



Kansas City

MEMBER **2027** SELECT 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 Select Drug List

Introduction

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

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

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

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

How to use this list:

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

Prior Authorization/Drug Utilization Management

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

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

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

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

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

HOWTO REACH US

Blue Cross and Blue Shield of Kansas City Pharmacy Services

P.O. Box 419169

Kansas City, MO 64141-2735

816-395-2176 or 800-228-1436

www.BlueKC.com

Frequently asked questions

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

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

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

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

What is a maintenance drug?

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

Does Blue KC cover all prescription drugs?

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

How is the tier level status determined for medications?

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

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

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

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

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

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

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

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

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

Optum® Specialty Pharmacy

Phone: **1-855-427-4682**

Syringe and Needle Coverage

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

Drug Tier Descriptions

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

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

List of Abbreviations

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

Blue Cross and Blue Shield of Kansas City

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Drug Name	Drug Tier	Restrictions / Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine 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	
BELBUCA	PB	PA; QL (2 EA per 1 day)
buprenorphine	G	PA; QL (0.15 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	G	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	G	
butalbital-apap-caffeine oral capsule 50-300-40 mg	G	
butalbital-apap-caffeine oral tablet	G	
butalbital-asa-caff-codeine	G	
butalbital-aspirin-caffeine	G	
butorphanol tartrate nasal	G	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)
DILAUDID ORAL LIQUID	NPB	QL (10 ML per 1 day)
DISKETTS	NPB	
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)

Drug Name	Drug Tier	Restrictions / Limits
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)
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)
JOURNAVX	NPB	QL (2.5 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 CONCENTRATE 10 MG/ML	NPB	
methadose oral tablet soluble	G	
METHADOSE SUGAR-FREE	NPB	
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	

Last Updated Date: 09/24/2026

Drug Name	Drug Tier	Restrictions / Limits
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)
NUCYNTA ORAL TABLET 100 MG, 75 MG	NPB	QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	NPB	QL (2 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)
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 SOLUTION 5-325 MG/5ML	NPB	QL (32.6 ML 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)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG	NPB	QL (3 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)
TENCON	NPB	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	G	PA; QL (1 EA per 1 day)
tramadol hcl er	G	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 100 mg	G	QL (2 EA per 1 day)
tramadol hcl oral tablet 50 mg	G	QL (5 EA per 1 day)
tramadol-acetaminophen	G	QL (6 EA per 1 day)
TREZIX	NPB	QL (12 EA per 1 day)
XTAMPZA ER	PB	PA; QL (4 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	G	QL (2 EA per 1 day)
diclofenac potassium oral tablet 50 mg	G	
diclofenac sodium er	G	
diclofenac sodium oral	G	
diflunisal oral	G	
ELYXYB	NPB	PA; QL (1 ML per 1 day)
etodolac	G	
etodolac er	G	
flurbiprofen oral	G	
ibuprofen oral suspension 100 mg/5ml	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
indomethacin er	G	
indomethacin oral capsule	G	
ketorolac tromethamine oral	G	QL (20 EA per 1 fill)
LODINE	NPB	
meloxicam oral tablet	G	
nabumetone oral	G	
naproxen oral tablet	G	
naproxen sodium oral tablet 275 mg, 550 mg	G	
oxaprozin oral tablet	G	
piroxicam oral	G	
sulindac oral	G	
tolmetin sodium oral tablet 200 mg	G	
VYSCOXIA	NPB	PA; QL (40 ML per 1 day)
Anesthetics		
ethyl chloride	G	
glydo	G	
lidocaine external ointment 5 %	G	
lidocaine external patch 5 %	G	
lidocaine hcl external solution	G	
lidocaine hcl urethral/mucosal	G	
lidocaine-prilocaine external cream	G	
VENIPUNCTURE PX1 PHLEBOTOMY	NPB	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	G	
buprenorphine hcl sublingual	G	

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Drug Name	Drug Tier	Restrictions / Limits
buprenorphine hcl-naloxone hcl	G	
bupropion hcl er (smoking det)	G	M; ACA; QL (180 day supply per 365 days)
cvs nicotine mouth/throat	G	ACA; OTC; QL (180 day supply per 365 days)
cvs nicotine polacrilex	G	ACA; OTC; QL (180 day supply per 365 days)
cvs nicotine transdermal	G	M; ACA; OTC; QL (180 day supply per 365 days)
disulfiram oral	G	
eq nicotine mouth/throat	G	ACA; OTC; QL (180 day supply per 365 days)
eq nicotine polacrilex	G	ACA; OTC; QL (180 day supply per 365 days)
eq nicotine step 3	G	M; ACA; OTC; QL (180 day supply per 365 days)
eq nicotine transdermal	G	M; ACA; OTC; QL (180 day supply per 365 days)
ft naloxone hcl	G	OTC
ft nicotine mini	G	ACA; OTC; QL (180 day supply per 365 days)
ft nicotine mouth/throat	G	ACA; OTC; QL (180 day supply per 365 days)
ft nicotine transdermal	G	M; ACA; OTC; QL (180 day supply per 365 days)
gnp nicotine mini	G	ACA; OTC; QL (180 day supply per 365 days)
gnp nicotine polacrilex mouth/throat gum 2 mg	G	ACA; OTC; QL (180 day supply per 365 days)
gnp nicotine polacrilex mouth/throat lozenge	G	ACA; OTC; QL (180 day supply per 365 days)
gnp nicotine transdermal	G	M; ACA; OTC; QL (180 day supply per 365 days)
goodsense nicotine	G	ACA; OTC; QL (180 day supply per 365 days)
goodsense nicotine polacrilex	G	ACA; OTC; QL (180 day supply per 365 days)
habitrol	G	M; ACA; OTC; QL (180 day supply per 365 days)
KLOXXADO	G	
kls quit2	G	ACA; OTC; QL (180 day supply per 365 days)

Drug Name	Drug Tier	Restrictions / Limits
kls quit4	G	ACA; OTC; QL (180 day supply per 365 days)
lofexidine hcl	G	QL (16 EA per 1 day)
NALMEFENE HCL	NPB	
naloxone hcl injection	G	
naloxone hcl nasal	G	
naltrexone hcl oral	G	
NARCAN	G	
NICODERM CQ	PB	M; ACA; OTC; QL (180 day supply per 365 days)
NICORETTE	PB	ACA; OTC; QL (180 day supply per 365 days)
NICORETTE MINI	PB	ACA; OTC; QL (180 day supply per 365 days)
NICORETTE STARTER KIT	PB	ACA; OTC; QL (180 day supply per 365 days)
nicotine	G	M; ACA; OTC; QL (180 day supply per 365 days)
nicotine mini	G	ACA; OTC; QL (180 day supply per 365 days)
nicotine polacrilex mini	G	ACA; OTC; QL (180 day supply per 365 days)
nicotine polacrilex mouth/throat	G	ACA; OTC; QL (180 day supply per 365 days)
nicotine step 1	G	M; ACA; OTC; QL (180 day supply per 365 days)
nicotine step 2	G	M; ACA; OTC; QL (180 day supply per 365 days)
nicotine step 3	G	M; ACA; OTC; QL (180 day supply per 365 days)
NICOTROL NS	NPB	M; ACA; QL (180 day supply per 365 days)
OPVEE	PB	
qc nicotine transdermal system	G	M; ACA; OTC; QL (180 day supply per 365 days)
REXTOVY	G	
REZENOPY	G	
RIVIVE	G	OTC
SUBOXONE	G	ST
THRIVE	PB	ACA; OTC; QL (180 day supply per 365 days)

Drug Name	Drug Tier	Restrictions / Limits
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	
ZURNAI	NPB	
Antibacterials		
amoxicillin	G	
amoxicillin trihydrate oral	G	
amoxicillin-potassium clavulanate	G	
amoxicillin-potassium clavulanate er	G	
ampicillin	G	
ARIKAYCE	NPB-S	PA
AUGMENTIN	NPB	
AUGMENTIN ES-600	NPB	
AVIDOXY	NPB	ST
azithromycin oral	G	
BACTRIM	NPB	
BACTRIM DS	NPB	
benzalkonium chloride external solution	G	
BLUJEPA	NPB	ST; QL (20 EA per 28 days)
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	
CIPRO ORAL SUSPENSION RECONSTITUTED	NPB	
ciprofloxacin hcl oral	G	
clarithromycin er	G	
clarithromycin oral	G	
CLEOCIN ORAL	NPB	

Drug Name	Drug Tier	Restrictions / Limits
CLEOCIN VAGINAL	NPB	ST
clindamycin hcl oral	G	
clindamycin palmitate hcl	G	
clindamycin phosphate vaginal	G	
CLINDESSE	NPB	
demeclocycline hcl	G	
dicloxacillin sodium	G	
DIFICID ORAL SUSPENSION RECONSTITUTED	NPB	
doxycycline hyclate oral capsule 100 mg, 50 mg	G	
doxycycline hyclate oral tablet 100 mg, 20 mg	G	
doxycycline monohydrate oral capsule 100 mg, 50 mg	G	
doxycycline monohydrate oral suspension reconstituted	G	
doxycycline monohydrate oral tablet	G	
E.E.S. 400	NPB	
E.E.S. GRANULES	NPB	
ERYPED 400	NPB	
erythromycin base oral	G	
erythromycin ethylsuccinate oral suspension reconstituted	G	
erythromycin oral	G	
fidaxomicin	G	
FIRVANQ	NPB	
fosfomycin tromethamine	G	
gentamicin sulfate external	G	
HUMATIN	PB	
hydrogen peroxide	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)
LUGOLS STRONG IODINE	NPB	
methenamine hippurate	G	
metronidazole oral tablet 250 mg, 500 mg	G	
metronidazole vaginal	G	
minocycline hcl oral capsule	G	
MONDOXYNE NL	NPB	ST
moxifloxacin hcl oral	G	

Drug Name	Drug Tier	Restrictions / Limits
mupirocin ointment	G	
neomycin sulfate oral	G	
nitrofurantoin macrocrystal	G	
nitrofurantoin monohydrate macrocrystals	G	
NUZYRA ORAL	NPB	QL (30 EA per 14 days)
ofloxacin oral	G	
ORLYNVAH	NPB	ST; QL (10 EA per 28 days)
penicillin v potassium	G	
PIVYA	NPB	ST; QL (21 EA per 28 days)
SEYSARA	NPB	ST
SILVADENE	NPB	ST
silver sulfadiazine external	G	
SOLOSEC	NPB	ST
ssd	G	
sulfadiazine oral	G	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	G	
sulfamethoxazole-trimethoprim oral tablet	G	
sulfatrim pediatric	G	
tetracycline hcl oral capsule	G	
tinidazole oral	G	
trimethoprim oral	G	
vancomycin hcl oral	G	
VANDAZOLE	NPB	ST
XACIATO	NPB	
XEPI	NPB	
XIFAXAN	NPB	PA
ZITHROMAX	NPB	
ZITHROMAX TRI-PAK	NPB	
ZITHROMAX Z-PAK	NPB	
Anticoagulants		
dabigatran etexilate mesylate	G	M; QL (2 EA per 1 day)
ELIQUIS (1.5 MG PACK)	PB	M; QL (12 EA per 1 day)
ELIQUIS (2 MG PACK)	PB	M; QL (16 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK	PB	M; QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	PB	M; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET	PB	M; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE	PB	M; QL (4 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
enoxaparin sodium injection solution prefilled syringe	G	
fondaparinux sodium	G	
FRAGMIN	NPB	
heparin sodium (porcine)	G	
heparin sodium (porcine) +rfid	G	
heparin sodium (porcine) pf	G	
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG	NPB	M; QL (4 EA per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG	NPB	M; QL (2 EA per 1 day)
rivaroxaban oral suspension reconstituted	G	M; QL (20 ML per 1 day)
rivaroxaban oral tablet	G	M; QL (2 EA per 1 day)
SAVAYSA	NPB	M; QL (1 EA per 1 day)
warfarin sodium oral	G	
XARELTO ORAL SUSPENSION RECONSTITUTED	PB	M; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	PB	M; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	PB	M; QL (2 EA per 1 day)
XARELTO STARTER PACK	PB	M; QL (102 EA per 365 days)
Anticonvulsants - Drugs for Seizures		
brivaracetam oral	G	
carbamazepine er	G	
carbamazepine oral suspension 100 mg/5ml	G	
carbamazepine oral tablet	G	
carbamazepine oral tablet chewable 100 mg	G	
CARBATROL	NPB	ST
clobazam oral suspension 2.5 mg/ml	G	PA
clobazam oral tablet	G	PA
DIACOMIT	NPB-S	PA
diazepam rectal	G	QL (2 EA per 1 fill)
DILANTIN ORAL CAPSULE 30 MG	NPB	
divalproex sodium er	G	
divalproex sodium oral	G	
EPIDIOLEX	NPB-S	PA
EPRONTIA	NPB	ST
eslicarbazepine acetate	G	
ethosuximide oral	G	
felbamate	G	
FINTEPLA	NPB-S	PA

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Drug Name	Drug Tier	Restrictions / Limits
FYCOMPA	NPB	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	G	
gabapentin oral solution	G	
gabapentin oral tablet 600 mg, 800 mg	G	
lacosamide oral solution 10 mg/ml	G	
lacosamide oral tablet	G	
LAMICTAL ODT ORAL KIT	NPB	ST
LAMICTAL STARTER	NPB	ST
LAMICTAL XR ORAL KIT	NPB	
lamotrigine er	G	
lamotrigine odt	G	
lamotrigine oral	G	
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	
MOTPOLY XR	NPB	ST
NAYZILAM	NPB	QL (0.34 EA per 1 day)
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 tablet 250 mg, 50 mg	G	
roweepra	G	
rufinamide	G	PA
SUBVENITE ORAL SUSPENSION	NPB	PA
subvenite oral tablet	G	
subvenite starter kit-blue	G	

Drug Name	Drug Tier	Restrictions / Limits
subvenite starter kit-green	G	
subvenite starter kit-orange	G	
SYMPAZAN	NPB	PA
tiagabine hcl	G	
topiramate er oral capsule er 24 hour sprinkle	G	
topiramate er oral capsule extended release 24 hour	G	ST
topiramate oral capsule sprinkle	G	
topiramate oral solution 25 mg/ml	G	ST
topiramate oral tablet	G	
valproic acid oral capsule	G	
valproic acid oral solution 250 mg/5ml	G	
VALTOCO 10 MG DOSE	NPB	QL (0.34 EA per 1 day)
VALTOCO 15 MG DOSE	NPB	QL (0.67 EA per 1 day)
VALTOCO 20 MG DOSE	NPB	QL (0.67 EA per 1 day)
VALTOCO 5 MG DOSE	NPB	QL (0.34 EA per 1 day)
vigabatrin	G-S	PA
VIGAFYDE	NPB-S	PA
XCOPRI	NPB	ST
ZARONTIN	NPB	
ZONISADE	NPB	PA
zonisamide oral	G	
ZTALMY	NPB-S	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	G	M
galantamine hydrobromide	G	M
galantamine hydrobromide er	G	M
memantine hcl 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)
NAMZARIC	NPB	ST; QL (1 EA per 1 day)
rivastigmine tartrate	G	M
ZUNVEYL	NPB	ST; QL (2 EA per 1 day)
Antidepressants		
amitriptyline hcl oral	G	
amoxapine	G	
AUVELITY	NPB	ST; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
AUVELITY TITRATION PACK	NPB	ST; QL (2 EA per 250 days)
bupropion hcl er (sr)	G	M; QL (2 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	G	M; QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	G	M; QL (1 EA per 1 day)
bupropion hcl oral	G	M
chlordiazepoxide-amitriptyline	G	
citalopram hydrobromide oral solution 10 mg/5ml	G	M
citalopram hydrobromide oral tablet	G	M
clomipramine hcl oral	G	
desipramine hcl oral	G	
DESVENLAFAXINE ER	NPB	ST; M; QL (1 EA per 1 day)
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)
EMSAM	NPB	QL (1 EA per 1 day)
escitalopram oxalate oral solution	G	M
escitalopram oxalate oral tablet	G	M
EXXUA	NPB	ST; QL (1 EA per 1 day)
EXXUA TITRATION PACK	NPB	ST; QL (1 EA per 1 day)
FETZIMA	NPB	ST; M; QL (1 EA per 1 day)
FETZIMA TITRATION	NPB	ST; M; QL (56 EA per 365 days)
fluoxetine hcl oral capsule	G	M
fluoxetine hcl oral capsule delayed release	G	M; QL (0.15 EA per 1 day)
fluoxetine hcl oral solution	G	M
fluoxetine hcl oral tablet 10 mg, 60 mg	G	M
fluvoxamine maleate	G	M
fluvoxamine maleate er	G	M; QL (2 EA per 1 day)
imipramine hcl oral	G	
imipramine pamoate	G	
MARPLAN	NPB	
mirtazapine oral	G	

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Drug Name	Drug Tier	Restrictions / Limits
nefazodone hcl	G	M
NORPRAMIN	NPB	
nortriptyline hcl oral	G	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	G	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	G	QL (3 EA per 1 day)
paroxetine hcl	G	M
paroxetine hcl er	G	M
perphenazine-amitriptyline	G	
phenelzine sulfate oral	G	
protriptyline hcl	G	
RALDESY	NPB	PA
REMERON SOLTAB	NPB	
sertraline hcl oral concentrate	G	M
sertraline hcl oral tablet	G	M
SPRAVATO (56 MG DOSE)	NPB-S	PA
SPRAVATO (84 MG DOSE)	NPB-S	PA
tranylcypromine sulfate	G	
trazodone hcl oral	G	
trimipramine maleate oral	G	
TRINTELLIX	NPB	ST; QL (1 EA per 1 day)
venlafaxine hcl	G	M
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	G	M; QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	G	M; QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	G	M; QL (3 EA per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	G	M
vilazodone hcl	G	M; QL (1 EA per 1 day)
ZURZUVAE	NPB	PA; QL (14 day supply per 1 fill)
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO	NPB	QL (0.07 EA per 1 day)
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)
BONJESTA	NPB	PA; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
COMPRO	NPB	
DICLEGIS	NPB	PA; QL (4 EA per 1 day)
dimenhydrinate injection	G	
doxylamine-pyridoxine	G	PA; QL (4 EA per 1 day)
dronabinol oral capsule	G	PA; QL (2 EA per 1 day)
EMEND ORAL	NPB	QL (0.2 EA per 1 day)
granisetron hcl oral	G	QL (0.14 EA per 1 day)
meclizine hcl oral	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 4 mg, 8 mg	G	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	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	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	NPB	
scopolamine	G	
SYNDROS	NPB	PA; QL (4 ML per 1 day)
TRANSDERM SCOP	NPB	
trimethobenzamide hcl intramuscular	G	
trimethobenzamide hcl oral	G	
VARUBI (180 MG DOSE)	NPB	QL (0.15 EA per 1 day)
Antifungals		
ANCOBON	NPB	
ciclodan	G	
ciclopirox external	G	
ciclopirox olamine external	G	
clotrimazole external	G	
clotrimazole mouth/throat	G	
clotrimazole-betamethasone	G	
CRESEMBA ORAL	NPB	PA
DIFLUCAN	NPB	
econazole nitrate external cream	G	

