR MONITOR KIT W/DEVICE | PB | OTC |
| CONTOUR NEXT EZ KIT W/DEVICE | PB | OTC |
| CONTOUR NEXT LINK KIT W/DEVICE | PB | OTC |
| CONTOUR NEXT MONITOR KIT W/DEVICE | PB | OTC |
| CONTOUR NEXT TEST STRIPS | PB | OTC; QL (10 EA per 1 day) |
| CONTOUR TEST STRIPS | PB | OTC; QL (10 EA per 1 day) |
| DEXCOM G5 MOB/G4 PLAT SENSOR | PB | PA; QL (0.143 EA per 1 day) |
| DEXCOM G5 MOBILE RECEIVER | PB | PA; QL (1 EA per 273 days) |
| DEXCOM G5 MOBILE TRANSMITTER | PB | PA; QL (1 EA per 63 days) |
| DEXCOM G5 RECEIVER KIT | PB | PA; QL (1 EA per 273 days) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| DEXCOM G6 RECEIVER | PB | PA; QL (1 EA per 273 days) |
| DEXCOM G6 SENSOR | PB | PA; QL (0.1 EA per 1 day) |
| DEXCOM G6 TRANSMITTER | PB | PA; QL (1 EA per 63 days) |
| Diabetes - Glycemic Agents | | |
| BAQSIMI ONE PACK | PB | |
| BAQSIMI TWO PACK | PB | |
| diazoxide oral | G | M |
| GLUCAGEN HYPOKIT | NPB | ST |
| glucagon emergency kit 1 mg injection 1 mg | G | |
| GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG | NPB | |
| GLUCAGON EMERGENCY KIT | PB | |
| GVOKE HYPOPEN 1-PACK | PB | |
| GVOKE HYPOPEN 2-PACK | PB | |
| GVOKE PFS | PB | |
| PROGLYCEM | NPB | M |
| ZEGALOGUE | PB | |
| Diabetes - Insulins | | |
| AFREZZA | NPB | PA; M |
| DROPLET MICRON | PB | M; OTC |
| HUMALOG | PB | M |
| HUMALOG KWIKPEN | PB | M |
| HUMALOG MIX 50/50 KWIKPEN | PB | M |
| HUMALOG MIX 50/50 VIAL | PB | M |
| HUMALOG MIX 75/25 KWIKPEN | PB | M |
| HUMALOG MIX 75/25 VIAL | PB | M |
| HUMALOG U-100 JUNIOR KWIKPEN | PB | M |
| HUMULIN 70/30 KWIKPEN | PB | M; OTC |
| HUMULIN 70/30 VIAL | PB | M; OTC |
| HUMULIN N KWIKPEN | PB | M; OTC |
| HUMULIN N VIAL | PB | M; OTC |
| HUMULIN R U-500 KWIKPEN | PB | M |
| HUMULIN R U-500 VIAL | PB | M |
| HUMULIN R VIAL | PB | M; OTC |
| INSULIN PEN NEEDLES 30G X 6 MM | PB | M; OTC |
| LANTUS SOLOSTAR | PB | M |
| LANTUS U-100 VIAL | PB | M |
| LYUMJEV KWIKPEN | PB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------|
| LYUMJEV VIAL | PB | |
| TOUJEO MAX SOLOSTAR | PB | M |
| TOUJEO SOLOSTAR | PB | M |
| Electrolytes / Minerals / Metals / Vitamins | | |
| ACTIVE FE | NPB | |
| adc/f (0.5mg/ml) | G | |
| ARGININE HCL INJECTION | NPB | |
| ATABEX OB | PB | |
| CALCIFOL | NPB | |
| CARBAGLU | PB-S | |
| CENTRATEX | NPB | |
| CHEMET | NPB | |
| CHROMAGEN | NPB | |
| corvita 150 | G | |
| CORVITE 150 ORAL TABLET 150-1.25 MG | PB | |
| cyanocobalamin injection solution 1000 mcg/ml | G | M |
| CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML | NPB | M |
| DECARA K | NPB | |
| deferasirox | G | PA |
| deferasirox granules | G | PA |
| deferiprone | G | PA |
| DEXPANTHENOL INJECTION | NPB | |
| DRISDOL | NPB | |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | NPB | M |
| effer-k oral tablet effervescent 25 meq | G | M |
| ELITE-OB | PB | |
| ergocalciferol oral capsule | G | |
| EXJADE | NPB | PA |
| ferocon | G | |
| ferotinsic | G | |
| FERRALET 90 | NPB | |
| FERRAPLUS 90 | NPB | |
| FERRIPROX | NPB | PA |
| ferrocite plus | G | |
| FERRO-PLEX HEMATINIC | NPB | |
| fluoritab | G | M; ACA |
| folic acid oral tablet 1 mg | G | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------|
| FOLIVANE-F | NPB | |
| FOLIVANE-PLUS | NPB | |
| foltrin | G | |
| FUSION PLUS | NPB | |
| GALZIN | NPB | |
| GLUTATHIONE INJECTION SOLUTION 200 MG/ML | NPB | |
| GLYCINE INJECTION | NPB | |
| hematinic plus vit/minerals | G | |
| hematinic/folic acid | G | |
| HEMATOGEN FA | NPB | |
| HEMATRON-AF | NPB | |
| HEMOCYTE PLUS | NPB | |
| hemocyte-f | G | |
| hydroxocobalamin acetate | G | |
| ICAR-C PLUS | PB | |
| iferex 150 forte | G | |
| INTEGRA F | NPB | |
| INTEGRA PLUS | NPB | |
| iodine strong oral | G | |
| JADENU SPRINKLE | NPB | PA |
| JYNARQUE | NPB-S | PA; QL (2 EA per 1 day) |
| klor-con | G | M |
| klor-con 10 | G | M |
| klor-con m10 | G | M |
| klor-con m15 | G | M |
| klor-con m20 | G | M |
| klor-con/ef | G | M |
| K-PHOS | NPB | |
| k-prime | G | M |
| k-tan plus | G | |
| levocarnitine oral solution | G | M |
| levocarnitine oral tablet | G | M |
| levocarnitine sf | G | M |
| LIPO | NPB | |
| LIPO-C | NPB | |
| LOKELMA | NPB | |
| LYSINE HCL INJECTION | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| magnesium sulfate solution 50 % injection | G | |
| MAGNESIUM SULFATE SOLUTION 50 % INJECTION | NPB | |
| MEPHYTON | NPB | |
| METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED | NPB | |
| M-NATAL PLUS | PB | |
| MULTIGEN | NPB | |
| MULTIGEN FOLIC | NPB | |
| MULTIGEN PLUS | NPB | |
| multi-vitamin/fluoride | G | |
| multivitamin/fluoride tablet chewable 0.25 mg oral (rx) | G | |
| MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX) | NPB | |
| multivitamin/fluoride tablet chewable 0.5 mg oral | G | |
| MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL | NPB | |
| multivitamin/fluoride tablet chewable 1 mg oral | G | |
| MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL | NPB | |
| multi-vitamin/fluoride/iron | G | |
| nafrinse | G | M; ACA |
| nafrinse drops | G | M; ACA |
| NASCOBAL | NPB | M |
| NEOKE ALCAR | NPB | |
| NEONATAL PLUS | PB | |
| NEPHRON FA | NPB | |
| NESTABS | PB | |
| NUTRIVIT | NPB | |
| ONE VITE WOMENS PLUS | PB | |
| PHOSPHA 250 NEUTRAL | NPB | |
| phosphorous | G | |
| phospho-trin 250 neutral | G | |
| phytonadione oral | G | |
| poly-iron 150 forte | G | |
| polysaccharide iron forte | G | |
| POLY-VI-FLOR ORAL SUSPENSION | PB | |
| POLY-VI-FLOR/IRON ORAL SUSPENSION | PB | |
| potassium chloride crys er | G | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| potassium chloride er | G | M |
| potassium chloride oral | G | M |
| potassium citrate er | G | M |
| prenatal oral tablet 27-1 mg | G | |
| prenatal plus iron | G | |
| prenatal vitamin plus low iron | G | |
| PRENATVITE PLUS | PB | |
| PRENATVITE RX | PB | |
