



Kansas City

MEMBER **2024**
PREMIUM DRUG LIST

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

Effective January 1, 2024

Blue Cross and Blue Shield of Kansas City 2024 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 DrugTier. You will also want to note restrictions and preferred alternatives if applicable.
- 3 Refer to the DrugTier 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 doctor must do something in order to obtain the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, the doctor 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 doctor will have to submit a prior authorization request.

Doctors 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.

Tier Exception Requests for Contraceptives & HIV Pre-Exposure Prophylaxis (PrEP)

If, for medical reasons, you need a contraceptive or HIV PrEP medication that is not included on these Preventive Service list(s), you may request an exception to waive the otherwise applicable cost sharing for your medication. To request an exception, your doctor must complete and submit one online at bluekc.com.

HOWTO 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 Medi-Span 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 Pharmacy:

- 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 patient's 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

Syringe and Needle Coverage

Syringes and needles are covered by prescription only, and only for members taking medications requiring injection. Techlite/Arkray supplies are covered at \$0 cost; all other syringe/needle products are covered at a non-preferred brand copay.

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
Analgesics - Drugs for Pain		
acetaminophen-codeine	G	
apap-caff-dihydrocodeine	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 oral capsule 50-300-40 mg	G	
butalbital-apap-caffeine oral tablet	G	
butalbital-asa-caff-codeine	G	
butalbital-aspirin-caffeine	G	
butorphanol tartrate nasal	G	
codeine sulfate	G	
DEMEROL INJECTION SOLUTION 25 MG/ML	NPB	
endocet	G	
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	
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	G	
HYSINGLA ER	PB	QL (1 EA per 1 day)
meperidine hcl oral solution	G	
methadone hcl intensol	G	
methadone hcl oral	G	

Drug Name	Drug Tier	Restrictions / Limits
METHADOSE ORAL CONCENTRATE 10 MG/ML	NPB	
methadose oral tablet soluble	G	
METHADOSE SUGAR-FREE	NPB	
morphine sulfate (concentrate)	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	G	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	NPB	
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) oral tablet extended release 24 hour	G	PA; QL (1 EA per 1 day)
tramadol hcl er	G	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet	G	
tramadol-acetaminophen	G	
TREZIX	NPB	
XTAMPZA ER	PB	QL (4 EA per 1 day)
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	G	QL (2 EA per 1 day)
DAYPRO	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
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 1.5 %	G	PA
diclofenac sodium oral	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	
flurbiprofen oral	G	
FROTEK	NPB	
ibuprofen oral suspension 100 mg/5ml	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
indomethacin er	G	
indomethacin oral	G	
K.B.G.L IN TERODERM	NPB	
ketoprofen oral capsule 50 mg	G	
ketorolac tromethamine oral	G	QL (20 EA per 1 fill)
LODINE	NPB	
meloxicam oral tablet	G	
nabumetone oral	G	
NAPRO	NPB	
naproxen dr	G	
naproxen oral tablet	G	
naproxen oral tablet delayed release	G	
naproxen sodium oral tablet 275 mg, 550 mg	G	
oxaprozin	G	
piroxicam oral	G	
sulindac oral	G	
tolmetin sodium	G	
TRIPLE COMPLEX FORMULA 3 KIT	NPB	

Drug Name	Drug Tier	Restrictions / Limits
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. EXTERNAL GEL	NPB	
lidocaine external ointment 5 %	G	
lidocaine external patch 5 %	G	
lidocaine hcl external solution	G	
lidocaine hcl urethral/mucosal	G	
LIDOCAINE-EPINEPHRINE (3 ML)	NPB	
lidocaine-prilocaine external cream	G	
LIDO-RACEPINEPHRINE-TETRACAINE	NPB	
LIDTOPIC MAX	NPB	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25-1:200000 %	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	
TOPICAL L.E.T.	NPB	
VENIPUNCTURE PX1 PHLEBOTOMY	NPB	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	G	
APO-VARENICLINE	NPB	ACA; QL (180 day supply per 365 days)
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)

Drug Name	Drug Tier	Restrictions / Limits
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)
NALMEFENE HCL	NPB	
naloxone hcl injection	G	
naloxone hcl nasal	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)
varenicline tartrate (starter)	G	ACA; QL (180 day supply per 365 days)
varenicline tartrate(continue)	G	ACA; QL (180 day supply per 365 days)
ZIMHI	G	
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

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Drug Name	Drug Tier	Restrictions / Limits
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	
benzalkonium chloride external solution	G	
cefaclor	G	
cefaclor er	G	
cefadroxil	G	
cefdinir	G	
cefixime	G	
cefpodoxime proxetil	G	
cefprozil	G	
cefuroxime axetil	G	
cephalexin	G	
CIPRO	NPB	
ciprofloxacin hcl oral	G	
clarithromycin er	G	
clarithromycin oral	G	
CLEOCIN ORAL	NPB	
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	

Drug Name	Drug Tier	Restrictions / Limits
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 oral	G	
erythromycin ethylsuccinate oral	G	
erythromycin oral	G	
FIRST-METRONIDAZOLE	NPB	
FIRVANQ	NPB	
fosfomycin tromethamine	G	
gentamicin sulfate external	G	
HIPREX	NPB	
HUMATIN	PB	
hydrogen peroxide	G	
levofloxacin oral	G	
linezolid oral suspension reconstituted	G	QL (32.2 ML per 1 day)
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	
METRONIDAZOLE BENZO+SYRSPEND	NPB	
metronidazole oral tablet	G	
metronidazole vaginal	G	
minocycline hcl oral capsule	G	
mondoxyne nl	G	
MONUROL ORAL PACKET 3 GM	NPB	
moxifloxacin hcl oral	G	
mupirocin external	G	

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Drug Name	Drug Tier	Restrictions / Limits
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	
penicillin v potassium	G	
SEYSARA	NPB	ST
silver sulfadiazine external	G	
SOLOSEC	NPB	ST
ssd	G	
sulfadiazine oral	G	
sulfamethoxazole-trimethoprim oral	G	
SULFAMYLON EXTERNAL PACKET	NPB	
sulfatrim pediatric	G	
tetracycline hcl oral	G	
tinidazole oral	G	
tobramycin sulfate injection solution reconstituted	G	
trimethoprim oral	G	
VANCOGIN	NPB	
vancomycin hcl oral	G	
VANCOMYCIN+SYRSPEND SF	NPB	
VANDAZOLE	NPB	ST
VIBRAMYCIN	NPB	ST
XENLETA ORAL	NPB	
XEPI	NPB	
XIFAXAN ORAL TABLET 550 MG	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	
dabigatran etexilate mesylate	G	M; QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK	PB	M; QL (148 EA per 365 days)

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Drug Name	Drug Tier	Restrictions / Limits
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	
fondaparinux sodium	G	
FRAGMIN	NPB	
heparin sodium (porcine)	G	
heparin sodium (porcine) pf	G	
jantoven	G	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	NPB	
PRADAXA ORAL CAPSULE	PB	M; QL (2 EA per 1 day)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG	NPB	M; QL (4 EA per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG	NPB	M; QL (2 EA per 1 day)
SAVAYSA	NPB	M; QL (1 EA per 1 day)
warfarin sodium oral	G	
XARELTO ORAL SUSPENSION RECONSTITUTED	PB	M; QL (20 ML per 1 day)
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	
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	

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Drug Name	Drug Tier	Restrictions / Limits
felbamate	G	
FINTEPLA	NPB-S	PA
FYCOMPA	NPB	
gabapentin oral capsule	G	
gabapentin oral solution	G	
gabapentin oral tablet 600 mg, 800 mg	G	
lacosamide oral	G	
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	
methsuximide	G	
NAYZILAM	NPB	QL (0.34 EA per 1 day)
oxcarbazepine	G	
phenobarbital oral	G	
phenytek	G	
phenytoin infatabs	G	
phenytoin oral suspension 125 mg/5ml	G	
phenytoin oral tablet chewable	G	
phenytoin sodium extended	G	
primidone oral tablet 250 mg, 50 mg	G	
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 oral capsule er 24 hour sprinkle	G	
topiramate er oral capsule extended release 24 hour	G	ST
topiramate oral	G	
valproic acid oral	G	

Drug Name	Drug Tier	Restrictions / Limits
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
XCOPRI	NPB	ST
ZARONTIN	NPB	
zonisamide oral	G	
ZTALMY	NPB-S	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	G	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	NPB	M
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)
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 oral solution	G	M
citalopram hydrobromide oral tablet	G	M
clomipramine hcl oral	G	
desipramine hcl oral	G	
DESVENLAFAXINE ER	NPB	ST; M; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
desvenlafaxine succinate er	G	M; QL (1 EA per 1 day)
doxepin hcl oral capsule	G	
doxepin hcl oral concentrate	G	
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 oral	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 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	
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
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

Drug Name	Drug Tier	Restrictions / Limits
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 150 mg	G	M; QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	G	M; QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	G	M; QL (3 EA per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	G	M
VIIBRYD	NPB	ST; M; QL (1 EA per 1 day)
VIIBRYD STARTER PACK	NPB	ST; M; QL (30 EA per 1 fill)
vilazodone hcl	G	M; QL (1 EA per 1 day)
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	NPB	QL (0.07 EA per 1 day)
ANTIVERT	NPB	
ANZEMET	NPB	QL (0.07 EA per 1 day)
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 pak 80 & 125mg	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)

Drug Name	Drug Tier	Restrictions / Limits
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	
promethazine hcl oral	G	
promethazine hcl rectal	G	
promethegan	G	
REGLAN	NPB	
scopolamine	G	
SYNDROS	NPB	PA; QL (4 ML per 1 day)
TRANSDERM-SCOP	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	
clotrimazole mouth/throat	G	
clotrimazole-betamethasone	G	
CRESEMBA ORAL	NPB	PA
DIFLUCAN	NPB	
econazole nitrate external	G	
EXODERM	NPB	
fluconazole oral	G	
flucytosine oral	G	
griseofulvin microsize oral	G	
griseofulvin ultramicrosize	G	
GYNAZOLE-1	NPB	
itraconazole oral	G	PA
ketoconazole external cream	G	