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Drug Name	Drug Tier	Restrictions / Limits
EXODERM EXTERNAL LOTION	NPB	
fluconazole oral	G	
flucytosine oral	G	
griseofulvin microsize oral	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
GYNAZOLE-1	NPB	
itraconazole oral	G	PA
ketoconazole external cream	G	
ketoconazole external shampoo	G	
ketoconazole oral	G	
klayesta	G	
miconazole 3 vaginal suppository	G	
NOXAFIL	NPB	PA
nystatin external	G	
nystatin mouth/throat suspension 100000 unit/ml	G	
nystatin oral	G	
nystatin-triamcinolone	G	
nystop	G	
posaconazole oral	G	PA
SPORANOX	NPB	PA
tavaborole	G	PA
terbinafine hcl oral	G	QL (84 day supply per 180 days)
terconazole	G	
VFEND	NPB	PA
voriconazole oral	G	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	G	M
colchicine oral	G	
colchicine-probenecid	G	
febuxostat	G	ST; M
GLOPERBA	NPB	PA
probenecid	G	M
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	PB	PA; M; QL (0.04 ML per 1 day)
AIMOVIG	PB	PA; M; QL (0.07 ML per 1 day)
dihydroergotamine mesylate injection	G	PA; QL (0.86 ML per 1 day)
dihydroergotamine mesylate nasal	G	PA; QL (0.27 ML per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
eletriptan hydrobromide	G	QL (12 EA per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	PB	PA; M; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB	PA; M; QL (0.11 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	PB	PA; M; QL (0.04 ML per 1 day)
ERGOMAR	NPB	PA; QL (0.72 EA per 1 day)
ergotamine-caffeine	G	PA; QL (1.43 EA per 1 day)
IMITREX STATDOSE REFILL	NPB	ST; QL (0.17 ML per 1 day)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR 4 MG/0.5ML	NPB	ST; QL (0.17 ML per 1 day)
MIGERGOT	NPB	PA; QL (0.72 EA per 1 day)
naratriptan hcl	G	QL (0.3 EA per 1 day)
NURTEC	PB	PA; QL (0.54 EA per 1 day)
QULIPTA	PB	PA; QL (1 EA per 1 day)
rizatriptan benzoate oral tablet 10 mg	G	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg	G	QL (0.6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg	G	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg	G	QL (0.6 EA per 1 day)
sumatriptan nasal	G	QL (0.4 EA per 1 day)
sumatriptan succinate oral	G	QL (0.3 EA per 1 day)
sumatriptan succinate subcutaneous	G	QL (0.17 ML per 1 day)
UBRELVY	PB	PA; QL (0.54 EA per 1 day)
ZAVZPRET	NPB	PA; QL (0.2 EA per 1 day)
zolmitriptan	G	QL (0.4 EA per 1 day)
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release	G	M
pyridostigmine bromide oral	G	M
Antimycobacterials		
cycloserine oral	G	
dapsone oral	G	
ethambutol hcl oral	G	
isoniazid oral	G	
PRETOMANID	NPB	
PRIFTIN	NPB	
pyrazinamide oral	G	

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Drug Name	Drug Tier	Restrictions / Limits
rifabutin	G	
rifampin oral	G	
rifapentine	G	
SIRTURO	NPB	
Antineoplastics - Drugs for Cancer		
abirtega	G-S	PA
AKEEGA	PB-S	PA
ALECENSA	PB-S	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	PB-S	PA; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG	PB-S	PA; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK	PB-S	PA; QL (30 EA per 365 days)
anastrozole oral	G	ACA
AUGTYRO	PB-S	PA
AVMAPKI FAKZYNJA CO-PACK	PB-S	PA
AYVAKIT	PB-S	PA; QL (1 EA per 1 day)
BALVERSA	PB-S	PA
BEIZRAY INTRAVENOUS SOLUTION	NPB-S	
BESREMI	NPB-S	PA
BESREMI PEN	NPB-S	PA
bexarotene	G-S	PA
bicalutamide	G	
BOSULIF	PB-S	PA
bosutinib	G-S	PA
BRAFTOVI	PB-S	PA
BRUKINSA	PB-S	PA
CABOMETYX ORAL TABLET 20 MG	PB-S	PA; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG	PB-S	PA
CALQUENCE	PB-S	PA
capecitabine	G-S	
CAPRELSA ORAL TABLET 100 MG	PB-S	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	PB-S	PA
CASODEX	PB	
COMETRIQ	PB-S	PA
COPIKTRA	PB-S	PA; QL (2 EA per 1 day)
COTELLIC	PB-S	PA
cyclophosphamide oral capsule	G	
CYCLOPHOSPHAMIDE ORAL TABLET	PB	
DANZITEN	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
dasatinib	G-S	PA
DAURISMO	PB-S	PA
DROXIA	NPB	
ENSACOVE	PB-S	PA
ERIVEDGE	PB-S	PA
ERLEADA	PB-S	PA
erlotinib hcl oral tablet 100 mg, 150 mg	G-S	PA
erlotinib hcl oral tablet 25 mg	G-S	PA; QL (3 EA per 1 day)
etoposide oral	G-S	
EULEXIN	PB	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	G-S	PA; QL (1 EA per 1 day)
everolimus oral tablet soluble	G-S	PA
exemestane	G	ACA
FOTIVDA	PB-S	PA
FRUZAQLA	PB-S	PA
GAVRETO	PB-S	PA
gefitinib	G-S	PA
GILOTRIF	PB-S	PA; QL (1 EA per 1 day)
GOMEKLI	PB-S	PA
HERNEXEOS	PB-S	PA
HYCAMTIN ORAL	PB-S	
hydroxyurea oral	G	
HYRNUO	PB-S	PA
IBRANCE	PB-S	PA
IBTROZI	PB-S	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	PB-S	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	PB-S	PA
IDHIFA	PB-S	PA; QL (1 EA per 1 day)
imatinib mesylate oral	G-S	PA
IMBRUVICA ORAL CAPSULE 140 MG	PB-S	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	PB-S	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	PB-S	PA
IMBRUVICA ORAL TABLET 420 MG	PB-S	PA; QL (1 EA per 1 day)
IMKELDI	PB-S	PA
INLURIYO	PB-S	PA
INLYTA	PB-S	PA
INQOVI	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
INREBIC	PB-S	PA
ITOVEBI ORAL TABLET 3 MG	PB-S	PA; QL (2 EA per 1 day)
ITOVEBI ORAL TABLET 9 MG	PB-S	PA; QL (1 EA per 1 day)
JAKAFI ORAL TABLET 10 MG, 5 MG	PB-S	PA; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	PB-S	PA
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	PB-S	PA; QL (1 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG, 44 MG, 55 MG	PB-S	PA
JAYPIRCA ORAL TABLET 100 MG	PB-S	PA
JAYPIRCA ORAL TABLET 50 MG	PB-S	PA; QL (1 EA per 1 day)
KISQALI (200 MG DOSE)	PB-S	PA
KISQALI (400 MG DOSE)	PB-S	PA
KISQALI (600 MG DOSE)	PB-S	PA
KOMZIFTI	PB-S	PA
KOSELUGO	PB-S	PA
KRAZATI	PB-S	PA
lapatinib ditosylate	G-S	PA
LAZCLUZE ORAL TABLET 240 MG	PB-S	PA
LAZCLUZE ORAL TABLET 80 MG	PB-S	PA; QL (2 EA per 1 day)
lederle leucovorin	G	
lenalidomide	G-S	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	PB-S	PA
letrozole oral	G	ACA
leucovorin calcium oral	G	
LEUKERAN	PB-S	
LIFYORLI (125 MG DOSE)	PB-S	PA
LIFYORLI (150 MG DOSE)	PB-S	PA
lomustine	G-S	
LONSURF	PB-S	PA
LORBRENA	PB-S	PA
LUMAKRAS	PB-S	PA
LYNPARZA	PB-S	PA
LYSODREN	PB	
LYTGOBI (12 MG DAILY DOSE)	PB-S	PA
LYTGOBI (16 MG DAILY DOSE)	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
LYTGOBI (20 MG DAILY DOSE)	PB-S	PA
MATULANE	PB-S	
MEKINIST	PB-S	PA
MEKTOVI	PB-S	PA
mercaptopurine oral suspension	G-S	
mercaptopurine oral tablet	G	
mesna oral	G-S	
MESNEX ORAL	PB-S	
MODEYSO	PB-S	PA
MYLERAN	PB	
NERLYNX	PB-S	PA; QL (6 EA per 1 day)
nilotinib hcl	G-S	PA
nilutamide	G-S	
NINLARO	PB-S	PA
NUBEQA	PB-S	PA
ODOMZO	PB-S	PA
OGSIVEO	PB-S	PA
OJEMDA	PB-S	PA
OJJAARA ORAL TABLET 100 MG	PB-S	PA; QL (1 EA per 1 day)
OJJAARA ORAL TABLET 150 MG, 200 MG	PB-S	PA
ONUREG	PB-S	PA
ORGOVYX	PB-S	PA
ORSERDU	PB-S	PA
PANRETIN	NPB	
pazopanib hcl oral tablet 200 mg	G-S	PA; QL (3 EA per 1 day)
pazopanib hcl oral tablet 400 mg	G-S	PA
PEMAZYRE	PB-S	PA; QL (1 EA per 1 day)
PHYRAGO	PB-S	PA
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG	PB-S	PA; QL (2 EA per 1 day)
PIQRAY ORAL TABLET THERAPY PACK 200 MG	PB-S	PA; QL (1 EA per 1 day)
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
QINLOCK	PB-S	PA
RASONQUE	PB-S	PA; QL (2 EA per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG	PB-S	PA
RETEVMO ORAL TABLET 40 MG	PB-S	PA; QL (3 EA per 1 day)
RETEVMO ORAL TABLET 80 MG	PB-S	PA; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
REVUFORJ	PB-S	PA
REZLIDHIA	PB-S	PA
ROMVIMZA	PB-S	PA
ROZLYTREK	PB-S	PA
RUBRACA ORAL TABLET 200 MG	PB-S	PA; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 250 MG, 300 MG	PB-S	PA
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 3520-44000 MG-UT/22ML	NPB-S	
RYDAPT	PB-S	PA
SCEMBLIX ORAL TABLET 100 MG	PB-S	PA
SCEMBLIX ORAL TABLET 20 MG	PB-S	PA; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG	PB-S	PA; QL (8 EA per 1 day)
SOLTAMOX	PB	ACA
sorafenib tosylate	G-S	PA
STIVARGA	PB-S	PA
sunitinib malate	G-S	PA
TABLOID	PB-S	
TABRECTA	PB-S	PA
TAFINLAR	PB-S	PA
TAGRISSE ORAL TABLET 40 MG	PB-S	PA; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 80 MG	PB-S	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.75 MG, 1 MG	PB-S	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG	PB-S	PA; QL (1 EA per 1 day)
tamoxifen citrate oral tablet 10 mg	G	
tamoxifen citrate oral tablet 20 mg	G	ACA
temozolomide	G-S	PA
TEPADINA INTRAVENOUS	NPB-S	
TEPMETKO	PB-S	PA
THALOMID	PB-S	PA
TIBSOVO	PB-S	PA
toremifene citrate	G	
torpenz	G-S	PA; QL (1 EA per 1 day)
tretinoin oral	G-S	
TRUQAP	PB-S	PA
TUKYSA	PB-S	PA
TURALIO	PB-S	PA
VALCHLOR	NPB-S	PA
VANFLYTA	PB-S	PA

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Drug Name	Drug Tier	Restrictions / Limits
VENCLEXTA	PB-S	PA
VENCLEXTA STARTING PACK	PB-S	PA
VEPPANU ORAL TABLET 100 MG	PB-S	PA; QL (1 EA per 1 day)
VEPPANU ORAL TABLET 200 MG	PB-S	PA
VERZENIO	PB-S	PA
VIJOICE ORAL PACKET	NPB-S	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	NPB-S	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	NPB-S	PA; QL (2 EA per 1 day)
VITRAKVI	PB-S	PA
VONJO	PB-S	PA
VORANIGO ORAL TABLET 10 MG	PB-S	PA; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG	PB-S	PA
WELIREG	PB-S	PA
XALKORI	PB-S	PA
XOSPATA	PB-S	PA
XPOVIO (100 MG ONCE WEEKLY)	PB-S	PA
XPOVIO (40 MG ONCE WEEKLY)	PB-S	PA
XPOVIO (40 MG TWICE WEEKLY)	PB-S	PA
XPOVIO (60 MG ONCE WEEKLY)	PB-S	PA
XPOVIO (60 MG TWICE WEEKLY)	PB-S	PA
XPOVIO (80 MG ONCE WEEKLY)	PB-S	PA
XPOVIO (80 MG TWICE WEEKLY)	PB-S	PA
XROMI	NPB	PA
XTANDI	PB-S	PA
yulithira	G-S	PA; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 100 MG	PB-S	PA; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG	PB-S	PA
ZELBORAF	PB-S	PA
ZOLINZA	PB-S	PA
ZYDELIG	PB-S	PA; QL (2 EA per 1 day)
ZYKADIA	PB-S	PA
Antiparasitics		
albendazole oral	G	PA; QL (120 EA per 180 days)
ARAKODA	NPB	
atovaquone	G	
atovaquone-proguanil hcl	G	
BENZNIDAZOLE	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
BILTRICIDE	PB	QL (105 EA per 180 days)
chloroquine phosphate oral	G	
COARTEM	NPB	
EGATEN	NPB	
EMVERM	PB	QL (6 EA per 180 days)
hydroxychloroquine sulfate oral	G	M
IMPAVIDO	NPB	
ivermectin oral tablet 3 mg	G	QL (18 EA per 180 days)
KRINTAFEL	NPB	
LAMPIT	NPB	
MALARONE	NPB	
malathion	G	
mefloquine hcl	G	
MEPRON	NPB	
NATROBA	NPB	ST
nitazoxanide oral	G	
OVIDE	NPB	
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	
STROMECTOL	NPB	QL (18 EA per 180 days)
sulfurated lime	G	
Antiparkinson Agents		
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
carbidopa-levodopa er oral tablet extended release	G	M
carbidopa-levodopa-entacapone	G	M
CREXONT	NPB	ST; M

Drug Name	Drug Tier	Restrictions / Limits
entacapone	G	M
INBRIJA	NPB-S	PA
NEUPRO	NPB	M
NOURIANZ	NPB	PA
ONAPGO	NPB-S	PA; QL (3 ML per 1 day)
ONGENTYS	NPB	ST
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
TASMAR	NPB	M
tolcapone	G	M
trihexyphenidyl hcl	G	
Antiplatelets		
aspirin-dipyridamole er	G	M
cilostazol	G	M
clopidogrel bisulfate oral	G	M
dipyridamole oral	G	M
prasugrel hcl	G	M
ticagrelor	G	M
ZONTIVITY	NPB	M
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII	NPB	
ABILIFY MAINTENA	NPB	
aripiprazole oral solution	G	QL (25 ML per 1 day)
aripiprazole oral tablet	G	QL (1 EA per 1 day)
aripiprazole oral tablet dispersible	G	QL (2 EA per 1 day)
ARISTADA	NPB	
ARISTADA INITIO	NPB	
asenapine maleate	G	QL (2 EA per 1 day)
BYSANTI	NPB	ST; QL (2 EA per 2 days)
BYSANTI TITRATION PACK A	NPB	ST; QL (16 EA per 365 days)
BYSANTI TITRATION PACK B	NPB	ST; QL (24 EA per 365 days)
BYSANTI TITRATION PACK C	NPB	ST; QL (16 EA per 365 days)
CAPLYTA	NPB	ST; QL (1 EA per 1 day)
chlorpromazine hcl oral	G	

Drug Name	Drug Tier	Restrictions / Limits
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)
COBENFY	NPB	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK	NPB	ST; QL (2 EA per 365 days)
ERZOFRI	NPB	
FANAPT	NPB	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK A	NPB	ST; QL (16 EA per 365 days)
FANAPT TITRATION PACK B	NPB	ST; QL (24 EA per 365 days)
FANAPT TITRATION PACK C	NPB	ST; QL (16 EA per 365 days)
fluphenazine decanoate injection	G	
fluphenazine hcl	G	
GEODON INTRAMUSCULAR	NPB	
haloperidol decanoate intramuscular	G	
haloperidol lactate oral concentrate 2 mg/ml	G	
haloperidol oral	G	
INVEGA HAFYERA	NPB	ST
INVEGA SUSTENNA	NPB	
INVEGA TRINZA	NPB	
loxapine succinate	G	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	G	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	G	QL (2 EA per 1 day)
LYBALVI	NPB	ST; QL (1 EA per 1 day)
molindone hcl	G	
NUPLAZID	NPB	PA
olanzapine intramuscular	G	
olanzapine oral	G	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 5 MG	NPB	ST; QL (3 EA per 1 day)
OPIPZA ORAL FILM 2 MG	NPB	ST; QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	G	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	G	QL (2 EA per 1 day)
PERSERIS	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
pimozide	G	
quetiapine fumarate er	G	QL (2 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	G	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	G	QL (2 EA per 1 day)
REXULTI	NPB	QL (1 EA per 1 day)
RISPERDAL ORAL SOLUTION	NPB	ST; QL (8 ML 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)
RYKINDO	NPB	
SECUADO	NPB	ST; QL (1 EA per 1 day)
thioridazine hcl oral	G	
thiothixene	G	
trifluoperazine hcl	G	
UZEDY	NPB	
VERSACLOZ	NPB	QL (18 ML per 1 day)
VRAYLAR	NPB	QL (1 EA per 1 day)
ziprasidone hcl	G	QL (2 EA per 1 day)
ziprasidone mesylate	G	
ZYPREXA INTRAMUSCULAR	NPB	ST
ZYPREXA RELPREVV	NPB	
Antivirals		
abacavir sulfate	G	
abacavir sulfate-lamivudine	G	
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	
APTIVUS	PB	
atazanavir sulfate	G	
BARACLUDE ORAL SOLUTION	NPB	QL (630 ML per 30 days)
BIKTARVY	NPB	
CIMDUO	PB	
darunavir	G	
DELSTRIGO	PB	

