



Alliant/ Magellan Rx Net Results Formulary 2024

Welcome to the Alliant/ Magellan Rx Net Results Formulary 2024. A formulary is a list of covered brand and generic prescription drugs. Many commonly prescribed drugs are listed in this guide.

Please remember this is not a complete list of drugs covered under your plan's prescription benefit. This list is reviewed and updated regularly so coverage may change over time. Some of the changes we can make include adding or removing drugs, adding, removing, or changing utilization management edits (quantity limits, step therapy, prior authorizations). **To see when this formulary was last updated, please check the date on the bottom-right of page 3.**

Alliant Health Plans will generally cover the drugs listed in our formulary if the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. Please refer to your plan document for detailed information about your drug benefit coverage.

For assistance finding a specific medication not on this list, please use the [Formulary Lookup Tool](#) or call Magellan Customer Service at (800) 424-1799.

Pharmacy Formulary Exception Request

If you have medical circumstances that may warrant an exception to a drug-specific benefit, coverage limitation, or need access to a drug not on the plan formulary, you or your prescribing physician may file a request for an exception with Magellan Rx Management. Magellan Rx is the Pharmacy Benefit Manager (PBM) for Alliant Health Plans.

You can request a Formulary Drug Exception Request online by using our online form <https://alliant.magellanrx.com/member/drug-exception/>

Brand Name Drugs with Brand-Equivalent Generic

From time to time, we evaluate the formulary for changes that will benefit our members. One such case is with brand-name vs. brand-equivalent generic drugs, which have the same active ingredients. When a brand-equivalent generic drug becomes available on the formulary in place of a brand-name drug, then members benefit in most cases by paying the lower generic tier for their medication. In these situations, the brand-name drug will move to a different tier and/or will be excluded from the formulary. If you notice your brand-name drug's tier has changed or is now excluded from the formulary, please confirm that a generic brand-equivalent drug is available.

Additional Information on Generic vs Brand Classification

Prescription drugs are classified as either a Brand drug or a Generic drug. The Brand or Generic status is provided by a nationally recognized company providing drug product information. The

Brand/Generic status for a specific drug/specific marketer can sometimes change over the life of a product in the marketplace and change from Brand to Generic or from Generic to Brand. Such changes might change your copayment/coinsurance share. Brand drug or Generic drug status is never based upon a product having a trade name. Generic drugs often have trade names.

How to read the Alliant Net Results Formulary

The first column displays the drug name. Brand name drugs are capitalized (e.g., FARXIGA) and drugs with generic names are displayed in lower-case italics (e.g., *simvastatin*).

The middle column displays the drug tier. See descriptions below.

The right column will indicate if there are any limits and restrictions associated with the medication. You can find a list of abbreviations that may appear on the next page.

TIER		DESCRIPTION
	Generic	Primarily Generic drugs. These drugs are the lowest cost share drugs.
	Preferred Brand	Primarily Preferred Brand drugs. These drugs are Brand-name drugs with a higher cost share than Preferred Generic tier drugs.
	Non-Preferred Brand	Primarily Non-Preferred Brand drugs. This tier is a higher cost share than Preferred Brand drugs, but less than Specialty tier drugs.
	Specialty	Specialty medications. This tier may contain brand and generic drugs. This is the highest cost share tier.
	Not Covered	Drugs that are not covered on the formulary.

TYPE	DESCRIPTION	
QL Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.	
ST Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before you move up a “step” to other drug options.	
C Custom	This drug has unique restrictions.	
HCR Health Care Reform Products	The Affordable Care Act (ACA) requires certain preventive generic products to be covered at zero dollar copay. This does not include plans that are grandfathered.	
PA PA Applies	Your provider is required to get prior authorization before you fill your prescription, which ensures appropriate use of the selected drug. Without prior approval, we may not cover this drug.	
QPD Quantity Per Day	Quantity Per Day.	
B4G Brand For Generic	Brand products that would bypass the DAW penalty. The strategy prefers brands over generics.	
CS Specialty Drug	Core Specialty	
MED Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization	Drug may be available on the medical benefit after prior authorization	
EXCL Plan Benefit Exclusion - Refer to Plan COC	Plan Benefit Exclusion - Refer to Plan COC	

