



Kansas City

**MEMBER 2024
PREMIUM DRUG LIST**

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

Effective January 1, 2024

Blue Cross and Blue Shield of Kansas City 2024 Premium Drug List

Introduction

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

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

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

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

How to use this list:

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

Prior Authorization/Drug Utilization Management

Some drugs have coverage rules or have limits on the amount dispensed. In some cases, the 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](#).

HOW TO REACH US

Blue Cross and Blue Shield of Kansas City Pharmacy Services

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

Frequently asked questions

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

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

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

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

What is a maintenance drug?

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

Does Blue KC cover all prescription drugs?

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

How is the tier level status determined for medications?

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

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

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

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

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

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

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

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

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

Why must some drugs be purchased through a Specialty Pharmacy?

Specialty drugs are those that require special ordering, handling, clinical monitoring and/or customer service. These drugs are best purchased through a Specialty Pharmacy. Blue KC has a network of Specialty Pharmacies available to provide specialized care for patients with complex chronic health conditions to obtain their medications and manage their health conditions. Specialty medications are limited to a 34 day supply.

What if I have questions about my prescription drug coverage?

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

Miscellaneous Information

Specialty Pharmacy

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

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

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

Optum Specialty Pharmacy

Phone: 1-855-427-4682

Syringe and Needle Coverage

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

Drug Tier Descriptions

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

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

List of Abbreviations

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

Blue Cross and Blue Shield of Kansas City

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| Analgesics - Drugs for Pain | | |
| acetaminophen-codeine | G | |
| apap-caff-dihydrocodeine | G | |
| ascomp-codeine | G | |
| bac | G | |
| BELBUCA | PB | QL (2 EA per 1 day) |
| buprenorphine | G | QL (0.15 EA per 1 day) |
| butalbital-acetaminophen oral tablet 50-325 mg | G | |
| butalbital-apap-caff-cod | G | |
| butalbital-apap-caffeine oral capsule 50-300-40 mg | G | |
| butalbital-apap-caffeine oral tablet | G | |
| butalbital-asa-caff-codeine | G | |
| butalbital-aspirin-caffeine | G | |
| butorphanol tartrate nasal | G | |
| codeine sulfate | G | |
| endocet | G | |
| fentanyl citrate buccal lozenge on a handle | G | PA; QL (4 EA per 1 day) |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr | G | QL (1 EA per 1 day) |
| fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr | G | QL (0.5 EA per 1 day) |
| hydrocodone bitartrate er oral capsule extended release 12 hour | G | |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant | G | QL (1 EA per 1 day) |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml | G | |
| hydrocodone-acetaminophen oral tablet | G | |
| hydrocodone-ibuprofen | G | |
| hydromorphone hcl er | G | QL (2 EA per 1 day) |
| hydromorphone hcl oral | G | |
| HYSINGLA ER | PB | QL (1 EA per 1 day) |
| meperidine hcl oral | G | |
| methadone hcl intensol | G | |
| methadone hcl oral | G | |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | NPB | |
| methadose oral tablet soluble | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| METHADOSE SUGAR-FREE | NPB | |
| morphine sulfate (concentrate) | G | |
| morphine sulfate er beads oral capsule extended release 24 hour 120 mg | G | QL (2 EA per 1 day) |
| morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg | G | QL (1 EA per 1 day) |
| morphine sulfate er oral capsule extended release 24 hour | G | QL (2 EA per 1 day) |
| morphine sulfate er oral tablet extended release | G | QL (3 EA per 1 day) |
| morphine sulfate oral | G | |
| oxycodone hcl oral | G | |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML | NPB | |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | G | |
| OXYCONTIN | PB | QL (4 EA per 1 day) |
| oxymorphone hcl | G | |
| oxymorphone hcl er | G | |
| pentazocine-naloxone hcl | G | |
| SYNAPRYN FUSEPAQ | NPB | |
| TENCON | NPB | |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | G | PA; QL (1 EA per 1 day) |
| tramadol hcl er | G | PA; QL (1 EA per 1 day) |
| tramadol hcl oral tablet 100 mg, 50 mg | G | |
| tramadol-acetaminophen | G | |
| TREZIX | NPB | |
| XTAMPZA ER | PB | QL (4 EA per 1 day) |
| Analgesics - Drugs for Pain and Inflammation | | |
| celecoxib oral | G | QL (2 EA per 1 day) |
| DAYPRO | NPB | |
| diclofenac potassium oral tablet 50 mg | G | |
| diclofenac sodium er | G | |
| diclofenac sodium external gel 1 % | G | QL (33.33 GM per 1 day) |
| diclofenac sodium external solution 1.5 % | G | PA |
| diclofenac sodium oral | G | |
| DICLOFONO | NPB | |
| diflunisal oral | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------|
| DUAL COMPLEX FORMULA 1 KIT | NPB | |
| EC-NAPROSYN | NPB | |
| ec-naproxen | G | |
| ENOVARX-DICLOFENAC SODIUM | NPB | |
| ENOVARX-IBUPROFEN | NPB | |
| ENOVARX-NAPROXEN | NPB | |
| etodolac | G | |
| etodolac er | G | |
| FBL KIT | NPB | |
| flurbiprofen oral | G | |
| FROTEK | NPB | |
| ibuprofen oral suspension 100 mg/5ml | G | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | G | |
| indomethacin er | G | |
| indomethacin oral capsule | G | |
| K.B.G.L IN TERODERM | NPB | |
| ketoprofen oral capsule 50 mg | G | |
| ketorolac tromethamine oral | G | QL (20 EA per 1 fill) |
| LODINE | NPB | |
| meloxicam oral tablet | G | |
| nabumetone oral | G | |
| NAPRO | NPB | |
| naproxen dr | G | |
| naproxen oral tablet | G | |
| naproxen oral tablet delayed release | G | |
| naproxen sodium oral tablet 275 mg, 550 mg | G | |
| oxaprozin oral tablet | G | |
| piroxicam oral | G | |
| sulindac oral | G | |
| TRIPLE COMPLEX FORMULA 3 KIT | NPB | |
| VP FC KIT | NPB | |
| VP GKL KIT | NPB | |
| Anesthetics | | |
| ENOVARX-LIDOCAINE HCL | NPB | |
| ethyl chloride | G | |
| GEBAUERS PAIN EASE | NPB | |
| GEBAUERS SPRAY AND STRETCH | NPB | |
| glydo | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------------------|
| L.E.T. EXTERNAL GEL | NPB | |
| lidocaine external ointment 5 % | G | |
| lidocaine external patch 5 % | G | |
| lidocaine hcl external solution | G | |
| lidocaine hcl urethral/mucosal | G | |
| lidocaine-prilocaine external cream | G | |
| LIDO-RACEPINEPHRINE-TETRACAININE | NPB | |
| LIDTOPIC MAX | NPB | |
| STERILE TOPICAL L.E.T. GEL | NPB | |
| TOPICAL L.E.T. | NPB | |
| VENIPUNCTURE PX1 PHLEBOTOMY | NPB | |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| acamprosate calcium | G | |
| buprenorphine hcl sublingual tablet sublingual 2 mg | G | QL (12 EA per 1 day) |
| buprenorphine hcl sublingual tablet sublingual 8 mg | G | QL (3 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 12-3 mg | G | QL (2 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg | G | QL (12 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 4-1 mg | G | QL (6 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual film 8-2 mg | G | QL (3 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg | G | QL (12 EA per 1 day) |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg | G | QL (3 EA per 1 day) |
| bupropion hcl er (smoking det) | G | M; QL (180 day supply per 365 days) |
| disulfiram oral | G | |
| KLOXXADO | G | |
| LUCEMYRA | NPB | ST; QL (16 EA per 1 day) |
| NALMEFENE HCL | NPB | |
| naloxone hcl injection | G | |
| naloxone hcl nasal | G | |
| naltrexone hcl oral | G | |
| NARCAN | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------------------|
| NICOTROL | NPB | M; QL (180 day supply per 365 days) |
| NICOTROL NS | NPB | M; QL (180 day supply per 365 days) |
| OPVEE | PB | |
| RIVIVE | G | OTC |
| SUBOXONE SUBLINGUAL FILM 12-3 MG | G | QL (2 EA per 1 day) |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG | G | QL (12 EA per 1 day) |
| SUBOXONE SUBLINGUAL FILM 4-1 MG | G | QL (6 EA per 1 day) |
| SUBOXONE SUBLINGUAL FILM 8-2 MG | G | QL (3 EA per 1 day) |
| varenicline tartrate | G | QL (180 day supply per 365 days) |
| varenicline tartrate (starter) | G | QL (180 day supply per 365 days) |
| varenicline tartrate(continue) | G | QL (180 day supply per 365 days) |
| ZIMHI | G | |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 5.7-1.4 MG | G | QL (3 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG | G | QL (12 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG | G | QL (1 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG | G | QL (6 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG | G | QL (2 EA per 1 day) |
| Antibacterials | | |
| AEMCOLO | NPB | PA |
| amoxicillin | G | |
| amoxicillin-potassium clavulanate | G | |
| amoxicillin-potassium clavulanate er | G | |
| ampicillin | G | |
| ARIKAYCE | NPB-S | PA |
| AUGMENTIN | NPB | |
| AUGMENTIN ES-600 | NPB | |
| avidoxy | G | |
| azithromycin oral | G | |
| BACTRIM | NPB | |
| BACTRIM DS | NPB | |
| benzalkonium chloride external solution | G | |
| cefaclor | G | |
| cefaclor er | G | |
| cefadroxil | G | |
| cefdinir | G | |
| cefixime | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| cefpodoxime proxetil | G | |
| cefprozil | G | |
| cefuroxime axetil | G | |
| cephalexin | G | |
| CIPRO | NPB | |
| ciprofloxacin hcl oral | G | |
| clarithromycin er | G | |
| clarithromycin oral | G | |
| CLEOCIN ORAL | NPB | |
| clindamycin hcl oral | G | |
| clindamycin palmitate hcl | G | |
| clindamycin phosphate vaginal | G | |
| CLINDESSE | NPB | |
| demeccoclycline hcl | G | |
| dicloxacillin sodium | G | |
| DIFICID | NPB | |
| doxycycline hyclate oral capsule | G | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | G | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | G | |
| doxycycline monohydrate oral suspension reconstituted | G | |
| doxycycline monohydrate oral tablet | G | |
| E.E.S. 400 | NPB | |
| E.E.S. GRANULES | NPB | |
| ERYPED 200 | NPB | |
| ERYPED 400 | NPB | |
| ERY-TAB | NPB | |
| ERYTHROCIN STEARATE | NPB | |
| erythromycin base oral | G | |
| erythromycin ethylsuccinate oral | G | |
| erythromycin oral | G | |
| FIRST-METRONIDAZOLE | NPB | |
| FIRVANQ | NPB | |
| fosfomycin tromethamine | G | |
| gentamicin sulfate external | G | |
| HIPREX | NPB | |
| HUMATIN | PB | |
| hydrogen peroxide | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|------------------------|
| levofloxacin oral | G | |
| linezolid oral suspension reconstituted | G | QL (32.2 ML per 1 day) |
| linezolid oral tablet | G | QL (28 EA per 30 days) |
| LUGOLS STRONG IODINE | NPB | |
| MACROBID | NPB | |
| MACRODANTIN | NPB | |
| mafénide acetate external | G | |
| methenamine hippurate | G | |
| METRONIDAZOLE BENZO+SYRSPEND | NPB | |
| metronidazole oral tablet | G | |
| metronidazole vaginal | G | |
| minocycline hcl oral capsule | G | |
| monodoxine nl | G | |
| moxifloxacin hcl oral | G | |
| mupirocin external | G | |
| neomycin sulfate oral | G | |
| nitrofurantoin macrocrystal | G | |
| nitrofurantoin monohydrate macrocrystals | G | |
| NUZYRA ORAL | NPB | |
| ofloxacin oral | G | |
| penicillin v potassium | G | |
| SEYSARA | NPB | ST |
| silver sulfadiazine external | G | |
| SOLOSEC | NPB | ST |
| ssd | G | |
| sulfadiazine oral | G | |
| sulfamethoxazole-trimethoprim oral | G | |
| SULFAMYLYON EXTERNAL PACKET | NPB | |
| sulfatrim pediatric | G | |
| tetracycline hcl oral capsule | G | |
| tinidazole oral | G | |
| trimethoprim oral | G | |
| VANCOCIN | NPB | |
| vancomycin hcl oral | G | |
| VANCOMYCIN+SYRSPEND SF | NPB | |
| VANDAZOLE | NPB | ST |
| VIBRAMYCIN | NPB | ST |
| XACIATO | NPB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| XEPI | NPB | |
| XIFAXAN ORAL TABLET 550 MG | NPB | PA |
| XIMINO | NPB | |
| ZITHROMAX ORAL | NPB | |
| ZITHROMAX TRI-PAK | NPB | |
| ZITHROMAX Z-PAK | NPB | |
| ZYVOX ORAL SUSPENSION RECONSTITUTED | NPB | QL (32.2 ML per 1 day) |
| Anticoagulants | | |
| ARIXTRA | NPB | |
| dabigatran etexilate mesylate | G | M; QL (2 EA per 1 day) |
| ELIQUIS DVT/PE STARTER PACK | PB | M; QL (148 EA per 365 days) |
| ELIQUIS ORAL TABLET 2.5 MG | PB | M; QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET 5 MG | PB | M; QL (3 EA per 1 day) |
| enoxaparin sodium injection solution prefilled syringe | G | |
| fondaparinux sodium | G | |
| FRAGMIN | NPB | |
| heparin sodium (porcine) | G | |
| heparin sodium (porcine) pf | G | |
| jantoven | G | |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE | NPB | |
| PRADAXA ORAL CAPSULE | PB | M; QL (2 EA per 1 day) |
| PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG | NPB | M; QL (4 EA per 1 day) |
| PRADAXA ORAL PACKET 150 MG, 20 MG | NPB | M; QL (2 EA per 1 day) |
| SAVAYSA | NPB | M; QL (1 EA per 1 day) |
| warfarin sodium oral | G | |
| XARELTO ORAL SUSPENSION RECONSTITUTED | PB | M; QL (20 ML per 1 day) |
| XARELTO ORAL TABLET 10 MG, 20 MG | PB | M; QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | PB | M; QL (2 EA per 1 day) |
| XARELTO STARTER PACK | PB | M; QL (102 EA per 365 days) |
| Anticonvulsants - Drugs for Seizures | | |
| APTIOM | NPB | |
| BRIVIACT ORAL | NPB | ST |
| carbamazepine er | G | |
| carbamazepine oral | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---------------------------------------|-----------|------------------------|
| CELONTIN | NPB | |
| clobazam | 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 |
| epitol | G | |
| ethosuximide oral | G | |
| FANATREX FUSEPAQ | NPB | |
| felbamate | G | |
| FINTEPLA | NPB-S | PA |
| FYCOMPA | NPB | |
| gabapentin oral capsule | G | |
| gabapentin oral solution | G | |
| gabapentin oral tablet 600 mg, 800 mg | G | |
| lacosamide oral | G | |
| LAMICTAL XR ORAL KIT | NPB | |
| lamotrigine er | G | |
| lamotrigine oral | G | |
| lamotrigine starter kit-blue | G | |
| lamotrigine starter kit-green | G | |
| lamotrigine starter kit-orange | G | |
| levetiracetam er | G | |
| levetiracetam oral | G | |
| methsuximide | G | |
| NAYZILAM | NPB | QL (0.34 EA per 1 day) |
| oxcarbazepine | G | |
| phenobarbital oral | G | |
| phenytek | G | |
| phenytoin infatabs | G | |
| phenytoin oral suspension 125 mg/5ml | G | |
| phenytoin oral tablet chewable | G | |
| phenytoin sodium extended | G | |
| primidone oral tablet 250 mg, 50 mg | G | |
| roweepra | G | |
| rufinamide | G | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| subvenite | G | |
| subvenite starter kit-blue | G | |
| subvenite starter kit-green | G | |
| subvenite starter kit-orange | G | |
| SYMPAZAN | NPB | PA |
| tiagabine hcl | G | |
| topiramate er oral capsule er 24 hour sprinkle | G | |
| topiramate er oral capsule extended release 24 hour | G | ST |
| topiramate oral | G | |
| valproic acid oral | G | |
| VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML | NPB | QL (0.34 EA per 1 day) |
| VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML | NPB | QL (0.67 EA per 1 day) |
| vigabatrin | G-S | PA |
| vigadronate | G-S | PA |
| vigpoder | G-S | PA |
| XCOPRI | NPB | ST |
| ZARONTIN | NPB | |
| zonisamide oral | G | |
| ZTALMY | NPB-S | PA |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| donepezil hcl | G | M |
| galantamine hydrobromide | G | M |
| galantamine hydrobromide er | G | M |
| memantine hcl | G | M |
| memantine hcl er | G | M; QL (1 EA per 1 day) |
| NAMENDA TITRATION PAK | NPB | M |
| NAMENDA XR | NPB | M; QL (1 EA per 1 day) |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | PB | QL (56 EA per 365 days) |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | PB | QL (1 EA per 1 day) |
| rivastigmine tartrate | G | M |
| Antidepressants | | |
| amitriptyline hcl oral | G | |
| amoxapine | G | |
| bupropion hcl er (sr) | G | M; QL (2 EA per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|--------------------------------|
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg | G | M; QL (3 EA per 1 day) |
| bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg | G | M; QL (1 EA per 1 day) |
| bupropion hcl oral | G | M |
| chlordiazepoxide-amitriptyline | G | |
| citalopram hydrobromide oral solution | G | M |
| citalopram hydrobromide oral tablet | G | M |
| clomipramine hcl oral | G | |
| desipramine hcl oral | G | |
| DESVENLAFAKINE 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 20 mg, 40 mg, 60 mg | G | M; QL (2 EA per 1 day) |
| duloxetine hcl oral capsule delayed release particles 30 mg | G | M; QL (3 EA per 1 day) |
| EMSAM | NPB | QL (1 EA per 1 day) |
| escitalopram oxalate oral | G | M |
| FETZIMA | NPB | ST; M; QL (1 EA per 1 day) |
| FETZIMA TITRATION | NPB | ST; M; QL (56 EA per 365 days) |
| fluoxetine hcl oral capsule | G | M |
| fluoxetine hcl oral capsule delayed release | G | M; QL (0.15 EA per 1 day) |
| fluoxetine hcl oral solution | G | M |
| fluoxetine hcl oral tablet 10 mg, 60 mg | G | M |
| fluvoxamine maleate | G | M |
| fluvoxamine maleate er | G | M; QL (2 EA per 1 day) |
| imipramine hcl oral | G | |
| imipramine pamoate | G | |
| MARPLAN | NPB | |
| mirtazapine oral | G | |
| NARDIL | NPB | |
| nefazodone hcl | G | M |
| NORPRAMIN | NPB | |
| nortriptyline hcl oral | G | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg | G | QL (1 EA per 1 day) |
| olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg | G | QL (3 EA per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| PARNATE | NPB | |
| paroxetine hcl | G | M |
| paroxetine hcl er | G | M |
| PAXIL ORAL SUSPENSION | NPB | ST; M |
| perphenazine-amitriptyline | G | |
| phenelzine sulfate oral | G | |
| protriptyline hcl | G | |
| REMERON | NPB | |
| REMERON SOLTAB | NPB | |
| sertraline hcl oral concentrate | G | M |
| sertraline hcl oral tablet | G | M |
| SPRAVATO (56 MG DOSE) | NPB-S | PA |
| SPRAVATO (84 MG DOSE) | NPB-S | PA |
| SYMBYAX | NPB | QL (3 EA per 1 day) |
| tranylcypromine sulfate | G | |
| trazodone hcl oral | G | |
| trimipramine maleate oral | G | |
| TRINTELLIX | NPB | ST; QL (1 EA per 1 day) |
| venlafaxine hcl | G | M |
| venlafaxine hcl er oral capsule extended release 24 hour 150 mg | G | M; QL (2 EA per 1 day) |
| venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg | G | M; QL (1 EA per 1 day) |
| venlafaxine hcl er oral capsule extended release 24 hour 75 mg | G | M; QL (3 EA per 1 day) |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg | G | M |
| VIBRYD | NPB | ST; M; QL (1 EA per 1 day) |
| vilazodone hcl | G | M; QL (1 EA per 1 day) |
| Antiemetics - Drugs for Nausea and Vomiting | | |
| AKYNZEO ORAL | NPB | QL (0.07 EA per 1 day) |
| ANTIVERT | NPB | |
| ANZEMET | NPB | QL (0.07 EA per 1 day) |
| aprepitant oral | G | QL (6 EA per 30 days) |
| aprepitant oral capsule 125 mg | G | QL (2 EA per 30 days) |
| aprepitant oral capsule 40 mg | G | QL (1 EA per 30 days) |
| aprepitant pak 80 & 125mg | G | QL (6 EA per 30 days) |
| aprepitant oral capsule 80 mg | G | QL (4 EA per 30 days) |
| BONJESTA | NPB | PA; QL (2 EA per 1 day) |