Drug Name	Drug Tier	Restrictions / Limits
DESCOVY ORAL TABLET 120-15 MG	NPB	
DESCOVY ORAL TABLET 200-25 MG	NPB	PA; ACA
DOVATO	PB	
EDURANT PED	PB	
efavirenz	G	
efavirenz-emtricitab-tenofo df	G	
efavirenz-lamivudine-tenofovir	G	
emtricitabine	G	
emtricitabine-tenofovir df	G	
emtricitab-rilpivir-tenofov df	G	
EMTRIVA ORAL CAPSULE	NPB	
EMTRIVA ORAL SOLUTION	PB	
entecavir	G	QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG	NPB-S	PA; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	NPB-S	PA; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET	NPB-S	PA; QL (1 EA per 1 day)
EPIVIR	NPB	
etravirine	G	
EVOTAZ	PB	
famciclovir oral	G	
fosamprenavir calcium	G	
GENVOYA	NPB	
HARVONI ORAL PACKET 33.75-150 MG	NPB-S	PA; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG	NPB-S	PA; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG	NPB-S	PA; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG	NPB-S	PA; QL (1 EA per 1 day)
HEPCLUDEX	NPB-S	PA; QL (1 EA per 1 day)
IDVYNZO	PB	PA; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	PB	
ISENTRESS	PB	
ISENTRESS HD	PB	
JULUCA	PB	
KALETRA ORAL SOLUTION	NPB	
LAGEVRIO	NPB	QL (8 EA per 1 day)
lamivudine oral solution 10 mg/ml	G	
lamivudine oral tablet	G	
lamivudine-zidovudine	G	
LEDIPASVIR-SOFOSBUVIR	NPB-S	PA; QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
LIVTENCITY	NPB-S	PA
lopinavir-ritonavir	G	
maraviroc	G	PA
MAVYRET ORAL PACKET	PB-S	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	PB-S	PA; QL (3 EA per 1 day)
nevirapine	G	
nevirapine er	G	
NORVIR ORAL PACKET	PB	
NORVIR ORAL TABLET	NPB	
ODEFSEY	NPB	
oseltamivir phosphate oral capsule 30 mg	G	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	G	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	G	QL (360 ML per 365 days)
PAXLOVID (150/100)	PB	QL (4 EA per 1 day)
PAXLOVID (300/100 & 150/100)	PB	QL (11 EA per 56 days)
PAXLOVID (300/100)	PB	QL (6 EA per 1 day)
PEGASYS	PB-S	PA
PIFELTRO	PB	
PREVYMIS ORAL	NPB-S	
PREZCOBIX	PB	
PREZISTA ORAL SUSPENSION	PB	
PREZISTA ORAL TABLET 150 MG, 75 MG	PB	
RELENZA DISKHALER	NPB	QL (40 EA per 365 days)
RETROVIR ORAL	NPB	
REYATAZ ORAL PACKET	PB	
ribavirin oral	G-S	
rilpivirine hcl	G	
rimantadine hcl	G	
ritonavir	G	
RUKOBIA	PB	
SOFOSBUVIR-VELPATASVIR	NPB-S	PA; QL (1 EA per 1 day)
SOVALDI ORAL PACKET 150 MG	NPB-S	PA; QL (1 EA per 1 day)
SOVALDI ORAL PACKET 200 MG	NPB-S	PA; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 200 MG	NPB-S	PA; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 400 MG	NPB-S	PA; QL (1 EA per 1 day)
STRIBILD	NPB	
SUNLENCA ORAL TABLET	NPB	PA; QL (8 EA per 365 days)

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Drug Name	Drug Tier	Restrictions / Limits
SUNLENCA ORAL TABLET THERAPY PACK	NPB	PA; QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS	NPB	PA; QL (9 ML per 365 days)
SYMFI	PB	
SYMTUZA	NPB	
TEMBEXA	NPB	
tenofovir disoproxil fumarate	G	ACA
TIVICAY	NPB	
TIVICAY PD	NPB	
TPOXX ORAL	NPB	
TRIUMEQ	PB	
TRIUMEQ PD	NPB	
valacyclovir hcl oral	G	QL (4 EA per 1 day)
valganciclovir hcl	G	
VIRACEPT	PB	
VIREAD ORAL POWDER	PB	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	PB	
VOCABRIA	NPB	PA
VOSEVI	PB-S	PA; QL (1 EA per 1 day)
XOCOVA	PB	QL (7 EA per 30 days)
XOFLUZA (40 MG DOSE)	NPB	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE)	NPB	QL (2 EA per 365 days)
YEZTUGO ORAL	NPB	PA; QL (8 EA per 365 days)
YEZTUGO SUBCUTANEOUS	NPB	PA; QL (9 ML per 365 days)
ZIAGEN	NPB	
zidovudine	G	
Anxiolytics - Drugs for Anxiety		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	G	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	G	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	G	QL (3 EA per 1 day)
alprazolam intensol	G	QL (10 ML per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	G	QL (4 EA per 1 day)
alprazolam oral tablet 2 mg	G	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	G	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	G	QL (5 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
alprazolam xr oral tablet extended release 24 hour 3 mg	G	QL (3 EA per 1 day)
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	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 capsule 25 mg, 50 mg	G	
lorazepam intensol	G	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	G	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	G	QL (3 EA per 1 day)
lorazepam oral tablet 2 mg	G	QL (5 EA per 1 day)
meprobamate	G	
oxazepam	G	QL (4 EA per 1 day)
quazepam	G	QL (1 EA per 1 day)
triazolam	G	QL (2 EA per 1 day)
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	NPB	
lithium	G	
lithium carbonate er	G	
lithium carbonate oral	G	
Blood Products and Modifiers - Drugs for Blood Disorders		
ALVAIZ	NPB-S	PA
aminocaproic acid oral	G	

Drug Name	Drug Tier	Restrictions / Limits
anagrelide hcl	G	M
AQVESME	NPB-S	PA; QL (2 EA per 1 day)
BKEMV	NPB-S	PA
DOPTELET	NPB-S	PA
DOPTELET SPRINKLE	NPB-S	PA; QL (2 EA per 1 day)
eltrombopag olamine	G-S	PA
FABHALTA	NPB-S	PA; QL (2 EA per 1 day)
LEUKINE	NPB-S	PA
MULPLETA	NPB-S	PA
PYRUKYND	NPB-S	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK	NPB-S	PA; QL (1 EA per 1 day)
TAVALISSE	NPB-S	PA
tranexamic acid oral	G	
VAFSEO ORAL TABLET 150 MG	NPB	PA; QL (3 EA per 1 day)
VAFSEO ORAL TABLET 300 MG	NPB	PA; QL (2 EA per 1 day)
VOYDEYA	NPB-S	PA; QL (6 EA per 1 day)
WAYRILZ	NPB-S	PA; QL (2 EA per 1 day)
XOLREMDI	NPB-S	PA; QL (4 EA per 1 day)
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	G	M
aliskiren fumarate	G	M
amiloride hcl oral	G	M
amiloride-hydrochlorothiazide	G	M
amiodarone hcl oral	G	M
amlodipine besylate oral	G	M
amlodipine besylate-benazepril hcl	G	M
amlodipine besylate-valsartan	G	M
amlodipine-atorvastatin	G	M
amlodipine-valsartan-hctz	G	M
ARBLI	NPB	PA; M
atenolol oral	G	M
atenolol-chlorthalidone	G	M
ATORVALIQ	NPB	PA; M
atorvastatin calcium oral tablet 10 mg, 20 mg	G	M; ACA
atorvastatin calcium oral tablet 40 mg, 80 mg	G	M
ATTRUBY	NPB-S	PA; QL (4 EA per 1 day)
azilsartan medoxomil	G	M

Drug Name	Drug Tier	Restrictions / Limits
BAXFENDY	NPB	PA; QL (1 EA per 1 day)
benazepril hcl oral	G	M
benazepril-hydrochlorothiazide	G	M
betaxolol hcl oral	G	M
BIDIL	NPB	M
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	M
bisoprolol-hydrochlorothiazide	G	M
bumetanide oral	G	M
BUMEX	NPB	M
CAMZYOS	NPB-S	PA; QL (1 EA per 1 day)
candesartan cilexetil	G	M
candesartan cilexetil-hctz	G	M
captopril-hydrochlorothiazide	G	M
CARDAMYST	NPB	PA; QL (0.14 EA per 1 day)
cartia xt	G	M
carvedilol	G	M
chlorthalidone	G	M
cholestyramine light	G	M
cholestyramine oral	G	M
clonidine hcl oral tablet 0.1 mg, 0.3 mg	G	M
clonidine hcl tablet 0.2 mg oral	G	M
colesevelam hcl oral tablet	G	M
COLESTID	NPB	ST; M
colestipol hcl	G	M
CORLANOR ORAL SOLUTION	NPB	M; QL (15 ML per 1 day)
digoxin oral	G	M
diltiazem hcl er beads	G	M
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	G	M
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	G	M
diltiazem hcl er oral capsule extended release 24 hour	G	M
diltiazem hcl oral	G	M
dilt-xr	G	M
disopyramide phosphate	G	M
dofetilide	G	
doxazosin mesylate oral	G	M

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Drug Name	Drug Tier	Restrictions / Limits
droxidopa	G-S	PA
EDARBYCLOR	NPB	ST; M
enalapril maleate oral tablet	G	M
enalapril-hydrochlorothiazide	G	M
ENBUMYST	NPB	PA; M
ENTRESTO ORAL CAPSULE SPRINKLE	PB	M; QL (8 EA per 1 day)
eplerenone	G	M
ethacrynic acid	G	M
ezetimibe oral	G	M
ezetimibe-simvastatin	G	M
felodipine er	G	M
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	G	M
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	G	M
fenofibrate oral tablet 48 mg, 54 mg	G	M
fenofibrate tablet 145 mg oral	G	M
fenofibrate tablet 160 mg oral	G	M
fenofibric acid oral capsule delayed release	G	M
flecainide acetate	G	M
fosinopril sodium	G	M
fosinopril sodium-hctz	G	M
furosemide oral	G	M
gemfibrozil oral	G	M
guanfacine hcl	G	M
HEMANGEOL	NPB	PA; 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 oral tablet 10 mg, 20 mg, 30 mg, 5 mg	G	M
isosorbide mononitrate	G	M
isosorbide mononitrate er	G	M
isradipine	G	M
ivabradine hcl	G	M; QL (2 EA per 1 day)
JAVADIN	NPB	PA; M

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Drug Name	Drug Tier	Restrictions / Limits
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	NPB-S	PA; QL (56 EA per 365 days)
JUXTAPID ORAL CAPSULE 2 MG	NPB-S	PA; QL (112 EA per 365 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	NPB-S	PA; QL (2 EA per 1 day)
KAPSPARGO SPRINKLE	NPB	ST; M
labetalol hcl oral	G	M
LASIX	NPB	ST; M
lisinopril oral	G	M
lisinopril-hydrochlorothiazide	G	M
LOPID	NPB	M
LOPRESSOR ORAL TABLET	NPB	M
losartan potassium oral	G	M
losartan potassium-hctz	G	M
LOTENSIN	NPB	M
LOTENSIN HCT	NPB	M
lovastatin oral	G	M; ACA
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 TARTRATE ORAL TABLET 12.5 MG	NPB	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
MULTAQ	NPB	M
MYQORZO	NPB-S	PA; QL (1 EA per 1 day)
nadolol oral	G	M
nebivolol hcl	G	M
NEXLETOL	PB	PA; QL (1 EA per 1 day)
NEXLIZET	PB	PA; QL (1 EA per 1 day)
niacin er (antihyperlipidemic)	G	M
nifedipine er	G	M
nifedipine er osmotic release	G	M
nifedipine oral	G	M
nimodipine oral capsule	G	

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Drug Name	Drug Tier	Restrictions / Limits
NIMODIPINE ORAL SOLUTION	NPB	
nitro-bid	G	M
nitroglycerin rectal	G	
nitroglycerin sublingual	G	M
nitroglycerin transdermal	G	M
nitroglycerin translingual	G	M
NITROLINGUAL	NPB	M
NITROSTAT	NPB	ST; M
NORLIQVA	NPB	PA; M
NORPACE	NPB	M
NYMALIZE	NPB	
olmesartan medoxomil oral	G	M
olmesartan medoxomil-hctz	G	M
olmesartan-amlodipine-hctz	G	M
omega-3-acid ethyl esters	G	M
PACERONE	NPB	M
pentoxifylline er	G	M
perindopril erbumine	G	M
phenoxybenzamine hcl oral	G	PA
pindolol	G	M
pitavastatin calcium	G	M
PRALUENT	NPB	PA; QL (0.08 ML per 1 day)
pravastatin sodium	G	M; ACA
prazosin hcl oral	G	M
PRESTALIA	NPB	M
prevalite	G	M
propafenone hcl	G	M
propafenone hcl er	G	M
propranolol hcl er	G	M
propranolol hcl oral	G	M
QUESTRAN	NPB	ST; M
QUESTRAN LIGHT	NPB	ST; 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

Drug Name	Drug Tier	Restrictions / Limits
REDEMPLO	NPB-S	PA; QL (0.006 ML per 1 day)
REPATHA SURECLICK	PB	QL (0.11 ML per 1 day)
rosuvastatin calcium oral tablet 10 mg, 5 mg	G	M; ACA
rosuvastatin calcium oral tablet 20 mg, 40 mg	G	M
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)
SDAMLO	NPB	PA; M; QL (1 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
SOAANZ	NPB	PA; M
sotalol hcl (af)	G	M
sotalol hcl oral	G	M
SOTYLIZE	NPB	M
spironolactone oral tablet	G	M
spironolactone-hctz	G	M
TEKTURNA	PB	M
telmisartan	G	M
telmisartan-amlodipine	G	M
telmisartan-hctz	G	M
tiadylt er	G	M
timolol maleate oral	G	M
torsemide	G	M
trandolapril	G	M
triamterene-hctz	G	M
TRYNGOLZA	NPB-S	PA; QL (0.03 ML per 1 day)
TRYVIO	NPB	PA; QL (1 EA per 1 day)
valsartan oral tablet	G	M
valsartan-hydrochlorothiazide	G	M
VASCEPA	PB	PA; M
VECAMYL	NPB	
verapamil hcl er oral tablet extended release	G	M
verapamil hcl oral	G	M
VERQUVO	NPB	PA; QL (1 EA per 1 day)
VYNDAMAX	NPB-S	PA; QL (1 EA per 1 day)
Central Nervous System Agents		
SKYCLARYS	NPB-S	PA; QL (3 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT	NPB	ST; QL (1 EA per 1 day)
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)
ATOMOXETINE HCL ORAL SOLUTION	NPB	ST; QL (25 ML per 1 day)
ATONCY	NPB	ST; QL (25 ML per 1 day)
AZSTARYS	PB	ST; QL (1 EA per 1 day)
clonidine hcl er	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	NPB	ST; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	NPB	ST; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG	NPB	ST; QL (3 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	NPB	ST; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG	NPB	ST; QL (6 EA per 1 day)
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)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	NPB	ST; QL (8 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	NPB	ST; QL (1 EA per 1 day)
FOCALIN	NPB	ST; QL (2 EA per 1 day)
guanfacine hcl er	G	
JORNAY PM	NPB	ST; QL (1 EA per 1 day)
lisdexamfetamine dimesylate	G	QL (1 EA per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML	NPB	ST; QL (30 ML per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML	NPB	ST; QL (60 ML per 1 day)
methylphenidate	G	QL (1 EA per 1 day)
METHYLPHENIDATE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG	NPB	ST; QL (3 EA per 1 day)
METHYLPHENIDATE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	NPB	ST; QL (2 EA per 1 day)
METHYLPHENIDATE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG	NPB	ST; QL (6 EA per 1 day)
methylphenidate hcl er (cd)	G	QL (1 EA per 1 day)
methylphenidate hcl er (la)	G	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	G	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	G	QL (2 EA per 1 day)
methylphenidate hcl er (xr)	G	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	G	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	G	QL (3 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	G	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	G	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	G	QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	G	QL (60 ML per 1 day)
methylphenidate hcl oral tablet	G	QL (3 EA per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	G	QL (6 EA per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	G	QL (3 EA per 1 day)
MYDAYIS	NPB	ST; QL (1 EA per 1 day)
ONYDA XR	NPB	ST; QL (4 ML per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	NPB	ST; QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	NPB	ST; QL (3 EA per 1 day)
QUILLIVANT XR	NPB	ST; QL (12 ML per 1 day)
VYVANSE	NPB	ST; QL (1 EA per 1 day)
XELSTRYM	NPB	ST; QL (1 EA per 1 day)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	PB-S	PA; QL (0.04 EA per 1 day)
AVONEX PREFILLED	PB-S	PA; QL (0.04 EA per 1 day)
BAFIERTAM	PB-S	PA; QL (4 EA per 1 day)
BETASERON	PB-S	PA; QL (0.5 EA per 1 day)
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)
GILENYA ORAL CAPSULE 0.25 MG	NPB-S	PA; QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	G-S	PA; QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	G-S	PA; QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	G-S	PA; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	G-S	PA; QL (0.43 ML per 1 day)
KESIMPTA	PB-S	PA; QL (0.02 ML per 1 day)
MAVENCLAD	NPB-S	PA; QL (40 EA per 1 lifetime)
MAYZENT ORAL TABLET 0.25 MG	NPB-S	PA; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	NPB-S	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	NPB-S	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	NPB-S	PA; QL (14 EA per 365 days)
OCREVUS ZUNOVO	NPB-S	PA; QL (23 ML per 168 days)

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Drug Name	Drug Tier	Restrictions / Limits
PLEGRIDY	NPB-S	PA; QL (0.04 ML per 1 day)
PLEGRIDY STARTER PACK	NPB-S	PA; QL (2 ML per 365 days)
REBIF	NPB-S	PA; QL (0.22 ML per 1 day)
REBIF REBIDOSE	NPB-S	PA; QL (0.22 ML per 1 day)
REBIF REBIDOSE TITRATION PACK	NPB-S	PA; QL (4.2 ML per 365 days)
REBIF TITRATION PACK	NPB-S	PA; QL (4.2 ML per 365 days)
teriflunomide	G-S	PA; QL (1 EA per 1 day)
VUMERITY	PB-S	PA; QL (4 EA per 1 day)
ZEPOSIA	NPB-S	PA; QL (1 EA per 1 day)
ZEPOSIA 7-DAY STARTER PACK	NPB-S	PA; QL (14 EA per 365 days)
ZEPOSIA STARTER KIT	NPB-S	PA; QL (56 EA per 365 days)
Central Nervous System Agents - Miscellaneous		
ADDYI	NPB	PA; QL (1 EA per 1 day)
AUSTEDO	NPB-S	PA; QL (4 EA per 1 day)
AUSTEDO XR	NPB-S	PA; QL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION	NPB-S	PA; QL (56 EA per 365 days)
benzphetamine hcl	G	
caffeine citrate oral	G	
CONTRACE	NPB	PA
DAYBUE	NPB-S	PA; QL (120 ML per 1 day)
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG	NPB-S	PA; QL (4 EA per 1 day)
DAYBUE STIX ORAL PACKET 8000 MG	NPB-S	PA; QL (2 EA per 1 day)
dextromethorphan-quinidine	G	PA
diethylpropion hcl er	G	
diethylpropion hcl oral	G	
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)
GRALISE ORAL TABLET 300 MG	NPB	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG	NPB	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG	NPB	ST; QL (2 EA per 1 day)
INGREZZA ORAL CAPSULE	NPB-S	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE	NPB-S	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	NPB-S	PA; QL (56 EA per 365 days)
LOMAIRA	NPB	PA

