Kansas City

MEMBER 2026 PREMIUM DRUG LIST

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

Effective July 1, 2026

Blue Cross and Blue Shield of Kansas City
2026 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/Arkray supplies are covered at $0 cost; all other syringe/needle products are covered at a non-preferred brand copay.

Drug Tier Descriptions

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

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

List of Abbreviations

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

Blue Cross and Blue Shield of Kansas City

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Drug Name	Drug Tier	Restrictions / Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution	G	QL (136 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	G	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-30 mg	G	QL (10 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	G	QL (5 EA per 1 day)
apap-caff-dihydrocodeine	G	QL (12 EA per 1 day)
ascomp-codeine	G	
bac (butalbital-acetamin-caff)	G	
BELBUCA	PB	PA; QL (2 EA per 1 day)
buprenorphine	G	PA; QL (0.15 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	G	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	G	
butalbital-apap-caffeine oral capsule 50-300-40 mg	G	
butalbital-apap-caffeine oral tablet	G	
butalbital-asa-caff-codeine	G	
butalbital-aspirin-caffeine	G	
butorphanol tartrate nasal	G	QL (2.5 ML per 1 fill)
codeine sulfate oral tablet 15 mg	G	QL (21 EA per 1 day)
codeine sulfate oral tablet 30 mg	G	QL (10 EA per 1 day)
codeine sulfate oral tablet 60 mg	G	QL (5 EA per 1 day)
diskets	G	
endocet oral tablet 10-325 mg	G	QL (3 EA per 1 day)
endocet oral tablet 2.5-325 mg	G	QL (12 EA per 1 day)
endocet oral tablet 5-325 mg	G	QL (6 EA per 1 day)
endocet oral tablet 7.5-325 mg	G	QL (4 EA per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	G	PA; QL (1 EA per 1 day)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	G	PA; QL (0.5 EA per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	G	PA; QL (2 EA per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg	G	PA; QL (4 EA per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	G	PA; QL (1 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	G	QL (73.5 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	G	QL (98 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	G	QL (4 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	G	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	G	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	G	QL (6 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg	G	QL (4 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	G	QL (9 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	G	QL (6 EA per 1 day)
hydromorphone hcl er	G	PA; QL (2 EA per 1 day)
hydromorphone hcl oral liquid	G	QL (10 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	G	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 4 mg	G	QL (2 EA per 1 day)
hydromorphone hcl oral tablet 8 mg	G	QL (1 EA per 1 day)
HYSINGLA ER	PB	PA; QL (1 EA per 1 day)
JOURNAVX	NPB	QL (2.5 EA per 1 day)
meperidine hcl oral solution	G	QL (49 ML per 1 day)
meperidine hcl oral tablet	G	QL (9 EA per 1 day)
methadone hcl intensol	G	
methadone hcl oral concentrate	G	
methadone hcl oral solution	G	PA
methadone hcl oral tablet	G	PA
methadone hcl oral tablet soluble	G	
METHADOSE ORAL CONCENTRATE 10 MG/ML	NPB	
methadose oral tablet soluble	G	
METHADOSE SUGAR-FREE	NPB	
morphine sulfate (concentrate) oral solution 100 mg/5ml	G	QL (2.4 ML per 1 day)
morphine sulfate er	G	PA; QL (3 EA per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	G	PA; QL (2 EA per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	G	PA; QL (1 EA per 1 day)
morphine sulfate intravenous solution 2 mg/ml	G	
morphine sulfate oral solution 10 mg/5ml	G	QL (24.5 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
morphine sulfate oral solution 20 mg/5ml	G	QL (12.25 ML per 1 day)
morphine sulfate oral tablet 15 mg	G	QL (3 EA per 1 day)
morphine sulfate oral tablet 30 mg	G	QL (1 EA per 1 day)
oxycodone hcl oral capsule	G	QL (6 EA per 1 day)
oxycodone hcl oral concentrate	G	QL (1.6 ML per 1 day)
oxycodone hcl oral solution	G	QL (32.6 ML per 1 day)
oxycodone hcl oral tablet 10 mg	G	QL (3 EA per 1 day)
oxycodone hcl oral tablet 15 mg	G	QL (2 EA per 1 day)
oxycodone hcl oral tablet 20 mg, 30 mg	G	QL (1 EA per 1 day)
oxycodone hcl oral tablet 5 mg	G	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	NPB	QL (32.6 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	G	QL (3 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	G	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	G	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	G	QL (4 EA per 1 day)
OXYCONTIN	PB	PA; QL (4 EA per 1 day)
oxymorphone hcl er	G	PA; QL (4 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	G	QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	G	QL (3 EA per 1 day)
pentazocine-naloxone hcl	G	QL (5 EA per 1 day)
SYNAPRYN FUSEPAQ	NPB	
tapentadol hcl oral tablet 100 mg, 75 mg	G	QL (1 EA per 1 day)
tapentadol hcl oral tablet 50 mg	G	QL (2 EA per 1 day)
TENCON	NPB	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	G	PA; QL (1 EA per 1 day)
tramadol hcl er	G	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 100 mg	G	QL (2 EA per 1 day)
tramadol hcl oral tablet 50 mg	G	QL (5 EA per 1 day)
tramadol-acetaminophen	G	QL (6 EA per 1 day)
TREZIX	NPB	QL (12 EA per 1 day)
XTAMPZA ER	PB	PA; QL (4 EA per 1 day)
Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	G	QL (2 EA per 1 day)
diclofenac potassium oral tablet 50 mg	G	

Drug Name	Drug Tier	Restrictions / Limits
diclofenac sodium er	G	
diclofenac sodium oral	G	
diflunisal oral	G	
etodolac	G	
etodolac er	G	
FBL KIT	NPB	
flurbiprofen oral	G	
ibuprofen oral suspension 100 mg/5ml	G	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	G	
indomethacin er	G	
indomethacin oral capsule	G	
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	
naproxen oral tablet	G	
naproxen sodium oral tablet 275 mg, 550 mg	G	
oxaprozin oral tablet	G	
piroxicam oral	G	
sulindac oral	G	
tolmetin sodium oral tablet 200 mg	G	
VP FC KIT	NPB	
VP GKL KIT	NPB	
Anesthetics		
ENOVARX-LIDOCAINE HCL	NPB	
ethyl chloride	G	
glydo	G	
lidocaine external ointment 5 %	G	
lidocaine external patch 5 %	G	
lidocaine hcl external solution	G	
lidocaine hcl urethral/mucosal	G	
lidocaine-prilocaine external cream	G	
VENIPUNCTURE PX1 PHLEBOTOMY	NPB	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	G	

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

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

Drug Name	Drug Tier	Restrictions / Limits
varenicline tartrate	G	ACA; QL (180 day supply per 365 days)
varenicline tartrate (starter)	G	ACA; QL (180 day supply per 365 days)
varenicline tartrate(continue)	G	ACA; QL (180 day supply per 365 days)
ZUBSOLV	G	
Antibacterials		
amoxicillin	G	
amoxicillin-potassium clavulanate	G	
amoxicillin-potassium clavulanate er	G	
ampicillin	G	
ARIKAYCE	NPB-S	PA
AUGMENTIN	NPB	
AUGMENTIN ES-600	NPB	
AVIDOXY	NPB	ST
azithromycin oral	G	
BACTRIM	NPB	
BACTRIM DS	NPB	
benzalkonium chloride external solution	G	
BLUJEPA	NPB	ST; QL (20 EA per 28 days)
cefaclor	G	
cefaclor er	G	
cefadroxil	G	
cefdinir	G	
cefixime oral capsule	G	
cefixime oral suspension reconstituted	G	
cefpodoxime proxetil	G	
cefprozil	G	
cefuroxime axetil	G	
cephalexin	G	
CIPRO ORAL SUSPENSION RECONSTITUTED	NPB	
ciprofloxacin hcl oral	G	
clarithromycin er	G	
clarithromycin oral	G	
CLEOCIN ORAL	NPB	
clindamycin hcl oral	G	
clindamycin palmitate hcl	G	

Drug Name	Drug Tier	Restrictions / Limits
clindamycin phosphate vaginal	G	
CLINDESSE	NPB	
demeclocycline hcl	G	
dicloxacillin sodium	G	
DIFICID ORAL SUSPENSION RECONSTITUTED	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 400	NPB	
erythromycin base oral	G	
erythromycin ethylsuccinate oral suspension reconstituted	G	
erythromycin oral	G	
fidaxomicin	G	
FIRVANQ	NPB	
fosfomycin tromethamine	G	
gentamicin sulfate external	G	
HIPREX	NPB	
HUMATIN	PB	
hydrogen peroxide	G	
levofloxacin oral	G	
linezolid oral suspension reconstituted	G	QL (65 ML per 1 day)
linezolid oral tablet	G	QL (2 EA per 1 day)
LUGOLS STRONG IODINE	NPB	
MACRODANTIN	NPB	
methenamine hippurate	G	
metronidazole oral tablet 250 mg, 500 mg	G	
metronidazole vaginal	G	
minocycline hcl oral capsule	G	
MONDOXYNE NL	NPB	ST
moxifloxacin hcl oral	G	
mupirocin ointment	G	

Drug Name	Drug Tier	Restrictions / Limits
neomycin sulfate oral	G	
nitrofurantoin macrocrystal	G	
nitrofurantoin monohydrate macrocrystals	G	
NUZYRA ORAL	NPB	QL (30 EA per 14 days)
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 suspension 200-40 mg/5ml	G	
sulfamethoxazole-trimethoprim oral tablet	G	
sulfatrim pediatric	G	
tetracycline hcl oral capsule	G	
tinidazole oral	G	
trimethoprim oral	G	
vancomycin hcl oral	G	
VANCOMYCIN+SYRSPEND SF	NPB	
VANDAZOLE	NPB	ST
XACIATO	NPB	
XEPI	NPB	
XIFAXAN ORAL TABLET 550 MG	NPB	PA
ZITHROMAX ORAL	NPB	
ZITHROMAX TRI-PAK	NPB	
ZITHROMAX Z-PAK	NPB	
Anticoagulants		
ARIXTRA	NPB	
dabigatran etexilate mesylate	G	M; QL (2 EA per 1 day)
ELIQUIS (1.5 MG PACK)	PB	M; QL (12 EA per 1 day)
ELIQUIS (2 MG PACK)	PB	M; QL (16 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK	PB	M; QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	PB	M; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET	PB	M; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE	PB	M; QL (4 EA per 1 day)
enoxaparin sodium injection solution prefilled syringe	G	
fondaparinux sodium	G	

Drug Name	Drug Tier	Restrictions / Limits
FRAGMIN	NPB	
heparin sodium (porcine)	G	
heparin sodium (porcine) +rfid	G	
heparin sodium (porcine) pf	G	
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG	NPB	M; QL (4 EA per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG	NPB	M; QL (2 EA per 1 day)
rivaroxaban oral suspension reconstituted	G	M; QL (20 ML per 1 day)
rivaroxaban oral tablet	G	M; QL (2 EA per 1 day)
SAVAYSA	NPB	M; QL (1 EA per 1 day)
warfarin sodium oral	G	
XARELTO ORAL SUSPENSION RECONSTITUTED	PB	M; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	PB	M; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	PB	M; QL (2 EA per 1 day)
XARELTO STARTER PACK	PB	M; QL (102 EA per 365 days)
Anticonvulsants - Drugs for Seizures		
brivaracetam oral	G	
BRIVIACT ORAL	NPB	ST
carbamazepine er	G	
carbamazepine oral suspension 100 mg/5ml	G	
carbamazepine oral tablet	G	
carbamazepine oral tablet chewable 100 mg	G	
clobazam oral suspension 2.5 mg/ml	G	PA
clobazam oral tablet	G	PA
DIACOMIT	NPB-S	PA
diazepam rectal	G	QL (2 EA per 1 fill)
DILANTIN ORAL CAPSULE 30 MG	NPB	
divalproex sodium er	G	
divalproex sodium oral	G	
EPIDIOLEX	NPB-S	PA
eslicarbazepine acetate	G	
ethosuximide oral	G	
FANATREX FUSEPAQ	NPB	
felbamate	G	
FINTEPLA	NPB-S	PA
FYCOMPA	NPB	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	G	

Drug Name	Drug Tier	Restrictions / Limits
gabapentin oral solution	G	
gabapentin oral tablet 600 mg, 800 mg	G	
lacosamide oral solution 10 mg/ml	G	
lacosamide oral tablet	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 solution	G	
levetiracetam oral tablet	G	
methsuximide	G	
MOTPOLY XR	NPB	ST
NAYZILAM	NPB	QL (0.34 EA per 1 day)
oxcarbazepine	G	
oxcarbazepine er	G	ST
perampanel	G	
phenobarbital oral	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 oral suspension 40 mg/ml	G	PA
rufinamide oral tablet	G	PA
subvenite oral tablet	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

Drug Name	Drug Tier	Restrictions / Limits
topiramate oral capsule sprinkle	G	
topiramate oral solution 25 mg/ml	G	
topiramate oral tablet	G	
valproic acid oral capsule	G	
valproic acid oral solution 250 mg/5ml	G	
VALTOCO 10 MG DOSE	NPB	QL (0.34 EA per 1 day)
VALTOCO 15 MG DOSE	NPB	QL (0.67 EA per 1 day)
VALTOCO 20 MG DOSE	NPB	QL (0.67 EA per 1 day)
VALTOCO 5 MG DOSE	NPB	QL (0.34 EA per 1 day)
vigabatrin	G-S	PA
VIGAFYDE	NPB-S	PA
XCOPRI	NPB	ST
ZARONTIN	NPB	
zonisamide oral	G	
ZTALMY	NPB-S	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	G	M
galantamine hydrobromide	G	M
galantamine hydrobromide er	G	M
memantine hcl er	G	M; QL (1 EA per 1 day)
memantine hcl oral solution 2 mg/ml	G	M
memantine hcl oral tablet	G	M
memantine hcl-donepezil hcl er	G	QL (1 EA per 1 day)
rivastigmine tartrate	G	M
Antidepressants		
amitriptyline hcl oral	G	
amoxapine	G	
AUVELITY	NPB	ST; QL (2 EA per 1 day)
AUVELITY TITRATION PACK	NPB	ST; QL (2 EA per 250 days)
bupropion hcl er (sr)	G	M; QL (2 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	G	M; QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	G	M; QL (1 EA per 1 day)
bupropion hcl oral	G	M
chlordiazepoxide-amitriptyline	G	
citalopram hydrobromide oral solution 10 mg/5ml	G	M