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

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|---------------------------------|
| econazole nitrate external | G | |
| EXODERM | NPB | |
| fluconazole oral | G | |
| flucytosine oral | G | |
| griseofulvin microsize oral | G | |
| griseofulvin ultramicrosize | G | |
| GYNIAZOLE-1 | NPB | |
| itraconazole oral | G | PA |
| ketoconazole external cream | G | |
| ketoconazole external shampoo | G | |
| ketoconazole oral | G | |
| klayesta | G | |
| miconazole 3 | G | |
| MYCOZYL AL | NPB | |
| naftifine hcl external gel | G | |
| NOXAFIL ORAL PACKET | NPB | PA |
| NOXAFIL ORAL SUSPENSION | NPB | PA |
| nyamyc | G | |
| nystatin external | G | |
| nystatin mouth/throat | G | |
| nystatin oral | G | |
| nystatin-triamcinolone | G | |
| nystop | G | |
| posaconazole oral | G | PA |
| SPORANOX | NPB | PA |
| tavaborole | G | PA |
| terbinafine hcl oral | G | QL (84 day supply per 180 days) |
| terconazole | G | |
| VFEND | NPB | PA |
| voriconazole oral | G | PA |
| Antigout Agents | | |
| allopurinol oral tablet 100 mg, 300 mg | G | M |
| colchicine oral | G | |
| colchicine-probenecid | G | |
| febuxostat | G | ST; M |
| probenecid | G | M |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------------|
| Antimigraine Agents | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | PB | PA; M; QL (0.04 ML per 1 day) |
| AIMOVIG | PB | PA; M; QL (0.07 ML per 1 day) |
| AJOVY | PB | PA; M; QL (0.06 ML per 1 day) |
| dihydroergotamine mesylate injection | G | PA; QL (0.86 ML per 1 day) |
| dihydroergotamine mesylate nasal | G | PA; QL (0.27 ML per 1 day) |
| eletriptan hydrobromide | G | QL (12 EA per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | PB | PA; M; QL (0.1 ML per 1 day) |
| ERGOMAR | NPB | PA; QL (0.72 EA per 1 day) |
| ergotamine-caffeine | G | PA; QL (0.86 EA per 1 day) |
| MIGERGOT | NPB | PA; QL (0.72 EA per 1 day) |
| naratriptan hcl | G | QL (0.3 EA per 1 day) |
| NURTEC | PB | PA; QL (0.27 EA per 1 day) |
| QULIPTA | PB | PA; QL (1 EA per 1 day) |
| rizatriptan benzoate oral tablet 10 mg | G | QL (0.4 EA per 1 day) |
| rizatriptan benzoate oral tablet 5 mg | G | QL (0.6 EA per 1 day) |
| rizatriptan benzoate oral tablet dispersible 10 mg | G | QL (0.4 EA per 1 day) |
| rizatriptan benzoate oral tablet dispersible 5 mg | G | QL (0.6 EA per 1 day) |
| sumatriptan nasal | G | QL (0.4 EA per 1 day) |
| sumatriptan succinate oral | G | QL (0.3 EA per 1 day) |
| sumatriptan succinate refill subcutaneous solution cartridge | G | QL (0.17 ML per 1 day) |
| sumatriptan succinate subcutaneous | G | QL (0.17 ML per 1 day) |
| UBRELVY | PB | PA; QL (0.34 EA per 1 day) |
| ZAVZPRET | NPB | PA; QL (0.2 EA per 1 day) |
| zolmitriptan | G | QL (0.4 EA per 1 day) |
| Antimyasthenic Agents | | |
| MESTINON ORAL SOLUTION | NPB | M |
| MESTINON ORAL TABLET EXTENDED RELEASE | NPB | M |
| pyridostigmine bromide er | G | M |
| pyridostigmine bromide oral | G | M |
| Antimycobacterials | | |
| cycloserine oral | G | |
| dapsone oral | G | |
| ethambutol hcl oral | G | |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| isoniazid oral | G | |
| MYAMBUTOL | NPB | |
| MYCOBUTIN | NPB | |
| PRETOMANID | NPB | |
| PRIFTIN | NPB | |
| pyrazinamide oral | G | |
| rifabutin | G | |
| rifampin oral | G | |
| RIFAMPIN+SYRSPEND SF | NPB | |
| SIRTURO | NPB | |
| TRECATOR | NPB | |
| Antineoplastics - Drugs for Cancer | | |
| abiraterone acetate oral tablet 250 mg | G-S | PA |
| ALECENSA | PB-S | PA |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | PB-S | PA; QL (1 EA per 1 day) |
| ALUNBRIG ORAL TABLET 30 MG | PB-S | PA; QL (4 EA per 1 day) |
| ALUNBRIG ORAL TABLET THERAPY PACK | PB-S | PA; QL (30 EA per 365 days) |
| anastrozole oral | G | ACA |
| AYVAKIT | PB-S | PA; QL (1 EA per 1 day) |
| BALVERSA | PB-S | PA |
| bexarotene | G-S | PA |
| bicalutamide | G | |
| BOSULIF ORAL TABLET | PB-S | PA |
| BRAFTOVI | PB-S | PA |
| BRUKINSA | PB-S | PA |
| CABOMETYX | 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 |
| COTELLIC | PB-S | PA |
| cyclophosphamide oral capsule | G | |
| CYCLOPHOSPHAMIDE ORAL TABLET | PB | |
| DAURISMO | PB-S | PA |
| DROXIA | NPB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------|
| EMCYT | PB | |
| ERIVEDGE | PB-S | PA |
| ERLEADA | PB-S | PA |
| erlotinib hcl oral tablet 100 mg, 150 mg | G-S | PA |
| erlotinib hcl oral tablet 25 mg | G-S | PA; QL (3 EA per 1 day) |
| etoposide oral | G-S | |
| EULEXIN | PB | |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | G-S | PA; QL (1 EA per 1 day) |
| everolimus oral tablet soluble | G-S | PA |
| exemestane | G | ACA |
| EXKIVITY | PB-S | |
| FARESTON | PB | |
| GAVRETO | PB-S | PA |
| gefitinib | G-S | PA |
| GILOTRIF | PB-S | PA; QL (1 EA per 1 day) |
| GLEOSTINE | PB-S | |
| HYCAMTIN ORAL | PB-S | |
| HYDREA | PB | |
| hydroxyurea oral | G | |
| IBRANCE | PB-S | PA |
| ICLUSIG ORAL TABLET 10 MG, 15 MG | PB-S | PA; QL (1 EA per 1 day) |
| ICLUSIG ORAL TABLET 30 MG, 45 MG | PB-S | PA |
| IDHIFA | PB-S | PA; QL (1 EA per 1 day) |
| imatinib mesylate | G-S | PA |
| IMBRUVICA ORAL CAPSULE 140 MG | PB-S | PA; QL (3 EA per 1 day) |
| IMBRUVICA ORAL CAPSULE 70 MG | PB-S | PA; QL (1 EA per 1 day) |
| IMBRUVICA ORAL SUSPENSION | PB-S | PA |
| IMBRUVICA ORAL TABLET 420 MG | PB-S | PA; QL (1 EA per 1 day) |
| INLYTA | PB-S | PA |
| INREBIC | PB-S | PA |
| IRESSA | PB-S | PA |
| JAKAFI ORAL TABLET 10 MG, 5 MG | PB-S | PA; QL (2 EA per 1 day) |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG | PB-S | PA |
| JAYPIRCA ORAL TABLET 100 MG | PB-S | PA |
| JAYPIRCA ORAL TABLET 50 MG | PB-S | PA; QL (1 EA per 1 day) |
| KISQALI FEMARA | PB-S | PA |
| KISQALI ORAL TABLET THERAPY PACK 200 MG | PB-S | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------|
| KOSELUGO | PB-S | PA |
| KRAZATI | PB-S | PA |
| lapatinib ditosylate | G-S | PA |
| lenalidomide | G-S | PA |
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | PB-S | PA |
| letrozole oral | G | |
| leucovorin calcium oral | G | |
| LEUKERAN | PB | |
| LONSURF | PB-S | PA |
| LORBRENA | PB-S | PA |
| LUMAKRAS | PB-S | PA |
| LYNPARZA | PB-S | PA |
| LYSODREN | PB | |
| LYTGOBI (12 MG DAILY DOSE) | PB-S | PA |
| LYTGOBI (16 MG DAILY DOSE) | PB-S | PA |
| LYTGOBI (20 MG DAILY DOSE) | PB-S | PA |
| MATULANE | PB-S | |
| MEKINIST | PB-S | PA |
| MEKTOVI | PB-S | PA |
| melphalan | G-S | |
| mercaptopurine oral | G | |
| MESNEX ORAL | PB-S | |
| MYLERAN | PB | |
| NERLYNX | PB-S | PA; QL (6 EA per 1 day) |
| NEXAVAR | PB-S | PA |
| NILANDRON | PB-S | |
| nilutamide | G-S | |
| NINLARO | PB-S | PA |
| NUBEQA | PB-S | PA |
| ODOMZO | PB-S | PA |
| OGSIVEO | PB-S | PA |
| ONUREG | PB-S | PA |
| ORGOVYX | PB-S | PA |
| ORSERDU | PB-S | PA |
| PANRETIN | NPB | |
| pazopanib hcl | G-S | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|-------------------------------------|-----------|-------------------------|
| PIQRAY | PB-S | PA |
| POMALYST | PB-S | PA |
| PURIXAN | PB-S | |
| QINLOCK | PB-S | PA |
| RETEVMO | PB-S | PA |
| REVLIMID | PB-S | PA |
| ROZLYTREK | PB-S | PA |
| RYDAPT | 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 |
| SOLTAMOX | PB | ACA |
| sorafenib tosylate | G-S | PA |
| SPRYCEL | PB-S | PA |
| STIVARGA | PB-S | PA |
| sunitinib malate | G-S | PA |
| TABLOID | PB-S | |
| TABRECTA | PB-S | PA |
| TAFINLAR | PB-S | PA |
| TAGRISSO ORAL TABLET 40 MG | PB-S | PA; QL (1 EA per 1 day) |
| TAGRISSO ORAL TABLET 80 MG | PB-S | PA |
| tamoxifen citrate oral tablet 10 mg | G | |
| tamoxifen citrate oral tablet 20 mg | G | ACA |
| TASIGNA | PB-S | PA |
| temozolomide | G-S | PA |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | PB-S | PA |
| TIBSOVO | PB-S | PA |
| toremifene citrate | G | |
| tretinoin oral | G-S | |
| TUKYSA | PB-S | PA |
| TURALIO | PB-S | PA |
| VALCHLOR | NPB-S | PA |
| VANFLYTA | PB-S | PA |
| VENCLEXTA | PB-S | PA |
| VENCLEXTA STARTING PACK | PB-S | PA |
| VERZENIO | PB-S | PA |
| VITRAKVI | PB-S | PA |
| VIZIMPRO | PB-S | PA |
| VONJO | PB-S | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------------------|-----------|-------------------------|
| VOTRIENT | PB-S | PA |
| WELIREG | PB-S | PA |
| XOSPATA | PB-S | PA |
| XPOVIO (100 MG ONCE WEEKLY) | PB-S | PA |
| XPOVIO (40 MG ONCE WEEKLY) | PB-S | PA |
| XPOVIO (40 MG TWICE WEEKLY) | PB-S | PA |
| XPOVIO (60 MG ONCE WEEKLY) | PB-S | PA |
| XPOVIO (60 MG TWICE WEEKLY) | PB-S | PA |
| XPOVIO (80 MG ONCE WEEKLY) | PB-S | PA |
| XPOVIO (80 MG TWICE WEEKLY) | PB-S | PA |
| XTANDI | PB-S | PA |
| ZEJULA ORAL TABLET 100 MG | PB-S | PA; QL (1 EA per 1 day) |
| ZEJULA ORAL TABLET 200 MG, 300 MG | PB-S | PA |
| ZELBORAF | PB-S | PA |
| ZOLINZA | PB-S | PA |
| ZYDELIG | PB-S | PA |
| ZYKADIA | PB-S | PA |
| Antiparasitics | | |
| albendazole oral | G | PA |
| ALINIA ORAL SUSPENSION RECONSTITUTED | PB | |
| ARAKODA | NPB | |
| atovaquone | G | |
| atovaquone-proguanil hcl | G | |
| BENZNIDAZOLE | NPB | |
| BILTRICIDE | NPB | |
| chloroquine phosphate oral | G | |
| COARTEM | NPB | |
| CROTAN | NPB | |
| DARAPRIM | NPB-S | PA |
| EGATEN | NPB | |
| EMVERM | PB | |
| hydroxychloroquine sulfate oral | G | M |
| IMPAVIDO | NPB | |
| ivermectin oral | G | |
| KRINTAFEL | NPB | |
| LAMPIT | NPB | |
| MALARONE | NPB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------------|-----------|-------------------------|
| malathion | G | |
| mefloquine hcl | G | |
| MEPRON | NPB | |
| nitazoxanide oral | G | |
| OVIDE | NPB | |
| permethrin external | G | |
| praziquantel oral | G | |
| primaquine phosphate | G | |
| pyrimethamine oral | G-S | PA |
| PYRIMETHAMINE-LEUCOVORIN | NPB | |
| QUALAQUIN | NPB | PA |
| quinine sulfate | G | PA |
| spinosad | G | |
| STROMECTOL | NPB | |
| sulfurated lime | G | |
| Antiparkinson Agents | | |
| amantadine hcl oral | G | M |
| APOKYN | NPB-S | PA; QL (3 ML per 1 day) |
| apomorphine hcl subcutaneous | G-S | PA; QL (3 ML per 1 day) |
| benztropine mesylate oral | G | |
| bromocriptine mesylate oral | G | |
| carbidopa oral | G | M |
| carbidopa-levodopa | G | M |
| carbidopa-levodopa er | G | M |
| carbidopa-levodopa-entacapone | G | M |
| entacapone | G | M |
| INBRIJA | NPB-S | PA |
| NEUPRO | NPB | M |
| NOURIANZ | NPB | PA |
| ONGENTYS | NPB | ST |
| PARLODEL | NPB | |
| pramipexole dihydrochloride | G | M |
| pramipexole dihydrochloride er | G | M |
| rasagiline mesylate oral | G | M |
| ropinirole hcl | G | M |
| ropinirole hcl er | G | M |
| RYTARY | NPB | ST; M |
| selegiline hcl oral | G | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| SINEMET | NPB | M |
| TASMAR | NPB | M |
| tolcapone | G | M |
| trihexyphenidyl hcl | G | |
| Antiplatelets | | |
| aspirin-dipyridamole er | G | M |
| BRILINTA | PB | M |
| cilostazol | G | M |
| clopidogrel bisulfate oral | G | M |
| dipyridamole oral | G | M |
| EFFIENT | NPB | M |
| prasugrel hcl | G | M |
| ZONTIVITY | NPB | M |
| Antipsychotics - Drugs for Mood Disorders | | |
| ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | NPB | |
| ADASUVE | NPB | PA |
| ariPIPRAZOLE oral solution | G | QL (25 ML per 1 day) |
| ariPIPRAZOLE oral tablet | G | QL (1 EA per 1 day) |
| ariPIPRAZOLE oral tablet dispersible | G | QL (2 EA per 1 day) |
| ARISTADA | NPB | |
| ARISTADA INITIO | NPB | |
| asenapine maleate | G | QL (2 EA per 1 day) |
| CAPLYTA | NPB | ST; QL (1 EA per 1 day) |
| chlorpromazine hcl oral | G | |
| clozapine oral tablet 100 mg, 25 mg | G | QL (9 EA per 1 day) |
| clozapine oral tablet 200 mg | G | QL (4 EA per 1 day) |
| clozapine oral tablet 50 mg | G | QL (6 EA per 1 day) |
| clozapine oral tablet dispersible 100 mg, 25 mg | G | QL (9 EA per 1 day) |
| clozapine oral tablet dispersible 12.5 mg | G | QL (3 EA per 1 day) |
| clozapine oral tablet dispersible 150 mg | G | QL (6 EA per 1 day) |
| clozapine oral tablet dispersible 200 mg | G | QL (4 EA per 1 day) |
| FANAPT | NPB | ST; QL (2 EA per 1 day) |
| FANAPT TITRATION PACK | NPB | ST; QL (8 EA per 180 days) |
| fluphenazine decanoate injection | G | |
| fluphenazine hcl | G | |
| GEODON INTRAMUSCULAR | NPB | |
| HALDOL DECANOATE | NPB | |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------|
| haloperidol decanoate intramuscular | G | |
| haloperidol lactate oral concentrate 2 mg/ml | G | |
| haloperidol oral | G | |
| INVEGA HAFYERA | NPB | ST |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG | NPB | QL (1 EA per 1 day) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | NPB | QL (2 EA per 1 day) |
| INVEGA SUSTENNA | NPB | |
| INVEGA TRINZA | NPB | |
| loxapine succinate | G | |
| lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg | G | QL (1 EA per 1 day) |
| lurasidone hcl oral tablet 80 mg | G | QL (2 EA per 1 day) |
| molindone hcl | G | |
| NUPLAZID | NPB | PA |
| olanzapine intramuscular | G | |
| olanzapine oral | G | QL (1 EA per 1 day) |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg | G | QL (1 EA per 1 day) |
| paliperidone er oral tablet extended release 24 hour 6 mg | G | QL (2 EA per 1 day) |
| PERSERIS | NPB | |
| pimozide | G | |
| quetiapine fumarate er | G | QL (2 EA per 1 day) |
| quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg | G | QL (3 EA per 1 day) |
| quetiapine fumarate oral tablet 300 mg, 400 mg | G | QL (2 EA per 1 day) |
| REXULTI | NPB | QL (1 EA per 1 day) |
| RISPERDAL CONSTA | NPB | |
| risperidone microspheres er | G | |
| risperidone oral solution | G | QL (8 ML per 1 day) |
| risperidone oral tablet | G | QL (2 EA per 1 day) |
| risperidone oral tablet dispersible | G | QL (2 EA per 1 day) |
| RYKINDO | NPB | |
| thioridazine hcl oral | G | |
| thiothixene | G | |
| trifluoperazine hcl | G | |
| UZEDY | NPB | |
| VERSACLOZ | NPB | QL (18 ML per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|-----------------------------------|-----------|-------------------------|
| VRAYLAR ORAL CAPSULE | NPB | QL (1 EA per 1 day) |
| VRAYLAR ORAL CAPSULE THERAPY PACK | NPB | QL (14 EA per 365 days) |