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Drug Name	Drug Tier	Restrictions / Limits
milnacipran hcl oral	G	M; QL (110 EA per 365 days)
milnacipran hcl oral tablet	G	M; QL (2 EA per 1 day)
NUEDEXTA	NPB	PA
ORLISTAT ORAL	NPB	PA
phendimetrazine tartrate	G	
phendimetrazine tartrate er	G	
phentermine hcl oral capsule	G	
phentermine hcl oral tablet 37.5 mg	G	
phentermine-topiramate er	G	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	G	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	G	QL (2 EA per 1 day)
pregabalin oral solution	G	QL (30 ML per 1 day)
QSYMIA	PB	PA
RADICAVA ORS	NPB-S	PA
RADICAVA ORS STARTER KIT	NPB-S	PA
riluzole	G	
TEGLUTIK	PB	ST; QL (20 ML per 1 day)
tetrabenazine	G-S	PA
TIGLUTIK	PB	ST; QL (20 ML per 1 day)
TONMYA	NPB	ST; QL (2 EA per 1 day)
VYLEESI	NPB	PA; QL (0.06 ML per 1 day)
WAINUA	NPB-S	PA; QL (0.03 ML per 1 day)
XENICAL	NPB	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL	NPB	
cevimeline hcl	G	M
chlorhexidine gluconate mouth/throat	G	
CLINPRO 5000	NPB	M
DENTA 5000 PLUS	NPB	M
DENTA 5000 PLUS SENSITIVE	NPB	M
DENTAGEL	NPB	M
EASYGEL	NPB	M
FLUORIDEX	NPB	M
FLUORIDEX DAILY RENEWAL	NPB	M
FLUORIDEX ENHANCED WHITENING	NPB	M
FLUORIMAX 5000	NPB	M
FLUORIMAX 5000 SENSITIVE	NPB	M

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Drug Name	Drug Tier	Restrictions / Limits
JUST RIGHT 5000	NPB	M
KOURZEQ	NPB	
lidocaine viscous hcl	G	
ORALONE	NPB	
PERIDEX	NPB	
periogard	G	
pilocarpine hcl oral	G	
PREVIDENT	NPB	M
PREVIDENT 5000 BOOSTER PLUS	NPB	M
PREVIDENT 5000 DRY MOUTH	NPB	M
PREVIDENT 5000 ENAMEL PROTECT	NPB	M
PREVIDENT 5000 KIDS	NPB	M
PREVIDENT 5000 ORTHO DEFENSE	NPB	M
PREVIDENT 5000 PLUS	NPB	M
PREVIDENT 5000 SENSITIVE	NPB	M
REMESENSE	NPB	
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	
VANISH	NPB	M
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	NPB	PA
acutane	G	
acitretin	G	
adapalene-benzoyl peroxide external gel	G	
ADBRY	PB-S	PA; QL (0.15 ML per 1 day)
AKLIEF	NPB	PA
ala-cort	G	
alclometasone dipropionate	G	
ammonium lactate external	G	

Drug Name	Drug Tier	Restrictions / Limits
amneesteem	G	
AMZEEQ	NPB	
ANZUPGO	NPB	PA; QL (1.1 GM per 1 day)
AQUACEL AG BURN	NPB	
azelaic acid external	G	
B & C	NPB	
balsam peru-castor oil	G	
BENZAMYCIN	NPB	ST
benzoyl peroxide-erythromycin	G	
betamethasone dipropionate aug	G	
betamethasone dipropionate external	G	
betamethasone valerate external	G	
BPCO	NPB	
brimonidine tartrate external	G	
calcipotriene external cream	G	
calcipotriene external ointment	G	
calcipotriene external solution	G	
calcipotriene-betameth diprop external suspension	G	QL (4 GM per 1 day)
CALCITRENE	NPB	
calcitriol external	G	
CIBINQO	PB-S	PA; QL (1 EA per 1 day)
claravis	G	
CLEOCIN-T	NPB	
clindacin etz	G	
clindacin-p	G	
clindamycin phos (twice-daily)	G	
clindamycin phosphate-benzoyl peroxide	G	
clindamycin phosphate external lotion	G	
clindamycin phosphate external solution	G	
clindamycin phosphate external swab	G	
clobetasol prop emollient base	G	
clobetasol propionate e	G	
clobetasol propionate external cream 0.05 %	G	
clobetasol propionate external foam	G	
clobetasol propionate external gel	G	
clobetasol propionate external liquid	G	
clobetasol propionate external lotion	G	

Drug Name	Drug Tier	Restrictions / Limits
clobetasol propionate external ointment	G	
clobetasol propionate external shampoo	G	
clobetasol propionate external solution	G	
clodan	G	
coal tar external	G	
DERMA-SMOOTH/FS BODY	NPB	
DERMA-SMOOTH/FS SCALP	NPB	
desonide external cream	G	
desonide external lotion	G	
desonide external ointment	G	
desoximetasone external cream 0.25 %	G	
desoximetasone external gel	G	
desoximetasone external liquid	G	
desoximetasone external ointment 0.25 %	G	
diclofenac sodium external gel 3 %	G	ST; QL (10 GM per 1 day)
DIPROLENE	NPB	
DRYSOL	NPB	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	PB-S	PA; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	PB-S	PA; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	PB-S	PA; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	PB-S	PA; QL (0.29 ML per 1 day)
EBGLYSS	PB-S	PA; QL (0.15 ML per 1 day)
ENSTILAR	NPB	QL (15 GM per 1 day)
EPIFOAM	NPB	
ERY PAD 2%	NPB	
erythromycin external	G	
EUCRISA	PB	ST
FILSUVEZ	NPB-S	PA; QL (15 GM per 1 day)
FINACEA EXTERNAL FOAM	NPB	
fluocinolone acetonide body	G	
fluocinolone acetonide external	G	
fluocinolone acetonide scalp	G	
fluocinonide emulsified base	G	
fluocinonide external	G	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
fluorouracil external cream 5 %	G	
fluorouracil external solution	G	
fluticasone propionate external cream	G	
fluticasone propionate external ointment	G	
GORDOFILM	NPB	
halobetasol propionate external cream	G	
halobetasol propionate external ointment	G	
hydrocortisone butyrate external cream	G	
hydrocortisone butyrate external ointment	G	
hydrocortisone butyrate external solution	G	
hydrocortisone external cream 1 %, 2.5 %	G	
hydrocortisone external lotion 2.5 %	G	
hydrocortisone external ointment 1 %, 2.5 %	G	
hydrocortisone valerate	G	
HYFTOR	NPB	PA
HYPOCYN ANTIPRURITIC	NPB	
imiquimod external cream 5 %	G	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	G	
ivermectin external cream	G	
KERALYT EXTERNAL SHAMPOO	NPB	
KLARON	NPB	
KLISYRI (250 MG)	NPB	ST
KLISYRI (350 MG)	NPB	ST
lactic acid e	G	
LEQSELVI	NPB-S	PA; QL (2 EA per 1 day)
LITFULO	NPB-S	PA; QL (1 EA per 1 day)
methoxsalen rapid	G	
metronidazole external	G	
mometasone furoate external	G	
NEMLUVIO	PB-S	PA; QL (0.08 EA per 1 day)
NEO-SYNALAR	NPB	
neuac	G	
ONEXTON	NPB	ST
OPZELURA	PB	ST; QL (3.34 GM per 1 day)
oxymetazoline hcl external	G	
pimecrolimus	G	ST; QL (2 GM per 1 day)
PODOCON-25	NPB	

Drug Name	Drug Tier	Restrictions / Limits
podofilox external	G	
PYROGALLIC ACID	NPB	
QBREXZA	NPB	QL (1 EA per 1 day)
REGENECARE	NPB	
SANTYL	NPB	QL (3 GM per 1 day)
selenium sulfide external lotion	G	
SOFDRA	NPB	QL (1.4 ML per 1 day)
SOOLANTRA	NPB	
sulfacetamide sodium (acne)	G	
SYNALAR	NPB	
tacrolimus external	G	QL (2 GM per 1 day)
tazarotene external cream	G	PA
tazarotene external gel 0.05 %	G	PA
TOLAK	NPB	
TOPICORT	NPB	
TOPICORT SPRAY	NPB	ST
triamcinolone acetonide external cream	G	
triamcinolone acetonide external lotion	G	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	G	
triderm	G	
urea external cream 20 %	G	
VENELEX	NPB	
VTAMA	PB	ST
VYJUVEK	NPB-S	PA; QL (0.36 ML per 1 day)
WINLEVI	NPB	PA
WYNZORA	NPB	QL (15 GM per 1 day)
XALIX	NPB	
XERAC AC	NPB	
ZELSUVMI	NPB	PA
zenatane	G	
ZILXI	NPB	ST
ZORYVE	PB	ST
Diabetes - Antidiabetic Agents		
acarbose oral	G	M
ALOGLIPTIN BENZOATE	NPB	ST; M
ALOGLIPTIN-METFORMIN HCL	NPB	ST; M
ALOGLIPTIN-PIOGLITAZONE	NPB	ST; M

Drug Name	Drug Tier	Restrictions / Limits
BEXAGLIFLOZIN	NPB	ST
BRENZAVVY	NPB	ST
CYCLOSET	NPB	ST; M
dapaglifloz base-metformin er	G	ST; M
dapagliflozin	G	ST; M
DAPAGLIFLOZIN-SAXAGLIPTIN	NPB	ST; M
DUETACT	NPB	M
glimepiride oral tablet 1 mg, 2 mg, 4 mg	G	M
glipizide er	G	M
glipizide oral tablet 10 mg, 5 mg	G	M
glipizide-metformin hcl	G	M
GLUCOTROL XL	NPB	M
glyburide	G	M
glyburide-metformin	G	M
GLYXAMBI	PB	ST; M
INVOKAMET	NPB	ST; M
INVOKAMET XR	NPB	ST; M
INVOKANA	NPB	ST; M
JANUMET	NPB	ST; M
JANUMET XR	NPB	ST; M
JANUVIA	NPB	ST; M
JARDIANCE	PB	ST; M
JENTADUETO	PB	ST; M
JENTADUETO XR	PB	ST; M
liraglutide	G	PA; M; QL (0.3 ML per 1 day)
metformin hcl er	G	M
metformin hcl oral solution	G	M
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	G	M
miglitol	G	M
MOUNJARO	PB	PA; QL (0.08 ML per 1 day)
nateglinide	G	M
OZEMPIC	PB	PA; M; QL (0.11 ML per 1 day)
pioglitazone hcl	G	M
pioglitazone hcl-glimepiride	G	M
pioglitazone hcl-metformin hcl	G	M
repaglinide	G	M
RIOMET	NPB	ST; M

Drug Name	Drug Tier	Restrictions / Limits
RYBELSUS ORAL TABLET 14 MG, 7 MG	PB	PA; M; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG	PB	PA; M; QL (60 EA per 365 days)
saxagliptin hcl	G	ST; M
saxagliptin-metformin er	G	ST; M
SEGLUROMET	NPB	ST; M
sitagliip phos-metformin hcl er	G	ST; M
sitagliptin phos-metformin hcl	G	ST; M
sitagliptin phosphate	G	ST; M
SOLIQUA	PB	M
STEGLATRO	NPB	ST; M
STEGLUJAN	NPB	ST; M
SYNJARDY	PB	ST; M
SYNJARDY XR	PB	ST; M
TRADJENTA	PB	ST
TRIJARDY XR	PB	ST
TRULICITY	PB	PA; M; QL (0.08 ML per 1 day)
XULTOPHY	NPB	M
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	NPB	OTC
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	NPB	ST; OTC
ACCU-CHEK AVIVA PLUS TEST STRIPS	NPB	ST; OTC; QL (3.4 EA per 1 day)
ACCU-CHEK FASTCLIX LANCET KIT	PB	OTC
ACCU-CHEK GUIDE	NPB	ST; OTC
ACCU-CHEK GUIDE CONTROL	NPB	OTC
ACCU-CHEK GUIDE KIT W/DEVICE	NPB	ST; OTC
ACCU-CHEK GUIDE TEST STRIPS	NPB	ST; OTC; QL (3.4 EA per 1 day)
ACCU-CHEK SMARTVIEW CONTROL	NPB	OTC
ACCU-CHEK SMARTVIEW TEST STRIPS	NPB	ST; OTC; QL (3.4 EA per 1 day)
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	PB	OTC
ADVANTAGE SAFETY LANCETS 28G	PB	OTC
ADVOCATE SAFETY LANCETS 21G	PB	OTC
ADVOCATE SAFETY LANCETS 23G	PB	OTC
ADVOCATE SAFETY LANCETS 28G	PB	OTC
AGAMATRIX CONTROL LEVEL 2	NPB	OTC
AGAMATRIX CONTROL LEVEL 4	NPB	OTC
ASSURE CONTROL SOLUTION 2/3	NPB	OTC
ASSURE PLATINUM	NPB	ST; OTC; QL (3.4 EA per 1 day)
ASSURE TITANIUM	NPB	ST; QL (3.4 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
ASSURE TITANIUM BLOOD GLUCOSE	NPB	ST
AUTOLET II CLINISAFE	NPB	OTC
AUTOLET LANCING DEVICE	NPB	OTC
AUTOLET LITE LANCING DEVICE	NPB	OTC
BIOTEL CARE BLOOD GLUCOSE	NPB	ST; OTC
BIOTEL CARE BLOOD GLUCOSE SYST	NPB	ST; OTC
BLOOD GLUCOSE MONITORING 333	NPB	ST; OTC
BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
BLOOD GLUCOSE TEST STRIPS 333	NPB	ST; OTC; QL (3.4 EA per 1 day)
BLULINK CONTROL HIGH & LOW	NPB	OTC
BLULINK GLUCOSE MONITORING SYS	NPB	ST; OTC
BLULINK GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
CARESENS CONTROL SOLUTION A/B	NPB	OTC
CARESENS LANCETS 30G	PB	OTC
CARESENS N FELIZ	NPB	ST; OTC
CARESENS N FELIZ BT	NPB	ST; OTC
CARESENS N PLUS BT	NPB	ST; OTC
CARESENS S CONTROL SOLN A/B	NPB	OTC
CARESENS S FIT BLOOD GLUC MON	NPB	ST; OTC
CARESENS S FIT BT BLOOD GLUC	NPB	ST; OTC
CARESENS S GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
CARETOUCH CONTROL SOL LEVEL 2	NPB	OTC
CARETOUCH LANCING/EJECTOR	NPB	OTC
CARETOUCH TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
CHEMSTRIP BG LOG BOOK	NPB	OTC
CHEMSTRIP UGK	NPB	OTC
CHOSEN LANCETS 30G	PB	OTC
CHOSEN LANCING DEVICE	NPB	OTC
CHOSEN SAFETY LANCETS 28G	PB	OTC
CLEVER CHOICE COMFORT EZ	PB	OTC
COMFORT TOUCH TWIST LANCET 30G	PB	OTC
CONTOUR CONTROL SOLUTION	PB	OTC
CONTOUR MONITOR DEVICE	PB	OTC
CONTOUR MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT	PB	OTC; QL (3.4 EA per 1 day)
CONTOUR NEXT CONTROL SOLUTION	PB	OTC
CONTOUR NEXT EZ KIT W/DEVICE	PB	OTC

Drug Name	Drug Tier	Restrictions / Limits
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT LINK KIT W/DEVICE	PB	OTC
CONTOUR NEXT MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT ONE KIT	PB	OTC
CONTOUR NEXT GEN TEST STRIPS	PB	OTC; QL (3.4 EA per 1 day)
CONTOUR PLUS BLUE KIT W/DEVICE	PB	OTC
CONTOUR PLUS CONTROL SOLUTION	NPB	OTC
CONTOUR PLUS TEST STRIP	PB	OTC; QL (3.4 EA per 1 day)
CONTOUR TEST STRIPS	PB	OTC; QL (3.4 EA per 1 day)
DEXCOM G6 RECEIVER	PB	PA; QL (1 EA per 273 days)
DEXCOM G6 SENSOR	PB	PA; QL (0.1 EA per 1 day)
DEXCOM G6 TRANSMITTER	PB	PA; QL (1 EA per 63 days)
DEXCOM G7 15 DAY SENSOR	PB	PA; QL (0.1 EA per 1 day)
DEXCOM G7 RECEIVER	PB	PA; QL (1 EA per 273 days)
DEXCOM G7 SENSOR	PB	PA; QL (0.1 EA per 1 day)
DIATHRIVE BLOOD GLUCOSE METER	NPB	ST; OTC
DIATHRIVE BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
DIATHRIVE GLUCOSE CONTROL SOLN	NPB	OTC
DIATHRIVE GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
DIATHRIVE LANCING DEVICE	NPB	OTC
DIATHRIVE+ GLUCOSE MONITOR	NPB	ST; OTC
DIATHRIVE+ GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
DROPLET GENTEEL LANCING DEVICE	NPB	OTC
DROPLET MEDLANCE LANCET 30G	PB	OTC
DROPSAFE ACTI-LANCE 23G	PB	OTC
DROPSAFE ACTI-LANCE LANCET 17G	PB	OTC
DROPSAFE ACTI-LANCE LANCET 23G	PB	OTC
DROPSAFE ACTI-LANCE LANCET 28G	PB	OTC
DROPSAFE ERGOLANCE LANCET 21G	PB	OTC
DROPSAFE ERGOLANCE LANCET 25G	PB	OTC
DROPSAFE ERGOLANCE LANCET 30G	PB	OTC
DROPSAFE HAEMOLANCE LANCET 1.5	PB	OTC
DROPSAFE HAEMOLANCE LANCET 18G	PB	OTC
DROPSAFE HAEMOLANCE LANCET 21G	PB	OTC
DROPSAFE HAEMOLANCE LANCET 25G	PB	OTC
DROPSAFE HAEMOLANCE LANCET 28G	PB	OTC
DROPSAFE MEDISAFE LANCET 23G	PB	OTC