Drug Name	Drug Tier	Restrictions / Limits
ketoconazole external shampoo	G	
ketoconazole oral	G	
miconazole 3	G	
naftifine hcl external gel	G	
NOXAFIL ORAL PACKET	NPB	PA
NOXAFIL ORAL SUSPENSION	NPB	PA
nyamyc	G	
nystatin external	G	
nystatin mouth/throat	G	
nystatin oral	G	
nystatin-triamcinolone	G	
nystop	G	
posaconazole oral	G	PA
SPORANOX	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
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	G	M
colchicine oral tablet	G	
colchicine-probenecid	G	
febuxostat	G	ST; M
probenecid	G	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)
AJOVY	PB	PA; M; QL (0.06 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 SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB	PA; M; QL (0.1 ML per 1 day)
ERGOMAR	NPB	PA; QL (0.72 EA per 1 day)
ergotamine-caffeine	G	PA; QL (0.86 EA per 1 day)
MIGERGOT	NPB	PA; QL (0.72 EA per 1 day)
naratriptan hcl	G	QL (0.3 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
NURTEC	PB	PA; QL (0.27 EA per 1 day)
QULIPTA	PB	PA; QL (1 EA per 1 day)
rizatriptan benzoate oral tablet 10 mg	G	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg	G	QL (0.6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg	G	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg	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 subcutaneous solution cartridge	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	G	QL (0.4 EA per 1 day)
Antimyasthenic Agents		
MESTINON ORAL SOLUTION	NPB	M
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	
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 oral tablet 250 mg	G-S	PA
ALECENSA	PB-S	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	PB-S	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
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
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
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	
cytarabine (pf)	G-S	
DAURISMO	PB-S	PA
DROXIA	NPB	
EMCYT	PB	
ERIVEDGE	PB-S	PA
ERLEADA	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	
EULEXIN	PB	
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
EXKIVITY	PB-S	PA
FARESTON	PB	

Drug Name	Drug Tier	Restrictions / Limits
GAVRETO	PB-S	PA
gefitinib	G-S	PA
GILOTRIF	PB-S	PA; QL (1 EA per 1 day)
GLEOSTINE	PB-S	
HYCAMTIN 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 ORAL CAPSULE 140 MG	PB-S	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	PB-S	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	PB-S	PA
IMBRUVICA ORAL TABLET 420 MG	PB-S	PA; QL (1 EA per 1 day)
INLYTA	PB-S	PA
INREBIC	PB-S	PA
IRESSA	PB-S	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	PB-S	PA; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	PB-S	PA
JAYPIRCA ORAL TABLET 100 MG	PB-S	PA
JAYPIRCA ORAL TABLET 50 MG	PB-S	PA; QL (1 EA per 1 day)
KISQALI FEMARA	PB-S	PA
KISQALI ORAL TABLET THERAPY PACK 200 MG	PB-S	PA
KOSELUGO	PB-S	PA
KRAZATI	PB-S	PA
lapatinib ditosylate	G-S	PA
lenalidomide	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 injection solution reconstituted 50 mg, 500 mg	G	
leucovorin calcium oral	G	
LEUKERAN	PB	

Drug Name	Drug Tier	Restrictions / Limits
LONSURF	PB-S	PA
LORBRENA	PB-S	PA
LUMAKRAS	PB-S	PA
LYNPARZA	PB-S	PA
LYSODREN	PB	
LYTGOBI (12 MG DAILY DOSE)	PB-S	PA
LYTGOBI (16 MG DAILY DOSE)	PB-S	PA
LYTGOBI (20 MG DAILY DOSE)	PB-S	PA
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
ORSERDU	PB-S	PA
PANRETIN	NPB	
pazopanib hcl	G-S	PA
PIQRAY	PB-S	PA
POMALYST	PB-S	PA
PURIXAN	PB-S	
QINLOCK	PB-S	PA
RETEVMO	PB-S	PA
REVLIMID	PB-S	PA
ROZLYTREK ORAL CAPSULE	PB-S	PA
RYDAPT	PB-S	PA
SCSEMBLIX ORAL TABLET 20 MG	PB-S	PA; QL (2 EA per 1 day)
SCSEMBLIX ORAL TABLET 40 MG	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
SOLTAMOX	PB	ACA
sorafenib tosylate	G-S	PA
SPRYCEL	PB-S	PA
STIVARGA	PB-S	PA
sunitinib malate	G-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
tamoxifen citrate oral tablet 10 mg	G	
tamoxifen citrate oral tablet 20 mg	G	ACA
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	
TUKYSA	PB-S	PA
TURALIO	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
VONJO	PB-S	PA
VOTRIENT	PB-S	PA
WELIREG	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

Drug Name	Drug Tier	Restrictions / Limits
XTANDI	PB-S	PA
ZEJULA ORAL TABLET 100 MG	PB-S	PA; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG	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	
ARAKODA	NPB	
atovaquone	G	
atovaquone-proguanil hcl	G	
BENZNIDAZOLE	NPB	
BILTRICIDE	NPB	
chloroquine phosphate oral	G	
COARTEM	NPB	
CROTAN	NPB	
DARAPRIM	NPB-S	PA
EGATEN	NPB	
EMVERM	PB	
hydroxychloroquine sulfate oral	G	M
IMPAVIDO	NPB	
ivermectin oral	G	
KRINTAFEL	NPB	
LAMPIT	NPB	
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	

Drug Name	Drug Tier	Restrictions / Limits
pyrimethamine oral	G-S	PA
PYRIMETHAMINE-LEUCOVORIN	NPB	
QUALAQUIN	NPB	PA
quinine sulfate	G	PA
spinosad	G	
STROMECTOL	NPB	
sulfurated lime	G	
Antiparkinson Agents		
amantadine hcl oral	G	M
APOKYN	NPB-S	PA; QL (3 ML per 1 day)
apomorphine hcl subcutaneous	G-S	PA; QL (3 ML per 1 day)
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
entacapone	G	M
INBRIJA	NPB-S	PA
NEUPRO	NPB	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
TASMAR	NPB	M
tolcapone	G	M
trihexyphenidyl hcl	G	
Antiplatelets		
aspirin-dipyridamole er	G	M
BRILINTA	PB	M

Drug Name	Drug Tier	Restrictions / Limits
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 ASIMTUFII	NPB	
ABILIFY MAINTENA	NPB	
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)
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 HAFYERA	NPB	ST
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 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)

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Drug Name	Drug Tier	Restrictions / Limits
INVEGA SUSTENNA	NPB	
INVEGA TRINZA	NPB	
loxapine succinate	G	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	G	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	G	QL (2 EA per 1 day)
molindone hcl	G	
NUPLAZID	NPB	PA
olanzapine intramuscular	G	
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	G	QL (2 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 150 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	
UZEDY	NPB	
VERSACLOZ	NPB	QL (18 ML per 1 day)
VRAYLAR ORAL CAPSULE	NPB	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK	NPB	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	

Drug Name	Drug Tier	Restrictions / Limits
acyclovir external ointment	G	QL (1 GM per 1 day)
acyclovir oral	G	
adefovir dipivoxil	G	
APTIVUS	PB	
atazanavir sulfate	G	
BARACLUDE ORAL SOLUTION	NPB	QL (630 ML per 30 days)
BIKTARVY	NPB	
CIMDUO	PB	
COMBIVIR	NPB	
COMPLERA	NPB	
darunavir	G	
DELSTRIGO	NPB	
DOVATO	PB	
EDURANT	PB	
efavirenz	G	
efavirenz-emtricitab-tenofo df	G	
efavirenz-lamivudine-tenofovir	G	
emtricitabine	G	
emtricitabine-tenofovir df	G	ACA
EMTRIVA ORAL CAPSULE	NPB	
EMTRIVA ORAL SOLUTION	PB	
entecavir	G	QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG	PB-S	PA; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	PB-S	PA; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET	PB-S	PA; QL (1 EA per 1 day)
EPIVIR	NPB	
EPZICOM	NPB	
etravirine	G	
EVOTAZ	PB	
famciclovir oral	G	
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)
INTELENCE ORAL TABLET 100 MG, 200 MG	NPB	

Drug Name	Drug Tier	Restrictions / Limits
INTELENCE ORAL TABLET 25 MG	PB	
ISENTRESS	PB	
ISENTRESS HD	PB	
JULUCA	PB	
KALETRA	NPB	
LAGEVRIO	NPB	QL (8 EA per 1 day)
lamivudine	G	
lamivudine-zidovudine	G	
LEXIVA ORAL SUSPENSION	PB	
LEXIVA ORAL TABLET	NPB	
LIVTENCITY	NPB-S	PA
lopinavir-ritonavir	G	
maraviroc	G	PA
MAVYRET ORAL PACKET	PB-S	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	PB-S	PA; QL (3 EA per 1 day)
nevirapine	G	
nevirapine er	G	
NORVIR ORAL PACKET	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)
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	NPB	QL (4 EA per 1 day)
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	PB	QL (4 EA per 1 day)
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	NPB	QL (6 EA per 1 day)
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	PB	QL (6 EA per 1 day)
PEGASYS	PB-S	PA
PIFELTRO	NPB	
PREVYMIS ORAL	NPB-S	
PREZCOBIX	PB	
PREZISTA ORAL SUSPENSION	PB	
PREZISTA ORAL TABLET 150 MG, 75 MG	PB	
PREZISTA ORAL TABLET 600 MG, 800 MG	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
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 ORAL SOLUTION	PB	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	PB	PA
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)
STRIBILD	NPB	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	NPB	PA; QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	NPB	PA; QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS	NPB	PA; QL (9 ML per 365 days)
SYMFI	PB	
SYMFI LO	PB	
SYMTUZA	NPB	
TEMBEXA	NPB	
tenofovir disoproxil fumarate	G	ACA
TIVICAY	NPB	
TIVICAY PD	NPB	
TPOXX ORAL	NPB	
TRIUMEQ	PB	
TRIUMEQ PD	NPB	
TRIZIVIR ORAL TABLET 300-150-300 MG	NPB	
TYBOST	PB	
valacyclovir hcl oral	G	QL (4 EA per 1 day)
valganciclovir hcl	G	
VIRACEPT	PB	
VIRAZOLE	NPB	
VIREAD ORAL POWDER	PB	

