



# MEMBER **2027** PERFORMANCE DRUG LIST

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

**Effective January 1, 2027**

# Blue Cross and Blue Shield of Kansas City 2027 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](http://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 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](http://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 the request online at [bluekc.com](http://bluekc.com).

### 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](http://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. CentralTime.

## **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. CentralTime.

**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. CentralTime.

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**

**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 |
|----------------|-----------|
|                | G         |
| Tier 1 copay   | G-S       |

## List of Abbreviations

|            |                                                                                                                                                                                                                                                                                                                                                               |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>G</b>   | Generic Drug.                                                                                                                                                                                                                                                                                                                                                 |
| <b>G-S</b> | Generic Specialty Drug.                                                                                                                                                                                                                                                                                                                                       |
| <b>ACA</b> | Affordable Care Act. These preventative drugs may be covered at no cost (check your benefits to confirm).                                                                                                                                                                                                                                                     |
| <b>M</b>   | Maintenance Drug.                                                                                                                                                                                                                                                                                                                                             |
| <b>OTC</b> | Over the Counter. An OTC drug is a non-prescription drug.                                                                                                                                                                                                                                                                                                     |
| <b>PA</b>  | 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.                                                                                                      |
| <b>QL</b>  | Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.                                                                                                                                                                                                                                                                 |
| <b>ST</b>  | 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      |
|-----------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <b>Analgesics - Drugs for Pain</b>                                                                        |           |                            |
| 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                                                                                  | G         | QL (12 EA per 1 day)       |
| ascomp-codeine                                                                                            | G         |                            |
| bac (butalbital-acetamin-caff)                                                                            | G         |                            |
| buprenorphine                                                                                             | G         | PA; QL (0.15 EA per 1 day) |
| butalbital-acetaminophen                                                                                  | G         |                            |
| butalbital-apap-caff-cod                                                                                  | G         |                            |
| butalbital-apap-caffeine oral capsule                                                                     | G         |                            |
| butalbital-apap-caffeine oral tablet                                                                      | G         |                            |
| butalbital-asa-caff-codeine                                                                               | G         |                            |
| butalbital-aspirin-caffeine                                                                               | G         |                            |
| butorphanol tartrate nasal                                                                                | G         | QL (2.5 ML per 1 fill)     |
| 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 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-deterrent                                          | G         | PA; QL (1 EA per 1 day)    |
| hydrocodone-acetaminophen oral solution 10-300 mg/15ml                                                    | G         | QL (73.5 ML per 1 day)     |
| hydrocodone-acetaminophen oral solution 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)        |

Last Updated Date: 09/24/2026

| Drug Name                                                                                         | Drug Tier | Restrictions / Limits   |
|---------------------------------------------------------------------------------------------------|-----------|-------------------------|
| hydrocodone-acetaminophen oral tablet 2.5-325 mg                                                  | G         | QL (12 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 1 mg/ml                                                             | G         | QL (10 ML per 1 day)    |
| hydromorphone hcl oral tablet 2 mg                                                                | G         | QL (5 EA per 1 day)     |
| hydromorphone hcl oral tablet 4 mg                                                                | G         | QL (2 EA per 1 day)     |
| hydromorphone hcl oral tablet 8 mg                                                                | G         | QL (1 EA per 1 day)     |
| levorphanol tartrate oral tablet 2 mg                                                             | G         | QL (2 EA per 1 day)     |
| levorphanol tartrate oral tablet 3 mg                                                             | G         | QL (1 EA per 1 day)     |
| meperidine hcl oral solution                                                                      | G         | QL (49 ML per 1 day)    |
| meperidine hcl oral tablet                                                                        | G         | QL (9 EA per 1 day)     |
| methadone hcl intensol                                                                            | G         |                         |
| methadone hcl oral concentrate                                                                    | G         |                         |
| methadone hcl oral solution                                                                       | G         | PA                      |
| methadone hcl oral tablet                                                                         | G         | PA                      |
| methadone hcl oral tablet soluble                                                                 | G         |                         |
| methadose oral tablet soluble                                                                     | G         |                         |
| morphine sulfate (concentrate) oral solution 100 mg/5ml                                           | G         | QL (2.4 ML per 1 day)   |
| morphine sulfate er                                                                               | G         | PA; QL (3 EA 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 intravenous solution 2 mg/ml                                                     | G         |                         |
| 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) |
| 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)     |
| oxycodone hcl oral capsule                                                                        | G         | QL (6 EA per 1 day)     |
| oxycodone hcl oral concentrate                                                                    | G         | QL (1.6 ML per 1 day)   |
| oxycodone hcl oral solution                                                                       | G         | QL (32.6 ML per 1 day)  |

Last Updated Date: 09/24/2026

| Drug Name                                                       | Drug Tier | Restrictions / Limits   |
|-----------------------------------------------------------------|-----------|-------------------------|
| 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)     |
| 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)     |
| tapentadol hcl oral tablet 100 mg, 75 mg                        | G         | QL (1 EA per 1 day)     |
| tapentadol hcl oral tablet 50 mg                                | G         | QL (2 EA per 1 day)     |
| 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 100 mg                                 | G         | QL (2 EA per 1 day)     |
| tramadol hcl oral tablet 25 mg                                  | G         | QL (8 EA per 1 day)     |
| tramadol hcl oral tablet 50 mg                                  | G         | QL (5 EA per 1 day)     |
| tramadol hcl oral tablet 75 mg                                  | G         | QL (3 EA per 1 day)     |
| tramadol-acetaminophen                                          | G         | QL (6 EA per 1 day)     |
| xyvona oral tablet 2 mg                                         | G         | QL (2 EA per 1 day)     |
| xyvona oral tablet 3 mg                                         | G         | QL (1 EA per 1 day)     |
| <b>Analgesics - Drugs for Pain and Inflammation</b>             |           |                         |
| celecoxib oral                                                  | G         | QL (2 EA per 1 day)     |
| diclofenac potassium oral capsule                               | G         | ST                      |
| diclofenac potassium oral tablet                                | G         |                         |
| diclofenac sodium er                                            | G         |                         |
| diclofenac sodium external solution                             | G         | PA                      |
| diclofenac sodium oral                                          | G         |                         |
| diclofenac-misoprostol                                          | G         |                         |
| diflunisal oral                                                 | G         |                         |
| etodolac                                                        | G         |                         |
| etodolac er                                                     | G         |                         |

| Drug Name                                                | Drug Tier | Restrictions / Limits   |
|----------------------------------------------------------|-----------|-------------------------|
| fenoprofen calcium oral                                  | G         |                         |
| fenopron                                                 | G         |                         |
| flurbiprofen oral                                        | G         |                         |
| ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg     | G         |                         |
| indomethacin er                                          | G         |                         |
| indomethacin oral capsule                                | G         |                         |
| indomethacin oral suspension                             | G         | ST                      |
| indomethacin rectal suppository 50 mg                    | G         | ST                      |
| ketoprofen er                                            | G         |                         |
| ketoprofen oral                                          | G         |                         |
| ketorolac tromethamine oral                              | G         | QL (20 EA per 1 fill)   |
| meclofenamate sodium oral                                | G         |                         |
| mefenamic acid oral                                      | G         |                         |
| meloxicam oral capsule                                   | G         |                         |
| meloxicam oral tablet                                    | G         |                         |
| nabumetone oral                                          | G         |                         |
| naproxen dr                                              | G         |                         |
| naproxen oral                                            | G         |                         |
| naproxen sodium er                                       | G         |                         |
| naproxen sodium oral tablet 275 mg, 550 mg               | G         |                         |
| naproxen-esomeprazole mg                                 | G         | PA; QL (2 EA per 1 day) |
| oxaprozin oral tablet                                    | G         |                         |
| piroxicam oral                                           | G         |                         |
| sulindac oral                                            | G         |                         |
| tolmetin sodium                                          | G         |                         |
| <b>Anesthetics</b>                                       |           |                         |
| 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         |                         |
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b> |           |                         |
| acamprosate calcium                                      | G         |                         |
| buprenorphine hcl sublingual                             | G         |                         |
| buprenorphine hcl-naloxone hcl                           | G         |                         |

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| Drug Name                              | Drug Tier | Restrictions / Limits                    |
|----------------------------------------|-----------|------------------------------------------|
| bupropion hcl er (smoking det)         | G         | M; ACA; QL (180 day supply per 365 days) |
| disulfiram oral                        | G         |                                          |
| ft naloxone hcl                        | G         | OTC                                      |
| KLOXXADO                               | G         |                                          |
| lofexidine hcl                         | G         | QL (16 EA per 1 day)                     |
| naloxone hcl injection                 | G         |                                          |
| naloxone hcl nasal                     | G         |                                          |
| naltrexone hcl oral                    | G         |                                          |
| NARCAN                                 | G         |                                          |
| REXTOVY                                | G         |                                          |
| REZENOPY                               | G         |                                          |
| RIVIVE                                 | G         | OTC                                      |
| SUBOXONE                               | G         |                                          |
| 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)    |
| ZUBSOLV                                | G         |                                          |
| <b>Antibacterials</b>                  |           |                                          |
| amoxicillin                            | G         |                                          |
| amoxicillin trihydrate oral            | G         |                                          |
| amoxicillin-potassium clavulanate      | G         |                                          |
| amoxicillin-potassium clavulanate er   | G         |                                          |
| ampicillin                             | G         |                                          |
| azithromycin oral                      | G         |                                          |
| cefaclor                               | G         |                                          |
| cefaclor er                            | G         |                                          |
| cefadroxil                             | G         |                                          |
| cefdinir                               | G         |                                          |
| cefixime oral capsule                  | G         |                                          |
| cefixime oral suspension reconstituted | G         |                                          |
| cefpodoxime proxetil                   | G         |                                          |
| cefprozil                              | G         |                                          |
| cefuroxime axetil                      | G         |                                          |
| cephalexin                             | G         |                                          |
| ciprofloxacin hcl oral                 | G         |                                          |

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| Drug Name                                                   | Drug Tier | Restrictions / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| clarithromycin er                                           | G         |                       |
| clarithromycin oral                                         | G         |                       |
| clindamycin hcl oral                                        | G         |                       |
| clindamycin palmitate hcl                                   | G         |                       |
| clindamycin phosphate vaginal                               | G         |                       |
| demeclocycline hcl                                          | G         |                       |
| dicloxacillin sodium                                        | G         |                       |
| doxycycline hyclate oral                                    | G         |                       |
| doxycycline monohydrate oral                                | G         |                       |
| erythromycin base oral                                      | G         |                       |
| erythromycin ethylsuccinate oral suspension reconstituted   | G         |                       |
| erythromycin oral                                           | G         |                       |
| fidaxomicin                                                 | G         |                       |
| fosfomycin tromethamine                                     | G         |                       |
| gentamicin sulfate external                                 | G         |                       |
| levofloxacin oral                                           | G         |                       |
| linezolid oral suspension reconstituted                     | G         | QL (65 ML per 1 day)  |
| linezolid oral tablet                                       | G         | QL (2 EA per 1 day)   |
| methenamine hippurate                                       | G         |                       |
| metronidazole oral                                          | G         |                       |
| metronidazole vaginal                                       | G         |                       |
| minocycline hcl er                                          | G         |                       |
| minocycline hcl oral                                        | G         |                       |
| moxifloxacin hcl oral                                       | G         |                       |
| mupirocin cream                                             | G         |                       |
| mupirocin ointment                                          | G         |                       |
| neomycin sulfate oral                                       | G         |                       |
| nitrofurantoin macrocrystal                                 | G         |                       |
| nitrofurantoin monohydrate macrocrystals                    | G         |                       |
| nitrofurantoin oral suspension 25 mg/5ml                    | G         |                       |
| ofloxacin oral                                              | G         |                       |
| penicillin v potassium                                      | G         |                       |
| silver sulfadiazine external                                | G         |                       |
| ssd                                                         | G         |                       |
| sulfadiazine oral                                           | G         |                       |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | G         |                       |
| sulfamethoxazole-trimethoprim oral tablet                   | G         |                       |

