



Kansas City

MEMBER **2021**
PERFORMANCE DRUG LIST

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

Effective January 1, 2021

Blue Cross and Blue Shield of Kansas City 2021 Performance Drug List

Introduction

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

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

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

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

How to use this list:

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

Prior Authorization/Drug Utilization Management

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

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

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

HOW TO REACH US

Blue Cross and Blue Shield of Kansas City Pharmacy Services

P.O. Box 419169
Kansas City, MO 64141-2735
816-395-2176 or 800-228-1436
www.BlueKC.com

Frequently asked questions

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

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

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

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

What is a maintenance drug?

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

Does Blue KC cover all prescription drugs?

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

How is the tier level status determined for medications?

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

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

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

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

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

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

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

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

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

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

Why must some drugs be purchased through a Specialty Pharmacy?

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

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

What if I have questions about my prescription drug coverage?

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

Miscellaneous Information

Specialty Pharmacy

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

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

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

Optum Specialty Pharmacy

Phone: 1-855-427-4682

Drug Tier Descriptions

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

2-Tier Benefit	Drug Tier
Tier 1 copay	G G-S
Tier 2 copay	PB PB-S

List of Abbreviations

G	Generic Drug.
G-S	Generic 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.

Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - › Qualified sign language interpreters
 - › Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - › Qualified interpreters
 - › Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您，或是您正在協助的對象，有關於 Blue KC方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 [Blue KC]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126로 전화하십시오.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

Arabic:

إن كان لديك أو لدى شخص تساعدك أسلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون آية تكلفة للتحدث مع مترجم اتصل بـ 1-844-395-7126.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète,appelez 1-844-395-7126.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

Laotian: ຖໍ່ ຈົກ ຈຳ, ພັນ ຕົ້ນ ບໍລິຫານ ຈົກ ກວດ ເພີ້ມ ອີ, ມີ ດັບຕາມານັກ ກວດ ຢູ່ ປະເທດ ປະຈະໄດ້ ທີ່ ຂໍ ຂໍາງານຊື່ ເພີ້ມ ອະລະ ຊື່ ມີ ນັບ ອອສານ ບໍລິຫານ ນພາສາຂອງໜີ ຈຳນັກ ດັ່ງນີ້ ລົງ. ການໂຄ້ນ ລົງ ນັກ ບໍລິຫານ, ໃຫ້ ປົກກາ 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegen, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

Persian:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue KC ، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نماید 1-844-395-7126. تماش حاصل نماید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeefannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross and Blue Shield of Kansas City

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Drug Name	Drug Tier	Restrictions / Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	G	QL (13 EA per 1 day)
acetaminophen-codeine #3	G	QL (10 EA per 1 day)
acetaminophen-codeine #4	G	QL (5 EA per 1 day)
acetaminophen-codeine oral solution	G	QL (136 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	G	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-30 mg	G	QL (10 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	G	QL (5 EA per 1 day)
apap-caff-dihydrocodeine oral capsule	G	QL (12 EA per 1 day)
ascomp-codeine	G	
bac	G	
BELBUCA	PB	PA; QL (2 EA per 1 day)
buprenorphine	G	PA; QL (0.15 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	G	
butalbital-apap-caff-cod	G	
butalbital-apap-caffeine	G	
butalbital-asa-caff-codeine	G	
butalbital-aspirin-caffeine	G	
butorphanol tartrate nasal	G	QL (2.5 ML per 1 fill)
carisoprodol-aspirin-codeine	G	
codeine sulfate oral tablet 15 mg	G	QL (21 EA per 1 day)
codeine sulfate oral tablet 30 mg	G	QL (10 EA per 1 day)
codeine sulfate oral tablet 60 mg	G	QL (5 EA per 1 day)
endocet oral tablet 10-325 mg	G	QL (3 EA per 1 day)
endocet oral tablet 2.5-325 mg	G	QL (12 EA per 1 day)
endocet oral tablet 5-325 mg	G	QL (6 EA per 1 day)
endocet oral tablet 7.5-325 mg	G	QL (4 EA per 1 day)
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	PA; 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	PA; QL (0.5 EA per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	G	PA; QL (2 EA per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg	G	PA; QL (4 EA per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	G	PA; QL (1 EA per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	G	QL (73.5 ML per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	G	QL (98 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	G	QL (4 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	G	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	G	QL (6 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg	G	QL (4 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	G	QL (9 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	G	QL (6 EA per 1 day)
hydromorphone hcl er	G	PA; QL (2 EA per 1 day)
hydromorphone hcl oral liquid	G	QL (12.25 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	G	QL (6 EA per 1 day)
hydromorphone hcl oral tablet 4 mg	G	QL (3 EA per 1 day)
hydromorphone hcl oral tablet 8 mg	G	QL (1 EA per 1 day)
hydromorphone hcl rectal	G	QL (4 EA per 1 day)
HYSINGLA ER	PB	PA; QL (1 EA per 1 day)
meperidine hcl oral solution	G	QL (49 ML per 1 day)
methadone hcl intensol	G	
methadone hcl oral concentrate	G	
methadone hcl oral solution	G	
methadone hcl oral tablet	G	PA
methadone hcl oral tablet soluble	G	
methadose oral concentrate 10 mg/ml	G	
methadose oral tablet soluble	G	
methadose sugar-free	G	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	G	QL (2.4 ML per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	G	PA; 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	PA; QL (1 EA per 1 day)
morphine sulfate er oral capsule extended release 24 hour	G	PA; QL (2 EA per 1 day)
morphine sulfate er oral tablet extended release	G	PA; QL (3 EA per 1 day)
morphine sulfate oral solution 10 mg/5ml	G	QL (24.5 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml	G	QL (12.25 ML per 1 day)

Last Updated 9/16/2021

Drug Name	Drug Tier	Restrictions / Limits
morphine sulfate oral tablet 15 mg	G	QL (3 EA per 1 day)
morphine sulfate oral tablet 30 mg	G	QL (1 EA per 1 day)
morphine sulfate rectal suppository 10 mg	G	QL (4 EA per 1 day)
morphine sulfate rectal suppository 20 mg	G	QL (2 EA per 1 day)
morphine sulfate rectal suppository 30 mg	G	QL (1 EA per 1 day)
morphine sulfate rectal suppository 5 mg	G	QL (9 EA per 1 day)
oxycodone hcl oral capsule	G	QL (6 EA per 1 day)
oxycodone hcl oral concentrate 100 mg/5ml	G	QL (1.6 ML per 1 day)
oxycodone hcl oral solution	G	QL (32.6 ML per 1 day)
oxycodone hcl oral tablet 10 mg	G	QL (3 EA per 1 day)
oxycodone hcl oral tablet 15 mg	G	QL (2 EA per 1 day)
oxycodone hcl oral tablet 20 mg, 30 mg	G	QL (1 EA per 1 day)
oxycodone hcl oral tablet 5 mg	G	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	G	QL (3 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	G	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	G	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	G	QL (4 EA per 1 day)
OXYCONTIN	PB	PA; QL (4 EA per 1 day)
oxymorphone hcl er	G	PA; QL (4 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	G	QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	G	QL (3 EA per 1 day)
pentazocine-naloxone hcl	G	QL (5 EA per 1 day)
tramadol hcl er (biphasic)	G	PA; QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour	G	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 100 mg	G	QL (4 EA per 1 day)
tramadol hcl oral tablet 50 mg	G	QL (8 EA per 1 day)
tramadol-acetaminophen	G	QL (8 EA per 1 day)
XTAMPZA ER	PB	PA; QL (4 EA per 1 day)
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	G	QL (2 EA per 1 day)
diclofenac potassium	G	
diclofenac sodium er	G	
diclofenac sodium external gel 1 %	G	QL (33.33 GM per 1 day)
diclofenac sodium external solution	G	PA

Drug Name	Drug Tier	Restrictions / Limits
diclofenac sodium oral	G	
diclofenac-misoprostol	G	
diflunisal oral	G	
ec-naproxen	G	
etodolac	G	
etodolac er	G	
flurbiprofen oral	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
indomethacin er	G	
indomethacin oral capsule 25 mg, 50 mg	G	
ketoprofen oral capsule 50 mg, 75 mg	G	
ketorolac tromethamine oral	G	QL (20 EA per 1 fill)
meloxicam oral tablet	G	
nabumetone oral	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	
salsalate oral	G	
sulindac oral	G	
Anesthetics		
ethyl chloride	G	
glydo	G	
lidocaine external ointment 5 %	G	
lidocaine external patch 5 %	G	
lidocaine hcl external solution	G	
lidocaine hcl urethral/mucosal	G	
lidocaine-prilocaine external cream	G	
marlido	G	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	G	
APO-VARENICLINE	PB	ACA; QL (180 day supply per 365 days)
BUNAVAIL	G	QL (3 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg	G	QL (12 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
buprenorphine hcl sublingual tablet sublingual 8 mg	G	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	G	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	G	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	G	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	G	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	G	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	G	QL (3 EA per 1 day)
bupropion hcl er (smoking det)	G	M; ACA; QL (180 day supply per 365 days)
disulfiram oral	G	
naloxone hcl injection	G	
naltrexone hcl oral	G	
NARCAN	G	
NICOTROL	PB	M; ACA; QL (180 day supply per 365 days)
NICOTROL NS	PB	M; ACA; QL (180 day supply per 365 days)
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		
amoxicillin	G	
amoxicillin-potassium clavulanate	G	
amoxicillin-potassium clavulanate er	G	
ampicillin	G	
avidoxy	G	
azithromycin oral	G	
cefaclor	G	
cefaclor er	G	
cefadroxil	G	
cefdinir	G	