Drug Name	Drug Tier	Restrictions / Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	PB	
VOSEVI	PB-S	PA; QL (1 EA per 1 day)
XOFLUZA (40 MG DOSE)	NPB	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE)	NPB	QL (2 EA per 365 days)
ZEPATIER	NPB-S	PA; QL (1 EA per 1 day)
ZIAGEN ORAL TABLET 300 MG	NPB	
zidovudine	G	
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)
buspirone 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)

Drug Name	Drug Tier	Restrictions / Limits
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)
meprobamate	G	
oxazepam	G	QL (4 EA per 1 day)
quazepam	G	QL (1 EA per 1 day)
triazolam	G	QL (2 EA per 1 day)
VISTARIL	NPB	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	NPB	
lithium	G	
lithium carbonate er	G	
lithium carbonate oral	G	
Blood Products and Modifiers - Drugs for Blood Disorders		
AGRYLIN	NPB	M
aminocaproic acid oral	G	
anagrelide hcl	G	M
ASTRINGYN	NPB	
DOPTELET	NPB-S	PA
LEUKINE	NPB-S	PA
MULPLETA	PB-S	PA
PROMACTA	NPB-S	PA
PYRUKYND	NPB-S	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK	NPB-S	PA; QL (1 EA per 1 day)
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	

Drug Name	Drug Tier	Restrictions / Limits
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	NPB	M
ACCURETIC	NPB	M
acebutolol hcl oral	G	M
acetazolamide sodium	G	
ALDACTONE	NPB	M
aliskiren fumarate	G	M
amiloride hcl oral	G	M
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
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
betaxolol hcl oral	G	M
BIDIL	NPB	M
bisoprolol fumarate oral	G	M
bisoprolol-hydrochlorothiazide	G	M
bumetanide oral	G	M
BUMEX	NPB	M
candesartan cilexetil	G	M
candesartan cilexetil-hctz	G	M
captopril oral	G	M
captopril-hydrochlorothiazide	G	M
CARDIZEM	NPB	M
CARDURA	NPB	M

Drug Name	Drug Tier	Restrictions / Limits
cartia xt	G	M
carvedilol	G	M
chlorthalidone	G	M
cholestyramine light	G	M
cholestyramine oral	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)
DEMSER	NPB	PA; QL (16 EA per 1 day)
DIBENZYLINE	NPB	PA
digoxin oral	G	M
diltiazem hcl er beads	G	M
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	G	M
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	G	M
diltiazem hcl er oral capsule extended release 24 hour	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
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

Drug Name	Drug Tier	Restrictions / Limits
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	G	M
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	G	M
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	G	M
fenofibric acid oral capsule delayed release	G	M
flecainide acetate	G	M
fosinopril sodium	G	M
fosinopril sodium-hctz	G	M
furosemide oral	G	M
gemfibrozil oral	G	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
INPEFA ORAL TABLET 200 MG	NPB	
INSPRA	NPB	M
irbesartan	G	M
irbesartan-hydrochlorothiazide	G	M
ISORDIL TITRADOSE	NPB	M
isosorb dinitrate-hydralazine	G	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
lisinopril oral	G	M
lisinopril-hydrochlorothiazide	G	M
LOPID	NPB	M
LOPRESSOR	NPB	M
losartan potassium oral	G	M
losartan potassium-hctz	G	M

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Drug Name	Drug Tier	Restrictions / Limits
LOTENSIN	NPB	M
LOTENSIN HCT	NPB	M
lovastatin oral	G	M; ACA
MAXZIDE	NPB	M
MAXZIDE-25	NPB	M
METHYLDOPA	NPB	M
metolazone	G	M
metoprolol succinate er	G	M
metoprolol tartrate oral	G	M
metoprolol-hydrochlorothiazide	G	M
metyrosine	G	PA; QL (16 EA per 1 day)
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
nifedipine er	G	M
nifedipine er osmotic release	G	M
nifedipine oral	G	M
nimodipine oral	G	
NITRO-BID	NPB	M
nitroglycerin sublingual	G	M
nitroglycerin transdermal	G	M
nitroglycerin translingual	G	M
NITROLINGUAL	NPB	M
NORLIQVA	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

Drug Name	Drug Tier	Restrictions / Limits
omega-3-acid ethyl esters	G	M
PACERONE	NPB	M
pentoxifylline er	G	M
perindopril erbumine	G	M
phenoxybenzamine hcl oral	G	PA
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
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	M; ACA
simvastatin oral tablet 80 mg	G	M
sotalol hcl (af)	G	M
sotalol hcl oral	G	M
SOTYLIZE	NPB	M
spironolactone oral tablet	G	M
spironolactone-hctz	G	M
taztia xt	G	M
TEKTURNA	PB	M
telmisartan	G	M
telmisartan-amlodipine	G	M

Drug Name	Drug Tier	Restrictions / Limits
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 oral tablet	G	M
valsartan-hydrochlorothiazide	G	M
VASCEPA	PB	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)
Central Nervous System Agents		
SKYCLARYS	NPB-S	PA; QL (3 EA per 1 day)
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	NPB	QL (3 EA per 1 day)
ADDERALL ORAL TABLET 30 MG	NPB	QL (2 EA per 1 day)
amphetamine sulfate	G	QL (6 EA per 1 day)
amphetamine-dextroamphetamine er	G	QL (2 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)
amphet-dextroamphet 3-bead er	G	QL (1 EA per 1 day)
APTENSIO XR	NPB	ST; QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
atomoxetine hcl	G	QL (1 EA per 1 day)
AZSTARYS	PB	ST; QL (1 EA per 1 day)
clonidine hcl er oral tablet extended release 12 hour	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	NPB	ST; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	NPB	ST; QL (2 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)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG	NPB	ST; QL (3 EA per 1 day)
EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG	NPB	ST; QL (2 EA per 1 day)
guanfacine hcl er	G	
JORNAY PM	NPB	ST; QL (1 EA per 1 day)
KAPVAY	NPB	ST
lisdexamfetamine dimesylate	G	QL (1 EA per 1 day)
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	G	QL (1 EA per 1 day)
methylphenidate hcl er (cd)	G	QL (1 EA per 1 day)
methylphenidate hcl er (la)	G	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	G	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	G	QL (2 EA per 1 day)
methylphenidate hcl er (xr)	G	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	G	QL (2 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
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)
PROCENTRA	NPB	ST; QL (60 ML per 1 day)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	PB-S	PA; QL (0.04 EA per 1 day)
AVONEX PREFILLED	PB-S	PA; QL (0.04 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 40 MG/ML	PB-S	PA; QL (0.43 ML per 1 day)
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)
fingolimod hcl	G-S	PA; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	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 1 MG, 2 MG	NPB-S	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	NPB-S	PA; QL (24 EA per 365 days)

Drug Name	Drug Tier	Restrictions / Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	NPB-S	PA; QL (14 EA per 365 days)
teriflunomide	G-S	PA; QL (1 EA per 1 day)
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 (56 EA per 365 days)
Central Nervous System Agents - Miscellaneous		
AUSTEDO	NPB-S	PA; QL (4 EA per 1 day)
AUSTEDO PATIENT TITRATION KIT	NPB-S	PA; QL (140 EA per 365 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	NPB-S	PA; QL (3 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	NPB-S	PA; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	NPB-S	PA; QL (7 EA per 1 day)
AUSTEDO XR PATIENT TITRATION	NPB-S	PA; QL (84 EA per 365 days)
benzphetamine hcl	G	
caffeine citrate oral	G	
diethylpropion hcl er	G	
diethylpropion hcl oral	G	
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 450 MG, 600 MG	NPB	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG	NPB	ST; QL (2 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
ORLISTAT ORAL	NPB	PA
phendimetrazine tartrate	G	
phendimetrazine tartrate er	G	
phentermine hcl oral	G	
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)

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Drug Name	Drug Tier	Restrictions / Limits
QSYMIA	NPB	PA
RADICAVA ORS	PB-S	PA
RADICAVA ORS STARTER KIT	PB-S	PA
RELYVRIO	NPB-S	PA; QL (2 EA per 1 day)
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; QL (0.22 ML per 1 day)
tetrabenazine	G-S	PA
TIGLUTIK	PB	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		
AQUORAL	NPB	
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
FLUORIMAX 5000	NPB	M
FLUORIMAX 5000 SENSITIVE	NPB	M
JUST RIGHT 5000	NPB	M
JUST RIGHT 5000 DENTAL GEL 1.1 %	NPB	M
kourzeq	G	

Drug Name	Drug Tier	Restrictions / Limits
lidocaine viscous hcl	G	
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 plus	G	M
sodium fluoride 5000 ppm	G	M
sodium fluoride dental	G	M
triamcinolone acetate mouth/throat	G	
VANISH	NPB	M
Dermatological Agents - Drugs for Skin Conditions		
A.A.G.C. KIT IN TERODERM	NPB	
ABSORICA LD	NPB	PA
accutane	G	
acitretin	G	
adapalene external cream	G	
adapalene external gel	G	
adapalene-benzoyl peroxide external gel	G	
ADBRY	PB-S	PA; QL (0.15 ML per 1 day)
AKLIEF	NPB	
ala-cort	G	
alclometasone dipropionate	G	
ALTRENO	NPB	
amcinonide external lotion	G	
ammonium lactate external	G	
amnesteem	G	