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| Drug Name                                              | Drug Tier | Restrictions / Limits   |
|--------------------------------------------------------|-----------|-------------------------|
| sulfatrim pediatric                                    | G         |                         |
| tetracycline hcl oral capsule                          | G         |                         |
| tinidazole oral                                        | G         |                         |
| trimethoprim oral                                      | G         |                         |
| vancomycin hcl oral                                    | G         |                         |
| <b>Anticoagulants</b>                                  |           |                         |
| dabigatran etexilate mesylate                          | G         | M; QL (2 EA per 1 day)  |
| enoxaparin sodium injection solution prefilled syringe | G         |                         |
| fondaparinux sodium                                    | G         |                         |
| heparin sodium (porcine)                               | G         |                         |
| heparin sodium (porcine) +rfid                         | G         |                         |
| heparin sodium (porcine) pf                            | G         |                         |
| rivaroxaban oral suspension reconstituted              | G         | M; QL (20 ML per 1 day) |
| rivaroxaban oral tablet                                | G         | M; QL (2 EA per 1 day)  |
| warfarin sodium oral                                   | G         |                         |
| <b>Anticonvulsants - Drugs for Seizures</b>            |           |                         |
| brivaracetam oral                                      | G         |                         |
| carbamazepine er                                       | G         |                         |
| carbamazepine oral suspension 100 mg/5ml               | G         |                         |
| carbamazepine oral tablet                              | G         |                         |
| carbamazepine oral tablet chewable                     | G         |                         |
| clobazam oral suspension 2.5 mg/ml                     | G         | PA                      |
| clobazam oral tablet                                   | G         | PA                      |
| diazepam rectal                                        | G         | QL (2 EA per 1 fill)    |
| divalproex sodium er                                   | G         |                         |
| divalproex sodium oral                                 | G         |                         |
| eslicarbazepine acetate                                | G         |                         |
| ethosuximide oral                                      | G         |                         |
| felbamate                                              | G         |                         |
| gabapentin oral capsule                                | G         |                         |
| gabapentin oral solution                               | G         |                         |
| gabapentin oral tablet 600 mg, 800 mg                  | G         |                         |
| lacosamide oral solution 10 mg/ml                      | G         |                         |
| lacosamide oral tablet                                 | G         |                         |
| lamotrigine er                                         | G         |                         |
| lamotrigine odt                                        | G         |                         |
| lamotrigine oral                                       | G         |                         |

| Drug Name                                                               | Drug Tier | Restrictions / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| lamotrigine starter kit-blue                                            | G         |                       |
| lamotrigine starter kit-green                                           | G         |                       |
| lamotrigine starter kit-orange                                          | G         |                       |
| levetiracetam er                                                        | G         |                       |
| levetiracetam oral solution 100 mg/ml                                   | G         |                       |
| levetiracetam oral tablet                                               | G         |                       |
| methsuximide                                                            | G         |                       |
| oxcarbazepine                                                           | G         |                       |
| oxcarbazepine er                                                        | G         | ST                    |
| perampanel                                                              | G         |                       |
| phenobarbital oral elixir                                               | G         |                       |
| phenobarbital oral tablet                                               | G         |                       |
| phenytek                                                                | G         |                       |
| phenytoin infatabs                                                      | G         |                       |
| phenytoin oral suspension 125 mg/5ml                                    | G         |                       |
| phenytoin oral tablet chewable                                          | G         |                       |
| phenytoin sodium extended                                               | G         |                       |
| primidone oral                                                          | G         |                       |
| roweepra                                                                | G         |                       |
| rufinamide                                                              | G         | PA                    |
| subvenite oral tablet                                                   | G         |                       |
| subvenite starter kit-blue                                              | G         |                       |
| subvenite starter kit-green                                             | G         |                       |
| subvenite starter kit-orange                                            | G         |                       |
| tiagabine hcl                                                           | G         |                       |
| topiramate er oral capsule er 24 hour sprinkle                          | G         |                       |
| topiramate er oral capsule extended release 24 hour                     | G         | ST                    |
| topiramate oral capsule sprinkle                                        | G         |                       |
| topiramate oral solution 25 mg/ml                                       | G         |                       |
| topiramate oral tablet                                                  | G         |                       |
| valproic acid oral capsule                                              | G         |                       |
| valproic acid oral solution 250 mg/5ml                                  | G         |                       |
| vigabatrin                                                              | G-S       | PA                    |
| zonisamide oral                                                         | G         |                       |
| <b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b> |           |                       |
| donepezil hcl                                                           | G         | M                     |
| galantamine hydrobromide                                                | G         | M                     |

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| Drug Name                                                                  | Drug Tier | Restrictions / Limits     |
|----------------------------------------------------------------------------|-----------|---------------------------|
| galantamine hydrobromide er                                                | G         | M                         |
| memantine hcl er                                                           | G         | M; QL (1 EA per 1 day)    |
| memantine hcl oral solution 2 mg/ml                                        | G         | M                         |
| memantine hcl oral tablet                                                  | G         | M                         |
| memantine hcl-donepezil hcl er                                             | G         | QL (1 EA per 1 day)       |
| rivastigmine                                                               | G         | M                         |
| rivastigmine tartrate                                                      | G         | M                         |
| <b>Antidepressants</b>                                                     |           |                           |
| 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                         |
| chlorthalidone-amitriptyline                                               | G         |                           |
| citalopram hydrobromide oral capsule                                       | G         | M                         |
| citalopram hydrobromide oral solution 10 mg/5ml                            | G         | M                         |
| citalopram hydrobromide oral tablet                                        | 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 120 mg, 80 mg, 90 mg | G         | M; QL (1 EA per 1 day)    |
| duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg  | G         | M; QL (2 EA per 1 day)    |
| duloxetine hcl oral capsule delayed release particles 30 mg                | G         | M; QL (3 EA per 1 day)    |
| escitalopram oxalate oral solution                                         | G         | M                         |
| escitalopram oxalate oral tablet                                           | 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                                                 | G         | M                         |
| fluvoxamine maleate                                                        | G         | M                         |

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| Drug Name                                                          | Drug Tier | Restrictions / Limits   |
|--------------------------------------------------------------------|-----------|-------------------------|
| 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         |                         |
| 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                                                     | G         | M                       |
| paroxetine hcl er                                                  | G         | M                       |
| paroxetine mesylate                                                | G         | M; QL (1 EA per 1 day)  |
| 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 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            | G         | M                       |
| vilazodone hcl                                                     | G         | M; QL (1 EA per 1 day)  |
| <b>Antiemetics - Drugs for Nausea and Vomiting</b>                 |           |                         |
| aprepitant oral capsule 125 mg                                     | G         | QL (6 EA per 30 days)   |
| aprepitant oral capsule 40 mg                                      | G         | QL (1 EA per 30 days)   |
| aprepitant oral capsule 80 mg                                      | G         | QL (4 EA per 30 days)   |
| aprepitant oral capsule therapy pack                               | G         | QL (6 EA per 30 days)   |
| dimenhydrinate injection                                           | G         |                         |
| doxylamine-pyridoxine                                              | G         | PA; QL (4 EA per 1 day) |
| dronabinol oral capsule                                            | G         | PA; QL (2 EA per 1 day) |
| granisetron hcl oral                                               | G         | QL (0.14 EA per 1 day)  |
| meclizine hcl oral tablet 50 mg                                    | G         |                         |

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| Drug Name                                       | Drug Tier | Restrictions / Limits  |
|-------------------------------------------------|-----------|------------------------|
| meclizine hcl oral tablet chewable              | G         |                        |
| metoclopramide hcl oral solution 5 mg/5ml       | G         |                        |
| metoclopramide hcl oral tablet                  | G         |                        |
| ondansetron hcl oral solution 4 mg/5ml          | G         | QL (8 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         |                        |
| prochlorperazine maleate oral                   | G         |                        |
| promethazine hcl oral solution 6.25 mg/5ml      | G         |                        |
| promethazine hcl oral tablet                    | G         |                        |
| promethazine hcl rectal                         | G         |                        |
| scopolamine                                     | G         |                        |
| trimethobenzamide hcl intramuscular             | G         |                        |
| trimethobenzamide hcl oral                      | G         |                        |
| <b>Antifungals</b>                              |           |                        |
| ciclodan                                        | G         |                        |
| ciclopirox external                             | G         |                        |
| ciclopirox olamine external                     | G         |                        |
| clotrimazole mouth/throat                       | G         |                        |
| clotrimazole-betamethasone                      | G         |                        |
| econazole nitrate external cream                | G         |                        |
| fluconazole oral                                | G         |                        |
| flucytosine oral                                | G         |                        |
| griseofulvin microsize oral                     | G         |                        |
| griseofulvin ultramicrosize                     | G         |                        |
| itraconazole oral                               | G         | PA                     |
| ketoconazole external                           | G         |                        |
| ketoconazole oral                               | G         |                        |
| ketodan                                         | G         |                        |
| klayesta                                        | G         |                        |
| miconazole 3 vaginal suppository                | G         |                        |
| naftifine hcl                                   | G         |                        |
| nystatin external                               | G         |                        |
| nystatin mouth/throat suspension 100000 unit/ml | G         |                        |
| nystatin oral                                   | G         |                        |
| nystatin-triamcinolone                          | G         |                        |

| Drug Name                                              | Drug Tier | Restrictions / Limits           |
|--------------------------------------------------------|-----------|---------------------------------|
| nystop                                                 | G         |                                 |
| oxiconazole nitrate                                    | G         |                                 |
| posaconazole oral                                      | G         | PA                              |
| tavaborole                                             | G         | PA                              |
| terbinafine hcl oral                                   | G         | QL (84 day supply per 180 days) |
| terconazole                                            | G         |                                 |
| voriconazole oral                                      | G         | PA                              |
| <b>Antigout Agents</b>                                 |           |                                 |
| allopurinol oral                                       | G         | M                               |
| colchicine oral                                        | G         |                                 |
| colchicine-probenecid                                  | G         |                                 |
| febuxostat                                             | G         | ST; M                           |
| probenecid                                             | G         | M                               |
| <b>Antimigraine Agents</b>                             |           |                                 |
| almotriptan malate                                     | G         | QL (0.4 EA per 1 day)           |
| diclofenac potassium(migraine)                         | G         | ST                              |
| 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)          |
| ergotamine-caffeine                                    | G         | PA; QL (1.43 EA per 1 day)      |
| frovatriptan succinate                                 | G         | QL (0.4 EA per 1 day)           |
| naratriptan hcl                                        | G         | QL (0.3 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 subcutaneous                     | G         | QL (0.17 ML per 1 day)          |
| sumatriptan-naproxen sodium                            | G         | ST; QL (0.3 EA per 1 day)       |
| zolmitriptan                                           | G         | QL (0.4 EA per 1 day)           |
| <b>Antimyasthenic Agents</b>                           |           |                                 |
| pyridostigmine bromide er oral tablet extended release | G         | M                               |
| pyridostigmine bromide oral                            | G         | M                               |
| <b>Antimycobacterials</b>                              |           |                                 |
| cycloserine oral                                       | G         |                                 |
| dapsone oral                                           | G         |                                 |

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| Drug Name                                          | Drug Tier | Restrictions / Limits   |
|----------------------------------------------------|-----------|-------------------------|
| ethambutol hcl oral                                | G         |                         |
| isoniazid oral                                     | G         |                         |
| pyrazinamide oral                                  | G         |                         |
| rifabutin                                          | G         |                         |
| rifampin oral                                      | G         |                         |
| rifapentine                                        | G         |                         |
| <b>Antineoplastics - Drugs for Cancer</b>          |           |                         |
| abirtega                                           | G-S       | PA                      |
| anastrozole oral                                   | G         | ACA                     |
| bexarotene                                         | G-S       | PA                      |
| bicalutamide                                       | G         |                         |
| bosutinib                                          | G-S       | PA                      |
| capecitabine                                       | G-S       |                         |
| cyclophosphamide oral capsule                      | G         |                         |
| dasatinib                                          | G-S       | PA                      |
| erlotinib hcl oral tablet 100 mg, 150 mg           | G-S       | PA                      |
| erlotinib hcl oral tablet 25 mg                    | G-S       | PA; QL (3 EA per 1 day) |
| etoposide oral                                     | G-S       |                         |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | G-S       | PA; QL (1 EA per 1 day) |
| everolimus oral tablet soluble                     | G-S       | PA                      |
| exemestane                                         | G         | ACA                     |
| gefitinib                                          | G-S       | PA                      |
| hydroxyurea oral                                   | G         |                         |
| imatinib mesylate oral                             | G-S       | PA                      |
| lapatinib ditosylate                               | G-S       | PA                      |
| lederle leucovorin                                 | G         |                         |
| lenalidomide                                       | G-S       | PA                      |
| letrozole oral                                     | G         |                         |
| leucovorin calcium oral                            | G         |                         |
| lomustine                                          | G-S       |                         |
| mercaptopurine oral suspension                     | G-S       |                         |
| mercaptopurine oral tablet                         | G         |                         |
| mesna oral                                         | G         |                         |
| nilotinib hcl                                      | G-S       | PA                      |
| nilutamide                                         | G-S       |                         |
| pazopanib hcl oral tablet 200 mg                   | G-S       | PA; QL (3 EA per 1 day) |
| pazopanib hcl oral tablet 400 mg                   | G         | PA                      |