| ziprasidone hcl | G | QL (2 EA per 1 day) |
| ziprasidone mesylate | G | |
| ZYPREXA RELPREVV | NPB | |
| ZYPREXA ZYDIS | NPB | QL (1 EA per 1 day) |
| Antivirals | | |
| abacavir sulfate | G | |
| abacavir sulfate-lamivudine | G | |
| acyclovir external ointment | G | QL (1 GM per 1 day) |
| acyclovir oral | G | |
| adefovir dipivoxil | G | |
| APTIVUS | PB | |
| atazanavir sulfate | G | |
| BARACLUDE ORAL SOLUTION | NPB | QL (630 ML per 30 days) |
| BIKTARVY | NPB | |
| CIMDUO | PB | |
| COMPLERA | NPB | |
| darunavir | G | |
| DELSTRIGO | NPB | |
| DOVATO | PB | |
| EDURANT | PB | |
| efavirenz oral tablet | G | |
| efavirenz-emtricitab-tenofo df | G | |
| efavirenz-lamivudine-tenofovir | G | |
| emtricitabine | G | |
| emtricitabine-tenofovir df | G | |
| EMTRIVA ORAL CAPSULE | NPB | |
| EMTRIVA ORAL SOLUTION | PB | |
| entecavir | G | QL (1 EA per 1 day) |
| EPCLUSIA ORAL PACKET 150-37.5 MG | PB-S | PA; QL (1 EA per 1 day) |
| EPCLUSIA ORAL PACKET 200-50 MG | PB-S | PA; QL (2 EA per 1 day) |
| EPCLUSIA ORAL TABLET | PB-S | PA; QL (1 EA per 1 day) |
| EPIVIR | NPB | |
| etravirine | G | |
| EVOTAZ | PB | |
| famciclovir oral | G | |
| fosamprenavir calcium | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------|
| FUZEON | PB | |
| GENVOYA | NPB | |
| HARVONI ORAL PACKET 33.75-150 MG | PB-S | PA; QL (1 EA per 1 day) |
| HARVONI ORAL PACKET 45-200 MG | PB-S | PA; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 45-200 MG | PB-S | PA; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 90-400 MG | PB-S | PA; QL (1 EA per 1 day) |
| INTELENCE ORAL TABLET 100 MG, 200 MG | NPB | |
| INTELENCE ORAL TABLET 25 MG | PB | |
| ISENTRESS | PB | |
| ISENTRESS HD | PB | |
| JULUCA | PB | |
| KALETRA | NPB | |
| LAGEVRIO | NPB | QL (8 EA per 1 day) |
| lamivudine | G | |
| lamivudine-zidovudine | G | |
| 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) | PB | QL (6 EA per 1 day) |
| PEGASYS | PB-S | PA |
| PIFELTRO | NPB | |
| PREVYMIS ORAL | NPB-S | |
| PREZCOBIX | PB | |
| PREZISTA ORAL SUSPENSION | PB | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | PB | |
| PREZISTA ORAL TABLET 600 MG, 800 MG | NPB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| RELENZA DISKHALER | NPB | QL (40 EA per 365 days) |
| RETROVIR ORAL | NPB | |
| REYATAZ ORAL CAPSULE | NPB | |
| REYATAZ ORAL PACKET | PB | |
| ribavirin inhalation | G | |
| ribavirin oral | G-S | |
| rimantadine hcl | G | |
| ritonavir | G | |
| RUKOBIA | PB | |
| SELZENTRY ORAL SOLUTION | PB | PA |
| SOVALDI ORAL PACKET 150 MG | NPB-S | PA; QL (1 EA per 1 day) |
| SOVALDI ORAL PACKET 200 MG | NPB-S | PA; QL (2 EA per 1 day) |
| SOVALDI ORAL TABLET 200 MG | NPB-S | PA; QL (2 EA per 1 day) |
| SOVALDI ORAL TABLET 400 MG | NPB-S | PA; QL (1 EA per 1 day) |
| STRIBILD | NPB | |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG | NPB | PA; QL (8 EA per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG | NPB | PA; QL (10 EA per 365 days) |
| SUNLENCA SUBCUTANEOUS | NPB | PA; QL (9 ML per 365 days) |
| SYMFY | PB | |
| SYMFY LO | PB | |
| SYMTUZA | NPB | |
| TEMBEXA | NPB | |
| tenofovir disoproxil fumarate | G | ACA |
| TIVICAY | NPB | |
| TIVICAY PD | NPB | |
| TPOXX ORAL | NPB | |
| TRIUMEQ | PB | |
| TRIUMEQ PD | NPB | |
| TYBOST | PB | |
| valacyclovir hcl oral | G | QL (4 EA per 1 day) |
| valganciclovir hcl | G | |
| VIRACEPT | PB | |
| VIRAZOLE | NPB | |
| VIREAD ORAL POWDER | PB | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | PB | |
| VOSEVI | PB-S | PA; QL (1 EA per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------|
| XOFLUZA (40 MG DOSE) | NPB | QL (2 EA per 365 days) |
| XOFLUZA (80 MG DOSE) | NPB | QL (2 EA per 365 days) |
| ZEPATIER | NPB-S | PA; QL (1 EA per 1 day) |
| ZIAGEN | NPB | |
| zidovudine | G | |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg | G | QL (1 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 2 mg | G | QL (5 EA per 1 day) |
| alprazolam er oral tablet extended release 24 hour 3 mg | G | QL (3 EA per 1 day) |
| alprazolam intensol | G | QL (10 ML per 1 day) |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg | G | QL (4 EA per 1 day) |
| alprazolam oral tablet 2 mg | G | QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg | G | QL (1 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 2 mg | G | QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 3 mg | G | QL (3 EA per 1 day) |
| buspirone hcl oral | G | M |
| chlordiazepoxide hcl oral capsule 10 mg | G | QL (30 EA per 1 day) |
| chlordiazepoxide hcl oral capsule 25 mg | G | QL (12 EA per 1 day) |
| chlordiazepoxide hcl oral capsule 5 mg | G | QL (4 EA per 1 day) |
| clonazepam oral tablet 0.5 mg, 1 mg | G | QL (3 EA per 1 day) |
| clonazepam oral tablet 2 mg | G | QL (10 EA per 1 day) |
| clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg | G | QL (3 EA per 1 day) |
| clonazepam oral tablet dispersible 2 mg | G | QL (10 EA per 1 day) |
| clorazepate dipotassium oral tablet 15 mg | G | QL (6 EA per 1 day) |
| clorazepate dipotassium oral tablet 3.75 mg | G | QL (24 EA per 1 day) |
| clorazepate dipotassium oral tablet 7.5 mg | G | QL (12 EA per 1 day) |
| diazepam intensol | G | |
| diazepam oral | G | |
| DORAL | NPB | QL (1 EA per 1 day) |
| estazolam | G | QL (1 EA per 1 day) |
| HALCION | NPB | QL (2 EA per 1 day) |
| hydroxyzine hcl oral | G | |
| hydroxyzine pamoate oral | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| lorazepam intensol | G | QL (5 ML per 1 day) |
| lorazepam oral concentrate 2 mg/ml | G | QL (5 ML per 1 day) |
| lorazepam oral tablet 0.5 mg, 1 mg | G | QL (3 EA per 1 day) |
| lorazepam oral tablet 2 mg | G | QL (5 EA per 1 day) |
| meprobamate | G | |
| oxazepam | G | QL (4 EA per 1 day) |
| quazepam | G | QL (1 EA per 1 day) |
| triazolam | G | QL (2 EA per 1 day) |
| VISTARIL | NPB | |
| Bipolar Agents - Drugs for Mood Disorders | | |
| EQUETRO | NPB | |
| lithium | G | |
| lithium carbonate er | G | |
| lithium carbonate oral | G | |
| Blood Products and Modifiers - Drugs for Blood Disorders | | |
| AGRYLIN | NPB | M |
| aminocaproic acid oral | G | |
| anagrelide hcl | G | M |
| ASTRINGYN | NPB | |
| DOPTELET | NPB-S | PA |
| LEUKINE | NPB-S | PA |
| MULPLETA | PB-S | PA |
| PROMACTA | NPB-S | PA |
| PYRUKYND | NPB-S | PA; QL (2 EA per 1 day) |
| PYRUKYND TAPER PACK | NPB-S | PA; QL (1 EA per 1 day) |
| TAVALISSE | NPB-S | PA |
| tranexamic acid oral | G | |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| ACCUPRIL | NPB | M |
| ACCURETIC | NPB | M |
| acebutolol hcl oral | G | M |
| ALDACTONE | NPB | M |
| aliskiren fumarate | G | M |
| amiloride hcl oral | G | M |
| amiloride-hydrochlorothiazide | G | M |
| amiodarone hcl oral | G | M |
| AMLODIPINE BES+SYRSPEND SF | NPB | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| amlodipine besylate oral | G | M |
| amlodipine besylate-benazepril hcl | G | M |
| amlodipine besylate-valsartan | G | M |
| amlodipine-atorvastatin | G | M |
| amlodipine-olmesartan | G | M |
| amlodipine-valsartan-hctz | G | M |
| atenolol oral | G | M |
| ATENOLOL+SYRSPEND SF | NPB | M |
| atenolol-chlorthalidone | G | M |
| atorvastatin calcium oral tablet 10 mg, 20 mg | G | M; ACA |
| atorvastatin calcium oral tablet 40 mg, 80 mg | G | M |
| AVALIDE | NPB | M |
| benazepril hcl oral | G | M |
| benazepril-hydrochlorothiazide | G | M |
| betaxolol hcl oral | G | M |
| BIDIL | NPB | M |
| bisoprolol fumarate oral | G | M |
| bisoprolol-hydrochlorothiazide | G | M |
| bumetanide oral | G | M |
| BUMEX | NPB | M |
| candesartan cilexetil | G | M |
| candesartan cilexetil-hctz | G | M |
| captopril oral | G | M |
| captopril-hydrochlorothiazide | G | M |
| CARDIZEM | NPB | M |
| CARDURA | NPB | M |
| cartia xt | G | M |
| carvedilol | G | M |
| chlorthalidone | G | M |
| cholestyramine light | G | M |
| cholestyramine oral | G | M |
| clonidine hcl oral | G | M |
| colesevelam hcl oral tablet | G | M |
| colestipol hcl | G | M |
| CORLANOR ORAL SOLUTION | NPB | PA; M; QL (15 ML per 1 day) |
| CORLANOR ORAL TABLET | NPB | PA; M; QL (2 EA per 1 day) |
| DEMSER | NPB | PA; QL (16 EA per 1 day) |
| DIBENZYLINE | NPB | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|------------------------|
| digoxin oral | G | M |
| diltiazem hcl er beads | G | M |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg | G | M |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg | G | M |
| diltiazem hcl er oral capsule extended release 24 hour | G | M |
| diltiazem hcl oral | G | M |
| dilt-xr | G | M |
| disopyramide phosphate | G | M |
| DIURIL | NPB | M |
| dofetilide | G | |
| doxazosin mesylate oral | G | M |
| DYRENIUM | NPB | M |
| EDARBI | NPB | ST; M |
| EDARBYCLOR | NPB | ST; M |
| EDECRIN | NPB | M |
| enalapril maleate oral tablet | G | M |
| enalapril-hydrochlorothiazide | G | M |
| ENTRESTO | PB | M; QL (2 EA per 1 day) |
| eplerenone | G | M |
| ethacrynic acid | G | M |
| ezetimibe | G | M |
| ezetimibe-simvastatin | G | M |
| felodipine er | G | M |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | G | M |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg | G | M |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | G | M |
| fenofibric acid oral capsule delayed release | G | M |
| flecainide acetate | G | M |
| fosinopril sodium | G | M |
| fosinopril sodium-hctz | G | M |
| furosemide oral | G | M |
| gemfibrozil oral | G | M |
| guanfacine hcl | G | M |
| HEMANGEOL | NPB | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|--------------------------|
| hydralazine hcl oral | G | M |
| hydrochlorothiazide oral | G | M |
| icosapent ethyl | G | M |
| indapamide | G | M |
| INSPRA | NPB | M |
| irbesartan | G | M |
| irbesartan-hydrochlorothiazide | G | M |
| ISORDIL TITRADOSE | NPB | M |
| isosorb dinitrate-hydralazine | G | M |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | G | M |
| isosorbide mononitrate | G | M |
| isosorbide mononitrate er | G | M |
| isradipine | G | M |
| JUXTAPID ORAL CAPSULE 10 MG, 5 MG | NPB-S | PA; QL (1 EA per 1 day) |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | NPB-S | PA; QL (2 EA per 1 day) |
| labetalol hcl oral | G | M |
| LANOXIN ORAL | PB | M |
| lisinopril oral | G | M |
| lisinopril-hydrochlorothiazide | G | M |
| LOPID | NPB | M |
| LOPRESSOR | NPB | M |
| losartan potassium oral | G | M |
| losartan potassium-hctz | G | M |
| LOTENSIN | NPB | M |
| LOTENSIN HCT | NPB | M |
| lovastatin oral | G | M; ACA |
| MAXZIDE | NPB | M |
| METHYLDOPA | NPB | M |
| metolazone | G | M |
| metoprolol succinate er | G | M |
| metoprolol tartrate oral | G | M |
| metoprolol-hydrochlorothiazide | G | M |
| metyrosine | G | PA; QL (16 EA per 1 day) |
| mexiletine hcl oral | G | M |
| midodrine hcl | G | |
| MINIPRESS | NPB | M |
| minoxidil oral | G | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------------|-----------|-------------------------|
| moexipril hcl | G | M |
| MULTAQ | NPB | M |
| nadolol oral | G | M |
| nebivolol hcl | G | M |
| NEXLETOL | PB | PA; QL (1 EA per 1 day) |
| NEXLIZET | PB | PA; QL (1 EA per 1 day) |
| niacin er (antihyperlipidemic) | G | M |
| nifedipine er | G | M |
| nifedipine er osmotic release | G | M |
| nifedipine oral | G | M |
| nimodipine oral | G | |
| NITRO-BID | NPB | M |
| nitroglycerin rectal | G | |
| nitroglycerin sublingual | G | M |
| nitroglycerin transdermal | G | M |
| nitroglycerin translingual | G | M |
| NITROLINGUAL | NPB | M |
| NORLIQVA | NPB | M |
| NORPACE | NPB | M |
| NORPACE CR | PB | M |
| NYMALIZE | NPB | |
| olmesartan medoxomil oral | G | M |
| olmesartan medoxomil-hctz | G | M |
| olmesartan-amlodipine-hctz | G | M |
| 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 |
| pravastatin sodium | G | M |
| 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 |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| propranolol hcl oral | G | M |
| quinapril hcl | G | M |
| quinapril-hydrochlorothiazide | G | M |
| quinidine gluconate er | G | M |
| quinidine sulfate | G | M |
| ramipril | G | M |
| ranolazine er | G | M |
| RECTIV | NPB | |
| REPATHA | PB | PA; QL (0.11 ML per 1 day) |
| REPATHA PUSHTRONEX SYSTEM | PB | PA; QL (0.13 ML per 1 day) |
| REPATHA SURECLICK | PB | PA; QL (0.11 ML per 1 day) |
| rosuvastatin calcium | G | M |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | G | M; ACA |
| simvastatin oral tablet 80 mg | G | M |
| sotalol hcl (af) | G | M |
| sotalol hcl oral | G | M |
| SOTYLIZE | NPB | M |
| spironolactone oral tablet | G | M |
| spironolactone-hctz | G | M |
| taztia xt | G | M |
| TEKTURNA | PB | M |
| telmisartan | G | M |
| telmisartan-amlodipine | G | M |
| telmisartan-hctz | G | M |
| TENORETIC 100 | NPB | M |
| TENORETIC 50 | NPB | M |
| THALITONE | NPB | M |
| tiadylt er | G | M |
| TIAZAC | NPB | M |
| timolol maleate oral | G | M |
| tosemide | G | M |
| trandolapril | G | M |
| trandolapril-verapamil hcl er | G | M |
| triamterene oral | G | M |
| triamterene-hctz | G | M |
| TRILIPIX | NPB | M |
| valsartan oral tablet | G | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------|
| valsartan-hydrochlorothiazide | G | M |
| VASCEPA | PB | M |
| VECAMYL | NPB | |
| verapamil hcl er | G | M |
| verapamil hcl oral | G | M |
| VERELAN | NPB | M |
| VERELAN PM | NPB | M |
| VERQUVO | NPB | PA; QL (1 EA per 1 day) |
| VYNDAMAX | NPB-S | PA; QL (1 EA per 1 day) |
| VYNDAQEL | NPB-S | PA; QL (4 EA per 1 day) |
| Central Nervous System Agents | | |
| SKYCLARYS | NPB-S | PA; QL (3 EA per 1 day) |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG | NPB | QL (3 EA per 1 day) |
| ADDERALL ORAL TABLET 30 MG | NPB | QL (2 EA per 1 day) |
| ADDERALL XR | NPB | ST; QL (2 EA per 1 day) |
| amphetamine sulfate | G | QL (6 EA per 1 day) |
| amphetamine-dextroamphetamine er | G | QL (2 EA per 1 day) |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg | G | QL (3 EA per 1 day) |
| amphetamine-dextroamphetamine oral tablet 30 mg | G | QL (2 EA per 1 day) |