Drug Name	Drug Tier	Restrictions / Limits
AMZEEQ	NPB	
AQUACEL AG BURN	NPB	
ATRALIN	NPB	
azelaic acid external	G	
B & C	NPB	
balsam peru-castor oil	G	
benzoyl peroxide-erythromycin	G	
betamethasone dipropionate aug	G	
betamethasone dipropionate external	G	
betamethasone valerate external	G	
BPCO	NPB	
brimonidine tartrate external	G	
calcipotriene external	G	
calcipotriene-betameth diprop external suspension	G	QL (4 GM per 1 day)
CALCITRENE	NPB	
calcitriol external	G	
CARAC	NPB	
CIBINQO	PB-S	PA; QL (1 EA per 1 day)
claravis	G	
CLEOCIN-T	NPB	
clindacin etz external swab	G	
clindacin-p	G	
clindamycin phosphate-benzoyl peroxide	G	
clindamycin phosphate external gel	G	
clindamycin phosphate external lotion	G	
clindamycin phosphate external solution	G	
clindamycin phosphate external swab	G	
clindamycin-tretinoin	G	
CLINOIN	NPB	
clobetasol prop emollient base	G	
clobetasol propionate e	G	
clobetasol propionate external	G	
clodan external shampoo	G	
coal tar external	G	
CONDYLOX	NPB	
DERMA-SMOOTH/FS BODY	NPB	
DERMA-SMOOTH/FS SCALP	NPB	

Drug Name	Drug Tier	Restrictions / Limits
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	
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	
ENSTILAR	NPB	QL (15 GM per 1 day)
EPIDUO FORTE	NPB	
EPIFOAM	NPB	
ery	G	
ERYGEL	NPB	
erythromycin external	G	
EUCRISA	PB	ST
FINACEA EXTERNAL FOAM	NPB	
FINACEA EXTERNAL GEL	NPB	ST
fluocinolone acetonide body	G	
fluocinolone acetonide external	G	
fluocinolone acetonide scalp	G	
fluocinonide emulsified base	G	
fluocinonide external	G	
FLUOROURACIL EXTERNAL CREAM 0.5 %	PB	
fluorouracil external cream 5 %	G	
fluorouracil external solution	G	
fluticasone propionate external	G	

Drug Name	Drug Tier	Restrictions / Limits
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 cream 3.75 %	G	ST
imiquimod external cream 5 %	G	
imiquimod pump	G	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	G	
ivermectin external cream	G	
KERALYT EXTERNAL SHAMPOO	NPB	
KLARON	NPB	
KLISYRI	NPB	ST
lactic acid e	G	
lactic acid external	G	
methoxsalen rapid	G	
METROCREAM	NPB	
METROLOTION	NPB	
metronidazole external	G	
MIRVASO	NPB	
mometasone furoate external	G	
NEO-SYNALAR EXTERNAL CREAM	NPB	
neuac	G	
ONEXTON	NPB	
pimecrolimus	G	ST; QL (2 GM per 1 day)
podofilox external	G	
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 %	NPB	
RHOFADE	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
SANTYL	NPB	QL (3 GM per 1 day)
selenium sulfide external lotion	G	
SOOLANTRA	NPB	
sulfacetamide sodium (acne)	G	
SYNALAR	NPB	
TACLONEX EXTERNAL SUSPENSION	NPB	QL (4 GM per 1 day)
tacrolimus external	G	QL (2 GM per 1 day)
tazarotene external cream	G	
tazarotene external gel	G	
TOLAK	NPB	
TOPICORT EXTERNAL CREAM 0.25 %	NPB	
TOPICORT EXTERNAL GEL	NPB	
TOPICORT EXTERNAL OINTMENT	NPB	
tretinoin external	G	
tretinoin microsphere pump external gel 0.08 %	G	
triamcinolone acetonide external cream	G	
triamcinolone acetonide external lotion	G	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	
triderm	G	
TWYNEO	NPB	
VEELEX	NPB	
VTAMA	NPB	PA
WYNZORA	NPB	QL (15 GM per 1 day)
XALIX	NPB	
XERAC AC	NPB	
zenatane	G	
ZILXI	NPB	ST
Diabetes - Antidiabetic Agents		
acarbose oral	G	M
BYDUREON BCISE AUTOINJECTOR	PB	PA; M; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN	PB	PA; M; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN	PB	PA; M; QL (0.04 ML per 1 day)
CYCLOSET	NPB	ST; M
DUETACT	NPB	M
FARXIGA	PB	M
glimepiride	G	M
glipizide er	G	M

Drug Name	Drug Tier	Restrictions / Limits
glipizide oral tablet 10 mg, 5 mg	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	M
JANUMET	PB	ST; M
JANUMET XR	PB	ST; M
JANUVIA	PB	ST; M
JARDIANCE	PB	M
JENTADUETO	PB	ST; M
JENTADUETO XR	PB	ST; M
metformin hcl er	G	M
metformin hcl oral solution	G	M
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	G	M
miglitol	G	M
MOUNJARO	PB	PA; QL (0.08 ML per 1 day)
nateglinide	G	M
OZEMPIC	PB	PA; M; QL (0.11 ML per 1 day)
pioglitazone hcl	G	M
pioglitazone hcl-glimepiride	G	M
pioglitazone hcl-metformin hcl	G	M
repaglinide	G	M
RIOMET	NPB	ST; M
RYBELSUS ORAL TABLET 14 MG, 7 MG	PB	PA; M; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG	PB	PA; M; QL (60 EA per 365 days)
saxagliptin hcl	G	ST; M
saxagliptin-metformin er	G	ST; M
SOLIQUA	PB	ST; M; QL (0.6 ML per 1 day)
SYMLINPEN 120	NPB	PA; M
SYMLINPEN 60	NPB	PA; M
SYNJARDY	PB	M
SYNJARDY XR	PB	M
TRADJENTA	PB	ST

Drug Name	Drug Tier	Restrictions / Limits
TRIJARDY XR	PB	
TRULICITY	PB	PA; M; QL (0.08 ML per 1 day)
VICTOZA	PB	PA; M; QL (0.3 ML per 1 day)
XIGDUO XR	PB	M
XULTOPHY	NPB	ST; M; QL (0.5 ML per 1 day)
Diabetes - Glucose Monitoring		
CHEMSTRIP UGK	NPB	OTC
CONTOUR MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT EZ KIT W/DEVICE	PB	OTC
CONTOUR NEXT GEN MONITOR KIT	PB	OTC
CONTOUR NEXT LINK KIT W/DEVICE	PB	OTC
CONTOUR NEXT MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT GEN TEST STRIPS	PB	OTC; QL (10 EA per 1 day)
CONTOUR TEST STRIPS	PB	OTC; QL (10 EA per 1 day)
CVS KETONE CARE	NPB	OTC
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)
DEXCOM G7 RECEIVER	PB	PA; QL (1 EA per 273 days)
DEXCOM G7 SENSOR	PB	PA; QL (0.1 EA per 1 day)
KETO-DIASTIX	NPB	OTC
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	PB	
BAQSIMI TWO PACK	PB	
diazoxide oral	G	M
glucagon emergency kit	G	
GLUCAGON EMERGENCY KIT	PB	
PROGLYCEM	NPB	M
ZEGALOGUE	PB	
Diabetes - Insulins		
ADMELOG	PB	M
ADMELOG SOLOSTAR	PB	M
AFREZZA	NPB	PA; M
APIDRA SOLOSTAR	PB	M
APIDRA VIAL	PB	M
BASAGLAR KWIKPEN	PB	M
BD ULTRA-FINE INSULIN SYRINGES	NPB	OTC
FIASP	PB	M

Drug Name	Drug Tier	Restrictions / Limits
FIASP FLEXTOUCH	PB	M
FIASP PENFILL	PB	M
FIASP PUMPCART	PB	M
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 LISPRO	PB	M
INSULIN LISPRO (1 UNIT DIAL)	PB	M
INSULIN LISPRO JUNIOR KWIKPEN	PB	M
INSULIN LISPRO PROT & LISPRO	PB	M
INSULIN SYRINGES 29G X 1/2" 0.3 ML, 31G X 1/2" 0.3 ML	NPB	OTC
LANTUS SOLOSTAR	PB	M
LANTUS U-100 VIAL	PB	M
LYUMJEV KWIKPEN	PB	
LYUMJEV VIAL	PB	
NOVOLIN 70/30 FLEXPEN	PB	M; OTC
NOVOLIN 70/30 VIAL	PB	M; OTC
NOVOLIN N FLEXPEN	PB	M
NOVOLIN N VIAL	PB	M; OTC
NOVOLIN R FLEXPEN	PB	M; OTC
NOVOLIN R VIAL	PB	M; OTC
NOVOLOG FLEXPEN	PB	M
NOVOLOG MIX 70/30 FLEXPEN	PB	M
NOVOLOG MIX 70/30 VIAL	PB	M
NOVOLOG PENFILL	PB	M
NOVOLOG U-100 VIAL	PB	M

Drug Name	Drug Tier	Restrictions / Limits
REZVOGLAR KWIKPEN	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	NPB-S	PA
carglumic acid	G-S	PA
CENTRATEX	NPB	
CHEMET	NPB	
corvita 150	G	
CORVITE 150 ORAL TABLET 150-1.25 MG	PB	
cyanocobalamin injection solution 1000 mcg/ml	G	M
deferasirox	G	PA
deferasirox granules	G	PA
deferiprone oral tablet 1000 mg	G	PA
DEXPANTHENOL INJECTION	NPB	
DODEX	NPB	M
DRISDOL	NPB	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	NPB	M
effe-k oral tablet effervescent 25 meq	G	M
ELITE-OB	PB	
ergocalciferol oral capsule	G	
ferocon	G	
ferotrinsic	G	
FERRALET 90	NPB	
FERRIPROX ORAL SOLUTION	NPB	PA
ferrocite plus	G	
FERRO-PLEX	NPB	
folic acid oral tablet 1 mg	G	M
FOLIVANE-F	NPB	
FOLIVANE-PLUS	NPB	
foltrin	G	
FUSION PLUS	NPB	