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Drug Name	Drug Tier	Restrictions / Limits
cefixime	G	
cefpodoxime proxetil	G	
cefprozil	G	
cefuroxime axetil	G	
cephalexin	G	
ciprofloxacin hcl oral	G	
clarithromycin er	G	
clarithromycin oral	G	
CLEOCIN VAGINAL SUPPOSITORY	PB	
clindamycin hcl oral	G	
clindamycin palmitate hcl	G	
clindamycin phosphate vaginal	G	
colistimethate sodium (cba)	G	
demeocycline hcl	G	
dicloxacillin sodium	G	
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	
erythromycin base	G	
erythromycin ethylsuccinate oral	G	
erythromycin oral	G	
fosfomycin tromethamine	G	
gentamicin sulfate external	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)
mafenide acetate external	G	
methenamine hippurate	G	
metronidazole oral	G	
metronidazole vaginal	G	
minocycline hcl oral	G	
monodoxine nl oral capsule 100 mg	G	
morgidox oral	G	
moxifloxacin hcl oral	G	
mupirocin external	G	

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Drug Name	Drug Tier	Restrictions / Limits
neomycin sulfate oral	G	
nitrofurantoin	G	
nitrofurantoin macrocrystal	G	
nitrofurantoin monohydrate macrocrystals	G	
ofloxacin oral	G	
paromomycin sulfate oral	G	
penicillin v potassium	G	
silver nitrate external	G	
silver sulfadiazine external	G	
ssd	G	
sulfadiazine oral	G	
sulfamethoxazole-trimethoprim oral	G	
sulfatrim pediatric	G	
tetracycline hcl oral	G	
tinidazole oral	G	
trimethoprim oral	G	
vancomycin hcl oral	G	
vandazole	G	
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK	PB	M; QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	PB	M; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	PB	M; QL (3 EA per 1 day)
enoxaparin sodium subcutaneous	G	QL (35 day supply per 180 days)
fondaparinux sodium	G	QL (35 day supply per 180 days)
heparin sodium (porcine)	G	
heparin sodium (porcine) pf	G	
jantoven	G	
PRADAXA	PB	M; QL (2 EA per 1 day)
warfarin sodium oral	G	
XARELTO ORAL TABLET 10 MG, 20 MG	PB	M; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	PB	M; QL (2 EA per 1 day)
XARELTO STARTER PACK	PB	M; QL (102 EA per 365 days)
Anticonvulsants - Drugs for Seizures		
carbamazepine er	G	
carbamazepine oral	G	
clobazam	G	PA
diazepam rectal	G	QL (2 EA per 1 fill)
divalproex sodium er	G	

Drug Name	Drug Tier	Restrictions / Limits
divalproex sodium oral	G	
epitol	G	
ethosuximide oral	G	
felbamate	G	
gabapentin oral	G	
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	
oxcarbazepine	G	
phenobarbital oral	G	
phenytoin infatabs	G	
phenytoin oral	G	
phenytoin sodium extended	G	
primidone oral	G	
roweepra	G	
rufinamide	G	PA
subvenite	G	
subvenite starter kit-blue	G	
subvenite starter kit-green	G	
subvenite starter kit-orange	G	
tiagabine hcl	G	
topiramate er	G	
topiramate oral	G	
valproic acid oral	G	
vigabatrin	G-S	PA
vigadron	G-S	PA
zonisamide oral	G	
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)

Drug Name	Drug Tier	Restrictions / Limits
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	G	M
rivastigmine tartrate	G	M
Antidepressants		
amitriptyline hcl oral	G	
amoxapine	G	
bupropion hcl er (sr)	G	M; QL (2 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	G	M; QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	G	M; QL (1 EA per 1 day)
bupropion hcl oral	G	M
chlordiazepoxide-amitriptyline	G	
citalopram hydrobromide	G	M
clomipramine hcl oral	G	
desipramine hcl oral	G	
desvenlafaxine 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)
escitalopram oxalate	G	M
fluoxetine hcl (pmdd)	G	M
fluoxetine hcl oral capsule	G	M
fluoxetine hcl oral capsule delayed release	G	M; QL (0.15 EA per 1 day)
fluoxetine hcl oral solution	G	M
fluoxetine hcl oral tablet 10 mg, 60 mg	G	M
fluvoxamine maleate	G	M
fluvoxamine maleate er	G	M; QL (2 EA per 1 day)
imipramine hcl oral	G	
imipramine pamoate	G	
mirtazapine oral	G	
nefazodone hcl	G	M
nortriptyline hcl oral	G	

Drug Name	Drug Tier	Restrictions / Limits
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)
paroxetine hcl er	G	M
paroxetine hcl oral suspension	G	ST; M
paroxetine hcl oral tablet	G	M
paroxetine mesylate	G	M; QL (1 EA per 1 day)
PAXIL ORAL SUSPENSION	PB	ST; M
perphenazine-amitriptyline	G	
phenelzine sulfate oral	G	
protriptyline hcl	G	
sertraline hcl oral	G	M
tranylcypromine sulfate	G	
trazodone hcl oral	G	
trimipramine maleate oral	G	
venlafaxine hcl	G	M
venlafaxine hcl er oral capsule extended release 24 hour	G	M
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	G	M
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant oral	G	QL (6 EA per 30 days)
aprepitant oral capsule 125 mg	G	QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	G	QL (1 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	G	QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	G	QL (4 EA per 30 days)
compro	G	
dimenhydrinate injection	G	
doxylamine-pyridoxine	G	PA; QL (4 EA per 1 day)
dronabinol	G	PA; QL (2 EA per 1 day)
gransetron hcl oral	G	QL (0.14 EA per 1 day)
metoclopramide hcl oral	G	
ondansetron hcl oral solution	G	QL (4 ML per 1 day)
ondansetron hcl oral tablet 24 mg	G	QL (0.07 EA per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	G	
ondansetron odt	G	
perphenazine oral	G	
prochlorperazine	G	

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Drug Name	Drug Tier	Restrictions / Limits
prochlorperazine maleate oral	G	
scopolamine	G	
trimethobenzamide hcl oral	G	
Antifungals		
ciclodan	G	
ciclopirox external	G	
ciclopirox olamine external	G	
clotrimazole mouth/throat	G	
clotrimazole-betamethasone	G	
econazole nitrate external	G	
fluconazole oral	G	
flucytosine oral	G	
griseofulvin microsize oral	G	
griseofulvin ultramicrosize	G	
itraconazole oral	G	PA
ketoconazole external cream	G	
ketoconazole external shampoo	G	
ketoconazole oral	G	
miconazole 3	G	
naftifine hcl	G	
nyamyc	G	
nystatin external	G	
nystatin mouth/throat	G	
nystatin oral	G	
nystatin-triamcinolone	G	
nystop	G	
posaconazole	G	PA
tavaborole	G	PA
terbinafine hcl oral	G	QL (84 day supply per 180 days)
terconazole	G	
voriconazole oral	G	
Antigout Agents		
allopurinol oral	G	M
colchicine oral tablet	G	
colchicine-probenecid	G	
febuxostat	G	ST; M
probenecid	G	M

Drug Name	Drug Tier	Restrictions / Limits
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	PB	PA; M; QL (0.04 ML per 1 day)
AIMOVIG	PB	PA; M; QL (0.07 ML per 1 day)
almotriptan malate	G	QL (0.4 EA per 1 day)
dihydroergotamine mesylate injection	G	PA; QL (0.86 ML per 1 day)
dihydroergotamine mesylate nasal	G	PA; QL (0.27 ML per 1 day)
eletriptan hydrobromide	G	QL (12 EA per 30 days)
EMGALITY	PB	PA; M; QL (0.04 ML per 1 day)
EMGALITY (300 MG DOSE)	PB	PA; M; QL (0.1 ML per 1 day)
ergotamine-caffeine	G	
naratriptan hcl	G	QL (0.3 EA per 1 day)
NURTEC	PB	PA; QL (0.27 EA per 1 day)
rizatriptan benzoate	G	QL (0.6 EA per 1 day)
sumatriptan nasal	G	QL (0.4 EA per 1 day)
sumatriptan succinate oral	G	QL (0.3 EA per 1 day)
sumatriptan succinate refill	G	QL (0.17 ML per 1 day)
sumatriptan succinate subcutaneous	G	QL (0.17 ML per 1 day)
UBRELVY	PB	PA; QL (0.34 EA per 1 day)
zolmitriptan oral	G	QL (0.4 EA per 1 day)
Antimyasthenic Agents		
pyridostigmine bromide er	G	M
pyridostigmine bromide oral	G	M
Antimycobacterials		
cycloserine oral	G	
dapsone oral	G	
ethambutol hcl oral	G	
isoniazid oral	G	
pyrazinamide oral	G	
rifabutin	G	
rifampin oral	G	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	G-S	PA
AFINITOR DISPERZ	PB-S	PA
AFINITOR ORAL TABLET 10 MG	PB-S	PA; QL (1 EA per 1 day)
ALECensa	PB-S	PA
ALKERAN ORAL	PB	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	PB-S	PA; QL (1 EA per 1 day)