Drug Name	Drug Tier	Restrictions / Limits
citalopram hydrobromide oral tablet	G	M
clomipramine hcl oral	G	
desipramine hcl oral	G	
DESVENLAFAXINE ER	NPB	ST; M; QL (1 EA per 1 day)
desvenlafaxine succinate er	G	M; QL (1 EA per 1 day)
doxepin hcl oral capsule	G	
doxepin hcl oral concentrate	G	
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	G	M; QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	G	M; QL (3 EA per 1 day)
EMSAM	NPB	QL (1 EA per 1 day)
escitalopram oxalate oral solution	G	M
escitalopram oxalate oral tablet	G	M
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	
mirtazapine oral	G	
nefazodone hcl	G	M
NORPRAMIN	NPB	
nortriptyline hcl oral	G	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	G	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	G	QL (3 EA per 1 day)
paroxetine hcl	G	M
paroxetine hcl er	G	M
perphenazine-amitriptyline	G	
phenelzine sulfate oral	G	
protriptyline hcl	G	
RALDESY	NPB	PA
REMERON SOLTAB	NPB	

Drug Name	Drug Tier	Restrictions / Limits
sertraline hcl oral concentrate	G	M
sertraline hcl oral tablet	G	M
SPRAVATO (56 MG DOSE)	NPB-S	PA
SPRAVATO (84 MG DOSE)	NPB-S	PA
tranylcypromine sulfate	G	
trazodone hcl oral	G	
trimipramine maleate oral	G	
TRINTELLIX	NPB	ST; QL (1 EA per 1 day)
venlafaxine hcl	G	M
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	G	M; QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	G	M; QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	G	M; QL (3 EA per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	G	M
vilazodone hcl	G	M; QL (1 EA per 1 day)
ZURZUVAE	NPB	PA; QL (14 day supply per 1 fill)
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	NPB	QL (0.07 EA per 1 day)
ANZEMET	NPB	QL (0.07 EA per 1 day)
aprepitant oral capsule 125 mg	G	QL (6 EA per 30 days)
aprepitant oral capsule 40 mg	G	QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	G	QL (4 EA per 30 days)
aprepitant oral capsule therapy pack	G	QL (6 EA per 30 days)
BONJESTA	NPB	PA; QL (2 EA per 1 day)
COMPRO	NPB	
DICLEGIS	NPB	PA; QL (4 EA per 1 day)
dimenhydrinate injection	G	
doxylamine-pyridoxine	G	PA; QL (4 EA per 1 day)
dronabinol oral capsule	G	PA; QL (2 EA per 1 day)
DRONABINOL ORAL SOLUTION	NPB	PA; QL (4 ML per 1 day)
EMEND ORAL	NPB	QL (0.2 EA per 1 day)
granisetron hcl oral	G	QL (0.14 EA per 1 day)
meclizine hcl oral	G	
metoclopramide hcl oral solution 5 mg/5ml	G	
metoclopramide hcl oral tablet	G	
ondansetron hcl oral solution 4 mg/5ml	G	QL (8 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
ondansetron hcl oral tablet 4 mg, 8 mg	G	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	G	
perphenazine oral	G	
prochlorperazine	G	
prochlorperazine maleate oral	G	
promethazine hcl oral solution 6.25 mg/5ml	G	
promethazine hcl oral tablet	G	
promethazine hcl rectal	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	NPB	
scopolamine	G	
SYNDROS	NPB	PA; QL (4 ML per 1 day)
TRANSDERM SCOP	NPB	
trimethobenzamide hcl oral	G	
VARUBI (180 MG DOSE)	NPB	QL (0.15 EA per 1 day)
Antifungals		
ANCOBON	NPB	
ciclodan	G	
ciclopirox external	G	
ciclopirox olamine external	G	
clotrimazole external	G	
clotrimazole mouth/throat	G	
clotrimazole-betamethasone	G	
CRESEMBA ORAL	NPB	PA
DIFLUCAN	NPB	
econazole nitrate external cream	G	
EXODERM EXTERNAL LOTION	NPB	
fluconazole oral	G	
flucytosine oral	G	
griseofulvin microsize oral	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
GYNAZOLE-1	NPB	
itraconazole oral	G	PA
ketoconazole external cream	G	
ketoconazole external shampoo	G	
ketoconazole oral	G	
klayesta	G	

Drug Name	Drug Tier	Restrictions / Limits
miconazole 3 vaginal suppository	G	
NOXAFIL ORAL	NPB	PA
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 intravenous solution	G	
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
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	PB	PA; M; QL (0.04 ML per 1 day)
AIMOVIG	PB	PA; M; QL (0.07 ML per 1 day)
dihydroergotamine mesylate injection	G	PA; QL (0.86 ML per 1 day)
dihydroergotamine mesylate nasal	G	PA; QL (0.27 ML per 1 day)
eletriptan hydrobromide	G	QL (12 EA per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	PB	PA; M; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB	PA; M; QL (0.11 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	PB	PA; M; QL (0.04 ML per 1 day)
ERGOMAR	NPB	PA; QL (0.72 EA per 1 day)
ergotamine-caffeine	G	PA; QL (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 (0.54 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
QULIPTA	PB	PA; QL (1 EA per 1 day)
rizatriptan benzoate oral tablet 10 mg	G	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg	G	QL (0.6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg	G	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg	G	QL (0.6 EA per 1 day)
sumatriptan nasal	G	QL (0.4 EA per 1 day)
sumatriptan succinate oral	G	QL (0.3 EA per 1 day)
sumatriptan succinate subcutaneous	G	QL (0.17 ML per 1 day)
UBRELVY	PB	PA; QL (0.54 EA per 1 day)
ZAVZPRET	NPB	PA; QL (0.2 EA per 1 day)
zolmitriptan nasal solution 5 mg	G	QL (0.4 EA per 1 day)
zolmitriptan oral	G	QL (0.4 EA per 1 day)
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release	G	M
pyridostigmine bromide oral	G	M
Antimycobacterials		
cycloserine oral	G	
dapsone oral	G	
ethambutol hcl oral	G	
isoniazid oral	G	
PRETOMANID	NPB	
PRIFTIN	NPB	
pyrazinamide oral	G	
rifabutin	G	
rifampin oral	G	
RIFAMPIN+SYRSPEND SF	NPB	
SIRTURO	NPB	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	G-S	PA
abirtega	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
AUGTYRO	PB-S	PA
AVMAPKI FAKZYNJA CO-PACK	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
AYVAKIT	PB-S	PA; QL (1 EA per 1 day)
BALVERSA	PB-S	PA
BESREMI	NPB-S	PA
bexarotene	G-S	PA
bicalutamide	G	
BOSULIF	PB-S	PA
BRAFTOVI	PB-S	PA
BRUKINSA	PB-S	PA
CABOMETYX ORAL TABLET 20 MG	PB-S	PA; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG	PB-S	PA
CALQUENCE	PB-S	PA
capecitabine	G-S	
CAPRELSA ORAL TABLET 100 MG	PB-S	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	PB-S	PA
CASODEX	PB	
COMETRIQ	PB-S	PA
COPIKTRA	PB-S	PA
COTELLIC	PB-S	PA
cyclophosphamide oral capsule	G	
CYCLOPHOSPHAMIDE ORAL TABLET	PB	
DANZITEN	PB-S	PA
dasatinib	G-S	PA
DAURISMO	PB-S	PA
DROXIA	NPB	
ENSACOVE	PB-S	PA
ERIVEDGE	PB-S	PA
ERLEADA	PB-S	PA
erlotinib hcl oral tablet 100 mg, 150 mg	G-S	PA
erlotinib hcl oral tablet 25 mg	G-S	PA; QL (3 EA per 1 day)
etoposide oral	G-S	
EULEXIN	PB	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	G-S	PA; QL (1 EA per 1 day)
everolimus oral tablet soluble	G-S	PA
exemestane	G	ACA
FRUZAQLA	PB-S	PA
GAVRETO	PB-S	PA
gefitinib	G-S	PA

Drug Name	Drug Tier	Restrictions / Limits
GILOTRIF	PB-S	PA; QL (1 EA per 1 day)
GLEOSTINE	PB-S	
GOMEKLI	PB-S	PA
HERNEXEOS	PB-S	PA
HYCAMTIN ORAL	PB-S	
hydroxyurea oral	G	
HYRNUO	PB-S	PA
IBRANCE	PB-S	PA
IBTROZI	PB-S	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	PB-S	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	PB-S	PA
IDHIFA	PB-S	PA; QL (1 EA per 1 day)
imatinib mesylate oral	G-S	PA
IMBRUVICA ORAL CAPSULE 140 MG	PB-S	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	PB-S	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	PB-S	PA
IMBRUVICA ORAL TABLET 420 MG	PB-S	PA; QL (1 EA per 1 day)
IMKELDI	PB-S	PA
INLURIYO	PB-S	PA
INLYTA	PB-S	PA
INREBIC	PB-S	PA
ITOVEBI ORAL TABLET 3 MG	PB-S	PA; QL (2 EA per 1 day)
ITOVEBI ORAL TABLET 9 MG	PB-S	PA
JAKAFI ORAL TABLET 10 MG, 5 MG	PB-S	PA; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	PB-S	PA
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	PB-S	PA; QL (1 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG, 44 MG, 55 MG	PB-S	PA
JAYPIRCA ORAL TABLET 100 MG	PB-S	PA
JAYPIRCA ORAL TABLET 50 MG	PB-S	PA; QL (1 EA per 1 day)
KISQALI (200 MG DOSE)	PB-S	PA
KISQALI (400 MG DOSE)	PB-S	PA
KISQALI (600 MG DOSE)	PB-S	PA
KOMZIFTI	PB-S	PA
KOSELUGO	PB-S	PA
KRAZATI	PB-S	PA
lapatinib ditosylate	G-S	PA
LAZCLUZE ORAL TABLET 240 MG	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
LAZCLUZE ORAL TABLET 80 MG	PB-S	PA; QL (2 EA per 1 day)
lederle leucovorin	G	
lenalidomide	G-S	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	PB-S	PA
letrozole oral	G	ACA
leucovorin calcium oral	G	
LEUKERAN	PB-S	
lomustine	G-S	
LONSURF	PB-S	PA
LORBRENA	PB-S	PA
LUMAKRAS	PB-S	PA
LYNPARZA	PB-S	PA
LYSODREN	PB	
LYTGOBI (12 MG DAILY DOSE)	PB-S	PA
LYTGOBI (16 MG DAILY DOSE)	PB-S	PA
LYTGOBI (20 MG DAILY DOSE)	PB-S	PA
MATULANE	PB-S	
MEKINIST	PB-S	PA
MEKTOVI	PB-S	PA
mercaptopurine oral suspension	G-S	
mercaptopurine oral tablet	G	
mesna oral	G-S	
MESNEX ORAL	PB-S	
MODEYSO	PB-S	PA
MYLERAN	PB	
NERLYNX	PB-S	PA; QL (6 EA per 1 day)
nilotinib hcl	G-S	PA
nilutamide	G-S	
NINLARO	PB-S	PA
NUBEQA	PB-S	PA
ODOMZO	PB-S	PA
OGSIVEO	PB-S	PA
OJEMDA	PB-S	PA
ONUREG	PB-S	PA
ORGOVYX	PB-S	PA
ORSERDU	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
PANRETIN	NPB	
pazopanib hcl oral tablet 200 mg	G-S	PA; QL (3 EA per 1 day)
pazopanib hcl oral tablet 400 mg	G-S	PA
PIQRAY	PB-S	PA
pomalidomide oral capsule 1 mg, 2 mg	G-S	PA; QL (1 EA per 1 day)
pomalidomide oral capsule 3 mg, 4 mg	G-S	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG	PB-S	PA; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG	PB-S	PA
QINLOCK	PB-S	PA
RETEVMO ORAL TABLET 120 MG, 160 MG	PB-S	PA
RETEVMO ORAL TABLET 40 MG	PB-S	PA; QL (3 EA per 1 day)
RETEVMO ORAL TABLET 80 MG	PB-S	PA; QL (2 EA per 1 day)
REVLIMID	PB-S	PA
REVUFORJ	PB-S	PA
ROMVIMZA	PB-S	PA
ROZLYTREK	PB-S	PA
RYDAPT	PB-S	PA
SCEMBLIX ORAL TABLET 100 MG	PB-S	PA
SCEMBLIX ORAL TABLET 20 MG	PB-S	PA; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG	PB-S	PA; QL (8 EA per 1 day)
SOLTAMOX	PB	ACA
sorafenib tosylate	G-S	PA
STIVARGA	PB-S	PA
sunitinib malate	G-S	PA
TABLOID	PB-S	
TABRECTA	PB-S	PA
TAFINLAR	PB-S	PA
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
temozolomide	G-S	PA
TEPMETKO	PB-S	PA
THALOMID	PB-S	PA
TIBSOVO	PB-S	PA
toremifene citrate	G	
torpenz	G-S	PA; QL (1 EA per 1 day)
tretinoin oral	G-S	