| amphet-dextroamphet 3-bead er | G | QL (1 EA per 1 day) |
| APTENSIO XR | NPB | ST; QL (1 EA per 1 day) |
| atomoxetine hcl | G | QL (1 EA per 1 day) |
| AZSTARYS | PB | ST; QL (1 EA per 1 day) |
| clonidine hcl er oral tablet extended release 12 hour | G | |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG | NPB | ST; QL (1 EA per 1 day) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG | NPB | ST; QL (2 EA per 1 day) |
| dexamphetamine hcl | G | QL (2 EA per 1 day) |
| dexamphetamine 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) |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------|
| 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) |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 5 MG | NPB | ST; QL (3 EA per 1 day) |
| EVEKEO ODT ORAL TABLET DISPERSIBLE 15 MG, 20 MG | NPB | ST; QL (2 EA per 1 day) |
| guanfacine hcl er | G | |
| JORNAY PM | NPB | ST; QL (1 EA per 1 day) |
| lisdexamfetamine dimesylate | G | QL (1 EA per 1 day) |
| METHYLIN ORAL SOLUTION 10 MG/5ML | NPB | ST; QL (30 ML per 1 day) |
| METHYLIN ORAL SOLUTION 5 MG/5ML | NPB | ST; QL (60 ML per 1 day) |
| methylphenidate | G | QL (1 EA per 1 day) |
| methylphenidate hcl er (cd) | G | ST; 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) |
| PROCENTRA | NPB | ST; QL (60 ML per 1 day) |
| VYVANSE | NPB | ST; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|------------------------------|
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| AVONEX PEN | PB-S | PA; QL (0.04 EA per 1 day) |
| AVONEX PREFILLED | PB-S | PA; QL (0.04 EA per 1 day) |
| BAFIERTAM | PB-S | PA; QL (4 EA per 1 day) |
| BETASERON | PB-S | PA; QL (0.5 EA per 1 day) |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | PB-S | PA; QL (0.43 ML per 1 day) |
| dalfampridine er | G-S | PA; QL (2 EA per 1 day) |
| dimethyl fumarate oral | G-S | PA; QL (2 EA per 1 day) |
| dimethyl fumarate starter pack | G-S | PA; QL (120 EA per 365 days) |
| fingolimod hcl | G-S | PA; QL (1 EA per 1 day) |
| GILENYA ORAL CAPSULE 0.25 MG | NPB-S | PA; QL (1 EA per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml | G-S | PA; QL (1 ML per 1 day) |
| glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml | G-S | PA; QL (0.43 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 20 mg/ml | G-S | PA; QL (1 ML per 1 day) |
| glatopa subcutaneous solution prefilled syringe 40 mg/ml | G-S | PA; QL (0.43 ML per 1 day) |
| KESIMPTA | PB-S | PA; QL (0.02 ML per 1 day) |
| MAVENCLAD | NPB-S | PA |
| MAYZENT ORAL TABLET 0.25 MG | NPB-S | PA; QL (4 EA per 1 day) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | NPB-S | PA; QL (1 EA per 1 day) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | NPB-S | PA; QL (24 EA per 365 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | NPB-S | PA; QL (14 EA per 365 days) |
| teriflunomide | G-S | PA; QL (1 EA per 1 day) |
| VUMERITY | PB-S | PA; QL (4 EA per 1 day) |
| ZEPOSIA | NPB-S | PA; QL (1 EA per 1 day) |
| ZEPOSIA 7-DAY STARTER PACK | NPB-S | PA; QL (14 EA per 365 days) |
| ZEPOSIA STARTER KIT | NPB-S | PA; QL (56 EA per 365 days) |
| Central Nervous System Agents - Miscellaneous | | |
| AUSTEDO | NPB-S | PA; QL (4 EA per 1 day) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG | NPB-S | PA; QL (3 EA per 1 day) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG | NPB-S | PA; QL (2 EA per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|---------------------------------|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | NPB-S | PA; QL (7 EA per 1 day) |
| AUSTEDO XR PATIENT TITRATION | NPB-S | PA; QL (84 EA per 365 days) |
| benzphetamine hcl | G | |
| caffeine citrate oral | G | |
| diethylpropion hcl er | G | |
| diethylpropion hcl oral | G | |
| gabapentin (once-daily) oral tablet 300 mg | G | ST; QL (6 EA per 1 day) |
| gabapentin (once-daily) oral tablet 600 mg | G | ST; QL (3 EA per 1 day) |
| GRALISE ORAL | NPB | ST; QL (66 EA per 365 days) |
| GRALISE ORAL TABLET 300 MG | NPB | ST; QL (6 EA per 1 day) |
| GRALISE ORAL TABLET 450 MG, 600 MG | NPB | ST; QL (3 EA per 1 day) |
| GRALISE ORAL TABLET 750 MG, 900 MG | NPB | ST; QL (2 EA per 1 day) |
| HORIZANT | NPB | PA; QL (2 EA per 1 day) |
| INGREZZA ORAL CAPSULE | NPB-S | PA; QL (1 EA per 1 day) |
| INGREZZA ORAL CAPSULE THERAPY PACK | NPB-S | PA; QL (56 EA per 365 days) |
| LOMAIRA | NPB | PA |
| NEURAPTINE | NPB | |
| NUEDEXTA | NPB | PA |
| ORLISTAT ORAL | NPB | PA |
| phendimetrazine tartrate | G | |
| phendimetrazine tartrate er | G | |
| phentermine hcl oral | G | |
| pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg | G | QL (3 EA per 1 day) |
| pregabalin oral capsule 300 mg | G | QL (2 EA per 1 day) |
| pregabalin oral solution | G | QL (30 ML per 1 day) |
| QSYMIA | NPB | PA |
| RADICAVA ORS | PB-S | PA |
| RADICAVA ORS STARTER KIT | PB-S | PA |
| RELYVRIO | NPB-S | PA; QL (2 EA per 1 day) |
| RILUTEK | NPB | PA; QL (2 EA per 1 day) |
| riluzole | G | |
| SAVELLA | NPB | ST; M; QL (2 EA per 1 day) |
| SAVELLA TITRATION PACK | NPB | ST; M; QL (110 EA per 365 days) |
| SAXENDA | NPB | PA |
| TEGLUTIK | PB | PA; QL (20 ML per 1 day) |
| TEGSEDI | NPB-S | PA; QL (0.22 ML per 1 day) |
| tetrabenazine | G-S | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML | NPB | PA; QL (0.08 ML per 1 day) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML | NPB | PA; QL (0.11 ML per 1 day) |
| XENICAL | NPB | PA |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| AQUORAL | NPB | |
| cevimeline hcl | G | M |
| chlorhexidine gluconate mouth/throat | G | |
| CLINPRO 5000 | NPB | M |
| DEBACTEROL | NPB | |
| DENTA 5000 PLUS | NPB | M |
| DENTAGEL | NPB | M |
| easygel | G | M |
| FIRST-MOUTHWASH BLM | NPB | |
| FLUORIDEX | NPB | M |
| fluoridex daily renewal | G | M |
| FLUORIDEX ENHANCED WHITENING | NPB | M |
| FLUORIDEX SENSITIVITY RELIEF | NPB | M |
| FLUORIMAX 5000 | NPB | M |
| FLUORIMAX 5000 SENSITIVE | NPB | M |
| JUST RIGHT 5000 | NPB | M |
| kourzeq | G | |
| lidocaine viscous hcl | G | |
| oralone | G | |
| PERIDEX | NPB | |
| periogard | G | |
| pilocarpine hcl oral | G | |
| PREVIDENT | NPB | M |
| PREVIDENT 5000 BOOSTER PLUS | NPB | M |
| PREVIDENT 5000 DRY MOUTH | NPB | M |
| PREVIDENT 5000 ENAMEL PROTECT | NPB | M |
| PREVIDENT 5000 ORTHO DEFENSE | NPB | M |
| PREVIDENT 5000 PLUS | NPB | M |
| PREVIDENT 5000 SENSITIVE | NPB | M |
| REMESENSE | NPB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| SALAGEN | NPB | |
| sf | G | M |
| sf 5000 plus | G | M |
| sodium fluoride 5000 plus | G | M |
| sodium fluoride 5000 ppm | G | M |
| sodium fluoride dental | G | M |
| triamcinolone acetonide mouth/throat | G | |
| VANISH | NPB | M |
| Dermatological Agents - Drugs for Skin Conditions | | |
| A.A.G.C. KIT IN TERODERM | NPB | |
| ABSORICA LD | NPB | PA |
| accutane | G | |
| acitretin | G | |
| adapalene external cream | G | |
| adapalene external gel | G | |
| adapalene-benzoyl peroxide external gel | G | |
| ADBRY | PB-S | PA; QL (0.15 ML per 1 day) |
| AKLIEF | NPB | |
| ala-cort | G | |
| alclometasone dipropionate | G | |
| ALTRENO | NPB | |
| ammonium lactate external | G | |
| amnesteem | G | |
| AMZEEQ | NPB | |
| AQUACEL AG BURN | NPB | |
| ATRALIN | NPB | |
| azelaic acid external | G | |
| B & C | NPB | |
| balsam peru-castor oil | G | |
| benzoyl peroxide-erythromycin | G | |
| betamethasone dipropionate aug | G | |
| betamethasone dipropionate external | G | |
| betamethasone valerate external | G | |
| BPCO | NPB | |
| brimonidine tartrate external | G | |
| calcipotriene external | G | |
| calcipotriene-betameth diprop external suspension | G | QL (4 GM per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| CALCITRENE | NPB | |
| calcitriol external | G | |
| CARAC | NPB | |
| CIBINQO | PB-S | PA; QL (1 EA per 1 day) |
| claravis | G | |
| CLEOCIN-T | NPB | |
| clindacin etz external swab | G | |
| clindacin-p | G | |
| clindamycin phosphate-benzoyl peroxide | G | |
| clindamycin phosphate external gel | G | |
| clindamycin phosphate external lotion | G | |
| clindamycin phosphate external solution | G | |
| clindamycin phosphate external swab | G | |
| clindamycin-tretinoin | G | |
| CLINOIN | NPB | |
| clobetasol prop emollient base | G | |
| clobetasol propionate e | G | |
| clobetasol propionate external | G | |
| clodan | G | |
| coal tar external | G | |
| CONDYLOX | NPB | |
| DERMA-SMOOTH/FS BODY | NPB | |
| DERMA-SMOOTH/FS SCALP | NPB | |
| desonide external cream | G | |
| desonide external lotion | G | |
| desonide external ointment | G | |
| DESOWEN | NPB | |
| desoximetasone external cream 0.25 % | G | |
| desoximetasone external gel | G | |
| desoximetasone external liquid | G | |
| desoximetasone external ointment 0.25 % | G | |
| diclofenac sodium external gel 3 % | G | ST; QL (10 GM per 1 day) |
| DIPROLENE | NPB | |
| DRYSOL | NPB | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML | PB-S | PA; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML | PB-S | PA; QL (0.29 ML per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | PB-S | PA; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | PB-S | PA; QL (0.29 ML per 1 day) |
| EFUDEX | NPB | |
| ENOVARX-TRAMADOL | NPB | |
| ENSTILAR | NPB | QL (15 GM per 1 day) |
| EPIDUO FORTE | NPB | |
| EPIFOAM | NPB | |
| ery | G | |
| ERYGEL | NPB | |
| erythromycin external | G | |
| EUCRISA | PB | ST |
| FINACEA EXTERNAL FOAM | NPB | |
| fluocinolone acetonide body | G | |
| fluocinolone acetonide external | G | |
| fluocinolone acetonide scalp | G | |
| fluocinonide emulsified base | G | |
| fluocinonide external | G | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | PB | |
| fluorouracil external cream 5 % | G | |
| fluorouracil external solution | G | |
| fluticasone propionate external | G | |
| 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 | |
| HYPOCYN ANTIPRURITIC | NPB | |
| imiquimod external cream 3.75 % | G | ST |
| imiquimod external cream 5 % | G | |
| imiquimod pump | G | ST |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------|
| ivermectin external cream | G | |
| KERALYT EXTERNAL SHAMPOO | NPB | |
| KLARON | NPB | |
| KLISYRI | NPB | ST |
| lactic acid e | G | |
| lactic acid external | G | |
| LITFULO | NPB-S | PA; QL (1 EA per 1 day) |
| LOCOID LIPOCREAM | NPB | |
| methoxsalen rapid | G | |
| METROCREAM | NPB | |
| METROLOTION | NPB | |
| metronidazole external | G | |
| MIRVASO | NPB | |
| mometasone furoate external | G | |
| NEO-SYNALAR | NPB | |
| neuac | G | |
| ONEXTON | NPB | |
| pimecrolimus | G | ST; QL (2 GM per 1 day) |
| podofilox external | G | |
| PYROGALLIC ACID | NPB | |
| QBREXZA | NPB | QL (1 EA per 1 day) |
| REGENECARE | NPB | |
| REGRANEX | NPB | PA |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % | NPB | |
| RHOFADE | NPB | |
| SANTYL | NPB | QL (3 GM per 1 day) |
| selenium sulfide external lotion | G | |
| SOOLANTRA | NPB | |
| sulfacetamide sodium (acne) | G | |
| sulfacetamide sodium-sulfur external liquid 10-5 % | G | |
| SYNALAR | NPB | |
| TACLONEX | NPB | QL (4 GM per 1 day) |
| tacrolimus external | G | QL (2 GM per 1 day) |
| tazarotene external cream | G | |
| tazarotene external gel | G | |
| TOLAK | NPB | |
| TOPICORT EXTERNAL CREAM 0.25 % | NPB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------------|
| TOPICORT EXTERNAL GEL | NPB | |
| TOPICORT EXTERNAL OINTMENT | NPB | |
| tretinoin external | G | |
| tretinoin microsphere external gel 0.08 % | G | |
| tretinoin microsphere pump external gel 0.08 % | G | |
| triamcinolone acetonide external cream | G | |
| triamcinolone acetonide external lotion | G | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | G | |
| triderm | G | |
| TWYNEO | NPB | |
| urea external cream 20 % | G | |
| VENELEX | NPB | |
| VTAMA | NPB | PA |
| WYNZORA | NPB | QL (15 GM per 1 day) |
| XALIX | NPB | |
| XERAC AC | NPB | |
| zenatane | G | |
| ZILXI | NPB | ST |
| Diabetes - Antidiabetic Agents | | |
| acarbose oral | G | M |
| BYDUREON BCISE AUTOINJECTOR | PB | PA; M; QL (0.15 ML per 1 day) |
| BYETTA 10 MCG PEN | PB | PA; M; QL (0.08 ML per 1 day) |
| BYETTA 5 MCG PEN | PB | PA; M; QL (0.04 ML per 1 day) |
| CYCLOSET | NPB | ST; M |
| DUETACT | NPB | M |
| FARXIGA | PB | ST; M |
| glimepiride | G | M |
| glipizide er | G | M |
| glipizide oral tablet 10 mg, 5 mg | G | M |
| glipizide xl | G | M |
| glipizide-metformin hcl | G | M |
| GLUCOTROL XL | NPB | M |
| glyburide micronized | G | M |
| glyburide oral | G | M |
| glyburide-metformin | G | M |
| GLYXAMBI | PB | ST; M |
| JANUMET | PB | ST; M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------------|
| JANUMET XR | PB | ST; M |
| JANUVIA | PB | ST; M |
| JARDIANCE | PB | ST; M |
| JENTADUETO | PB | ST; M |
| JENTADUETO XR | PB | ST; M |
| metformin hcl er | G | M |
| metformin hcl oral solution | G | M |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | G | M |
| miglitol | G | M |
| MOUNJARO | PB | PA; QL (0.08 ML per 1 day) |
| nateglinide | G | M |
| OZEMPIC | PB | PA; M; QL (0.11 ML per 1 day) |
| pioglitazone hcl | G | M |
| pioglitazone hcl-glimepiride | G | M |
| pioglitazone hcl-metformin hcl | G | M |
| repaglinide | G | M |
| RIOMET | NPB | ST; M |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | PB | PA; M; QL (1 EA per 1 day) |
| RYBELSUS ORAL TABLET 3 MG | PB | PA; M; QL (60 EA per 365 days) |
| saxagliptin hcl | G | ST; M |
| saxagliptin-metformin er | G | ST; M |
| SOLIQUA | PB | ST; M; QL (0.6 ML per 1 day) |
| SYMLINPEN 120 | NPB | PA; M |
| SYMLINPEN 60 | NPB | PA; M |
| SYNJARDY | PB | 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) |
| VICTOZA | PB | PA; M; QL (0.3 ML per 1 day) |
| XIGDUO XR | PB | ST; M |
| XULTOPHY | NPB | ST; M; QL (0.5 ML per 1 day) |
| Diabetes - Glucose Monitoring | | |
| CHEMSTRIP UGK | NPB | OTC |
| CONTOUR MONITOR KIT W/DEVICE | PB | OTC |
| CONTOUR NEXT EZ KIT W/DEVICE | PB | OTC |
| CONTOUR NEXT GEN MONITOR KIT | PB | OTC |