| Drug Name                              | Drug Tier | Restrictions / Limits        |
|----------------------------------------|-----------|------------------------------|
| pomalidomide oral capsule 1 mg, 2 mg   | G-S       | PA; QL (1 EA per 1 day)      |
| pomalidomide oral capsule 3 mg, 4 mg   | G-S       | PA                           |
| sorafenib tosylate                     | G-S       | PA                           |
| sunitinib malate                       | G-S       | PA                           |
| tamoxifen citrate oral                 | G         | ACA                          |
| temozolomide                           | G-S       | PA                           |
| toremifene citrate                     | G         |                              |
| torpenz                                | G-S       | PA; QL (1 EA per 1 day)      |
| tretinoin oral                         | G-S       |                              |
| yulithira                              | G-S       | PA; QL (1 EA per 1 day)      |
| <b>Antiparasitics</b>                  |           |                              |
| albendazole oral                       | G         | PA; QL (120 EA per 180 days) |
| atovaquone                             | G         |                              |
| atovaquone-proguanil hcl               | G         |                              |
| chloroquine phosphate oral             | G         |                              |
| hydroxychloroquine sulfate oral        | G         | M                            |
| ivermectin oral tablet 3 mg            | G         | QL (18 EA per 180 days)      |
| ivermectin oral tablet 6 mg            | G         | QL (9 EA per 180 days)       |
| malathion                              | G         |                              |
| mefloquine hcl                         | G         |                              |
| nitazoxanide oral                      | G         |                              |
| permethrin external                    | G         |                              |
| praziquantel oral                      | G         | QL (105 EA per 180 days)     |
| primaquine phosphate                   | G         |                              |
| pyrimethamine oral                     | G-S       | PA                           |
| quinine sulfate                        | G         | PA                           |
| spinosad                               | G         |                              |
| sulfurated lime                        | G         |                              |
| <b>Antiparkinson Agents</b>            |           |                              |
| amantadine hcl oral capsule            | G         | M                            |
| amantadine hcl oral tablet             | G         | M                            |
| amantadine hcl solution 50 mg/5ml oral | G         | M                            |
| 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                            |

| Drug Name                                              | Drug Tier | Restrictions / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| carbidopa-levodopa er oral tablet extended release     | 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         |                       |
| <b>Antiplatelets</b>                                   |           |                       |
| aspirin-dipyridamole er                                | G         | M                     |
| cilostazol                                             | G         | M                     |
| clopidogrel bisulfate oral                             | G         | M                     |
| dipyridamole oral                                      | G         | M                     |
| prasugrel hcl                                          | G         | M                     |
| ticagrelor                                             | G         | M                     |
| <b>Antipsychotics - Drugs for Mood Disorders</b>       |           |                       |
| 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)   |
| 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 concentrate 2 mg/ml           | G         |                       |
| haloperidol oral                                       | G         |                       |
| loxapine succinate                                     | G         |                       |
| lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg | G         | QL (1 EA per 1 day)   |

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| Drug Name                                                               | Drug Tier | Restrictions / Limits  |
|-------------------------------------------------------------------------|-----------|------------------------|
| lurasidone hcl oral tablet 80 mg                                        | G         | QL (2 EA per 1 day)    |
| 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                                                  | 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)    |
| risperidone microspheres er                                             | G         |                        |
| risperidone oral solution 1 mg/ml                                       | 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         |                        |
| <b>Antivirals</b>                                                       |           |                        |
| abacavir sulfate                                                        | G         |                        |
| abacavir sulfate-lamivudine                                             | G         |                        |
| acyclovir external cream                                                | G         | QL (0.17 GM per 1 day) |
| acyclovir external ointment                                             | G         | QL (1 GM per 1 day)    |
| acyclovir oral capsule                                                  | G         |                        |
| acyclovir oral suspension 200 mg/5ml                                    | G         |                        |
| acyclovir oral tablet                                                   | G         |                        |
| adefovir dipivoxil                                                      | G         |                        |
| atazanavir sulfate                                                      | G         |                        |
| darunavir                                                               | G         |                        |
| efavirenz                                                               | G         |                        |
| efavirenz-emtricitab-tenofo df                                          | G         |                        |
| efavirenz-lamivudine-tenofovir                                          | G         |                        |
| emtricitabine                                                           | G         |                        |
| emtricitabine-tenofovir df                                              | G         |                        |
| emtricitab-rilpivir-tenofof df                                          | G         |                        |
| entecavir                                                               | G         | QL (1 EA per 1 day)    |

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| Drug Name                                                       | Drug Tier | Restrictions / Limits    |
|-----------------------------------------------------------------|-----------|--------------------------|
| etravirine                                                      | G         |                          |
| famciclovir oral                                                | G         |                          |
| fosamprenavir calcium                                           | G         |                          |
| lamivudine oral solution 10 mg/ml                               | G         |                          |
| lamivudine oral tablet                                          | G         |                          |
| lamivudine-zidovudine                                           | G         |                          |
| lopinavir-ritonavir                                             | G         |                          |
| maraviroc                                                       | G         | PA                       |
| nevirapine                                                      | G         |                          |
| nevirapine er                                                   | G         |                          |
| 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) |
| penciclovir                                                     | G         | QL (0.17 GM per 1 day)   |
| ribavirin oral                                                  | G-S       |                          |
| rilpivirine hcl                                                 | G         |                          |
| rimantadine hcl                                                 | G         |                          |
| ritonavir                                                       | G         |                          |
| tenofovir disoproxil fumarate                                   | G         | ACA                      |
| valacyclovir hcl oral                                           | G         | QL (4 EA per 1 day)      |
| valganciclovir hcl                                              | G         |                          |
| zidovudine                                                      | G         |                          |
| <b>Anxiolytics - Drugs for Anxiety</b>                          |           |                          |
| 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 oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg        | G         | QL (4 EA per 1 day)      |
| alprazolam oral tablet dispersible 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)      |

| Drug Name                                                          | Drug Tier | Restrictions / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| 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 0.25 mg, 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 syrup 10 mg/5ml                               | G         |                       |
| hydroxyzine hcl oral tablet                                        | 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)   |
| <b>Bipolar Agents - Drugs for Mood Disorders</b>                   |           |                       |
| lithium                                                            | G         |                       |
| lithium carbonate er                                               | G         |                       |
| lithium carbonate oral                                             | G         |                       |
| <b>Blood Products and Modifiers - Drugs for Blood Disorders</b>    |           |                       |
| aminocaproic acid oral                                             | G         |                       |
| anagrelide hcl                                                     | G         | M                     |
| eltrombopag olamine                                                | G-S       | PA                    |

| Drug Name                                                                 | Drug Tier | Restrictions / Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|
| tranexamic acid oral                                                      | G         |                       |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |                       |
| 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                     |
| azilsartan medoxomil                                                      | 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                     |
| candesartan cilexetil                                                     | G         | M                     |
| candesartan cilexetil-hctz                                                | G         | M                     |
| captopril oral                                                            | G         | M                     |
| captopril-hydrochlorothiazide                                             | G         | M                     |
| cartia xt                                                                 | G         | M                     |
| carvedilol                                                                | G         | M                     |
| carvedilol phosphate er                                                   | G         | M                     |
| chlorthalidone                                                            | G         | M                     |
| cholestyramine light                                                      | G         | M                     |
| cholestyramine oral                                                       | G         | M                     |
| clonidine                                                                 | G         | M                     |
| clonidine hcl oral                                                        | G         | M                     |
| colesevelam hcl                                                           | G         | M                     |

| Drug Name                      | Drug Tier | Restrictions / Limits |
|--------------------------------|-----------|-----------------------|
| colestipol hcl                 | 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         | G         | M                     |
| enalapril-hydrochlorothiazide  | G         | M                     |
| eplerenone                     | G         | M                     |
| ethacrynic acid                | G         | M                     |
| ezetimibe oral                 | G         | M                     |
| ezetimibe-simvastatin          | G         | M                     |
| felodipine er                  | G         | M                     |
| fenofibrate micronized         | G         | M                     |
| fenofibrate oral               | G         | M                     |
| fenofibric acid                | G         | M                     |
| flecainide acetate             | G         | M                     |
| fluvastatin sodium             | G         | M; ACA                |
| fluvastatin sodium er          | G         | M; ACA                |
| 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                     |
| icosapent ethyl                | G         | PA; M                 |
| indapamide                     | G         | M                     |
| irbesartan                     | G         | M                     |
| irbesartan-hydrochlorothiazide | G         | M                     |
| isosorb dinitrate-hydralazine  | G         | M                     |
| isosorbide dinitrate           | G         | M                     |
| isosorbide mononitrate         | G         | M                     |

| Drug Name                                                            | Drug Tier | Restrictions / Limits    |
|----------------------------------------------------------------------|-----------|--------------------------|
| isosorbide mononitrate er                                            | G         | M                        |
| isradipine                                                           | G         | M                        |
| ivabradine hcl                                                       | G         | M; QL (2 EA per 1 day)   |
| labetalol hcl oral                                                   | G         | 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 tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | G         | M                        |
| metoprolol-hydrochlorothiazide                                       | G         | M                        |
| metyrosine                                                           | G         | PA; QL (16 EA per 1 day) |
| mexiletine hcl oral                                                  | G         | M                        |
| midodrine hcl                                                        | G         |                          |
| minoxidil oral                                                       | G         | M                        |
| moexipril hcl                                                        | G         | M                        |
| nadolol oral                                                         | G         | M                        |
| nebivolol hcl                                                        | G         | M                        |
| niacin (antihyperlipidemic)                                          | G         | M                        |
| niacin er (antihyperlipidemic)                                       | G         | M                        |
| niacor                                                               | G         | M                        |
| nicardipine hcl oral                                                 | G         | M                        |
| nifedipine er                                                        | G         | M                        |
| nifedipine er osmotic release                                        | G         | M                        |
| nifedipine oral                                                      | G         | M                        |
| nimodipine oral capsule                                              | G         |                          |
| nisoldipine er                                                       | G         | M                        |
| nitro-bid                                                            | G         | M                        |
| nitroglycerin rectal                                                 | G         |                          |
| nitroglycerin sublingual                                             | G         | M                        |
| nitroglycerin transdermal                                            | G         | M                        |
| nitroglycerin translingual                                           | G         | M                        |
| olmesartan medoxomil oral                                            | G         | M                        |

| Drug Name                                            | Drug Tier | Restrictions / Limits  |
|------------------------------------------------------|-----------|------------------------|
| olmesartan medoxomil-hctz                            | G         | M                      |
| olmesartan-amlodipine-hctz                           | G         | M                      |
| omega-3-acid ethyl esters                            | G         | M                      |
| pentoxifylline er                                    | G         | M                      |
| perindopril erbumine                                 | G         | M                      |
| phenoxybenzamine hcl oral                            | G         | PA                     |
| pindolol                                             | G         | M                      |
| pitavastatin calcium                                 | G         | M                      |
| 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                      |
| rosuvastatin calcium oral tablet 10 mg, 5 mg         | G         | M; ACA                 |
| rosuvastatin calcium oral tablet 20 mg, 40 mg        | G         | M                      |
| sacubitril-valsartan oral tablet 24-26 mg            | G         | M; QL (6 EA per 1 day) |
| sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg | G         | M; QL (2 EA per 1 day) |
| 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                      |
| spironolactone oral suspension 25 mg/5ml             | G         | M                      |
| spironolactone oral tablet                           | G         | M                      |
| spironolactone-hctz                                  | G         | M                      |
| telmisartan                                          | G         | M                      |
| telmisartan-amlodipine                               | G         | M                      |
| telmisartan-hctz                                     | G         | M                      |
| tiadylt er                                           | G         | M                      |
| timolol maleate oral                                 | G         | M                      |

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| Drug Name                                                                            | Drug Tier | Restrictions / Limits |
|--------------------------------------------------------------------------------------|-----------|-----------------------|
| 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                     |
| verapamil hcl er                                                                     | G         | M                     |
| verapamil hcl oral                                                                   | G         | M                     |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>          |           |                       |
| amphetamine er                                                                       | G         | QL (1 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)   |
| atomoxetine hcl oral capsule                                                         | G         | QL (1 EA per 1 day)   |
| clonidine hcl er                                                                     | G         |                       |
| 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, 2.5 mg, 20 mg, 5 mg, 7.5 mg             | G         | QL (3 EA per 1 day)   |
| dextroamphetamine sulfate oral tablet 30 mg                                          | G         | QL (2 EA per 1 day)   |
| guanfacine hcl er                                                                    | G         |                       |
| lisdexamfetamine dimesylate                                                          | G         | QL (1 EA per 1 day)   |
| methamphetamine hcl                                                                  | G         | QL (5 EA 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)   |