| preplus | G | |
| PRETAB | PB | |
| purevit dualfe plus | G | |
| RELNATE DHA | PB | |
| RENATABS WITH IRON | NPB | |
| SALINE-PHENOL | NPB | |
| SAMSCA | NPB-S | PA; QL (2 EA per 1 day) |
| se-tan plus | G | |
| sod citrate-citric acid | G | |
| sodium chloride injection | G | |
| sodium fluoride oral solution 1.1 (0.5 f) mg/ml | G | M; ACA |
| sodium fluoride oral tablet | G | M; ACA |
| sodium fluoride oral tablet chewable | G | M; ACA |
| sodium polystyrene sulfonate | G | |
| sps | G | |
| TARON FORTE | NPB | |
| TAURINE INJECTION | NPB | |
| tl-hem 150 | G | |
| TOLVAPTAN ORAL TABLET 15 MG | NPB-S | PA; QL (2 EA per 1 day) |
| tolvaptan oral tablet 30 mg | G-S | PA; QL (2 EA per 1 day) |
| TRI-AMINO | NPB | |
| TRICARE PRENATAL DHA ONE | PB | |
| TRICON | NPB | |
| trientine hcl | G-S | PA |
| trigels-f forte | G | |
| TRINATE | PB | |
| TRI-VI-FLOR | PB | |
| TRI-VI-FLORO | PB | |
| tri-vite/fluoride | G | |
| UROCIT-K 10 | NPB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|------------------------|
| UROCIT-K 15 | NPB | M |
| UROCIT-K 5 | NPB | M |
| VELTASSA | NPB | |
| VINATE ONE | PB | |
| VIRT-FEFA PLUS | NPB | |
| virt-phos 250 neutral | G | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) | G | |
| vitamins acd-fluoride | G | |
| vp-pnv-dha | G | |
| WESTAB PLUS | PB | |
| WILZIN | NPB | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| CARAFATE ORAL SUSPENSION | NPB | M |
| CYTOTEC | PB | M |
| esomeprazole magnesium oral packet | G | M; QL (1 EA per 1 day) |
| famotidine oral suspension reconstituted | G | |
| misoprostol oral | G | M |
| NEXIUM ORAL PACKET | NPB | M; QL (1 EA per 1 day) |
| omeprazole oral capsule delayed release | G | M; QL (1 EA per 1 day) |
| pantoprazole sodium oral tablet delayed release | G | M; QL (1 EA per 1 day) |
| sucralfate oral | G | M |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| alosetron hcl | G | PA |
| alvimopan | G | |
| amoxicill-clarithro-lansopraz | G | |
| ANASPAZ | NPB | |
| ATROPEN | NPB | |
| atropine sulfate injection solution prefilled syringe 0.5 mg/5ml | G | |
| casacara sagrada oral fluid extract | G | |
| CHENODAL | NPB-S | PA |
| chlordiazepoxide-clidinium | G | |
| CLENPIQ | NPB | |
| constulose | G | |
| cromolyn sodium oral | G | |
| CUVPOSA | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| dicyclomine hcl oral | G | |
| diphenoxylate-atropine | G | |
| ED-SPAZ | NPB | |
| ENTEREG | NPB | |
| enulose | G | |
| GASTROCROM | NPB | |
| GATTEX | NPB-S | PA |
| gavilyte-c | G | ACA |
| gavilyte-g | G | ACA |
| gavilyte-n with flavor pack | G | ACA |
| generlac | G | |
| glycopyrrolate injection solution 1 mg/5ml, 4 mg/20ml | G | |
| glycopyrrolate oral | G | |
| HELIDAC THERAPY | NPB | |
| hyoscyamine sulfate oral | G | |
| hyoscyamine sulfate sl | G | |
| hyoscyamine sulfate sublingual | G | |
| hyosyne | G | |
| lactulose encephalopathy | G | |
| lactulose oral solution | G | |
| LINZESS | PB | ST; QL (1 EA per 1 day) |
| LOMOTIL | NPB | |
| loperamide hcl oral capsule | G | |
| methscopolamine bromide oral | G | |
| mineral oil heavy oral | G | |
| MOTEGRITY | NPB | ST; QL (1 EA per 1 day) |
| MYTESI | NPB | QL (2 EA per 1 day) |
| NULEV | NPB | |
| OMECLAMOX-PAK | PB | |
| OSCIMIN | NPB | |
| peg 3350-kcl-na bicarb-nacl | G | ACA |
| peg-3350/electrolytes | G | ACA |
| peg-3350/electrolytes/ascorbat | G | |
| peg-kcl-nacl-nasulf-na asc-c | G | |
| peg-prep | G | |
| PYLERA | PB | |
| RESTORA RX | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|---------------------------|
| SEROSTIM | NPB-S | PA |
| SUPREP BOWEL PREP KIT | NPB | |
| SUTAB | NPB | |
| SYMPROIC | PB | ST; QL (1 EA per 1 day) |
| TALICIA | NPB | |
| URSO 250 | NPB | M |
| URSO FORTE | NPB | M |
| ursodiol oral capsule 300 mg | G | M |
| ursodiol oral tablet | G | M |
| VIBERZI | NPB | PA; QL (2 EA per 1 day) |
| XERMELO | NPB-S | PA; QL (3 EA per 1 day) |
| ZELNORM | NPB | PA; QL (2 EA per 1 day) |
| ZORBTIVE | NPB-S | PA |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| CERDELGA | NPB-S | PA |
| CHOLBAM | NPB-S | PA |
| CREON | PB | |
| CYSTAGON | NPB-S | |
| EVRYSDI | NPB-S | PA; QL (8 ML per 1 day) |
| GALAFOLD | NPB-S | PA; QL (0.5 EA per 1 day) |
| miglustat | G-S | PA |
| MYALEPT | NPB-S | PA |
| nitisinone | G-S | PA |
| NITYR | NPB-S | PA |
| OCALIVA | NPB-S | PA; QL (1 EA per 1 day) |
| ORFADIN | NPB-S | PA |
| PALYNZIQ | NPB-S | PA |
| RAVICTI | NPB-S | PA |
| sapropterin dihydrochloride | G-S | PA |
| sodium phenylbutyrate oral tablet | G-S | |
| STRENSIQ | PB-S | PA |
| SUCRAID | NPB-S | |
| XURIDEN | NPB-S | PA; QL (4 EA per 1 day) |
| ZENPEP | PB | |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| AURYXIA | NPB | |
| bethanechol chloride oral | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------------|
| calcium acetate (phos binder) | G | |
| calcium acetate oral tablet 667 mg | G | |
| darifenacin hydrobromide er | G | M |
| DEPEN TITRATABS | PB-S | M |
| DETROL | NPB | M |
| DETROL LA | NPB | M |
| DITROPAN XL | NPB | M |
| flavoxate hcl | G | M |
| FOSRENOL | NPB | |
| GELNIQUE | NPB | ST; M |
| INTRAROSA | NPB | |
| lanthanum carbonate | G | |
| LITHOSTAT | NPB | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | PB | |
| oxybutynin chloride er | G | M |
| oxybutynin chloride oral | G | M |
| OXYTROL | NPB | ST; M; QL (0.29 EA per 1 day) |
| penicillamine oral tablet | G-S | M |
| phenazo oral tablet 200 mg | G | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | G | |
| PHOSLYRA | NPB | |
| RIMSO-50 | NPB | |
| sevelamer carbonate | G | |
| sevelamer hcl | G | |
| solifenacin succinate | G | M |
| THIOLA | NPB-S | |
| THIOLA EC | NPB-S | |
| tiopronin oral | G-S | |
| tolterodine tartrate | G | M |
| tolterodine tartrate er | G | M |
| TOVIAZ | NPB | |
| tropium chloride | G | M |
| tropium chloride er | G | M |