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
AROMASIN	PB	
AYVAKIT	PB-S	PA; QL (1 EA per 1 day)
BALVERSA	PB-S	PA
bexarotene	G-S	PA
bicalutamide	G	
BOSULIF	PB-S	PA
BRAFTOVI	PB-S	PA
BRUKINSA	PB-S	PA
CABOMETYX	PB-S	PA
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 oral capsule	G	
CYCLOPHOSPHAMIDE ORAL TABLET	PB	
DAURISMO	PB-S	PA
EMCYT	PB-S	
ERIVEDGE	PB-S	PA
erlotinib hcl oral tablet 100 mg, 150 mg	G-S	PA
erlotinib hcl oral tablet 25 mg	G-S	PA; QL (3 EA per 1 day)
etoposide oral	G-S	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	G-S	PA; QL (1 EA per 1 day)
exemestane	G	ACA
FARESTON	PB	
FARYDAK	PB-S	PA
FEMARA	PB	
flutamide	G	
GILOTRIF	PB-S	PA; QL (1 EA per 1 day)
GLEOSTINE	PB-S	
HYCAMTIN ORAL	PB-S	
HYDREA	PB	

Drug Name	Drug Tier	Restrictions / Limits
hydroxyurea oral	G	
IBRANCE	PB-S	PA
ICLUSIG ORAL TABLET 10 MG	PB	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 15 MG	PB-S	PA; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG	PB	PA
ICLUSIG ORAL TABLET 45 MG	PB-S	PA
IDHIFA	PB-S	PA; QL (1 EA per 1 day)
imatinib mesylate	G-S	PA
IMBRUVICA	PB-S	PA
INLYTA	PB-S	PA
INREBIC	PB-S	PA
IRESSA	PB-S	PA
JAKAFI ORAL TABLET 10 MG	PB-S	PA; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	PB-S	PA
KISQALI FEMARA	PB-S	PA
KISQALI ORAL TABLET THERAPY PACK 200 MG	PB-S	PA
KOSELUGO	PB-S	PA
lapatinib ditosylate	G-S	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	PB-S	PA
letrozole oral	G	
leucovorin calcium oral	G	
LEUKERAN	PB	
LONSURF	PB-S	PA
LORBRENA	PB-S	PA
LYNPARZA	PB-S	PA
LYSODREN	PB-S	
MATULANE	PB-S	
MEKINIST	PB-S	PA
MEKTOVI	PB-S	PA
melphalan	G	
mercaptopurine oral	G	
MESNEX ORAL	PB	
MYLERAN	PB-S	
NERLYNX	PB-S	PA; QL (6 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
NEXAVAR	PB-S	PA
NILANDRON	PB-S	
nilutamide	G-S	
NINLARO	PB-S	PA
NUBEQA	PB-S	PA
ODOMZO	PB-S	PA
ONUREG	PB-S	PA
ORGOVYX	PB-S	PA
PEMAZYRE	PB-S	PA; QL (1 EA per 1 day)
PIQRAY	PB-S	PA
POMALYST	PB-S	PA
PURIXAN	PB-S	
QINLOCK	PB-S	PA
RETEVMO	PB-S	PA
REVLIMID	PB-S	PA
ROZLYTREK	PB-S	PA
RUBRACA	PB-S	PA
RYDAPT	PB-S	PA
SOLTAMOX	PB	ACA
SPRYCEL	PB-S	PA
STIVARGA	PB-S	PA
sunitinib malate	G-S	PA
SUTENT	PB-S	PA
TABLOID	PB-S	
TABRECTA	PB-S	PA
TAFINLAR	PB-S	PA
TAGRISSO ORAL TABLET 40 MG	PB-S	PA; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 80 MG	PB-S	PA
TALZENNA	PB-S	PA
tamoxifen citrate oral	G	ACA
TASIGNA	PB-S	PA
TEMODAR ORAL	PB-S	PA
temozolomide	G-S	PA
THALOMID	PB-S	PA
thiotepa injection solution reconstituted 100 mg	G	
TIBSOVO	PB-S	PA
toremifene citrate	G	
tretinoin oral	G-S	

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Drug Name	Drug Tier	Restrictions / Limits
TUKYSA	PB-S	PA
TURALIO	PB-S	PA
TYKERB	PB-S	PA
UKONIQ	PB-S	PA
VENCLEXTA	PB-S	PA
VENCLEXTA STARTING PACK	PB-S	PA
VERZENIO	PB-S	PA
VITRAKVI	PB-S	PA
VIZIMPRO	PB-S	PA
VOTRIENT	PB-S	PA
XALKORI	PB-S	PA
XOSPATA	PB-S	PA
XPOVIO (100 MG ONCE WEEKLY)	PB-S	PA
XPOVIO (40 MG ONCE WEEKLY)	PB-S	PA
XPOVIO (40 MG TWICE WEEKLY)	PB-S	PA
XPOVIO (60 MG ONCE WEEKLY)	PB-S	PA
XPOVIO (60 MG TWICE WEEKLY)	PB-S	PA
XPOVIO (80 MG ONCE WEEKLY)	PB-S	PA
XPOVIO (80 MG TWICE WEEKLY)	PB-S	PA
XTANDI	PB-S	PA
ZEJULA	PB-S	PA
ZELBORAF	PB-S	PA
ZOLINZA	PB-S	PA
ZYDELIG	PB-S	PA
ZYKADIA	PB-S	PA
Antiparasitics		
albendazole oral	G	PA
ALINIA ORAL SUSPENSION RECONSTITUTED	PB	
atovaquone	G	
atovaquone-proguanil hcl	G	
chloroquine phosphate oral	G	
crotan	G	
EMVERM	PB	
hydroxychloroquine sulfate oral	G	M
ivermectin external lotion	G	
ivermectin oral	G	
lindane	G	

Drug Name	Drug Tier	Restrictions / Limits
malathion	G	
mefloquine hcl	G	
nitazoxanide oral	G	
pentamidine isethionate inhalation	G	
permethrin external	G	
praziquantel oral	G	
primaquine phosphate	G	
pyrimethamine oral	G-S	PA
quinine sulfate oral	G	PA
spinosad	G	
sulfurated lime	G	
Antiparkinson Agents		
amantadine hcl oral	G	M
benztropine mesylate oral	G	
bromocriptine mesylate oral	G	
carbidopa oral	G	M
carbidopa-levodopa	G	M
carbidopa-levodopa er	G	M
carbidopa-levodopa-entacapone	G	M
entacapone	G	M
pramipexole dihydrochloride	G	M
pramipexole dihydrochloride er	G	M
rasagiline mesylate oral	G	M
ropinirole hcl	G	M
ropinirole hcl er	G	M
selegiline hcl oral	G	M
tolcapone	G	M
trihexyphenidyl hcl	G	
Antiplatelets		
aspirin-dipyridamole er	G	M
BRILINTA	PB	M
cilostazol	G	M
clopidogrel bisulfate oral	G	M
dipyridamole oral	G	M
prasugrel hcl	G	M
Antipsychotics - Drugs for Mood Disorders		
ariPIPRAZOLE oral solution	G	QL (25 ML per 1 day)
ariPIPRAZOLE oral tablet	G	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
aripiprazole oral tablet dispersible	G	QL (2 EA per 1 day)
asenapine maleate	G	QL (2 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)
fluphenazine hcl	G	
haloperidol decanoate intramuscular	G	
haloperidol lactate oral	G	
haloperidol oral	G	
loxpipamine succinate	G	
molindone hcl	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)
pimozide	G	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	G	QL (2 EA per 1 day)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	G	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	G	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	G	QL (2 EA per 1 day)
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	
ziprasidone hcl	G	QL (2 EA per 1 day)
ziprasidone mesylate	G	
Antivirals		
abacavir sulfate	G	

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Drug Name	Drug Tier	Restrictions / Limits
abacavir sulfate-lamivudine	G	
abacavir-lamivudine-zidovudine	G	
acyclovir external ointment	G	
acyclovir oral	G	
adefovir dipivoxil	G	
APTIVUS	PB	
atazanavir sulfate	G	
CIMDUO	PB	
COMPLERA	PB	
CRIXIVAN	PB	
DOVATO	PB	
EDURANT	PB	
efavirenz	G	
efavirenz-emtricitab-tenofovir	G	
efavirenz-lamivudine-tenofovir	G	
emtricitabine	G	
emtricitabine-tenofovir df	G	
EMTRIVA ORAL SOLUTION	PB	
entecavir	G	QL (1 EA per 1 day)
EPCLUSIA ORAL TABLET 200-50 MG	PB-S	PA; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION	PB	
etravirine	G	
EVOTAZ	PB	
famciclovir oral	G	
fosamprenavir calcium	G	
FUZEON	PB	
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)
INTELENCE ORAL TABLET 25 MG	PB	
INVIRASE	PB	
ISENTRESS	PB	
ISENTRESS HD	PB	
JULUCA	PB	
lamivudine	G	
lamivudine-zidovudine	G	
LEXIVA ORAL SUSPENSION	PB	
lopinavir-ritonavir	G	