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPHA-ADRENERGIC BLOCKING AGENT(SYMPATH)		
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>dihydroergotamine mesylate 1 mg/ml ampul</i>	G	ST QPD 0.858 per day
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	G	PA QPD 0.286 per day
<i>ergoloid mesylates</i>	NPB	
ERGOMAR	NPB	ST QPD 0.715 per day
<i>ergotamine tartrate/caffeine</i>	G	ST QPD 1.429 per day
MIGERGOT	NPB	ST QPD 0.667 per day
<i>phenoxybenzamine hcl</i>	G	
TRUDHESA NASAL SPRAY (NDC: 77530072501)	NPB	PA QPD 0.429 per day
TRUDHESA NASAL SPRAY (NDC: 77530072504)	NPB	PA QPD 0.429 per day
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
<i>alfuzosin hcl</i>	G	
<i>silodosin</i>	G	
<i>tamsulosin hcl</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS AND ANTIPYRETICS		
ANALGESICS AND ANTIPYRETICS, MISC.		
ALLZITAL	NPB	QPD 12 per day
BUPAP	G	QPD 6 per day
<i>butalbital/acetaminophen (butalbital/acetaminophen capsule, butalbital/acetaminophen tablet)</i>	G	QPD 6 per day
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	G	QPD 6 per day
<i>butalb/acetaminophen/caffeine 50-300-40 capsule</i>	G	QPD 6.0 per day
<i>butalb/acetaminophen/caffeine 50-325-40 capsule</i>	G	QPD 6 per day
<i>butalb/acetaminophen/caffeine 50-325-40 tablet</i>	G	QPD 6.0 per day
ESGIC 50-325-40 MG CAPSULE	G	QPD 6 per day
<i>gabapentin 300 mg tab er 24h</i>	G	QPD 1.0 per day
<i>gabapentin 600 mg tab er 24h</i>	G	QPD 3.0 per day
GRALISE (ER 450 MG TABLET, ER 750 MG TABLET)	NPB	ST QPD 1.0 per day
GRALISE ER 300 MG TABLET	NPB	ST QPD 1 per day
GRALISE ER 600 MG TABLET	NPB	ST QPD 3 per day
GRALISE ER 900 MG TABLET	NPB	ST QPD 2.0 per day
TENCON	NPB	QPD 6 per day
VTOL LQ	NPB	QPD 90 per day
ZEBUTAL	G	QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPIATE AGONISTS		
<i>acetaminophen with codeine 120-12mg/5 solution</i>	G	QPD 90.0 per day
<i>acetaminophen with codeine 300mg/12.5 solution</i>	G	QPD 90 per day
<i>acetaminophen with codeine 300mg-60mg tablet</i>	G	QPD 6.0 per day
<i>acetaminophen with codeine phosphate (300mg-15mg tablet, 300mg-30mg tablet)</i>	G	QPD 12.0 per day
<i>acetaminophen/cafeine/dihydrocodeine bitartrate</i>	NPB	QPD 10 per day
APADAZ	NPB	QPD 12 per day
ASCOMP WITH CODEINE	G	QPD 6 per day
<i>benzhydrocodone hcl/acetaminophen</i>	NPB	QPD 12 per day
<i>butalbit/acetamin/caff/codeine 50-300-30 capsule</i>	G	QPD 6 per day
<i>butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	G	QPD 6 per day
<i>codeine phosphate/butalbital/aspirin/cafeine</i>	G	QPD 6 per day
<i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>	NPB	QPD 6 per day
<i>codeine sulfate 30 mg tablet</i>	G	QPD 6 per day
CONZIP (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	NPB	PA QPD 1 per day
DISKETS	G	QPD 3 per day
ENDOCET (2.5-325 MG TABLET, 5-325 MG TABLET)	G	QPD 12 per day
ENDOCET 10-325 MG TABLET	G	QPD 6 per day
ENDOCET 7.5-325 MG TABLET	G	QPD 8 per day
<i>fentanyl (25 mcg/hr patch td72, 50mcg/hr patch td72, 75mcg/hr patch td72, 100 mcg/hr patch td72)</i>	G	PA QPD 0.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fentanyl (37.5mcg/hr patch td72, 62.5mcg/hr patch td72, 87.5mcg/hr patch td72)</i>	G	PA QPD 0.5 per day
<i>fentanyl 12 mcg/hr patch td72</i>	G	PA QPD 0.5 per day
<i>fentanyl citrate (200 mcg lozenge hd, 400 mcg lozenge hd, 600 mcg lozenge hd, 800 mcg lozenge hd, 1200 mcg lozenge hd, 1600 mcg lozenge hd)</i>	G	PA QPD 4 per day
<i>fentanyl citrate (100 mcg tablet eff, 200 mcg tablet eff, 400 mcg tablet eff, 600 mcg tablet eff, 800 mcg tablet eff)</i>	NPB	PA QPD 4 per day
FENTORA	NPB	PA QPD 4 per day
<i>hydrocodone bitartrate (10 mg cap er 12h, 15 mg cap er 12h, 20 mg cap er 12h, 30 mg cap er 12h, 40 mg cap er 12h, 50 mg cap er 12h)</i>	NPB	PA QPD 2 per day
<i>hydrocodone bitartrate (20 mg tab er 24h, 30 mg tab er 24h, 40 mg tab er 24h, 60 mg tab er 24h, 80 mg tab er 24h, 100 mg tab er 24h, 120 mg tab er 24h)</i>	G	PA QPD 1 per day
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-108/5 solution, hydrocodone/acetaminophen 5-217mg/10 solution)</i>	G	QPD 90 per day
<i>hydrocodone/acetaminophen 10-325/15 solution</i>	G	QPD 90 per day
<i>hydrocodone/acetaminophen 7.5-325/15 solution</i>	G	QPD 90.0 per day
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet)</i>	G	QPD 6 per day
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	G	QPD 6 per day
<i>hydrocodone/acetaminophen 5 mg-300mg tablet</i>	G	QPD 8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone/acetaminophen 5 mg-325mg tablet</i>	G	QPD 8 per day
<i>hydrocodone/ibuprofen (hydrocodone/ibuprofen 5mg-200mg tablet, hydrocodone/ibuprofen 10mg-200mg tablet)</i>	NPB	QPD 5 per day
<i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>	G	QPD 5 per day
<i>hydromorphone hcl 1 mg/ml liquid</i>	G	QPD 48 per day
<i>hydromorphone hcl (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</i>	G	PA QPD 1 per day
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	G	QPD 6 per day
LAZANDA	NPB	PA QPD 1 per day
<i>levorphanol tartrate</i>	G	QPD 4 per day
LORTAB	NPB	QPD 67.5 per day
<i>methadone hcl 10 mg/5 ml solution</i>	G	QPD 15 per day
<i>methadone hcl 5 mg/5 ml solution</i>	G	QPD 30 per day
<i>methadone hcl (5 mg tablet, 10 mg/ml oral conc, 40 mg tablet sol)</i>	G	QPD 3 per day
<i>methadone hcl 10 mg tablet</i>	G	QPD 3.0 per day
METHADONE INTENSOL	G	QPD 3 per day
METHADOSE 40 MG TABLET DISPR	G	QPD 3 per day
<i>morphine sulf 20 mg/5 ml soln (west-ward/hikma)</i>	NPB	QPD 45 per day
<i>morphine sulfate (10 mg cap er pel, 20 mg cap er pel, 30 mg cap er pel, 50 mg cap er pel, 60 mg cap er pel, 80 mg cap er pel, 100 mg cap er pel)</i>	NPB	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (30 mg cpm 24hr, 45 mg cpm 24hr, 60 mg cpm 24hr, 75 mg cpm 24hr, 90 mg cpm 24hr, 120 mg cpm 24hr)</i>	NPB	PA QPD 1 per day
<i>morphine sulfate 10 mg/5 ml solution</i>	G	QPD 90 per day
<i>morphine sulfate 100 mg/5ml solution</i>	G	QPD 9.0 per day
<i>morphine sulfate 20 mg/5 ml solution</i>	G	QPD 45 per day
<i>morphine sulfate 15 mg tablet</i>	G	QPD 12.0 per day
<i>morphine sulfate 30 mg tablet</i>	G	QPD 6.0 per day
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	G	PA QPD 3 per day
<i>morphine sulfate ir 15 mg tab (west-ward/hikma)</i>	PB	QPD 12 per day