| VELPHORO | NPB | |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | G | M |
| dutasteride oral | G | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| dutasteride-tamsulosin hcl | G | M |
| finasteride oral tablet 5 mg | G | M |
| JALYN | NPB | M |
| PROSCAR | NPB | M |
| RAPAFLO | NPB | M |
| silodosin | G | M |
| tamsulosin hcl | G | M |
| terazosin hcl | G | M |
| Hormonal Agents - Adrenal | | |
| dexamethasone intensol | G | |
| dexamethasone oral | G | |
| dexamethasone sod phosphate pf injection solution | G | |
| dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml | G | |
| fludrocortisone acetate oral | G | M |
| hydrocortisone oral | G | |
| MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | NPB | |
| MEDROL ORAL TABLET 2 MG | PB | |
| MEDROL ORAL TABLET THERAPY PACK | NPB | |
| methylprednisolone oral | G | |
| ORAPRED ODT | NPB | |
| PEDIAPRED | NPB | |
| prednisolone oral solution | G | |
| prednisolone sodium phosphate oral | G | |
| prednisone intensol | G | |
| prednisone oral | G | |
| Hormonal Agents - Men's Health | | |
| ANDRODERM | PB | PA |
| danazol oral | G | |
| METHITEST | NPB | PA |
| oxandrolone oral tablet 10 mg | G | PA; QL (2 EA per 1 day) |
| oxandrolone oral tablet 2.5 mg | G | PA; QL (8 EA per 1 day) |
| testosterone cypionate intramuscular | G | PA |
| testosterone enanthate intramuscular | G | PA |
| testosterone transdermal | G | PA |
| XYOSTED | NPB | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| Hormonal Agents - Pituitary | | |
| cabergoline | G | M |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR | NPB-S | PA |
| clomiphene citrate oral | G | |
| DDAVP ORAL | NPB | M |
| desmopressin ace spray refrig | G | M |
| desmopressin acetate oral | G | M |
| desmopressin acetate spray | G | M |
| EGRIFTA SV | NPB-S | PA; QL (1 EA per 1 day) |
| ELIGARD SUBCUTANEOUS KIT 30 MG | NPB-S | PA; QL (0.009 EA per 1 day) |
| FIRMAGON | NPB-S | PA; QL (0.04 EA per 1 day) |
| FIRMAGON (240 MG DOSE) | NPB-S | PA; QL (2 EA per 365 days) |
| FOLLISTIM AQ | PB-S | PA |
| ganirelix acetate | G-S | PA |
| INCRELEX | PB-S | PA |
| leuprolide acetate injection | G-S | PA |
| LEUPROLIDE ACETATE-BUPIVACAINE | NPB | |
| LUPANETA PACK COMBINATION KIT 11.25 & 5 MG | NPB-S | PA; QL (0.012 EA per 1 day) |
| LUPANETA PACK COMBINATION KIT 3.75 & 5 MG | NPB-S | PA; QL (0.04 EA per 1 day) |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | NPB-S | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | PB-S | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | NPB-S | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | PB-S | PA |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | PB-S | PA |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | PB-S | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG | NPB-S | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG | PB-S | PA |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED) | NPB-S | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED) | PB-S | PA |
| MENOPUR | NPB-S | PA |
| NOCDURNA | NPB | M |
| NORDITROPIN FLEXPRO | PB-S | PA |
| NOVAREL | NPB-S | PA |
| NUTROPIN AQ NUSPIN 10 | PB-S | PA |
| NUTROPIN AQ NUSPIN 20 | PB-S | PA |
| NUTROPIN AQ NUSPIN 5 | PB-S | PA |
| octreotide acetate | G-S | PA |
| ORILISSA ORAL TABLET 150 MG | PB | PA; QL (1 EA per 1 day) |
| ORILISSA ORAL TABLET 200 MG | PB | PA; QL (2 EA per 1 day) |
| OVIDREL | NPB-S | PA |
| PREGNYL | NPB-S | PA |
| SIGNIFOR LAR | NPB-S | PA; QL (0.04 EA per 1 day) |
| SOMATULINE DEPOT | NPB-S | PA |
| SOMAVERT | NPB-S | PA |
| STIMATE | NPB | M |
| SYNAREL | PB | |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG | NPB-S | PA; QL (0.012 EA per 1 day) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG | NPB-S | PA; QL (0.006 EA per 1 day) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG | NPB-S | PA; QL (0.04 EA per 1 day) |
| Hormonal Agents - Prostaglandins | | |
| KORLYM | NPB-S | PA; QL (4 EA per 1 day) |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents | | |
| EVISTA | NPB | M |
| OSPHENA | NPB | |
| raloxifene hcl | G | M; ACA |
| Hormonal Agents - Sex Hormones and Birth Control | | |
| ACTIVELLA | NPB | M |
| afirmelle | G | M; ACA |
| ALORA | NPB | M |
| altavera | G | M; ACA |
| alyacen 1/35 | G | M; ACA |
| alyacen 7/7/7 | G | M; ACA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------|-----------|-----------------------------|
| amabelz | G | M |
| amethia | G | M; ACA; QL (1 EA per 1 day) |
| amethyst | G | M; ACA |
| ANGELIQ | NPB | M |
| ANNOVERA | NPB | ACA; QL (1 EA per 350 days) |
| apri | G | M; ACA |
| aranelle | G | M; ACA |
| ashlyna | G | M; ACA; QL (1 EA per 1 day) |
| aubra | G | M; ACA |
| aubra eq | G | M; ACA |
| aurovela 1.5/30 | G | M; ACA |
| aurovela 1/20 | G | M; ACA |
| aurovela 24 fe | G | M; ACA |
| aurovela fe 1.5/30 | G | M; ACA |
| aurovela fe 1/20 | G | M; ACA |
| aviane | G | M; ACA |
| AYGESTIN | NPB | M |
| ayuna | G | M; ACA |
| azurette | G | M; ACA |
| balziva | G | M; ACA |
| BIJUVA | NPB | |
| blisovi 24 fe | G | M; ACA |
| blisovi fe 1.5/30 | G | M; ACA |
| blisovi fe 1/20 | G | M; ACA |
| briellyn | G | M; ACA |
| camila | G | M; ACA |
| camrese | G | M; ACA; QL (1 EA per 1 day) |
| camrese lo | G | M; ACA; QL (1 EA per 1 day) |
| caziant | G | M; ACA |
| charlotte 24 fe | G | M; ACA |
| chateal | G | M; ACA |
| chateal eq | G | M; ACA |
| CLIMARA PRO | PB | M |
| COMBIPATCH | NPB | M |
| CRINONE | NPB | QL (0.6 GM per 1 day) |
| cryselle-28 | G | M; ACA |
| cyclafem 1/35 | G | M; ACA |
| cyclafem 7/7/7 | G | M; ACA |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| cyred | G | M; ACA |
| cyred eq | G | M; ACA |
| dasetta 1/35 | G | M; ACA |
| dasetta 7/7/7 | G | M; ACA |
| daysee | G | M; ACA; QL (1 EA per 1 day) |