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| Drug Name                                                                            | Drug Tier | Restrictions / Limits         |
|--------------------------------------------------------------------------------------|-----------|-------------------------------|
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 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)           |
| 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)           |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>                  |           |                               |
| cladribine (10 tabs)                                                                 | G-S       | PA; QL (40 EA per 1 lifetime) |
| cladribine (4 tabs)                                                                  | G-S       | PA; QL (40 EA per 1 lifetime) |
| cladribine (5 tabs)                                                                  | G-S       | PA; QL (40 EA per 1 lifetime) |
| cladribine (6 tabs)                                                                  | G-S       | PA; QL (40 EA per 1 lifetime) |
| cladribine (7 tabs)                                                                  | G-S       | PA; QL (40 EA per 1 lifetime) |
| cladribine (8 tabs)                                                                  | G-S       | PA; QL (40 EA per 1 lifetime) |
| cladribine (9 tabs)                                                                  | G-S       | PA; QL (40 EA per 1 lifetime) |
| 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)       |
| 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)    |
| teriflunomide                                                                        | G-S       | PA; QL (1 EA per 1 day)       |

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| Drug Name                                                                   | Drug Tier | Restrictions / Limits       |
|-----------------------------------------------------------------------------|-----------|-----------------------------|
| <b>Central Nervous System Agents - Miscellaneous</b>                        |           |                             |
| caffeine citrate oral                                                       | G         |                             |
| dextromethorphan-quinidine                                                  | G         | PA                          |
| gabapentin (once-daily) oral tablet 300 mg                                  | G         | ST; QL (6 EA per 1 day)     |
| gabapentin (once-daily) oral tablet 450 mg, 600 mg                          | G         | ST; QL (3 EA per 1 day)     |
| gabapentin (once-daily) oral tablet 750 mg, 900 mg                          | G         | ST; QL (2 EA per 1 day)     |
| milnacipran hcl oral                                                        | G         | M; QL (110 EA per 365 days) |
| milnacipran hcl oral tablet                                                 | G         | M; QL (2 EA per 1 day)      |
| 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         |                             |
| tetrabenazine                                                               | G-S       | PA                          |
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>       |           |                             |
| cevimeline hcl                                                              | G         | M                           |
| chlorhexidine gluconate mouth/throat                                        | G         |                             |
| lidocaine viscous hcl                                                       | G         |                             |
| periogard                                                                   | G         |                             |
| pilocarpine hcl oral                                                        | G         |                             |
| sf gel 1.1%                                                                 | G         | M                           |
| sf 5000 plus                                                                | G         | M                           |
| sod fluoride-potassium nitrate                                              | G         | M                           |
| sodium fluoride 5000 enamel                                                 | G         | M                           |
| sodium fluoride 5000 plus                                                   | G         | M                           |
| sodium fluoride 5000 ppm                                                    | G         | M                           |
| sodium fluoride 5000 sensitive                                              | G         | M                           |
| sodium fluoride dental                                                      | G         | M                           |
| sodium fluoride mouth/throat                                                | G         | M                           |
| triamcinolone acetonide mouth/throat                                        | G         |                             |

| Drug Name                                                | Drug Tier | Restrictions / Limits  |
|----------------------------------------------------------|-----------|------------------------|
| <b>Dermatological Agents - Drugs for Skin Conditions</b> |           |                        |
| acutane                                                  | G         |                        |
| acitretin                                                | G         |                        |
| adapalene external cream                                 | G         |                        |
| adapalene external gel 0.3 %                             | G         |                        |
| adapalene-benzoyl peroxide external gel                  | G         |                        |
| alclometasone dipropionate                               | G         |                        |
| amcinonide                                               | G         |                        |
| amnestem                                                 | G         |                        |
| azelaic acid external                                    | G         |                        |
| benzoyl peroxide-erythromycin                            | G         |                        |
| betamethasone dipropionate aug                           | G         |                        |
| betamethasone dipropionate external                      | G         |                        |
| betamethasone valerate external                          | G         |                        |
| brimonidine tartrate external                            | G         |                        |
| calcipotriene external cream                             | G         |                        |
| calcipotriene external ointment                          | G         |                        |
| calcipotriene external solution                          | G         |                        |
| calcipotriene-betameth diprop external ointment          | G         | QL (13.4 GM per 1 day) |
| calcipotriene-betameth diprop external suspension        | G         | QL (4 GM per 1 day)    |
| calcitriol external                                      | G         |                        |
| claravis                                                 | G         |                        |
| clindacin                                                | G         |                        |
| clindacin etz                                            | G         |                        |
| clindacin-p                                              | G         |                        |
| clindamycin phos (once-daily)                            | G         |                        |
| clindamycin phos (twice-daily)                           | G         |                        |
| clindamycin phosphate-benzoyl peroxide                   | G         |                        |
| clindamycin phosphate external                           | G         |                        |
| clindamycin-tretinoin                                    | G         |                        |
| clobetasol prop emollient base                           | G         |                        |
| clobetasol propionate e                                  | G         |                        |
| clobetasol propionate emulsion                           | G         |                        |
| clobetasol propionate external cream 0.05 %              | G         |                        |
| clobetasol propionate external foam                      | G         |                        |
| clobetasol propionate external gel                       | G         |                        |
| clobetasol propionate external liquid                    | G         |                        |

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| Drug Name                                 | Drug Tier | Restrictions / Limits    |
|-------------------------------------------|-----------|--------------------------|
| clobetasol propionate external lotion     | G         |                          |
| clobetasol propionate external ointment   | G         |                          |
| clobetasol propionate external shampoo    | G         |                          |
| clobetasol propionate external solution   | G         |                          |
| clocortolone pivalate                     | G         |                          |
| clodan                                    | G         |                          |
| coal tar external                         | G         |                          |
| dapsone external                          | G         |                          |
| desonide external                         | G         |                          |
| desoximetasone external                   | G         |                          |
| diclofenac sodium external gel 3 %        | G         | ST; QL (10 GM per 1 day) |
| diflorasone diacetate                     | G         |                          |
| doxepin hcl external                      | G         |                          |
| erythromycin external                     | G         |                          |
| evesse                                    | G         |                          |
| fluocinolone acetonide body               | G         |                          |
| fluocinolone acetonide external           | G         |                          |
| fluocinolone acetonide scalp              | G         |                          |
| fluocinonide emulsified base              | G         |                          |
| fluocinonide external                     | G         |                          |
| fluorouracil external cream 5 %           | G         |                          |
| fluorouracil external solution            | G         |                          |
| flurandrenolide                           | G         |                          |
| fluticasone propionate external           | G         |                          |
| halcinonide                               | G         |                          |
| halobetasol propionate external cream     | G         |                          |
| halobetasol propionate external foam      | G         |                          |
| halobetasol propionate external ointment  | G         |                          |
| hydrocortisone butyrate                   | G         |                          |
| hydrocortisone external cream 2.5 %       | G         |                          |
| hydrocortisone external lotion 2 %, 2.5 % | G         |                          |
| hydrocortisone external ointment 2.5 %    | G         |                          |
| hydrocortisone valerate                   | G         |                          |
| imiquimod external cream 3.75 %           | G         | ST                       |
| imiquimod external cream 5 %              | G         |                          |
| imiquimod pump                            | G         | ST                       |
| isotretinoin oral                         | G         |                          |
| ivermectin external cream                 | G         |                          |

| Drug Name                             | Drug Tier | Restrictions / Limits        |
|---------------------------------------|-----------|------------------------------|
| methoxsalen rapid                     | G         |                              |
| metronidazole external                | G         |                              |
| mometasone furoate external           | G         |                              |
| neuac                                 | G         |                              |
| oxymetazoline hcl external            | G         |                              |
| pimecrolimus                          | G         | ST; QL (2 GM per 1 day)      |
| podofilox external                    | G         |                              |
| selenium sulfide external lotion      | G         |                              |
| sulfacetamide sodium (acne)           | G         |                              |
| tacrolimus external                   | G         | QL (2 GM per 1 day)          |
| tazarotene external cream             | G         | PA                           |
| tazarotene external gel               | G         | PA                           |
| tovet                                 | G         |                              |
| tretinoin external                    | G         |                              |
| tretinoin microsphere                 | G         |                              |
| tretinoin microsphere pump            | G         |                              |
| triamcinolone acetonide external      | G         |                              |
| triamcinolone in absorbbase           | G         |                              |
| triderm                               | G         |                              |
| trilitas                              | G         | PA                           |
| urea external cream 20 %              | G         |                              |
| zenatane                              | G         |                              |
| <b>Diabetes - Antidiabetic Agents</b> |           |                              |
| acarbose oral                         | G         | M                            |
| CYCLOSET                              | G         | ST; M                        |
| dapaglifloz base-metformin er         | G         | ST; M                        |
| dapagliflozin                         | G         | ST; M                        |
| glimepiride                           | G         | M                            |
| glipizide er                          | G         | M                            |
| glipizide ir                          | G         | M                            |
| glipizide-metformin hcl               | G         | M                            |
| glyburide                             | G         | M                            |
| glyburide-metformin                   | G         | M                            |
| GLYXAMBI                              | G         | ST; M                        |
| JARDIANCE                             | G         | ST; M                        |
| JENTADUETO                            | G         | ST; M                        |
| JENTADUETO XR                         | G         | ST; M                        |
| liraglutide                           | G         | PA; M; QL (0.3 ML per 1 day) |

| Drug Name                                                 | Drug Tier | Restrictions / Limits          |
|-----------------------------------------------------------|-----------|--------------------------------|
| metformin hcl er                                          | G         | M                              |
| metformin hcl oral solution                               | G         | M                              |
| metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg | G         | M                              |
| miglitol                                                  | G         | M                              |
| MOUNJARO                                                  | G         | PA; QL (0.08 ML per 1 day)     |
| nateglinide                                               | G         | M                              |
| OZEMPIC                                                   | G         | 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                              |
| RYBELSUS ORAL TABLET 14 MG, 7 MG                          | G         | PA; M; QL (1 EA per 1 day)     |
| RYBELSUS ORAL TABLET 3 MG                                 | G         | PA; M; QL (60 EA per 365 days) |
| saxagliptin hcl                                           | G         | ST; M                          |
| saxagliptin-metformin er                                  | G         | ST; M                          |
| sitagliptin phos-metformin hcl er                         | G         | ST; M                          |
| sitagliptin phos-metformin hcl                            | G         | ST; M                          |
| sitagliptin phosphate                                     | G         | ST; M                          |
| SOLIQUA                                                   | G         | M                              |
| SYNJARDY                                                  | G         | ST; M                          |
| SYNJARDY XR                                               | G         | ST; M                          |
| TRADJENTA                                                 | G         | ST                             |
| TRULICITY                                                 | G         | PA; M; QL (0.08 ML per 1 day)  |
| XULTOPHY                                                  | G         | M                              |
| <b>Diabetes - Glucose Monitoring</b>                      |           |                                |
| ACCU-CHEK FASTCLIX LANCET KIT                             | G         | OTC                            |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT                      | G         | OTC                            |
| AUTOLET II CLINISAFE                                      | G         | OTC                            |
| AUTOLET LANCING DEVICE                                    | G         | OTC                            |
| AUTOLET LITE LANCING DEVICE                               | G         | OTC                            |
| CARETOUCH LANCING/EJECTOR                                 | G         | OTC                            |
| CHEMSTRIP BG LOG BOOK                                     | G         | OTC                            |
| CHOSEN LANCING DEVICE                                     | G         | OTC                            |
| CONTOUR CONTROL SOLUTION                                  | G         | OTC                            |
| CONTOUR MONITOR DEVICE                                    | G         | OTC                            |
| CONTOUR MONITOR KIT W/DEVICE                              | G         | OTC                            |
| CONTOUR NEXT                                              | G         | OTC; QL (3.4 EA per 1 day)     |