Drug Name	Drug Tier	Restrictions / Limits
MAVYRET	PB-S	PA; QL (3 EA per 1 day)
nevirapine	G	
nevirapine er	G	
NORVIR ORAL PACKET	PB	
NORVIR ORAL SOLUTION	PB	
oseltamivir phosphate oral capsule 30 mg	G	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	G	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	G	QL (360 ML per 365 days)
PEGASYS	PB-S	PA
PREZCOBIX	PB	
PREZISTA	PB	
REYATAZ ORAL PACKET	PB	
ribavirin inhalation	G-S	
ribavirin oral	G-S	
rimantadine hcl	G	
ritonavir	G	
RUKOBIA	PB	
SELZENTRY	PB	PA
stavudine	G	
SYMFY	PB	
SYMFY LO	PB	
tenofovir disoproxil fumarate	G	ACA
TIVICAY	PB	
TIVICAY PD	PB	
TRIUMEQ	PB	
TYBOST	PB	
valacyclovir hcl oral	G	QL (4 EA per 1 day)
valganciclovir hcl	G	
VIRACEPT	PB	
VIREAD ORAL POWDER	PB	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	PB	
VOSEVI	PB-S	PA; QL (1 EA per 1 day)
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)

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Drug Name	Drug Tier	Restrictions / Limits
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	
estazolam	G	QL (1 EA per 1 day)
hydroxyzine hcl oral	G	
hydroxyzine pamoate oral	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)
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	G	

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Drug Name	Drug Tier	Restrictions / Limits
lithium carbonate oral	G	
Blood Products and Modifiers - Drugs for Blood Disorders		
aminocaproic acid oral	G	
anagrelide hcl	G	M
MULPLETA	PB-S	PA
tranexamic acid oral	G	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	G	M
aliskiren fumarate	G	M
amiloride hcl oral	G	M
amiloride-hydrochlorothiazide	G	M
amiodarone hcl oral	G	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-chlorthalidone	G	M
atorvastatin calcium oral tablet 10 mg, 20 mg	G	M; ACA
atorvastatin calcium oral tablet 40 mg, 80 mg	G	M
benazepril hcl oral	G	M
benazepril-hydrochlorothiazide	G	M
betaxolol hcl oral	G	M
bisoprolol fumarate oral	G	M
bisoprolol-hydrochlorothiazide	G	M
bumetanide oral	G	M
BYSTOLIC	PB	M
candesartan cilexetil	G	M
candesartan cilexetil-hctz	G	M
captopril oral	G	M
cartia xt	G	M
carvedilol	G	M
carvedilol phosphate er	G	M
chlorthalidone	G	M
cholestyramine light	G	M

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Drug Name	Drug Tier	Restrictions / Limits
cholestyramine oral	G	M
clonidine	G	M
clonidine hcl oral	G	M
colesevelam hcl oral tablet	G	M
colestipol hcl	G	M
digitek	G	M
digox	G	M
digoxin oral	G	M
diltiazem hcl er	G	M
diltiazem hcl er beads	G	M
diltiazem hcl er coated beads	G	M
diltiazem hcl oral	G	M
dilt-xr	G	M
disopyramide phosphate	G	M
dofetilide	G	
doxazosin mesylate oral	G	M
droxidopa	G-S	PA
enalapril maleate oral tablet	G	M
enalapril-hydrochlorothiazide	G	M
ENTRESTO	PB	M; QL (2 EA per 1 day)
eplerenone	G	M
ethacrynic acid	G	M
ezetimibe	G	M
ezetimibe-simvastatin	G	M
felodipine er	G	M
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	G	M
fenofibrate oral capsule	G	M
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	G	M
fenofibric acid oral capsule delayed release	G	M
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
hydralazine hcl oral	G	M
hydrochlorothiazide oral	G	M

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Drug Name	Drug Tier	Restrictions / Limits
icosapent ethyl	G	PA; M
indapamide	G	M
irbesartan	G	M
irbesartan-hydrochlorothiazide	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
isoxsuprine hcl oral	G	M
isradipine	G	M
labetalol hcl oral	G	M
LANOXIN ORAL	PB	M
lisinopril oral	G	M
lisinopril-hydrochlorothiazide	G	M
losartan potassium oral	G	M
losartan potassium-hctz	G	M
lovastatin oral	G	M; ACA
matzim la	G	M
methyldopa	G	M
metolazone	G	M
metoprolol succinate er	G	M
metoprolol tartrate oral	G	M
metoprolol-hydrochlorothiazide	G	M
metyrosine	G	
mexiletine hcl oral	G	M
midodrine hcl	G	
minoxidil oral	G	M
moexipril hcl	G	M
nadolol oral	G	M
nebivolol hcl	G	M
NEXLETOL	PB	PA; QL (1 EA per 1 day)
NEXLIZET	PB	PA; QL (1 EA per 1 day)
niacin er (antihyperlipidemic)	G	M
nicardipine hcl oral	G	M
nifedipine er	G	M
nifedipine er osmotic release	G	M
nifedipine oral	G	M
nimodipine oral	G	

Drug Name	Drug Tier	Restrictions / Limits
nisoldipine er	G	M
nitroglycerin sublingual	G	M
nitroglycerin transdermal	G	M
nitroglycerin translingual	G	M
NORPACE CR	PB	M
olmesartan medoxomil oral	G	M
olmesartan medoxomil-hctz	G	M
olmesartan-amlodipine-hctz	G	M
omega-3-acid ethyl esters	G	PA; M
pentoxifylline er	G	M
perindopril erbumine	G	M
phenoxybenzamine hcl oral	G	
pindolol	G	M
PRALUENT	PB	PA; QL (0.08 ML per 1 day)
pravastatin sodium	G	M; ACA
prazosin hcl oral	G	M
prevalite	G	M
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
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 oral tablet 10 mg, 5 mg	G	M; ACA
rosuvastatin calcium oral tablet 20 mg, 40 mg	G	M
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	M; ACA
simvastatin oral tablet 80 mg	G	M
sorine	G	M
sotalol hcl (af)	G	M
sotalol hcl oral	G	M

Drug Name	Drug Tier	Restrictions / Limits
spironolactone oral	G	M
spironolactone-hctz	G	M
taztia xt	G	M
TEKTURNA	PB	M
TEKTURNA HCT	PB	ST; M
telmisartan	G	M
telmisartan-amlodipine	G	M
telmisartan-hctz	G	M
tiadylt er	G	M
timolol maleate oral	G	M
torsemide	G	M
trandolapril	G	M
trandolapril-verapamil hcl er	G	M
triamterene oral	G	M
triamterene-hctz	G	M
valsartan	G	M
valsartan-hydrochlorothiazide	G	M
VASCEPA	PB	PA; M
verapamil hcl er	G	M
verapamil hcl oral	G	M

Central Nervous System Agents - Drugs for Attention Deficit Disorder

amphetamine sulfate	G	PA; QL (6 EA per 1 day)
amphetamine-dextroamphetamine er	G	PA; QL (1 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	G	PA; QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	G	PA; QL (2 EA per 1 day)
atomoxetine hcl oral capsule 10 mg, 40 mg	G	QL (2 EA per 1 day)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 60 mg, 80 mg	G	QL (1 EA per 1 day)
clonidine hcl er	G	
dexmethylphenidate hcl	G	PA; QL (2 EA per 1 day)
dexmethylphenidate hcl er	G	PA; QL (1 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	G	PA; QL (6 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	G	PA; QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	G	PA; QL (3 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
dextroamphetamine sulfate oral solution	G	PA; QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	G	PA; QL (6 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg	G	PA; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	G	PA; QL (2 EA per 1 day)
guanfacine hcl er	G	
methylphenidate hcl er (cd)	G	PA; QL (1 EA per 1 day)
methylphenidate hcl er (la)	G	PA; QL (1 EA per 1 day)
methylphenidate hcl er (xr)	G	PA; QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg, 36 mg	G	PA; QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	G	PA; QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	G	PA; QL (3 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	G	PA; QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	G	PA; QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	G	PA; QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	G	PA; QL (60 ML per 1 day)
methylphenidate hcl oral tablet	G	PA; QL (3 EA per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	G	PA; QL (6 EA per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	G	PA; QL (3 EA per 1 day)
relexxii	G	PA; QL (1 EA per 1 day)
VYVANSE	PB	PA; QL (1 EA per 1 day)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	PB-S	PA; QL (0.15 EA per 1 day)
AVONEX PREFILLED	PB-S	PA; QL (0.15 EA per 1 day)
BAFIERTAM	PB-S	PA; QL (4 EA per 1 day)
BETASERON	PB-S	PA; QL (0.5 EA per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	PB-S	PA; QL (1 ML per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	PB-S	PA; QL (0.43 ML per 1 day)
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)

Drug Name	Drug Tier	Restrictions / Limits
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)
VUMERITY	PB-S	PA; QL (4 EA per 1 day)
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	G	
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	G	ST; QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	G	ST; QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	G	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	G	QL (2 EA per 1 day)
pregabalin oral solution	G	QL (30 ML per 1 day)
riluzole	G	PA; QL (2 EA per 1 day)
tetrabenazine	G-S	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	G	M
cevimeline hcl	G	M
chlorhexidine gluconate mouth/throat	G	
easygel	G	M
fluoridex daily renewal	G	M
lidocaine hcl mouth/throat	G	
lidocaine viscous hcl	G	
oralone	G	
periogard	G	
pilocarpine hcl oral	G	
prevident mouth/throat	G	M
sf	G	M
sf 5000 plus	G	M
sodium fluoride 5000 enamel	G	M
sodium fluoride 5000 plus	G	M