| deblitane | G | M; ACA |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML | NPB | |
| delyla | G | M; ACA |
| DEPO-ESTRADIOL | NPB | |
| DEPO-PROVERA | NPB | QL (0.02 ML per 1 day) |
| DEPO-SUBQ PROVERA 104 | NPB | QL (0.02 ML per 1 day) |
| desogestrel-ethinyl estradiol | G | M; ACA |
| DIVIGEL | NPB | M |
| dolishale | G | M; ACA |
| dotti | G | M |
| drospirenone-ethinyl estradiol | G | M; ACA |
| DUAVEE | PB | |
| ELESTRIN | NPB | M |
| elinest | G | M; ACA |
| ELLA | NPB | ACA |
| eluryng | G | M; ACA |
| emoquette | G | M; ACA |
| ENDOMETRIN | PB | |
| enpresse-28 | G | M; ACA |
| enskyce | G | M; ACA |
| errin | G | M; ACA |
| estarylla | G | M; ACA |
| estradiol oral | G | M |
| estradiol transdermal | G | M |
| estradiol vaginal | G | M |
| estradiol valerate intramuscular | G | |
| estradiol-norethindrone acet | G | M |
| ESTRING | NPB | M; QL (0.012 EA per 1 day) |
| ESTROGEL | NPB | M |
| ESTROSTEP FE | NPB | M |
| ethynodiol diac-eth estradiol | G | M; ACA |
| etonogestrel-ethinyl estradiol | G | M; ACA |

| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------|-----------|-----------------------------|
| EVAMIST | NPB | M |
| falmina | G | M; ACA |
| fayosim | G | M; ACA; QL (1 EA per 1 day) |
| FEMHRT | NPB | M |
| FEMRING | NPB | M; QL (0.012 EA per 1 day) |
| femynor | G | M; ACA |
| FIRST-PROGESTERONE VGS | NPB | |
| fyavolv | G | M |
| hailey 1.5/30 | G | M; ACA |
| hailey 24 fe | G | M; ACA |
| hailey fe 1.5/30 | G | M; ACA |
| hailey fe 1/20 | G | M; ACA |
| heather | G | M; ACA |
| iclevia | G | M; ACA; QL (1 EA per 1 day) |
| IMVEXXY MAINTENANCE PACK | PB | M |
| IMVEXXY STARTER PACK | PB | M |
| incassia | G | M; ACA |
| introvale | G | M; ACA; QL (1 EA per 1 day) |
| isibloom | G | M; ACA |
| jaimiess | G | M; ACA; QL (1 EA per 1 day) |
| jasmiel | G | M; ACA |
| jencycla | G | M; ACA |
| jinteli | G | M |
| jolessa | G | M; ACA; QL (1 EA per 1 day) |
| juleber | G | M; ACA |
| junel 1.5/30 | G | M; ACA |
| junel 1/20 | G | M; ACA |
| junel fe 1.5/30 | G | M; ACA |
| junel fe 1/20 | G | M; ACA |
| junel fe 24 | G | M; ACA |
| kalliga | G | M; ACA |
| kariva | G | M; ACA |
| kelnor 1/35 | G | M; ACA |
| kelnor 1/50 | G | M; ACA |
| kurvelo | G | M; ACA |
| larin 1.5/30 | G | M; ACA |
| larin 1/20 | G | M; ACA |
| larin 24 fe | G | M; ACA |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| larin fe 1.5/30 | G | M; ACA |
| larin fe 1/20 | G | M; ACA |
| larissia | G | M; ACA |
| leena | G | M; ACA |
| lessina | G | M; ACA |
| levonest | G | M; ACA |
| levonorgest-eth est & eth est | G | M; ACA; QL (1 EA per 1 day) |
| levonorgest-eth estrad 91-day | G | M; ACA; QL (1 EA per 1 day) |
| levonorgestrel-ethinyl estrad | G | M; ACA |
| levonorg-eth estrad triphasic | G | M; ACA |
| levora 0.15/30 (28) | G | M; ACA |
| lillow | G | M; ACA |
| lojaimiess | G | M; ACA; QL (1 EA per 1 day) |
| loryna | G | M; ACA |
| LOSEASONIQUE | NPB | M; QL (1 EA per 1 day) |
| low-ogestrel | G | M; ACA |
| lo-zumandimine | G | M; ACA |
| lutera | G | M; ACA |
| lyleq | G | M; ACA |
| lyllana | G | M |
| lyza | G | M; ACA |
| marlissa | G | M; ACA |
| medroxyprogesterone acetate intramuscular | G | ACA; QL (0.02 ML per 1 day) |
| medroxyprogesterone acetate oral | G | M |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml | G | |
| megestrol acetate oral suspension 625 mg/5ml | G | |
| megestrol acetate oral tablet | G | |
| MENEST | PB | M |
| MENOSTAR | NPB | M |
| mibelas 24 fe | G | M; ACA |
| microgestin 1.5/30 | G | M; ACA |
| microgestin 1/20 | G | M; ACA |
| microgestin 24 fe | G | M; ACA |
| microgestin fe 1.5/30 | G | M; ACA |
| microgestin fe 1/20 | G | M; ACA |
| mili | G | M; ACA |
| mimvey | G | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| MINIVELLE | NPB | M |
| MIRCETTE | NPB | M |
| mono-lyyah | G | M; ACA |
| MYFEMBREE | PB | PA; QL (1 EA per 1 day) |
| NATAZIA | PB | M; ACA |
| necon 0.5/35 (28) | G | M; ACA |
| nikki | G | M; ACA |
| nora-be | G | M; ACA |
| norethin ace-eth estrad-fe oral tablet | G | M; ACA |
| norethin ace-eth estrad-fe oral tablet chewable | G | M; ACA |
| norethindrone acetate oral | G | M |
| norethindrone acet-ethinyl est | G | M; ACA |
| norethindrone oral | G | M; ACA |
| norethindrone-eth estradiol | G | M |
| norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg | G | M; ACA |
| norgestimate-eth estradiol | G | M; ACA |
| norgestimate-ethinyl estradiol triphasic | G | M; ACA |
| norlyda | G | M; ACA |
| norlyroc | G | M; ACA |
| nortrel 0.5/35 (28) | G | M; ACA |
| nortrel 1/35 (21) | G | M; ACA |
| nortrel 1/35 (28) | G | M; ACA |
| nortrel 7/7/7 | G | M; ACA |
| NUVARING | NPB | M |
| nylia 7/7/7 | G | M; ACA |
| nymyo | G | M; ACA |
| ocella | G | M; ACA |
| ORIAHNN | PB | PA; QL (2 EA per 1 day) |
| orsythia | G | M; ACA |
| philith | G | M; ACA |
| pimtrea | G | M; ACA |
| pirmella 1/35 | G | M; ACA |
| pirmella 7/7/7 | G | M; ACA |
| portia-28 | G | M; ACA |
| PREFEST | NPB | M |
| PREMARIN ORAL | PB | M |
| PREMARIN VAGINAL | PB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|----------------------------|-----------|-----------------------------|
| PREMPHASE | PB | M |
| PREMPRO | PB | M |
| previfem | G | M; ACA |
| progesterone intramuscular | G | |
| progesterone oral | G | |
| PROVERA | NPB | M |
| QUARTETTE | NPB | M; QL (1 EA per 1 day) |
| reclipsen | G | M; ACA |
| rivelsa | G | M; ACA; QL (1 EA per 1 day) |
| setlakin | G | M; ACA; QL (1 EA per 1 day) |
| sharobel | G | M; ACA |
| simliya | G | M; ACA |
| simpesse | G | M; ACA; QL (1 EA per 1 day) |
| sprintec 28 | G | M; ACA |
| sronyx | G | M; ACA |
| syeda | G | M; ACA |
| tarina 24 fe | G | M; ACA |
| tarina fe 1/20 | G | M; ACA |
| tarina fe 1/20 eq | G | M; ACA |
| tilia fe | G | M; ACA |
| tri femynor | G | M; ACA |
| tri-estarylla | G | M; ACA |
| tri-legest fe | G | M; ACA |