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| Drug Name | Drug Tier | Restrictions / Limits |
|-----------------------------------|-----------|----------------------------|
| CONTOUR NEXT LINK KIT W/DEVICE | PB | OTC |
| CONTOUR NEXT MONITOR KIT W/DEVICE | PB | OTC |
| CONTOUR NEXT GEN TEST STRIPS | PB | OTC; QL (10 EA per 1 day) |
| CONTOUR TEST STRIPS | PB | OTC; QL (10 EA per 1 day) |
| CVS KETONE CARE | NPB | OTC |
| DEXCOM G6 RECEIVER | PB | PA; QL (1 EA per 273 days) |
| DEXCOM G6 SENSOR | PB | PA; QL (0.1 EA per 1 day) |
| DEXCOM G6 TRANSMITTER | PB | PA; QL (1 EA per 63 days) |
| DEXCOM G7 RECEIVER | PB | PA; QL (1 EA per 273 days) |
| DEXCOM G7 SENSOR | PB | PA; QL (0.1 EA per 1 day) |
| KETO-DIASTIX | NPB | OTC |
| Diabetes - Glycemic Agents | | |
| BAQSIMI ONE PACK | PB | |
| BAQSIMI TWO PACK | PB | |
| diazoxide oral | G | M |
| glucagon emergency kit | G | |
| GLUCAGON EMERGENCY KIT | PB | |
| PROGLYCEM | NPB | M |
| ZEGALOGUE | PB | |
| Diabetes - Insulins | | |
| ADMELOG | PB | M |
| ADMELOG SOLOSTAR | PB | M |
| AFREZZA | NPB | PA; M |
| APIDRA SOLOSTAR | PB | M |
| APIDRA VIAL | PB | M |
| BASAGLAR KWIKPEN | PB | M |
| BD ULTRA-FINE INSULIN SYRINGES | NPB | OTC |
| FIASP | PB | M |
| FIASP FLEXTOUCH | PB | M |
| FIASP PENFILL | PB | M |
| FIASP PUMPCART | PB | M |
| HUMALOG | PB | M |
| HUMALOG KWIKPEN | PB | M |
| HUMALOG MIX 50/50 KWIKPEN | PB | M |
| HUMALOG MIX 50/50 VIAL | PB | M |
| HUMALOG MIX 75/25 KWIKPEN | PB | M |
| HUMALOG MIX 75/25 VIAL | PB | M |
| HUMALOG U-100 JUNIOR KWIKPEN | PB | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| HUMULIN 70/30 KWIKPEN | PB | M; OTC |
| HUMULIN 70/30 VIAL | PB | M; OTC |
| HUMULIN N KWIKPEN | PB | M; OTC |
| HUMULIN N VIAL | PB | M; OTC |
| HUMULIN R U-500 KWIKPEN | PB | M |
| HUMULIN R U-500 VIAL | PB | M |
| HUMULIN R VIAL | PB | M; OTC |
| INSULIN LISPRO | PB | M |
| INSULIN LISPRO (1 UNIT DIAL) | PB | M |
| INSULIN LISPRO JUNIOR KWIKPEN | PB | M |
| INSULIN LISPRO PROT & LISPRO | PB | M |
| INSULIN SYRINGES 29G X 1/2" 0.3 ML, 31G X 1/2" 0.3 ML | NPB | OTC |
| LANTUS SOLOSTAR | PB | M |
| LANTUS U-100 VIAL | PB | M |
| LYUMJEV KWIKPEN | PB | |
| LYUMJEV VIAL | PB | |
| NOVOLIN 70/30 FLEXPEN | PB | M; OTC |
| NOVOLIN 70/30 VIAL | PB | M; OTC |
| NOVOLIN N FLEXPEN | PB | M |
| NOVOLIN N VIAL | PB | M; OTC |
| NOVOLIN R FLEXPEN | PB | M; OTC |
| NOVOLIN R VIAL | PB | M; OTC |
| NOVOLOG FLEXPEN | PB | M |
| NOVOLOG MIX 70/30 FLEXPEN | PB | M |
| NOVOLOG MIX 70/30 VIAL | PB | M |
| NOVOLOG PENFILL | PB | M |
| NOVOLOG U-100 VIAL | PB | M |
| REZVOGLAR KWIKPEN | PB | |
| TOUJEO MAX SOLOSTAR | PB | M |
| TOUJEO SOLOSTAR | PB | M |
| Electrolytes / Minerals / Metals / Vitamins | | |
| ACTIVE FE | NPB | |
| adc/f (0.5mg/ml) | G | |
| ARGININE HCL INJECTION | NPB | |
| ATABEX OB | PB | |
| CALCIFOL | NPB | |
| CARBAGLU | NPB-S | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| carglumic acid | G-S | PA |
| CENTRATEX | NPB | |
| CHEMET | NPB | |
| corvita 150 | G | |
| CORVITE 150 ORAL TABLET 150-1.25 MG | PB | |
| cyanocobalamin injection solution 1000 mcg/ml | G | M |
| cyanocobalamin nasal | G | M |
| deferasirox | G | PA |
| deferasirox granules | G | PA |
| deferiprone oral tablet 1000 mg | G | PA |
| DEXPANTHENOL INJECTION | NPB | |
| DODEX | NPB | M |
| DRISDOL | NPB | |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | NPB | M |
| effer-k oral tablet effervescent 25 meq | G | M |
| ELITE-OB | PB | |
| ergocalciferol oral capsule | G | |
| ferocon | G | |
| ferotrin sic | G | |
| FERRALET 90 | NPB | |
| FERRIPROX ORAL SOLUTION | NPB | PA |
| ferrocite plus | G | |
| FERRO-PLEX | NPB | |
| folic acid oral tablet 1 mg | G | M |
| FOLIVANE-F | NPB | |
| FOLIVANE-PLUS | NPB | |
| foltrin | G | |
| FUSION PLUS | NPB | |
| GALZIN | NPB | |
| GLYCINE INJECTION | NPB | |
| hematinic plus vit/minerals | G | |
| hematinic/folic acid | G | |
| HEMATOGEN FA | NPB | |
| HEMOCYTE PLUS | NPB | |
| hydroxocobalamin acetate | G | |
| ICAR-C PLUS | PB | |
| ifex 150 forte | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| INTEGRA F | NPB | |
| INTEGRA PLUS | NPB | |
| iodine strong oral | G | |
| IRON FOLATE PLUS | NPB | |
| IRON FOLATE-F | NPB | |
| klor-con | G | M |
| klor-con 10 | G | M |
| klor-con m10 | G | M |
| klor-con m15 | G | M |
| klor-con m20 | G | M |
| K-PHOS | NPB | |
| k-prime | G | M |
| k-tan plus | G | |
| levocarnitine oral solution | G | M |
| levocarnitine oral tablet | G | M |
| levocarnitine sf | G | M |
| LIPO | NPB | |
| LIPO-C | NPB | |
| LOKELMA | NPB | |
| LYSINE HCL INJECTION | NPB | |
| M-NATAL PLUS | PB | |
| MULTIGEN | NPB | |
| MULTIGEN FOLIC | NPB | |
| MULTIGEN PLUS | NPB | |
| multivitamin w/fluoride | G | |
| multi-vitamin/fluoride | G | |
| multivitamin/fluoride tablet chewable 0.25 mg oral (rx) | G | |
| MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX) | NPB | |
| multivitamin/fluoride tablet chewable 0.5 mg oral (rx) | G | |
| MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX) | NPB | |
| multivitamin/fluoride tablet chewable 1 mg oral (rx) | G | |
| MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX) | NPB | |
| multi-vitamin/fluoride/iron | G | |
| NASCOBAL | NPB | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------------|-----------|-------------------------|
| NEOKE ALCAR | NPB | |
| NEONATAL PLUS | PB | |
| NEPHRON FA | NPB | |
| NUTRIVIT | NPB | |
| ONE VITE WOMENS PLUS | PB | |
| ORACIT | NPB | |
| ORAL CITRATE | NPB | |
| PHOSPHA 250 NEUTRAL | NPB | |
| phosphorous | G | |
| phospho-trin 250 neutral | G | |
| PHOSPHO-TRIN K500 | NPB | |
| phytonadione oral | G | |
| pnv prenatal plus multivit+dha | G | |
| poly-iron 150 forte | G | |
| polysaccharide iron forte | G | |
| potassium chloride crys er | G | M |
| potassium chloride er | G | M |
| potassium chloride oral | G | M |
| potassium citrate er | G | M |
| prenatal oral tablet 27-1 mg | G | |
| prenatal plus vitamin/mineral | G | |
| PRENATVITE PLUS | PB | |
| PRENATVITE RX | PB | |
| purevit dualfe plus | G | |
| RELNATE DHA | PB | |
| RENATABS WITH IRON | NPB | |
| SAMSCA | NPB-S | PA; QL (2 EA per 1 day) |
| se-tan plus | G | |
| sod citrate-citric acid | G | |
| sodium fluoride oral | G | M; ACA |
| sodium polystyrene sulfonate | G | |
| SPS | NPB | |
| TANDEM PLUS | PB | |
| TARON FORTE | NPB | |
| TAURINE INJECTION | NPB | |
| tolvaptan | G-S | PA; QL (2 EA per 1 day) |
| TRI-AMINO | NPB | |
| tricitrates | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|------------------------|
| 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 | |
| UROCIT-K 10 | NPB | M |
| UROCIT-K 15 | NPB | M |
| UROCIT-K 5 | NPB | M |
| VELTASSA | NPB | |
| VINATE ONE | PB | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | G | |
| vitamins acd-fluoride | G | |
| WESCAP-C DHA | PB | |
| WESCAP-PN DHA | PB | |
| WESNATAL DHA COMPLETE | PB | |
| wes-phos 250 neutral | G | |
| WESTAB PLUS | PB | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| CYTOTEC | NPB | M |
| esomeprazole magnesium oral packet | G | M; QL (1 EA per 1 day) |
| famotidine oral suspension reconstituted | G | |
| FIRST PANTOPRAZOLE | NPB | ST; M |
| misoprostol oral | G | M |
| NEXIUM ORAL PACKET | NPB | M; QL (1 EA per 1 day) |
| omeprazole oral capsule delayed release | G | M; QL (1 EA per 1 day) |
| pantoprazole sodium oral tablet delayed release | G | M; QL (1 EA per 1 day) |
| sucralfate oral tablet | G | M |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| alosetron hcl | G | PA |
| alvimopan | G | |
| ANASPAZ | NPB | |
| bis subcit-metronid-tetracyc | G | |
| bismuth/metronidaz/tetracyclin | G | |
| CHEMODAL | NPB-S | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| CLENPIQ | NPB | |
| constulose | G | |
| cromolyn sodium oral | G | |
| dicyclomine hcl oral | G | |
| diphenoxylate-atropine | G | |
| ENTEREG | NPB | |
| enulose | G | |
| GASTROCROM | NPB | |
| GATTEX | NPB-S | PA |
| gavilyte-c | G | ACA |
| gavilyte-g | G | ACA |
| generlac | G | |
| glycopyrrolate oral solution | G | PA |
| glycopyrrolate oral tablet 1 mg, 2 mg | G | |
| HELIDAC THERAPY | NPB | |
| 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 | |
| lactulose encephalopathy | G | |
| lactulose oral solution | G | |
| LINZESS | PB | ST; QL (1 EA per 1 day) |
| LOMOTIL | NPB | |
| loperamide hcl oral capsule | G | |
| lubiprostone | G | QL (2 EA per 1 day) |
| methscopolamine bromide oral | G | |
| mineral oil heavy oral | G | |
| MOTEGRITY | NPB | ST; QL (1 EA per 1 day) |
| MYTESI | NPB | QL (2 EA per 1 day) |
| na sulfate-k sulfate-mg sulf | G | ACA |
| OMECLAMOX-PAK | PB | |
| OSCIMIN | NPB | |
| peg 3350-kcl-na bicarb-nacl | G | ACA |
| peg-3350/electrolytes | G | ACA |
| peg-3350/electrolytes/ascorbat | G | |
| peg-kcl-nacl-nasulf-na asc-c | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|---------------------------|
| PEG-PREP | NPB | |
| PYLERA | NPB | |
| RESTORA RX | NPB | |
| SEROSTIM | NPB-S | PA |
| SUFLAVE | NPB | |
| SUPREP BOWEL PREP KIT | NPB | |
| SUTAB | NPB | |
| SYMPROIC | PB | ST; QL (1 EA per 1 day) |
| TALICIA | NPB | |
| URSO 250 | NPB | M |
| URSO FORTE | NPB | M |
| ursodiol oral capsule 300 mg | G | M |
| ursodiol oral tablet | G | M |
| VIBERZI | NPB | PA; QL (2 EA per 1 day) |
| XERMELO | NPB-S | PA; QL (3 EA per 1 day) |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| CERDELGA | NPB-S | PA |
| CHOLBAM | NPB-S | PA |
| CREON | PB | |
| CYSTAGON | NPB-S | |
| EVRYSDI | NPB-S | PA; QL (8 ML per 1 day) |
| GALAFOLD | NPB-S | PA; QL (0.5 EA per 1 day) |
| miglustat | G-S | PA |
| MYALEPT | NPB-S | PA |
| nitisinone | G-S | PA |
| NITYR | NPB-S | PA |
| OCALIVA | NPB-S | PA; QL (1 EA per 1 day) |
| ORFADIN | NPB-S | PA |
| PHEBURANE | NPB-S | PA |
| sapropterin dihydrochloride | G-S | PA |
| sodium phenylbutyrate oral tablet | G-S | PA |
| STRENSIQ | PB-S | PA |
| SUCRAID | NPB-S | PA |
| VOXZOGO | NPB-S | PA; QL (1 EA per 1 day) |
| XURIDEN | NPB-S | PA; QL (4 EA per 1 day) |
| yargesa | G-S | PA |
| ZENPEP | PB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-------------------------------|
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| bethanechol chloride oral | G | |
| calcium acetate (phos binder) | G | |
| calcium acetate oral tablet 667 mg | G | |
| darifenacin hydrobromide er | G | M |
| DEPEN TITRATABS | PB-S | M |
| DETROL | NPB | M |
| DETROL LA | NPB | M |
| fesoterodine fumarate er | G | |
| FILSPARI | NPB-S | |
| flavoxate hcl | G | M |
| FOSRENOL | NPB | ST |
| GELNIQUE | NPB | ST; M |
| INTRAROSA | NPB | |
| lanthanum carbonate | G | |
| LITHOSTAT | NPB | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | PB | |
| oxybutynin chloride er | G | M |
| oxybutynin chloride oral solution | G | M |
| oxybutynin chloride oral tablet 5 mg | G | M |
| OXYTROL | NPB | ST; M; QL (0.29 EA per 1 day) |
| penicillamine oral tablet | G-S | M |
| phenazo oral tablet 200 mg | G | |
| phenazopyridine hcl oral | G | |
| RIMSO-50 | NPB | |
| sevelamer carbonate | G | |
| sevelamer hcl | G | |
| solifenacin succinate | G | M |
| THIOLA | NPB-S | |
| THIOLA EC | NPB-S | |
| tiopronin | G-S | |
| tolterodine tartrate | G | M |
| tolterodine tartrate er | G | M |
| trospium chloride | G | M |
| trospium chloride er | G | M |
| uretron d/s | G | |
| VELPHORO | NPB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------|
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | G | M |
| dutasteride oral | G | M |
| dutasteride-tamsulosin hcl | G | M |
| finasteride oral tablet 5 mg | G | M |
| JALYN | NPB | M |
| PROSCAR | NPB | M |
| silodosin | G | M |
| tamsulosin hcl | G | M |
| terazosin hcl | G | M |
| Hormonal Agents - Adrenal | | |
| dexamethasone intensol | G | |
| dexamethasone oral | G | |
| fludrocortisone acetate oral | G | M |
| hydrocortisone oral | G | |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG | NPB | |
| MEDROL ORAL TABLET 2 MG | PB | |
| MEDROL ORAL TABLET THERAPY PACK | NPB | |
| methylprednisolone oral | G | |
| PEDIAPRED | NPB | |
| prednisolone oral solution | G | |
| prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | G | |
| prednisone intensol | G | |
| prednisone oral | G | |
| SOLU-CORTEF | NPB | |
| Hormonal Agents - Men's Health | | |
| ANDRODERM | PB | PA |
| danazol oral | G | |
| METHITEST | NPB | PA |
| testosterone cypionate intramuscular | G | PA |
| testosterone enanthate intramuscular | G | PA |
| testosterone transdermal | G | PA |
| Hormonal Agents - Pituitary | | |
| ACTHAR | PB-S | PA |
| cabergoline | G | M |
| cetrorelix acetate | G-S | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| CHORIONIC GONADOTROPIN INTRAMUSCULAR | NPB-S | PA |
| CLOMID | NPB | |
| CORTROPHIN | PB-S | PA |
| desmopressin ace spray refrigerated | 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) |
| ELIGARD SUBCUTANEOUS KIT 30 MG | NPB-S | PA; QL (0.009 EA per 1 day) |
| FIRMAGON | NPB-S | PA; QL (0.04 EA per 1 day) |
| FIRMAGON (240 MG DOSE) | NPB-S | PA; QL (2 EA per 365 days) |
| FOLLISTIM AQ | PB-S | PA |
| fyremadel | G-S | PA |
| ganirelix acetate | G-S | PA |
| INCRELEX | PB-S | PA |
| leuprolide acetate injection | G-S | PA |
| LEUPROLIDE ACETATE-BUPIVACAINE | NPB | |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | NPB-S | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | PB-S | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | NPB-S | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | PB-S | PA |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | PB-S | PA |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | PB-S | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG | NPB-S | PA |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG | PB-S | PA |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | NPB-S | PA |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG | PB-S | PA |
| MENOPUR | NPB-S | PA |
| NGENLA | NPB-S | PA |
| NOCDURNA | NPB | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| NORDITROPIN FLEXPRO | PB-S | PA |
| NOVAREL | NPB-S | PA |
| NUTROPIN AQ NUSPIN 10 | PB-S | PA |
| NUTROPIN AQ NUSPIN 20 | PB-S | PA |
| NUTROPIN AQ NUSPIN 5 | PB-S | PA |
| octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml | G-S | PA |
| octreotide acetate subcutaneous | G-S | PA |
| OMNITROPE | PB-S | PA |
| ORILISSA ORAL TABLET 150 MG | PB | PA; QL (1 EA per 1 day) |
| ORILISSA ORAL TABLET 200 MG | PB | PA; QL (2 EA per 1 day) |
| OVIDREL | NPB-S | PA |
| PREGNYL | NPB-S | PA |
| SKYTROFA | NPB-S | PA |
| SOMATULINE DEPOT | NPB-S | PA |
| SOMAVERT | NPB-S | PA |
| SYNAREL | PB | |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG | NPB-S | PA; QL (0.012 EA per 1 day) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG | NPB-S | PA; QL (0.006 EA per 1 day) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG | NPB-S | PA; QL (0.04 EA per 1 day) |