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

Drug Name	Drug Tier	Restrictions / Limits
atovaquone-proguanil hcl	G	
BENZNIDAZOLE	NPB	
BILTRICIDE	PB	QL (105 EA per 180 days)
chloroquine phosphate oral	G	
COARTEM	NPB	
EGATEN	NPB	
EMVERM	PB	QL (6 EA per 180 days)
hydroxychloroquine sulfate oral	G	M
IMPAVIDO	NPB	
ivermectin oral tablet 3 mg	G	QL (18 EA per 180 days)
KRINTAFEL	NPB	
LAMPIT	NPB	
MALARONE	NPB	
malathion	G	
mefloquine hcl	G	
MEPRON	NPB	
nitazoxanide oral	G	
OVIDE	NPB	
permethrin external	G	
praziquantel oral	G	QL (105 EA per 180 days)
primaquine phosphate	G	
pyrimethamine oral	G-S	PA
quinine sulfate	G	PA
spinosad	G	
STROMECTOL	NPB	QL (18 EA per 180 days)
sulfurated lime	G	
Antiparkinson Agents		
amantadine hcl oral capsule	G	M
amantadine hcl oral tablet	G	M
amantadine hcl solution 50 mg/5ml oral	G	M
apomorphine hcl subcutaneous	G-S	PA; QL (3 ML per 1 day)
benztropine mesylate oral	G	
bromocriptine mesylate oral	G	
carbidopa oral	G	M
carbidopa-levodopa	G	M
carbidopa-levodopa er oral tablet extended release	G	M
carbidopa-levodopa-entacapone	G	M

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

Drug Name	Drug Tier	Restrictions / Limits
clozapine oral tablet 50 mg	G	QL (6 EA per 1 day)
clozapine oral tablet dispersible 100 mg, 25 mg	G	QL (9 EA per 1 day)
clozapine oral tablet dispersible 12.5 mg	G	QL (3 EA per 1 day)
clozapine oral tablet dispersible 150 mg	G	QL (6 EA per 1 day)
clozapine oral tablet dispersible 200 mg	G	QL (4 EA per 1 day)
COBENFY	NPB	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK	NPB	ST; QL (102 EA per 365 days)
ERZOFRI	NPB	
FANAPT	NPB	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK A	NPB	ST; QL (16 EA per 365 days)
FANAPT TITRATION PACK B	NPB	ST; QL (24 EA per 365 days)
FANAPT TITRATION PACK C	NPB	ST; QL (16 EA per 365 days)
fluphenazine decanoate injection	G	
fluphenazine hcl	G	
GEODON INTRAMUSCULAR	NPB	
haloperidol decanoate intramuscular	G	
haloperidol lactate oral concentrate 2 mg/ml	G	
haloperidol oral	G	
INVEGA HAFYERA	NPB	ST
INVEGA SUSTENNA	NPB	
INVEGA TRINZA	NPB	
loxapine succinate	G	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	G	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	G	QL (2 EA per 1 day)
LYBALVI	NPB	ST; QL (1 EA per 1 day)
molindone hcl	G	
NUPLAZID	NPB	PA
olanzapine intramuscular	G	
olanzapine oral	G	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 5 MG	NPB	ST; QL (3 EA per 1 day)
OPIPZA ORAL FILM 2 MG	NPB	ST; QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	G	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	G	QL (2 EA per 1 day)
PERSERIS	NPB	
pimozide	G	
quetiapine fumarate er	G	QL (2 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
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	ST
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)
VRAYLAR	NPB	QL (1 EA per 1 day)
ziprasidone hcl	G	QL (2 EA per 1 day)
ziprasidone mesylate	G	
ZYPREXA RELPREVV	NPB	
Antivirals		
abacavir sulfate	G	
abacavir sulfate-lamivudine	G	
acyclovir external ointment	G	QL (1 GM per 1 day)
acyclovir oral capsule	G	
acyclovir oral suspension 200 mg/5ml	G	
acyclovir oral tablet	G	
adefovir dipivoxil	G	
APTIVUS	PB	
atazanavir sulfate	G	
BARACLUDE ORAL SOLUTION	NPB	QL (630 ML per 30 days)
BIKTARVY	NPB	
CIMDUO	PB	
darunavir	G	
DELSTRIGO	PB	
DESCOVY ORAL TABLET 120-15 MG	NPB	
DESCOVY ORAL TABLET 200-25 MG	NPB	PA; ACA
DOVATO	PB	
EDURANT	NPB	

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

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

Drug Name	Drug Tier	Restrictions / Limits
SUNLENCA SUBCUTANEOUS	NPB	PA; QL (9 ML per 365 days)
SYMFI	PB	
SYMTUZA	NPB	
TEMBEXA	NPB	
tenofovir disoproxil fumarate	G	ACA
TIVICAY	NPB	
TIVICAY PD	NPB	
TPOXX ORAL	NPB	
TRIUMEQ	PB	
TRIUMEQ PD	NPB	
valacyclovir hcl oral	G	QL (4 EA per 1 day)
valganciclovir hcl	G	
VIRACEPT	PB	
VIREAD ORAL POWDER	PB	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	PB	
VOSEVI	PB-S	PA; QL (1 EA per 1 day)
XOCOVA	NPB	
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

Drug Name	Drug Tier	Restrictions / Limits
chlordiazepoxide hcl oral capsule 10 mg	G	QL (30 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	G	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	G	QL (4 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg	G	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	G	QL (10 EA per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	G	QL (3 EA per 1 day)
clonazepam oral tablet dispersible 2 mg	G	QL (10 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg	G	QL (6 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	G	QL (24 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	G	QL (12 EA per 1 day)
diazepam intensol	G	
diazepam oral	G	
estazolam	G	QL (1 EA per 1 day)
HALCION	NPB	QL (2 EA per 1 day)
hydroxyzine hcl oral syrup 10 mg/5ml	G	
hydroxyzine hcl oral tablet	G	
hydroxyzine pamoate oral	G	
lorazepam intensol	G	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	G	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	G	QL (3 EA per 1 day)
lorazepam oral tablet 2 mg	G	QL (5 EA per 1 day)
meprobamate	G	
oxazepam	G	QL (4 EA per 1 day)
quazepam	G	QL (1 EA per 1 day)
triazolam	G	QL (2 EA per 1 day)
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	NPB	
lithium	G	
lithium carbonate er	G	
lithium carbonate oral	G	
Blood Products and Modifiers - Drugs for Blood Disorders		
ALVAIZ	NPB-S	PA
aminocaproic acid oral	G	
anagrelide hcl	G	M
AQVESME	NPB-S	PA; QL (2 EA per 1 day)
BKEMV	NPB-S	PA
DOPTELET	NPB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
DOPTELET SPRINKLE	NPB-S	PA; QL (2 EA per 1 day)
eltrombopag olamine	G-S	PA
FABHALTA	NPB-S	PA; QL (2 EA per 1 day)
LEUKINE	NPB-S	PA
MULPLETA	NPB-S	PA
PYRUKYND	NPB-S	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK	NPB-S	PA; QL (1 EA per 1 day)
TAVALISSE	NPB-S	PA
tranexamic acid oral	G	
VOYDEYA	NPB-S	PA; QL (6 EA per 1 day)
XOLREMDI	NPB-S	PA; QL (4 EA per 1 day)
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	G	M
aliskiren fumarate	G	M
amiloride hcl oral	G	M
amiloride-hydrochlorothiazide	G	M
amiodarone hcl oral	G	M
AMLODIPINE BES+SYRSPEND SF	NPB	M
amlodipine besylate oral	G	M
amlodipine besylate-benazepril hcl	G	M
amlodipine besylate-valsartan	G	M
amlodipine-atorvastatin	G	M
amlodipine-olmesartan	G	M
amlodipine-valsartan-hctz	G	M
ARBLI	NPB	PA; 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
benazepril hcl oral	G	M
benazepril-hydrochlorothiazide	G	M
betaxolol hcl oral	G	M
BIDIL	NPB	M
bisoprolol fumarate oral tablet 10 mg, 5 mg	G	M
bisoprolol-hydrochlorothiazide	G	M
bumetanide oral	G	M

Drug Name	Drug Tier	Restrictions / Limits
BUMEX	NPB	M
CAMZYOS	NPB-S	PA; QL (1 EA per 1 day)
candesartan cilexetil	G	M
candesartan cilexetil-hctz	G	M
captopril oral	G	M
captopril-hydrochlorothiazide	G	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	M; QL (15 ML per 1 day)
digoxin oral	G	M
diltiazem hcl er beads	G	M
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	G	M
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	G	M
diltiazem hcl er oral capsule extended release 24 hour	G	M
diltiazem hcl oral	G	M
dilt-xr	G	M
disopyramide phosphate	G	M
dofetilide	G	
doxazosin mesylate oral	G	M
droxidopa	G-S	PA
EDARBI	NPB	ST; M
EDARBYCLOR	NPB	ST; M
enalapril maleate oral tablet	G	M
enalapril-hydrochlorothiazide	G	M
ENTRESTO ORAL CAPSULE SPRINKLE	PB	M; QL (8 EA per 1 day)
eplerenone	G	M
ethacrynic acid	G	M
ezetimibe	G	M
ezetimibe-simvastatin	G	M

Drug Name	Drug Tier	Restrictions / Limits
felodipine er	G	M
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	G	M
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	G	M
fenofibrate oral tablet 48 mg, 54 mg	G	M
fenofibrate tablet 145 mg oral	G	M
fenofibrate tablet 160 mg oral	G	M
fenofibric acid oral capsule delayed release	G	M
flecainide acetate	G	M
fosinopril sodium	G	M
fosinopril sodium-hctz	G	M
furosemide oral	G	M
gemfibrozil oral	G	M
guanfacine hcl	G	M
hydralazine hcl oral	G	M
hydrochlorothiazide oral	G	M
icosapent ethyl	G	PA; M
indapamide	G	M
irbesartan	G	M
irbesartan-hydrochlorothiazide	G	M
isosorb dinitrate-hydralazine	G	M
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	G	M
isosorbide mononitrate	G	M
isosorbide mononitrate er	G	M
isradipine	G	M
ivabradine hcl	G	M; QL (2 EA per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	NPB-S	PA; QL (1 EA per 1 day)
JUXTAPID ORAL CAPSULE 2 MG	NPB-S	PA; QL (112 EA per 365 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	NPB-S	PA; QL (2 EA per 1 day)
labetalol hcl oral	G	M
lisinopril oral	G	M
lisinopril-hydrochlorothiazide	G	M
LOPID	NPB	M
LOPRESSOR ORAL TABLET	NPB	M
losartan potassium oral	G	M
losartan potassium-hctz	G	M
LOTENSIN	NPB	M
LOTENSIN HCT	NPB	M

Drug Name	Drug Tier	Restrictions / Limits
lovastatin oral	G	M; ACA
methyldopa	G	M
metolazone	G	M
metoprolol succinate er	G	M
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	G	M
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	NPB	M
metoprolol-hydrochlorothiazide	G	M
metyrosine	G	PA; QL (16 EA per 1 day)
mexiletine hcl oral	G	M
midodrine hcl	G	
minoxidil oral	G	M
moexipril hcl	G	M
MULTAQ	NPB	M
nadolol oral	G	M
nebivolol hcl	G	M
NEXLETOL	PB	PA; QL (1 EA per 1 day)
NEXLIZET	PB	PA; QL (1 EA per 1 day)
niacin er (antihyperlipidemic)	G	M
nifedipine er	G	M
nifedipine er osmotic release	G	M
nifedipine oral	G	M
nimodipine oral capsule	G	
NIMODIPINE ORAL SOLUTION	NPB	
nitro-bid	G	M
nitroglycerin rectal	G	
nitroglycerin sublingual	G	M
nitroglycerin transdermal	G	M
nitroglycerin translingual	G	M
NITROLINGUAL	NPB	M
NORLIQVA	NPB	PA; 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

Drug Name	Drug Tier	Restrictions / Limits
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; ACA
prazosin hcl oral	G	M
PRESTALIA	NPB	M
prevalite	G	M
propafenone hcl	G	M
propafenone hcl er	G	M
propranolol hcl er	G	M
propranolol hcl oral	G	M
quinapril hcl	G	M
quinapril-hydrochlorothiazide	G	M
quinidine gluconate er	G	M
quinidine sulfate	G	M
ramipril	G	M
ranolazine er	G	M
REPATHA	PB	QL (0.11 ML per 1 day)
REPATHA SURECLICK	PB	QL (0.11 ML per 1 day)
rosuvastatin calcium oral tablet 10 mg, 5 mg	G	M; ACA
rosuvastatin calcium oral tablet 20 mg, 40 mg	G	M
sacubitril-valsartan	G	M; QL (2 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	M; ACA
simvastatin oral tablet 80 mg	G	M
sotalol hcl (af)	G	M
sotalol hcl oral	G	M
SOTYLIZE	NPB	M
spironolactone oral tablet	G	M
spironolactone-hctz	G	M
TEKTURNA	PB	M
telmisartan	G	M
telmisartan-amlodipine	G	M
telmisartan-hctz	G	M
tiadylt er	G	M

Drug Name	Drug Tier	Restrictions / Limits
timolol maleate oral	G	M
torsemide	G	M
trandolapril	G	M
trandolapril-verapamil hcl er	G	M
triamterene-hctz	G	M
TRYNGOLZA	NPB-S	PA; QL (0.03 ML per 1 day)
TRYVIO	NPB	PA; QL (1 EA per 1 day)
valsartan oral tablet	G	M
valsartan-hydrochlorothiazide	G	M
VASCEPA	PB	PA; M
VECAMYL	NPB	
verapamil hcl er	G	M
verapamil hcl oral	G	M
VERQUVO	NPB	PA; QL (1 EA per 1 day)
VYNDAMAX	NPB-S	PA; QL (1 EA per 1 day)
Central Nervous System Agents		
SKYCLARYS	NPB-S	PA; QL (3 EA per 1 day)
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine er	G	QL (1 EA per 1 day)
amphetamine sulfate	G	QL (6 EA per 1 day)
amphetamine-dextroamphetamine er	G	QL (2 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	G	QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	G	QL (2 EA per 1 day)
amphet-dextroamphet 3-bead er	G	QL (1 EA per 1 day)
atomoxetine hcl	G	QL (1 EA per 1 day)
AZSTARYS	PB	ST; QL (1 EA per 1 day)
clonidine hcl er	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	NPB	ST; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	NPB	ST; QL (2 EA per 1 day)
dexmethylphenidate hcl	G	QL (2 EA per 1 day)
dexmethylphenidate hcl er	G	QL (1 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	G	QL (6 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	G	QL (4 EA per 1 day)