| tri-linyah | G | M; ACA |
| tri-lo-estarylla | G | M; ACA |
| tri-lo-marzia | G | M; ACA |
| tri-lo-mili | G | M; ACA |
| tri-lo-sprintec | G | M; ACA |
| tri-mili | G | M; ACA |
| tri-nymyo | G | M; ACA |
| tri-previfem | G | M; ACA |
| tri-sprintec | G | M; ACA |
| trivora (28) | G | M; ACA |
| tri-vylibra | G | M; ACA |
| tri-vylibra lo | G | M; ACA |
| tulana | G | M; ACA |
| tyblume | G | M; ACA |
| velivet | G | M; ACA |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| vestura | G | M; ACA |
| vienva | G | M; ACA |
| viorele | G | M; ACA |
| volnea | G | M; ACA |
| vyfemla | G | M; ACA |
| vylibra | G | M; ACA |
| wera | G | M; ACA |
| wymzya fe | G | M; ACA |
| xulane | G | M; ACA |
| yuvafem | G | M |
| zafemy | G | M; ACA |
| zarah | G | M; ACA |
| zovia 1/35 (28) | G | M; ACA |
| zovia 1/35e (28) | G | M; ACA |
| zumandimine | G | M; ACA |
| Hormonal Agents - Thyroid | | |
| ARMOUR THYROID | NPB | ST; M |
| euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg | G | M |
| levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg | G | M |
| levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg | G | M |
| levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg | G | M |
| liothyronine sodium oral | G | M |
| methimazole oral | G | M |
| NATURE-THROID | NPB | ST; M |
| np thyroid | G | M |
| propylthiouracil oral | G | M |
| SODIUM IODIDE I-131 | NPB | |
| TAPAZOLE | NPB | M |
| unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg | G | M |
| WESTHROID | NPB | ST; M |
| WP THYROID | NPB | ST; M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|---------------------------|
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | NPB-S | PA |
| ACTEMRA SUBCUTANEOUS | NPB-S | PA |
| ARCALYST | NPB-S | PA |
| ASTAGRAF XL | NPB-S | |
| azasan | G | |
| azathioprine oral | G | |
| BENLYSTA SUBCUTANEOUS | NPB-S | PA |
| CELLCEPT | NPB-S | |
| CIMZIA | PB-S | PA |
| CIMZIA PREFILLED KIT | PB-S | PA |
| CIMZIA STARTER KIT | PB-S | PA |
| cyclosporine modified | G-S | |
| cyclosporine oral | G-S | |
| ENBREL | NPB-S | PA |
| ENBREL MINI | NPB-S | PA |
| ENBREL SURECLICK | NPB-S | PA |
| ENSPRYNG | NPB-S | PA |
| ENVARUSUS XR | NPB-S | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg | G-S | |
| engraf | G-S | |
| HUMIRA | PB-S | PA |
| HUMIRA PEDIATRIC CROHNS START | PB-S | PA |
| HUMIRA PEN | PB-S | PA |
| HUMIRA PEN-CD/UC/HS STARTER | PB-S | PA |
| HUMIRA PEN-PEDIATRIC UC START | PB-S | PA |
| HUMIRA PEN-PS/UV/ADOL HS START | PB-S | PA |
| HUMIRA PEN-PSOR/UEIT STARTER | PB-S | PA |
| icatibant acetate | G-S | PA; QL (0.6 ML per 1 day) |
| ILUMYA | NPB-S | PA |
| IMURAN | NPB | |
| KEVZARA | NPB-S | PA |
| KINERET | NPB-S | PA |
| leflunomide oral | G | M |
| methotrexate oral | G | |
| methotrexate sodium (pf) | G | |
| methotrexate sodium injection | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------------|
| methotrexate sodium oral | G | |
| mycophenolate mofetil oral | G-S | |
| mycophenolate sodium | G-S | |
| MYFORTIC | NPB-S | |
| NEORAL | NPB-S | |
| ORENCIA CLICKJECT | NPB-S | PA |
| ORENCIA SUBCUTANEOUS | NPB-S | PA |
| ORLADEYO | NPB-S | PA; QL (1 EA per 1 day) |
| OTEZLA | PB-S | PA |
| PROGRAF ORAL | NPB-S | |
| RAPAMUNE | NPB-S | |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML | PB | PA; QL (0.03 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML | PB | PA; QL (0.04 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML | PB | PA; QL (0.05 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | PB | PA; QL (0.06 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML | PB | PA; QL (0.07 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML | PB | PA; QL (0.08 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML | PB | PA; QL (0.09 ML per 1 day) |
| RIDAURA | NPB-S | M |
| RINVOQ | PB-S | PA |
| sajazir | G-S | PA; QL (0.6 ML per 1 day) |
| SANDIMMUNE ORAL CAPSULE | NPB-S | |
| SANDIMMUNE ORAL SOLUTION | PB-S | |
| SILIQ | NPB-S | PA |
| SIMPONI | PB-S | PA |
| sirolimus oral | G-S | |
| SKYRIZI | PB-S | PA; QL (84 day supply per 1 fill) |
| SKYRIZI (150 MG DOSE) | PB-S | PA; QL (84 day supply per 1 fill) |
| SKYRIZI PEN | PB-S | PA; QL (84 day supply per 1 fill) |
| STELARA SUBCUTANEOUS SOLUTION | PB-S | PA; QL (0.009 ML per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | PB-S | PA; QL (0.009 ML per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | PB-S | PA; QL (0.02 ML per 1 day) |
| SYNAGIS | PB-S | PA |
| tacrolimus oral | G-S | |
| TAKHZYRO | NPB-S | PA |
| TALTZ | NPB-S | PA |
| TREMFYA | PB-S | PA |
| TREXALL | PB | |
| WINRHO SDF INJECTION SOLUTION 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML | PB-S | |
| XATMEP | PB | |
| XELJANZ | PB-S | PA |
| XELJANZ XR | PB-S | PA |
| ZORTRESS | NPB-S | |
| Immunological Agents - Drugs for Vaccination | | |
| ACTHIB | NPB | ACA |
| ADACEL | NPB | ACA |
| AFLURIA QUADRIVALENT | NPB | ACA |
| BEXSERO | NPB | ACA |
| BOOSTRIX | NPB | ACA |
| DAPTACEL | NPB | ACA |
| DIPHTHERIA-TETANUS TOXOIDS DT | NPB | ACA |
| ENGERIX-B | NPB | ACA |
| FLUAD QUADRIVALENT | NPB | ACA |
| FLUARIX QUADRIVALENT | NPB | ACA |
| FLUBLOK QUADRIVALENT | NPB | ACA |
| FLUCELVAX QUADRIVALENT | NPB | ACA |
| FLULAVAL QUADRIVALENT | NPB | ACA |
| FLUMIST QUADRIVALENT | NPB | ACA |
| FLUZONE HIGH-DOSE QUADRIVALENT | NPB | ACA |
| FLUZONE QUADRIVALENT | NPB | ACA |
| GARDASIL 9 | NPB | ACA |
| HAVRIX | NPB | ACA |
| HEPLISAV-B | NPB | ACA |
| HIBERIX | NPB | ACA |
| IMOVAX RABIES | NPB | |
| INFANRIX | NPB | ACA |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------|
| IPOL | NPB | ACA |
| JANSSEN COVID-19 VACCINE | NPB | ACA |
| KINRIX | NPB | ACA |
| MENACTRA | NPB | ACA |
| MENQUADFI | NPB | ACA |
| MENVEO | NPB | ACA |
| M-M-R II | NPB | ACA |
| MODERNA COVID-19 VACCINE | NPB | ACA |
| PEDIARIX | NPB | ACA |