| TRIPTODUR | NPB-S | PA; QL (0.006 EA per 1 day) |
| Hormonal Agents - Prostaglandins | | |
| KORLYM | NPB-S | PA; QL (4 EA per 1 day) |
| mifepristone oral tablet 300 mg | G-S | PA; QL (4 EA per 1 day) |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents | | |
| EVISTA | NPB | M |
| OSPHENA | NPB | |
| raloxifene hcl | G | M; ACA |
| Hormonal Agents - Sex Hormones and Birth Control | | |
| ACTIVELLA | NPB | M |
| afirmelle | G | M; ACA |
| ALORA | NPB | M |
| altavera | G | M; ACA |
| alyacen 1/35 | G | M; ACA |
| alyacen 7/7/7 | G | M; ACA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------|-----------|-----------------------------|
| amabelz | G | M |
| 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 |
| 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) |
| charlotte 24 fe | G | M; ACA |
| chateal eq | G | M; ACA |
| CLIMARA PRO | PB | M |
| COMBIPATCH | NPB | M |
| CRINONE | NPB | QL (0.6 GM per 1 day) |
| cryselle-28 | G | M; ACA |
| cyred eq | G | M; ACA |
| dasetta 1/35 | G | M; ACA |
| dasetta 7/7/7 | G | M; ACA |
| daysee | G | M; ACA; QL (1 EA per 1 day) |
| deblitane | G | M; ACA |
| delyla | G | M; ACA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| DEPO-ESTRADIOL | NPB | |
| DEPO-PROVERA | NPB | ACA; QL (0.02 ML per 1 day) |
| DEPO-SUBQ PROVERA 104 | NPB | ACA; QL (0.02 ML per 1 day) |
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) | G | M; ACA |
| DIVIGEL | NPB | M |
| dolishale | G | M; ACA |
| dotti | G | M |
| drospirenen-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 |
| ENDOMETRIN | PB | |
| enilloring | G | M; ACA |
| enpresse-28 | G | M; ACA |
| enskyce | G | M; ACA |
| errin | G | M; ACA |
| estarylla | G | M; ACA |
| estradiol oral | G | M |
| estradiol transdermal | G | M |
| estradiol vaginal | G | M |
| estradiol valerate intramuscular | G | |
| estradiol-norethindrone acet | G | M |
| ESTRING | NPB | M; QL (0.012 EA per 1 day) |
| ESTROGEL | NPB | M |
| ethynodiol diac-eth estradiol | G | M; ACA |
| etonogestrel-ethinyl estradiol | G | M; ACA |
| EVAMIST | NPB | M |
| falmina | G | M; ACA |
| FEMRING | NPB | M; QL (0.012 EA per 1 day) |
| finzala | G | M; ACA |
| FIRST-PROGESTERONE VGS | NPB | |
| fyavolv | G | M |
| gummily | G | M; ACA |
| hailey 1.5/30 | G | M; ACA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------|-----------|-----------------------------|
| hailey 24 fe | G | M; ACA |
| hailey fe 1.5/30 | G | M; ACA |
| hailey fe 1/20 | G | M; ACA |
| haloette | G | M; ACA |
| heather | G | M; ACA |
| iclevia | G | M; ACA; QL (1 EA per 1 day) |
| IMVEXXY MAINTENANCE PACK | PB | M |
| IMVEXXY STARTER PACK | PB | M |
| incassia | G | M; ACA |
| introvale | G | M; ACA; QL (1 EA per 1 day) |
| isibloom | G | M; ACA |
| jaimiess | G | M; ACA; QL (1 EA per 1 day) |
| jasmiel | G | M; ACA |
| jencycla | G | M; ACA |
| jinteli | G | M |
| jolessa | G | M; ACA; QL (1 EA per 1 day) |
| joyeaux | G | M; ACA |
| juleber | G | M; ACA |
| junel 1.5/30 | G | M; ACA |
| junel 1/20 | G | M; ACA |
| junel fe 1.5/30 | G | M; ACA |
| junel fe 1/20 | G | M; ACA |
| junel fe 24 | G | M; ACA |
| kaitlib fe | G | M; ACA |
| kalliga | G | M; ACA |
| kariva | G | M; ACA |
| kelnor 1/35 | G | M; ACA |
| kelnor 1/50 | G | M; ACA |
| kurvelo | G | M; ACA |
| larin 1.5/30 | G | M; ACA |
| larin 1/20 | G | M; ACA |
| larin 24 fe | G | M; ACA |
| larin fe 1.5/30 | G | M; ACA |
| larin fe 1/20 | G | M; ACA |
| layolis fe | G | M; ACA |
| leena | G | M; ACA |
| lessina | G | M; ACA |
| levonest | G | M; ACA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| levonorgest-eth est & eth est | G | M; ACA; QL (1 EA per 1 day) |
| levonorgest-eth estrad 91-day | G | M; ACA; QL (1 EA per 1 day) |
| levonorgest-eth estradiol-iron | G | M; ACA |
| levonorgestrel-ethynodiol-17 α -estradiol | G | M; ACA |
| levonorgestrel-ethynodiol-17 α -estradiol triphasic | G | M; ACA |
| levora 0.15/30 (28) | G | M; ACA |
| lojaimess | G | M; ACA; QL (1 EA per 1 day) |
| loryna | G | M; ACA |
| low-ogestrel | G | M; ACA |
| lo-zumandimine | G | M; ACA |
| lutera | G | M; ACA |
| lyeq | G | M; ACA |
| lyllana | G | M |
| lyza | G | M; ACA |
| marlissa | G | M; ACA |
| medroxyprogesterone acetate intramuscular | G | ACA; QL (0.02 ML per 1 day) |
| medroxyprogesterone acetate oral | G | M |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml | G | |
| megestrol acetate oral suspension 625 mg/5ml | G | |
| megestrol acetate oral tablet | G | |
| MENEST | PB | M |
| MENOSTAR | NPB | M |
| merzee | G | M; ACA |
| mibelas 24 fe | G | M; ACA |
| microgestin 1.5/30 | G | M; ACA |
| microgestin 1/20 | G | M; ACA |
| microgestin 24 fe | G | M; ACA |
| microgestin fe 1.5/30 | G | M; ACA |
| microgestin fe 1/20 | G | M; ACA |
| milli | G | M; ACA |
| mimvey | G | M |
| mono-linyah | G | M; ACA |
| MYFEMBREE | PB | PA; QL (1 EA per 1 day) |
| NATAZIA | PB | M; ACA |
| necon 0.5/35 (28) | G | M; ACA |
| nikki | G | M; ACA |
| nora-be | G | M; ACA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| norelgestromin-eth estradiol | G | M; ACA |
| norethin ace-eth estrad-fe | G | M; ACA |
| norethindrone acetate oral | G | M |
| norethindrone acet-ethynil est | G | M; ACA |
| norethindrone oral | G | M; ACA |
| norethindrone-eth estradiol | G | M |
| norethindron-ethynil estrad-fe | G | M; ACA |
| norethin-eth estradiol-fe | G | M; ACA |
| norgestimate-eth estradiol | G | M; ACA |
| norgestimate-ethynil 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 | M; ACA |
| nylia 1/35 | G | M; ACA |
| nylia 7/7/7 | G | M; ACA |
| nymyo | G | M; ACA |
| ocella | G | M; ACA |
| ORIAHNN | PB | PA; QL (2 EA per 1 day) |
| philith | G | M; ACA |
| pimtrea | G | M; ACA |
| portia-28 | G | M; ACA |
| PREMARIN ORAL | PB | M |
| PREMARIN VAGINAL | PB | M |
| PREMPHASE | PB | M |
| PREMPRO | PB | M |
| progesterone intramuscular | G | |
| progesterone oral | G | |
| PROVERA | NPB | M |
| reclipsen | G | M; ACA |
| rivelsa | G | M; ACA; QL (1 EA per 1 day) |
| setlakin | G | M; ACA; QL (1 EA per 1 day) |
| sharobel | G | M; ACA |
| simliya | G | M; ACA |
| simpesse | G | M; ACA; QL (1 EA per 1 day) |
| sprintec 28 | G | M; ACA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|-------------------|-----------|-----------------------|
| sronyx | G | M; ACA |
| syeda | G | M; ACA |
| tarina 24 fe | G | M; ACA |
| tarina fe 1/20 eq | G | M; ACA |
| taysofy | G | M; ACA |
| TAYTULLA | NPB | M; ACA |
| tilia fe | G | M; ACA |
| tri-estarylla | G | M; ACA |
| tri-legest fe | G | M; ACA |
| tri-linyah | G | M; ACA |
| tri-lo-estarylla | G | M; ACA |
| tri-lo-marzia | G | M; ACA |
| tri-lo-mili | G | M; ACA |
| tri-lo-sprintec | G | M; ACA |
| tri-mili | G | M; ACA |
| tri-nymyo | G | M; ACA |
| tri-sprintec | G | M; ACA |
| trivora (28) | G | M; ACA |
| tri-vylibra | G | M; ACA |
| tri-vylibra lo | G | M; ACA |
| turqoz | G | M; ACA |
| TYBLUME | NPB | M; ACA |
| tydemy | G | M; ACA |
| velivet | G | M; ACA |
| vestura | G | M; ACA |
| vienna | G | M; ACA |
| viorele | G | M; ACA |
| volnea | G | M; ACA |
| vyfemla | G | M; ACA |
| vylibra | G | M; ACA |
| wera | G | M; ACA |
| wymzya fe | G | M; ACA |
| xulane | G | M; ACA |
| yuvafem | G | M |
| zafemy | G | M; ACA |
| zovia 1/35 (28) | G | M; ACA |
| zumandimine | G | M; ACA |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| Hormonal Agents - Thyroid | | |
| ADTHYZA | NPB | ST; M |
| ARMOUR THYROID | NPB | ST; M |
| euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg | G | M |
| levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg | G | M |
| levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg | G | M |
| levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 88 mcg | G | M |
| liothyronine sodium oral | G | M |
| methimazole oral | G | M |
| NIVA THYROID | NPB | ST; M |
| np thyroid | G | M |
| propylthiouracil oral | G | M |
| SODIUM IODIDE I-131 | NPB | |
| thyroid oral | G | M |
| unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 88 mcg | G | M |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | NPB-S | PA; QL (0.13 ML per 1 day) |
| ACTEMRA SUBCUTANEOUS | NPB-S | PA; QL (0.13 ML per 1 day) |
| AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS | PB-S | PA; QL (0.12 ML per 1 day) |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | PB-S | PA; QL (0.12 EA per 1 day) |
| AMJEVITA-PED 10KG TO <15KG | PB-S | PA; QL (0.02 ML per 1 day) |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML | PB-S | PA; QL (0.06 EA per 1 day) |
| ARCALYST | NPB-S | PA |
| ASTAGRAF XL | NPB | |
| AZASAN | NPB | |
| azathioprine oral | G | |
| BENLYSTA SUBCUTANEOUS | NPB-S | PA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|----------------------------|
| CELLCEPT | NPB | |
| CIMZIA | PB-S | PA; QL (0.08 EA per 1 day) |
| CIMZIA STARTER KIT | PB-S | PA; QL (3 EA per 365 days) |
| cyclosporine modified | G | |
| cyclosporine oral | G | |
| CYLTEZO (2 PEN) | PB-S | PA; QL (0.15 EA per 1 day) |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML | PB-S | PA; QL (0.08 EA per 1 day) |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML | PB-S | PA; QL (0.15 EA per 1 day) |
| CYLTEZO-CD/UC/HS STARTER | PB-S | PA; QL (0.15 EA per 1 day) |
| CYLTEZO-PSORIASIS/UV STARTER | PB-S | PA; QL (0.15 EA per 1 day) |
| ENBREL | PB-S | PA; QL (0.15 ML per 1 day) |
| ENBREL MINI | PB-S | PA; QL (0.15 ML per 1 day) |
| ENBREL SURECLICK | PB-S | PA; QL (0.15 ML per 1 day) |
| ENSPRYNG | NPB-S | PA |
| ENTYVIO SUBCUTANEOUS | NPB-S | PA; QL (0.05 ML per 1 day) |
| ENVARSUS XR | NPB | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | G | |
| gengraf | G | |
| HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS | PB-S | PA; QL (0.15 EA per 1 day) |
| HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS | PB-S | PA; QL (0.08 EA per 1 day) |
| HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | PB-S | PA; QL (0.15 EA per 1 day) |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS | PB-S | PA; QL (0.08 EA per 1 day) |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS | PB-S | PA; QL (0.15 EA per 1 day) |
| HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS | PB-S | PA; QL (0.15 EA per 1 day) |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML | PB-S | PA; QL (0.15 EA per 1 day) |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | PB-S | PA; QL (0.15 EA per 1 day) |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | PB-S | PA; QL (0.08 EA per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|------------------------------|
| HUMIRA-PED<40KG CROHNS STARTER | PB-S | PA; QL (2 EA per 365 days) |
| HUMIRA-PED>/=40KG CROHNS START | PB-S | PA; QL (3 EA per 365 days) |
| HUMIRA-PED>/=40KG UC STARTER | PB-S | PA; QL (0.08 EA per 1 day) |
| HUMIRA-PSORIASIS/UVEIT STARTER | PB-S | PA; QL (3 EA per 365 days) |
| HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS | PB-S | PA; QL (0.06 ML per 1 day) |
| HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | PB-S | PA; QL (0.06 ML per 1 day) |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS | PB-S | PA; QL (0.03 ML per 1 day) |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | PB-S | PA; QL (0.06 ML per 1 day) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML | PB-S | PA; QL (0.01 ML per 1 day) |
| HYRIMOZ-CROHNS/UC STARTER | PB-S | PA; QL (0.06 ML per 1 day) |
| HYRIMOZ-PED<40KG CROHN STARTER | PB-S | PA; QL (1.2 ML per 365 days) |
| HYRIMOZ-PED>/=40KG CROHN START | PB-S | PA; QL (2.4 ML per 365 days) |
| HYRIMOZ-PLAQUE PSORIASIS START | PB-S | PA; QL (1.6 ML per 365 days) |
| icatibant acetate | G-S | PA; QL (0.6 ML per 1 day) |
| ILUMYA | NPB-S | PA; QL (0.02 ML per 1 day) |
| IMURAN | NPB | |
| KEVZARA | NPB-S | PA; QL (0.09 ML per 1 day) |
| KINERET | NPB-S | PA |
| leflunomide oral | G | M |
| methotrexate sodium (pf) | G | |
| methotrexate sodium injection | G | |
| methotrexate sodium oral | G | |
| mycophenolate mofetil oral | G | |
| mycophenolate sodium | G | |
| mycophenolic acid | G | |
| MYFORTIC | NPB | |
| NEORAL | NPB | |
| OLUMIANT | NPB-S | PA; QL (1 EA per 1 day) |
| ORENCIA CLICKJECT | NPB-S | PA; QL (0.15 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | NPB-S | PA; QL (0.15 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML | NPB-S | PA; QL (0.06 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML | NPB-S | PA; QL (0.1 ML per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|-----------------------------|
| ORLADEYO | NPB-S | PA; QL (1 EA per 1 day) |
| OTEZLA ORAL TABLET | PB-S | PA; QL (2 EA per 1 day) |
| OTEZLA ORAL TABLET THERAPY PACK | PB-S | PA; QL (55 EA per 365 days) |
| PROGRAF ORAL | NPB | |
| RAPAMUNE | NPB | |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML | PB | PA; QL (0.03 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML | PB | PA; QL (0.04 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML | PB | PA; QL (0.05 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | PB | PA; QL (0.06 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML | PB | PA; QL (0.07 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML | PB | PA; QL (0.08 ML per 1 day) |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML | PB | PA; QL (0.09 ML per 1 day) |
| RIDAURA | NPB-S | M |
| RINVOQ | PB-S | PA; QL (1 EA per 1 day) |
| SANDIMMUNE ORAL CAPSULE | NPB | |
| SANDIMMUNE ORAL SOLUTION | PB | |
| SILIQ | NPB-S | PA; QL (0.11 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | PB-S | PA; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML | PB-S | PA; QL (0.02 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | PB-S | PA; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | PB-S | PA; QL (0.02 ML per 1 day) |
| sirolimus oral | G | |
| SKYRIZI PEN | PB-S | PA; QL (0.02 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML | PB-S | PA; QL (0.03 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | PB-S | PA; QL (0.05 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | PB-S | PA; QL (0.02 ML per 1 day) |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-----------------------------|
| SOTYKTU | NPB-S | PA; QL (1 EA per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION | PB-S | PA; QL (0.009 ML per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | PB-S | PA; QL (0.009 ML per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | PB-S | PA; QL (0.02 ML per 1 day) |
| tacrolimus oral | G | |
| TAKHZYRO | NPB-S | PA |
| TALTZ | NPB-S | PA; QL (0.04 ML per 1 day) |
| TREMFYA | PB-S | PA; QL (0.02 ML per 1 day) |
| TREXALL | PB | |
| XATMEP | PB | |
| XELJANZ ORAL SOLUTION | PB-S | PA; QL (10 ML per 1 day) |
| XELJANZ ORAL TABLET | PB-S | PA; QL (2 EA per 1 day) |
| XELJANZ XR | PB-S | PA; QL (1 EA per 1 day) |
| ZORTRESS | NPB | |