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)
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	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 er(diffus) oral tablet extended release 27 mg, 54 mg	G	QL (1 EA per 1 day)
methylphenidate hcl er(diffus) oral tablet extended release 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)
ONYDA XR	NPB	ST; QL (4 ML 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)
cladribine (10 tabs)	G-S	PA; QL (40 EA per 1 lifetime)
cladribine (4 tabs)	G-S	PA; QL (40 EA per 1 lifetime)
cladribine (5 tabs)	G-S	PA; QL (40 EA per 1 lifetime)
cladribine (6 tabs)	G-S	PA; QL (40 EA per 1 lifetime)
cladribine (7 tabs)	G-S	PA; QL (40 EA per 1 lifetime)
cladribine (8 tabs)	G-S	PA; QL (40 EA per 1 lifetime)
cladribine (9 tabs)	G-S	PA; QL (40 EA per 1 lifetime)
dalfampridine er	G-S	PA; QL (2 EA per 1 day)
dimethyl fumarate oral	G-S	PA; QL (2 EA per 1 day)
dimethyl fumarate starter pack	G-S	PA; QL (120 EA per 365 days)
fingolimod hcl	G-S	PA; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	NPB-S	PA; QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	G-S	PA; QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	G-S	PA; QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	G-S	PA; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	G-S	PA; QL (0.43 ML per 1 day)
KESIMPTA	PB-S	PA; QL (0.02 ML per 1 day)
MAVENCLAD	NPB-S	PA; QL (40 EA per 1 lifetime)
MAYZENT ORAL TABLET 0.25 MG	NPB-S	PA; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	NPB-S	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	NPB-S	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	NPB-S	PA; QL (14 EA per 365 days)
OCREVUS ZUNOVO	NPB-S	PA; QL (180 day supply per 1 fill)
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)

Drug Name	Drug Tier	Restrictions / Limits
Central Nervous System Agents - Miscellaneous		
ADDYI	NPB	PA; QL (1 EA per 1 day)
AUSTEDO	NPB-S	PA; QL (4 EA per 1 day)
AUSTEDO XR	NPB-S	PA; QL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION	NPB-S	PA; QL (56 EA per 365 days)
benzphetamine hcl	G	
caffeine citrate oral	G	
diethylpropion hcl er	G	
diethylpropion hcl oral	G	
gabapentin (once-daily) oral tablet 300 mg	G	ST; QL (6 EA per 1 day)
gabapentin (once-daily) oral tablet 450 mg, 600 mg	G	ST; QL (3 EA per 1 day)
gabapentin (once-daily) oral tablet 750 mg, 900 mg	G	ST; QL (2 EA per 1 day)
GRALISE ORAL TABLET 300 MG	NPB	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG	NPB	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG	NPB	ST; QL (2 EA per 1 day)
HORIZANT	NPB	PA; QL (2 EA per 1 day)
INGREZZA ORAL CAPSULE	NPB-S	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE	NPB-S	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	NPB-S	PA; QL (56 EA per 365 days)
LOMAIRA	NPB	PA
milnacipran hcl oral	G	M; QL (110 EA per 365 days)
milnacipran hcl oral tablet	G	M; QL (2 EA per 1 day)
NEURAPTINE	NPB	
NUEDEXTA	NPB	PA
ORLISTAT ORAL	NPB	PA
phendimetrazine tartrate	G	
phendimetrazine tartrate er	G	
phentermine hcl oral capsule	G	
phentermine hcl oral tablet 37.5 mg	G	
phentermine-topiramate er	G	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	G	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	G	QL (2 EA per 1 day)
pregabalin oral solution	G	QL (30 ML per 1 day)
QSYMIA	PB	PA
RADICAVA ORS	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
RADICAVA ORS STARTER KIT	PB-S	PA
riluzole	G	
SAVELLA	NPB	ST; M; QL (2 EA per 1 day)
SAVELLA TITRATION PACK	NPB	ST; M; QL (110 EA per 365 days)
TEGLUTIK	PB	ST; QL (20 ML per 1 day)
tetrabenazine	G-S	PA
TIGLUTIK	PB	ST; QL (20 ML per 1 day)
VYLEESI	NPB	PA; QL (0.06 ML per 1 day)
WAINUA	NPB-S	PA; QL (0.03 ML per 1 day)
XENICAL	NPB	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL	NPB	
cevimeline hcl	G	M
chlorhexidine gluconate mouth/throat	G	
CLINPRO 5000	NPB	M
DENTA 5000 PLUS	NPB	M
DENTA 5000 PLUS SENSITIVE	NPB	M
DENTAGEL	NPB	M
EASYGEL	NPB	M
FIRST-MOUTHWASH BLM	NPB	
FLUORIDEX	NPB	M
FLUORIDEX DAILY RENEWAL	NPB	M
FLUORIDEX ENHANCED WHITENING	NPB	M
FLUORIMAX 5000	NPB	M
FLUORIMAX 5000 SENSITIVE	NPB	M
JUST RIGHT 5000	NPB	M
KOURZEQ	NPB	
lidocaine viscous hcl	G	
ORALONE	NPB	
PERIDEX	NPB	
periogard	G	
pilocarpine hcl oral	G	
PREVIDENT	NPB	M
PREVIDENT 5000 BOOSTER PLUS	NPB	M
PREVIDENT 5000 DRY MOUTH	NPB	M
PREVIDENT 5000 ENAMEL PROTECT	NPB	M
PREVIDENT 5000 KIDS	NPB	M

Drug Name	Drug Tier	Restrictions / Limits
PREVIDENT 5000 ORTHO DEFENSE	NPB	M
PREVIDENT 5000 PLUS	NPB	M
PREVIDENT 5000 SENSITIVE	NPB	M
REMESENSE	NPB	
sf gel 1.1%	G	M
sf 5000 plus	G	M
sod fluoride-potassium nitrate	G	M
sodium fluoride 5000 enamel	G	M
sodium fluoride 5000 plus	G	M
sodium fluoride 5000 ppm	G	M
sodium fluoride 5000 sensitive	G	M
sodium fluoride dental	G	M
sodium fluoride mouth/throat	G	M
triamcinolone acetonide mouth/throat	G	
VANISH	NPB	M
Dermatological Agents - Drugs for Skin Conditions		
A.A.G.C. KIT IN TERODERM	NPB	
ABSORICA LD	NPB	PA
accutane	G	
acitretin	G	
adapalene-benzoyl peroxide external gel	G	
ADBRY	PB-S	PA; QL (0.15 ML per 1 day)
AKLIEF	NPB	PA
ala-cort	G	
alclometasone dipropionate	G	
ammonium lactate external	G	
amnesteem	G	
AMZEEQ	NPB	
ANZUPGO	NPB	PA; QL (1.1 GM per 1 day)
AQUACEL AG BURN	NPB	
azelaic acid external	G	
B & C	NPB	
balsam peru-castor oil	G	
benzoyl peroxide-erythromycin	G	
betamethasone dipropionate aug	G	
betamethasone dipropionate external	G	
betamethasone valerate external	G	

Drug Name	Drug Tier	Restrictions / Limits
BPCO	NPB	
brimonidine tartrate external	G	
calcipotriene external cream	G	
calcipotriene external ointment	G	
calcipotriene external solution	G	
calcipotriene-betameth diprop external suspension	G	QL (4 GM per 1 day)
CALCITRENE	NPB	
calcitriol external	G	
CIBINQO	PB-S	PA; QL (1 EA per 1 day)
claravis	G	
CLEOCIN-T	NPB	
clindacin etz	G	
clindacin-p	G	
clindamycin phos (twice-daily)	G	
clindamycin phosphate-benzoyl peroxide	G	
clindamycin phosphate external lotion	G	
clindamycin phosphate external solution	G	
clindamycin phosphate external swab	G	
CLINOIN	NPB	
clobetasol prop emollient base	G	
clobetasol propionate e	G	
clobetasol propionate external cream 0.05 %	G	
clobetasol propionate external foam	G	
clobetasol propionate external gel	G	
clobetasol propionate external liquid	G	
clobetasol propionate external lotion	G	
clobetasol propionate external ointment	G	
clobetasol propionate external shampoo	G	
clobetasol propionate external solution	G	
clodan	G	
coal tar external	G	
CONDYLOX	NPB	
DERMA-SMOOTHE/FS BODY	NPB	
DERMA-SMOOTHE/FS SCALP	NPB	
desonide external cream	G	
desonide external lotion	G	
desonide external ointment	G	

Drug Name	Drug Tier	Restrictions / Limits
desoximetasone external cream 0.25 %	G	
desoximetasone external gel	G	
desoximetasone external liquid	G	
desoximetasone external ointment 0.25 %	G	
diclofenac sodium external gel 3 %	G	ST; QL (10 GM per 1 day)
DIPROLENE	NPB	
DRYSOL	NPB	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	PB-S	PA; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	PB-S	PA; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	PB-S	PA; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	PB-S	PA; QL (0.29 ML per 1 day)
EBGLYSS	PB-S	PA; QL (0.15 ML per 1 day)
ENOVARX-TRAMADOL	NPB	
ENSTILAR	NPB	QL (15 GM per 1 day)
EPIDUO FORTE	NPB	
EPIFOAM	NPB	
ERY PAD 2%	NPB	
erythromycin external	G	
EUCRISA	PB	ST
FILSUVEZ	NPB-S	PA; QL (15 GM per 1 day)
FINACEA EXTERNAL FOAM	NPB	
fluocinolone acetonide body	G	
fluocinolone acetonide external	G	
fluocinolone acetonide scalp	G	
fluocinonide emulsified base	G	
fluocinonide external	G	
fluorouracil external cream 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	

Drug Name	Drug Tier	Restrictions / Limits
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	
ivermectin external cream	G	
KERALYT EXTERNAL SHAMPOO	NPB	
KLARON	NPB	
KLISYRI (250 MG)	NPB	ST
KLISYRI (350 MG)	NPB	ST
lactic acid e	G	
LEQSELVI	NPB-S	PA; QL (2 EA per 1 day)
LITFULO	NPB-S	PA; QL (1 EA per 1 day)
methoxsalen rapid	G	
metronidazole external	G	
MIRVASO	PB	
mometasone furoate external	G	
NEMLUVIO	PB-S	PA; QL (0.08 EA per 1 day)
NEO-SYNALAR	NPB	
neuac	G	
ONEXTON	NPB	ST
OPZELURA	PB	ST; QL (3.34 GM per 1 day)
pimecrolimus	G	ST; QL (2 GM per 1 day)
PODOCON-25	NPB	
podofilox external	G	
PYROGALLIC ACID	NPB	
QBREXZA	NPB	QL (1 EA per 1 day)
REGENECARE	NPB	
RETIN-A MICRO PUMP	NPB	PA
SANTYL	NPB	QL (3 GM per 1 day)
selenium sulfide external lotion	G	
SIOXC	NPB	
SOFDRA	NPB	QL (1.4 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
SOOLANTRA	NPB	
sulfacetamide sodium (acne)	G	
SYNALAR	NPB	
TACLONEX	NPB	QL (4 GM per 1 day)
tacrolimus external	G	QL (2 GM per 1 day)
tazarotene external cream	G	PA
tazarotene external gel 0.05 %	G	PA
TOLAK	NPB	
TOPICORT	NPB	
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	
urea external cream 20 %, 39 %, 40 %	G	
VENELEX	NPB	
VTAMA	PB	ST
VYJUVEK	NPB-S	PA; QL (0.36 ML per 1 day)
WYNZORA	NPB	QL (15 GM per 1 day)
XALIX	NPB	
XERAC AC	NPB	
ZELSUVMI	NPB	PA
zenatane	G	
ZILXI	NPB	ST
ZORYVE	PB	ST
Diabetes - Antidiabetic Agents		
acarbose oral	G	M
CYCLOSET	NPB	ST; M
dapaglifloz base-metformin er	G	ST; M
dapagliflozin	G	ST; M
DUETACT	NPB	M
FARXIGA	PB	ST; M
glimepiride oral tablet 1 mg, 2 mg, 4 mg	G	M
glipizide er	G	M
glipizide oral tablet 10 mg, 5 mg	G	M
glipizide-metformin hcl	G	M

Drug Name	Drug Tier	Restrictions / Limits
GLUCOTROL XL	NPB	M
glyburide	G	M
glyburide-metformin	G	M
GLYXAMBI	PB	ST; M
JANUMET	NPB	ST; M
JANUMET XR	PB	ST; M
JANUVIA	NPB	ST; M
JARDIANCE	PB	ST; M
JENTADUETO	PB	ST; M
JENTADUETO XR	PB	ST; M
liraglutide	G	PA; M; QL (0.3 ML per 1 day)
metformin hcl er	G	M
metformin hcl oral solution	G	M
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	G	M
miglitol	G	M
MOUNJARO	PB	PA; QL (0.08 ML per 1 day)
nateglinide	G	M
OZEMPIC	PB	PA; M; QL (0.11 ML per 1 day)
pioglitazone hcl	G	M
pioglitazone hcl-glimepiride	G	M
pioglitazone hcl-metformin hcl	G	M
repaglinide	G	M
RIOMET	NPB	ST; M
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
sitagliptin phos-metformin hcl	G	ST; M
sitagliptin phosphate	G	ST; M
SOLIQUA	PB	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)
XIGDUO XR	PB	ST; M
XULTOPHY	NPB	M