Drug Name	Drug Tier	Restrictions / Limits
sodium fluoride 5000 ppm	G	M
sodium fluoride 5000 sensitive	G	M
sodium fluoride dental	G	M
sodium fluoride mouth/throat	G	M
triamcinolone acetonide mouth/throat	G	
Dermatological Agents - Drugs for Skin Conditions		
accutane	G	PA
acitretin	G	
ACZONE EXTERNAL GEL 7.5 %	PB	
adapalene external cream	G	PA
adapalene external gel 0.3 %	G	PA
adapalene-benzoyl peroxide external gel	G	
ala-cort external cream 2.5 %	G	
alclometasone dipropionate	G	
amcinonide external lotion	G	
amnesteem	G	PA
azelaic acid external	G	
benzepro external foam 5.3 %	G	
benzoyl peroxide external foam	G	
benzoyl peroxide-erythromycin	G	
beser external lotion	G	
betamethasone dipropionate aug	G	
betamethasone dipropionate external	G	
betamethasone valerate external	G	
bp cleansing wash	G	
bp wash external liquid 2.5 %, 7 %	G	
calcipotriene external cream	G	
calcipotriene external ointment	G	
calcipotriene external solution	G	
calcipotriene-betameth diprop external suspension	G	QL (4 GM per 1 day)
calcitriol external	G	
cerovel	G	
claravis	G	PA
clindacin etz external swab	G	
clindacin-p	G	
clindamycin phosphate-benzoyl peroxide	G	
clindamycin phosphate external	G	

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Drug Name	Drug Tier	Restrictions / Limits
clindamycin-tretinoin	G	
clobetasol prop emollient base	G	
clobetasol propionate e	G	
clobetasol propionate emulsion	G	
clobetasol propionate external	G	
clocortolone pivalate	G	
clodan external shampoo	G	
coal tar external	G	
desonide external cream	G	
desonide external lotion	G	
desonide external ointment	G	
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)
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)
ery	G	
erythromycin external	G	
EUCRISA	PB	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	
halobetasol propionate external cream	G	
halobetasol propionate external ointment	G	

Drug Name	Drug Tier	Restrictions / Limits
hydrocortisone ace-pramoxine external cream 2.5-1 %	G	
hydrocortisone butyrate external cream	G	
hydrocortisone butyrate external ointment	G	
hydrocortisone butyrate external solution	G	
hydrocortisone external cream 2.5 %	G	
hydrocortisone external lotion 2.5 %	G	
hydrocortisone external ointment 2.5 %	G	
hydrocortisone valerate	G	
imiquimod external	G	
isotretinoin oral	G	PA
ivermectin external cream	G	
methoxsalen rapid	G	
methyl salicylate external liquid	G	
metronidazole external	G	
mometasone furoate external	G	
myorisan	G	PA
neuac external gel	G	
pimecrolimus	G	ST
podocon	G	
podofilox external	G	
PRAMOSONE EXTERNAL CREAM 1-1 %	PB	
prednicarbate	G	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	PB	PA
rosadan external cream	G	
rosadan external gel	G	
salicylic acid er	G	
salicylic acid external foam	G	
salicylic acid external gel	G	
selenium sulfide external	G	
sodium sulfacetamide	G	
sss 10-5	G	
sulfacetamide sodium (acne)	G	
sulfacetamide sodium external gel	G	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	G	
sulfacetamide sodium-sulfur external emulsion	G	

Drug Name	Drug Tier	Restrictions / Limits
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9.8-4.8 %	G	
sulfacetamide sodium-sulfur external lotion 10-5 %	G	
sulfacetamide sodium-sulfur external pad 10-4 %	G	
sulfacetamide sodium-sulfur external suspension	G	
sulfacetamide-sulfur in urea	G	
tacrolimus external	G	
tazarotene external cream	G	PA
tovet external foam	G	
tretinoin external	G	PA
tretinoin microsphere	G	PA
tretinoin microsphere pump	G	PA
triamcinolone acetonide external cream	G	
triamcinolone acetonide external lotion	G	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	
triderm	G	
turpentine external	G	
urea external cream 39 %, 45 %	G	
urea external lotion	G	
urea hydrating	G	
urea nail	G	
zaclir cleansing	G	
zenatane	G	PA
Diabetes - Antidiabetic Agents		
acarbose oral	G	M
BYDUREON BCISE AUTOINJECTOR	PB	ST; M; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN	PB	ST; M; QL (0.16 ML per 1 day)
BYETTA 5 MCG PEN	PB	ST; M; QL (0.08 ML per 1 day)
FARXIGA	PB	ST; M
glimepiride	G	M
glipizide er	G	M
glipizide ir	G	M
glipizide xl	G	M
glipizide-metformin hcl	G	M
glyburide micronized	G	M

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Drug Name	Drug Tier	Restrictions / Limits
glyburide oral	G	M
glyburide-metformin	G	M
GLYXAMBI	PB	ST; M
JANUMET	PB	ST; M
JANUMET XR	PB	ST; M
JANUVIA	PB	ST; M
JARDIANCE	PB	ST; M
JENTADUETO	PB	ST; M
JENTADUETO XR	PB	ST; M
metformin hcl er	G	M
metformin hcl ir	G	M
miglitol	G	M
nateglinide	G	M
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	PB	ST; M; QL (0.06 ML per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	PB	ST; M; QL (0.11 ML per 1 day)
pioglitazone hcl	G	M
pioglitazone hcl-glimepiride	G	M
pioglitazone hcl-metformin hcl	G	M
repaglinide	G	M
RYBELSUS ORAL TABLET 14 MG, 7 MG	PB	ST; M; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG	PB	ST; M; QL (60 EA per 365 days)
SOLIQUA	PB	ST; M; QL (0.65 ML per 1 day)
SYNJARDY	PB	ST; M
SYNJARDY XR	PB	ST; M
tolbutamide	G	M
TRADJENTA	PB	ST
TRULICITY	PB	ST; M; QL (0.08 ML per 1 day)
VICTOZA	PB	ST; M; QL (0.3 ML per 1 day)
XIGDUO XR	PB	ST; M
Diabetes - Glucose Monitoring		
CONTOUR MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT EZ KIT W/DEVICE	PB	OTC
CONTOUR NEXT LINK KIT W/DEVICE	PB	OTC
CONTOUR NEXT MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT TEST STRIPS	PB	OTC; QL (10 EA per 1 day)
CONTOUR TEST STRIPS	PB	OTC; QL (10 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	PB	
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	PB	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	PB	
BAQSIMI TWO PACK	PB	
diazoxide oral	G	M
glucagon emergency kit	G	
GLUCAGON EMERGENCY KIT	PB	
GVOKE HYPOPEN 1-PACK	PB	
GVOKE HYPOPEN 2-PACK	PB	
GVOKE PFS	PB	
Diabetes - Insulins		
DROPLET MICRON	PB	ST; M; OTC
HUMALOG	PB	M
HUMALOG KWIKPEN	PB	M
HUMALOG MIX 50/50 KWIKPEN	PB	M
HUMALOG MIX 50/50 VIAL	PB	M
HUMALOG MIX 75/25 KWIKPEN	PB	M
HUMALOG MIX 75/25 VIAL	PB	M
HUMALOG U-100 JUNIOR KWIKPEN	PB	M
HUMULIN 70/30 KWIKPEN	PB	M; OTC
HUMULIN 70/30 VIAL	PB	M; OTC
HUMULIN N KWIKPEN	PB	M; OTC
HUMULIN N VIAL	PB	M; OTC
HUMULIN R U-500 KWIKPEN	PB	M
HUMULIN R U-500 VIAL	PB	M
HUMULIN R VIAL	PB	M; OTC
INSULIN PEN NEEDLES 30G X 6 MM	PB	ST; M; OTC
LANTUS SOLOSTAR	PB	M
LANTUS U-100 VIAL	PB	M
LYUMJEV KWIKPEN	PB	
LYUMJEV VIAL	PB	
TOUJEO MAX SOLOSTAR	PB	M
TOUJEO SOLOSTAR	PB	M

Drug Name	Drug Tier	Restrictions / Limits
Electrolytes / Minerals / Metals / Vitamins		
adc/f (0.5mg/ml)	G	ACA
ATABEX OB	PB	
calcium-folic acid plus d	G	
CARBAGLU	PB-S	
clovique	G	PA
cyanocobalamin injection solution 1000 mcg/ml	G	M
cytra k crystals	G	
deferasirox	G-S	PA
deferasirox granules	G-S	PA
deferiprone	G-S	PA
effer-k oral tablet effervescent 25 meq	G	M
ELITE-OB	PB	
ergocalciferol oral capsule	G	
ferotrinisic	G	
ferraplus 90	G	
FLORIVA ORAL LIQUID	PB	M; ACA
FLORIVA PLUS	PB	ACA
fluoritab	G	M; ACA
folic acid oral tablet 1 mg	G	M
foltrin	G	
hydroxocobalamin acetate	G	
iodine strong oral	G	
klor-con	G	M
klor-con 10	G	M
klor-con m10	G	M
klor-con m15	G	M
klor-con m20	G	M
klor-con/ef	G	M
k-prime	G	M
k-tan plus	G	
levocarnitine oral solution	G	M
levocarnitine oral tablet	G	M
levocarnitine sf	G	M
multi-vitamin/fluoride	G	ACA
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg	G	ACA
multivitamin/fluoride oral tablet chewable 1 mg	G	