Drug Name	Drug Tier	Restrictions / Limits
DROPSAFE MEDISAFE LANCET 29G	PB	OTC
DROPSAFE MEDLANCE LANCET 0.8MM	PB	OTC
DROPSAFE MEDLANCE LANCET 21G	PB	OTC
DROPSAFE MEDLANCE LANCET 25G	PB	OTC
DROPSAFE MEDLANCE LANCET 30G	PB	OTC
EASY MAX BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
EASY MAX T1 GLUCOSE SYSTEM	NPB	ST; OTC
EASY TALK PLUS II CONTROL	NPB	OTC
EASY TALK PLUS II TEST STRIPS	NPB	ST; OTC; QL (3.4 EA per 1 day)
EASY TOUCH HEALTHPRO GLUCOSE	NPB	ST; OTC
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	NPB	ST; OTC; QL (3.4 EA per 1 day)
EASY TOUCH HEALTHPRO HIGH/LOW	NPB	OTC
EASY TOUCH LANCING DEVICE	NPB	OTC
EASY TRAK II BLOOD GLUCOSE SYS	NPB	ST; OTC
EASY TRAK II CONTROL	NPB	OTC
EASY TRAK II GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
EASYMAX 15 LEVEL 2-3 CONTROL	NPB	OTC
EASYMAX CONTROL	NPB	OTC
GLUCOSE CONTROL SOLUTIONS	NPB	OTC
EMBRACE LANCING DEVICE/EJECTOR	NPB	OTC
EMBRACE TALK BLOOD GLUCOSE	NPB	ST; OTC
EMBRACE TALK GLUCOSE CONTROL	NPB	OTC
EMBRACE TALK GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
EMBRACE TALK MONITORING SYSTEM	NPB	ST; OTC
EMBRACE WAVE BLOOD GLUCOSE	NPB	ST; OTC
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	NPB	ST; OTC; QL (3.4 EA per 1 day)
EMBRACE WAVE GLUCOSE CONTROL	NPB	OTC
EMBRACE WAVE GLUCOSE METER	NPB	ST; OTC
FONDCIRCLE BLOOD GLUCOSE MONIT	NPB	ST; OTC
FONDCIRCLE BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
FONDCIRCLE CONTROL SOLUTION	NPB	OTC
FONDCIRCLE LANCING DEVICE	NPB	OTC
FONDCIRCLE SINGLE USE LANCETS	PB	OTC
FORA 6 CONNECT	NPB	ST; OTC; QL (3.4 EA per 1 day)
FORA 6 CONNECT/GTEL TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
FORA GTEL BLOOD GLUCOSE SYSTEM	NPB	ST; OTC
FORA GTEL BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
FORA TN'G ADVANCE PRO IN VITRO	NPB	ST; OTC; QL (3.4 EA per 1 day)
FREESTYLE FREEDOM LITE KIT W/DEVICE	PB	OTC
FREESTYLE INSULINX TEST STRIPS	PB	OTC; QL (3.4 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER	PB	PA; QL (1 EA per 273 days)
FREESTYLE LIBRE 14 DAY SENSOR	PB	PA; QL (0.072 EA per 1 day)
FREESTYLE LIBRE 2 READER	PB	PA; QL (1 EA per 273 days)
FREESTYLE LIBRE 2 SENSOR	PB	PA; QL (0.1 EA per 1 day)
FREESTYLE LIBRE 3 PLUS SENSOR	PB	PA
FREESTYLE LIBRE 3 SENSOR	PB	PA
FREESTYLE LITE TEST STRIPS	PB	OTC; QL (3.4 EA per 1 day)
FREESTYLE PRECISION NEO SYSTEM	PB	OTC
FREESTYLE PRECISION NEO TEST STRIPS	PB	OTC; QL (3.4 EA per 1 day)
FREESTYLE TEST STRIPS	PB	OTC; QL (3.4 EA per 1 day)
GENTEEL LANCING KIT (BLUE)	NPB	OTC
GHT BLOOD GLUCOSE MONITOR	NPB	ST; OTC
GLUCOCARD 01 SENSOR PLUS	NPB	ST; OTC; QL (3.4 EA per 1 day)
GLUCOCARD EXPRESSION TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
GLUCOCARD SHINE CONNEX	NPB	ST; OTC
GLUCOCARD SHINE EXPRESS	NPB	ST; OTC
GLUCOCARD SHINE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
GLUCOCARD VITAL TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
GOJJI BLOOD GLUCOSE TEST STRIP	NPB	ST; OTC; QL (3.4 EA per 1 day)
GOJJI BLOOD TEST STRIP/LANCETS	NPB	ST; OTC; QL (3.4 EA per 1 day)
GOJJI CONTROL	NPB	OTC
GOJJI LANCING DEVICE/CLEAR CAP	NPB	OTC
GOJJI STERILE LANCETS	PB	OTC
HW EMBRACE PRO GLUCOSE METER	NPB	ST; OTC
HW EMBRACE PRO GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
HW EMBRACE TALK BLOOD GLUCOSE	NPB	ST; OTC
HW EMBRACE TALK GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
IHEALTH BLOOD GLUCOSE TEST STR	NPB	ST; OTC; QL (3.4 EA per 1 day)
IHEALTH CONTROL SOLUTION	NPB	OTC
IHEALTH LANCING DEVICE	NPB	OTC
INFINITY BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
INSUL-TOTE ULTIMATE	NPB	OTC
KETO-DIASTIX	NPB	OTC
KETONE CARE	NPB	OTC
KROGER HEALTHPRO GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
LANCETS	PB	
LANCETS	PB	OTC
LANCETS 28G THIN	PB	OTC
LANCETS SUPER THIN	PB	OTC
MICRODOT TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
MICROLET NEXT LANCETS	PB	OTC
MICROLET NEXT LANCING DEVICE	NPB	OTC
MM BLOOD GLUCOSE SYSTEM	NPB	ST; OTC
MM BLULINK GLUCOSE MONIT SYS	NPB	ST; OTC
MM BLULINK GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
MOBI CONNECT LANCING DEVICE	NPB	OTC
MOBI CONNECT TWIST LANCETS	PB	OTC
MOBILE LANCETS 30G	PB	OTC
ONE DROP BLOOD GLUCOSE MONITOR	NPB	ST; OTC
ONE DROP TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
ONETOUCH DELICA PLUS LANCING	NPB	OTC
ONETOUCH DELICA SAFETY LANCING	PB	OTC
ONETOUCH ULTRA 2 KIT W/DEVICE	NPB	ST; OTC
ONETOUCH ULTRA BLUE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
ONETOUCH ULTRA IN VITRO LIQUID	NPB	OTC
ONETOUCH ULTRA IN VITRO STRIP	NPB	ST; OTC; QL (3.4 EA per 1 day)
ONETOUCH ULTRA TEST STRIPS	NPB	ST; OTC; QL (3.4 EA per 1 day)
ONETOUCH VERIO FLEX SYSTEM	NPB	ST; OTC
ONETOUCH VERIO IN VITRO LIQUID HIGH	NPB	OTC
ONETOUCH VERIO TEST STRIPS	NPB	ST; OTC; QL (3.4 EA per 1 day)
ONETOUCH VERIO REFLECT KIT W/DEVICE	NPB	ST; OTC
PERFECT POINT SAFETY LANCETS	PB	OTC
PIP BLOOD GLUCOSE MONITORING	NPB	ST; OTC
PIP BLOOD GLUCOSE TEST STRIP	NPB	ST; OTC; QL (3.4 EA per 1 day)
PIP GLUCOSE CONTROL SOLUTION	NPB	OTC
POGO AUTOMATIC BLOOD GLUCOSE	NPB	ST; OTC
POGO AUTOMATIC TEST CARTRIDGES	NPB	ST; OTC; QL (3.4 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE STRIPS	PB	OTC; QL (3.4 EA per 1 day)
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	NPB	ST; OTC
PRODIGY NO CODING BLOOD GLUC	NPB	ST; OTC
PRODIGY NO CODING BLOOD GLUC IN VITRO	NPB	ST; OTC; QL (3.4 EA per 1 day)
PRODIGY VOICE BLOOD GLUCOSE	NPB	ST; OTC

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Drug Name	Drug Tier	Restrictions / Limits
PTS PANELS EGLU TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
PURE COMFORT SAFETY LANCET 30G	PB	OTC
QUICK TOUCH BLOOD GLUCOSE	NPB	ST; OTC
QUICK TOUCH BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
RELION GLUCOSE TEST STRIPS	NPB	ST; OTC; QL (3.4 EA per 1 day)
RELION PREMIER CLASSIC	NPB	ST; OTC
RELION PREMIER TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
RIGHTEST GT333 BLOOD GLUCOSE	NPB	ST; OTC
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	NPB	ST; OTC; QL (3.4 EA per 1 day)
RIGHTEST GT333 GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
SENSILANCE SAFETY LANCETS 21G	PB	OTC
SENSILANCE SAFETY LANCETS 26G	PB	OTC
SENSILANCE SAFETY LANCETS 28G	PB	OTC
TECHLITE LANCETS 26G	PB	OTC
TRUE FOCUS BLOOD GLUCOSE METER	NPB	ST; OTC
TRUE METRIX BLOOD GLUCOSE TEST	NPB	ST; OTC; QL (3.4 EA per 1 day)
TRUE METRIX LEVEL 1	NPB	OTC
TRUE METRIX LEVEL 2	NPB	OTC
TRUE METRIX LEVEL 3	NPB	OTC
TRUE METRIX PRO BLOOD GLUCOSE	NPB	ST; OTC; QL (3.4 EA per 1 day)
TRUENESS BLOOD GLUCOSE MONITOR	NPB	ST; OTC
TRUENESS BLOOD GLUCOSE STRIPS	NPB	ST; OTC; QL (3.4 EA per 1 day)
ULTRA-CARE SAFETY LANCETS 30G	PB	OTC
UNISTRIIP CONTROL IN VITRO SOLUTION LOW	NPB	OTC
VERIFINE SAFE LANCET MINI 21G	PB	OTC
VERIFINE SAFE LANCET MINI 23G	PB	OTC
VERIFINE SAFE LANCET MINI 28G	PB	OTC
VERIFINE SAFE LANCET MINI 30G	PB	OTC
VIVAGUARD INO CONTROL SOLUTION	NPB	OTC
VIVAGUARD INO GLUCOSE METER	NPB	ST; OTC
VIVAGUARD INO SMART GLUC METER	NPB	ST; OTC
VIVAGUARD INO TEST STRIPS	NPB	ST; OTC; QL (3.4 EA per 1 day)
VIVAGUARD LANCETS 30G	PB	OTC
VIVAGUARD LANCING DEVICE	NPB	OTC
VIVAGUARD SAFETY LANCETS 28G	PB	OTC
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	PB	

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Drug Name	Drug Tier	Restrictions / Limits
BAQSIMI TWO PACK	PB	
diazoxide oral	G	M
glucagon emergency kit injection solution reconstituted 1 mg	G	
GLUCAGON EMERGENCY KIT	PB	
GVOKE HYPOPEN 1-PACK	PB	
GVOKE HYPOPEN 2-PACK	PB	
GVOKE KIT	PB	
GVOKE PFS	PB	
Diabetes - Insulins		
ADMELOG	PB	ST; M
ADMELOG SOLOSTAR	PB	ST; M
AFREZZA	NPB	PA; M
APIDRA SOLOSTAR	PB	ST; M
APIDRA VIAL	PB	ST; M
AQ INSULIN SYRINGE	NPB	
AQINJECT PEN NEEDLE	NPB	M
ASSURE ID DUO PRO PEN NEEDLES	NPB	M; OTC
ASSURE ID PRO PEN NEEDLES	NPB	M; OTC
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	NPB	M; OTC
AUM MINI INSULIN PEN NEEDLE	NPB	M; OTC
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	NPB	M; OTC
AUM READYGARD DUO PEN NEEDLE	NPB	M; OTC
AUM SAFETY PEN NEEDLE	NPB	M; OTC
AUTOKEEPER SAFETY PEN NEEDLE	NPB	M; OTC
BASAGLAR KWIKPEN	PB	M
BD AUTOSHIELD DUO PEN NEEDLES	NPB	M; OTC
BD PEN NEEDLE MICRO ULTRAFINE	NPB	M; OTC
BD PEN NEEDLE MINI ULTRAFINE	NPB	M; OTC
BD PEN NEEDLE NANO ULTRAFINE	NPB	M; OTC
BD PEN NEEDLE ORIG ULTRAFINE	NPB	M; OTC
BD PEN NEEDLE SHORT ULTRAFINE	NPB	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	NPB	OTC

Drug Name	Drug Tier	Restrictions / Limits
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 6MM 0.5 ML	NPB	
BD ULTRA-FINE PEN NEEDLES	NPB	M; OTC
BD VEO INSULIN SYR ULTRAFINE	NPB	OTC
CEQUR SIMPLICITY 2U 10PK	PB	
CLEVER CHOICE COMFORT EZ PLUS	NPB	M; OTC
COMFORT EZ PRO PEN NEEDLES	NPB	M; OTC
DROPLET MICRON	NPB	M; OTC
DROPSAFE AUTOPROTECT DUO	NPB	M; OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	NPB	
EMBECTA AUTOSHIELD DUO	NPB	M; OTC
EMBECTA INS SYR U/F 1/2 UNIT	NPB	OTC
EMBECTA INSULIN SYR ULTRAFINE	NPB	OTC
EMBECTA INSULIN SYRINGE	NPB	
EMBECTA INSULIN SYRINGE U-100	NPB	
EMBECTA INSULIN SYRINGE U-500	NPB	
EMBECTA PEN NEEDLE NANO	NPB	M; OTC
EMBECTA PEN NEEDLE NANO 2 GEN	NPB	M; OTC
EMBECTA PEN NEEDLE ULTRAFINE	NPB	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	NPB	M; OTC
FIASP	PB	ST; M
FIASP FLEXTOUCH	PB	ST; M
FIASP PENFILL	PB	M
FIASP PUMPCART	PB	M
HUMALOG	PB	M
HUMALOG KWIKPEN	PB	M
HUMALOG MIX 50/50 KWIKPEN	PB	M
HUMALOG MIX 75/25 KWIKPEN	PB	M
HUMALOG MIX 75/25 VIAL	PB	M
HUMALOG U-100 JUNIOR KWIKPEN	PB	M
HUMULIN 70/30 KWIKPEN	PB	M; OTC
HUMULIN 70/30 VIAL	PB	M; OTC
HUMULIN N KWIKPEN	PB	M; OTC
HUMULIN N VIAL	PB	M; OTC
HUMULIN R U-500 KWIKPEN	PB	M
HUMULIN R VIAL	PB	M; OTC

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Drug Name	Drug Tier	Restrictions / Limits
INCONTROL ULTICARE PEN NEEDLES	NPB	M; OTC
INSULIN GLARGINE MAX SOLOSTAR	PB	M
INSULIN GLARGINE SOLOSTAR	PB	M
INSULIN GLARGINE-YFGN	NPB	ST
INSULIN LISPRO	PB	M
INSULIN LISPRO (1 UNIT DIAL)	PB	M
INSULIN LISPRO JUNIOR KWIKPEN	PB	M
INSULIN LISPRO PROT & LISPRO	PB	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	NPB	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	NPB	M
INSULIN PEN NEEDLES	PB	M; OTC
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	NPB	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	NPB	
INSUPEN32G EXTR3ME	NPB	M; OTC
LANTUS SOLOSTAR	PB	M
LANTUS U-100 VIAL	PB	M
LYUMJEV KWIKPEN	PB	
LYUMJEV VIAL	PB	
MERILOG	G	
MERILOG SOLOSTAR	G	
NOVOFINE PEN NEEDLE	NPB	M; OTC

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Drug Name	Drug Tier	Restrictions / Limits
NOVOFINE PLUS PEN NEEDLE	NPB	M; OTC
NOVOLIN 70/30 FLEXPEN	PB	M; OTC
NOVOLIN 70/30 FLEXPEN RELION	PB	M; OTC
NOVOLIN 70/30 RELION	PB	M; OTC
NOVOLIN 70/30 VIAL	PB	M; OTC
NOVOLIN N FLEXPEN	PB	M; OTC
NOVOLIN N FLEXPEN RELION	PB	M; OTC
NOVOLIN N RELION	PB	M; OTC
NOVOLIN N VIAL	PB	M; OTC
NOVOLIN R FLEXPEN	PB	M; OTC
NOVOLIN R FLEXPEN RELION	PB	M; OTC
NOVOLIN R RELION	PB	M; OTC
NOVOLIN R VIAL	PB	M; OTC
NOVOLOG 70/30 FLEXPEN RELION	NPB	PA; M
NOVOLOG FLEXPEN	PB	M
NOVOLOG FLEXPEN RELION	NPB	PA; M
NOVOLOG MIX 70/30 FLEXPEN	PB	M
NOVOLOG MIX 70/30 RELION	NPB	PA; M
NOVOLOG MIX 70/30 VIAL	PB	M
NOVOLOG PENFILL	PB	M
NOVOLOG RELION	NPB	PA; M
NOVOLOG U-100 VIAL	PB	M
PEN NEEDLE/5-BEVEL TIP	NPB	M; OTC
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	NPB	M; OTC
PIP PEN NEEDLES 32G X 4MM	NPB	M; OTC
PURE COMFORT SAFETY PEN NEEDLE	NPB	M; OTC
QUICK TOUCH INSULIN PEN NEEDLE	NPB	M; OTC
RAYA SURE PEN NEEDLE	NPB	M; OTC
REZVOGLAR KWIKPEN	PB	
SAFETY PEN NEEDLES	NPB	M; OTC
SEMGLEE (YFGN)	NPB	ST
TECHLITE PLUS PEN NEEDLES	NPB	M; OTC
TOPFINE INSULIN PEN NEEDLE	NPB	M; OTC
TOUJEO MAX SOLOSTAR	PB	M
TOUJEO SOLOSTAR	PB	M
TRESIBA	PB	M
TRESIBA FLEXTOUCH	PB	M

Drug Name	Drug Tier	Restrictions / Limits
TRUE COMFORT SAFETY PEN NEEDLE	NPB	M; OTC
ULTIGUARD SAFEPAK SYR/NEEDLE	NPB	OTC
UNIFINE OTC PEN NEEDLES	NPB	M; OTC
UNIFINE PROTECT PEN NEEDLE	NPB	M; OTC
VERIFINE INSULIN PEN NEEDLE	NPB	M; OTC
VERIFINE INSULIN SYRINGE	NPB	OTC
VERIFINE PLUS PEN NEEDLE	NPB	M; OTC
VERISAFE SAFETY INSULIN SYR	NPB	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	NPB	ST
ACTIVE FE	NPB	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	NPB	
ARGININE HCL INJECTION	NPB	
ARGYLE STERILE WATER	NPB	
CALCIFOL	NPB	
carglumic acid	G-S	PA
CARNITOR ORAL SOLUTION	NPB	ST; M
CARNITOR SF	NPB	ST; M
CENTRATEX	NPB	
CHEMET	NPB	
CORVITA 150	PB	
CORVITE 150 ORAL TABLET 150-1.25 MG	PB	
CUVRIOR	NPB-S	PA
cyanocobalamin injection solution 1000 mcg/ml	G	M
cyanocobalamin nasal	G	M
deferasirox	G	PA
deferasirox granules	G	PA
deferiprone oral tablet 1000 mg	G	PA
DEXPANTHENOL INJECTION	NPB	
EFFER-K	NPB	M
ELITE-OB	PB	
ergocalciferol oral capsule	G	
ferottrinsic	G	
FERRALET 90	NPB	
FERRIPROX ORAL SOLUTION	NPB	PA
FERRO-PLEX	NPB	
folic acid tablet 1 mg oral (rx)	G	M