Drug Name	Drug Tier	Restrictions / Limits
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	PB	OTC
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	PB	OTC
ADVANTAGE SAFETY LANCETS 28G	PB	OTC
ADVOCATE SAFETY LANCETS 21G	PB	OTC
ADVOCATE SAFETY LANCETS 23G	PB	OTC
ADVOCATE SAFETY LANCETS 28G	PB	OTC
AUTOLET II CLINISAFE	NPB	OTC
AUTOLET LANCING DEVICE	NPB	OTC
AUTOLET LITE LANCING DEVICE	NPB	OTC
CARESENS LANCETS 30G	PB	OTC
CARETOUCH LANCING/EJECTOR	NPB	OTC
CEQUR SIMPLICITY 2U 10PK	PB	
CHEMSTRIP BG LOG BOOK	NPB	OTC
CHEMSTRIP UGK	NPB	OTC
CHOSEN LANCETS 30G	PB	OTC
CHOSEN LANCING DEVICE	NPB	OTC
CHOSEN SAFETY LANCETS 28G	PB	OTC
CLEVER CHOICE COMFORT EZ	PB	OTC
COMFORT TOUCH TWIST LANCET 30G	PB	OTC
CONTOUR CONTROL SOLUTION	PB	OTC
CONTOUR MONITOR DEVICE	PB	OTC
CONTOUR MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT CONTROL SOLUTION	PB	OTC
CONTOUR NEXT EZ KIT W/DEVICE	PB	OTC
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT LINK KIT W/DEVICE	PB	OTC
CONTOUR NEXT MONITOR KIT W/DEVICE	PB	OTC
CONTOUR NEXT ONE KIT	PB	OTC
CONTOUR NEXT GEN TEST STRIPS	PB	OTC; QL (10 EA per 1 day)
CONTOUR PLUS BLUE KIT W/DEVICE	PB	OTC
CONTOUR PLUS CONTROL SOLUTION	NPB	OTC
CONTOUR PLUS TEST STRIP	PB	OTC; QL (10 EA per 1 day)
CONTOUR TEST STRIPS	PB	OTC; QL (10 EA per 1 day)
DEXCOM G6 RECEIVER	PB	PA; QL (1 EA per 273 days)
DEXCOM G6 SENSOR	PB	PA; QL (0.1 EA per 1 day)
DEXCOM G6 TRANSMITTER	PB	PA; QL (1 EA per 63 days)

Drug Name	Drug Tier	Restrictions / Limits
DEXCOM G7 15 DAY SENSOR	PB	PA; QL (0.1 EA per 1 day)
DEXCOM G7 RECEIVER	PB	PA; QL (1 EA per 273 days)
DEXCOM G7 SENSOR	PB	PA; QL (0.1 EA per 1 day)
DIATHRIVE LANCING DEVICE	NPB	OTC
DROPLET GENTEEL LANCING DEVICE	NPB	OTC
DROPSAFE ACTI-LANCE 23G	PB	OTC
DROPSAFE MEDLANCE LANCET 30G	PB	OTC
EASY TOUCH LANCING DEVICE	NPB	OTC
EMBRACE LANCING DEVICE/EJECTOR	NPB	OTC
FONDCIRCLE LANCING DEVICE	NPB	OTC
FONDCIRCLE SINGLE USE LANCETS	PB	OTC
GENTEEL LANCING KIT (BLUE)	NPB	OTC
GOJJI LANCING DEVICE/CLEAR CAP	NPB	OTC
IHEALTH LANCING DEVICE	NPB	OTC
INSUL-TOTE ULTIMATE	NPB	OTC
KETO-DIASTIX	NPB	OTC
KETONE CARE	NPB	OTC
LANCETS	PB	
LANCETS	PB	OTC
LANCETS 28G THIN	PB	OTC
LANCETS SUPER THIN	PB	OTC
MICROLET NEXT LANCETS	PB	OTC
MICROLET NEXT LANCING DEVICE	NPB	OTC
MOBILE LANCETS 30G	PB	OTC
ONETOUCH DELICA PLUS LANCING	NPB	OTC
ONETOUCH DELICA SAFETY LANCING	PB	OTC
PERFECT POINT SAFETY LANCETS	PB	OTC
PURE COMFORT SAFETY LANCET 30G	PB	OTC
SENSILANCE SAFETY LANCETS 21G	PB	OTC
SENSILANCE SAFETY LANCETS 26G	PB	OTC
SENSILANCE SAFETY LANCETS 28G	PB	OTC
TECHLITE LANCETS 26G	PB	OTC
ULTRA-CARE SAFETY LANCETS 30G	PB	OTC
VERIFINE SAFE LANCET MINI 21G	PB	OTC
VERIFINE SAFE LANCET MINI 23G	PB	OTC
VERIFINE SAFE LANCET MINI 28G	PB	OTC
VERIFINE SAFE LANCET MINI 30G	PB	OTC
VIVAGUARD LANCETS 30G	PB	OTC

Drug Name	Drug Tier	Restrictions / Limits
VIVAGUARD LANCING DEVICE	NPB	OTC
VIVAGUARD SAFETY LANCETS 28G	PB	OTC
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	PB	
BAQSIMI TWO PACK	PB	
diazoxide oral	G	M
glucagon emergency kit injection solution reconstituted 1 mg	G	
GLUCAGON EMERGENCY KIT	PB	
GVOKE HYPOPEN 1-PACK	PB	
GVOKE HYPOPEN 2-PACK	PB	
GVOKE KIT	PB	
GVOKE PFS	PB	
Diabetes - Insulins		
ADMELOG	PB	M
ADMELOG SOLOSTAR	PB	M
AFREZZA	NPB	PA; M
APIDRA SOLOSTAR	PB	M
APIDRA VIAL	PB	M
AQ INSULIN SYRINGE	NPB	
BASAGLAR KWIKPEN	PB	M
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	OTC
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 6MM 0.5 ML	NPB	
BD VEO INSULIN SYR ULTRAFINE	NPB	OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	NPB	
EMBECTA INS SYR U/F 1/2 UNIT	NPB	OTC
EMBECTA INSULIN SYR ULTRAFINE	NPB	OTC
EMBECTA INSULIN SYRINGE	NPB	
EMBECTA INSULIN SYRINGE U-100	NPB	OTC
EMBECTA INSULIN SYRINGE U-500	NPB	
FIASP	PB	M
FIASP FLEXTOUCH	PB	M
FIASP PENFILL	PB	M
FIASP PUMPCART	PB	M

Drug Name	Drug Tier	Restrictions / Limits
HUMALOG	PB	M
HUMALOG KWIKPEN	PB	M
HUMALOG MIX 50/50 KWIKPEN	PB	M
HUMALOG MIX 75/25 KWIKPEN	PB	M
HUMALOG MIX 75/25 VIAL	PB	M
HUMALOG U-100 JUNIOR KWIKPEN	PB	M
HUMULIN 70/30 KWIKPEN	PB	M; OTC
HUMULIN 70/30 VIAL	PB	M; OTC
HUMULIN N KWIKPEN	PB	M; OTC
HUMULIN N VIAL	PB	M; OTC
HUMULIN R U-500 KWIKPEN	PB	M
HUMULIN R VIAL	PB	M; OTC
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 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	NPB	OTC
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	NPB	
LANTUS SOLOSTAR	PB	M
LANTUS U-100 VIAL	PB	M
LYUMJEV KWIKPEN	PB	
LYUMJEV VIAL	PB	
MERILOG	G	
MERILOG SOLOSTAR	G	
NOVOLIN 70/30 FLEXPEN	PB	M; OTC
NOVOLIN 70/30 VIAL	PB	M; OTC
NOVOLIN N FLEXPEN	PB	M; OTC
NOVOLIN N VIAL	PB	M; OTC

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Drug Name	Drug Tier	Restrictions / Limits
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
ULTIGUARD SAFEPACK SYR/NEEDLE	NPB	OTC
VERIFINE INSULIN SYRINGE	NPB	OTC
Electrolytes / Minerals / Metals / Vitamins		
ACTIVE FE	NPB	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	NPB	
ARGININE HCL INJECTION	NPB	
argyle sterile water	G	
CALCIFOL	NPB	
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	
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	
ferotrinsic	G	
FERRALET 90	NPB	
FERRIPROX ORAL SOLUTION	NPB	PA

Drug Name	Drug Tier	Restrictions / Limits
FERRO-PLEX	NPB	
folic acid tablet 1 mg oral (rx)	G	M
FOLIVANE-F	NPB	
FOLIVANE-PLUS	NPB	
foltrin	G	
FUSION PLUS	NPB	
GALZIN	NPB	
GLYCINE INJECTION	NPB	
HEMATINIC PLUS VIT/MINERALS	NPB	
HEMATINIC/FOLIC ACID	NPB	
HEMATOGEN FA	NPB	
HEMOCYTE PLUS	NPB	
hydroxocobalamin acetate	G	
ICAR-C PLUS	PB	
INTEGRA F	NPB	
INTEGRA PLUS	NPB	
IRON FOLATE PLUS	NPB	
KIONEX	NPB	
klor-con	G	M
klor-con 10	G	M
klor-con m10	G	M
klor-con m15	G	M
klor-con m20	G	M
K-PHOS	NPB	
k-tan plus	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	

Drug Name	Drug Tier	Restrictions / Limits
multivitamin/fluoride oral tablet chewable	G	
multi-vitamin/fluoride/iron	G	
NASCOBAL	NPB	M
NEOKE ALCAR	NPB	
NEONATAL PLUS	PB	
NEPHRON FA	NPB	
NIFEREX	NPB	
NUTRIVIT	NPB	
ONE VITE WOMENS PLUS	PB	
phosphorous	G	
phospho-trin 250 neutral	G	
PHOSPHO-TRIN K500	NPB	
phytonadione oral	G	
pnv 27-ca/fe/fa	G	
pnv prenatal plus multivit+dha	G	
poly-iron 150 forte	G	
polysaccharide iron forte	G	
potassium chloride crys er	G	M
potassium chloride er	G	M
potassium chloride oral packet 20 meq	G	M
potassium chloride oral solution	G	M
potassium citrate er	G	M
prenatal oral tablet 27-1 mg	G	
prenatal plus vitamin/mineral	G	
purevit dualfe plus	G	
RELNATE DHA	PB	
RENATABS WITH IRON	NPB	
sod citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml, 500-334 mg/5ml	G	
sodium citrate-citric acid	G	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	G	M; ACA
sodium fluoride oral tablet	G	M; ACA
sodium fluoride oral tablet chewable	G	M; ACA
sodium polystyrene sulfonate	G	
SPS (SODIUM POLYSTYRENE SULF)	NPB	
sterile water for irrigation	G	
TANDEM PLUS	PB	
TARON FORTE	NPB	

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

Drug Name	Drug Tier	Restrictions / Limits
dicyclomine hcl oral capsule	G	
dicyclomine hcl oral solution 10 mg/5ml	G	
dicyclomine hcl oral tablet 20 mg	G	
diphenoxylate-atropine	G	
enulose	G	
FLORAVAX	NPB	
GATTEX	NPB-S	PA
gavilyte-c	G	ACA
gavilyte-g	G	ACA
gavilyte-n with flavor pack	G	ACA
generlac	G	
glycopyrrolate oral solution 1 mg/5ml	G	PA
glycopyrrolate oral tablet 1 mg, 2 mg	G	QL (4 EA per 1 day)
hyoscyamine sulfate er	G	
hyoscyamine sulfate oral elixir	G	
hyoscyamine sulfate oral tablet	G	
hyoscyamine sulfate oral tablet dispersible	G	
hyoscyamine sulfate sl	G	
hyoscyamine sulfate sublingual	G	
IQIRVO	NPB-S	PA; QL (1 EA per 1 day)
lactulose encephalopathy	G	
lactulose oral solution	G	
LINZESS	PB	ST; QL (1 EA per 1 day)
LIVDELZI	NPB-S	PA; QL (1 EA per 1 day)
loperamide hcl oral capsule	G	
lubiprostone	G	QL (2 EA per 1 day)
methscopolamine bromide oral	G	
MYTESI	NPB	QL (2 EA per 1 day)
na sulfate-k sulfate-mg sulf	G	ACA
OSCIMIN	NPB	
peg 3350-kcl-na bicarb-nacl	G	ACA
peg-3350/electrolytes	G	ACA
peg-3350/electrolytes/ascorbat	G	
peg-kcl-nacl-nasulf-na asc-c	G	
PEG-PREP	NPB	
prucalopride succinate	G	ST; QL (1 EA per 1 day)
PYLERA	PB	
RESTORA RX	NPB	

Drug Name	Drug Tier	Restrictions / Limits
REZDIFFRA	NPB	PA; QL (1 EA per 1 day)
SEROSTIM	NPB-S	PA
SUFLAVE	NPB	
SUPREP BOWEL PREP KIT	NPB	
SUTAB	NPB	
SYMPROIC	PB	ST; QL (1 EA per 1 day)
TALICIA	PB	
ursodiol oral capsule 300 mg	G	M
ursodiol oral tablet	G	M
URSODIOL+SYRSPEND SF	NPB	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		
betaine	G-S	
CERDELGA	NPB-S	PA
CHOLBAM	NPB-S	PA
CREON	PB	
CYSTADANE	NPB-S	
CYSTAGON	NPB-S	
EVRYSDI ORAL SOLUTION RECONSTITUTED	NPB-S	PA; QL (8 ML per 1 day)
EVRYSDI ORAL TABLET	NPB-S	PA; QL (1 EA per 1 day)
FORZINITY	NPB-S	PA; QL (0.5 ML per 1 day)
GALAFOLD	NPB-S	PA; QL (0.5 EA per 1 day)
KYGEVVI	NPB-S	PA
miglustat	G-S	PA
MYALEPT	NPB-S	PA
nitisinone	G-S	PA
NITYR	NPB-S	PA
OPFOLDA	NPB-S	PA; QL (0.3 EA per 1 day)
ORFADIN	NPB-S	PA
PHEBURANE	NPB-S	PA
sapropterin dihydrochloride	G-S	PA
sodium phenylbutyrate oral	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)

Drug Name	Drug Tier	Restrictions / Limits
yargesa	G-S	PA
zelvysia	G-S	PA
ZENPEP	PB	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
acetic acid irrigation	G	
avanafil	G	M; QL (0.2 EA per 1 day)
bethanechol chloride oral	G	
calcium acetate (phos binder)	G	
calcium acetate oral tablet 667 mg	G	
darifenacin hydrobromide er	G	M
DEPEN TITRATABS	NPB-S	PA; M
fesoterodine fumarate er	G	
FILSPARI ORAL TABLET 200 MG	NPB-S	PA; QL (1 EA per 1 day)
FILSPARI ORAL TABLET 400 MG	NPB-S	PA; QL (2 EA per 1 day)
flavoxate hcl	G	M
FOSRENOL ORAL PACKET	NPB	ST
glycine irrigation	G	
glycine urologic	G	
INTRAROSA	NPB	ST
LITHOSTAT	NPB	
mirabegron er	G	
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	PA; M
phenazopyridine hcl oral tablet 100 mg, 200 mg	G	
RENACIDIN	NPB	
RIMSO-50	NPB	
RIVFLOZA SUBCUTANEOUS SOLUTION	NPB-S	PA; QL (0.04 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	NPB-S	PA; QL (0.03 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	NPB-S	PA; QL (0.04 ML per 1 day)
sevelamer carbonate	G	
sevelamer hcl	G	