Immunological Agents - Drugs for Vaccination

| | | |
|--------------------------------|-----|-----------------------------|
| ABRYSVO | NPB | ACA; QL (1 EA per 300 days) |
| ACAM2000 | NPB | |
| ACTHIB | NPB | ACA |
| ADACEL | NPB | ACA |
| AFLURIA QUADRIVALENT | NPB | ACA |
| AREXVY | NPB | QL (1 EA per 600 days) |
| BEXSERO | NPB | ACA |
| BOOSTRIX | NPB | ACA |
| COMIRNATY | NPB | ACA |
| DAPTACEL | NPB | ACA |
| DENGVAXIA | NPB | ACA |
| ENGERIX-B | NPB | ACA |
| FLUAD QUADRIVALENT | NPB | ACA |
| FLUARIX QUADRIVALENT | NPB | ACA |
| FLUBLOK QUADRIVALENT | NPB | ACA |
| FLUCELVAX QUADRIVALENT | NPB | ACA |
| FLULAVAL QUADRIVALENT | NPB | ACA |
| FLUMIST QUADRIVALENT | NPB | ACA |
| FLUZONE HIGH-DOSE QUADRIVALENT | NPB | ACA |
| FLUZONE QUADRIVALENT | NPB | ACA |
| GARDASIL 9 | NPB | ACA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--------------------------------|-----------|-----------------------|
| HAVRIX | NPB | ACA |
| HEPLISAV-B | NPB | ACA |
| HIBERIX | NPB | ACA |
| INFANRIX | NPB | ACA |
| IPOPOL | NPB | ACA |
| IXCHIQ | NPB | |
| JYNNEOS | NPB | |
| KINRIX | NPB | ACA |
| MENQUADFI | NPB | ACA |
| MENVEO | NPB | ACA |
| M-M-R II | NPB | ACA |
| MODERNA COVID-19 VAC 6M-11Y | NPB | ACA |
| PEDIARIX | NPB | ACA |
| PEDVAX HIB | NPB | ACA |
| PENBRAYA | NPB | ACA |
| PENTACEL | NPB | ACA |
| PFIZER COVID-19 VAC-TRIS 5-11Y | NPB | ACA |
| PFIZER COVID-19 VAC-TRIS 6M-4Y | NPB | ACA |
| PNEUMOVAX 23 | NPB | ACA |
| PREHEVBRIOD | NPB | ACA |
| PREVNAR 13 | NPB | |
| PREVNAR 20 | NPB | ACA |
| PRIORIX | NPB | ACA |
| PROQUAD | NPB | ACA |
| QUADRACEL | NPB | ACA |
| RECOMBIVAX HB | NPB | ACA |
| ROTARIX | NPB | ACA |
| ROTATEQ | NPB | ACA |
| SHINGRIX | NPB | ACA |
| SPIKEVAX | NPB | ACA |
| TDVAX | NPB | ACA |
| TENIVAC | NPB | ACA |
| TETANUS-DIPHTHERIA TOXOIDS TD | NPB | ACA |
| TRUMENBA | NPB | ACA |
| TWINRIX | NPB | ACA |
| VAQTA | NPB | ACA |
| VARIVAX | NPB | ACA |
| VAXELIS | NPB | ACA |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|---------------------------|
| VAXNEUVANCE | NPB | ACA |
| Inflammatory Bowel Disease Agents | | |
| ANUSOL-HC EXTERNAL | NPB | |
| APRISO | PB | M |
| AZULFIDINE | NPB | M |
| AZULFIDINE EN-TABS | NPB | M |
| balsalazide disodium | G | |
| budesonide er | G | |
| budesonide oral | G | |
| budesonide rectal | G | |
| CORTENEMA | NPB | |
| CORTIFOAM | NPB | |
| hydrocortisone (perianal) | G | |
| hydrocortisone ace-pramoxine external cream 1-1 % | G | |
| hydrocortisone rectal | G | |
| mesalamine er | G | M |
| mesalamine oral capsule delayed release 400 mg | G | M |
| mesalamine oral tablet delayed release 1.2 gm | G | M |
| mesalamine rectal | G | M |
| mesalamine-cleanser | G | |
| PROCTOFOAM HC | PB | |
| procto-med hc | G | |
| proctosol hc | G | |
| proctozone-hc | G | |
| ROWASA | NPB | |
| SFROWASA | PB | M |
| sulfasalazine oral | G | M |
| UCERIS RECTAL | NPB | |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| ACTONEL ORAL TABLET 150 MG | NPB | M; QL (0.04 EA per 1 day) |
| ACTONEL ORAL TABLET 35 MG | NPB | M; QL (0.15 EA per 1 day) |
| alendronate sodium oral solution | G | M |
| alendronate sodium oral tablet 10 mg, 5 mg | G | M |
| alendronate sodium oral tablet 35 mg, 70 mg | G | M; QL (0.15 EA per 1 day) |
| ATELVIA | NPB | M; QL (0.15 EA per 1 day) |
| calcitonin (salmon) injection | G | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|---------------------------|
| calcitonin (salmon) nasal | G | M; QL (0.13 ML per 1 day) |
| FOSAMAX | NPB | M; QL (0.15 EA per 1 day) |
| ibandronate sodium oral | G | M; QL (0.04 EA per 1 day) |
| risedronate sodium oral tablet 150 mg | G | M; QL (0.04 EA per 1 day) |
| risedronate sodium oral tablet 30 mg, 5 mg | G | M |
| risedronate sodium oral tablet 35 mg | G | M; QL (0.15 EA per 1 day) |
| risedronate sodium oral tablet delayed release | G | M; QL (0.15 EA per 1 day) |
| teriparatide | G-S | PA |
| teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml | G-S | PA |
| TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | PB-S | PA |
| TYMLOS | PB-S | PA |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral | G | M |
| cinacalcet hcl | G | PA |
| paricalcitol oral | G | M |
| RAYALDEE | NPB | M |
| ROCALTROL | NPB | M |
| ZEMPLAR ORAL | NPB | M |
| Miscellaneous Therapeutic Agents | | |
| ALPHA-LIPOIC ACID INJECTION | NPB | |
| BD ULTRA-FINE PEN NEEDLES 31G X 8 MM | NPB | M; OTC |
| BYLVAY | NPB-S | |
| BYLVAY (PELLETS) | NPB-S | |
| CHLORHEXIDINE GLUCONATE SOLUTION 20 % | NPB | |
| CYTOTINE ORAL POWDER | NPB | |
| DROPLET MICRON | NPB | M; OTC |
| EMBRACE PEN NEEDLES 31G X 8 MM | NPB | M; OTC |
| ENDARI | NPB | PA |
| ergoloid mesylates oral | G | M |
| EUA PATIENT ASSESSMENT | NPB | |
| formaldehyde external solution 37 % | G | |
| glutaraldehyde external | G | |
| GRASTEK | NPB | |
| IGALMI | NPB | PA |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|--------------------------|
| INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM | NPB | M; OTC |
| INSULIN PEN NEEDLES 30G X 6 MM , 31G X 8 MM | NPB | M; OTC |
| INSULIN PEN NEEDLES 31G X 8 MM | NPB | M |
| KERENDIA | NPB | PA; QL (1 EA per 1 day) |
| methergine | G | QL (28 EA per 1 fill) |
| methylergonovine maleate oral | G | QL (28 EA per 1 fill) |
| NEOKE RA LIPOIC | NPB | |
| ODACTRA | NPB | |
| OMNIPOD 5 G6 INTRO (GEN 5) | PB | |
| OMNIPOD 5 G6 PODS (GEN 5) | PB | |
| OMNIPOD DASH INTRO (GEN 4) | PB | |
| OMNIPOD DASH PODS (GEN 4) | PB | |
| OMNIPOD GO | PB | |
| RAGWITEK | NPB | |
| RAYA SURE PEN NEEDLE 31G X 8 MM | NPB | M; OTC |
| SALINE-PHENOL | NPB | |
| SOHONOS | NPB-S | |
| VERIFINE INSULIN PEN NEEDLE 31G X 8 MM | NPB | M; OTC |
| VERIFINE PLUS PEN NEEDLE 31G X 8 MM | NPB | M; OTC |
| VISTOGARD | NPB | |
| ZOKINVY | NPB-S | PA; QL (4 EA per 1 day) |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| ACULAR | NPB | |
| ACULAR LS | NPB | |
| ALOMIDE | NPB | |
| AZASITE | NPB | |
| azelastine hcl ophthalmic | G | |
| bacitracin ophthalmic | G | |
| BESIVANCE | NPB | |
| BETADINE OPHTHALMIC PREP | NPB | |
| bromfenac sodium (once-daily) | G | QL (6.8 ML per 365 days) |
| bromfenac sodium ophthalmic solution 0.07 % | G | QL (12 ML per 365 days) |
| ciprofloxacin hcl ophthalmic | G | |
| cromolyn sodium ophthalmic | G | |
| dexamethasone sodium phosphate ophthalmic | G | |
| diclofenac sodium ophthalmic | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|-------------------------|
| difluprednate | G | |
| epinastine hcl | G | |
| erythromycin ophthalmic | G | |
| EYSUVIS | NPB | PA |
| FLAREX | NPB | |
| fluorometholone | G | |
| flurbiprofen sodium | G | |
| FML FORTE | NPB | |
| FML LIQUIFILM | NPB | |
| gatifloxacin ophthalmic | G | |
| gentamicin sulfate ophthalmic | G | |
| INVELTYS | NPB | |
| ketorolac tromethamine ophthalmic | G | |
| levofloxacin ophthalmic | G | |
| LOTEMAX SM | NPB | |
| loteprednol etabonate ophthalmic gel | G | QL (20 GM per 365 days) |
| MAXIDEX | NPB | |
| MAXITROL OPHTHALMIC OINTMENT | NPB | |
| MAXITROL OPHTHALMIC SUSPENSION 0.1 % | NPB | |
| MITOSOL | NPB | |
| moxifloxacin hcl (2x day) | G | |
| moxifloxacin hcl ophthalmic | G | |
| NATACYN | PB | |
| neomycin-polymyxin-dexameth ophthalmic ointment | G | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | G | |
| neomycin-polymyxin-hc ophthalmic | G | |
| OCUFLOX | NPB | |
| ofloxacin ophthalmic | G | |
| olopatadine hcl ophthalmic solution 0.2 % | G | |
| POVIDONE-IODINE OPHTHALMIC | NPB | |
| PRED MILD | NPB | |
| prednisolone acetate ophthalmic | G | |
| prednisolone sodium phosphate ophthalmic | G | |
| PROLENSA | PB | QL (12 ML per 365 days) |
| sulfacetamide sodium ophthalmic | G | |
| TOBRADEX | NPB | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|--------------------------|
| TOBRADEX ST | NPB | |
| tobramycin ophthalmic | G | |
| tobramycin-dexamethasone | G | |
| TOBREX | NPB | |
| trifluridine | G | |
| TRIPLE PMB | NPB | |
| TRIPLE PMK | NPB | |
| UPNEEQ | NPB | PA |
| ZIRGAN | NPB | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| acetazolamide er | G | M |
| acetazolamide oral | G | M |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | PB | M |
| apraclonidine hcl | G | |
| betaxolol hcl ophthalmic | G | M |
| BETIMOL | NPB | M |
| bimatoprost ophthalmic | G | M; QL (0.1 ML per 1 day) |
| brimonidine tartrate ophthalmic | G | M |
| brimonidine tartrate-timolol | G | M |
| brinzolamide | G | M |
| carteolol hcl | G | M |
| dichlorphenamide | G-S | PA; QL (4 EA per 1 day) |
| DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC | NPB | M |
| dorzolamide hcl solution 2 % ophthalmic | G | M |
| dorzolamide hcl-timolol mal | G | M |
| dorzolamide hcl-timolol mal pf | G | M |
| IOPIDINE | NPB | |
| ISTALOL | NPB | M |
| KEVEYIS | NPB-S | PA; QL (4 EA per 1 day) |
| latanoprost ophthalmic | G | M |
| levobunolol hcl | G | M |
| LUMIGAN | PB | M; QL (0.1 ML per 1 day) |
| methazolamide oral | G | M |
| pilocarpine hcl ophthalmic | G | M |
| RHOPRESSA | NPB | M; QL (0.1 ML per 1 day) |
| ROCKLATAN | NPB | M; QL (0.1 ML per 1 day) |
| SIMBRINZA | PB | M |