Drug Name	Drug Tier	Restrictions / Limits
FOLIVANE-F	NPB	
FOLIVANE-PLUS	NPB	
foltrin	G	
FUSION PLUS	NPB	
GALZIN	NPB	
GLYCINE INJECTION	NPB	
HEMATINIC PLUS VIT/MINERALS	NPB	
HEMATINIC/FOLIC ACID	NPB	
HEMATOGEN FA	NPB	
HEMOCYTE PLUS	NPB	
hydroxocobalamin acetate	G	
ICAR-C PLUS	PB	
INTEGRA F	NPB	
INTEGRA PLUS	NPB	
iodine strong	G	
IRON FOLATE PLUS	NPB	
KIONEX	NPB	
klor-con	G	M
klor-con 10	G	M
klor-con m10	G	M
klor-con m15	G	M
klor-con m20	G	M
K-PHOS	NPB	
K-TAN PLUS	PB	
levocarnitine oral solution	G	M
levocarnitine oral tablet	G	M
levocarnitine sf	G	M
LIPO	NPB	
LIPO-C	NPB	
LOKELMA	NPB	
LYSINE HCL INJECTION	NPB	
M-NATAL PLUS	PB	
MULTIGEN	NPB	
MULTIGEN FOLIC	NPB	
MULTIGEN PLUS	NPB	
multivitamin w/fluoride	G	
multi-vitamin/fluoride	G	
multivitamin/fluoride oral tablet chewable	G	

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Drug Name	Drug Tier	Restrictions / Limits
multi-vitamin/fluoride/iron	G	
NEOKE ALCAR	NPB	
NEONATAL PLUS	PB	
NEO-VITAL RX	NPB	
NEPHRON FA	NPB	
NIFEREX	NPB	
NUTRIVIT	NPB	
ONE VITE WOMENS PLUS	PB	
phosphorous	G	
PHOSPHO-TRIN 250 NEUTRAL	NPB	
PHOSPHO-TRIN K500	NPB	
phytonadione oral	G	
pnv 27-ca/fe/fa	G	
pnv prenatal plus multivit+dha	G	
poly-iron 150 forte	G	
polysaccharide iron forte	G	
POLY-VI-FLOR	NPB	
POLY-VI-FLOR/IRON	NPB	
potassium chloride crys er	G	M
potassium chloride er	G	M
potassium chloride oral packet 20 meq	G	M
potassium chloride oral solution	G	M
potassium citrate er	G	M
prenatal oral tablet 27-1 mg	G	
purevit dualfe plus	G	
RELNATE DHA	PB	
RENATABS WITH IRON	NPB	
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	G	M; ACA
sodium fluoride oral tablet chewable	G	M; ACA
sodium polystyrene sulfonate	G	
SPS (SODIUM POLYSTYRENE SULF)	NPB	
sterile water for irrigation	G	
TANDEM PLUS	PB	
TARON FORTE	NPB	

Drug Name	Drug Tier	Restrictions / Limits
TAURINE INJECTION	NPB	
tolvaptan	G-S	PA; QL (2 EA per 1 day)
tolvaptan (hyponatremia)	G-S	PA; QL (2 EA per 1 day)
TRI-AMINO	NPB	
TRICON	NPB	
trientine hcl oral capsule 250 mg	G-S	PA
trigels-f forte	G	
TRINATE	PB	
TRI-VI-FLOR	PB	
TRI-VI-FLORO	PB	
tri-vite/fluoride	G	
VELTASSA	NPB	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	G	
water for irrigation, sterile	G	
WESCAP-PN DHA	PB	
WESTAB PLUS	PB	
ZYCUBO	NPB-S	PA; QL (1 EA per 1 day)
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CYTOTEC	NPB	M
esomeprazole magnesium oral packet	G	M; QL (2 EA per 1 day)
famotidine oral suspension reconstituted	G	
misoprostol oral	G	M
NEXIUM ORAL PACKET	NPB	M; QL (2 EA per 1 day)
pantoprazole sodium oral tablet delayed release	G	M; QL (2 EA per 1 day)
sucralfate oral tablet	G	M
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	G	PA
alvimopan	G	
bis subcit-metronid-tetracyc	G	
bismuth/metronidaz/tetracyclin	G	
CLENPIQ	NPB	
constulose	G	
cromolyn sodium oral	G	
CTEXLI	NPB-S	PA
dicyclomine hcl oral capsule	G	
dicyclomine hcl oral solution 10 mg/5ml	G	

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Drug Name	Drug Tier	Restrictions / Limits
dicyclomine hcl oral tablet 20 mg	G	
diphenoxylate-atropine	G	
enulose	G	
GATTEX	NPB-S	PA
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)
GOLYTELY	NPB	ST
hyoscyamine sulfate er	G	
hyoscyamine sulfate oral elixir	G	
hyoscyamine sulfate oral tablet	G	
hyoscyamine sulfate oral tablet dispersible	G	
hyoscyamine sulfate sl	G	
hyoscyamine sulfate sublingual	G	
IQIRVO	NPB-S	PA; QL (1 EA per 1 day)
lactulose encephalopathy	G	
lactulose oral solution	G	
LINZESS	PB	ST; QL (1 EA per 1 day)
LIVDELZI	NPB-S	PA; QL (1 EA per 1 day)
loperamide hcl oral capsule	G	
lubiprostone	G	QL (2 EA per 1 day)
methscopolamine bromide oral	G	
MOVANTIK	PB	ST; QL (1 EA per 1 day)
MOVIPREP	NPB	ST; QL (2 EA per 365 days)
MYTESI	NPB	QL (2 EA per 1 day)
na sulfate-k sulfate-mg sulf	G	ACA
OSCIMIN	NPB	
peg 3350-kcl-na bicarb-nacl	G	ACA
peg-3350/electrolytes	G	ACA
peg-3350/electrolytes/ascorbat	G	QL (2 EA per 365 days)
peg-kcl-nacl-nasulf-na asc-c	G	QL (2 EA per 365 days)
PEG-PREP	NPB	
prucalopride succinate	G	ST; QL (1 EA per 1 day)
PYLERA	PB	
RELISTOR SUBCUTANEOUS SOLUTION	NPB	ST; QL (0.6 ML per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	NPB	ST; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	NPB	ST; QL (0.4 ML per 1 day)
RESTORA RX	NPB	
REZDIFFRA	NPB	PA; QL (1 EA per 1 day)
SEROSTIM	NPB-S	PA
SUFLAVE	NPB	
SUPREP BOWEL PREP KIT	NPB	
SUTAB	NPB	
SYMPROIC	PB	ST; QL (1 EA per 1 day)
TALICIA	PB	
TRULANCE	NPB	ST; QL (1 EA per 1 day)
ursodiol oral capsule 300 mg	G	M
ursodiol oral tablet	G	M
VIBERZI	NPB	PA; QL (2 EA per 1 day)
VOWST	NPB-S	PA; QL (24 EA per 365 days)
XERMELO	NPB-S	PA; QL (3 EA per 1 day)
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine	G-S	
BUPHENYL ORAL POWDER	NPB-S	PA
CERDELGA	NPB-S	PA
CHOLBAM	NPB-S	PA
CREON	PB	
CYSTADANE	NPB-S	
CYSTAGON	NPB-S	
DUVYZAT	NPB-S	PA; QL (12 ML per 1 day)
EVRYSDI ORAL SOLUTION RECONSTITUTED	NPB-S	PA; QL (8 ML per 1 day)
EVRYSDI ORAL TABLET	NPB-S	PA; QL (1 EA per 1 day)
FORZINITY	NPB-S	PA; QL (0.5 ML per 1 day)
GALAFOLD	NPB-S	PA; QL (0.5 EA per 1 day)
HARLIKU	NPB-S	PA; QL (1 EA per 1 day)
IMCIVREE	NPB-S	PA; QL (0.3 ML per 1 day)
KYGEVVI	NPB-S	PA
miglustat	G-S	PA
MYALEPT	NPB-S	PA
nitisinone	G-S	PA

Drug Name	Drug Tier	Restrictions / Limits
NITYR	NPB-S	PA
OPFOLDA	NPB-S	PA; QL (0.3 EA per 1 day)
ORFADIN	NPB-S	PA
PANCREAZE	NPB	ST
PHEBURANE	NPB-S	PA
sapropterin dihydrochloride	G-S	PA
SEPHIENCE	NPB-S	PA
sodium phenylbutyrate oral	G-S	PA
STRENSIQ	PB-S	PA
SUCRAID	NPB-S	PA
VIOKACE	NPB	ST
VOXZOGO	NPB-S	PA; QL (1 EA per 1 day)
XURIDEN	NPB-S	PA; QL (4 EA per 1 day)
yargesa	G-S	PA
YUWIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 1.3 MG, 2.8 MG	NPB-S	PA; QL (0.15 EA per 1 day)
YUWIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 5.5 MG	NPB-S	PA; QL (0.29 EA per 1 day)
zelvysia	G-S	PA
ZENPEP	PB	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
acetic acid irrigation	G	
bethanechol chloride oral	G	
calcium acetate (phos binder)	G	
calcium acetate oral tablet 667 mg	G	
darifenacin hydrobromide er	G	M
DEPEN TITRATABS	NPB-S	PA; M
dimethyl sulfoxide intravesical	G	
ELMIRON	NPB	PA
fesoterodine fumarate er	G	
FILSPARI ORAL TABLET 200 MG	NPB-S	PA; QL (1 EA per 1 day)
FILSPARI ORAL TABLET 400 MG	NPB-S	PA; QL (2 EA per 1 day)
flavoxate hcl	G	M
FOSRENOL ORAL PACKET	NPB	ST
GEMTESA	NPB	ST
glycine irrigation	G	
glycine urologic	G	
INTRAROSA	NPB	ST

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Drug Name	Drug Tier	Restrictions / Limits
LITHOSTAT	NPB	
mirabegron er	G	
oxybutynin chloride er	G	M
oxybutynin chloride oral solution	G	M
oxybutynin chloride oral tablet 5 mg	G	M
OXYTROL	NPB	ST; M; QL (0.29 EA per 1 day)
penicillamine oral tablet	G-S	PA; M
phenazopyridine hcl oral tablet 100 mg, 200 mg	G	
RENACIDIN	NPB	
RIMSO-50	NPB	
RIVFLOZA SUBCUTANEOUS SOLUTION	NPB-S	PA; QL (0.04 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	NPB-S	PA; QL (0.03 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	NPB-S	PA; QL (0.04 ML per 1 day)
sevelamer carbonate	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)
THIOLA	NPB-S	
THIOLA EC	NPB-S	
tiopronin	G-S	
tolterodine tartrate	G	M
tolterodine tartrate er	G	M
trospium chloride	G	M
VANRAFIA	NPB-S	PA; QL (1 EA per 1 day)
VOYXACT	NPB-S	PA; QL (0.8 ML per 1 day)
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	G	M
dutasteride oral	G	M
finasteride oral tablet 5 mg	G	M
silodosin	G	M
tamsulosin hcl	G	M
terazosin hcl	G	M
TEZRULY	NPB	PA; M

Drug Name	Drug Tier	Restrictions / Limits
Hormonal Agents - Adrenal		
AGAMREE	NPB-S	PA
BLT-25	NPB	
dexamethasone intensol	G	
dexamethasone oral	G	
fludrocortisone acetate oral	G	M
hydrocortisone oral	G	
hydrocortisone sod suc (pf)	G	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	NPB	
MEDROL ORAL TABLET 2 MG	PB	
MEDROL ORAL TABLET THERAPY PACK	NPB	
methylprednisolone oral	G	
prednisolone oral solution	G	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	G	
prednisolone sodium phosphate oral tablet dispersible	G	
prednisone intensol	G	
prednisone oral solution	G	
prednisone oral tablet	G	
prednisone oral tablet therapy pack	G	
SOLU-CORTEF	NPB	
Hormonal Agents - Men's Health		
danazol oral	G	
METHITEST	NPB	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/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)
XYOSTED	NPB	PA; QL (0.08 ML per 1 day)
Hormonal Agents - Pituitary		
ACTHAR	PB-S	PA
ACTHAR GEL	PB-S	PA
cabergoline	G	M
cetrorelix acetate	G-S	PA

Drug Name	Drug Tier	Restrictions / Limits
CHORIONIC GONADOTROPIN INTRAMUSCULAR	NPB-S	PA
clomid	G	
clomiphene citrate oral	G	
CORTROPHIN	PB-S	PA
CORTROPHIN GEL	PB-S	PA
CRENESSITY ORAL CAPSULE 100 MG	NPB-S	PA; QL (4 EA per 1 day)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	NPB-S	PA; QL (3 EA per 1 day)
CRENESSITY ORAL SOLUTION	NPB-S	PA; QL (8 ML per 1 day)
DESMODA	NPB	PA; M
desmopressin ace spray refrig	G	M
desmopressin acetate injection	G	M
desmopressin acetate oral	G	M
desmopressin acetate spray	G	M
EGRIFTA SV	NPB-S	PA; QL (1 EA per 1 day)
EGRIFTA WR	NPB-S	PA; QL (0.04 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	NPB-S	PA; QL (0.012 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG	NPB-S	PA; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG	NPB-S	PA; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	NPB-S	PA; QL (0.036 EA per 1 day)
FIRMAGON	NPB-S	PA; QL (0.036 EA per 1 day)
FIRMAGON (240 MG DOSE)	NPB-S	PA; QL (2 EA per 365 days)
FOLLISTIM AQ	PB-S	PA
FYREMADEL	NPB-S	PA
ganirelix acetate	G-S	PA
GONAL-F	NPB-S	PA
GONAL-F RFF REDIJECT	NPB-S	PA
INCRELEX	PB-S	PA
lanreotide acetate	G-S	PA
leuprolide acetate injection	G-S	PA
LEUPROLIDE ACETATE-BUPIVACAINE	NPB	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	NPB-S	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	PB-S	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	NPB-S	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	PB-S	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	PB-S	PA
LUPRON DEPOT-PED (1-MONTH)	PB-S	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH)	PB-S	PA; QL (0.02 EA per 1 day)
MENOPUR	NPB-S	PA
milophene	G	
NGENLA	NPB-S	PA
NORDITROPIN FLEXPPO	PB-S	PA
NOVAREL	NPB-S	PA
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	G-S	PA
octreotide acetate subcutaneous	G-S	PA
OMNITROPE	PB-S	PA
ORILISSA ORAL TABLET 150 MG	PB	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	PB	PA; QL (2 EA per 1 day)
OVIDREL	NPB-S	PA
PALSONIFY	NPB-S	PA; QL (2 EA per 1 day)
PREGNYL	NPB-S	PA
SKYTROFA	NPB-S	PA
SOGROYA	NPB-S	PA
SOMATULINE DEPOT	NPB-S	PA
SOMAVERT	NPB-S	PA
SYNAREL	PB	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	NPB-S	PA; QL (0.012 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	NPB-S	PA; QL (0.006 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	NPB-S	PA; QL (0.036 EA per 1 day)
TRIPTODUR	PB-S	PA; QL (0.006 EA per 1 day)
VABRINTY SUBCUTANEOUS KIT 22.5 MG	NPB-S	PA; QL (0.012 EA per 1 day)
VABRINTY SUBCUTANEOUS KIT 30 MG	NPB-S	PA; QL (0.009 EA per 1 day)
VABRINTY SUBCUTANEOUS KIT 45 MG	NPB-S	PA; QL (0.006 EA per 1 day)
VABRINTY SUBCUTANEOUS KIT 7.5 MG	NPB-S	PA; QL (0.036 EA per 1 day)
ZOMACTON	NPB-S	PA
Hormonal Agents - Prostaglandins		
mifepristone oral tablet 300 mg	G-S	PA; QL (4 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHERA	NPB	
raloxifene hcl	G	M; ACA
Hormonal Agents - Sex Hormones and Birth Control		
abigale	G	M
abigale lo	G	M
afirmelle	G	M; ACA
ALORA	NPB	M
altavera	G	M; ACA
alyacen 1/35	G	M; ACA
alyacen 7/7/7	G	M; ACA
amethyst	G	M; ACA
ANGELIQ	NPB	M
ANNOVERA	NPB	ACA; QL (1 EA per 350 days)
apri	G	M; ACA
aranelle	G	M; ACA
ashlyna	G	M; ACA; QL (1 EA per 1 day)
aubra eq	G	M; ACA
aurovela 1.5/30	G	M; ACA
aurovela 1/20	G	M; ACA
aurovela 24 fe	G	M; ACA
aurovela fe 1.5/30	G	M; ACA
aurovela fe 1/20	G	M; ACA
aviane	G	M; ACA
ayuna	G	M; ACA
azurette	G	M; ACA
BALCOLTRA	NPB	M; ACA
balziva	G	M; ACA
BEYAZ	NPB	M; ACA
BIJUVA	NPB	
blisovi 24 fe	G	M; ACA
blisovi fe 1.5/30	G	M; ACA
blisovi fe 1/20	G	M; ACA
briellyn	G	M; ACA
camila	G	M; ACA
camrese	G	M; ACA; QL (1 EA per 1 day)
camrese lo	G	M; ACA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
charlotte 24 fe	G	M; ACA
chateal eq	G	M; ACA
CLIMARA PRO	PB	M
COMBIPATCH	NPB	M
CRINONE	NPB	QL (0.6 GM per 1 day)
cryselle	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
DELESTROGEN	NPB	ST
delyla	G	M; ACA
DEPO-ESTRADIOL	NPB	
DEPO-PROVERA	NPB	ACA; QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104	NPB	ACA; QL (0.02 ML per 1 day)
DIVIGEL	NPB	M
dolishale	G	M; ACA
dotti	G	M
drospiren-eth estrad-levomefol	G	M; ACA
drospirenone-ethinyl estradiol	G	M; ACA
DUAVEE	PB	
ELESTRIN	NPB	M
elinest	G	M; ACA
ELLA	NPB	ACA
eluryng	G	M; ACA
emzahh	G	M; ACA
ENDOMETRIN	PB	
enilloring	G	M; ACA
enskyce	G	M; ACA
errin	G	M; ACA
estarylla	G	M; ACA
estradiol oral	G	M
estradiol transdermal	G	M
estradiol vaginal	G	M
estradiol valerate intramuscular	G	
estradiol-norethindrone acet	G	M
ESTRING	NPB	M; QL (0.012 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
ESTROGEL	NPB	ST; M
estrogens conjugated	G	M
etonogestrel-ethinyl estradiol	G	M; ACA
EVAMIST	NPB	M
falmina	G	M; ACA
feirza 1.5/30	G	M; ACA
feirza 1/20	G	M; ACA
FEMLYV	NPB	ST; M; ACA
FEMRING	NPB	ST; M; QL (0.012 EA per 1 day)
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)
IMVEXXY MAINTENANCE PACK	PB	M
IMVEXXY STARTER PACK	PB	M
incassia	G	M; ACA
introvale	G	M; ACA; QL (1 EA per 1 day)
isibloom	G	M; ACA
jaimiess	G	M; ACA; QL (1 EA per 1 day)
jasmiel	G	M; ACA
jencycla	G	M; ACA
jinteli	G	M
jolessa	G	M; ACA; QL (1 EA per 1 day)
joyeaux	G	M; ACA
juleber	G	M; ACA
junel 1.5/30	G	M; ACA
junel 1/20	G	M; ACA
junel fe 1.5/30	G	M; ACA
junel fe 1/20	G	M; ACA
junel fe 24	G	M; ACA
kaitlib fe	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
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
LO LOESTRIN FE	NPB	M; ACA
LOESTRIN 1.5/30 (21)	NPB	ST; M; ACA
LOESTRIN 1/20 (21)	NPB	ST; M; ACA
LOESTRIN FE 1.5/30	NPB	ST; M; ACA
LOESTRIN FE 1/20	NPB	ST; 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	G	ACA; QL (0.02 ML per 1 day)
medroxyprogesterone acetate oral	G	M
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	G	
megestrol acetate oral tablet	G	
meleya	G	M; ACA