Drug Name	Drug Tier	Restrictions / Limits
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	G	QL (0.2 EA per 1 day)
solifenacin succinate	G	M
tadalafil oral tablet 10 mg, 20 mg	G	QL (0.2 EA per 1 day)
tadalafil oral tablet 2.5 mg, 5 mg	G	QL (1 EA per 1 day)
THIOLA	NPB-S	
THIOLA EC	NPB-S	
tiopronin	G-S	
tolterodine tartrate	G	M
tolterodine tartrate er	G	M
trospium chloride	G	M
trospium chloride er	G	M
VANRAFIA	NPB-S	PA; QL (1 EA per 1 day)
VOYXACT	NPB-S	PA; QL (0.8 ML per 1 day)
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	G	M
dutasteride oral	G	M
dutasteride-tamsulosin hcl	G	M
finasteride oral tablet 5 mg	G	M
silodosin	G	M
tamsulosin hcl	G	M
terazosin hcl	G	M
Hormonal Agents - Adrenal		
AGAMREE	NPB-S	PA
BLT-25	NPB	
dexamethasone intensol	G	
dexamethasone oral	G	
fludrocortisone acetate oral	G	M
hydrocortisone oral	G	
hydrocortisone sod suc (pf)	G	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	NPB	
MEDROL ORAL TABLET 2 MG	PB	
MEDROL ORAL TABLET THERAPY PACK	NPB	
methylprednisolone oral	G	
prednisolone oral solution	G	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	G	

Drug Name	Drug Tier	Restrictions / Limits
prednisolone sodium phosphate oral tablet dispersible	G	
prednisone intensol	G	
prednisone oral solution	G	
prednisone oral tablet	G	
prednisone oral tablet therapy pack	G	
SOLU-CORTEF	NPB	
Hormonal Agents - Men's Health		
danazol oral	G	
EC-RX TESTOSTERONE	NPB	
METHITEST	NPB	PA; QL (20 EA per 1 day)
testosterone cypionate intramuscular	G	PA; QL (0.4 ML per 1 day)
testosterone enanthate intramuscular	G	PA; QL (0.2 ML per 1 day)
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	G	PA; QL (5 GM per 1 day)
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	G	PA; QL (10 GM per 1 day)
testosterone transdermal solution	G	PA; QL (6 ML per 1 day)
Hormonal Agents - Pituitary		
ACTHAR	PB-S	PA
ACTHAR GEL	PB-S	PA
cabergoline	G	M
cetrorelix acetate	G-S	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR	NPB-S	PA
clomid	G	
clomiphene citrate oral	G	
CORTROPHIN	PB-S	PA
CORTROPHIN GEL	PB-S	PA
CRENESSITY ORAL CAPSULE 100 MG	NPB-S	PA; QL (4 EA per 1 day)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	NPB-S	PA; QL (3 EA per 1 day)
CRENESSITY ORAL SOLUTION	NPB-S	PA; QL (8 ML per 1 day)
desmopressin ace spray refrig	G	M
desmopressin acetate injection	G	M
desmopressin acetate oral	G	M
desmopressin acetate spray	G	M
EGRIFTA SV	NPB-S	PA; QL (1 EA per 1 day)
EGRIFTA WR	NPB-S	PA; QL (0.04 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	NPB-S	PA; QL (0.012 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
ELIGARD SUBCUTANEOUS KIT 30 MG	NPB-S	PA; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG	NPB-S	PA; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	NPB-S	PA; QL (0.036 EA per 1 day)
FIRMAGON	NPB-S	PA; QL (0.036 EA per 1 day)
FIRMAGON (240 MG DOSE)	NPB-S	PA; QL (2 EA per 365 days)
FOLLISTIM AQ	PB-S	PA
FYREMADEL	NPB-S	PA
ganirelix acetate	G-S	PA
INCRELEX	PB-S	PA
lanreotide acetate	G-S	PA
leuprolide acetate injection	G-S	PA
LEUPROLIDE ACETATE-BUPIVACAINE	NPB	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	NPB-S	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	PB-S	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	NPB-S	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	PB-S	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	PB-S	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	PB-S	PA
LUPRON DEPOT-PED (1-MONTH)	PB-S	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH)	PB-S	PA; QL (0.02 EA per 1 day)
MENOPUR	NPB-S	PA
milophene	G	
NGENLA	NPB-S	PA
NORDITROPIN FLEXPRO	PB-S	PA
NOVAREL	NPB-S	PA
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	G-S	PA
octreotide acetate subcutaneous	G-S	PA
OMNITROPE	PB-S	PA
ORILISSA ORAL TABLET 150 MG	PB	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	PB	PA; QL (2 EA per 1 day)
OVIDREL	NPB-S	PA
PREGNYL	NPB-S	PA
SKYTROFA	NPB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
SOGROYA	NPB-S	PA
SOMATULINE DEPOT	NPB-S	PA
SOMAVERT	NPB-S	PA
SYNAREL	PB	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	NPB-S	PA; QL (0.012 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	NPB-S	PA; QL (0.006 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	NPB-S	PA; QL (0.036 EA per 1 day)
TRIPTODUR	PB-S	PA; QL (0.006 EA per 1 day)
Hormonal Agents - Prostaglandins		
mifepristone oral tablet 300 mg	G-S	PA; QL (4 EA per 1 day)
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	NPB	
raloxifene hcl	G	M; ACA
Hormonal Agents - Sex Hormones and Birth Control		
abigale	G	M
abigale lo	G	M
afirmelle	G	M; ACA
ALORA	NPB	M
altavera	G	M; ACA
alyacen 1/35	G	M; ACA
alyacen 7/7/7	G	M; ACA
amethyst	G	M; ACA
ANGELIQ	NPB	M
ANNOVERA	NPB	ACA; QL (1 EA per 350 days)
apri	G	M; ACA
aranelle	G	M; ACA
ashlyna	G	M; ACA; QL (1 EA per 1 day)
aubra eq	G	M; ACA
aurovela 1.5/30	G	M; ACA
aurovela 1/20	G	M; ACA
aurovela 24 fe	G	M; ACA
aurovela fe 1.5/30	G	M; ACA
aurovela fe 1/20	G	M; ACA
AVERI	NPB	ACA

Drug Name	Drug Tier	Restrictions / Limits
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	NPB	M
CLIMARA PRO	PB	M
COMBIPATCH	NPB	M
CRINONE	NPB	QL (0.6 GM per 1 day)
cryselle	G	M; ACA
cyred eq	G	M; ACA
dasetta 1/35 (28)	G	M; ACA
dasetta 7/7/7	G	M; ACA
daysee	G	M; ACA; QL (1 EA per 1 day)
deblitane	G	M; ACA
delyla	G	M; ACA
DEPO-ESTRADIOL	NPB	
DEPO-PROVERA	NPB	ACA; QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104	NPB	ACA; QL (0.02 ML per 1 day)
DIVIGEL	NPB	M
dolishale	G	M; ACA
dotti	G	M
drospiren-eth estrad-levomefol	G	M; ACA
drospirenone-ethinyl estradiol	G	M; ACA
DUAVEE	PB	
EC-RX ESTRADIOL	NPB	
EC-RX PROGESTERONE	NPB	
ELESTRIN	NPB	M

Drug Name	Drug Tier	Restrictions / Limits
elinest	G	M; ACA
ELLA	NPB	ACA
eluryng	G	M; ACA
emzahh	G	M; ACA
ENDOMETRIN	PB	
enilloring	G	M; ACA
enskyce	G	M; ACA
errin	G	M; ACA
estarylla	G	M; ACA
estradiol oral	G	M
estradiol transdermal	G	M
estradiol vaginal	G	M
estradiol valerate intramuscular	G	
estradiol-norethindrone acet	G	M
ESTRING	NPB	M; QL (0.012 EA per 1 day)
estrogens conjugated	G	M
etonogestrel-ethinyl estradiol	G	M; ACA
EVAMIST	NPB	M
falmina	G	M; ACA
feirza 1.5/30	G	M; ACA
feirza 1/20	G	M; ACA
FEMLYV	NPB	ST; M; ACA
FEMRING	NPB	ST; M; QL (0.012 EA per 1 day)
finzala	G	M; ACA
fyavolv	G	M
galbriela	G	M; ACA
gallifrey	G	M
gemmily	G	M; ACA
hailey 1.5/30	G	M; ACA
hailey 24 fe	G	M; ACA
hailey fe 1.5/30	G	M; ACA
hailey fe 1/20	G	M; ACA
heather	G	M; ACA
iclevia	G	M; ACA; QL (1 EA per 1 day)
IMVEXXY MAINTENANCE PACK	PB	M
IMVEXXY STARTER PACK	PB	M
incassia	G	M; ACA
introvale	G	M; ACA; QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
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
kurvelo	G	M; ACA
larin 1.5/30	G	M; ACA
larin 1/20	G	M; ACA
larin 24 fe	G	M; ACA
larin fe 1.5/30	G	M; ACA
larin fe 1/20	G	M; ACA
lessina	G	M; ACA
levonest	G	M; ACA
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	G	M; ACA; QL (1 EA per 1 day)
levonorgest-eth estradiol-iron	G	M; ACA
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	G	M; ACA
levonorg-eth estrad triphasic	G	M; ACA
lojaimiess	G	M; ACA; QL (1 EA per 1 day)
loryna	G	M; ACA
low-ogestrel	G	M; ACA
lo-zumandimine	G	M; ACA
luizza 1.5/30	G	M; ACA
luizza 1/20	G	M; ACA
lyleq	G	M; ACA
lyllana	G	M

Drug Name	Drug Tier	Restrictions / Limits
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	
meleya	G	M; ACA
MENOSTAR	NPB	ST; M
mibelas 24 fe	G	M; ACA
microgestin 1.5/30	G	M; ACA
microgestin 1/20	G	M; ACA
microgestin fe 1.5/30	G	M; ACA
microgestin fe 1/20	G	M; ACA
mili	G	M; ACA
mimvey	G	M
MINIVELLE	NPB	M
minzoya	G	M; ACA
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
norelgestromin-eth estradiol	G	M; ACA
norethin ace-eth estrad-fe	G	M; ACA
norethindrone acetate oral	G	M
norethindrone acet-ethinyl est	G	M; ACA
norethindrone oral	G	M; ACA
norethindrone-eth estradiol	G	M
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	G	M; ACA
norgestimate-ethinyl estradiol triphasic	G	M; ACA
norlyroc	G	M; ACA
nortrel 0.5/35 (28)	G	M; ACA
nortrel 1/35 (21)	G	M; ACA
nortrel 1/35 (28)	G	M; ACA
nortrel 7/7/7	G	M; ACA

Drug Name	Drug Tier	Restrictions / Limits
nylia 1/35	G	M; ACA
nylia 7/7/7	G	M; ACA
ORIAHNN	PB	PA; QL (2 EA per 1 day)
orquidea	G	M; ACA
philith	G	M; ACA
pimtrea	G	M; ACA
portia-28	G	M; ACA
PREMARIN VAGINAL	PB	M
PREMPHASE	PB	M
PREMPRO	PB	M
progesterone intramuscular	G	
PROGESTERONE MICRONIZED TRANSDERMAL	NPB	
progesterone oral	G	
progesterone vaginal	G	
PROVERA	NPB	M
reclipsen	G	M; ACA
rivelsa	G	M; ACA; QL (1 EA per 1 day)
rosyrah	G	M; ACA; QL (1 EA per 1 day)
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
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

Drug Name	Drug Tier	Restrictions / Limits
tri-sprintec	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
valtya 1/35	G	M; ACA
valtya 1/50	G	M; ACA
velivet	G	M; ACA
vestura	G	M; ACA
vienva	G	M; ACA
viorele	G	M; ACA
volnea	G	M; ACA
vyfemla	G	M; ACA
vylibra	G	M; ACA
wera	G	M; ACA
wymzya fe	G	M; ACA
xarah fe	G	M; ACA
xelria fe	G	M; ACA
xulane	G	M; ACA
yuvafem	G	M
zafemy	G	M; ACA
zovia 1/35 (28)	G	M; ACA
zumandimine	G	M; ACA
Hormonal Agents - Thyroid		
levo-t	G	M
levothyroxine sodium oral tablet	G	M
levoxyl	G	M
liomny	G	M
liothyronine sodium oral	G	M
methimazole oral	G	M
propylthiouracil oral	G	M
SODIUM IODIDE I-131	NPB	
unithroid	G	M
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	NPB-S	PA; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS	NPB-S	PA; QL (0.13 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
ADALIMUMAB-ADBM (2 PEN)	PB-S	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML	PB-S	PA; QL (0.08 EA per 1 day)
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	PB-S	PA; QL (0.15 EA per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	PB-S	PA; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	PB-S	PA; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG	PB-S	PA; QL (0.03 ML per 1 day)
ANDEMBRY	NPB-S	PA; QL (0.05 ML per 1 day)
ARCALYST	NPB-S	PA
ASTAGRAF XL	NPB	
AURANOFIN	NPB-S	M
AVTOZMA SUBCUTANEOUS	NPB-S	PA; QL (0.13 ML per 1 day)
AZASAN	NPB	
azathioprine oral	G	
BENLYSTA SUBCUTANEOUS	NPB-S	PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	NPB-S	PA; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	NPB-S	PA; QL (0.08 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	NPB-S	PA; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	NPB-S	PA; QL (0.08 ML per 1 day)
CELLCEPT	NPB	
CIMZIA	PB-S	PA; QL (0.08 EA per 1 day)
CIMZIA (1 SYRINGE)	PB-S	PA; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE)	PB-S	PA; QL (0.08 EA per 1 day)
CIMZIA-STARTER	PB-S	PA; QL (0.08 EA per 1 day)
cyclosporine modified	G	
cyclosporine oral	G	
DAWNZERA	NPB-S	PA; QL (0.03 ML 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 PEN	NPB-S	PA; QL (0.05 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
ENVARSUS XR	NPB	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	G	
gengraf	G	
icatibant acetate	G-S	PA; QL (0.6 ML per 1 day)
IMURAN	NPB	
JYLAMVO	PB	PA
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	
MYHIBBIN	NPB	
NEORAL	NPB	
OLUMIANT	NPB-S	PA; QL (1 EA per 1 day)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB-S	PA; QL (0.11 ML per 1 day)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PB-S	PA; QL (0.18 ML per 1 day)
OMVOH SUBCUTANEOUS	PB-S	PA; QL (0.08 ML per 1 day)
ORENCIA CLICKJECT	NPB-S	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	NPB-S	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	NPB-S	PA; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	NPB-S	PA; QL (0.1 ML per 1 day)
ORLADEYO	NPB-S	PA; QL (1 EA per 1 day)
OTEZLA ORAL TABLET	PB-S	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK	PB-S	PA; QL (55 EA per 365 days)
OTEZLA XR	PB-S	PA; QL (1 EA per 1 day)
OTEZLA/OTEZLA XR INITIATION PK	PB-S	PA; QL (55 EA per 365 days)
PROGRAF ORAL	NPB	