| PEDVAX HIB | NPB | ACA |
| PENTACEL | NPB | ACA |
| PFIZER COVID-19 VAC-TRIS 5-11Y | NPB | |
| PFIZER-BIONT COVID-19 VAC-TRIS | NPB | |
| PFIZER-BIONTECH COVID-19 VACC | NPB | ACA |
| PNEUMOVAX 23 | NPB | ACA |
| PREVNAR 13 | NPB | ACA |
| PREVNAR 20 | NPB | |
| PROQUAD | NPB | ACA |
| QUADRACEL | NPB | ACA |
| RABAVERT | NPB | |
| RECOMBIVAX HB | NPB | ACA |
| ROTARIX | NPB | ACA |
| ROTATEQ | NPB | ACA |
| SHINGRIX | NPB | ACA |
| TDVAX | NPB | ACA |
| TENIVAC | NPB | ACA |
| TETANUS-DIPHTHERIA TOXOIDS TD | NPB | ACA |
| TRUMENBA | NPB | ACA |
| TWINRIX | NPB | ACA |
| VAQTA | NPB | ACA |
| VARIVAX | NPB | ACA |
| VAXELIS | NPB | ACA |
| VAXNEUVANCE | NPB | |
| Inflammatory Bowel Disease Agents | | |
| ANALPRAM-HC EXTERNAL CREAM | NPB | |
| ANUSOL-HC EXTERNAL | NPB | |
| mesalamine ER | G | M |
| AZULFIDINE | NPB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|---------------------------|
| AZULFIDINE EN-TABS | NPB | M |
| balsalazide disodium | G | |
| budesonide er | G | |
| budesonide oral | G | |
| CORTENEMA | NPB | |
| CORTIFOAM | NPB | |
| ENTOCORT EC | NPB | |
| hydrocortisone (perianal) | G | |
| hydrocortisone ace-pramoxine external cream 1-1 % | G | |
| hydrocortisone rectal | G | |
| mesalamine DR | G | M |
| mesalamine oral capsule delayed release 400 mg | G | M |
| mesalamine rectal | G | M |
| mesalamine-cleanser | G | |
| PENTASA | NPB | M |
| PROCTOFOAM HC | PB | |
| procto-med hc | G | |
| procto-pak | G | |
| proctosol hc | G | |
| proctozone-hc | G | |
| ROWASA | NPB | |
| SFROWASA | PB | M |
| sulfasalazine oral | G | M |
| UCERIS RECTAL | NPB | |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| ACTONEL ORAL TABLET 150 MG | NPB | M; QL (0.04 EA per 1 day) |
| ACTONEL ORAL TABLET 35 MG | NPB | M; QL (0.15 EA per 1 day) |
| alendronate sodium oral solution | G | M |
| alendronate sodium oral tablet 10 mg, 5 mg | G | M |
| alendronate sodium oral tablet 35 mg, 70 mg | G | M; QL (0.15 EA per 1 day) |
| ATELVIA | NPB | M; QL (0.15 EA per 1 day) |
| BONIVA | NPB | M; QL (0.04 EA per 1 day) |
| calcitonin (salmon) injection | G | M |
| calcitonin (salmon) nasal | G | M; QL (0.13 ML per 1 day) |
| FOSAMAX | NPB | M; QL (0.15 EA per 1 day) |
| ibandronate sodium oral | G | M; QL (0.04 EA per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| RAYALDEE | NPB | M |
| risedronate sodium oral tablet 150 mg | G | M; QL (0.04 EA per 1 day) |
| risedronate sodium oral tablet 30 mg, 5 mg | G | M |
| risedronate sodium oral tablet 35 mg | G | M; QL (0.15 EA per 1 day) |
| risedronate sodium oral tablet delayed release | G | M; QL (0.15 EA per 1 day) |
| TERIPARATIDE (RECOMBINANT) | PB-S | PA |
| TYMLOS | PB-S | PA |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral | G | M |
| cinacalcet hcl | G | PA |
| NATPARA | NPB-S | PA; QL (0.08 EA per 1 day) |
| paricalcitol oral | G | M |
| ROCALTROL | NPB | M |
| ZEMPLAR ORAL | NPB | M |
| Miscellaneous Therapeutic Agents | | |
| ALPHA-LIPOIC ACID INJECTION | NPB | |
| BACTERIOSTATIC WATER(BENZ ALC) | NPB | |
| CHLORHEXIDINE GLUCONATE SOLUTION 20 % | NPB | |
| CYTOTINE ORAL POWDER | NPB | |
| deferoxamine mesylate injection solution reconstituted 2 gm | G | |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT | NPB-S | PA |
| ENDARI | NPB | PA |
| ergoloid mesylates oral | G | M |
| formaldehyde external solution 37 % | G | |
| glutaraldehyde external | G | |
| GRASTEK | NPB | |
| methergine | G | QL (28 EA per 1 fill) |
| methylergonovine maleate oral | G | QL (28 EA per 1 fill) |
| NEOKE RA LIPOIC | NPB | |
| ODACTRA | NPB | |
| ORALAIR | NPB | |
| ORALAIR ADULT STARTER PACK | NPB | |
| ORALAIR CHILDRENS STARTER PACK | NPB | |
| PHOTREXA-PHOTREXA VISCOUS KIT | NPB | |
| RAGWITEK | NPB | |
| RUZURGI | NPB-S | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|--------------------------|
| VISTOGARD | NPB | |
| ZOKINVY | NPB-S | PA; QL (4 EA per 1 day) |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| ACULAR | NPB | |
| ACULAR LS | NPB | |
| ALOMIDE | NPB | |
| AZASITE | NPB | |
| azelastine hcl ophthalmic | G | |
| bacitracin ophthalmic | G | |
| bepotastine besilate | G | ST |
| BESIVANCE | NPB | |
| BETADINE OPHTHALMIC PREP | NPB | |
| BLEPH-10 | NPB | |
| bromfenac sodium (once-daily) | G | QL (6.8 ML per 365 days) |
| CILOXAN OPHTHALMIC SOLUTION | NPB | |
| ciprofloxacin hcl ophthalmic | G | |
| cromolyn sodium ophthalmic | G | |
| dexamethasone sodium phosphate ophthalmic | G | |
| diclofenac sodium ophthalmic | G | |
| difluprednate | G | |
| epinastine hcl | G | |
| erythromycin ophthalmic | G | |
| EYSUVIS | NPB | PA |
| FLAREX | NPB | |
| fluorometholone | G | |
| flurbiprofen sodium | G | |
| FML | PB | |
| FML FORTE | NPB | |
| FML LIQUIFILM | NPB | |
| gatifloxacin ophthalmic | G | |
| gentak | G | |
| gentamicin sulfate ophthalmic | G | |
| INVELTYS | NPB | |
| ketorolac tromethamine ophthalmic | G | |
| levofloxacin ophthalmic | G | |
| LOTEMAX SM | NPB | |
| loteprednol etabonate ophthalmic suspension | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------|
| MAXIDEX | NPB | |
| MITOSOL | NPB | |
| MOXEZA | PB | |
| moxifloxacin hcl (2x day) | G | |
| moxifloxacin hcl ophthalmic solution | G | |
| NATACYN | PB | |
| OCUFLOX | NPB | |
| ofloxacin ophthalmic | G | |
| olopatadine hcl ophthalmic | G | |
| POVIDONE-IODINE OPHTHALMIC | NPB | |
| PRED MILD | NPB | |
| prednisolone acetate ophthalmic | G | |
| prednisolone sodium phosphate ophthalmic | G | |
| PROLENSA | PB | QL (12 ML per 365 days) |
| sulfacetamide sodium ophthalmic | G | |
| tobramycin ophthalmic | G | |
| TOBEX | NPB | |
| trifluridine | G | |
| TRIPLE PMB | NPB | |
| TRIPLE PMK | NPB | |
| UPNEEQ | NPB | PA |
| ZIRGAN | NPB | |
| ZYMAXID | NPB | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| acetazolamide er | G | M |