<i>morphine sulfate ir 30 mg tab (west-ward/hikma)</i>	PB	QPD 6 per day
NALOCET	NPB	QPD 12 per day
NUCYNTA	NPB	QPD 6 per day
NUCYNTA ER	PB	PA QPD 2 per day
OXAYDO	NPB	QPD 6 per day
<i>oxycodone hcl 5 mg capsule</i>	G	QPD 12 per day
<i>oxycodone hcl 20 mg/ml oral conc</i>	G	QPD 9 per day
<i>oxycodone hcl 5 mg/5 ml solution</i>	G	QPD 180 per day
<i>oxycodone hcl (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	G	QPD 6 per day
<i>oxycodone hcl 5 mg tablet</i>	G	QPD 12 per day
<i>oxycodone hcl/acetaminophen 10-300mg/5 solution</i>	NPB	QPD 30 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl/acetaminophen 5-325/5 ml solution</i>	NPB	QPD 60 per day
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-300 mg tablet, hcl/acetaminophen 5 mg-300mg tablet)</i>	NPB	QPD 12 per day
<i>oxycodone hcl/acetaminophen (hcl/acetaminophen 2.5-325 mg tablet, hcl/acetaminophen 5 mg-325mg tablet)</i>	G	QPD 12 per day
<i>oxycodone hcl/acetaminophen 10mg-300mg tablet</i>	NPB	QPD 6 per day
<i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>	G	QPD 6 per day
<i>oxycodone hcl/acetaminophen 7.5-300 mg tablet</i>	NPB	QPD 8 per day
<i>oxycodone hcl/acetaminophen 7.5-325 mg tablet</i>	G	QPD 8 per day
<i>oxymorphone hcl (5 mg tab er 12h, 7.5 mg tab er 12h, 10 mg tab er 12h, 15 mg tab er 12h, 20 mg tab er 12h, 30 mg tab er 12h, 40 mg tab er 12h)</i>	NPB	PA QPD 2 per day
<i>oxymorphone hcl (5 mg tablet, 10 mg tablet)</i>	G	QPD 6 per day
PROLATE 10 MG-300 MG/5 ML SOLN	NPB	QPD 30 per day
PROLATE 10-300 MG TABLET	NPB	QPD 6 per day
PROLATE 5-300 MG TABLET	NPB	QPD 12 per day
PROLATE 7.5-300 MG TABLET	NPB	QPD 8 per day
QDOLO	NPB	QPD 80 per day
ROXYBOND (15 MG TABLET, 30 MG TABLET)	NPB	QPD 6 per day
ROXYBOND 5 MG TABLET	NPB	QPD 12 per day
SEGLENTIS	NPB	QPD 4 per day
SUBSYS (1,200 MCG SPRAY, 1,600 MCG SPRAY)	NPB	PA QPD 8 per day
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY)	NPB	PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tramadol hcl (100 mg cpbp 25-75, 200 mg cpbp 25-75, 300 mg cpbp 17-83)</i>	NPB	PA QPD 1 per day
<i>tramadol hcl 5 mg/ml solution</i>	NPB	QPD 80 per day
<i>tramadol hcl (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	G	PA QPD 1 per day
<i>tramadol hcl 100 mg tablet</i>	G	QPD 4 per day
<i>tramadol hcl 25 mg tablet</i>	NPB	QPD 8.0 per day
<i>tramadol hcl 50 mg tablet</i>	G	QPD 8.0 per day
<i>tramadol hcl (100 mg tbmp 24hr, 200 mg tbmp 24hr, 300 mg tbmp 24hr)</i>	NPB	PA QPD 1 per day
<i>tramadol hcl/acetaminophen</i>	G	QPD 8 per day
TREZIX	NPB	QPD 10 per day
XTAMPZA ER (ER 9 MG CAPSULE, ER 13.5 MG CAPSULE, ER 18 MG CAPSULE, ER 27 MG CAPSULE)	PB	PA QPD 2 per day
XTAMPZA ER 36 MG CAPSULE	PB	PA QPD 8 per day
OPIATE PARTIAL AGONISTS		
BELBUCA	PB	PA QPD 2 per day
<i>buprenorphine hcl (2 mg tab subl, 8 mg tab subl)</i>	G	QL MAX 6 / 90 DAYS
<i>buprenorphine hcl/naloxone hcl (/naloxone 8 mg-2 mg film, /naloxone 12 mg-3 mg film)</i>	G	QPD 2.0 per day
<i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg film</i>	G	QPD 4 per day
<i>buprenorphine hcl/naloxone hcl 4mg-1mg film</i>	G	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buprenorphine hcl/naloxone hcl 2 mg-0.5mg tab sub/</i>	G	QPD 4.0 per day
<i>buprenorphine hcl/naloxone hcl 8 mg-2 mg tab sub/</i>	G	QPD 3.0 per day
<i>butorphanol tartrate 10 mg/ml spray</i>	G	QPD 0.25 per day
ZUBSOLV (0.7-0.18 MG TABLET, 2.9-0.71 MG TABLET, 5.7-1.4 MG TABLET)	NPB	QPD 1 per day
ZUBSOLV (8.6-2.1 MG TABLET, 11.4-2.9 MG TABLET)	NPB	QPD 2 per day
ZUBSOLV 1.4-0.36 MG TABLET SL	NPB	QPD 3 per day
ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS		
AMPHETAMINES		
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h)</i>	G	QPD 1.0 per day
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 30 mg tablet)</i>	G	QPD 2.0 per day
<i>dextroamphetamine/amphetamine 20 mg tablet</i>	G	QPD 3.0 per day
<i>dextroamphetamine sulfate (10 mg capsule er, 15 mg capsule er)</i>	G	QPD 4 per day
<i>dextroamphetamine sulfate 5 mg/5 ml solution</i>	G	QPD 60 per day
<i>dextroamphetamine sulfate (5 mg capsule er, 5 mg tablet)</i>	G	QPD 3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate 10 mg tablet</i>	G	QPD 6 per day
<i>lisdexamfetamine dimesylate (30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	G	QPD 1.0 per day
<i>lisdexamfetamine dimesylate (10 mg capsule, 10 mg tab chew, 20 mg capsule, 20 mg tab chew, 30 mg tab chew, 40 mg tab chew, 50 mg tab chew, 60 mg tab chew)</i>	G	QPD 1 per day
<i>methamphetamine hcl</i>	G	QPD 5 per day
PROCENTRA	G	QPD 60 per day
ZENZEDI 10 MG TABLET	G	QPD 6 per day
ZENZEDI 5 MG TABLET	G	QPD 3 per day
RESPIRATORY AND CNS STIMULANTS		
AZSTARYS	PB	QPD 1 per day
<i>caffeine citrate 60 mg/3 ml solution</i>	G	
<i>dexmethylphenidate hcl (5 mg cbbp 50-50, 10 mg cbbp 50-50, 15 mg cbbp 50-50, 20 mg cbbp 50-50, 25 mg cbbp 50-50, 30 mg cbbp 50-50, 35 mg cbbp 50-50, 40 mg cbbp 50-50)</i>	G	QPD 1 per day
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	G	QPD 2 per day
JORNAY PM	PB	QPD 1 per day
<i>methylphenidate er 18 mg tab (kremers/lannett)</i>	NPB	QPD 1 per day
<i>methylphenidate er 27 mg tab (mallinckrodt and kremers/lannett)</i>	G	QPD 1 per day
<i>methylphenidate er 36 mg tab (mallinckrodt and kremers/lannett)</i>	G	QPD 2 per day
<i>methylphenidate er 54 mg tab (mallinckrodt and kremers/lannett)</i>	G	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl (10 mg cpbp 30-70, 10 mg cpbp 50-50, 18 mg tab er 24, 20 mg cpbp 30-70, 20 mg cpbp 50-50, 27 mg tab er 24, 30 mg cpbp 30-70, 30 mg cpbp 50-50, 40 mg cpbp 30-70, 40 mg cpbp 50-50, 50 mg cpbp 30-70, 54 mg tab er 24, 60 mg cpbp 30-70)</i>	G	QPD 1 per day
<i>methylphenidate hcl 10 mg/5 ml solution</i>	G	QPD 30 per day
<i>methylphenidate hcl 5 mg/5 ml solution</i>	G	QPD 15 per day
<i>methylphenidate hcl 36 mg tab er 24</i>	G	QPD 2 per day
<i>methylphenidate hcl (10 mg tab chew, 10 mg tablet)</i>	G	QPD 6 per day
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tab chew, 5 mg tablet, 10 mg tablet er, 20 mg tablet, 20 mg tablet er)</i>	G	QPD 3 per day
QUILLICHEW ER (ER 20 MG CHEW TAB, ER 40 MG CHEW TAB)	PB	QPD 1 per day
QUILLICHEW ER 30 MG CHEW TAB	PB	QPD 2 per day
QUILLIVANT XR	PB	QPD 12 per day
WAKEFULNESS-PROMOTING AGENTS		
<i>armodafinil</i>	G	
<i>modafinil</i>	G	
SUNOSI	PB	PA QPD 1 per day