Drug Name	Drug Tier	Restrictions / Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML	PB	PA; QL (0.84 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	PB	PA; QL (1.12 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML	PB	PA; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	PB	PA; QL (1.68 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	PB	PA; QL (1.96 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	PB	PA; QL (2.24 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	PB	PA; QL (2.52 ML per 28 days)
RHAPSIDO	PB-S	PA; QL (2 EA per 1 day)
RIDAURA	NPB-S	M
RINVOQ	PB-S	PA; QL (1 EA per 1 day)
RINVOQ LQ	PB-S	PA; QL (12 ML per 1 day)
SANDIMMUNE ORAL	NPB	
SILIQ	NPB-S	PA; QL (0.11 ML per 1 day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	PB-S	PA; QL (0.15 EA per 1 day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	PB-S	PA; QL (0.08 EA per 1 day)
SIMLANDI (2 PEN)	PB-S	PA; QL (0.15 EA per 1 day)
SIMLANDI (2 SYRINGE)	PB-S	PA; QL (0.15 EA per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	PB-S	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	PB-S	PA; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB-S	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	PB-S	PA; QL (0.02 ML per 1 day)
sirolimus oral	G	
SKYRIZI PEN	PB-S	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS 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)

Drug Name	Drug Tier	Restrictions / Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	PB-S	PA; QL (0.02 ML per 1 day)
SOTYKTU	PB-S	PA; QL (1 EA per 1 day)
SPEVIGO SUBCUTANEOUS	NPB-S	PA; QL (0.08 ML per 1 day)
tacrolimus er	G	
tacrolimus oral	G	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	NPB-S	PA; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	NPB-S	PA; QL (0.15 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB-S	PA; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	PB-S	PA; QL (0.01 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	PB-S	PA; QL (0.02 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	PB-S	PA; QL (0.04 ML per 1 day)
tofacitinib citrate er	G-S	PA; QL (1 EA per 1 day)
tofacitinib citrate oral solution	G-S	PA; QL (10 ML per 1 day)
tofacitinib citrate oral tablet	G-S	PA; QL (2 EA per 1 day)
TREMFYA ONE-PRESS	PB-S	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	PB-S	PA; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	PB-S	PA; QL (0.08 ML per 1 day)
TREMFYA-CD/UC INDUCTION	PB-S	PA; QL (0.08 ML per 1 day)
TREXALL	PB	
USTEKINUMAB-AAUZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	PB-S	PA; QL (0.009 ML per 1 day)
USTEKINUMAB-AAUZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
VELSIPITY	PB-S	PA; QL (1 EA per 1 day)
XATMEP	PB	PA
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)

Drug Name	Drug Tier	Restrictions / Limits
YESINTEK SUBCUTANEOUS SOLUTION	PB-S	PA; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	PB-S	PA; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)
ZORTRESS	NPB	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	NPB	ACA; QL (1 EA per 999 days)
ACAM2000	NPB	
ACTHIB	NPB	ACA
ADACEL	NPB	ACA
AFLURIA	NPB	ACA
AFLURIA PRESERVATIVE FREE	NPB	ACA
AREXVY	NPB	ACA; QL (1 EA per 999 days)
AUDENZ	NPB	
BEXSERO	NPB	ACA
BOOSTRIX	NPB	ACA
CAPVAXIVE	NPB	ACA
COMIRNATY	NPB	ACA
COMIRNATY 5-11 YEARS	NPB	ACA
DAPTACEL	NPB	ACA
DENGVAXIA	NPB	ACA
ENGERIX-B	NPB	ACA
FLUAD	NPB	ACA
FLUARIX	NPB	ACA
FLUBLOK	NPB	ACA
FLUCELVAX	NPB	ACA
FLULAVAL	NPB	ACA
FLUMIST	NPB	ACA
FLUZONE HIGH-DOSE	NPB	ACA
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	NPB	ACA
GARDASIL 9	NPB	ACA
HAVRIX	NPB	ACA
HEPLISAV-B	NPB	ACA
HIBERIX	NPB	ACA
INFANRIX	NPB	ACA
IPOL	NPB	ACA

Drug Name	Drug Tier	Restrictions / Limits
JYNNEOS	NPB	ACA
KINRIX	NPB	ACA
MENQUADFI	NPB	ACA
MENVEO	NPB	ACA
M-M-R II	NPB	ACA
MNEXSPIKE	NPB	ACA
MRESVIA	NPB	ACA; QL (0.5 ML per 999 days)
NUVAXOVID COVID-19 VACCINE	NPB	ACA
PEDIARIX	NPB	ACA
PEDVAX HIB	NPB	ACA
PENBRAYA	NPB	ACA
PENMENVY	NPB	ACA
PENTACEL	NPB	ACA
PNEUMOVAX 23	NPB	ACA
PREVNAR 20	NPB	ACA
PRIORIX	NPB	ACA
PROQUAD	NPB	ACA
QUADRACEL	NPB	ACA
RECOMBIVAX HB	NPB	ACA
ROTARIX	NPB	ACA
ROTATEQ	NPB	ACA
SHINGRIX	NPB	ACA
SPIKEVAX	NPB	ACA
SPIKEVAX 6M-11Y	NPB	ACA
TENIVAC	NPB	ACA
TRUMENBA	NPB	ACA
TWINRIX	NPB	ACA
VAQTA	NPB	ACA
VARIVAX	NPB	ACA
VAXELIS	NPB	ACA
VAXNEUVANCE	NPB	ACA
VIMKUNYA	NPB	
VIVOTIF	NPB	
Inflammatory Bowel Disease Agents		
APRISO	PB	M
AZULFIDINE EN-TABS	NPB	M
balsalazide disodium	G	
budesonide oral	G	

Drug Name	Drug Tier	Restrictions / Limits
budesonide rectal	G	
CORTENEMA	NPB	
CORTIFOAM	NPB	
EOHILIA	NPB	PA; QL (20 ML per 1 day)
hydrocortisone (perianal)	G	
hydrocortisone ace-pramoxine external cream 1-1 %	G	
hydrocortisone rectal	G	
mesalamine er oral capsule 0.375 gm	G	M
mesalamine oral capsule delayed release 400 mg	G	M
mesalamine oral tablet delayed release 1.2 gm	G	M
mesalamine rectal	G	M
PROCTOFOAM HC	PB	
procto-med hc	G	
sulfasalazine oral	G	M
UCERIS RECTAL	NPB	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	G	M
alendronate sodium oral tablet 10 mg	G	M
alendronate sodium oral tablet 35 mg, 70 mg	G	M; QL (0.15 EA per 1 day)
ATELVIA	NPB	M; QL (0.15 EA per 1 day)
BONSITY	PB-S	PA
calcitonin (salmon) injection	G	M
calcitonin (salmon) nasal	G	M; QL (0.13 ML per 1 day)
ibandronate sodium oral	G	M; QL (0.04 EA per 1 day)
MIACALCIN	NPB	M
risedronate sodium oral tablet 150 mg	G	M; QL (0.04 EA per 1 day)
risedronate sodium oral tablet 30 mg, 5 mg	G	M
risedronate sodium oral tablet 35 mg	G	M; QL (0.15 EA per 1 day)
risedronate sodium oral tablet delayed release	G	M; QL (0.15 EA per 1 day)
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	G-S	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	PB-S	PA
TYMLOS	PB-S	PA
zoledronic acid intravenous solution 4 mg/100ml	G-S	

Drug Name	Drug Tier	Restrictions / Limits
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	
AQINJECT PEN NEEDLE	NPB	M
AQNEURSA	NPB-S	PA; QL (4 EA per 1 day)
ASSURE ID DUO PRO PEN NEEDLES	NPB	M; OTC
ASSURE ID PRO PEN NEEDLES	NPB	M; OTC
ASTRINGYN	NPB	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	NPB	M; OTC
AUM MINI INSULIN PEN NEEDLE	NPB	M; OTC
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	NPB	M; OTC
AUM READYGARD DUO PEN NEEDLE	NPB	M; OTC
AUM SAFETY PEN NEEDLE	NPB	M; OTC
BD AUTOSHIELD DUO PEN NEEDLES	NPB	M; OTC
BD PEN NEEDLE MICRO ULTRAFINE	NPB	M; OTC
BD PEN NEEDLE MINI ULTRAFINE	NPB	M; OTC
BD PEN NEEDLE NANO ULTRAFINE	NPB	M; OTC
BD PEN NEEDLE ORIG ULTRAFINE	NPB	M; OTC
BD PEN NEEDLE SHORT ULTRAFINE	NPB	M; OTC
BD ULTRA-FINE PEN NEEDLES	NPB	M; OTC
BYLVAY	NPB-S	PA
BYLVAY (PELLETS)	NPB-S	PA
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	NPB	
COMFORT EZ PRO PEN NEEDLES	NPB	M; OTC
CYTOTINE ORAL POWDER	NPB	
DIASCREEN 10	NPB	OTC
DIASCREEN 1B	NPB	OTC
DIASCREEN 1G	NPB	OTC
DIASCREEN 1K	NPB	OTC
DIASCREEN 2GK	NPB	OTC

Drug Name	Drug Tier	Restrictions / Limits
DIASCREEN 2GP	NPB	OTC
DIASCREEN 3	NPB	OTC
DIASCREEN 4NL	NPB	OTC
DIASCREEN 4OBL	NPB	OTC
DIASCREEN 4PH	NPB	OTC
DIASCREEN 5	NPB	OTC
DIASCREEN 6	NPB	OTC
DIASCREEN 7	NPB	OTC
DIASCREEN 8	NPB	OTC
DIASCREEN 9	NPB	OTC
DIASCREEN LIQUID URINE CONTROL	NPB	OTC
DROPLET MICRON	NPB	M; OTC
DROPSAFE AUTOPROTECT DUO	NPB	M; OTC
EC-RX DHEA	NPB	
EMBECTA AUTOSHIELD DUO	NPB	M; OTC
EMBECTA PEN NEEDLE NANO	NPB	M; OTC
EMBECTA PEN NEEDLE NANO 2 GEN	NPB	M; OTC
EMBECTA PEN NEEDLE ULTRAFINE	NPB	M; OTC
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NPB	M; OTC
ENDARI	NPB	PA
EUA PATIENT ASSESSMENT	NPB	
formaldehyde	G	
glutaraldehyde external	G	
GRASTEK	NPB	PA; QL (1 EA per 1 day)
IGALMI	NPB	PA
INCONTROL ULTICARE PEN NEEDLES	NPB	M; OTC
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	NPB	M; OTC
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	NPB	M
INSULIN PEN NEEDLES	PB	M; OTC
INSUPEN32G EXTR3ME	NPB	M; OTC
IWILFIN	PB-S	PA

Drug Name	Drug Tier	Restrictions / Limits
KERENDIA	NPB	PA; QL (1 EA per 1 day)
l-glutamine oral packet	G	PA
liraglutide -weight management	G	PA; QL (0.5 ML per 1 day)
LYNKUET	NPB	PA; QL (2 EA per 1 day)
METHERGINE	NPB	QL (28 EA per 1 fill)
methylergonovine maleate oral	G	QL (28 EA per 1 fill)
MIPLYFFA	NPB-S	PA; QL (3 EA per 1 day)
NEOKE RA LIPOIC	NPB	
NOVOFINE PEN NEEDLE	NPB	M; OTC
NOVOFINE PLUS PEN NEEDLE	NPB	M; OTC
ODACTRA	NPB	PA; QL (1 EA per 1 day)
OMNIPOD 5 DEXCOM INTRO KIT	PB	
OMNIPOD 5 DEXCOM PODS	PB	
OMNIPOD DASH INTRO KIT	PB	
OMNIPOD DASH PODS	PB	
PEN NEEDLE/5-BEVEL TIP	NPB	M; OTC
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	NPB	M; OTC
PIP PEN NEEDLES 32G X 4MM	NPB	M; OTC
PURE COMFORT SAFETY PEN NEEDLE	NPB	M; OTC
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	NPB	
QUICK TOUCH INSULIN PEN NEEDLE	NPB	M; OTC
RAGWITEK	NPB	PA; QL (1 EA per 1 day)
RAYA SURE PEN NEEDLE	NPB	M; OTC
SAFETY PEN NEEDLES	NPB	M; OTC
SALINE-PHENOL	NPB	
SAXENDA	PB	PA; QL (0.5 ML per 1 day)
sodium saccharin powder	G	
SOHONOS ORAL CAPSULE 1 MG	NPB-S	PA; QL (20 EA per 1 day)
SOHONOS ORAL CAPSULE 1.5 MG	NPB-S	PA; QL (13 EA per 1 day)
SOHONOS ORAL CAPSULE 10 MG	NPB-S	PA; QL (2 EA per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG	NPB-S	PA; QL (8 EA per 1 day)
SOHONOS ORAL CAPSULE 5 MG	NPB-S	PA; QL (4 EA per 1 day)
TECHLITE PLUS PEN NEEDLES	NPB	M; OTC
TRUE COMFORT SAFETY PEN NEEDLE	NPB	M; OTC
UNIFINE OTC PEN NEEDLES	NPB	M; OTC
UNIFINE PROTECT PEN NEEDLE	NPB	M; OTC
VEOZAH	NPB	PA; QL (1 EA per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
VERIFINE INSULIN PEN NEEDLE	NPB	M; OTC
VERIFINE PLUS PEN NEEDLE	NPB	M; OTC
VISTOGARD	NPB	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	NPB-S	PA; QL (3 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	NPB-S	PA; QL (4 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	NPB-S	PA; QL (7 EA per 1 day)
WEGOVY HD	PB	PA; QL (34 day supply per 1 fill)
WEGOVY ORAL	PB	PA; QL (34 day supply per 1 fill)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	PB	PA; QL (0.08 ML per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	PB	PA; QL (0.11 ML per 1 day)
YONI FIT BLADDER SUPPORT KIT 1	NPB	
YONI FIT BLADDER SUPPORT KIT 2	NPB	
YONI FIT BLADDER SUPPORT KIT 3	NPB	
YONI FIT BLADDER SUPPORT KIT 4	NPB	
YONI FIT BLADDER SUPPORT KIT 5	NPB	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	NPB-S	PA; QL (0.04 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	NPB-S	PA; QL (0.07 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	NPB-S	PA; QL (0.1 ML per 1 day)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	PB	PA; QL (34 day supply per 1 fill)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	PB	PA; QL (4 ML per 365 days)
ZILBRYSQ	NPB-S	PA
ZOKINVY	NPB-S	PA; QL (4 EA per 1 day)
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR LS	NPB	
AZASITE	NPB	
BESIVANCE	NPB	
BETADINE OPHTHALMIC PREP	NPB	