Drug Name	Drug Tier	Restrictions / Limits
multi-vitamin/fluoride/iron	G	ACA
nafrinse	G	M
nafrinse drops	G	M; ACA
NESTABS	PB	
phospho-trin 250 neutral	G	
phytonadione oral	G	
polysaccharide iron forte	G	
POLY-VI-FLOR	PB	
POLY-VI-FLOR/IRON	PB	
pot & sod cit-cit ac	G	
potassium chloride crys er	G	M
potassium chloride er	G	M
potassium chloride oral	G	M
potassium citrate er	G	M
potassium citrate-citric acid	G	
prenatal plus iron	G	
PRENATVITE RX	PB	
QUFLORA FE PEDIATRIC	PB	ACA
QUFLORA PEDIATRIC ORAL SOLUTION	PB	ACA
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	PB	ACA
RELNATE DHA	PB	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	PB	
sod citrate-citric acid	G	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	G	M; ACA
sodium fluoride oral tablet 1.1 (0.5 f) mg	G	M; ACA
sodium fluoride oral tablet 2.2 (1 f) mg	G	M
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	G	M; ACA
sodium fluoride oral tablet chewable 2.2 (1 f) mg	G	M
sodium polystyrene sulfonate	G	
sps	G	
tl-hem 150	G	
tolvaptan oral tablet 30 mg	G-S	QL (2 EA per 1 day)
TRICARE PRENATAL DHA ONE	PB	
trientine hcl	G	PA
TRINATE	PB	
TRI-VI-FLOR	PB	

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Drug Name	Drug Tier	Restrictions / Limits
TRI-VI-FLORO	PB	
tri-vite/fluoride	G	ACA
VINATE ONE	PB	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	G	
vitamins acd-fluoride	G	ACA
vp-pnv-dha	G	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
cimetidine hcl	G	M
cimetidine oral tablet 300 mg, 400 mg, 800 mg	G	M
DEXILANT	PB	M; QL (1 EA per 1 day)
esomeprazole magnesium	G	M; QL (1 EA per 1 day)
famotidine oral suspension reconstituted	G	
famotidine oral tablet 40 mg	G	M
lansoprazole oral capsule delayed release	G	M; QL (1 EA per 1 day)
lansoprazole tablet delayed release dispersible 15 mg oral (rx)	G	M; QL (1 EA per 1 day)
misoprostol oral	G	M
nizatidine	G	M
omeprazole oral capsule delayed release	G	M; QL (1 EA per 1 day)
pantoprazole sodium oral	G	M; QL (1 EA per 1 day)
rabeprazole sodium oral tablet delayed release	G	M; QL (1 EA per 1 day)
sucralfate oral	G	M
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	G	PA
alvimopan	G	
amoxicill-clarithro-lansopraz	G	
belladonna alkaloids-opium	G	
cascara sagrada oral fluid extract	G	
chlordiazepoxide-clidinium	G	
CLENPIQ	PB	ACA
constulose	G	
cromolyn sodium oral	G	
dicyclomine hcl oral	G	
diphenoxylate-atropine	G	
enulose	G	
gavilyte-c	G	ACA

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Drug Name	Drug Tier	Restrictions / Limits
gavilyte-g	G	ACA
gavilyte-n with flavor pack	G	ACA
generlac	G	
glycopyrrolate oral	G	
hyoscyamine sulfate er	G	
hyoscyamine sulfate injection	G	
hyoscyamine sulfate oral	G	
hyoscyamine sulfate sl	G	
hyoscyamine sulfate sublingual	G	
hyosyne	G	
lactulose encephalopathy	G	
lactulose oral solution	G	
LINZESS	PB	ST; QL (1 EA per 1 day)
methscopolamine bromide oral	G	
mineral oil heavy oral	G	
OMECLAMOX-PAK	PB	
oscimin	G	
oscimin sr	G	
pb-hyoscy-atropine-scopolamine	G	
peg 3350-kcl-na bicarb-nacl	G	ACA
peg-3350/electrolytes	G	ACA
peg-3350/electrolytes/ascorbat	G	ACA
peg-kcl-nacl-nasulf-na asc-c	G	ACA
phenobarbital-belladonna alk	G	
PYLERA	PB	
SUPREP BOWEL PREP KIT	PB	ACA
SYMPROIC	PB	ST; QL (1 EA per 1 day)
ursodiol oral capsule 300 mg	G	M
ursodiol oral tablet	G	M
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CREON	PB	
miglustat	G-S	PA
nitisinone	G-S	PA
sapropterin dihydrochloride	G-S	PA
sodium phenylbutyrate oral tablet	G	
STRENSIQ	PB-S	PA
ZENPEP	PB	

Drug Name	Drug Tier	Restrictions / Limits
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	M
flavoxate hcl	G	M
lanthanum carbonate	G	
me/naphos(mb/hyo1	G	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	PB	
oxybutynin chloride er	G	M
oxybutynin chloride oral	G	M
penicillamine oral capsule	G	PA; M
penicillamine oral tablet	G	M
phenazo oral tablet 200 mg	G	
phenazopyridine hcl oral tablet 100 mg, 200 mg	G	
sevelamer carbonate	G	
sevelamer hcl	G	
solifenacain succinate	G	M
tiopronin oral	G-S	
tolterodine tartrate	G	M
tolterodine tartrate er	G	M
trospium chloride	G	M
trospium chloride er	G	M
urin ds	G	
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
silodosin	G	M
tamsulosin hcl	G	M
terazosin hcl	G	M
Hormonal Agents - Adrenal		
dexamethasone intensol	G	
dexamethasone oral	G	

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Drug Name	Drug Tier	Restrictions / Limits
fludrocortisone acetate oral	G	M
hydrocortisone oral	G	
lidolog	G	
MEDROL ORAL TABLET 2 MG	PB	
methylprednisolone oral	G	
prednisolone oral solution	G	
prednisolone sodium phosphate oral	G	
prednisone intensol	G	
prednisone oral	G	
Hormonal Agents - Men's Health		
ANDRODERM	PB	PA
danazol oral	G	
testosterone cypionate intramuscular	G	PA
testosterone enanthate intramuscular	G	PA
testosterone transdermal	G	PA
Hormonal Agents - Osteoporosis		
raloxifene hcl	G	M
Hormonal Agents - Pituitary		
cabergoline	G	M
desmopressin ace spray refrigerated	G	M
desmopressin acetate oral	G	M
desmopressin acetate spray	G	M
INCRELEX	PB-S	PA
leuprolide acetate injection	G-S	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	PB-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 15 MG, 7.5 MG	PB-S	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	PB	PA
NORDITROPIN FLEXPEN	PB-S	PA
NUTROPIN AQ NUSPIN 10	PB-S	PA
NUTROPIN AQ NUSPIN 20	PB-S	PA
NUTROPIN AQ NUSPIN 5	PB-S	PA

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Drug Name	Drug Tier	Restrictions / Limits
octreotide acetate	G-S	PA
ORILISSA ORAL TABLET 150 MG	PB	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	PB	PA; QL (2 EA per 1 day)
SYNAREL	PB	
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	G	M; ACA
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
apri	G	M; ACA
aranelle	G	M; ACA
ashlyna	G	M; ACA; QL (1 EA per 1 day)
aubra	G	M; ACA
aubra eq	G	M; ACA
aurovela 1.5/30	G	M; ACA
aurovela 1/20	G	M; ACA
aurovela 24 fe	G	M; ACA
aurovela fe 1.5/30	G	M; ACA
aurovela fe 1/20	G	M; ACA
aviane	G	M; ACA
ayuna	G	M; ACA
azurette	G	M; ACA
balziva	G	M; ACA
blisovi 24 fe	G	M; ACA
blisovi fe 1.5/30	G	M; ACA
blisovi fe 1/20	G	M; ACA
briellyn	G	M; ACA
camila	G	M; ACA
camrese	G	M; ACA; QL (1 EA per 1 day)
camrese lo	G	M; ACA; QL (1 EA per 1 day)
caziant	G	M; ACA
charlotte 24 fe	G	M; ACA
chateal	G	M; ACA
chateal eq	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
CLIMARA PRO	PB	M
cryselle-28	G	M; ACA
cyclafem 1/35	G	M; ACA
cyclafem 7/7/7	G	M; ACA
cyred	G	M; ACA
cyred eq	G	M; ACA
dasetta 1/35	G	M; ACA
dasetta 7/7/7	G	M; ACA
daysee	G	M; ACA; QL (1 EA per 1 day)
deblitane	G	M; ACA
delyla	G	M; ACA
desogestrel-ethinyl estradiol	G	M; ACA
dolishale	G	M; ACA
dotti	G	M
drospiren-eth estrad-levomefol	G	M; ACA
drospirenone-ethinyl estradiol	G	M; ACA
DUAVEE	PB	
elinest	G	M; ACA
emoquette	G	M; ACA
ENDOMETRIN	PB	
enpresse-28	G	M; ACA
enskyce	G	M; ACA
errin	G	M; ACA
est estrogens-methyltest	G	
est estrogens-methyltest ds	G	
est estrogens-methyltest hs	G	
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
ethynodiol diac-eth estradiol	G	M; ACA
falmina	G	M; ACA
fayosim	G	M; ACA; QL (1 EA per 1 day)
femynor	G	M; ACA
fyavolv	G	M
gemmafly	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
hailey 1.5/30	G	M; ACA
hailey 24 fe	G	M; ACA
hailey fe 1.5/30	G	M; ACA
hailey fe 1/20	G	M; ACA
heather	G	M; ACA
iclevia	G	M; ACA; QL (1 EA per 1 day)
IMVEXXY MAINTENANCE PACK	PB	M
IMVEXXY STARTER PACK	PB	M
incassia	G	M; ACA
introvale	G	M; ACA; QL (1 EA per 1 day)
isibloom	G	M; ACA
jaimiess	G	M; ACA; QL (1 EA per 1 day)
jasmiel	G	M; ACA
jencycla	G	M; ACA
jinteli	G	M
jolessa	G	M; ACA; QL (1 EA per 1 day)
juleber	G	M; ACA
junel 1.5/30	G	M; ACA
junel 1/20	G	M; ACA
junel fe 1.5/30	G	M; ACA
junel fe 1/20	G	M; ACA
junel fe 24	G	M; ACA
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
larissia	G	M; ACA
layolis fe	G	M; ACA
leena	G	M; ACA
lessina	G	M; ACA
levonest	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
levonorgest-eth est & eth est	G	M; ACA; QL (1 EA per 1 day)
levonorgest-eth estrad 91-day	G	M; ACA; QL (1 EA per 1 day)
levonorgestrel-ethynodiol estrad	G	M; ACA
levonorg-eth estrad triphasic	G	M; ACA
levora 0.15/30 (28)	G	M; ACA
lillow	G	M; ACA
lojaimess	G	M; ACA; QL (1 EA per 1 day)
loryna	G	M; ACA
low-ogestrel	G	M; ACA
lo-zumandimine	G	M; ACA
lutera	G	M; ACA
lyeq	G	M; ACA
lyllana	G	M
lyza	G	M; ACA
marlissa	G	M; ACA
medroxyprogesterone acetate oral	G	M
megestrol acetate oral suspension	G	
megestrol acetate oral tablet	G-S	
MENEST	PB	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
NATAZIA	PB	M
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-ethynodiol estrad	G	M; ACA
norethindrone oral	G	M; ACA
norethindrone-eth estradiol	G	M