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| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|---------------------------|
| tafluprost (pf) | G | M; QL (1 EA per 1 day) |
| timolol maleate (once-daily) | G | M |
| timolol maleate ocudose | G | M |
| timolol maleate ophthalmic solution | G | M |
| timolol maleate pf | G | M |
| travoprost (bak free) | G | M; QL (0.12 ML per 1 day) |
| XELPROS | NPB | M; QL (0.1 ML per 1 day) |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| AKTEN | NPB | |
| ALCAINE | NPB | |
| altafrin | G | |
| atropine sulfate ophthalmic ointment | G | M |
| ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 % | NPB | M |
| atropine sulfate ophthalmic solution 1 % | G | M |
| bacitracin-polymyxin b | G | |
| bacitra-neomycin-polymyxin-hc | G | |
| CYCLOGYL | NPB | M |
| CYCLOMYDRIL | NPB | M |
| cyclopentolate hcl ophthalmic | G | M |
| cyclosporine ophthalmic | G | PA; M |
| CYSTADROPS | NPB-S | QL (0.72 ML per 1 day) |
| CYSTARAN | NPB-S | |
| DOUBLE PM | NPB | |
| HOMATROPAIRE | NPB | M |
| MIEBO | PB | PA; QL (0.4 ML per 1 day) |
| neomycin-bacitracin zn-polymyx | G | |
| neomycin-polymyxin-gramicidin | G | |
| neo-polycin | G | |
| neo-polycin hc | G | |
| OXERVATE | NPB-S | PA; QL (2 ML per 1 day) |
| phenylephrine hcl ophthalmic | G | |
| polycin | G | |
| polymyxin b-trimethoprim | G | |
| proparacaine hcl ophthalmic | G | |
| RESTASIS | PB | PA; M |
| RESTASIS MULTIDOSE | PB | PA; M |
| sulfacetamide-prednisolone | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|---------------------------|
| TROPICAMIDE-PHENYLEPHRINE | NPB | |
| TYRVAYA | NPB | PA; QL (0.3 ML per 1 day) |
| IIDRA | PB | PA; M |
| ZYLET | NPB | |
| Otic Agents - Drugs for Ear Conditions | | |
| acetic acid otic | G | |
| CETRAXAL | NPB | ST |
| ciprofloxacin hcl otic | G | |
| ciprofloxacin-dexamethasone | G | |
| CORTISPORIN-TC | NPB | |
| DERMOTIC | NPB | |
| flac | G | |
| fluocinolone acetonide otic | G | |
| hydrocortisone-acetic acid | G | |
| neomycin-polymyxin-hc otic | G | |
| ofloxacin otic | G | |
| PRAMOTIC | NPB | |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| azelastine hcl nasal | G | QL (2 ML per 1 day) |
| azelastine-fluticasone | G | QL (0.77 GM per 1 day) |
| benzonatate | G | |
| carbinoxamine maleate | G | |
| clemastine fumarate oral tablet | G | |
| cyproheptadine hcl oral | G | |
| DICOPANOL FUSEPAQ | NPB | |
| diphenhydramine hcl oral elixir | G | |
| DYMISTA | PB | QL (0.77 GM per 1 day) |
| guaifenesin-codeine | G | OTC |
| HYCODAN | NPB | |
| hydrocod poli-chlorphe poli er | G | |
| hydrocodone bit-homatrop mbr | G | |
| hydromet | G | |
| HYPERSAL | NPB | |
| ipratropium bromide nasal | G | |
| maxi-tuss ac | G | OTC |
| NEBUSAL | NPB | |
| olopatadine hcl nasal | G | QL (1.02 GM per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|---|-----------|---------------------------|
| promethazine vc | G | |
| promethazine vc/codeine | G | |
| promethazine-codeine oral solution | G | |
| promethazine-dm | G | |
| pseudoephedrine-bromphen-dm | G | |
| PULMOSAL | NPB | |
| RYALTRIS | NPB | QL (1 GM per 1 day) |
| sodium chloride inhalation | G | |
| Respiratory Tract / Pulmonary Agents - | | |
| Drugs for Asthma and Other Lung Conditions | | |
| ACCOLATE | NPB | M |
| acetylcysteine inhalation | G | |
| ADVAIR HFA | PB | M; QL (0.4 GM per 1 day) |
| 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 (5 mg/ml) 0.5% | G | M; QL (5 ML per 1 day) |
| albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml | G | M; QL (12.5 ML per 1 day) |
| albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml | G | M; QL (5 EA per 1 day) |
| albuterol sulfate oral | G | M |
| ANORO ELLIPTA | PB | M; QL (2 EA per 1 day) |
| arformoterol tartrate | G | M; QL (4 ML per 1 day) |
| ARNUITY ELLIPTA | PB | M; QL (1 EA per 1 day) |
| ATROVENT HFA | NPB | M; QL (0.86 GM per 1 day) |
| AUVI-Q | NPB | |
| BREO ELLIPTA | PB | M; QL (2 EA per 1 day) |
| breyna | G | M; QL (0.35 GM per 1 day) |
| BREZTRI AEROSPHERE | PB | QL (0.36 GM per 1 day) |
| budesonide inhalation | G | M; QL (4 ML per 1 day) |
| budesonide-formoterol fumarate | G | M; QL (0.35 GM per 1 day) |
| COMBIVENT RESPIMAT | PB | QL (0.27 GM per 1 day) |
| cromolyn sodium inhalation | G | M |
| DALIRESP | NPB | PA |
| elixophyllin | G | M |
| epinephrine injection solution auto-injector | G | |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|----------------------------|
| EPIPEN 2-PAK | NPB | ST |
| FASENRA | PB-S | PA |
| FASENRA PEN | PB-S | PA |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | G | M; QL (2 EA per 1 day) |
| formoterol fumarate inhalation | G | M; QL (4 ML per 1 day) |
| ipratropium bromide inhalation | G | M; QL (10.42 ML per 1 day) |
| ipratropium-albuterol | G | QL (18 ML per 1 day) |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml | G | QL (18 ML per 1 day) |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml | G | QL (3 EA per 1 day) |
| levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml | G | QL (9 ML per 1 day) |
| montelukast sodium oral | G | M |
| NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR | PB-S | PA; QL (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | PB-S | PA; QL (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | PB-S | PA; QL (0.02 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | PB-S | PA; QL (0.11 EA per 1 day) |
| OFEV | NPB-S | PA |
| PERFOROMIST | NPB | M; QL (4 ML per 1 day) |
| pirfenidone | G-S | PA |
| QVAR REDIHALER | PB | M; QL (0.71 GM per 1 day) |
| roflumilast | G | PA |
| SEREVENT DISKUS | PB | M; QL (2 EA per 1 day) |
| SPIRIVA HANDIHALER | PB | M; QL (1 EA per 1 day) |
| SPIRIVA RESPIMAT | PB | M; QL (0.14 GM per 1 day) |
| STIOLTO RESPIMAT | PB | M; QL (0.14 GM per 1 day) |
| STRIVERDI RESPIMAT | PB | M; QL (4.2 GM per 30 days) |
| SYMBICORT | NPB | 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 |

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| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|------------------------------|
| tiotropium bromide monohydrate | G | M; QL (1 EA per 1 day) |
| TRELEGY ELLIPTA | PB | M; QL (2 EA per 1 day) |
| wixela inhub | G | M; QL (2 EA per 1 day) |
| XOLAIR | PB-S | PA |
| YUPELRI | NPB | M; QL (3 ML per 1 day) |
| zafirlukast | G | M |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| KALYDECO | NPB-S | PA |
| ORKAMBI ORAL PACKET | NPB-S | PA; QL (2 EA per 1 day) |
| ORKAMBI ORAL TABLET | NPB-S | PA; QL (4 EA per 1 day) |
| PULMOZYME | PB-S | PA |
| SYMDEKO | NPB-S | PA; QL (2 EA per 1 day) |
| TOBI PODHALER | NPB-S | QL (224 EA per 40 days) |
| tobramycin inhalation | G-S | |
| TRIKAFTA ORAL TABLET THERAPY PACK | NPB-S | PA; QL (3 EA per 1 day) |
| TRIKAFTA ORAL THERAPY PACK | NPB-S | PA; QL (2 EA per 1 day) |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADEMPAS | PB-S | PA; QL (3 EA per 1 day) |
| alyq | G-S | PA; QL (2 EA per 1 day) |
| ambrisentan | G-S | PA; QL (1 EA per 1 day) |
| bosentan | G-S | PA; QL (2 EA per 1 day) |
| OPSUMIT | PB-S | PA; QL (1 EA per 1 day) |
| ORENITRAM | NPB-S | PA |
| ORENITRAM MONTH 1 | NPB-S | PA; QL (336 EA per 365 days) |
| ORENITRAM MONTH 2 | NPB-S | PA; QL (672 EA per 365 days) |
| ORENITRAM MONTH 3 | NPB-S | PA; QL (504 EA per 365 days) |
| sildenafil citrate oral suspension reconstituted | G-S | PA; QL (7.5 ML per 1 day) |
| sildenafil citrate oral tablet 20 mg | G-S | PA; QL (3 EA per 1 day) |
| tadalafil (pah) | G-S | PA; QL (2 EA per 1 day) |
| TRACLEER 32 MG | NPB-S | PA; QL (4 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT | NPB-S | PA; QL (4 EA per 1 day) |
| TYVASO DPI TITRATION KIT | NPB-S | PA; QL (2 EA per 365 days) |
| UPTRAVI ORAL | NPB-S | PA; QL (2 EA per 1 day) |
| UPTRAVI TITRATION | NPB-S | PA; QL (400 EA per 365 days) |
| VENTAVIS | NPB-S | PA; QL (9 ML per 1 day) |

| Drug Name | Drug Tier | Restrictions / Limits |
|--|-----------|--------------------------|
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | | |
| | | |
| baclofen oral suspension | G | |
| baclofen oral tablet | G | |
| carisoprodol oral | G | |
| chlorzoxazone oral tablet 500 mg | G | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | G | |
| DANTRIUM ORAL | NPB | |
| dantrolene sodium oral | G | |
| ENOVARX-BACLOFEN | NPB | |
| ENOVARX-CYCLOBENZAPRINE HCL | NPB | |
| methocarbamol oral | G | |
| orphenadrine citrate er | G | QL (2 EA per 1 day) |
| TABRADOL FUSEPAQ | NPB | |
| tizanidine hcl oral | G | |
| Sleep Disorder Agents | | |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg | G | PA; QL (1 EA per 1 day) |
| armodafinil oral tablet 50 mg | G | PA; QL (2 EA per 1 day) |
| BELSOMRA | NPB | ST; QL (1 EA per 1 day) |
| DAYVIGO | NPB | ST; QL (1 EA per 1 day) |
| doxepin hcl oral tablet | G | QL (1 EA per 1 day) |
| eszopiclone | G | QL (1 EA per 1 day) |
| flurazepam hcl | G | PA; QL (1 EA per 1 day) |
| modafinil oral | G | PA; QL (1 EA per 1 day) |
| ramelteon | G | QL (1 EA per 1 day) |
| SODIUM OXYBATE | NPB-S | PA; QL (18 ML per 1 day) |
| SUNOSI | PB | PA; QL (1 EA per 1 day) |
| tasimelteon | G-S | PA; QL (1 EA per 1 day) |
| 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) |
| zolpidem tartrate er | G | QL (1 EA per 1 day) |
| zolpidem tartrate oral tablet | G | QL (1 EA per 1 day) |

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