Drug Name	Drug Tier	Restrictions / Limits
bromfenac sodium (once-daily)	G	QL (6.8 ML per 365 days)
bromfenac sodium ophthalmic solution 0.07 %	G	ST; QL (12 ML per 365 days)
ciprofloxacin hcl ophthalmic	G	
cromolyn sodium ophthalmic	G	
dexamethasone sodium phosphate ophthalmic	G	
diclofenac sodium ophthalmic	G	
difluprednate	G	
epinastine hcl	G	
erythromycin ophthalmic	G	
EYSUVIS	NPB	PA; QL (0.3 ML per 1 day)
FLAREX	NPB	
fluorometholone	G	
flurbiprofen sodium	G	
FML FORTE	NPB	
FML LIQUIFILM	NPB	
gatifloxacin ophthalmic	G	
gentamicin sulfate ophthalmic	G	
INVELTYS	NPB	
ketorolac tromethamine ophthalmic	G	
levofloxacin ophthalmic	G	
LOTEMAX SM	NPB	
loteprednol etabonate ophthalmic gel	G	QL (20 GM per 365 days)
MAXIDEX	NPB	
MAXITROL OPHTHALMIC OINTMENT	NPB	
MITOSOL	NPB	
moxifloxacin hcl (2x day)	G	
moxifloxacin hcl ophthalmic	G	
NATACYN	PB	
neomycin-polymyxin-dexameth	G	
neomycin-polymyxin-hc ophthalmic	G	
ofloxacin ophthalmic	G	
POVIDONE-IODINE OPHTHALMIC	NPB	
PRED MILD	NPB	
prednisolone acetate ophthalmic	G	
prednisolone sodium phosphate ophthalmic	G	
sulfacetamide sodium ophthalmic	G	
TOBRADEX	NPB	
TOBRADEX ST	NPB	

Drug Name	Drug Tier	Restrictions / Limits
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
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 ophthalmic	G	M
dorzolamide hcl-timolol mal	G	M
dorzolamide hcl-timolol mal pf	G	M
IOPIDINE	NPB	
KEVEYIS	NPB-S	PA; QL (4 EA per 1 day)
latanoprost ophthalmic	G	M
levobunolol hcl	G	M
LUMIGAN	PB	M; QL (0.1 ML per 1 day)
methazolamide oral	G	M
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	G	M
RHOPRESSA	NPB	M; QL (0.1 ML per 1 day)
ROCKLATAN	NPB	M; QL (0.1 ML per 1 day)
SIMBRINZA	PB	M
tafluprost (pf)	G	M; QL (1 EA per 1 day)
timolol hemihydrate	G	M
timolol maleate (once-daily)	G	M
timolol maleate ophthalmic solution	G	M

Drug Name	Drug Tier	Restrictions / Limits
travoprost (bak free)	G	M; QL (0.12 ML per 1 day)
XELPROS	NPB	ST; M; QL (0.1 ML per 1 day)
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AKTEN	NPB	
ALCAINE	NPB	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	NPB	M
atropine sulfate ophthalmic solution 1 %	G	M
bacitracin-polymyxin b	G	
bacitra-neomycin-polymyxin-hc	G	
CEQUA	NPB	PA; M; QL (2 EA per 1 day)
CYCLOGYL	NPB	M
CYCLOMYDRIL	NPB	M
cyclopentolate hcl ophthalmic	G	M
cyclosporine (pf)	G	PA; M; QL (2 EA per 1 day)
CYSTADROPS	NPB-S	QL (0.72 ML per 1 day)
CYSTARAN	NPB-S	QL (2.15 ML per 1 day)
DOUBLE PM	NPB	
HOMATROPAIRE	NPB	M
loteprednol-tobramycin	G	
MIEBO	PB	PA; QL (0.1 ML per 1 day)
neomycin-bacitracin zn-polymyx	G	
neomycin-polymyxin-gramicidin	G	
OXERVATE	NPB-S	PA; QL (2 ML per 1 day)
phenylephrine hcl ophthalmic	G	
polymyxin b-trimethoprim	G	
proparacaine hcl ophthalmic	G	
RESTASIS	PB	PA; M; QL (2 EA per 1 day)
RESTASIS MULTIDOSE	PB	PA; M; QL (2 ML per 1 day)
sulfacetamide-prednisolone	G	
TRYPTYR	PB	PA; QL (2 EA per 1 day)
TYRVAYA	NPB	PA; QL (0.3 ML per 1 day)
XIIDRA	PB	PA; M; QL (2 EA per 1 day)
ZYLET	NPB	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	G	
CETRAXAL	NPB	ST
ciprofloxacin hcl otic	G	

Drug Name	Drug Tier	Restrictions / Limits
ciprofloxacin-dexamethasone	G	
CORTISPORIN-TC	NPB	
DERMOTIC	NPB	
fluocinolone acetonide otic	G	
hydrocortisone-acetic acid	G	
neomycin-polymyxin-hc otic	G	
ofloxacin otic	G	
PRAMOTIC	NPB	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	G	QL (2 ML per 1 day)
azelastine-fluticasone	G	QL (0.77 GM per 1 day)
benzonatate	G	
carbinoxamine maleate oral solution	G	
carbinoxamine maleate oral tablet 4 mg	G	
clemastine fumarate oral tablet	G	
cyproheptadine hcl oral syrup 2 mg/5ml	G	
cyproheptadine hcl oral tablet	G	
DICOPANOL FUSEPAQ	NPB	
diphenhydramine hcl oral elixir	G	
guaifenesin-codeine	G	OTC; QL (240 ML per 1 fill)
hydrocod poli-chlorphe poli er	G	QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral solution	G	QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral tablet	G	QL (6 EA per 1 day)
HYPERSAL	NPB	
ipratropium bromide nasal	G	
maxi-tuss ac	G	OTC; QL (240 ML per 1 fill)
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	NPB	
olopatadine hcl nasal	G	QL (1.02 GM per 1 day)
promethazine-codeine	G	QL (240 ML per 1 fill)
promethazine-dm	G	
pseudoephedrine-bromphen-dm	G	
PULMOSAL	NPB	
RYCLORA	NPB	
sodium chloride inhalation	G	

Drug Name	Drug Tier	Restrictions / Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	G	
ADVAIR HFA	PB	M; QL (0.4 GM per 1 day)
AIRSUPRA	PB	QL (1.1 GM per 1 day)
albuterol sulfate hfa	G	M; QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	G	M; QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	G	M; QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	G	M; QL (5 EA per 1 day)
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	G	M; QL (5 EA per 1 day)
albuterol sulfate oral tablet	G	M
albuterol sulfate syrup 2 mg/5ml oral	G	M
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 INHALATION AEROSOL 160-18-4.8 MCG/ACT	NPB	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	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
elixophyllin	G	M
epinephrine injection solution auto-injector	G	
EPIPEN 2-PAK	NPB	ST
FASENRA PEN	PB-S	PA; QL (0.02 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	PB-S	PA; QL (0.01 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	PB-S	PA; QL (0.02 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
fluticasone propionate hfa aerosol 44 mcg/act inhalation	G	M; QL (0.71 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	G	M; QL (2 EA per 1 day)
formoterol fumarate inhalation	G	M; QL (4 ML per 1 day)
ipratropium bromide hfa	G	M; QL (0.86 GM per 1 day)
ipratropium bromide inhalation	G	M; QL (10.42 ML per 1 day)
ipratropium-albuterol	G	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 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
NEFFY	NPB	
nintedanib esylate	G-S	PA; QL (2 EA per 1 day)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	PB-S	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	PB-S	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	PB-S	PA; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	PB-S	PA; QL (0.11 EA per 1 day)
OFEV	NPB-S	PA; QL (2 EA per 1 day)
PERFOROMIST	NPB	M; QL (4 ML per 1 day)
pirfenidone oral capsule	G-S	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 267 mg	G-S	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 534 mg	G-S	
pirfenidone oral tablet 801 mg	G-S	PA; QL (3 EA per 1 day)
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 RESPIMAT	PB	M; QL (0.14 GM per 1 day)
STIOLTO RESPIMAT	PB	M; QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT	PB	M; QL (4.2 GM per 30 days)
SYMBICORT	NPB	ST; M; QL (0.35 GM per 1 day)
terbutaline sulfate oral	G	M
TEZSPIRE	PB-S	PA; QL (0.07 ML per 1 day)

Drug Name	Drug Tier	Restrictions / Limits
THEO-24	NPB	M
theophylline er	G	M
theophylline oral	G	M
tiotropium bromide	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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	PB-S	PA; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	PB-S	PA; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	PB-S	PA; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	PB-S	PA; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	PB-S	PA; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	PB-S	PA; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	PB-S	PA
YUPELRI	NPB	M; QL (3 ML per 1 day)
zafirlukast	G	M
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG	NPB-S	PA; QL (2 EA per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	NPB-S	PA; QL (3 EA per 1 day)
KALYDECO ORAL PACKET	NPB-S	PA; QL (2 EA per 1 day)
KALYDECO ORAL TABLET	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 nebulization solution 300 mg/4ml	G-S	QL (8 ML per 1 day)
tobramycin nebulization solution 300 mg/5ml inhalation	G-S	QL (10 ML per 1 day)
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)

Drug Name	Drug Tier	Restrictions / Limits
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	PB-S	PA; QL (90 EA per 30 days)
alyq	G-S	PA; QL (2 EA per 1 day)
ambrisentan	G-S	PA; QL (1 EA per 1 day)
bosentan oral tablet	G-S	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble	G-S	PA; QL (4 EA per 1 day)
macitentan	G-S	PA; QL (1 EA per 1 day)
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)
TYVASO	NPB-S	PA; QL (2.9 ML per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG	NPB-S	PA; QL (8 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	NPB-S	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT	NPB-S	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT	NPB-S	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT	NPB-S	PA; QL (2.9 ML per 1 day)
UPTRAVI ORAL	NPB-S	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION	NPB-S	PA; QL (400 EA per 365 days)
WINREVAIR	NPB-S	PA; QL (0.05 EA per 1 day)
YUTREPIA INHALATION CAPSULE 106 MCG	NPB-S	PA; QL (8 EA per 1 day)
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG	NPB-S	PA; QL (5 EA per 1 day)
YUTREPIA INHALATION CAPSULE 79.5 MCG	NPB-S	PA; QL (10 EA per 1 day)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	G	
carisoprodol oral	G	
chlorzoxazone oral tablet 500 mg	G	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	G	

Drug Name	Drug Tier	Restrictions / Limits
dantrolene sodium oral	G	
ENOVARX-BACLOFEN	NPB	
ENOVARX-CYCLOBENZAPRINE HCL	NPB	
methocarbamol oral tablet 500 mg, 750 mg	G	
orphenadrine citrate er	G	QL (2 EA per 1 day)
TABRADOL FUSEPAQ	NPB	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	G	
tizanidine hcl oral tablet	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	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	G-S	PA; QL (18 ML per 1 day)
SUNOSI	PB	PA; QL (1 EA per 1 day)
tasimelteon	G-S	PA; QL (1 EA per 1 day)
temazepam	G	QL (1 EA per 1 day)
WAKIX	NPB-S	PA; QL (2 EA per 1 day)
XYWAV	NPB-S	PA; QL (18 ML per 1 day)
zaleplon oral capsule 10 mg	G	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	G	QL (1 EA per 1 day)
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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Blue KC:

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

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

Blue KC's Section 1557 Coordinator can be reached by contacting: Section 1557 Coordinator, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

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

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

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

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-712.

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

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

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

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

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

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

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

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

Laotian: ຖ້າທ່ານ, ຫຼື ຄົນ ທ່ານກໍາລັງຊ່ວຍເຫຼືອ, ມ ຄໍາຖາມກ່ຽວກັບ Blue KC, ທ່ານມ ສິດ ທ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອຕ ແລະ ຂໍ້ ມູ ນຂ່ າວສານ ທ່ເປັ ນພາສາຂອງທ່ ານ ບ ມ ຄ່ າໃຊ້ ຈ່ ຍ. ການໂອ້ ລົມກັບນາຍພາສາ, ໃຫ້ ໂທຫາ 1-844-395-7126.

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

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

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

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

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



Kansas City

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