| Drug Name                                                    | Drug Tier | Restrictions / Limits      |
|--------------------------------------------------------------|-----------|----------------------------|
| CONTOUR NEXT CONTROL SOLUTION                                | G         | OTC                        |
| CONTOUR NEXT EZ KIT W/DEVICE                                 | G         | OTC                        |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE                        | G         | OTC                        |
| CONTOUR NEXT LINK KIT W/DEVICE                               | G         | OTC                        |
| CONTOUR NEXT MONITOR KIT W/DEVICE                            | G         | OTC                        |
| CONTOUR NEXT ONE KIT                                         | G         | OTC                        |
| CONTOUR NEXT GEN TEST STRIPS                                 | G         | OTC; QL (3.4 EA per 1 day) |
| CONTOUR PLUS BLUE KIT W/DEVICE                               | G         | OTC                        |
| CONTOUR PLUS CONTROL SOLUTION                                | G         | OTC                        |
| CONTOUR PLUS TEST STRIP                                      | G         | OTC; QL (3.4 EA per 1 day) |
| CONTOUR TEST STRIPS                                          | G         | OTC; QL (3.4 EA per 1 day) |
| DIATHRIVE LANCING DEVICE                                     | G         | OTC                        |
| DROPLET GENTEEL LANCING DEVICE                               | G         | OTC                        |
| EASY TOUCH LANCING DEVICE                                    | G         | OTC                        |
| EMBRACE LANCING DEVICE/EJECTOR                               | G         | OTC                        |
| FONDCIRCLE LANCING DEVICE                                    | G         | OTC                        |
| GENTEEL LANCING KIT (BLUE)                                   | G         | OTC                        |
| GOJJI LANCING DEVICE/CLEAR CAP                               | G         | OTC                        |
| IHEALTH LANCING DEVICE                                       | G         | OTC                        |
| INSUL-TOTE ULTIMATE                                          | G         | OTC                        |
| MICROLET NEXT LANCING DEVICE                                 | G         | OTC                        |
| MOBI CONNECT LANCING DEVICE                                  | G         | OTC                        |
| ONETOUCH DELICA PLUS LANCING                                 | G         | OTC                        |
| VIVAGUARD LANCING DEVICE                                     | G         | OTC                        |
| <b>Diabetes - Glycemic Agents</b>                            |           |                            |
| BAQSIMI ONE PACK                                             | G         |                            |
| BAQSIMI TWO PACK                                             | G         |                            |
| diazoxide oral                                               | G         | M                          |
| glucagon emergency kit injection solution reconstituted 1 mg | G         |                            |
| GLUCAGON EMERGENCY KIT                                       | G         |                            |
| GVOKE HYPOPEN 1-PACK                                         | G         |                            |
| GVOKE HYPOPEN 2-PACK                                         | G         |                            |
| GVOKE KIT                                                    | G         |                            |
| GVOKE PFS                                                    | G         |                            |
| <b>Diabetes - Insulins</b>                                   |           |                            |
| ADMELOG                                                      | G         | M                          |
| ADMELOG SOLOSTAR                                             | G         | M                          |

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| Drug Name                                                                                                                                                                                               | Drug Tier | Restrictions / Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| AFREZZA                                                                                                                                                                                                 | G         | PA; M                 |
| APIDRA SOLOSTAR                                                                                                                                                                                         | G         | M                     |
| APIDRA VIAL                                                                                                                                                                                             | G         | M                     |
| AQ INSULIN SYRINGE                                                                                                                                                                                      | G         | ST                    |
| AQINJECT PEN NEEDLE                                                                                                                                                                                     | G         | ST; M                 |
| ASSURE ID DUO PRO PEN NEEDLES                                                                                                                                                                           | G         | ST; M; OTC            |
| ASSURE ID PRO PEN NEEDLES                                                                                                                                                                               | G         | ST; M; OTC            |
| AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM                                                                                                                                                                | G         | ST; M; OTC            |
| AUM MINI INSULIN PEN NEEDLE                                                                                                                                                                             | G         | ST; M; OTC            |
| AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM                                                                                                                                        | G         | ST; M; OTC            |
| AUM READYGARD DUO PEN NEEDLE                                                                                                                                                                            | G         | ST; M; OTC            |
| AUM SAFETY PEN NEEDLE                                                                                                                                                                                   | G         | ST; M; OTC            |
| AUTOKEEPER SAFETY PEN NEEDLE                                                                                                                                                                            | G         | ST; M; OTC            |
| BASAGLAR KWIKPEN                                                                                                                                                                                        | G         | M                     |
| BD AUTOSHIELD DUO PEN NEEDLES                                                                                                                                                                           | G         | ST; M; OTC            |
| BD PEN NEEDLE MICRO ULTRAFINE                                                                                                                                                                           | G         | ST; M; OTC            |
| BD PEN NEEDLE MINI ULTRAFINE                                                                                                                                                                            | G         | ST; M; OTC            |
| BD PEN NEEDLE NANO ULTRAFINE                                                                                                                                                                            | G         | ST; M; OTC            |
| BD PEN NEEDLE ORIG ULTRAFINE                                                                                                                                                                            | G         | ST; M; OTC            |
| BD PEN NEEDLE SHORT ULTRAFINE                                                                                                                                                                           | G         | ST; M; OTC            |
| BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | G         | ST; OTC               |
| BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML                                                                                                                                       | G         | ST                    |
| BD ULTRA-FINE INSULIN SYRINGES                                                                                                                                                                          | G         |                       |
| BD ULTRA-FINE PEN NEEDLES                                                                                                                                                                               | G         | ST; M; OTC            |
| BD VEO INSULIN SYR ULTRAFINE                                                                                                                                                                            | G         | ST; OTC               |
| CLEVER CHOICE COMFORT EZ PLUS                                                                                                                                                                           | G         | ST; M; OTC            |
| COMFORT EZ PRO PEN NEEDLES                                                                                                                                                                              | G         | ST; M; OTC            |
| DROPLET MICRON                                                                                                                                                                                          | G         | ST; M; OTC            |
| DROPSAFE AUTOPROTECT DUO                                                                                                                                                                                | G         | ST; M; OTC            |
| DROPSAFE SAFETY SYRINGE/NEEDLE                                                                                                                                                                          | G         | ST                    |
| EMBECTA AUTOSHIELD DUO                                                                                                                                                                                  | G         | ST; M; OTC            |
| EMBECTA INS SYR U/F 1/2 UNIT                                                                                                                                                                            | G         | ST; OTC               |
| EMBECTA INSULIN SYR ULTRAFINE                                                                                                                                                                           | G         | ST; OTC               |

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| Drug Name                                                                                                                                                                                                                                                                                           | Drug Tier | Restrictions / Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| EMBECTA INSULIN SYRINGE                                                                                                                                                                                                                                                                             | G         | ST                    |
| EMBECTA INSULIN SYRINGE U-100                                                                                                                                                                                                                                                                       | G         | ST                    |
| EMBECTA INSULIN SYRINGE U-500                                                                                                                                                                                                                                                                       | G         |                       |
| EMBECTA PEN NEEDLE NANO                                                                                                                                                                                                                                                                             | G         | ST; M; OTC            |
| EMBECTA PEN NEEDLE NANO 2 GEN                                                                                                                                                                                                                                                                       | G         | ST; M; OTC            |
| EMBECTA PEN NEEDLE ULTRAFINE                                                                                                                                                                                                                                                                        | G         | ST; M; OTC            |
| EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM                                                                                                                                                                                                                  | G         | ST; M; OTC            |
| FIASP                                                                                                                                                                                                                                                                                               | G         | M                     |
| FIASP FLEXTOUCH                                                                                                                                                                                                                                                                                     | G         | M                     |
| FIASP PENFILL                                                                                                                                                                                                                                                                                       | G         | M                     |
| FIASP PUMPCART                                                                                                                                                                                                                                                                                      | G         | M                     |
| HUMALOG                                                                                                                                                                                                                                                                                             | G         | M                     |
| HUMALOG KWIKPEN                                                                                                                                                                                                                                                                                     | G         | M                     |
| HUMALOG MIX 50/50 KWIKPEN                                                                                                                                                                                                                                                                           | G         | M                     |
| HUMALOG MIX 75/25 KWIKPEN                                                                                                                                                                                                                                                                           | G         | M                     |
| HUMALOG MIX 75/25 VIAL                                                                                                                                                                                                                                                                              | G         | M                     |
| HUMALOG U-100 JUNIOR KWIKPEN                                                                                                                                                                                                                                                                        | G         | M                     |
| HUMULIN 70/30 KWIKPEN                                                                                                                                                                                                                                                                               | G         | M; OTC                |
| HUMULIN 70/30 VIAL                                                                                                                                                                                                                                                                                  | G         | M; OTC                |
| HUMULIN N KWIKPEN                                                                                                                                                                                                                                                                                   | G         | M; OTC                |
| HUMULIN N VIAL                                                                                                                                                                                                                                                                                      | G         | M; OTC                |
| HUMULIN R U-500 KWIKPEN                                                                                                                                                                                                                                                                             | G         | M                     |
| HUMULIN R VIAL                                                                                                                                                                                                                                                                                      | G         | M; OTC                |
| INCONTROL ULTICARE PEN NEEDLES                                                                                                                                                                                                                                                                      | G         | ST; M; OTC            |
| INSULIN LISPRO                                                                                                                                                                                                                                                                                      | G         | M                     |
| INSULIN LISPRO (1 UNIT DIAL)                                                                                                                                                                                                                                                                        | G         | M                     |
| INSULIN LISPRO JUNIOR KWIKPEN                                                                                                                                                                                                                                                                       | G         | M                     |
| INSULIN LISPRO PROT & LISPRO                                                                                                                                                                                                                                                                        | G         | M                     |
| INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 34G X 3.5 MM | G         | ST; M; OTC            |
| INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM                                                                                                                                                                                                     | G         | ST; M                 |

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| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Drug Tier | Restrictions / Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | G         | ST; OTC               |
| INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML                                                                                                                                                                                                                                                                                                 | G         | ST                    |
| INSUPEN32G EXTR3ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G         | ST; M; OTC            |
| KIRSTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G         |                       |
| LANTUS SOLOSTAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G         | M                     |
| LANTUS U-100 VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G         | M                     |
| LYUMJEV KWIKPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G         |                       |
| LYUMJEV VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | G         |                       |
| MERILOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G         |                       |
| MERILOG SOLOSTAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G         |                       |
| NOVOFINE PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | G         | ST; M; OTC            |
| NOVOFINE PLUS PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | G         | ST; M; OTC            |
| NOVOLIN 70/30 FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | G         | M; OTC                |
| NOVOLIN 70/30 VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G         | M; OTC                |
| NOVOLIN N FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G         | M; OTC                |
| NOVOLIN N VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | G         | M; OTC                |
| NOVOLIN R FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | G         | M; OTC                |
| NOVOLIN R VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | G         | M; OTC                |
| NOVOLOG FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G         | M                     |
| NOVOLOG MIX 70/30 FLEXPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G         | M                     |
| NOVOLOG MIX 70/30 VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G         | M                     |
| NOVOLOG PENFILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | G         | M                     |
| NOVOLOG U-100 VIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G         | M                     |
| PEN NEEDLE/5-BEVEL TIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G         | ST; M; OTC            |
| PENTIPS GENERIC PEN NEEDLES 32G X 6 MM                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G         | ST; M; OTC            |
| PIP PEN NEEDLES 32G X 4MM                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G         | ST; M; OTC            |
| PURE COMFORT SAFETY PEN NEEDLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | G         | ST; M; OTC            |

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| Drug Name                                          | Drug Tier | Restrictions / Limits |
|----------------------------------------------------|-----------|-----------------------|
| QUICK TOUCH INSULIN PEN NEEDLE                     | G         | ST; M; OTC            |
| RAYA SURE PEN NEEDLE                               | G         | ST; M; OTC            |
| REZVOGLAR KWIKPEN                                  | G         |                       |
| SAFETY PEN NEEDLES                                 | G         | ST; M; OTC            |
| TECHLITE PLUS PEN NEEDLES                          | G         | ST; M; OTC            |
| TOPFINE INSULIN PEN NEEDLE                         | G         | ST; M; OTC            |
| TOUJEO MAX SOLOSTAR                                | G         | M                     |
| TOUJEO SOLOSTAR                                    | G         | M                     |
| TRUE COMFORT SAFETY PEN NEEDLE                     | G         | ST; M; OTC            |
| ULTIGUARD SAFEPAK SYR/NEEDLE                       | G         | ST; OTC               |
| UNIFINE OTC PEN NEEDLES                            | G         | ST; M; OTC            |
| UNIFINE PROTECT PEN NEEDLE                         | G         | ST; M; OTC            |
| VERIFINE INSULIN PEN NEEDLE                        | G         | ST; M; OTC            |
| VERIFINE INSULIN SYRINGE                           | G         | ST; OTC               |
| VERIFINE PLUS PEN NEEDLE                           | G         | ST; M; OTC            |
| VERISAFE SAFETY INSULIN SYR                        | G         | ST                    |
| <b>Electrolytes / Minerals / Metals / Vitamins</b> |           |                       |
| carglumic acid                                     | G-S       | PA                    |
| cyanocobalamin injection solution 1000 mcg/ml      | G         | M                     |
| cyanocobalamin nasal                               | G         | M                     |
| cytra k crystals                                   | G         |                       |
| deferasirox                                        | G-S       | PA                    |
| deferasirox granules                               | G-S       | PA                    |
| deferiprone                                        | G-S       | PA                    |
| ergocalciferol oral capsule                        | G         |                       |
| ferottrinsic                                       | G         |                       |
| folic acid tablet 1 mg oral (rx)                   | G         | M                     |
| foltrin                                            | G         |                       |
| hydroxocobalamin acetate                           | G         |                       |
| iodine strong                                      | 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                     |
| levocarnitine oral solution                        | G         | M                     |
| levocarnitine oral tablet                          | G         | M                     |
| levocarnitine sf                                   | G         | M                     |