Drug Name	Drug Tier	Restrictions / Limits
GALZIN	NPB	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	NPB	
GLYCINE INJECTION	NPB	
hematinic plus vit/minerals	G	
hematinic/folic acid	G	
HEMATOGEN FA	NPB	
HEMOCYTE PLUS	NPB	
hydroxocobalamin acetate	G	
ICAR-C PLUS	PB	
iferex 150 forte	G	
INTEGRA F	NPB	
INTEGRA PLUS	NPB	
iodine strong oral	G	
IRON FOLATE PLUS	NPB	
IRON FOLATE-F	NPB	
klor-con	G	M
klor-con 10	G	M
klor-con m10	G	M
klor-con m15	G	M
klor-con m20	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	
magnesium sulfate solution 50 % injection	G	
MAGNESIUM SULFATE SOLUTION 50 % INJECTION	NPB	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	NPB	
M-NATAL PLUS	PB	
MULTIGEN	NPB	
MULTIGEN FOLIC	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
MULTIGEN PLUS	NPB	
multivitamin w/fluoride	G	
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 (rx)	G	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	NPB	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	G	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	NPB	
multi-vitamin/fluoride/iron	G	
NASCOBAL	NPB	M
NEOKE ALCAR	NPB	
NEONATAL PLUS	PB	
NEPHRON FA	NPB	
NUTRIVIT	NPB	
ONE VITE WOMENS PLUS	PB	
ORACIT	NPB	
PHOSPHA 250 NEUTRAL	NPB	
phosphorous	G	
phospho-trin 250 neutral	G	
PHOSPHO-TRIN K500	NPB	
phytonadione oral	G	
pnv prenatal plus multivit+dha	G	
poly-iron 150 forte	G	
polysaccharide iron forte	G	
potassium chloride crys er	G	M
potassium chloride er	G	M
potassium chloride oral	G	M
potassium citrate er	G	M
prenatal oral tablet 27-1 mg	G	
prenatal plus vitamin/mineral	G	
PRENATVITE PLUS	PB	
PRENATVITE RX	PB	
purevit dualfe plus	G	

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Drug Name	Drug Tier	Restrictions / Limits
RELNATE DHA	PB	
RENATABS WITH IRON	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	G	M; ACA
sodium polystyrene sulfonate	G	
SPS	NPB	
TANDEM PLUS	PB	
TARON FORTE	NPB	
TAURINE INJECTION	NPB	
tolvaptan	G-S	PA; QL (2 EA per 1 day)
TRI-AMINO	NPB	
tricitrates	G	
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
UROCIT-K 15	NPB	M
UROCIT-K 5	NPB	M
VELTASSA	NPB	
VINATE ONE	PB	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	G	
vitamins acd-fluoride	G	
WESCAP-C DHA	PB	
WESCAP-PN DHA	PB	
WESNATAL DHA COMPLETE	PB	
wes-phos 250 neutral	G	
WESTAB PLUS	PB	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CYTOTEC	NPB	M
esomeprazole magnesium oral packet	G	M; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
famotidine oral suspension reconstituted	G	
FIRST PANTOPRAZOLE	NPB	ST; M; QL (1 ML per 1 day)
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 tablet	G	M
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	G	PA
alvimopan	G	
ANASPAZ	NPB	
atropine sulfate injection solution prefilled syringe 0.5 mg/5ml	G	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	NPB	
bis subcit-metronid-tetracyc	G	
bismuth/metronidaz/tetracyclin	G	
CHENODAL	NPB-S	PA
CLENPIQ	NPB	
constulose	G	
cromolyn sodium oral	G	
dicyclomine hcl oral	G	
diphenoxylate-atropine	G	
ENTEREG	NPB	
enulose	G	
GASTROCROM	NPB	
GATTEX	NPB-S	PA
gavilyte-c	G	ACA
gavilyte-g	G	ACA
generlac	G	
glycopyrrolate injection solution 1 mg/5ml, 4 mg/20ml	G	
glycopyrrolate oral solution	G	PA
glycopyrrolate oral tablet 1 mg, 2 mg	G	
HELIDAC THERAPY	NPB	
hyoscyamine sulfate oral elixir	G	
hyoscyamine sulfate oral tablet	G	

Drug Name	Drug Tier	Restrictions / Limits
hyoscyamine sulfate oral tablet dispersible	G	
hyoscyamine sulfate sl	G	
hyoscyamine sulfate sublingual	G	
lactulose encephalopathy	G	
lactulose oral solution	G	
LINZESS	PB	ST; QL (1 EA per 1 day)
LOMOTIL	NPB	
loperamide hcl oral capsule	G	
lubiprostone	G	QL (2 EA per 1 day)
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)
na sulfate-k sulfate-mg sulf	G	ACA
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	NPB	
PYLERA	NPB	
RESTORA RX	NPB	
SEROSTIM	NPB-S	PA
SUFLAVE	NPB	
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)
VOWST	NPB-S	PA; QL (24 EA per 365 days)
XERMELO	NPB-S	PA; QL (3 EA per 1 day)
ZORBTIVE	NPB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	NPB-S	PA
CHOLBAM	NPB-S	PA
CREON	PB	
CRYSVITA	NPB-S	PA
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
sapropterin dihydrochloride	G-S	PA
sodium phenylbutyrate oral tablet	G-S	PA
STRENSIQ	PB-S	PA
SUCRAID	NPB-S	PA
VOXZOGO	NPB-S	PA; QL (1 EA per 1 day)
XURIDEN	NPB-S	PA; QL (4 EA per 1 day)
yargesa	G-S	PA
ZENPEP	PB	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	G	
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
fesoterodine fumarate er	G	
FILSPARI	NPB-S	
flavoxate hcl	G	M
FOSRENOL	NPB	ST
GELNIQUE	NPB	ST; M
INTRAROSA	NPB	
lanthanum carbonate	G	

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Drug Name	Drug Tier	Restrictions / Limits
LITHOSTAT	NPB	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	PB	
oxybutynin chloride er	G	M
oxybutynin chloride oral solution	G	M
oxybutynin chloride oral tablet 5 mg	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	G	
RIMSO-50	NPB	
sevelamer carbonate	G	
sevelamer hcl	G	
solifenacin succinate	G	M
THIOLA	NPB-S	
THIOLA EC	NPB-S	
tiopronin	G-S	
tolterodine tartrate	G	M
tolterodine tartrate er	G	M
tropium chloride	G	M
tropium chloride er	G	M
uretron d/s	G	
VELPHORO	NPB	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	G	M
dutasteride oral	G	M
dutasteride-tamsulosin hcl	G	M
finasteride oral tablet 5 mg	G	M
JALYN	NPB	M
PROSCAR	NPB	M
silodosin	G	M
tamsulosin hcl	G	M
terazosin hcl	G	M
Hormonal Agents - Adrenal		
BETAMETHASONE SODIUM PHOSPHATE INJECTION	NPB	
dexamethasone intensol	G	
dexamethasone oral	G	

Drug Name	Drug Tier	Restrictions / Limits
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	G	
fludrocortisone acetate oral	G	M
HEXATRIONE	NPB	
hydrocortisone oral	G	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	NPB	
MEDROL ORAL TABLET 2 MG	PB	
MEDROL ORAL TABLET THERAPY PACK	NPB	
methylprednisolone oral	G	
PEDIAPRED	NPB	
prednisolone oral solution	G	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	G	
prednisone intensol	G	
prednisone oral	G	
SOLU-CORTEF	NPB	
Hormonal Agents - Men's Health		
ANDRODERM	PB	PA
danazol oral	G	
METHITEST	NPB	PA
testosterone cypionate intramuscular	G	PA
testosterone enanthate intramuscular	G	PA
testosterone transdermal	G	PA
Hormonal Agents - Pituitary		
ACTHAR	PB-S	PA
cabergoline	G	M
CHORIONIC GONADOTROPIN INTRAMUSCULAR	NPB-S	PA
CLOMID	NPB	
CORTROPHIN	PB-S	PA
desmopressin ace spray refrig	G	M
desmopressin acetate injection	G	M
desmopressin acetate oral	G	M
desmopressin acetate pf	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)

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Drug Name	Drug Tier	Restrictions / Limits
FOLLISTIM AQ	PB-S	PA
fyremadel	G-S	PA
ganirelix acetate	G-S	PA
INCRELEX	PB-S	PA
leuprolide acetate injection	G-S	PA
LEUPROLIDE ACETATE-BUPIVACAINE	NPB	
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	NPB-S	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG	PB-S	PA
MENOPUR	NPB-S	PA
NOCDURNA	NPB	M
NORDITROPIN FLEXPPO	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 injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	G-S	PA
octreotide acetate subcutaneous	G-S	PA
OMNITROPE	PB-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

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Drug Name	Drug Tier	Restrictions / Limits
SIGNIFOR LAR	NPB-S	PA; QL (0.04 EA per 1 day)
SOGROYA	NPB-S	PA
SOMATULINE DEPOT	NPB-S	PA
SOMAVERT	NPB-S	PA
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)
TRIPTODUR	NPB-S	PA; QL (0.006 EA per 1 day)
Hormonal Agents - Prostaglandins		
KORLYM	NPB-S	PA; QL (4 EA per 1 day)
MIFEPREX	NPB	
mifepristone	G	
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
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 eq	G	M; ACA
aurovela 1.5/30	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
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
ayuna	G	M; ACA
azurette	G	M; ACA
BALCOLTRA	NPB	M; ACA
balziva	G	M; ACA
BIJUVA ORAL CAPSULE 1-100 MG	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)
charlotte 24 fe	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
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
delyla	G	M; ACA
DEPO-ESTRADIOL	NPB	
DEPO-PROVERA	NPB	ACA; QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104	NPB	ACA; QL (0.02 ML per 1 day)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	G	M; ACA
DIVIGEL	NPB	M
dolishale	G	M; ACA
dotti	G	M
drospiren-eth estrad-levomefol	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
drospirenone-ethinyl estradiol	G	M; ACA
DUAVEE	PB	
ELESTRIN	NPB	M
elinest	G	M; ACA
ELLA	NPB	ACA
eluryng	G	M; ACA
ENDOMETRIN	PB	
enilloring	G	M; ACA
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
ethynodiol diac-eth estradiol	G	M; ACA
etonogestrel-ethinyl estradiol	G	M; ACA
EVAMIST	NPB	M
falmina	G	M; ACA
FEMRING	NPB	M; QL (0.012 EA per 1 day)
finzala	G	M; ACA
FIRST-PROGESTERONE VGS	NPB	
fyavolv	G	M
gemmily	G	M; ACA
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
haloette	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