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	G	
EMVERM	NPB	
<i>ivermectin 3 mg tablet</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>praziquantel</i>	G	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	G	
<i>methenamine hippurate</i>	G	
<i>nitrofurantoin 25 mg/5 ml oral susp</i>	G	
<i>nitrofurantoin 50 mg/5 ml oral susp</i>	NPB	
<i>nitrofurantoin macrocrystal</i>	G	
<i>nitrofurantoin monohydrate/macrocrystals</i>	G	
PRIMSOL	NPB	
<i>trimethoprim</i>	G	
ANTI-INFECTIVES (EENT)		
ANTIBACTERIALS (EENT)		
AK-POLY-BAC	G	
<i>bacitracin 500 unit/g oint. (g)</i>	PB	
<i>bacitracin/polymyxin b sulfate</i>	G	
BESIVANCE	PB	
BLEPHAMIDE	NPB	
CETRAXAL	NPB	
CIPRO HC	NPB	
<i>ciprofloxacin hcl 0.2 % dropperette</i>	NPB	
<i>ciprofloxacin hcl 0.3 % drops</i>	G	
<i>ciprofloxacin hcl/dexamethasone</i>	G	
<i>ciprofloxacin hcl/fluocinolone acetonide</i>	NPB	
CORTISPORIN-TC	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>doxycycline hyclate 20 mg tablet</i>	G	
<i>erythromycin base 5 mg/gram oint. (g)</i>	G	
<i>gatifloxacin</i>	G	
GENTAK	NPB	
<i>gentamicin sulfate 0.3 % drops</i>	G	
<i>levofloxacin 0.5 % drops</i>	G	
<i>levofloxacin 1.5 % drops</i>	NPB	
<i>moxifloxacin hcl 0.5 % drops</i>	G	
<i>moxifloxacin hcl 0.5 % drops visc</i>	NPB	
NEO-POLYCIN	G	
NEO-POLYCIN HC	G	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i>	G	
<i>neomycin sulfate/bacitracin/polymyxin b</i>	G	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d</i>	NPB	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	G	
<i>neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	NPB	
<i>neomycin/polymyxin b sulfate/dexamethasone (neomycin/polymyxin b/dexametha 0.1 % drops susp, neomycin/polymyxin b/dexametha 3.5-10k-.1 oint. (g))</i>	G	
<i>ofloxacin 0.3 % drops</i>	G	
OTOVEL	NPB	
POLYCIN	G	
<i>polymyxin b sulfate/trimethoprim</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PRED-G	NPB	
<i>sulfacetamide sodium 10 % drops</i>	G	
<i>sulfacetamide sodium 10 % oint. (g)</i>	NPB	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	NPB	
TOBRADEX ST	NPB	
<i>tobramycin 0.3 % drops</i>	G	
<i>tobramycin/dexamethasone</i>	G	
ZYLET	NPB	
ANTIFUNGALS (EENT)		
NATACYN	PB	
ANTIVIRALS (EENT)		
<i>trifluridine</i>	PB	
EENT ANTI-INFECTIVES, MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	G	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	G	
<i>hydrocortisone/acetic acid 1 %-2 % drops</i>	G	
PERIOGARD	G	
XDEMVY	NPB	QL max 20 / 120 days ST
ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE)		
ALTABAX	NPB	
AMZEEQ	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTANY	NPB	
CLINDACIN	G	
CLINDACIN ETZ 1% PLEDGET	G	
CLINDACIN P	G	
<i>clindamycin phosphate 1 % foam</i>	G	
<i>clindamycin phosphate (1 % gel (gram), 1 % lotion, 1 % med. swab, 1 % solution, 2 % cream/appl)</i>	G	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 % gel (gram), phos/benzoyl 1 % gel w/pump)</i>	G	
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1.2%-2.5% gel w/pump, phos/benzoyl 1.2%-3.75% gel w/pump, phos/benzoyl 1.2(1)%-5% gel (gram))</i>	G	
<i>clindamycin phosphate/tretinoin</i>	G	
CLINDESSE	NPB	
ERY	NPB	
<i>erythromycin base in ethanol (in 2 % gel (gram), in 2 % solution)</i>	G	
<i>erythromycin base/benzoyl peroxide</i>	G	
<i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g))</i>	G	
<i>metronidazole (0.75 % cream (g), 0.75 % gel (gram), 0.75 % gel w/appl, 1 % gel (gram), 1 % gel w/pump)</i>	G	
<i>metronidazole 0.75 % lotion</i>	G	
<i>mupirocin</i>	G	
<i>mupirocin calcium</i>	G	
NEO-SYNALAR 0.5%-0.025% CREAM	NPB	
NEUAC GEL	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUVESSA	NPB	
ROSADAN (CREAM, GEL)	G	
VANDAZOLE	NPB	
XEPI	NPB	
ZILXI	PB	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir (5 % cream (g), 5 % oint. (g))</i>	G	
<i>penciclovir</i>	G	
XERESE	NPB	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
<i>mafenide acetate</i>	G	
<i>selenium sulfide 2.5 % lotion</i>	G	
<i>silver sulfadiazine</i>	G	
SSD	G	
<i>sulfacetamide sodium 10 % suspension</i>	G	
SULFAMYLON 8.5% CREAM	NPB	
SCABICIDES AND PEDICULICIDES		
CROTAN	NPB	
<i>lindane</i>	NPB	
<i>malathion</i>	G	
NATROBA	NPB	
<i>permethrin</i>	G	
<i>spinosad</i>	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTI-INFLAMMATORY AGENTS (EENT)		
CORTICOSTEROIDS (EENT)		
ALREX	NPB	
BECONASE AQ	NPB	QPD 1.667 per day
<i>dexamethasone sodium phosphate 0.1 % drops</i>	PB	
EYSUVIS	PB	
FLAC OTIC OIL	G	
FLAREX	NPB	
<i>flunisolide</i>	G	QPD 2.5 per day
<i>fluocinolone acetonide oil</i>	G	
<i>fluorometholone</i>	G	
<i>fluticasone propionate 50 mcg spray susp</i>	G	QPD 0.534 per day
LOTEMAX 0.5% EYE OINTMENT	PB	
LOTEMAX SM	PB	
<i>loteprednol etabonate (0.2 % drops susp, 0.5 % drops gel, 0.5 % drops susp)</i>	G	
MAXIDEX	NPB	
<i>mometasone furoate 50 mcg spray/pump</i>	G	QPD 1.134 per day
OMNARIS	NPB	QPD 0.417 per day
<i>prednisolone acetate</i>	PB	
<i>prednisolone sodium phosphate 1 % drops</i>	NPB	
QNASL	NPB	QPD 0.354 per day
QNASL CHILDREN	NPB	QPD 0.227 per day
XHANCE	NPB	PA QPD 1.067 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZETONNA	NPB	QPD 0.204 per day
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
RESTASIS	G	B4G
VERKAZIA	NPB	
XIIDRA	PB	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
<i>bromfenac sodium 0.075 % drops</i>	G	
<i>bromfenac sodium 0.09 % drops</i>	G	
BROMSITE	NPB	
<i>diclofenac sodium 0.1 % drops</i>	G	
<i>flurbiprofen sodium</i>	NPB	
ILEVRO	NPB	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	G	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
INTERLEUKIN ANTAGONISTS		
FASENRA PEN	SP	QL MAX 1 / 56 DAYS
		PA
		CS Specialty Drug
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	SP	PA
		QPD 0.108 per day
		CS Specialty Drug
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCALA 40 MG/0.4 ML SYRINGE	SP	PA QPD 0.015 per day CS Specialty Drug
LEUKOTRIENE MODIFIERS		
<i>montelukast sodium 4 mg gran pack</i>	G	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	G	
<i>zafirlukast</i>	G	
<i>zileuton</i>	G	
ZYFLO	NPB	
MAST-CELL STABILIZERS		
ALOCRIL	NPB	
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	G	
<i>cromolyn sodium 4 % drops</i>	G	
<i>cromolyn sodium 20 mg/ml oral conc</i>	G	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ANTI-INFLAMMATORY AGENTS, MISC (SKIN)		