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| Drug Name                                                                                  | Drug Tier | Restrictions / Limits   |
|--------------------------------------------------------------------------------------------|-----------|-------------------------|
| multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg                               | G         | ACA                     |
| multivitamin w/fluoride oral tablet chewable 1 mg                                          | G         |                         |
| multi-vitamin/fluoride oral suspension 0.25 mg/ml                                          | G         |                         |
| multi-vitamin/fluoride oral suspension 0.5 mg/ml                                           | G         | ACA                     |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg                                 | G         | ACA                     |
| multivitamin/fluoride oral tablet chewable 1 mg                                            | G         |                         |
| multi-vitamin/fluoride/iron                                                                | G         | ACA                     |
| phytonadione oral                                                                          | G         |                         |
| pnv 27-ca/fe/fa                                                                            | G         |                         |
| pnv prenatal plus multivit+dha                                                             | G         |                         |
| pnv tabs 20-1                                                                              | G         |                         |
| polysaccharide iron forte                                                                  | G         |                         |
| 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         |                         |
| sod citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml, 500-334 mg/5ml | G         |                         |
| sodium 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         |                         |
| sterile water for irrigation                                                               | G         |                         |
| tolvaptan                                                                                  | G-S       | PA; QL (2 EA per 1 day) |
| tolvaptan (hyponatremia)                                                                   | G-S       | PA; QL (2 EA per 1 day) |
| trientine hcl oral capsule 250 mg                                                          | G         | PA                      |
| tri-vite/fluoride                                                                          | G         | ACA                     |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)                                 | G         |                         |
| water for irrigation, sterile                                                              | G         |                         |

| Drug Name                                                                          | Drug Tier | Restrictions / Limits  |
|------------------------------------------------------------------------------------|-----------|------------------------|
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>                   |           |                        |
| cimetidine hcl                                                                     | G         | M                      |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg                                      | G         | M                      |
| dexlansoprazole                                                                    | G         | M; QL (2 EA per 1 day) |
| esomeprazole magnesium                                                             | G         | M; QL (2 EA per 1 day) |
| famotidine oral suspension reconstituted                                           | G         |                        |
| famotidine oral tablet 40 mg                                                       | G         | M                      |
| lansoprazole oral                                                                  | G         | M; QL (2 EA per 1 day) |
| misoprostol oral                                                                   | G         | M                      |
| nizatidine                                                                         | G         | M                      |
| omeprazole oral capsule delayed release                                            | G         | M; QL (2 EA per 1 day) |
| pantoprazole sodium oral                                                           | G         | M; QL (2 EA per 1 day) |
| rabeprazole sodium oral tablet delayed release                                     | G         | M; QL (2 EA per 1 day) |
| sucralfate oral                                                                    | G         | M                      |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |                        |
| alosetron hcl                                                                      | G         | PA                     |
| alvimopan                                                                          | G         |                        |
| bis subcit-metronid-tetracyc                                                       | G         |                        |
| bismuth/metronidaz/tetracyclin                                                     | G         |                        |
| chlordiazepoxide-clidinium                                                         | G         |                        |
| constulose                                                                         | G         |                        |
| cromolyn sodium oral                                                               | G         |                        |
| dicyclomine hcl oral capsule                                                       | G         |                        |
| dicyclomine hcl oral solution 10 mg/5ml                                            | G         |                        |
| dicyclomine hcl oral tablet                                                        | G         |                        |
| diphenoxylate-atropine                                                             | G         |                        |
| enulose                                                                            | G         |                        |
| gavilyte-c                                                                         | G         | ACA                    |
| gavilyte-g                                                                         | G         | ACA                    |
| gavilyte-n with flavor pack                                                        | G         | ACA                    |
| generlac                                                                           | G         |                        |
| glycopyrrolate oral solution 1 mg/5ml                                              | G         | PA                     |
| glycopyrrolate oral tablet 1 mg, 2 mg                                              | G         | QL (4 EA per 1 day)    |
| hyoscyamine sulfate er                                                             | G         |                        |
| hyoscyamine sulfate oral                                                           | G         |                        |
| hyoscyamine sulfate sl                                                             | G         |                        |
| hyoscyamine sulfate sublingual                                                     | G         |                        |

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| Drug Name                                                                          | Drug Tier | Restrictions / Limits       |
|------------------------------------------------------------------------------------|-----------|-----------------------------|
| lactulose                                                                          | G         |                             |
| lactulose encephalopathy                                                           | G         |                             |
| lubiprostone                                                                       | G         | QL (2 EA per 1 day)         |
| methscopolamine bromide oral                                                       | G         |                             |
| na sulfate-k sulfate-mg sulf                                                       | G         | ACA                         |
| peg 3350-kcl-na bicarb-nacl                                                        | G         | ACA                         |
| peg-3350/electrolytes                                                              | G         | ACA                         |
| peg-3350/electrolytes/ascorbat                                                     | G         | ACA; QL (2 EA per 365 days) |
| peg-kcl-nacl-nasulf-na asc-c                                                       | G         | ACA; QL (2 EA per 365 days) |
| prucalopride succinate                                                             | G         | ST; QL (1 EA per 1 day)     |
| ursodiol oral capsule 300 mg                                                       | G         | M                           |
| ursodiol oral tablet                                                               | G         | M                           |
| <b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b> |           |                             |
| betaine                                                                            | G-S       |                             |
| glycerol phenylbutyrate                                                            | G-S       | PA                          |
| miglustat                                                                          | G-S       | PA                          |
| nitisinone                                                                         | G-S       | PA                          |
| sapropterin dihydrochloride                                                        | G-S       | PA                          |
| sodium phenylbutyrate oral                                                         | G         | PA                          |
| yargesa                                                                            | G-S       | PA                          |
| zelvysia                                                                           | G-S       | PA                          |
| <b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>     |           |                             |
| acetic acid irrigation                                                             | G         |                             |
| avanafil                                                                           | G         | M; QL (0.2 EA per 1 day)    |
| bethanechol chloride oral                                                          | G         |                             |
| calcium acetate (phos binder)                                                      | G         |                             |
| calcium acetate oral tablet 667 mg                                                 | G         |                             |
| darifenacin hydrobromide er                                                        | G         | M                           |
| dimethyl sulfoxide intravesical                                                    | G         |                             |
| ferric citrate                                                                     | G         |                             |
| fesoterodine fumarate er                                                           | G         |                             |
| flavoxate hcl                                                                      | G         | M                           |
| lanthanum carbonate                                                                | G         |                             |
| mirabegron er                                                                      | G         |                             |
| oxybutynin chloride er                                                             | G         | M                           |
| oxybutynin chloride oral                                                           | G         | M                           |
| penicillamine oral tablet                                                          | G         | PA; M                       |

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| Drug Name                                                   | Drug Tier | Restrictions / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| phenazopyridine hcl oral tablet 100 mg, 200 mg              | G         |                       |
| sevelamer carbonate                                         | G         |                       |
| sevelamer hcl                                               | G         |                       |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg         | G         | QL (0.2 EA per 1 day) |
| solifenacin succinate                                       | G         | M                     |
| tadalafil oral tablet 10 mg, 20 mg                          | G         | QL (0.2 EA per 1 day) |
| tadalafil oral tablet 2.5 mg, 5 mg                          | G         | QL (1 EA per 1 day)   |
| tiopronin                                                   | G-S       |                       |
| tolterodine tartrate                                        | G         | M                     |
| tolterodine tartrate er                                     | G         | M                     |
| tropium chloride                                            | G         | M                     |
| tropium chloride er                                         | G         | M                     |
| varafenafil hcl oral                                        | G         | QL (0.2 EA per 1 day) |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b> |           |                       |
| 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                     |
| <b>Hormonal Agents - Adrenal</b>                            |           |                       |
| deflazacort                                                 | G-S       | PA                    |
| dexamethasone intensol                                      | G         |                       |
| dexamethasone oral                                          | G         |                       |
| fludrocortisone acetate oral                                | G         | M                     |
| hydrocortisone oral                                         | G         |                       |
| hydrocortisone sod suc (pf)                                 | G         |                       |
| jaythari                                                    | G-S       | PA                    |
| kymbee                                                      | G-S       | PA                    |
| methylprednisolone oral                                     | G         |                       |
| prednisolone oral                                           | G         |                       |
| prednisolone sodium phosphate oral                          | G         |                       |
| prednisone intensol                                         | G         |                       |
| prednisone oral solution                                    | G         |                       |
| prednisone oral tablet                                      | G         |                       |
| prednisone oral tablet therapy pack                         | G         |                       |

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| Drug Name                                                                                                 | Drug Tier | Restrictions / Limits       |
|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| pyquvi                                                                                                    | G-S       | PA                          |
| <b>Hormonal Agents - Men's Health</b>                                                                     |           |                             |
| danazol oral                                                                                              | G         |                             |
| methyltestosterone oral                                                                                   | G         | PA; QL (20 EA per 1 day)    |
| testosterone cypionate intramuscular                                                                      | G         | PA; QL (0.4 ML per 1 day)   |
| testosterone enanthate intramuscular                                                                      | G         | PA; QL (0.2 ML per 1 day)   |
| testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%) | G         | PA; QL (5 GM per 1 day)     |
| testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)                           | G         | PA; QL (10 GM per 1 day)    |
| testosterone transdermal solution                                                                         | G         | PA; QL (6 ML per 1 day)     |
| <b>Hormonal Agents - Pituitary</b>                                                                        |           |                             |
| cabergoline                                                                                               | G         | M                           |
| desmopressin ace spray refrig                                                                             | G         | M                           |
| desmopressin acetate oral                                                                                 | G         | M                           |
| desmopressin acetate spray                                                                                | G         | M                           |
| lanreotide acetate                                                                                        | G-S       | PA                          |
| leuprolide acetate injection                                                                              | G-S       | PA                          |
| octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml                                   | G-S       | PA                          |
| octreotide acetate subcutaneous                                                                           | G-S       | PA                          |
| <b>Hormonal Agents - Prostaglandins</b>                                                                   |           |                             |
| mifepristone oral tablet 300 mg                                                                           | G         | PA; QL (4 EA per 1 day)     |
| <b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>                                     |           |                             |
| raloxifene hcl                                                                                            | G         | M                           |
| <b>Hormonal Agents - Sex Hormones and Birth Control</b>                                                   |           |                             |
| abigale                                                                                                   | G         | M                           |
| abigale lo                                                                                                | G         | M                           |
| afirmelle                                                                                                 | G         | M; ACA                      |
| altavera                                                                                                  | G         | M; ACA                      |
| alyacen 1/35                                                                                              | G         | M; ACA                      |
| alyacen 7/7/7                                                                                             | G         | M; ACA                      |
| amethyst                                                                                                  | G         | M; ACA                      |
| ANNOVERA                                                                                                  | G         | 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) |

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| Drug Name                      | Drug Tier | Restrictions / Limits       |
|--------------------------------|-----------|-----------------------------|
| 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) |
| charlotte 24 fe                | G         | M; ACA                      |
| chateal eq                     | G         | M; ACA                      |
| cryselle                       | G         | M; ACA                      |
| cyred eq                       | G         | M; ACA                      |
| dasetta 1/35 (28)              | 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-SUBQ PROVERA 104          | G         | ACA; QL (0.02 ML per 1 day) |
| dolishale                      | G         | M; ACA                      |
| dotti                          | G         | M                           |
| drospiren-eth estrad-levomefol | G         | M; ACA                      |
| drospirenone-ethinyl estradiol | G         | M; ACA                      |
| elinest                        | G         | M; ACA                      |
| ELLA                           | G         |                             |
| eluryng                        | G         | M; ACA                      |
| emzahh                         | G         | M; ACA                      |
| enilloring                     | G         | M; ACA                      |
| enskyce                        | G         | M; ACA                      |
| errin                          | G         | M; ACA                      |