Drug Name	Drug Tier	Restrictions / Limits
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)
joyeaux	G	M; ACA
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
kaitlib fe	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
larin fe 1.5/30	G	M; ACA
larin fe 1/20	G	M; ACA
layolis fe	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)
levonorgest-eth estradiol-iron	G	M; ACA
levonorgestrel-ethinyl estrad	G	M; ACA
levonorg-eth estrad triphasic	G	M; ACA
levora 0.15/30 (28)	G	M; ACA
lojaimiess	G	M; ACA; QL (1 EA per 1 day)
loryna	G	M; ACA
low-ogestrel	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
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, 800 mg/20ml	G	
megestrol acetate oral suspension 625 mg/5ml	G	
megestrol acetate oral tablet	G	
MENEST	PB	M
MENOSTAR	NPB	M
merzee	G	M; ACA
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
mono-linyah	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	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
norethindron-ethinyl estrad-fe	G	M; ACA
norethin-eth estradiol-fe	G	M; ACA
norgestimate-eth estradiol	G	M; ACA
norgestimate-ethinyl estradiol triphasic	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
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; ACA
nylia 1/35	G	M; ACA
nylia 7/7/7	G	M; ACA
nymyo	G	M; ACA
ocella	G	M; ACA
ORIAHNN	PB	PA; QL (2 EA per 1 day)
philith	G	M; ACA
pimtrea	G	M; ACA
portia-28	G	M; ACA
PREMARIN ORAL	PB	M
PREMARIN VAGINAL	PB	M
PREMPHASE	PB	M
PREMPRO	PB	M
progesterone intramuscular	G	
progesterone oral	G	
PROVERA	NPB	M
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 eq	G	M; ACA
taysofy	G	M; ACA
TAYTULLA	NPB	M; ACA
tilia fe	G	M; ACA
tri-estarylla	G	M; ACA
tri-legest fe	G	M; ACA
tri-linyah	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
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-sprintec	G	M; ACA
trivora (28)	G	M; ACA
tri-vylibra	G	M; ACA
tri-vylibra lo	G	M; ACA
TYBLUME	NPB	M; ACA
tydemy	G	M; ACA
velivet	G	M; ACA
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
yuvaferm	G	M
zafemy	G	M; ACA
zovia 1/35 (28)	G	M; ACA
zumandimine	G	M; ACA
Hormonal Agents - Thyroid		
ADTHYZA	NPB	ST; M
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

Drug Name	Drug Tier	Restrictions / Limits
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
NIVA THYROID	NPB	ST; M
np thyroid	G	M
propylthiouracil oral	G	M
SODIUM IODIDE I-131	NPB	
thyroid oral	G	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
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA	NPB-S	PA
ACTEMRA ACTPEN	NPB-S	PA; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS	NPB-S	PA; QL (0.13 ML per 1 day)
ADALIMUMAB-ADAZ	PB-S	PA; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	PB-S	PA; QL (0.12 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	PB-S	PA; QL (0.02 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	PB-S	PA; QL (0.06 EA per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	PB-S	PA; QL (0.12 EA per 1 day)
ARCALYST	NPB-S	PA
ASTAGRAF XL	NPB	
AZASAN	NPB	
azathioprine oral	G	
BENLYSTA SUBCUTANEOUS	NPB-S	PA
CELLCEPT	NPB	
CIMZIA	PB-S	PA; QL (0.08 EA per 1 day)
CIMZIA STARTER KIT	PB-S	PA; QL (3 EA per 365 days)
cyclosporine modified	G	
cyclosporine oral	G	
CYLTEZO SUBCUTANEOUS AUTO-INJECTOR KIT	PB-S	PA; QL (0.15 EA per 1 day)
CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	PB-S	PA; QL (0.08 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	PB-S	PA; QL (0.15 EA per 1 day)
CYLTEZO-CD/UC/HS STARTER	PB-S	PA; QL (0.15 EA per 1 day)
CYLTEZO-PSORIASIS STARTER	PB-S	PA; QL (0.15 EA per 1 day)
ENBREL	PB-S	PA; QL (0.15 ML per 1 day)
ENBREL MINI	PB-S	PA; QL (0.15 ML per 1 day)
ENBREL SURECLICK	PB-S	PA; QL (0.15 ML per 1 day)
ENSPRYNG	NPB-S	PA
ENVARUSUS XR	NPB	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	G	
gengraf	G	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	PB-S	PA; QL (3 EA per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	PB-S	PA; QL (2 EA per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	PB-S	PA; QL (0.15 EA per 1 day)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	PB-S	PA; QL (0.08 EA per 1 day)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	PB-S	PA; QL (0.15 EA per 1 day)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	PB-S	PA; QL (0.08 EA per 1 day)
HUMIRA PEN-PEDIATRIC UC START	PB-S	PA; QL (0.08 EA per 1 day)
HUMIRA PEN-PS/UV/ADOL HS START	PB-S	PA; QL (0.15 EA per 1 day)
HUMIRA PEN-PSOR/UEIT STARTER	PB-S	PA; QL (3 EA per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	PB-S	PA; QL (0.08 EA per 1 day)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	PB-S	PA; QL (0.15 EA per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	PB-S	PA; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML	PB-S	PA; QL (0.01 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	PB-S	PA; QL (0.03 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	PB-S	PA; QL (0.06 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER PACK	PB-S	PA; QL (0.06 ML per 1 day)
HYRIMOZ-PED CROHNS STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML	PB-S	PA; QL (2.4 ML per 365 days)
HYRIMOZ-PED CROHNS STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML	PB-S	PA; QL (1.2 ML per 365 days)
HYRIMOZ-PLAQUE PSORIASIS START	PB-S	PA; QL (1.6 ML per 365 days)
icatibant acetate	G-S	PA; QL (0.6 ML per 1 day)
ILUMYA	NPB-S	PA; QL (0.02 ML per 1 day)
IMURAN	NPB	
KEVZARA	NPB-S	PA; QL (0.09 ML per 1 day)
KINERET	NPB-S	PA
leflunomide oral	G	M
methotrexate sodium (pf)	G	
methotrexate sodium injection	G	
methotrexate sodium oral	G	
mycophenolate mofetil oral	G	
mycophenolate sodium	G	
MYFORTIC	NPB	
NEORAL	NPB	
OLUMIANT	NPB-S	PA; QL (1 EA per 1 day)
ORENCIA CLICKJECT	NPB-S	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	NPB-S	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	NPB-S	PA; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	NPB-S	PA; QL (0.1 ML per 1 day)
ORLADEYO	NPB-S	PA; QL (1 EA per 1 day)
OTEZLA ORAL TABLET	PB-S	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK	PB-S	PA; QL (55 EA per 365 days)
PROGRAF ORAL	NPB	
RAPAMUNE	NPB	
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)

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Drug Name	Drug Tier	Restrictions / Limits
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; QL (1 EA per 1 day)
SANDIMMUNE ORAL CAPSULE	NPB	
SANDIMMUNE ORAL SOLUTION	PB	
SILIQ	NPB-S	PA; QL (0.11 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	PB-S	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	PB-S	PA; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB-S	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	PB-S	PA; QL (0.02 ML per 1 day)
sirolimus oral	G	
SKYRIZI PEN	PB-S	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	PB-S	PA; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	PB-S	PA; QL (0.05 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PB-S	PA; QL (0.02 ML per 1 day)
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)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
tacrolimus oral	G	
TAKHZYRO	NPB-S	PA
TALTZ	NPB-S	PA; QL (0.04 ML per 1 day)
TREMFYA	PB-S	PA; QL (0.02 ML per 1 day)
TREXALL	PB	

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Drug Name	Drug Tier	Restrictions / Limits
WINRHO SDF INJECTION SOLUTION 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	PB-S	
XATMEP	PB	
XELJANZ ORAL SOLUTION	PB-S	PA; QL (10 ML per 1 day)
XELJANZ ORAL TABLET	PB-S	PA; QL (2 EA per 1 day)
XELJANZ XR	PB-S	PA; QL (1 EA per 1 day)
ZORTRESS	NPB	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	NPB	ACA
ACAM2000	NPB	
ACTHIB	NPB	ACA
ADACEL	NPB	ACA
AFLURIA QUADRIVALENT	NPB	ACA
AREXVY	NPB	
BEXSERO	NPB	ACA
BOOSTRIX	NPB	ACA
COMIRNATY	NPB	ACA
DAPTACEL	NPB	ACA
DENGVAXIA	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
IPOL	NPB	ACA
JYNNEOS	NPB	
KINRIX	NPB	ACA

Drug Name	Drug Tier	Restrictions / Limits
MENACTRA	NPB	ACA
MENQUADFI	NPB	ACA
MENVEO	NPB	ACA
M-M-R II	NPB	ACA
MODERNA COVID-19 VAC 6M-11Y	NPB	ACA
PEDIARIX	NPB	ACA
PEDVAX HIB	NPB	ACA
PENTACEL	NPB	ACA
PFIZER COVID-19 VAC-TRIS 5-11Y	NPB	ACA
PFIZER COVID-19 VAC-TRIS 6M-4Y	NPB	ACA
PNEUMOVAX 23	NPB	ACA
PREHEVBRIO	NPB	ACA
PREVNAR 13	NPB	ACA
PREVNAR 20	NPB	ACA
PRIORIX	NPB	ACA
PROQUAD	NPB	ACA
QUADRACEL	NPB	ACA
RABAVERT	NPB	
RECOMBIVAX HB	NPB	ACA
ROTARIX	NPB	ACA
ROTATEQ	NPB	ACA
SHINGRIX	NPB	ACA
SPIKEVAX	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	ACA
Inflammatory Bowel Disease Agents		
ANUSOL-HC EXTERNAL	NPB	
APRISO	PB	M
AZULFIDINE	NPB	M
AZULFIDINE EN-TABS	NPB	M
balsalazide disodium	G	