EUCRISA	PB	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ALA-CORT	G	QPD 15.134 per day
ALA-SCALP	NPB	QPD 3.947 per day
<i>alclometasone dipropionate (0.05 % cream (g), 0.05 % oint. (g))</i>	G	QPD 4 per day
<i>amcinonide 0.1 % cream (g)</i>	NPB	QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>amcinonide 0.1 % oint. (g)</i>	NPB	QPD 4.0 per day
ANALPRAM HC (1% CREAM, 2.5%-1% LOTION)	NPB	
ANUCORT-HC	G	
ANUSOL-HC 25 MG SUPPOSITORY	G	
APEXICON E	NPB	QPD 4 per day
BESER	G	QPD 4 per day
<i>betamethasone dipropionate 0.05 % gel (gram)</i>	NPB	QPD 7.143 per day
<i>betamethasone dipropionate 0.05 % lotion</i>	G	QPD 4 per day
<i>betamethasone dipropionate (0.05 % cream (g), 0.05 % oint. (g))</i>	G	QPD 4.5 per day
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % oint. (g))</i>	G	QPD 7.143 per day
<i>betamethasone/propylene glyc 0.05 % lotion</i>	G	QPD 7 per day
<i>betamethasone valerate (0.1 % cream (g), 0.1 % oint. (g))</i>	G	QPD 4.5 per day
<i>betamethasone valerate 0.12 % foam</i>	G	QPD 5.0 per day
<i>betamethasone valerate 0.1 % lotion</i>	G	QPD 4 per day
BRYHALI	NPB	QPD 7.143 per day
CAPEX SHAMPOO	NPB	QPD 30 per day
<i>clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g))</i>	G	QPD 7.5 per day
<i>clobetasol propionate 0.05 % foam</i>	G	QPD 7.143 per day
<i>clobetasol propionate 0.05 % lotion</i>	G	QPD 6.322 per day
<i>clobetasol propionate 0.05 % shampoo</i>	G	QPD 7.867 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clobetasol propionate 0.05 % solution</i>	G	QPD 7.143 per day
<i>clobetasol propionate 0.05 % spray</i>	G	QPD 8.429 per day
<i>clobetasol propionate/emoll 0.05 % cream (g)</i>	G	QPD 7.5 per day
<i>clobetasol propionate/emoll 0.05 % foam</i>	G	QPD 7.143 per day
<i>clocortolone pivalate 0.1 % cream (g)</i>	G	QPD 4.5 per day
CLODAN 0.05% SHAMPOO	G	QPD 7.867 per day
CORDRAN (0.025% CREAM, 0.05% OINTMENT)	NPB	QPD 4 per day
CORDRAN 4 MCG/SQ CM TAPE LARGE	NPB	QPD 0.034 per day
CORTIFOAM	PB	
<i>desonide 0.05 % cream (g)</i>	G	QPD 4 per day
<i>desonide 0.05 % gel (gram)</i>	G	QPD 4 per day
<i>desonide 0.05 % lotion</i>	G	QPD 3.934 per day
<i>desonide 0.05 % oint. (g)</i>	G	QPD 4.0 per day
<i>desoximetasone (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g))</i>	G	QPD 4 per day
<i>desoximetasone (0.25 % cream (g), 0.25 % oint. (g))</i>	G	QPD 4 per day
<i>desoximetasone 0.25 % spray</i>	G	QPD 3.334 per day
DESRX	G	QPD 4 per day
<i>diflorasone diacetate 0.05 % cream (g)</i>	NPB	QPD 4 per day
<i>diflorasone diacetate 0.05 % oint. (g)</i>	G	QPD 4 per day
<i>fluocinolone acetonide (0.01 % cream (g), 0.01 % solution, 0.025 % cream (g))</i>	G	QPD 4 per day
<i>fluocinolone acetonide 0.01 % oil</i>	G	QPD 3.943 per day
<i>fluocinolone acetonide 0.025 % oint. (g)</i>	G	QPD 4.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinolone acetonide/shower cap</i>	G	QPD 3.943 per day
<i>fluocinonide (0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution)</i>	G	QPD 4 per day
<i>fluocinonide 0.1 % cream (g)</i>	G	QPD 8.572 per day
<i>fluocinonide/emollient base</i>	G	QPD 4 per day
<i>flurandrenolide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>	G	QPD 4 per day
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	G	QPD 4 per day
<i>fluticasone propionate 0.05 % lotion</i>	G	QPD 4 per day
<i>halcinonide</i>	G	QPD 4 per day
<i>halobetasol propionate 0.05 % cream (g)</i>	G	QPD 7.143 per day
<i>halobetasol propionate (0.05 % foam, 0.05 % oint. (g))</i>	G	QPD 7.143 per day
HALOG (OINTMENT, SOLUTION)	NPB	QPD 4 per day
HEMMOREX-HC 25 MG SUPPOSITORY	G	
<i>hydrocortisone 1 % cream (g)</i>	G	QPD 15.134 per day
<i>hydrocortisone (2.5 % crm/pe app, 100mg/60ml enema)</i>	G	
<i>hydrocortisone 2.5 % lotion</i>	G	QPD 3.934 per day
<i>hydrocortisone (1 % crm/pe app, 2.5 % cream (g), 2.5 % oint. (g))</i>	G	QPD 15.134 per day
<i>hydrocortisone 1 % oint. (g)</i>	G	QPD 15.12 per day
<i>hydrocortisone acetate 25 mg supp.rect</i>	G	
<i>hydrocortisone/pramoxine 1 %-1 % cream/appl</i>	G	
<i>hydrocortisone butyrate 0.1 % cream (g)</i>	NPB	QPD 4.5 per day
<i>hydrocortisone butyrate 0.1 % lotion</i>	G	QPD 3.934 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone butyrate 0.1 % oint. (g)</i>	G	QPD 4.5 per day
<i>hydrocortisone butyrate 0.1 % solution</i>	NPB	QPD 4 per day
<i>hydrocortisone butyrate/emoll 0.1 % cream (g)</i>	G	QPD 4 per day
<i>hydrocortisone valerate (0.2 % cream (g), 0.2 % oint. (g))</i>	G	QPD 4 per day
IMPEKLO	NPB	QPD 7.286 per day
IMPOYZ	NPB	QPD 7.143 per day
KOURZEQ	G	
LEXETTE	NPB	QPD 7.143 per day
LOCOID LIPOCREAM	NPB	QPD 4 per day
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g))</i>	G	QPD 4.5 per day
<i>mometasone furoate 0.1 % solution</i>	G	QPD 4 per day
NOLIX	G	QPD 4 per day
ORALONE	G	
PANDEL	NPB	QPD 5.334 per day
<i>prednicarbate (0.1 % cream (g), 0.1 % oint. (g))</i>	NPB	QPD 4 per day
PROCTO-MED HC	G	
PROCTOFOAM-HC	NPB	
PROCTOSOL-HC	G	
PROCTOZONE-HC	G	
SERNIVO	NPB	QPD 4 per day
TEXACORT	NPB	QPD 4 per day
TOVET EMOLLIENT	G	QPD 7.143 per day
<i>triamcinolone acetonide 0.147mg/g aerosol</i>	G	QPD 4.2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide (0.025 % lotion, 0.1 % lotion, 0.5 % oint. (g))</i>	G	QPD 4 per day
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % oint. (g), 0.1 % cream (g), 0.1 % oint. (g), 0.5 % cream (g))</i>	G	QPD 15.134 per day
<i>triamcinolone acetonide 0.05 % oint. (g)</i>	G	QPD 14.334 per day
<i>triamcinolone acetonide 0.1 % paste (g)</i>	G	
TRIANEX	G	QPD 14.334 per day
TRIDERM	G	QPD 15.134 per day
TRITOCIN	G	QPD 14.334 per day
ULTRAVATE	NPB	QPD 8 per day
VERDESO	NPB	QPD 3.334 per day
IMMUNOMODULATORY AGENT(S)		
ADBRY	SP	PA
		QPD 0.143 per day
		CS Specialty Drug
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
HYFTOR	NPB	QL MAX 70 / 84 DAYS
		PA
<i>pimecrolimus</i>	G	
SKYRIZI 150 MG/ML SYRINGE	SP	QL MAX 1 / 84 DAYS
		PA
		CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI 75 MG/0.83 ML SYRINGE	SP	QL max 1 / 84 days PA CS Specialty Drug
SKYRIZI (2 SYRINGES) KIT	SP	QL MAX 1 / 84 DAYS PA CS Specialty Drug
SKYRIZI PEN	SP	QL MAX 1 / 84 DAYS PA CS Specialty Drug
<i>tacrolimus (0.03 % oint. (g), 0.1 % oint. (g))</i>	G	
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	SP	QL MAX 1 / 56 DAYS PA CS Specialty Drug