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Drug Name	Drug Tier	Restrictions / Limits
norethin-eth estradiol-fe	G	M; ACA
norgestimate-eth estradiol	G	M; ACA
norgestimate-ethinyl estradiol triphasic	G	M; ACA
norlyda	G	M; ACA
norlyroc	G	M; ACA
nortrel 0.5/35 (28)	G	M; ACA
nortrel 1/35 (21)	G	M; ACA
nortrel 1/35 (28)	G	M; ACA
nortrel 7/7/7	G	M; ACA
nylia 7/7/7	G	M; ACA
nymyo	G	M; ACA
ocella	G	M; ACA
ORIAHNN	PB	PA; QL (2 EA per 1 day)
orsythia	G	M; ACA
philith	G	M; ACA
pimtrea	G	M; ACA
pirmella 1/35	G	M; ACA
pirmella 7/7/7	G	M; ACA
portia-28	G	M; ACA
PREMARIN ORAL	PB	M
PREMARIN VAGINAL	PB	M
PREMPHASE	PB	M
PREMPRO	PB	M
previfem	G	M; ACA
progesterone intramuscular	G	
progesterone oral	G	
reclipsen	G	M; ACA
rivelsa	G	M; ACA; QL (1 EA per 1 day)
setlakin	G	M; ACA; QL (1 EA per 1 day)
sharobel	G	M; ACA
simliya	G	M; ACA
simpesse	G	M; ACA; QL (1 EA per 1 day)
sprintec 28	G	M; ACA
sronyx	G	M; ACA
syeda	G	M; ACA
tarina 24 fe	G	M; ACA
tarina fe 1/20	G	M; ACA
tarina fe 1/20 eq	G	M; ACA

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Drug Name	Drug Tier	Restrictions / Limits
taysofy	G	M; ACA
tilia fe	G	M; ACA
tri-femynor	G	M; ACA
tri-estarrylla	G	M; ACA
tri-legest fe	G	M; ACA
tri-linyah	G	M; ACA
tri-lo-estarrylla	G	M; ACA
tri-lo-marzia	G	M; ACA
tri-lo-mili	G	M; ACA
tri-lo-sprintec	G	M; ACA
tri-mili	G	M; ACA
tri-nymyo	G	M; ACA
tri-previfem	G	M; ACA
tri-sprintec	G	M; ACA
trivora (28)	G	M; ACA
tri-vylibra	G	M; ACA
tri-vylibra lo	G	M; ACA
tulana	G	M; ACA
tyblume	G	M; ACA
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
yuvafem	G	M
zarah	G	M; ACA
zovia 1/35 (28)	G	M; ACA
zovia 1/35e (28)	G	M; ACA
zumandimine	G	M; ACA
Hormonal Agents - Thyroid		
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

Drug Name	Drug Tier	Restrictions / Limits
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg	G	M
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg	G	M
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg	G	M
liothyronine sodium oral	G	M
methimazole oral	G	M
np thyroid	G	M
propylthiouracil 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		
azathioprine oral	G	
CIMZIA	PB-S	PA
CIMZIA PREFILLED KIT	PB-S	PA
CIMZIA STARTER KIT	PB-S	PA
cyclosporine modified	G	
cyclosporine oral	G	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	G	
FIRAZYR	PB-S	PA; QL (0.6 ML per 1 day)
gengraf	G	
HUMIRA	PB-S	PA
HUMIRA PEDIATRIC CROHNS START	PB-S	PA
HUMIRA PEN	PB-S	PA
HUMIRA PEN-CD/UC/HS STARTER	PB-S	PA
HUMIRA PEN-PEDIATRIC UC START	PB-S	PA
HUMIRA PEN-PS/UV/ADOL HS START	PB-S	PA
HUMIRA PEN-PSOR/UVEIT STARTER	PB-S	PA
icatibant acetate	PB-S	PA; QL (0.6 ML per 1 day)
leflunomide oral	G	M
methotrexate oral	G	
methotrexate sodium oral	G	
mycophenolate mofetil oral	G	
mycophenolate sodium	G	

Drug Name	Drug Tier	Restrictions / Limits
OTEZLA	PB-S	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML	PB-S	PA; QL (0.03 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	PB-S	PA; QL (0.04 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML	PB-S	PA; QL (0.05 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	PB-S	PA; QL (0.06 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	PB-S	PA; QL (0.07 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	PB-S	PA; QL (0.08 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	PB-S	PA; QL (0.09 ML per 1 day)
RINVOQ	PB-S	PA
sajazir	PB-S	PA; QL (0.6 ML per 1 day)
SANDIMMUNE ORAL SOLUTION	PB	
SIMPONI	PB-S	PA
sirolimus oral	G	
SKYRIZI	PB-S	PA; QL (84 day supply per 1 fill)
SKYRIZI (150 MG DOSE)	PB-S	PA; QL (84 day supply per 1 fill)
SKYRIZI PEN	PB-S	PA; QL (84 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION	PB-S	PA; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	PB-S	PA; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
tacrolimus oral	G	
TREMFYA	PB-S	PA
TREXALL	PB	
XATMEP	PB-S	
XELJANZ	PB-S	PA
XELJANZ XR	PB-S	PA
Immunological Agents - Drugs for Vaccination		
ACTHIB	PB	ACA
ADACEL	PB	ACA
AFLURIA QUADRIVALENT	PB	ACA

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Drug Name	Drug Tier	Restrictions / Limits
BEXSERO	PB	ACA
BOOSTRIX	PB	ACA
DAPTACEL	PB	ACA
DIPHTHERIA-TETANUS TOXOIDS DT	PB	ACA
ENGERIX-B	PB	ACA
FLUAD QUADRIVALENT	PB	ACA
FLUARIX QUADRIVALENT	PB	ACA
FLUBLOK QUADRIVALENT	PB	ACA
FLUCELVAX QUADRIVALENT	PB	ACA
FLULAVAL QUADRIVALENT	PB	ACA
FLUMIST QUADRIVALENT	PB	ACA
FLUZONE HIGH-DOSE QUADRIVALENT	PB	ACA
FLUZONE QUADRIVALENT	PB	ACA
GARDASIL 9	PB	ACA
HAVRIX	PB	ACA
HEPLISAV-B	PB	ACA
HIBERIX	PB	ACA
INFANRIX	PB	ACA
I-POL	PB	ACA
JANSSEN COVID-19 VACCINE	PB	ACA
KINRIX	PB	ACA
MENACTRA	PB	ACA
MENQUADFI	PB	ACA
MENVEO	PB	ACA
M-M-R II	PB	ACA
MODERNA COVID-19 VACCINE	PB	ACA
PEDIARIX	PB	ACA
PEDVAX HIB	PB	ACA
PENTACEL	PB	ACA
PFIZER-BIONTECH COVID-19 VACC	PB	ACA
PNEUMOVAX 23	PB	ACA
PREVNAR 13	PB	ACA
PROQUAD	PB	ACA
QUADRACEL	PB	ACA
RECOMBIVAX HB	PB	ACA
ROTARIX	PB	ACA
ROTATEQ	PB	ACA
SHINGRIX	PB	ACA

Drug Name	Drug Tier	Restrictions / Limits
TDVAX	PB	ACA
TENIVAC	PB	ACA
TETANUS-DIPHTHERIA TOXOIDS TD	PB	ACA
TRUMENBA	PB	ACA
TWINRIX	PB	ACA
VAQTA	PB	ACA
VARIVAX	PB	ACA
VAXELIS	PB	ACA
Inflammatory Bowel Disease Agents		
anucort-hc	G	
APRISO	PB	M
balsalazide disodium	G	
budesonide er	G	
budesonide oral	G	
hydrocortisone (perianal)	G	
hydrocortisone ace-pramoxine external cream 1-1 %	G	
hydrocortisone acetate rectal	G	
hydrocortisone rectal	G	
hydrocort-pramoxine (perianal)	G	
mesalamine er oral capsule 0.375 gm	G	M
mesalamine oral	G	M
mesalamine rectal	G	M
mesalamine-cleanser	G	
PROCTOFOAM HC	PB	
procto-med hc	G	
procto-pak	G	
proctozone-hc	G	
SFROWASA	PB	M
sulfasalazine oral	G	M
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
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)
calcitonin (salmon) injection	G	M
calcitonin (salmon) nasal	G	M; QL (0.13 ML 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)