Drug Name	Drug Tier	Restrictions / Limits
budesonide er	G	
budesonide oral	G	
budesonide rectal	G	
CORTENEMA	NPB	
CORTIFOAM	NPB	
hydrocortisone (perianal)	G	
hydrocortisone ace-pramoxine external cream 1-1 %	G	
hydrocortisone rectal	G	
mesalamine er oral capsule 0.375 gm	G	M
mesalamine oral capsule delayed release 400 mg	G	M
mesalamine oral tablet delayed release 1.2 gm	G	M
mesalamine rectal	G	M
mesalamine-cleanser	G	
PROCTOFOAM HC	PB	
procto-med hc	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)
ADELVIA	NPB	M; QL (0.15 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)
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)

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Drug Name	Drug Tier	Restrictions / Limits
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	PB-S	PA
TYMLOS	PB-S	PA
Metabolic Bone Disease Agents - Other		
calcitriol oral	G	M
cinacalcet hcl	G	PA
paricalcitol oral	G	M
RAYALDEE	NPB	M
ROCALTRON	NPB	M
ZEMPLAR ORAL	NPB	M
Miscellaneous Therapeutic Agents		
ALPHA-LIPOIC ACID INJECTION	NPB	
BACTERIOSTATIC WATER(BENZ ALC)	NPB	
BD ULTRA-FINE PEN NEEDLES 31G X 8 MM	NPB	M; OTC
BYLVAY	NPB-S	
BYLVAY (PELLETS)	NPB-S	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	NPB	
CYTOTINE ORAL POWDER	NPB	
deferroxamine mesylate	G	
DROPLET MICRON	NPB	M; OTC
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT	PB	PA
EMBRACE PEN NEEDLES 31G X 8 MM	NPB	M; OTC
ENDARI	NPB	PA
ergoloid mesylates oral	G	M
EUA PATIENT ASSESSMENT	NPB	
formaldehyde external solution 37 %	G	
glutaraldehyde external	G	
GRASTEK	NPB	
IGALMI	NPB	PA
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	NPB	M; OTC
INSULIN PEN NEEDLES 30G X 6 MM , 31G X 8 MM	NPB	M; OTC
INSULIN PEN NEEDLES 31G X 8 MM	NPB	M
KERENDIA	NPB	PA; QL (1 EA per 1 day)
methergine	G	QL (28 EA per 1 fill)
methylergonovine maleate oral	G	QL (28 EA per 1 fill)

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Drug Name	Drug Tier	Restrictions / Limits
NEOKE RA LIPOIC	NPB	
ODACTRA	NPB	
OMNIPOD 5 G6 INTRO (GEN 5)	PB	
OMNIPOD 5 G6 POD (GEN 5)	PB	
OMNIPOD DASH INTRO (GEN 4)	PB	
OMNIPOD DASH PODS (GEN 4)	PB	
ORALAIR	NPB	
ORALAIR ADULT STARTER PACK	NPB	
ORALAIR CHILDRENS STARTER PACK	NPB	
PHOTREXA-PHOTREXA VISCOUS KIT	NPB	
RAGWITEK	NPB	
RAYA SURE PEN NEEDLE 31G X 8 MM	NPB	M; OTC
saline bacteriostatic	G	
SALINE-PHENOL	NPB	
VEOZAH	NPB	
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM	NPB	M; OTC
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	NPB	M; OTC
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	
BESIVANCE	NPB	
BETADINE OPHTHALMIC PREP	NPB	
bromfenac sodium (once-daily)	G	QL (6.8 ML per 365 days)
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

Drug Name	Drug Tier	Restrictions / Limits
FLAREX	NPB	
fluorometholone	G	
flurbiprofen sodium	G	
FML FORTE	NPB	
FML LIQUIFILM	NPB	
gatifloxacin ophthalmic	G	
gentamicin sulfate ophthalmic	G	
INVELTYS	NPB	
ketorolac tromethamine ophthalmic	G	
levofloxacin ophthalmic	G	
LOTEMAX SM	NPB	
loteprednol etabonate ophthalmic gel	G	QL (20 GM per 365 days)
MAXIDEX	NPB	
MAXITROL OPHTHALMIC OINTMENT	NPB	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	NPB	
MITOSOL	NPB	
moxifloxacin hcl (2x day)	G	
moxifloxacin hcl ophthalmic	G	
NATACYN	PB	
neomycin-polymyxin-dexameth ophthalmic ointment	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
neomycin-polymyxin-hc ophthalmic	G	
OCUFLOX	NPB	
ofloxacin ophthalmic	G	
olopatadine hcl ophthalmic solution 0.2 %	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	
TOBRADEX	NPB	
TOBRADEX ST	NPB	
tobramycin ophthalmic	G	
tobramycin-dexamethasone	G	
TOBREX	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
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 OPTHALMIC SOLUTION 0.1 %	PB	M
apraclonidine hcl	G	
betaxolol hcl ophthalmic	G	M
BETIMOL	NPB	M
bimatoprost ophthalmic	G	M; QL (0.1 ML per 1 day)
brimonidine tartrate ophthalmic	G	M
brimonidine tartrate-timolol	G	M
brinzolamide	G	M
carteolol hcl	G	M
dichlorphenamide	G-S	PA; QL (4 EA per 1 day)
DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC	NPB	M
dorzolamide hcl solution 2 % ophthalmic	G	M
dorzolamide hcl-timolol mal	G	M
dorzolamide hcl-timolol mal pf	G	M
IOPIDINE	NPB	
ISTALOL	NPB	M
KEVEYIS	NPB-S	PA; QL (4 EA per 1 day)
latanoprost 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
tafluprost (pf)	G	M; QL (1 EA per 1 day)
timolol maleate (once-daily)	G	M
timolol maleate ocudose	G	M

Drug Name	Drug Tier	Restrictions / Limits
timolol maleate ophthalmic solution	G	M
timolol maleate pf	G	M
travoprost (bak free)	G	M; QL (0.1 ML per 1 day)
XELPROS	NPB	M; QL (0.1 ML per 1 day)
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AKTEN	NPB	
ALCAINE	NPB	
altafrin	G	
atropine sulfate ophthalmic ointment	G	M
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	NPB	M
atropine sulfate ophthalmic solution 1 %	G	M
bacitracin-polymyxin b ophthalmic	G	
bacitra-neomycin-polymyxin-hc	G	
CYCLOGYL	NPB	M
CYCLOMYDRIL	NPB	M
cyclopentolate hcl ophthalmic	G	M
cyclosporine ophthalmic	G	PA; M
CYSTADROPS	NPB-S	QL (0.72 ML per 1 day)
CYSTARAN	NPB-S	
DOUBLE PM	NPB	
HOMATROPAIRE	NPB	M
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	NPB	M
MIEBO	NPB	PA; QL (0.4 ML per 1 day)
neomycin-bacitracin zn-polymyx	G	
neomycin-polymyxin-gramicidin	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	
proparacaine hcl ophthalmic	G	
RESTASIS	PB	PA; M
RESTASIS MULTIDOSE	PB	PA; M
sulfacetamide-prednisolone	G	
TROPICAMIDE-PHENYLEPHRINE	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
TYRVAYA	NPB	PA; QL (0.3 ML per 1 day)
XIIDRA	PB	PA; M
ZYLET	NPB	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	G	
CETRAXAL	NPB	ST
ciprofloxacin hcl otic	G	
ciprofloxacin-dexamethasone	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 tablet 2.68 mg	G	
cyproheptadine hcl oral	G	
DICOPANOL FUSEPAQ	NPB	
diphenhydramine hcl injection	G	
diphenhydramine hcl oral elixir	G	
DYMISTA	PB	QL (0.77 GM per 1 day)
guaifenesin ac	G	OTC
guaifenesin-codeine	G	OTC
HYCODAN	NPB	
hydrocod poli-chlorophe poli er	G	
hydrocodone bit-homatrop mbr	G	
hydromet	G	
HYPERSAL	NPB	
ipratropium bromide nasal	G	
maxi-tuss ac	G	OTC

Drug Name	Drug Tier	Restrictions / Limits
NEBUSAL	NPB	
olopatadine hcl nasal	G	QL (1.02 GM per 1 day)
promethazine vc	G	
promethazine vc/codeine	G	
promethazine-codeine	G	
promethazine-dm	G	
pseudoephedrine-bromphen-dm	G	
PULMOSAL	NPB	
RYALTRIS	NPB	QL (1 GM per 1 day)
sodium chloride inhalation	G	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	NPB	M
acetylcysteine inhalation	G	
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 0.63 mg/3ml, 1.25 mg/3ml	G	M; QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	G	M; QL (5 EA 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)
ARNUITY ELLIPTA	PB	M; QL (1 EA per 1 day)
ATROVENT HFA	NPB	M; QL (0.86 GM per 1 day)
AUVI-Q	NPB	
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	PB	M; QL (2 EA per 1 day)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	PB	M; QL (2 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	PB	M; QL (2 EA per 1 day)
breyna	G	M; QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE	PB	QL (0.36 GM per 1 day)
budesonide inhalation	G	M; QL (4 ML per 1 day)
budesonide-formoterol fumarate	G	M; QL (0.35 GM per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
COMBIVENT RESPIMAT	PB	QL (0.27 GM per 1 day)
cromolyn sodium inhalation	G	M
DALIRESP	NPB	PA
elixophyllin	G	M
epinephrine injection solution auto-injector	G	
EPIPEN 2-PAK	NPB	ST
FASENRA	PB-S	PA
FASENRA PEN	PB-S	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	G	M; QL (2 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)
montelukast sodium oral	G	M
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB-S	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB-S	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	PB-S	PA; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	PB-S	PA; QL (0.11 EA per 1 day)
OFEV	NPB-S	PA
PERFOROMIST	NPB	M; QL (4 ML per 1 day)
pirfenidone	G-S	PA
QVAR REDHALER	PB	M; QL (0.71 GM per 1 day)
roflumilast	G	PA
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)