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| Drug Name                        | Drug Tier | Restrictions / Limits       |
|----------------------------------|-----------|-----------------------------|
| 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                           |
| estrogens conjugated             | G         | M                           |
| etonogestrel-ethinyl estradiol   | G         | M; ACA                      |
| falmina                          | G         | M; ACA                      |
| feirza 1.5/30                    | G         | M; ACA                      |
| feirza 1/20                      | G         | M; ACA                      |
| FEMLYV                           | G         | ST; M; ACA                  |
| finzala                          | G         | M; ACA                      |
| fyavolv                          | G         | M                           |
| galbriela                        | G         | M; ACA                      |
| gallifrey                        | 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                      |
| heather                          | G         | M; ACA                      |
| iclevia                          | G         | M; ACA; QL (1 EA per 1 day) |
| 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) |
| 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                      |

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| Drug Name                                                          | Drug Tier | Restrictions / Limits       |
|--------------------------------------------------------------------|-----------|-----------------------------|
| kaitlib fe                                                         | G         | M; ACA                      |
| kalliga                                                            | G         | M; ACA                      |
| kariva                                                             | G         | M; ACA                      |
| kelnor 1/35                                                        | 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                      |
| lessina                                                            | G         | M; ACA                      |
| levonest                                                           | G         | M; ACA                      |
| levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg             | G         | M; ACA; QL (1 EA per 1 day) |
| levonorgest-eth estradiol-iron                                     | G         | M; ACA                      |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg | G         | M; ACA                      |
| levonorg-eth estrad triphasic                                      | G         | M; ACA                      |
| lojaimiess                                                         | G         | M; ACA; QL (1 EA per 1 day) |
| loryna                                                             | G         | M; ACA                      |
| low-ogestrel                                                       | G         | M; ACA                      |
| lo-zumandimine                                                     | G         | M; ACA                      |
| luizza 1.5/30                                                      | G         | M; ACA                      |
| luizza 1/20                                                        | G         | M; ACA                      |
| lutra                                                              | G         | M; ACA                      |
| lyleq                                                              | G         | M; ACA                      |
| lyllana                                                            | G         | M                           |
| lyza                                                               | G         | M; ACA                      |
| marlissa                                                           | G         | M; ACA                      |
| medroxyprogesterone acetate intramuscular suspension               | G         | ACA; QL (0.02 ML per 1 day) |
| medroxyprogesterone acetate oral                                   | G         | M                           |
| megestrol acetate oral suspension                                  | G         |                             |
| megestrol acetate oral tablet                                      | G-S       |                             |
| meleya                                                             | G         | M; ACA                      |
| mibelas 24 fe                                                      | G         | M; ACA                      |
| microgestin 1.5/30                                                 | G         | M; ACA                      |
| microgestin 1/20                                                   | G         | M; ACA                      |
| microgestin fe 1.5/30                                              | G         | M; ACA                      |

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| Drug Name                                             | Drug Tier | Restrictions / Limits       |
|-------------------------------------------------------|-----------|-----------------------------|
| microgestin fe 1/20                                   | G         | M; ACA                      |
| mili                                                  | G         | M; ACA                      |
| mimvey                                                | G         | M                           |
| minzoya                                               | G         | M; ACA                      |
| mono-lynyah                                           | G         | M; ACA                      |
| NATAZIA                                               | G         | M                           |
| necon 0.5/35 (28)                                     | G         | M; ACA                      |
| NEXTSTELLIS                                           | G         | ACA                         |
| nikki                                                 | G         | M; ACA                      |
| nora-be                                               | G         | M; ACA                      |
| norelgestromin-eth estradiol                          | 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                           |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | G         | M; ACA                      |
| norgestimate-ethinyl estradiol triphasic              | 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 1/35                                            | G         | M; ACA                      |
| nylia 7/7/7                                           | G         | M; ACA                      |
| orquidea                                              | G         | M; ACA                      |
| philith                                               | G         | M; ACA                      |
| pimtrea                                               | G         | M; ACA                      |
| portia-28                                             | G         | M; ACA                      |
| progesterone intramuscular                            | G         |                             |
| progesterone oral                                     | G         |                             |
| progesterone vaginal                                  | G         |                             |
| reclipsen                                             | G         | M; ACA                      |
| rivelsa                                               | G         | M; ACA; QL (1 EA per 1 day) |
| rosyrah                                               | G         | M; ACA; QL (1 EA per 1 day) |
| setlakin                                              | G         | M; ACA; QL (1 EA per 1 day) |
| sharobel                                              | G         | M; ACA                      |

| Drug Name         | Drug Tier | Restrictions / Limits       |
|-------------------|-----------|-----------------------------|
| simliya           | G         | M; ACA                      |
| simpesse          | G         | M; ACA; QL (1 EA per 1 day) |
| sprintec 28       | 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                      |
| tilia fe          | G         | M; ACA                      |
| tri-estarylla     | G         | M; ACA                      |
| tri-legest fe     | G         | M; ACA                      |
| tri-lynyah        | G         | M; ACA                      |
| tri-lo-estarylla  | G         | M; ACA                      |
| tri-lo-marzia     | G         | M; ACA                      |
| tri-lo-mili       | G         | M; ACA                      |
| tri-lo-sprintec   | G         | M; ACA                      |
| tri-mili          | G         | M; ACA                      |
| tri-sprintec      | G         | M; ACA                      |
| tri-vylibra       | G         | M; ACA                      |
| tri-vylibra lo    | G         | M; ACA                      |
| turqoz            | G         | M; ACA                      |
| TYBLUME           | G         | M; ACA                      |
| tydemy            | G         | M; ACA                      |
| valtya 1/35       | G         | M; ACA                      |
| valtya 1/50       | 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                      |
| xarah fe          | G         | M; ACA                      |
| xelria fe         | G         | M; ACA                      |
| xulane            | G         | M; ACA                      |
| yuvaferm          | G         | M                           |
| zafemy            | G         | M; ACA                      |

| Drug Name                                                                        | Drug Tier | Restrictions / Limits    |
|----------------------------------------------------------------------------------|-----------|--------------------------|
| zovia 1/35 (28)                                                                  | G         | M; ACA                   |
| zumandimine                                                                      | G         | M; ACA                   |
| <b>Hormonal Agents - Thyroid</b>                                                 |           |                          |
| levothyroxine sodium oral tablet                                                 | G         | M                        |
| levoxyl                                                                          | G         | M                        |
| liomny                                                                           | G         | M                        |
| liothyronine sodium oral                                                         | G         | M                        |
| methimazole oral                                                                 | G         | M                        |
| np thyroid                                                                       | G         | M                        |
| propylthiouracil oral                                                            | G         | M                        |
| thyroid oral                                                                     | G         | M                        |
| unithroid                                                                        | G         | M                        |
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b> |           |                          |
| azathioprine oral                                                                | G         |                          |
| cyclosporine modified                                                            | G         |                          |
| cyclosporine oral                                                                | G         |                          |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg                            | G         |                          |
| engraf                                                                           | G         |                          |
| leflunomide oral                                                                 | G         | M                        |
| methotrexate sodium oral                                                         | G         |                          |
| mycophenolate mofetil oral                                                       | G         |                          |
| mycophenolate sodium                                                             | G         |                          |
| mycophenolic acid                                                                | G         |                          |
| sirolimus oral                                                                   | G         |                          |
| tacrolimus er                                                                    | G         |                          |
| tacrolimus oral                                                                  | G         |                          |
| tofacitinib citrate er                                                           | G-S       | PA; QL (1 EA per 1 day)  |
| tofacitinib citrate oral solution                                                | G-S       | PA; QL (10 ML per 1 day) |
| tofacitinib citrate oral tablet                                                  | G-S       | PA; QL (2 EA per 1 day)  |
| <b>Inflammatory Bowel Disease Agents</b>                                         |           |                          |
| balsalazide disodium                                                             | G         |                          |
| budesonide er                                                                    | G         |                          |
| budesonide oral                                                                  | G         |                          |
| budesonide rectal                                                                | G         |                          |
| hydrocortisone (perianal)                                                        | G         |                          |
| hydrocortisone ace-pramoxine external cream 1-1 %                                | G         |                          |

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| Drug Name                                                     | Drug Tier | Restrictions / Limits     |
|---------------------------------------------------------------|-----------|---------------------------|
| hydrocortisone rectal                                         | G         |                           |
| mesalamine er oral capsule 0.375 gm                           | G         | M                         |
| mesalamine oral                                               | G         | M                         |
| mesalamine rectal                                             | G         | M                         |
| mesalamine-cleanser                                           | G         |                           |
| procto-med hc                                                 | G         |                           |
| sulfasalazine oral                                            | G         | M                         |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b> |           |                           |
| alendronate sodium oral solution                              | G         | M                         |
| alendronate sodium oral tablet 10 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) |
| 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                                                  | G-S       | PA                        |
| <b>Metabolic Bone Disease Agents - Other</b>                  |           |                           |
| calcitriol oral                                               | G         | M                         |
| cinacalcet hcl                                                | G         | PA                        |
| doxercalciferol oral                                          | G         | M                         |
| paricalcitol oral                                             | G         | M                         |
| <b>Miscellaneous Therapeutic Agents</b>                       |           |                           |
| DIASCREEN 10                                                  | G         | OTC                       |
| DIASCREEN 1B                                                  | G         | OTC                       |
| DIASCREEN 1G                                                  | G         | OTC                       |
| DIASCREEN 1K                                                  | G         | OTC                       |
| DIASCREEN 2GK                                                 | G         | OTC                       |
| DIASCREEN 2GP                                                 | G         | OTC                       |
| DIASCREEN 3                                                   | G         | OTC                       |
| DIASCREEN 4NL                                                 | G         | OTC                       |
| DIASCREEN 4OBL                                                | G         | OTC                       |
| DIASCREEN 4PH                                                 | G         | OTC                       |
| DIASCREEN 5                                                   | G         | OTC                       |
| DIASCREEN 6                                                   | G         | OTC                       |

| Drug Name                                                                    | Drug Tier | Restrictions / Limits       |
|------------------------------------------------------------------------------|-----------|-----------------------------|
| DIASCREEN 7                                                                  | G         | OTC                         |
| DIASCREEN 8                                                                  | G         | OTC                         |
| DIASCREEN 9                                                                  | G         | OTC                         |
| DIASCREEN LIQUID URINE CONTROL                                               | G         | OTC                         |
| l-glutamine oral packet                                                      | G-S       | PA                          |
| methylergonovine maleate oral                                                | G         | QL (28 EA per 1 fill)       |
| sodium saccharin powder                                                      | G         |                             |
| <b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b> |           |                             |
| azelastine hcl ophthalmic                                                    | G         |                             |
| bepotastine besilate                                                         | G         | ST                          |
| bromfenac sodium (once-daily)                                                | G         | QL (6.8 ML per 365 days)    |
| bromfenac sodium ophthalmic solution 0.07 %                                  | G         | ST; QL (12 ML per 365 days) |
| bromfenac sodium ophthalmic solution 0.075 %                                 | G         | ST; QL (20 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         |                             |
| gatifloxacin ophthalmic                                                      | G         |                             |
| gentamicin sulfate ophthalmic                                                | G         |                             |
| ketorolac tromethamine ophthalmic                                            | G         |                             |
| levofloxacin ophthalmic                                                      | G         |                             |
| loteprednol etabonate ophthalmic gel                                         | G         | QL (20 GM per 365 days)     |
| loteprednol etabonate ophthalmic suspension                                  | G         |                             |
| moxifloxacin hcl (2x day)                                                    | G         |                             |
| moxifloxacin hcl ophthalmic                                                  | G         |                             |
| neomycin-polymyxin-dexameth                                                  | G         |                             |
| neomycin-polymyxin-hc ophthalmic                                             | G         |                             |
| ofloxacin ophthalmic                                                         | G         |                             |
| olopatadine hcl ophthalmic solution 0.2 %                                    | G         |                             |
| prednisolone acetate ophthalmic                                              | G         |                             |
| prednisolone sodium phosphate ophthalmic                                     | G         |                             |
| sulfacetamide sodium ophthalmic                                              | G         |                             |

| Drug Name                                                         | Drug Tier | Restrictions / Limits        |
|-------------------------------------------------------------------|-----------|------------------------------|
| tobramycin ophthalmic                                             | G         |                              |
| tobramycin-dexamethasone                                          | G         |                              |
| trifluridine                                                      | G         |                              |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b>                     |           |                              |
| acetazolamide er                                                  | G         | M                            |
| acetazolamide oral                                                | G         | 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                            |
| brimonidine tartrate-timolol                                      | G         | M                            |
| brinzolamide                                                      | G         | M                            |
| carteolol hcl                                                     | G         | M                            |
| dichlorphenamide                                                  | G-S       | PA; QL (4 EA per 1 day)      |
| 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                            |
| methazolamide oral                                                | G         | M                            |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %                 | G         | M                            |
| pilocarpine hcl ophthalmic solution 1.25 %                        | G         | PA; M; QL (0.3 ML per 1 day) |
| tafluprost (pf)                                                   | G         | M; QL (1 EA per 1 day)       |
| timolol hemihydrate                                               | G         | M                            |
| timolol maleate (once-daily)                                      | G         | M                            |
| timolol maleate ocudose                                           | G         | M                            |
| timolol maleate ophthalmic                                        | G         | M                            |
| timolol maleate pf                                                | G         | M                            |
| travoprost (bak free)                                             | G         | M; QL (0.12 ML per 1 day)    |
| <b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b> |           |                              |
| bacitracin-polymyxin b                                            | G         |                              |
| bacitra-neomycin-polymyxin-hc                                     | G         |                              |
| cyclopentolate hcl ophthalmic                                     | G         | M                            |
| cyclosporine (pf)                                                 | G         | PA; M; QL (2 EA per 1 day)   |
| loteprednol-tobramycin                                            | G         |                              |
| neomycin-bacitracin zn-polymyx                                    | G         |                              |
| neomycin-polymyxin-gramicidin                                     | G         |                              |