| acetazolamide oral | G | M |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | PB | M |
| apraclonidine hcl | G | |
| betaxolol hcl ophthalmic | G | M |
| BETIMOL | NPB | M |
| BETOPTIC-S | NPB | M |
| bimatoprost ophthalmic | G | M; QL (0.1 ML per 1 day) |
| brimonidine tartrate ophthalmic | G | M |
| brinzolamide | G | M |
| carteolol hcl | G | M |
| COMBIGAN | PB | M |
| DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC | NPB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------|
| dorzolamide hcl solution 2 % ophthalmic | G | M |
| dorzolamide hcl-timolol mal pf | G | M |
| DORZOLAMIDE HCL-TIMOLOL MAL SOLUTION 22.3-6.8 MG/ML OPHTHALMIC | NPB | M |
| dorzolamide hcl-timolol mal solution 22.3-6.8 mg/ml ophthalmic | G | M |
| IOPIDINE | NPB | |
| ISOPTO CARPINE | NPB | M |
| ISTALOL | NPB | M |
| KEVEYIS | NPB-S | PA; QL (4 EA per 1 day) |
| LATANOPROST SOLUTION 0.005 % OPHTHALMIC | NPB | M |
| latanoprost solution 0.005 % ophthalmic | G | M |
| levobunolol hcl | G | M |
| LUMIGAN | PB | M; QL (0.1 ML per 1 day) |
| methazolamide oral | G | M |
| pilocarpine hcl ophthalmic | G | M |
| RHOPRESSA | NPB | M; QL (0.1 ML per 1 day) |
| ROCKLATAN | NPB | M; QL (0.1 ML per 1 day) |
| SIMBRINZA | PB | M |
| timolol maleate ocudose | G | M |
| timolol maleate ophthalmic solution | G | M |
| timolol maleate pf | G | M |
| travoprost (bak free) | G | M; QL (0.1 ML per 1 day) |
| TRUSOPT | NPB | M |
| XELPROS | NPB | M; QL (0.1 ML per 1 day) |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| ak-poly-bac | G | |
| AKTEN | NPB | |
| ALCAINE | NPB | |
| altafrin | G | |
| atropine sulfate ophthalmic ointment | G | M |
| atropine sulfate ophthalmic solution 1 % | G | M |
| bacitracin-polymyxin b ophthalmic | G | |
| bacitra-neomycin-polymyxin-hc | G | |
| BLEPHAMIDE | NPB | |
| BLEPHAMIDE S.O.P. | NPB | |
| CYCLOGYL | NPB | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| CYCLOMYDRIL | NPB | M |
| cyclopentolate hcl ophthalmic | G | M |
| CYSTADROPS | NPB-S | PA; QL (0.72 ML per 1 day) |
| CYSTARAN | NPB-S | PA; QL (2.2 ML per 1 day) |
| DOUBLE PM | NPB | |
| homatropaire | G | M |
| ISOPTO ATROPINE | NPB | M |
| LACRISERT | NPB | |
| MAXITROL | NPB | |
| MEMBRANEBLUE | NPB | |
| neomycin-bacitracin zn-polymyx | G | |
| neomycin-polymyxin-dexameth ophthalmic ointment | G | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | G | |
| neomycin-polymyxin-gramicidin | G | |
| neomycin-polymyxin-hc ophthalmic | G | |
| neo-polycin | G | |
| neo-polycin hc | G | |
| OXERVATE | NPB-S | PA; QL (2 ML per 1 day) |
| phenylephrine hcl ophthalmic | G | |
| polycin | G | |
| polymyxin b-trimethoprim | G | |
| POLYTRIM | NPB | |
| PRED-G | NPB | |
| PRED-G S.O.P. | NPB | |
| proparacaine hcl ophthalmic | G | |
| RESTASIS | PB | PA; M |
| RESTASIS MULTIDOSE | PB | PA; M |
| sulfacetamide-prednisolone ophthalmic solution | G | |
| TOBRADEX OPHTHALMIC OINTMENT | NPB | |
| TOBRADEX ST | NPB | |
| tobramycin-dexamethasone | G | |
| TROPICAMIDE-CYCLOPENTOLATE-PE | NPB | |
| TROPICAMIDE-PHENYLEPHRINE | NPB | |
| VISIONBLUE | NPB | |
| XIIDRA | PB | PA; M |
| ZYLET | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|------------------------|
| Otic Agents - Drugs for Ear Conditions | | |
| acetic acid otic | G | |
| CETRAXAL | NPB | ST |
| ciprofloxacin hcl otic | G | ST |
| ciprofloxacin-dexamethasone | G | |
| cortic-nd | G | |
| CORTISPORIN-TC | NPB | |
| DERMOTIC | NPB | |
| flac | G | |
| fluocinolone acetonide otic | G | |
| hydrocortisone-acetic acid | G | |
| neomycin-polymyxin-hc otic | G | |
| ofloxacin otic | G | |
| PRAMOTIC | NPB | |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| azelastine hcl nasal | G | QL (2 ML per 1 day) |
| azelastine-fluticasone | G | QL (0.77 GM per 1 day) |
| benzonatate | G | |
| carbinoxamine maleate oral solution | G | |
| carbinoxamine maleate oral tablet 4 mg | G | |
| clemastine fumarate oral syrup | G | |
| clemastine fumarate oral tablet 2.68 mg | G | |
| cyproheptadine hcl oral | G | |
| DICOPANOL FUSEPAQ | NPB | |
| DICOPANOL RAPIDPAQ | NPB | |
| di-phen | G | |
| diphen oral elixir | G | |
| diphenhydramine hcl injection | G | |
| diphenhydramine hcl oral elixir | G | |
| DYMISTA | PB | QL (0.77 GM per 1 day) |
| FASENRA | PB-S | PA |
| FASENRA PEN | PB-S | PA |
| guaiaatussin ac | G | OTC |
| guaifenesin ac | G | OTC |
| HYCODAN | NPB | |
| hydrocodone polst-chlorphen polst er susp | G | |
| hydrocodone-homatropine | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| hydromet | G | |
| HYPERSAL | NPB | |
| ipratropium bromide nasal | G | |
| maxi-tuss ac | G | OTC |
| NUCALA | PB-S | PA; QL (0.11 EA per 1 day) |
| olopatadine hcl nasal | G | QL (1.02 GM per 1 day) |
| PATANASE | NPB | QL (1.02 GM per 1 day) |
| promethazine hcl oral | G | |
| promethazine hcl rectal | G | |
| promethazine vc | G | |
| promethazine vc/codeine | G | |
| promethazine-codeine | G | |
| promethazine-dm | G | |
| promethazine-phenyleph-codeine | G | |
| promethazine-phenylephrine | G | |
| promethegan | G | |
| pseudoephedrine-bromphen-dm | G | |
| RYCLORA | NPB | |
| ryvent | G | |
| sodium chloride inhalation | G | |
| virtussin ac w/alc | G | OTC |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | PB-S | PA |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | | |
| ACCOLATE | NPB | M |
| acetylcysteine inhalation | G | |
| fluticasone/salmeterol | G | M; QL (2 EA per 1 day) |
| ADVAIR HFA | PB | M; QL (0.4 GM per 1 day) |
| albuterol sulfate hfa | G | M; QL (1.2 GM per 1 day) |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083% | G | M; QL (18 ML per 1 day) |
| albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml | G | M |
| albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml | G | M; QL (12.5 ML per 1 day) |
| albuterol sulfate oral | G | M |
| ANORO ELLIPTA | PB | M; QL (2 EA per 1 day) |