ANTIANEMIA DRUGS		
IRON PREPARATIONS		
ACCRUFER	NPB	PA QPD 2 per day
CHILDREN'S IRON	G	HCR
<i>ferrous sulfate (15 mg/ml drops, 220 (44)/5 elixir, 220 (44)/5 solution, 300 mg/5ml liquid)</i>	G	HCR
IRONUP	PB	HCR
NEONATAL FE	NPB	
NOVAFERRUM 15 MG/ML DROPS	PB	HCR
PEDIA IRON	G	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PEDIATRIC FE-VITE	G	HCR
WEE CARE	G	HCR
ANTIARRHYTHMIC AGENTS		
CLASS IA ANTIARRHYTHMICS		
<i>disopyramide phosphate</i>	G	
NORPACE	NPB	
NORPACE CR	NPB	
<i>quinidine gluconate</i>	G	
<i>quinidine sulfate</i>	NPB	
CLASS IB ANTIARRHYTHMICS		
<i>mexiletine hcl</i>	G	
CLASS IC ANTIARRHYTHMICS		
<i>flecainide acetate</i>	G	
<i>propafenone hcl (150 mg tablet, 225 mg cap er 12h, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h)</i>	G	
CLASS III ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet)</i>	G	
<i>amiodarone hcl 400 mg tablet</i>	G	
<i>dofetilide</i>	G	
MULTAQ	PB	
PACERONE (100 MG TABLET, 200 MG TABLET)	G	
PACERONE 400 MG TABLET	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIBACTERIALS		
AMINOGLYCOSIDE ANTIBIOTICS		
ARIKAYCE	SP	PA QPD 8.4 per day CS Specialty Drug
KITABIS PAK	SP	QL max 56 days / fill CS Specialty Drug
<i>neomycin sulfate</i>	G	
TOBI PODHALER	NPB	QL max 56 days / fill CS Specialty Drug
<i>tobramycin 300 mg/4ml ampul-neb</i>	SP	QL max 56 days / fill CS Specialty Drug
<i>tobramycin in 0.225 % sodium chloride</i>	SP	QL max 56 days / fill CS Specialty Drug
<i>tobramycin/nebulizer</i>	SP	QL max 56 days / fill CS Specialty Drug
QUINOLONE ANTIBIOTICS		
BAXDELA 450 MG TABLET	NPB	
CIPRO (5% SUSPENSION, 10% SUSPENSION)	NPB	
<i>ciprofloxacin</i>	G	
<i>ciprofloxacin hcl (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	G	
<i>ciprofloxacin hcl 100 mg tablet</i>	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>levofloxacin (250 mg tablet, 250mg/10ml solution, 500 mg tablet, 750 mg tablet)</i>	G	
<i>moxifloxacin hcl 400 mg tablet</i>	G	
<i>ofloxacin 300 mg tablet</i>	PB	
<i>ofloxacin 400 mg tablet</i>	G	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC)		
<i>sulfadiazine</i>	NPB	
<i>sulfamethoxazole/trimethoprim (sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, sulfamethoxazole/trimethoprim 400mg-80mg tablet, sulfamethoxazole/trimethoprim 800-160 mg tablet, sulfamethoxazole/trimethoprim 800-160/20 oral susp)</i>	G	
SULFATRIM	G	
TETRACYCLINE ANTIBIOTICS		
AVIDOXY	G	
COREMINO	G	
<i>demeclocycline hcl</i>	G	
<i>doxycycline hyclate (50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	G	
<i>doxycycline hyclate (50 mg tablet, 50 mg tablet dr, 75 mg tablet, 75 mg tablet dr, 100 mg tablet dr, 150 mg tablet, 150 mg tablet dr, 200 mg tablet dr)</i>	G	
<i>doxycycline hyclate 80 mg tablet dr</i>	NPB	
<i>doxycycline monohydrate (75 mg capsule, 150 mg capsule)</i>	G	
<i>doxycycline monohydrate (25 mg/5 ml susp recon, 50 mg capsule, 50 mg tablet, 75 mg tablet, 100 mg capsule, 100 mg tablet, 150 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LYMEPAK	G	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	G	
<i>minocycline hcl (45 mg tab er 24h, 55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 90 mg tab er 24h, 105 mg tab er 24h, 115mg tab er 24h, 135 mg tab er 24h)</i>	G	
<i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	G	
MONDOXYNE NL 100 MG CAPSULE	G	
MONDOXYNE NL 75 MG CAPSULE	G	
MORGIDOX 100 MG CAPSULE	G	
ORACEA	PB	
TARGADOX	G	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	G	
ANTIBACTERIALS, MISCELLANEOUS		
GLYCOPEPTIDE ANTIBIOTICS		
<i>vancomycin hcl (25 mg/ml soln recon, 125 mg capsule, 250 mg capsule)</i>	G	
<i>vancomycin hcl 50 mg/ml soln recon</i>	G	
LINCOMYCIN ANTIBIOTICS		
<i>clindamycin hcl</i>	G	
<i>clindamycin palmitate hcl</i>	G	
OXAZOLIDINONE ANTIBIOTICS		
<i>linezolid (100 mg/5ml susp recon, 600 mg tablet)</i>	G	
SIVEXTRO 200 MG TABLET	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PLEUROMUTILINS		
XENLETA 600 MG TABLET	SP	CS Specialty Drug
RIFAMYCIN ANTIBIOTICS		
AEMCOLO	NPB	
XIFAXAN 200 MG TABLET	NPB	
XIFAXAN 550 MG TABLET	PB	
ANTICHOLINERGIC AGENTS		
ANTIMUSCARINICS/ANTISPASMODICS		
ANORO ELLIPTA	PB	QPD 2 per day
ATROVENT HFA	NPB	QPD 0.86 per day
COMBIVENT RESPIMAT	PB	QPD 0.267 per day
DARTISLA	NPB	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	G	
GLYCATE	NPB	
<i>glycopyrrolate (1 mg tablet, 1 mg/5 ml solution, 2 mg tablet)</i>	G	
<i>glycopyrrolate 1.5 mg tablet</i>	NPB	
INCRUSE ELLIPTA	PB	QPD 1 per day
<i>ipratropium bromide 0.2 mg/ml solution</i>	G	
<i>ipratropium bromide/albuterol sulfate</i>	G	
<i>methscopolamine bromide</i>	G	
QBREXZA	NPB	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SPIRIVA HANDIHALER	G	QPD 1 per day B4G
SPIRIVA RESPIMAT	PB	QPD 0.134 per day
STIOLTO RESPIMAT INHALER (60)	PB	QPD 0.134 per day
ANTICOAGULANTS		
ANTICOAGULANTS, MISCELLANEOUS		
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	G	QL MAX 24 / 90 DAYS
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	G	QL MAX 15 / 90 DAYS
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	G	QL MAX 12 / 90 DAYS
<i>fondaparinux sodium 7.5mg/0.6 syringe</i>	G	QL MAX 18 / 90 DAYS
COUMARIN DERIVATIVES		
JANTOVEN	G	
<i>warfarin sodium</i>	G	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS DVT-PE TREAT START 5MG	PB	QL MAX 74 / 180 DAYS
ELIQUIS 2.5 MG TABLET	PB	QPD 2 per day
ELIQUIS 5 MG TABLET	PB	QPD 2.467 per day
XARELTO 1 MG/ML SUSPENSION	PB	QPD 20.667 per day
XARELTO DVT-PE TREAT START 30D	PB	QPD 1.7 per day
XARELTO (2.5 MG TABLET, 15 MG TABLET)	PB	QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XARELTO 10 MG TABLET	PB	QPD 1 per day
XARELTO 20 MG TABLET	PB	QPD 1 per day
DIRECT THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate (75 mg capsule, 150 mg capsule)</i>	G	QPD 2.0 per day
<i>dabigatran etexilate mesylate 110 mg capsule</i>	G	QPD 4.0 per day
PRADAXA (20 MG PELLETT PACK, 150 MG PELLETT PACK)	NPB	QPD 2 per day
PRADAXA (30 MG PELLETT PACK, 40 MG PELLETT PACK, 50 MG PELLETT PACK, 110 MG CAPSULE, 110 MG PELLETT PACK)	NPB	QPD 4 per day
HEPARINS		
<i>enoxaparin sodium (80mg/0.8ml syringe, 120mg/.8ml syringe)</i>	G	QL MAX 24 / 90 DAYS
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	G	QL MAX 9 / 90 DAYS
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	G	QL MAX 12 / 90 DAYS