Drug Name	Drug Tier	Restrictions / Limits
SYMBICORT	NPB	M; QL (0.35 GM per 1 day)
SYMJEPI	NPB	
terbutaline sulfate injection	G	M
terbutaline sulfate oral	G	M
TEZSPIRE	PB-S	PA; QL (0.07 ML per 1 day)
THEO-24	NPB	M
theophylline	G	M
theophylline er	G	M
tiotropium bromide monohydrate	G	M; QL (1 EA per 1 day)
TRELEGY ELLIPTA	PB	M; QL (2 EA per 1 day)
wixela inhub	G	M; QL (2 EA per 1 day)
XOLAIR	PB-S	PA
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 ORAL TABLET THERAPY PACK	NPB-S	PA; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK	NPB-S	PA; QL (2 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)
bosentan	G-S	PA; QL (2 EA per 1 day)
OPSUMIT	PB-S	PA; QL (1 EA per 1 day)
ORENITRAM	NPB-S	PA
ORENITRAM MONTH 1	NPB-S	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2	NPB-S	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3	NPB-S	PA; QL (504 EA per 365 days)
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)

Last Updated 12/04/2023

Drug Name	Drug Tier	Restrictions / Limits
TRACLEER 32 MG	NPB-S	PA; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT	NPB-S	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT	NPB-S	PA; QL (2 EA per 365 days)
UPTRAVI ORAL	NPB-S	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION	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 SOLUTION 10 MG/5ML	NPB	
baclofen oral suspension	G	
baclofen oral tablet	G	
carisoprodol oral	G	
chlorzoxazone oral tablet 500 mg	G	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	G	
DANTRIUM ORAL	NPB	
dantrolene sodium oral	G	
ENOVARX-BACLOFEN	NPB	
ENOVARX-CYCLOBENZAPRINE HCL	NPB	
methocarbamol injection	G	
methocarbamol oral	G	
orphenadrine citrate er	G	QL (2 EA per 1 day)
OZOBAX DS	NPB	
TABRADOL FUSEPAQ	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)
LUMRYZ	NPB-S	PA; QL (1 EA per 1 day)
modafinil	G	PA; QL (1 EA per 1 day)
ramelteon	G	QL (1 EA per 1 day)
SODIUM OXYBATE	NPB-S	PA; QL (18 ML per 1 day)
SUNOSI	PB	PA; QL (1 EA per 1 day)
tasimelteon	G-S	PA; QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
temazepam	G	QL (1 EA per 1 day)
WAKIX	NPB-S	PA; QL (2 EA 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)
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TOPICORT.....	51	trimethoprim.....	15	valacyclovir hcl.....	34
topiramate.....	17	tri-mili.....	71	VALCHLOR.....	27
topiramate er.....	17	trimipramine maleate.....	20	valganciclovir hcl.....	34
toremifene citrate.....	27	TRINATE.....	58	valproic acid.....	17
torse mide.....	42	TRINTELLIX.....	20	valsartan.....	42
TOUJEO MAX SOLOSTAR.....	55	tri-nymyo.....	71	valsartan-hydrochlorothiazide...	42
TOUJEO SOLOSTAR.....	55	TRIPLE COMPLEX FORMULA		VALTOCO.....	18
TPOXX.....	34	3 KIT.....	10	VANCOGIN.....	15
TRACLEER.....	88	TRIPLE PMB.....	82	vancomycin hcl.....	15
TRADJENTA.....	52	TRIPLE PMK.....	82	VANCOMYCIN+SYRSPEND	
tramadol hcl (er biphasic).....	9	TRIPTODUR.....	65	SF.....	15
tramadol hcl er.....	9	tri-sprintec.....	71	VANDAZOLE.....	15
tramadol hcl ir.....	9	TRIUMEQ.....	34	VANISH.....	47
tramadol-acetaminophen.....	9	TRIUMEQ PD.....	34	VAQTA.....	77
trandolapril.....	42	TRI-VI-FLOR.....	58	varenicline tartrate.....	12
trandolapril-verapamil hcl er.....	42	TRI-VI-FLORO.....	58	varenicline tartrate (starter).....	12

varenicline tartrate(continue)....	12	volnea.....	71	XPOVIO (40 MG ONCE	
VARIVAX.....	77	VONJO.....	27	WEEKLY).....	27
VARUBI (180 MG DOSE).....	21	voriconazole.....	22	XPOVIO (40 MG TWICE	
VASCEPA.....	42	VOSEVI.....	35	WEEKLY).....	27
VAXELIS.....	77	VOTRIENT.....	27	XPOVIO (60 MG ONCE	
VAXNEUVANCE.....	77	VOWST.....	60	WEEKLY).....	27
VECAMYL.....	42	VOXZOGO.....	61	XPOVIO (60 MG TWICE	
velivet.....	71	VP FC KIT.....	11	WEEKLY).....	27
VELPHORO.....	62	VP GKL KIT.....	11	XPOVIO (80 MG ONCE	
VELTASSA.....	58	VRAYLAR.....	31	WEEKLY).....	27
VENCLEXTA.....	27	VTAMA.....	51	XPOVIO (80 MG TWICE	
VENCLEXTA STARTING		VUMERITY.....	45	WEEKLY).....	27
PACK.....	27	vyfemla.....	71	XTAMPZA ER.....	9
VENELEX.....	51	vylibra.....	71	XTANDI.....	28
VENIPUNCTURE PX1		VYNDAMAX.....	42	xulane.....	71
PHLEBOTOMY.....	11	VYNDAQEL.....	42	XULTOPHY.....	53
venlafaxine hcl.....	20	WAKIX.....	89	XURIDEN.....	61
venlafaxine hcl er.....	20	warfarin sodium.....	16	XYWAV.....	89
VENTAVIS.....	88	WEGOVY.....	46	yargesa.....	61
VEOZAH.....	80	WELIREG.....	27	YUPELRI.....	87
verapamil hcl.....	42	wera.....	71	yuvafem.....	71
verapamil hcl er.....	42	WESCAP-C DHA.....	58	zafemy.....	71
VERELAN.....	42	WESCAP-PN DHA.....	58	zafirlukast.....	87
VERELAN PM.....	42	WESNATAL DHA COMPLETE.....	58	zaleplon.....	89
VERIFINE INSULIN PEN		wes-phos 250 neutral.....	58	ZARONTIN.....	18
NEEDLE.....	80	WESTAB PLUS.....	58	ZEGALOGUE.....	53
VERIFINE PLUS PEN		WINRHO SDF.....	76	ZEJULA.....	28
NEEDLE.....	80	wixela inhub.....	87	ZELBORAF.....	28
VERQUVO.....	42	wymzya fe.....	71	ZEMPLAR.....	79
VERSACLOZ.....	31	WYNZORA.....	51	zenatane.....	51
VERZENIO.....	27	XALIX.....	51	ZENPEP.....	61
vestura.....	71	XARELTO.....	16	ZEPATIER.....	35
VFEND.....	22	XARELTO STARTER PACK.....	16	ZEPOSIA.....	45
VIBERZI.....	60	XATMEP.....	76	ZEPOSIA 7-DAY STARTER	
VIBRAMYCIN.....	15	XCOPRI.....	18	PACK.....	45
VICTOZA.....	53	XELJANZ.....	76	ZEPOSIA STARTER KIT.....	45
vienva.....	71	XELJANZ XR.....	76	ZIAGEN.....	35
vigabatrin.....	18	XELPROS.....	83	zidovudine.....	35
vigadrone.....	18	XENICAL.....	46	ZILXI.....	51
VIIBRYD.....	20	XENLETA.....	15	ZIMHI.....	12
VIIBRYD STARTER PACK.....	20	XEPI.....	15	ziprasidone hcl.....	31
vilazodone hcl.....	20	XERAC AC.....	51	ziprasidone mesylate.....	31
VINATE ONE.....	58	XERMELO.....	60	ZIRGAN.....	82
violele.....	71	XIFAXAN.....	15	ZITHROMAX.....	15
VIRACEPT.....	34	XIGDUO XR.....	53	ZITHROMAX TRI-PAK.....	15
VIRAZOLE.....	34	XIIDRA.....	84	ZITHROMAX Z-PAK.....	15
VIREAD.....	34, 35	XIMINO.....	15	ZOKINVY.....	80
VISTARIL.....	36	XOFLUZA (40 MG DOSE).....	35	ZOLINZA.....	28
VISTOGARD.....	80	XOFLUZA (80 MG DOSE).....	35	zolmitriptan.....	23
vitamin d (ergocalciferol).....	58	XOLAIR.....	87	zolpidem tartrate.....	89
vitamins acd-fluoride.....	58	XOSPATA.....	27	zolpidem tartrate er.....	89
VITRAKVI.....	27	XPOVIO (100 MG ONCE		zonisamide.....	18
VIZIMPRO.....	27	WEEKLY).....	27	ZONTIVITY.....	30

ZORBTIVE.....	60
ZORTRESS.....	76
zovia 1/35 (28).....	71
ZTALMY.....	18
ZUBSOLV.....	12
zumandimine.....	71
ZYDELIG.....	28
ZYKADIA.....	28
ZYLET.....	84
ZYMAXID.....	82
ZYPREXA RELPREVV.....	31
ZYPREXA ZYDIS.....	31
ZYVOX.....	15

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