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Drug Name	Drug Tier	Restrictions / Limits
MENOSTAR	NPB	ST; M
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
microgestin fe 1/20	G	M; ACA
mili	G	M; ACA
mimvey	G	M
minzoya	G	M; ACA
mono-lynyah	G	M; ACA
MYFEMBREE	PB	PA; QL (1 EA per 1 day)
NATAZIA	PB	M; ACA
necon 0.5/35 (28)	G	M; ACA
NEXTSTELLIS	NPB	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
NUVARING	NPB	ST; M; ACA
nylia 1/35	G	M; ACA
nylia 7/7/7	G	M; ACA
ORIAHNN	PB	PA; QL (2 EA per 1 day)
orquidea	G	M; ACA
philith	G	M; ACA
pimtrea	G	M; ACA
portia-28	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
PREMARIN VAGINAL	PB	M
PREMPHASE	PB	M
PREMPRO	PB	M
progesterone intramuscular	G	
progesterone oral	G	
progesterone vaginal	G	
PROVERA	NPB	M
reclipsen	G	M; ACA
rivelsa	G	M; ACA; QL (1 EA per 1 day)
rosyrah	G	M; ACA; QL (1 EA per 1 day)
SAFYRAL	NPB	ST; M; ACA
setlakin	G	M; ACA; QL (1 EA per 1 day)
sharobel	G	M; ACA
simliya	G	M; ACA
simpesse	G	M; ACA; QL (1 EA per 1 day)
SLYND	NPB	ST; ACA
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
TAYTULLA	NPB	M; ACA
tilia fe	G	M; ACA
tri-estarylla	G	M; ACA
tri-legest fe	G	M; ACA
tri-linyah	G	M; ACA
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
TWIRLA	NPB	ST; ACA
TYBLUME	NPB	M; ACA
tydemy	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
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
YASMIN 28	NPB	ST; M; ACA
YAZ	NPB	M; ACA
yuvaferm	G	M
zafemy	G	M; ACA
zovia 1/35 (28)	G	M; ACA
zumandimine	G	M; ACA
Hormonal Agents - Thyroid		
ARMOUR THYROID	NPB	M
CYTOMEL	NPB	M
EVEXITHROID	NPB	M
LEVOTHYROXINE SODIUM ORAL CAPSULE	NPB	ST; M
levothyroxine sodium oral tablet	G	M
levoxyl	G	M
liomny	G	M
liothyronine sodium oral	G	M
methimazole oral	G	M
NIVA THYROID	NPB	M
np thyroid	G	M
propylthiouracil oral	G	M
RENTHYROID	NPB	M
SODIUM IODIDE I-131	NPB	
SYNTHROID	NPB	M
THYQUIDITY	NPB	ST; M
thyroid oral	G	M

Drug Name	Drug Tier	Restrictions / Limits
TIROSINT	NPB	M
TIROSINT-SOL	NPB	M
unithroid	G	M
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	NPB-S	PA; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS	NPB-S	PA; QL (0.13 ML per 1 day)
ADALIMUMAB-ADBIM (2 PEN)	PB-S	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	PB-S	PA; QL (0.08 EA per 1 day)
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	PB-S	PA; QL (0.15 EA per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	PB-S	PA; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	PB-S	PA; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG	PB-S	PA; QL (0.03 ML per 1 day)
ANDEMBRY	NPB-S	PA; QL (0.05 ML per 1 day)
ARCALYST	NPB-S	PA
ASTAGRAF XL	NPB	
AURANOFIN	NPB-S	M
AVTOZMA SUBCUTANEOUS	NPB-S	PA; QL (0.13 ML per 1 day)
AZASAN	NPB	
azathioprine oral	G	
BENLYSTA SUBCUTANEOUS	NPB-S	PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	NPB-S	PA; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	NPB-S	PA; QL (0.08 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	NPB-S	PA; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	NPB-S	PA; QL (0.08 ML per 1 day)
CELLCEPT	NPB	
CIMZIA	PB-S	PA; QL (0.08 EA per 1 day)
CIMZIA (1 SYRINGE)	PB-S	PA; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE)	PB-S	PA; QL (0.08 EA per 1 day)
CIMZIA-STARTER	PB-S	PA; QL (0.08 EA per 1 day)
COSENTYX (300 MG DOSE)	NPB-S	PA; QL (0.08 ML per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	NPB-S	PA; QL (0.04 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	NPB-S	PA; QL (0.02 ML per 1 day)
COSENTYX SENSOREADY (300 MG)	NPB-S	PA; QL (0.08 ML per 1 day)
COSENTYX SENSOREADY PEN	NPB-S	PA; QL (0.04 ML per 1 day)
COSENTYX UNOREADY	NPB-S	PA; QL (0.08 ML per 1 day)
cyclosporine modified	G	
cyclosporine oral	G	
DAWNZERA	NPB-S	PA; QL (0.03 ML per 1 day)
EKTERLY	NPB-S	PA; QL (8 EA per 25 days)
ENBREL	PB-S	PA; QL (0.15 ML per 1 day)
ENBREL MINI	PB-S	PA; QL (0.15 ML per 1 day)
ENBREL SURECLICK	PB-S	PA; QL (0.15 ML per 1 day)
ENSPRYNG	NPB-S	PA
ENTYVIO PEN	NPB-S	PA; QL (0.05 ML per 1 day)
ENVARUSUS XR	NPB	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	G	
engraf	G	
icatibant acetate	G-S	PA; QL (0.6 ML per 1 day)
IMURAN	NPB	
JOENJA ORAL TABLET 40 MG, 50 MG	NPB	PA; QL (2 EA per 1 day)
JOENJA ORAL TABLET 70 MG	NPB-S	PA; QL (2 EA per 1 day)
JYLAMVO	PB	PA
KEVZARA	NPB-S	PA; QL (0.09 ML per 1 day)
KINERET	NPB-S	PA
leflunomide oral	G	M
LUPKYNIS	NPB-S	PA; QL (6 EA per 1 day)
methotrexate sodium	G	
methotrexate sodium (pf)	G	
mycophenolate mofetil oral	G	
mycophenolate sodium	G	
mycophenolic acid	G	
MYFORTIC	NPB	
MYHIBBIN	NPB	
NEORAL	NPB	
OLUMIANT	NPB-S	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB-S	PA; QL (0.11 ML per 1 day)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PB-S	PA; QL (0.18 ML per 1 day)
OMVOH SUBCUTANEOUS	PB-S	PA; QL (0.08 ML per 1 day)
ORENCIA CLICKJECT	NPB-S	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	NPB-S	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	NPB-S	PA; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	NPB-S	PA; QL (0.1 ML per 1 day)
ORLADEYO	NPB-S	PA; QL (1 EA per 1 day)
OTEZLA ORAL TABLET	PB-S	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK	PB-S	PA; QL (55 EA per 365 days)
OTEZLA XR	PB-S	PA; QL (1 EA per 1 day)
OTEZLA/OTEZLA XR INITIATION PK	PB-S	PA; QL (55 EA per 365 days)
PROGRAF ORAL	NPB	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML	PB	PA; QL (0.84 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	PB	PA; QL (1.12 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML	PB	PA; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	PB	PA; QL (1.68 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	PB	PA; QL (1.96 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	PB	PA; QL (2.24 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	PB	PA; QL (2.52 ML per 28 days)
RHAPSIDO	PB-S	PA; QL (2 EA per 1 day)
RIDAURA	NPB-S	M
RINVOQ	PB-S	PA; QL (1 EA per 1 day)
RINVOQ LQ	PB-S	PA; QL (12 ML per 1 day)
SANDIMMUNE ORAL	NPB	
SAPHNELO PEN	NPB-S	PA; QL (0.12 ML per 1 day)
SAPHNELO SUBCUTANEOUS	NPB-S	PA; QL (0.12 ML per 1 day)
SILIQ	NPB-S	PA; QL (0.11 ML per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	PB-S	PA; QL (0.15 EA per 1 day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	PB-S	PA; QL (0.08 EA per 1 day)
SIMLANDI (2 PEN)	PB-S	PA; QL (0.15 EA per 1 day)
SIMLANDI (2 SYRINGE)	PB-S	PA; QL (0.15 EA per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	PB-S	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	PB-S	PA; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB-S	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	PB-S	PA; QL (0.02 ML per 1 day)
sirolimus oral	G	
SKYRIZI PEN	PB-S	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS	PB-S	PA; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	PB-S	PA; QL (0.05 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	PB-S	PA; QL (0.005 ML per 1 day)
SOTYKTU	NPB-S	PA; QL (1 EA per 1 day)
SPEVIGO SUBCUTANEOUS	NPB-S	PA; QL (0.08 ML per 1 day)
tacrolimus er	G	
tacrolimus oral	G	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	NPB-S	PA; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	NPB-S	PA; QL (0.15 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB-S	PA; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	PB-S	PA; QL (0.01 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	PB-S	PA; QL (0.02 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	PB-S	PA; QL (0.04 ML per 1 day)
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)

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Drug Name	Drug Tier	Restrictions / Limits
TREMFYA ONE-PRESS	PB-S	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	PB-S	PA; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS	PB-S	PA; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	PB-S	PA; QL (0.08 ML per 1 day)
TREMFYA-CD/UC INDUCTION	PB-S	PA; QL (0.08 ML per 1 day)
TREXALL	PB	
USTEKINUMAB-AAUZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	PB-S	PA; QL (0.009 ML per 1 day)
USTEKINUMAB-AAUZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
VELSIPITY	PB-S	PA; QL (1 EA per 1 day)
XATMEP	PB	PA
YESINTEK SUBCUTANEOUS SOLUTION	PB-S	PA; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	PB-S	PA; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
ZORTRESS	NPB	
ZYMFENTRA (1 PEN)	NPB-S	PA; QL (0.08 EA per 1 day)
ZYMFENTRA (2 PEN)	NPB-S	PA; QL (0.08 EA per 1 day)
ZYMFENTRA (2 SYRINGE)	NPB-S	PA; QL (0.08 EA per 1 day)
Immunological Agents - Drugs for Vaccination		
ABRYSVO	NPB	ACA; QL (1 EA per 999 days)
ACAM2000	NPB	
ACTHIB	NPB	ACA
ADACEL	NPB	ACA
AREXVY	NPB	ACA; QL (1 EA per 999 days)
AUDENZ	NPB	
BEXSERO	NPB	ACA
BOOSTRIX	NPB	ACA
CAPVAXIVE	NPB	ACA
COMIRNATY	NPB	ACA
COMIRNATY 5-11 YEARS	NPB	ACA
DAPTACEL	NPB	ACA

Drug Name	Drug Tier	Restrictions / Limits
DENGVAXIA	NPB	ACA
ENGRIX-B	NPB	ACA
FLUAD	NPB	ACA
FLUARIX	NPB	ACA
FLUBLOK	NPB	ACA
FLUCELVAX	NPB	ACA
FLULAVAL	NPB	ACA
FLUMIST	NPB	ACA
FLUZONE HIGH-DOSE	NPB	ACA
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	NPB	ACA
GARDASIL 9	NPB	ACA
HAVRIX	NPB	ACA
HEPLISAV-B	NPB	ACA
HIBERIX	NPB	ACA
INFANRIX	NPB	ACA
IPOL	NPB	ACA
JYNNEOS	NPB	ACA
KINRIX	NPB	ACA
MENQUADFI	NPB	ACA
MENVEO	NPB	ACA
MFLUSIVA	NPB	
M-M-R II	NPB	ACA
MNEXSPIKE	NPB	ACA
MRESVIA	NPB	ACA; QL (0.5 ML per 999 days)
NUVAXOVID COVID-19 VACCINE	NPB	ACA
PEDIARIX	NPB	ACA
PEDVAXHIB	NPB	ACA
PENBRAYA	NPB	ACA
PENMENVY	NPB	ACA
PENTACEL	NPB	ACA
PNEUMOVAX 23	NPB	ACA
PREVNAR 20	NPB	ACA
PRIORIX	NPB	ACA
PROQUAD	NPB	ACA
QUADRACEL	NPB	ACA
RECOMBIVAX HB	NPB	ACA
ROTARIX	NPB	ACA

Drug Name	Drug Tier	Restrictions / Limits
ROTATEQ	NPB	ACA
SHINGRIX	NPB	ACA
SPIKEVAX	NPB	ACA
SPIKEVAX 6M-11Y	NPB	ACA
TENIVAC	NPB	ACA
TRUMENBA	NPB	ACA
TWINRIX	NPB	ACA
VAQTA	NPB	ACA
VARIVAX	NPB	ACA
VAXELIS	NPB	ACA
VAXNEUVANCE	NPB	ACA
VIMKUNYA	NPB	
VIVOTIF	NPB	
Inflammatory Bowel Disease Agents		
APRISO	PB	M
AZULFIDINE EN-TABS	NPB	M
balsalazide disodium	G	
budesonide oral	G	
budesonide rectal	G	
CORTENEMA	NPB	
CORTIFOAM	NPB	
DIPENTUM	NPB	M
EOHILIA	NPB	PA; QL (20 ML per 1 day)
hydrocortisone (perianal)	G	
hydrocortisone ace-pramoxine external cream 1-1 %	G	
hydrocortisone rectal	G	
mesalamine er oral capsule 0.375 gm	G	M
mesalamine oral capsule delayed release 400 mg	G	M
mesalamine oral tablet delayed release 1.2 gm	G	M
mesalamine rectal	G	M
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	NPB	ST; M
PROCTOFOAM HC	PB	
procto-med hc	G	
sulfasalazine oral	G	M
TARPEYO	NPB-S	PA; QL (4 EA per 1 day)
UCERIS RECTAL	NPB	

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Drug Name	Drug Tier	Restrictions / Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
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)
ATELVIA	NPB	M; QL (0.15 EA per 1 day)
BONSITY	PB-S	PA
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)
MIACALCIN	NPB	M
risedronate sodium oral tablet 150 mg	G	M; QL (0.04 EA per 1 day)
risedronate sodium oral tablet 30 mg, 5 mg	G	M
risedronate sodium oral tablet 35 mg	G	M; QL (0.15 EA per 1 day)
risedronate sodium oral tablet delayed release	G	M; QL (0.15 EA per 1 day)
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	G-S	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	PB-S	PA
TYMLOS	PB-S	PA
zoledronic acid intravenous solution 4 mg/100ml	G-S	
Metabolic Bone Disease Agents - Other		
calcitriol oral	G	M
cinacalcet hcl	G	PA
paricalcitol oral	G	M
RAYALDEE	NPB	M
ZEMPLAR ORAL	NPB	M
Miscellaneous Therapeutic Agents		
ALPHA-LIPOIC ACID INJECTION	NPB	
AQNEURSA	NPB-S	PA; QL (4 EA per 1 day)
ASTRINGYN	NPB	
BYLVAY	NPB-S	PA
BYLVAY (PELLETS)	NPB-S	PA
CAYA	NPB	ACA
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	NPB	
CYTOTINE ORAL POWDER	NPB	
DIASCREEN 10	NPB	OTC
DIASCREEN 1B	NPB	OTC

Drug Name	Drug Tier	Restrictions / Limits
DIASCREEN 1G	NPB	OTC
DIASCREEN 1K	NPB	OTC
DIASCREEN 2GK	NPB	OTC
DIASCREEN 2GP	NPB	OTC
DIASCREEN 3	NPB	OTC
DIASCREEN 4NL	NPB	OTC
DIASCREEN 4OBL	NPB	OTC
DIASCREEN 4PH	NPB	OTC
DIASCREEN 5	NPB	OTC
DIASCREEN 6	NPB	OTC
DIASCREEN 7	NPB	OTC
DIASCREEN 8	NPB	OTC
DIASCREEN 9	NPB	OTC
DIASCREEN LIQUID URINE CONTROL	NPB	OTC
EUA PATIENT ASSESSMENT	NPB	
FEMCAP	NPB	ACA
FIRDAPSE	NPB-S	PA
formaldehyde	G	
glutaraldehyde external	G	
GRASSTEK	NPB	PA; QL (1 EA per 1 day)
IGALMI	NPB	PA
IWILFIN	PB-S	PA
KERENDIA	NPB	PA; QL (1 EA per 1 day)
l-glutamine oral packet	G	PA
liraglutide -weight management	G	PA; QL (0.5 ML per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	NPB-S	PA; QL (2 ML per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	NPB-S	PA; QL (3 ML per 1 day)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG	NPB-S	PA; QL (2 EA per 1 day)
LIVMARLI ORAL TABLET 30 MG	NPB-S	PA; QL (1 EA per 1 day)
LYNAVOY	NPB-S	PA; QL (2 EA per 1 day)
LYNKUET	NPB	PA; QL (2 EA per 1 day)
METHERGINE	NPB	QL (28 EA per 1 fill)
methylergonovine maleate oral	G	QL (28 EA per 1 fill)
MIPLYFFA	NPB-S	PA; QL (3 EA per 1 day)
NEOKE RA LIPOIC	NPB	
ODACTRA	NPB	PA; QL (1 EA per 1 day)
OMNIPOD 5 DEXCOM INTRO KIT	PB	

Drug Name	Drug Tier	Restrictions / Limits
OMNIPOD 5 DEXCOM PODS	PB	QL (0.34 EA per 1 day)
OMNIPOD DASH INTRO KIT	PB	
OMNIPOD DASH PODS	PB	QL (0.34 EA per 1 day)
PHEXX	NPB	PA; ACA; QL (60 GM per 60 days)
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	NPB	
RAGWITEK	NPB	PA; QL (1 EA per 1 day)
SALINE-PHENOL	NPB	
sodium saccharin powder	G	
SOHONOS ORAL CAPSULE 1 MG	NPB-S	PA; QL (20 EA per 1 day)
SOHONOS ORAL CAPSULE 1.5 MG	NPB-S	PA; QL (13 EA per 1 day)
SOHONOS ORAL CAPSULE 10 MG	NPB-S	PA; QL (2 EA per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG	NPB-S	PA; QL (8 EA per 1 day)
SOHONOS ORAL CAPSULE 5 MG	NPB-S	PA; QL (4 EA per 1 day)
TAVNEOS	NPB-S	PA; QL (6 EA per 1 day)
VEOZAH	NPB	PA; QL (1 EA per 1 day)
VISTOGARD	NPB	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	NPB-S	PA; QL (3 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	NPB-S	PA; QL (4 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	NPB-S	PA; QL (7 EA per 1 day)
WEGOVY HD	PB	PA; QL (34 day supply per 1 fill)
WEGOVY ORAL	PB	PA; QL (34 day supply per 1 fill)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PB	PA; QL (0.08 ML per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	PB	PA; QL (0.11 ML per 1 day)
WIDE-SEAL DIAPHRAGM 60	NPB	ACA
WIDE-SEAL DIAPHRAGM 65	NPB	ACA
WIDE-SEAL DIAPHRAGM 70	NPB	ACA
WIDE-SEAL DIAPHRAGM 75	NPB	ACA
WIDE-SEAL DIAPHRAGM 80	NPB	ACA
WIDE-SEAL DIAPHRAGM 85	NPB	ACA
WIDE-SEAL DIAPHRAGM 90	NPB	ACA
WIDE-SEAL DIAPHRAGM 95	NPB	ACA