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	G	QL MAX 18 / 90 DAYS
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300mg/3ml vial)</i>	G	QL MAX 30 / 90 DAYS
<i>enoxaparin sodium 300 mg/3ml vial</i>	G	QL max 30 / 90 days
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)	NPB	QL MAX 6 / 90 DAYS
FRAGMIN 10,000 UNIT/ML SYRINGE	NPB	QL MAX 30 / 90 DAYS
FRAGMIN 12,500 UNIT/0.5 ML SYR	NPB	QL MAX 15 / 90 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
FRAGMIN 15,000 UNIT/0.6 ML SYR	NPB	QL	MAX 18 / 90 DAYS
FRAGMIN 18,000 UNIT/0.72 ML	NPB	QL	MAX 21.6 / 90 DAYS
FRAGMIN 7,500 UNIT/0.3 ML SYR	NPB	QL	MAX 9 / 90 DAYS
FRAGMIN 10,000 UNIT/4 ML VIAL	NPB	QL	max 120 / 90 days
FRAGMIN 95,000 UNIT/3.8 ML VL	NPB	QL	MAX 38 / 90 DAYS
<i>heparin sodium,porcine (1000/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial)</i>	G		
<i>heparin sodium,porcine/pf 5000/ml syringe</i>	NPB		
<i>heparin sodium,porcine/pf (sodium,porcine/pf 1000/ml vial, sodium,porcine/pf 5000/0.5ml cartridge, sodium,porcine/pf 5000/0.5ml syringe, sodium,porcine/pf 5000/0.5ml vial)</i>	G		
ANTICONVULSANTS			
ANTICONVULSANTS, MISCELLANEOUS			
APTIOM	PB		
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	NPB		
<i>carbamazepine (100 mg cpmp 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpmp 12hr, 200 mg tab er 12h, 200 mg tablet, 200mg/10ml oral susp, 300 mg cpmp 12hr, 400 mg tab er 12h)</i>	G		
CARBATROL	NPB		
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	SP	CS	Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>divalproex sodium (125 mg cap dr spr, 125 mg tablet dr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tab er 24h, 500 mg tablet dr)</i>	G	
EPIDIOLEX	SP	PA CS Specialty Drug
EPITOL	G	
EQUETRO	NPB	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp)</i>	G	
FINTEPLA	SP	PA QPD 12 per day CS Specialty Drug
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	NPB	
<i>gabapentin (100 mg capsule, 250 mg/5ml solution, 300 mg capsule, 300 mg/6ml solution, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	G	
HORIZANT	NPB	ST QPD 2 per day
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	G	
LAMICTAL XR (BLUE)	NPB	
LAMICTAL XR (GREEN)	NPB	
LAMICTAL XR (ORANGE)	NPB	
<i>lamotrigine (25 mg tab rapdis, 25(21)-50 tb rd dspk, 25-50-100 tb rd dspk, 50 mg tab rapdis, 50(42)-100 tb rd dspk, 100 mg tab rapdis, 200 mg tab rapdis)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine (5 mg tb chw dsp, 25 mg tab er 24, 25 mg tablet, 25 mg tb chw dsp, 25(42)-100 tab ds pk, 25(84)-100 tab ds pk, 25mg (35) tab ds pk, 50 mg tab er 24, 100 mg tab er 24, 100 mg tablet, 150 mg tablet, 200 mg tab er 24, 200 mg tablet, 250 mg tab er 24, 300 mg tab er 24)</i>	G	
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	G	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet)</i>	G	
OXTELLAR XR	NPB	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	G	QPD 2.0 per day
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	G	QPD 3.0 per day
<i>pregabalin 20 mg/ml solution</i>	G	QPD 30 per day
ROWEEPRA 500 MG TABLET	G	
<i>rufinamide (40 mg/ml oral susp, 200 mg tablet, 400 mg tablet)</i>	G	
SPRITAM	NPB	
SUBVENITE	G	
SUBVENITE (BLUE)	G	
SUBVENITE (GREEN)	G	
SUBVENITE (ORANGE)	G	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	NPB	
TEGRETOL XR	NPB	
<i>tiagabine hcl</i>	G	
<i>topiramate (25 mg cap er 24h, 100 mg cap er 24h)</i>	G	PA QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>topiramate (200 mg cap er 24h, 200 mg cap spr 24)</i>	G	PA QPD 2.0 per day
<i>topiramate (25 mg cap spr 24, 100 mg cap spr 24, 150 mg cap spr 24)</i>	G	PA QPD 1 per day
<i>topiramate (50 mg cap er 24h, 50 mg cap spr 24)</i>	G	PA QPD 1.0 per day
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	G	
<i>valproic acid</i>	G	
<i>valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml solution, 500mg/10ml solution)</i>	G	
<i>vigabatrin (500 mg powd pack, 500 mg tablet)</i>	SP	CS Specialty Drug
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	SP	CS Specialty Drug
VIGPODER	SP	CS Specialty Drug
XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	NPB	
<i>zonisamide</i>	G	
BARBITURATES (ANTICONVULSANTS)		
MYSOLINE	NPB	
<i>primidone (50 mg tablet, 250 mg tablet)</i>	G	
<i>primidone 125 mg tablet</i>	NPB	
BENZODIAZEPINES (ANTICONVULSANTS)		
<i>clobazam 2.5 mg/ml oral susp</i>	G	
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clonazepam</i>	G	
NAYZILAM	NPB	QPD 0.334 per day
SYMPAZAN	NPB	
HYDANTOINS		
DILANTIN (50 MG INFATAB, 100 MG CAPSULE)	NPB	
DILANTIN 30 MG CAPSULE	PB	
DILANTIN-125	NPB	
PHENYTEK	G	
<i>phenytoin (50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp)</i>	G	
<i>phenytoin sodium extended</i>	G	
SUCCINIMIDES		
<i>ethosuximide (250 mg capsule, 250 mg/5ml solution)</i>	G	
<i>methsuximide</i>	G	
ZARONTIN (250 MG CAPSULE, 250 MG/5 ML SOLUTION)	NPB	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, MISCELLANEOUS		
<i>bupropion hcl 150 mg tab er 12h</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>bupropion hcl (150 mg tab er 24h, 300 mg tab er 24h)</i>	G	QPD 1.0 per day
<i>bupropion hcl 100 mg tablet</i>	G	QPD 4.0 per day
<i>bupropion hcl (75 mg tablet, 100 mg tab sr 12h, 150 mg tab sr 12h, 200 mg tab sr 12h)</i>	G	QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bupropion hcl sr 150 mg tablet (ndc: 00591354360)</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>bupropion hcl sr 150 mg tablet (ndc: 00591354376)</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>bupropion hcl sr 150 mg tablet (ndc: 43598086360)</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>mirtazapine (15 mg tab rapdis, 15 mg tablet, 30 mg tab rapdis, 30 mg tablet, 45 mg tab rapdis, 45 mg tablet)</i>	G	QPD 1 per day
<i>mirtazapine 7.5 mg tablet</i>	G	QPD 1.0 per day
MONOAMINE OXIDASE INHIBITORS		
MARPLAN	NPB	
NARDIL	NPB	
<i>phenelzine sulfate 15 mg tab (greenstone)</i>	NPB	
<i>tranylcypromine sulfate</i>	G	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
<i>desvenlafaxine</i>	NPB	ST QPD 1 per day
<i>desvenlafaxine succinate</i>	G	QPD 1.0 per day
<i>duloxetine hcl (20 mg capsule dr, 30 mg capsule dr, 60 mg capsule dr)</i>	G	QPD 2.0 per day
<i>duloxetine hcl 40 mg capsule dr</i>	G	QPD 3.0 per day
FETZIMA 20-40 MG TITRATION PAK	NPB	QL MAX 28 / 180 DAYS ST