| arformoterol tartrate | G | M; QL (4 ML per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| ARNUITY ELLIPTA | PB | M; QL (1 EA per 1 day) |
| ATROVENT HFA | NPB | M; QL (0.86 GM per 1 day) |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML | NPB | |
| BREO ELLIPTA | PB | M; QL (2 EA per 1 day) |
| BREZTRI AEROSPHERE | PB | QL (0.36 GM per 1 day) |
| BROVANA | NPB | M; QL (4 ML per 1 day) |
| budesonide inhalation | G | M; QL (4 ML per 1 day) |
| COMBIVENT RESPIMAT | PB | QL (0.27 GM per 1 day) |
| cromolyn sodium inhalation | G | M |
| DALIRESP | NPB | PA |
| ELIXOPHYLLIN | PB | M |
| epinephrine injection solution auto-injector | G | |
| EPIPEN 2-PAK | NPB | ST |
| ESBRIET | NPB-S | PA |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST | PB | M; QL (2 EA per 1 day) |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST | PB | M; QL (8 EA per 1 day) |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | PB | M; QL (0.8 GM per 1 day) |
| FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT | PB | M; QL (0.71 GM per 1 day) |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | G | M; QL (0.04 EA per 1 day) |
| formoterol fumarate inhalation | G | M; QL (4 ML per 1 day) |
| ipratropium bromide inhalation | G | M; QL (10.42 ML per 1 day) |
| ipratropium-albuterol | G | QL (18 ML per 1 day) |
| isoproterenol hcl injection | G | |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml | G | QL (18 ML per 1 day) |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml | G | QL (3 EA per 1 day) |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml | G | QL (9 ML per 1 day) |
| LONHALA MAGNAIR REFILL KIT | NPB | M; QL (2 ML per 1 day) |
| LONHALA MAGNAIR STARTER KIT | NPB | M; QL (2 ML per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| montelukast sodium oral | G | M |
| OFEV | NPB-S | PA |
| PERFOROMIST | NPB | M; QL (4 ML per 1 day) |
| PULMICORT FLEXHALER | PB | M; QL (0.07 EA per 1 day) |
| SEREVENT DISKUS | PB | M; QL (2 EA per 1 day) |
| SPIRIVA HANDIHALER | PB | M; QL (1 EA per 1 day) |
| SPIRIVA RESPIMAT | PB | M; QL (0.14 GM per 1 day) |
| STIOLTO RESPIMAT | PB | M; QL (0.14 GM per 1 day) |
| STRIVERDI RESPIMAT | PB | M; QL (4.2 GM per 30 days) |
| SYMBICORT | PB | M; QL (0.34 GM per 1 day) |
| SYMJEPI | NPB | |
| terbutaline sulfate injection | G | M |
| terbutaline sulfate oral | G | M |
| THEO-24 | NPB | M |
| theophylline | G | M |
| theophylline er | G | M |
| TRELEGY ELLIPTA | PB | M; QL (2 EA per 1 day) |
| XOPENEX CONCENTRATE | NPB | QL (3 EA per 1 day) |
| XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML | NPB | QL (18 ML per 1 day) |
| XOPENEX INHALATION NEBULIZATION SOLUTION 1.25 MG/3ML | NPB | QL (9 ML per 1 day) |
| YUPELRI | NPB | M; QL (3 ML per 1 day) |
| zafirlukast | G | M |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| KALYDECO | NPB-S | PA |
| ORKAMBI ORAL PACKET | NPB-S | PA; QL (2 EA per 1 day) |
| ORKAMBI ORAL TABLET | NPB-S | PA; QL (4 EA per 1 day) |
| PULMOZYME | PB-S | PA |
| SYMDEKO | NPB-S | PA; QL (2 EA per 1 day) |
| TOBI PODHALER | NPB-S | QL (224 EA per 40 days) |
| tobramycin inhalation | G-S | |
| TRIKAFTA | NPB-S | PA; QL (3 EA per 1 day) |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADEMPAS | PB-S | PA; QL (3 EA per 1 day) |
| alyq | G-S | PA; QL (2 EA per 1 day) |
| ambrisentan | G-S | PA; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|------------------------------|
| bosentan | G-S | PA; QL (2 EA per 1 day) |
| OPSUMIT | PB-S | PA; QL (1 EA per 1 day) |
| ORENITRAM | NPB-S | PA |
| sildenafil citrate oral suspension reconstituted | G-S | PA; QL (7.5 ML per 1 day) |
| sildenafil citrate oral tablet 20 mg | G-S | PA; QL (3 EA per 1 day) |
| tadalafil (pah) | G-S | PA; QL (2 EA per 1 day) |
| TRACLEER 32 MG | NPB-S | PA; QL (4 EA per 1 day) |
| UPTRAVI ORAL TABLET | NPB-S | PA; QL (2 EA per 1 day) |
| UPTRAVI ORAL TABLET THERAPY PACK | NPB-S | PA; QL (400 EA per 365 days) |
| VENTAVIS | NPB-S | PA; QL (9 ML per 1 day) |
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | | |
| baclofen oral | G | |
| carisoprodol oral | G | |
| chlorzoxazone oral tablet 250 mg, 500 mg | G | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | G | |
| CYCLOPHENE RAPIDPAQ | NPB | |
| DANTRIUM ORAL | NPB | |
| dantrolene sodium oral | G | |
| ENOVARX-BACLOFEN | NPB | |
| ENOVARX-CYCLOBENZAPRINE HCL | NPB | |
| FIRST-BACLOFEN | NPB | |
| methocarbamol injection | G | |
| methocarbamol oral | G | |
| orphenadrine citrate er | G | |
| TABRADOL FUSEPAQ | NPB | |
| TABRADOL RAPIDPAQ | NPB | |
| tizanidine hcl oral | G | |
| Sleep Disorder Agents | | |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg | G | PA; QL (1 EA per 1 day) |
| armodafinil oral tablet 50 mg | G | PA; QL (2 EA per 1 day) |
| BELSOMRA | NPB | ST; QL (1 EA per 1 day) |
| DAYVIGO | NPB | ST; QL (1 EA per 1 day) |
| doxepin hcl oral tablet | G | QL (1 EA per 1 day) |
| eszopiclone | G | QL (1 EA per 1 day) |
| flurazepam hcl | G | PA; QL (1 EA per 1 day) |
| HETLIOZ | NPB-S | PA; QL (1 EA per 1 day) |
| modafinil | G | PA; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|-----------------------------|-----------|--------------------------|
| ramelteon | G | QL (1 EA per 1 day) |
| ROZEREM | NPB | QL (1 EA per 1 day) |
| SILENOR | NPB | QL (1 EA per 1 day) |
| SUNOSI | PB | PA; QL (1 EA per 1 day) |
| temazepam | G | QL (1 EA per 1 day) |
| WAKIX | NPB-S | PA; QL (2 EA per 1 day) |
| XYREM | NPB-S | PA; QL (18 ML per 1 day) |
| XYWAV | NPB-S | PA; QL (18 ML per 1 day) |
| zaleplon oral capsule 10 mg | G | QL (2 EA per 1 day) |
| zaleplon oral capsule 5 mg | G | QL (1 EA per 1 day) |
| zolpidem tartrate er | G | QL (1 EA per 1 day) |
| zolpidem tartrate oral | G | QL (1 EA per 1 day) |

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