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| Drug Name                                                                          | Drug Tier | Restrictions / Limits       |
|------------------------------------------------------------------------------------|-----------|-----------------------------|
| phenylephrine hcl ophthalmic                                                       | G         |                             |
| polymyxin b-trimethoprim                                                           | G         |                             |
| proparacaine hcl ophthalmic                                                        | G         |                             |
| sulfacetamide-prednisolone                                                         | G         |                             |
| <b>Otic Agents - Drugs for Ear Conditions</b>                                      |           |                             |
| acetic acid otic                                                                   | G         |                             |
| ciprofloxacin hcl otic                                                             | G         |                             |
| ciprofloxacin-dexamethasone                                                        | G         |                             |
| ciprofloxacin-hydrocortisone                                                       | G         |                             |
| fluocinolone acetonide otic                                                        | G         |                             |
| hydrocortisone-acetic acid                                                         | G         |                             |
| neomycin-polymyxin-hc otic                                                         | G         |                             |
| ofloxacin otic                                                                     | G         |                             |
| <b>Respiratory Tract / Pulmonary Agents -<br/>Drugs for Allergies, Cough, Cold</b> |           |                             |
| azelastine hcl nasal                                                               | G         | QL (2 ML per 1 day)         |
| azelastine-fluticasone                                                             | G         | QL (0.77 GM per 1 day)      |
| benzonatate                                                                        | G         |                             |
| carbinoxamine maleate                                                              | G         |                             |
| clemastine fumarate oral                                                           | G         |                             |
| cyproheptadine hcl oral syrup 2 mg/5ml                                             | G         |                             |
| cyproheptadine hcl oral tablet                                                     | G         |                             |
| desloratadine oral tablet                                                          | G         |                             |
| desloratadine oral tablet dispersible                                              | G         |                             |
| diphenhydramine hcl oral elixir                                                    | G         |                             |
| flunisolide nasal                                                                  | G         | QL (0.84 ML per 1 day)      |
| fluticasone propionate nasal                                                       | G         |                             |
| guaifenesin-codeine                                                                | G         | OTC; QL (240 ML per 1 fill) |
| hydrocod poli-chlorphe poli er                                                     | G         | QL (240 ML per 1 fill)      |
| hydrocodone bit-homatrop mbr oral solution                                         | G         | QL (240 ML per 1 fill)      |
| hydrocodone bit-homatrop mbr oral tablet                                           | G         | QL (6 EA per 1 day)         |
| ipratropium bromide nasal                                                          | G         |                             |
| maxi-tuss ac                                                                       | G         | OTC; QL (240 ML per 1 fill) |
| mometasone furoate nasal                                                           | G         | QL (1.14 GM per 1 day)      |
| olopatadine hcl nasal                                                              | G         | QL (1.02 GM per 1 day)      |
| promethazine-codeine                                                               | G         | QL (240 ML per 1 fill)      |
| promethazine-dm                                                                    | G         |                             |
| pseudoephedrine-bromphen-dm                                                        | G         |                             |

| Drug Name                                                                                                              | Drug Tier | Restrictions / Limits      |
|------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| ryvent                                                                                                                 | G         |                            |
| sodium chloride inhalation                                                                                             | G         |                            |
| <b>Respiratory Tract / Pulmonary Agents -<br/>Drugs for Asthma and Other Lung<br/>Conditions</b>                       |           |                            |
| acetylcysteine inhalation                                                                                              | G         |                            |
| albuterol sulfate hfa                                                                                                  | G         | M; QL (1.2 GM per 1 day)   |
| albuterol sulfate inhalation nebulization solution<br>(2.5 mg/3ml) 0.083%                                              | G         | M; QL (18 ML per 1 day)    |
| albuterol sulfate inhalation nebulization solution<br>0.63 mg/3ml, 1.25 mg/3ml                                         | G         | M; QL (12.5 ML per 1 day)  |
| albuterol sulfate inhalation nebulization solution<br>2.5 mg/0.5ml                                                     | G         | M; QL (5 EA per 1 day)     |
| albuterol sulfate nebulization solution (5 mg/ml)<br>0.5% inhalation                                                   | G         | M; QL (5 EA per 1 day)     |
| albuterol sulfate oral tablet                                                                                          | G         | M                          |
| albuterol sulfate syrup 2 mg/5ml oral                                                                                  | G         | M                          |
| arformoterol tartrate                                                                                                  | G         | M; QL (4 ML per 1 day)     |
| breyna                                                                                                                 | G         | M; QL (0.35 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)  |
| cromolyn sodium inhalation                                                                                             | G         | M                          |
| elixophyllin                                                                                                           | G         | M                          |
| epinephrine injection solution auto-injector                                                                           | G         |                            |
| fluticasone propionate hfa aerosol 44 mcg/act<br>inhalation                                                            | G         | M; QL (0.71 GM per 1 day)  |
| fluticasone-salmeterol inhalation aerosol powder<br>breath activated 100-50 mcg/act, 250-50<br>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 hfa                                                                                                | G         | M; QL (0.86 GM 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<br>0.31 mg/3ml, 0.63 mg/3ml                                          | G         | QL (18 ML per 1 day)       |
| levalbuterol hcl inhalation nebulization solution<br>1.25 mg/0.5ml                                                     | G         | QL (3 EA per 1 day)        |
| levalbuterol hcl inhalation nebulization solution<br>1.25 mg/3ml                                                       | G         | QL (9 ML per 1 day)        |
| montelukast sodium oral                                                                                                | G         | M                          |
| nintedanib esylate                                                                                                     | G-S       | PA; QL (2 EA per 1 day)    |

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| Drug Name                                                                          | Drug Tier | Restrictions / Limits     |
|------------------------------------------------------------------------------------|-----------|---------------------------|
| pirfenidone oral capsule                                                           | G-S       | PA; QL (9 EA per 1 day)   |
| pirfenidone oral tablet 267 mg                                                     | G-S       | PA; QL (9 EA per 1 day)   |
| pirfenidone oral tablet 534 mg                                                     | G         | PA                        |
| pirfenidone oral tablet 801 mg                                                     | G-S       | PA; QL (3 EA per 1 day)   |
| PROAIR RESPICLICK                                                                  | G         | M; QL (0.07 EA per 1 day) |
| roflumilast                                                                        | G         | PA                        |
| terbutaline sulfate oral                                                           | G         | M                         |
| theophylline er                                                                    | G         | M                         |
| theophylline oral                                                                  | G         | M                         |
| tiotropium bromide                                                                 | G         | M; QL (1 EA per 1 day)    |
| wixela inhub                                                                       | G         | M; QL (2 EA per 1 day)    |
| zafirlukast                                                                        | G         | M                         |
| zileuton er                                                                        | G         | M                         |
| <b>Respiratory Tract / Pulmonary Agents -<br/>Drugs for Cystic Fibrosis</b>        |           |                           |
| tobramycin inhalation nebulization solution 300 mg/4ml                             | G-S       | QL (8 ML per 1 day)       |
| tobramycin nebulization solution 300 mg/5ml inhalation                             | G         | QL (10 ML per 1 day)      |
| <b>Respiratory Tract / Pulmonary Agents -<br/>Drugs for Pulmonary Hypertension</b> |           |                           |
| alyq                                                                               | G-S       | PA; QL (2 EA per 1 day)   |
| ambrisentan                                                                        | G-S       | PA; QL (1 EA per 1 day)   |
| bosentan oral tablet                                                               | G-S       | PA; QL (2 EA per 1 day)   |
| bosentan oral tablet soluble                                                       | G-S       | PA; QL (4 EA per 1 day)   |
| macitentan                                                                         | G-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)   |
| <b>Skeletal Muscle Relaxants - Drugs for Muscle<br/>Pain and Spasm</b>             |           |                           |
| baclofen oral solution 10 mg/5ml, 5 mg/5ml                                         | G         |                           |
| baclofen oral suspension                                                           | G         |                           |
| baclofen oral tablet                                                               | G         |                           |
| carisoprodol oral                                                                  | G         |                           |
| chlorzoxazone                                                                      | G         |                           |
| cyclobenzaprine hcl er                                                             | G         |                           |
| cyclobenzaprine hcl oral                                                           | G         |                           |
| dantrolene sodium oral                                                             | G         |                           |

| Drug Name                                      | Drug Tier | Restrictions / Limits    |
|------------------------------------------------|-----------|--------------------------|
| metaxalone                                     | G         |                          |
| methocarbamol oral                             | G         |                          |
| orphenadrine citrate er                        | G         | QL (2 EA per 1 day)      |
| orphenadrine-aspirin-caffeine                  | G         | QL (4 EA per 1 day)      |
| tanlor                                         | G         |                          |
| tizanidine hcl oral                            | G         |                          |
| <b>Sleep Disorder Agents</b>                   |           |                          |
| 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 oral                                 | G         | PA; QL (1 EA per 1 day)  |
| ramelteon                                      | G         | QL (1 EA per 1 day)      |
| sodium oxybate                                 | G-S       | PA; QL (18 ML per 1 day) |
| tasimelteon                                    | G-S       | 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)      |
| zolpidem tartrate er                           | G         | QL (1 EA per 1 day)      |
| zolpidem tartrate oral tablet                  | G         | QL (1 EA per 1 day)      |
| zolpidem tartrate sublingual                   | G         | QL (1 EA per 1 day)      |

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Blue KC:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact ACA/QHP: 1-866-859-3822 (TTY:711), Commercial: 816-395-3558 (local) or 888-989-8842, Medicare Supplemental: 1-888-890-4423 (TTY:711), Medicare Advantage: 1-866-508-7140 (TTY:711), and Medicare Advantage Employer Group Waiver Plan: 1-888-892-8907 (TTY:711).

Blue KC's Section 1557 Coordinator can be reached by contacting: Section 1557 Coordinator, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, [APPEALS@bluekc.com](mailto:APPEALS@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: Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, [APPEALS@bluekc.com](mailto:APPEALS@bluekc.com). You can file a grievance in person or by mail, fax, 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>.

This notice is available at Blue KC's website: <https://www.bluekc.com/consumer/non-discrimination-information/>

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 1-844-395-712.

**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.

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

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**Arabic:**

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue KC ، فلهذا الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 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.

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**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.

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**Mon-Khmer:** ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយមានសំណួរអំពី Blue KC អ្នកមានសិទ្ធិទទួលបានជំនួយ និងព័ត៌មានជាភាសាសរបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរសព្ទទៅលេខ 1-844-395-7126.

**Persian:**

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

**Hmong:** Yog hais tias koj, los sis ib tus neeg twg uas koj tab tom pab, muaj lus nug txog Blue KC, koj muaj cai tau txais kev pab thiab cov ntaub ntawv sau ua koj hom lus yam tsis xam tus nqi dab tsi li. Yog xav tham nrog ib tus neeg pab txhais lus, hu rau 1-844-395-7126.

**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**

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