Drug Name	Drug Tier	Restrictions / Limits
XPHOZAH	NPB	ST; QL (2 EA per 1 day)
YONI FIT BLADDER SUPPORT KIT 1	NPB	
YONI FIT BLADDER SUPPORT KIT 2	NPB	
YONI FIT BLADDER SUPPORT KIT 3	NPB	
YONI FIT BLADDER SUPPORT KIT 4	NPB	
YONI FIT BLADDER SUPPORT KIT 5	NPB	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	NPB-S	PA; QL (0.04 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	NPB-S	PA; QL (0.07 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	NPB-S	PA; QL (0.1 ML per 1 day)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	PB	PA; QL (0.8 ML per 1 day)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	PB	PA; QL (4 ML per 365 days)
ZILBRYSQ	NPB-S	PA
ZOKINVY	NPB-S	PA; QL (4 EA per 1 day)
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR LS	NPB	
AZASITE	NPB	
BESIVANCE	NPB	
BETADINE OPHTHALMIC PREP	NPB	
ciprofloxacin hcl ophthalmic	G	
cromolyn sodium ophthalmic	G	
dexamethasone sodium phosphate ophthalmic	G	
diclofenac sodium ophthalmic	G	
difluprednate	G	
erythromycin ophthalmic	G	
EYSUVIS	NPB	PA; QL (0.3 ML per 1 day)
FLAREX	NPB	
fluorometholone	G	
flurbiprofen sodium	G	
FML FORTE	NPB	
FML LIQUIFILM	NPB	
gatifloxacin ophthalmic	G	
gentamicin sulfate ophthalmic	G	

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Drug Name	Drug Tier	Restrictions / Limits
INVELTYS	NPB	
ketorolac tromethamine ophthalmic	G	
levofloxacin ophthalmic	G	
LOTEMAX SM	NPB	
loteprednol etabonate ophthalmic gel	G	QL (20 GM per 365 days)
MAXIDEX	NPB	
MAXITROL OPHTHALMIC OINTMENT	NPB	
MITOSOL	NPB	
moxifloxacin hcl ophthalmic	G	
NATACYN	PB	
neomycin-polymyxin-dexameth	G	
neomycin-polymyxin-hc ophthalmic	G	
ofloxacin ophthalmic	G	
POVIDONE-IODINE OPHTHALMIC	NPB	
PRED MILD	NPB	
prednisolone acetate ophthalmic	G	
prednisolone sodium phosphate ophthalmic	G	
sulfacetamide sodium ophthalmic	G	
TOBRADEX	NPB	
TOBRADEX ST	NPB	
tobramycin ophthalmic	G	
tobramycin-dexamethasone	G	
TOBREX	NPB	
trifluridine	G	
UPNEEQ	NPB	PA
XDEMVEY	NPB	PA; QL (20 ML per 180 days)
ZIRGAN	NPB	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	G	M
acetazolamide oral	G	M
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	NPB	ST; 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
carteolol hcl	G	M
dichlorphenamide	G-S	PA; QL (4 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
dorzolamide hcl ophthalmic	G	M
dorzolamide hcl-timolol mal	G	M
dorzolamide hcl-timolol mal pf	G	M
IOPIDINE	NPB	
KEVEYIS	NPB-S	PA; QL (4 EA per 1 day)
latanoprost ophthalmic	G	M
levobunolol hcl	G	M
methazolamide oral	G	M
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	M
RHOPRESSA	NPB	M; QL (0.1 ML per 1 day)
ROCKLATAN	NPB	M; QL (0.1 ML per 1 day)
SIMBRINZA	PB	M
tafluprost (pf)	G	M; QL (1 EA per 1 day)
timolol maleate (once-daily)	G	M
timolol maleate ophthalmic solution	G	M
travoprost (bak free)	G	M; QL (0.12 ML per 1 day)
VYZULTA	NPB	ST; M; QL (0.1 ML per 1 day)
XELPROS	NPB	ST; M; QL (0.1 ML per 1 day)
ZIOPTAN	NPB	M; QL (1 EA per 1 day)
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AKTEN	NPB	
ALCAINE	NPB	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	NPB	M
atropine sulfate ophthalmic solution 1 %	G	M
bacitracin-polymyxin b	G	
bacitra-neomycin-polymyxin-hc	G	
CEQUA	NPB	PA; M; QL (2 EA per 1 day)
CYCLOGYL	NPB	M
CYCLOMYDRIL	NPB	M
cyclopentolate hcl ophthalmic	G	M
cyclosporine (pf)	G	PA; M; QL (2 EA per 1 day)
CYSTADROPS	NPB-S	QL (0.72 ML per 1 day)
CYSTARAN	NPB-S	QL (2.15 ML per 1 day)
HOMATROPAIRE	NPB	M
loteprednol-tobramycin	G	
MIEBO	PB	PA; QL (0.1 ML per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
neomycin-bacitracin zn-polymyx	G	
neomycin-polymyxin-gramicidin	G	
OXERVATE	NPB-S	PA; QL (2 ML per 1 day)
phenylephrine hcl ophthalmic	G	
polymyxin b-trimethoprim	G	
proparacaine hcl ophthalmic	G	
RESTASIS	PB	PA; M; QL (2 EA per 1 day)
RESTASIS MULTIDOSE	PB	PA; M; QL (2 ML per 1 day)
sulfacetamide-prednisolone	G	
TRYPTYR	PB	PA; QL (2 EA per 1 day)
TYRVAYA	NPB	PA; QL (0.3 ML per 1 day)
VERKAZIA	NPB	PA; M; QL (4 EA per 1 day)
VEVYE	NPB	PA; M; QL (0.07 ML per 1 day)
XIIDRA	PB	PA; M; QL (2 EA per 1 day)
ZYLET	NPB	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	G	
CETRAXAL	NPB	ST
ciprofloxacin hcl otic	G	
ciprofloxacin-dexamethasone	G	
CORTISPORIN-TC	NPB	
DERMOTIC	NPB	
fluocinolone acetonide otic	G	
hydrocortisone-acetic acid	G	
neomycin-polymyxin-hc otic	G	
ofloxacin otic	G	
PRAMOTIC	NPB	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	G	QL (2 ML per 1 day)
benzonatate	G	
carbinoxamine maleate oral tablet 4 mg	G	
cyproheptadine hcl oral syrup 2 mg/5ml	G	
cyproheptadine hcl oral tablet	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)

Drug Name	Drug Tier	Restrictions / Limits
HYPERSAL	NPB	
ipratropium bromide nasal	G	
maxi-tuss ac	G	OTC; QL (240 ML per 1 fill)
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	NPB	
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	
PULMOSAL	NPB	
sodium chloride inhalation	G	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	G	
ADVAIR HFA	PB	M; QL (0.4 GM per 1 day)
AIRSUPRA	PB	QL (1.1 GM per 1 day)
albuterol sulfate hfa	G	M; QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	G	M; QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	G	M; QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	G	M; QL (5 EA per 1 day)
albuterol sulfate nebulization solution (5 mg/ml) 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
ALVESCO	NPB	ST; M; QL (0.41 GM per 1 day)
ANORO ELLIPTA	PB	M; QL (2 EA per 1 day)
arformoterol tartrate	G	M; QL (4 ML per 1 day)
ARNUITY ELLIPTA	PB	M; QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES)	NPB	ST; M; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES)	NPB	ST; M; QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES)	NPB	ST; M; QL (0.04 EA per 1 day)
ASMANEX HFA	NPB	ST; M; QL (0.44 GM per 1 day)
AUVI-Q	NPB	
BEVESPI AEROSPHERE	NPB	ST; M; QL (0.36 GM per 1 day)
BREO ELLIPTA	PB	M; QL (2 EA per 1 day)
breyna	G	M; QL (0.35 GM per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
BREZTRI AEROSPHERE	PB	QL (0.36 GM per 1 day)
BRINSUPRI	NPB-S	PA; QL (1 EA 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)
COMBIVENT RESPIMAT	PB	QL (0.27 GM per 1 day)
cromolyn sodium inhalation	G	M
DUAKLIR PRESSAIR	NPB	ST; QL (0.04 EA per 1 day)
DULERA	NPB	ST; M; QL (0.44 GM per 1 day)
elixophyllin	G	M
epinephrine injection solution auto-injector	G	
EPIPEN 2-PAK	NPB	ST
EPIPEN JR 2-PAK	NPB	ST
FASENRA PEN	PB-S	PA; QL (0.04 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	PB-S	PA; QL (0.01 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	PB-S	PA; QL (0.04 ML per 1 day)
FLUTICASONE FUROATE-VILANTEROL	NPB	PA; M; QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	NPB	ST; M; QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	NPB	ST; M; QL (8 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	NPB	ST; M; QL (0.8 GM per 1 day)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	G	M; QL (0.71 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	G	M; QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	NPB	ST; M; QL (0.04 EA per 1 day)
formoterol fumarate inhalation	G	M; QL (4 ML per 1 day)
INCRUSE ELLIPTA	NPB	ST; M; QL (1 EA 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)
JASCAYD	NPB-S	PA; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	G	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	G	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	G	QL (9 ML per 1 day)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	NPB	QL (1 GM per 1 day)
montelukast sodium oral	G	M
NEFFY	NPB	
nintedanib esylate	G-S	PA; QL (2 EA per 1 day)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB-S	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB-S	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	PB-S	PA; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	PB-S	PA; QL (0.11 EA per 1 day)
OHTUVAYRE	NPB	PA; QL (5 ML per 1 day)
PERFOROMIST	NPB	M; QL (4 ML per 1 day)
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-S	PA
pirfenidone oral tablet 801 mg	G-S	PA; QL (3 EA per 1 day)
PROAIR RESPICLICK	NPB	M; QL (0.07 EA per 1 day)
PULMICORT FLEXHALER	NPB	ST; M; QL (0.07 EA per 1 day)
QVAR REDHALER	PB	M; QL (0.71 GM per 1 day)
roflumilast	G	PA
SEREVENT DISKUS	PB	M; QL (2 EA per 1 day)
SPIRIVA RESPIMAT	PB	M; QL (0.14 GM per 1 day)
STIOLTO RESPIMAT	PB	M; QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT	PB	M; QL (4.2 GM per 30 days)
SYMBICORT	NPB	ST; M; QL (0.35 GM per 1 day)
terbutaline sulfate oral	G	M
TEZSPIRE	PB-S	PA; QL (0.07 ML per 1 day)
THEO-24	NPB	M
theophylline er	G	M
theophylline oral	G	M
tiotropium bromide	G	M; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Restrictions / Limits
TRELEGY ELLIPTA	PB	M; QL (2 EA per 1 day)
UMECLIDINIUM ELLIPTA	NPB	ST; M; QL (1 EA per 1 day)
VENTOLIN HFA	NPB	M; QL (1.2 GM per 1 day)
wixela inhub	G	M; QL (2 EA per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PB-S	PA; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	PB-S	PA; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	PB-S	PA; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PB-S	PA; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	PB-S	PA; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	PB-S	PA; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	PB-S	PA
XOPENEX HFA	NPB	QL (1 GM per 1 day)
YUPELRI	NPB	M; QL (3 ML per 1 day)
zafirlukast	G	M
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG	NPB-S	PA; QL (2 EA per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	NPB-S	PA; QL (3 EA per 1 day)
BRONCHITOL	NPB-S	PA; QL (20 EA per 1 day)
BRONCHITOL TOLERANCE TEST	NPB-S	PA; QL (20 EA per 1 day)
KALYDECO ORAL PACKET	NPB-S	PA; QL (2 EA per 1 day)
KALYDECO ORAL TABLET	NPB-S	PA
KITABIS PAK (W/ NEBULIZER)	NPB-S	ST; QL (10 ML per 1 day)
ORKAMBI ORAL PACKET	NPB-S	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	NPB-S	PA; QL (4 EA per 1 day)
PULMOZYME	PB-S	PA
SYMDEKO	NPB-S	PA; QL (2 EA per 1 day)
TOBI PODHALER	NPB-S	QL (224 EA per 40 days)
tobramycin inhalation nebulization solution 300 mg/4ml	G-S	QL (8 ML per 1 day)
tobramycin nebulization solution 300 mg/5ml inhalation	G-S	QL (10 ML per 1 day)
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	NPB-S	ST; QL (10 ML per 1 day)

Last Updated Date: 09/24/2026

Drug Name	Drug Tier	Restrictions / Limits
TRIKAFTA ORAL TABLET THERAPY PACK	NPB-S	PA; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK	NPB-S	PA; QL (2 EA per 1 day)
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	PB-S	PA; QL (90 EA per 30 days)
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)
ORENITRAM	NPB-S	PA
ORENITRAM MONTH 1	NPB-S	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2	NPB-S	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3	NPB-S	PA; QL (504 EA per 365 days)
sildenafil citrate oral suspension reconstituted	G-S	PA; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	G-S	PA; QL (3 EA per 1 day)
tadalafil (pah)	G-S	PA; QL (2 EA per 1 day)
TADLIQ	NPB-S	PA; QL (10 ML per 1 day)
TRACLEER 32 MG	NPB-S	PA; QL (4 EA per 1 day)
TYVASO	NPB-S	PA; QL (2.9 ML per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG	NPB-S	PA; QL (8 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	NPB-S	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT	NPB-S	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT	NPB-S	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT	NPB-S	PA; QL (2.9 ML per 1 day)
UPTRAVI ORAL	NPB-S	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION	NPB-S	PA; QL (400 EA per 365 days)
WINREVAIR	NPB-S	PA; QL (0.05 EA per 1 day)
YUTREPIA INHALATION CAPSULE 106 MCG	NPB-S	PA; QL (8 EA per 1 day)
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG	NPB-S	PA; QL (5 EA per 1 day)
YUTREPIA INHALATION CAPSULE 79.5 MCG	NPB-S	PA; QL (10 EA per 1 day)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	G	

Drug Name	Drug Tier	Restrictions / Limits
carisoprodol oral	G	
chlorzoxazone oral tablet 500 mg	G	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	G	
dantrolene sodium oral	G	
methocarbamol oral tablet 500 mg, 750 mg	G	
ONTRALFY	NPB	PA
orphenadrine citrate er	G	QL (2 EA per 1 day)
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	G	
tizanidine hcl oral tablet	G	
ZANAFLEX ORAL TABLET	NPB	ST
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	G	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	G	PA; QL (2 EA per 1 day)
BELSOMRA	NPB	QL (1 EA per 1 day)
doxepin hcl oral tablet	G	QL (1 EA per 1 day)
eszopiclone	G	QL (1 EA per 1 day)
flurazepam hcl	G	PA; QL (1 EA per 1 day)
LUMRYZ	NPB-S	PA; QL (1 EA per 1 day)
modafinil oral	G	PA; QL (1 EA per 1 day)
QUVIVIQ	NPB	ST; 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)
SUNOSI	PB	PA; QL (1 EA per 1 day)
tasimelteon	G-S	PA; QL (1 EA per 1 day)
temazepam	G	QL (1 EA per 1 day)
WAKIX	NPB-S	PA; QL (2 EA per 1 day)
XYWAV	NPB-S	PA; QL (18 ML per 1 day)
zaleplon oral capsule 10 mg	G	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	G	QL (1 EA per 1 day)
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EMGALITY.....	24	erythromycin base.....	15	felodipine er.....	41
EMSAM.....	20	erythromycin ethylsuccinate.....	15	FEMCAP.....	93
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FIASP PENFILL.....	64	FLUTICASONE PROPIONATE		READER.....	60
FIASP PUMPCART.....	64	HFA.....	100	FREESTYLE LIBRE 14 DAY	
fidaxomicin.....	15	fluticasone propionate hfa.....	100	SENSOR.....	60
FILSPARI.....	73	fluticasone-salmeterol.....	100	FREESTYLE LIBRE 2	
FILSUVEZ.....	52	FLUTICASONE-		READER.....	60
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fingolimod hcl.....	47	fluvoxamine maleate er.....	20	FREESTYLE LIBRE 3 PLUS	
FINTEPLA.....	17	FLUZONE.....	90	SENSOR.....	60
finzala.....	80	FLUZONE HIGH-DOSE.....	90	FREESTYLE LIBRE 3	
FIRDAPSE.....	93	FML FORTE.....	95	SENSOR.....	60
FIRMAGON.....	76	FML LIQUIFILM.....	95	FREESTYLE LITE TEST	
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FLUBLOK.....	90	FONDCIRCLE BLOOD		ft naloxone hcl.....	12
FLUCELVAX.....	90	GLUCOSE MONIT.....	59	ft nicotine.....	12
fluconazole.....	23	FONDCIRCLE BLOOD		ft nicotine mini.....	12
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GEODON.....	33	goodsense nicotine polacrilex....	12	HUMULIN 70/30 VIAL.....	64
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PLUS.....	60	hailey 1.5/30.....	80	hydrocod poli-chlorphe poli er...	98
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TEST.....	60	hailey fe 1.5/30.....	80	hydrocodone bit-homatrop mbr.	98
GLUCOCARD SHINE		hailey fe 1/20.....	80	hydrocodone-acetaminophen.....	9
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GOJJI LANCING		KWIKPEN.....	64	IBTROZI.....	26
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GOJJI STERILE LANCETS.....	60	KWIKPEN.....	64	ICAR-C PLUS.....	68

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TURALIO	29	varenicline tartrate	14	VIMKUNYA	91
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USTEKINUMAB-AAUZ	89	MINI 21G	62	VOYXACT	74
UZEDY	34	VERIFINE SAFE LANCET		VRAYLAR	34
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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.

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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.

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

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.

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

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.

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

Laotian: ຖ້າທ່ານ, ຫຼື ຄົນ ທ່ານ ກໍ່ າລັງ ຊ່ວຍເຫຼືອ, ມີ ຄຳຖາມ ກ່ຽວກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ທ່ານ ໄດ້ ຮັບ ການ ຊ່ວຍເຫຼືອ ອັນ ບໍ່ ມີ ນ້ຳ ລື ນຳ ຂອງ ທ່ານ ທີ່ ບໍ່ ມີ ຄ່າ ໃຊ້ ຈ່າຍ. ການ ໂອ້ ວົມ ກັບ ນາຍ ພາສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

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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