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Drug Name	Drug Tier	Restrictions / Limits
risedronate sodium oral tablet 30 mg, 5 mg	G	M
risedronate sodium oral tablet 35 mg	G	M; QL (0.15 EA per 1 day)
risedronate sodium oral tablet delayed release	G	M; QL (0.15 EA per 1 day)
TERIPARATIDE (RECOMBINANT)	PB-S	PA
TYMLOS	PB-S	PA
Metabolic Bone Disease Agents - Other		
calcitriol oral	G	M
cinacalcet hcl	G	PA
paricalcitol oral	G	M
Miscellaneous Therapeutic Agents		
ergoloid mesylates oral	G	M
methergine	G	QL (28 EA per 1 fill)
methylergonovine maleate oral	G	QL (28 EA per 1 fill)
mlk f1	G	
mlk f2	G	
mlk f3	G	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
azelastine hcl ophthalmic	G	
bacitracin ophthalmic	G	
bepotastine besilate	G	ST
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	
fluorometholone	G	
flurbiprofen sodium	G	
FML	PB	
gatifloxacin ophthalmic	G	
gentak	G	
gentamicin sulfate ophthalmic	G	
ketorolac tromethamine ophthalmic	G	
levofloxacin ophthalmic	G	
loteprednol etabonate ophthalmic suspension	G	

Drug Name	Drug Tier	Restrictions / Limits
MOXEZA	PB	
moxifloxacin hcl (2x day)	G	
moxifloxacin hcl ophthalmic solution	G	
NATACYN	PB	
ofloxacin ophthalmic	G	
olopatadine hcl ophthalmic	G	
prednisolone acetate ophthalmic	G	
prednisolone acetate p-f	G	
prednisolone sodium phosphate ophthalmic	G	
PROLENSA	PB	QL (12 ML per 365 days)
sulfacetamide sodium ophthalmic	G	
tobramycin ophthalmic	G	
trifluridine	G	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	G	M
acetazolamide oral	G	M
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	PB	M
apraclonidine hcl	G	
betaxolol hcl ophthalmic	G	M
bimatoprost ophthalmic	G	M; QL (0.1 ML per 1 day)
brimonidine tartrate ophthalmic	G	M
brinzolamide	G	M
carteolol hcl	G	M
COMBIGAN	PB	M
dorzolamide hcl ophthalmic	G	M
dorzolamide hcl-timolol mal	G	M
dorzolamide hcl-timolol mal pf	G	M
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
SIMBRINZA	PB	M
timolol maleate ocudose	G	M
timolol maleate ophthalmic solution	G	M
timolol maleate pf	G	M
travoprost (bak free)	G	M; QL (0.1 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ak-poly-bac	G	
altafrin	G	
atropine sulfate ophthalmic ointment	G	M
bacitracin-polymyxin b ophthalmic	G	
bacitra-neomycin-polymyxin-hc	G	
cyclopentolate hcl ophthalmic	G	M
homatropaire	G	M
neomycin-bacitracin zn-polymyx	G	
neomycin-polymyxin-dexameth ophthalmic ointment	G	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	G	
neomycin-polymyxin-gramicidin	G	
neomycin-polymyxin-hc ophthalmic	G	
neo-polycin	G	
neo-polycin hc	G	
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 ophthalmic solution	G	
tobramycin-dexamethasone	G	
XIIDRA	PB	PA; M
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	G	
ciprofloxacin hcl otic	G	ST
ciprofloxacin-dexamethasone	G	
cortic-nd	G	
flac	G	
fluocinolone acetonide otic	G	
hydrocortisone-acetic acid	G	
neomycin-polymyxin-hc otic	G	
ofloxacin otic	G	

Drug Name	Drug Tier	Restrictions / Limits
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	G	QL (2 ML per 1 day)
azelastine-fluticasone	G	QL (0.77 GM per 1 day)
benzonatate	G	
carbinoxamine maleate oral solution	G	
carbinoxamine maleate oral tablet 4 mg	G	
clemastine fumarate oral syrup	G	
clemastine fumarate oral tablet 2.68 mg	G	
cyproheptadine hcl oral	G	
desloratadine	G	
di-phen	G	
diphen oral elixir	G	
diphenhydramine hcl oral elixir	G	
DYMISTA	PB	QL (0.77 GM per 1 day)
flunisolide nasal	G	QL (0.84 ML per 1 day)
fluticasone propionate nasal	G	
guaiatussin ac	G	PA; OTC; QL (240 ML per 1 fill)
guaifenesin ac	G	PA; OTC; QL (240 ML per 1 fill)
hydrocodone polst-chlorphen polst er susp	G	PA; QL (240 ML per 1 fill)
hydrocodone-homatropine oral syrup	G	PA; QL (240 ML per 1 fill)
hydrocodone-homatropine oral tablet	G	PA; QL (6 EA per 1 day)
hydromet	G	PA; QL (240 ML per 1 fill)
ipratropium bromide nasal	G	
maxi-tuss ac	G	PA; OTC; QL (240 ML per 1 fill)
mometasone furoate nasal	G	QL (1.14 GM per 1 day)
NUCALA	PB-S	PA; QL (0.11 EA per 1 day)
olopatadine hcl nasal	G	QL (1.02 GM per 1 day)
promethazine hcl oral	G	
promethazine hcl rectal	G	
promethazine vc	G	
promethazine vc/codeine	G	PA; QL (240 ML per 1 fill)
promethazine-codeine	G	PA; QL (240 ML per 1 fill)
promethazine-dm	G	
promethazine-phenyleph-codeine	G	PA; QL (240 ML per 1 fill)
promethazine-phenylephrine	G	
promethegan	G	
pseudoephedrine-bromphen-dm	G	

Drug Name	Drug Tier	Restrictions / Limits
ryvent	G	
sodium chloride inhalation	G	
virtussin ac w/alc	G	PA; OTC; QL (240 ML per 1 fill)
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	G	
ADVAIR DISKUS	PB	M; QL (2 EA per 1 day)
ADVAIR HFA	PB	M; QL (0.4 GM per 1 day)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	G	M; QL (1.2 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	PB	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
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	PB	M
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	G	M
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)
BREO ELLIPTA	PB	M; QL (2 EA per 1 day)
BREZTRI AEROSPHERE	PB	QL (0.36 GM per 1 day)
budesonide inhalation	G	M; QL (4 ML per 1 day)
COMBIVENT RESPIMAT	PB	QL (0.27 GM per 1 day)
cromolyn sodium inhalation	G	M
ELIXOPHYLLIN	PB	M
epinephrine injection solution auto-injector	G	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	PB	M; QL (2 EA per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	PB	M; QL (8 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	PB	M; QL (0.8 GM per 1 day)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	PB	M; QL (0.71 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	G	M; QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	G	M; QL (0.04 EA per 1 day)
formoterol fumarate inhalation	G	M; QL (4 ML per 1 day)
ipratropium bromide inhalation	G	M; QL (10.42 ML per 1 day)
ipratropium-albuterol	G	QL (18 ML per 1 day)
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
PROAIR HFA	G	M; QL (1.2 GM per 1 day)
PROAIR RESPICLICK	G	M; QL (0.07 EA per 1 day)
PULMICORT FLEXHALER	PB	M; QL (0.07 EA per 1 day)
SEREVENT DISKUS	PB	M; QL (2 EA per 1 day)
SPIRIVA HANDIHALER	PB	M; QL (1 EA per 1 day)
SPIRIVA RESPIMAT	PB	M; QL (0.14 GM per 1 day)
STIOLTO RESPIMAT	PB	M; QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT	PB	M; QL (4.2 GM per 30 days)
SYMBICORT	PB	M; QL (0.34 GM per 1 day)
terbutaline sulfate oral	G	M
theophylline	G	M
theophylline er	G	M
TRELEGY ELLIPTA	PB	M; QL (2 EA per 1 day)
VENTOLIN HFA	PB	M; QL (1.2 GM per 1 day)
wixela inhuh	G	M; QL (2 EA per 1 day)
zafirlukast	G	M
Respiratory Tract / Pulmonary Agents -		
Drugs for Cystic Fibrosis		
PULMOZYME	PB	PA

Drug Name	Drug Tier	Restrictions / Limits
tobramycin inhalation nebulization solution 300 mg/4ml	G-S	
tobramycin inhalation nebulization solution 300 mg/5ml	G	
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)
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)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen external	G	
baclofen oral	G	
carisoprodol oral	G	
chlorzoxazone oral tablet 250 mg, 500 mg	G	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	G	
dantrolene sodium oral	G	
enovarx-cyclobenzaprine hcl	G	
metaxalone	G	
methocarbamol oral	G	
orphenadrine citrate er	G	
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)
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)
modafinil	G	PA; QL (1 EA per 1 day)
ramelteon	G	QL (1 EA per 1 day)
SUNOSI	PB	PA; QL (1 EA per 1 day)
temazepam	G	QL (1 EA 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)

Drug Name	Drug Tier	Restrictions / Limits
zolpidem tartrate er	G	QL (1 EA per 1 day)
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