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	NPB	ST QPD 1 per day
<i>venlafaxine hcl (37.5 mg cap er 24h, 150 mg cap er 24h)</i>	G	QPD 1.0 per day
<i>venlafaxine hcl 75 mg cap er 24h</i>	G	QPD 3.0 per day
<i>venlafaxine hcl (37.5 mg tab er 24, 150 mg tab er 24, 225 mg tab er 24)</i>	G	QPD 1.0 per day
<i>venlafaxine hcl 75 mg tab er 24</i>	G	QPD 3.0 per day
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	G	QPD 3 per day
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
<i>citalopram hydrobromide 30 mg capsule</i>	NPB	ST QPD 1 per day
<i>citalopram hydrobromide 10 mg/5 ml solution</i>	G	QPD 20 per day
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	G	QPD 1.0 per day
<i>escitalopram oxalate 5 mg/5 ml solution</i>	G	QPD 20.0 per day
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	G	QPD 1.0 per day
<i>fluoxetine hcl 10 mg capsule</i>	G	QPD 1.0 per day
<i>fluoxetine hcl 20 mg capsule</i>	G	QPD 4.0 per day
<i>fluoxetine hcl 40 mg capsule</i>	G	QPD 2.0 per day
<i>fluoxetine hcl 90 mg capsule dr</i>	NPB	ST QPD 0.143 per day
<i>fluoxetine hcl 20 mg/5 ml solution</i>	G	QPD 20.0 per day
<i>fluoxetine hcl (10 mg tablet, 60 mg tablet)</i>	G	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 20 mg tablet</i>	G	QPD 4 per day
<i>fluoxetine hcl 10 mg tablet (pmdd)</i>	NPB	QPD 1.0 per day
<i>fluoxetine hcl 20 mg tablet (pmdd)</i>	NPB	QPD 4.0 per day
<i>fluvoxamine maleate (100 mg cap er 24h, 150 mg cap er 24h)</i>	G	QPD 2 per day
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet)</i>	G	QPD 1 per day
<i>fluvoxamine maleate 100 mg tablet</i>	G	QPD 3 per day
<i>olanzapine/fluoxetine hcl</i>	G	
<i>paroxetine hcl 10 mg/5 ml oral susp</i>	G	QPD 30 per day
<i>paroxetine hcl (25 mg tab er 24h, 37.5 mg tab er 24h)</i>	G	QPD 2 per day
<i>paroxetine hcl 12.5 mg tab er 24h</i>	G	QPD 1 per day
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	G	QPD 1.0 per day
<i>paroxetine hcl 30 mg tablet</i>	G	QPD 2.0 per day
<i>paroxetine mesylate</i>	G	
PEXEVA (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	NPB	ST QPD 1 per day
PEXEVA 30 MG TABLET	NPB	ST QPD 2 per day
<i>sertraline hcl (150 mg capsule, 200 mg capsule)</i>	NPB	ST QPD 1 per day
<i>sertraline hcl 20 mg/ml oral conc</i>	G	QPD 10 per day
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	G	QPD 1.0 per day
<i>sertraline hcl 100 mg tablet</i>	G	QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROTONIN MODULATORS		
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	G	
<i>trazodone hcl 300 mg tablet</i>	G	
TRINTELLIX	NPB	ST QPD 1 per day
VIIBRYD 10-20 MG STARTER PACK	NPB	QL MAX 30 / 180 DAYS ST
<i>vilazodone hcl</i>	G	QPD 1.0 per day
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
<i>amitriptyline hcl</i>	G	
<i>amitriptyline hcl/chlordiazepoxide</i>	NPB	
<i>amoxapine</i>	NPB	
<i>clomipramine hcl</i>	G	
<i>desipramine hcl</i>	G	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	G	
<i>imipramine hcl</i>	G	
<i>imipramine pamoate</i>	G	
<i>nortriptyline hcl (10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	G	
<i>perphenazine/amitriptyline hcl</i>	NPB	
<i>protriptyline hcl</i>	G	
<i>trimipramine maleate</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIDIABETIC AGENTS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	G	
<i>miglitol</i>	G	
ANTIDIABETIC AGENTS, MISCELLANEOUS		
KORLYM	SP	PA QPD 4 per day CS Specialty Drug
<i>mifepristone 300 mg tablet</i>	SP	PA QPD 4.0 per day CS Specialty Drug
BIGUANIDES		
<i>metformin hcl 500 mg/5ml solution</i>	G	
<i>metformin hcl 1000 mg tab er 24</i>	G	ST QPD 2 per day
<i>metformin hcl 500 mg tab er 24</i>	G	ST QPD 3 per day
<i>metformin hcl 500 mg tab er 24h</i>	G	QPD 4.0 per day
<i>metformin hcl 750 mg tab er 24h</i>	G	QPD 2.0 per day
<i>metformin hcl 1000 mg tab er 24h</i>	G	ST QPD 2.0 per day
<i>metformin hcl 500 mg tab er 24h</i>	G	ST QPD 3.0 per day
<i>metformin hcl (500 mg tablet, 850 mg tablet, 1000 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metformin hcl 625 mg tablet</i>	NPB	
DIIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
JANUMET	PB	QPD 2 per day
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	PB	QPD 1 per day
JANUMET XR 50-1,000 MG TABLET	PB	QPD 2 per day
JANUVIA	PB	QPD 1 per day
INCRETIN MIMETICS		
BYDUREON BCISE	NPB	PA QPD 0.122 per day
MOUNJARO (5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	PB	PA QPD 0.072 per day
MOUNJARO 2.5 MG/0.5 ML PEN	PB	PA QPD 0.072 per day
OZEMPIC	PB	PA QPD 0.108 per day
RYBELSUS (7 MG TABLET, 14 MG TABLET)	PB	PA QPD 1 per day
RYBELSUS 3 MG TABLET	PB	QL MAX 30 / 180 DAYS PA
TRULICITY	PB	PA QPD 0.072 per day
MEGLITINIDES		
<i>nateglinide</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>repaglinide</i>	G	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
FARXIGA	PB	QPD 1 per day
GLYXAMBI	PB	QPD 1 per day
JARDIANCE	PB	QPD 1 per day
SYNJARDY	PB	QPD 2 per day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	PB	QPD 2 per day
SYNJARDY XR 25-1,000 MG TABLET	PB	QPD 1 per day
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	PB	QPD 1 per day
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	PB	QPD 2 per day
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	PB	QPD 2 per day
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	PB	QPD 1 per day
SULFONYLUREAS		
<i>glimepiride</i>	G	
<i>glipizide (2.5 mg tab er 24, 5 mg tab er 24, 5 mg tablet, 10 mg tab er 24, 10 mg tablet)</i>	G	
<i>glipizide 2.5 mg tablet</i>	NPB	
<i>glipizide/metformin hcl</i>	G	
<i>glyburide</i>	G	
<i>glyburide,micronized</i>	G	
<i>glyburide/metformin hcl</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
THIAZOLIDINEDIONES		
<i>pioglitazone hcl</i>	G	
<i>pioglitazone hcl/glimepiride</i>	G	
<i>pioglitazone hcl/metformin hcl</i>	G	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET	NPB	QPD 0.234 per day
<i>granisetron hcl 1 mg tablet</i>	G	QPD 0.467 per day
<i>ondansetron hcl 4 mg/5 ml solution</i>	G	QPD 3.334 per day
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	G	QPD 0.7 per day
<i>ondansetron odt (4mg odt tablet, 8mg odt tablet)</i>	G	QPD 0.7 per day
SANCUSO	NPB	QPD 0.067 per day
ANTIEMETICS, MISCELLANEOUS		
<i>dronabinol</i>	G	
<i>scopolamine</i>	G	
SYNDROS	NPB	
ANTIHISTAMINES (GI DRUGS)		
ANTIVERT 50 MG TABLET	NPB	
BONJESTA	NPB	
COMPRO	G	
<i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>	G	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	G	
<i>meclizine hcl 50 mg tablet</i>	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>prochlorperazine</i>	G		
<i>prochlorperazine maleate</i>	G		
<i>trimethobenzamide hcl</i>	G		
NEUROKININ-1 RECEPTOR ANTAGONISTS			
<i>aprepitant 125mg-80mg cap ds pk</i>	G	QPD	0.2 per day
<i>aprepitant 125 mg capsule</i>	G	QPD	0.067 per day
<i>aprepitant 40 mg capsule</i>	G		
<i>aprepitant 80 mg capsule</i>	G	QPD	0.134 per day
EMEND 125 MG POWDER PACKET	PB	QPD	0.2 per day
VARUBI	PB	QPD	0.134 per day
ANTIFUNGAL (SYSTEMIC)			
ALLYLAMINE ANTIFUNGALS			
<i>terbinafine hcl 250 mg tablet</i>	G		
ANTIFUNGALS, MISCELLANEOUS			
BREXAFEMME	NPB	QL PA	MAX 4 / 90 DAYS
<i>griseofulvin ultramicrosize</i>	G		
<i>griseofulvin, microsize (125 mg/5ml oral susp, 500 mg tablet)</i>	G		
AZOLE ANTIFUNGALS			
CRESEMBA 186 MG CAPSULE	NPB	PA	
CRESEMBA 74.5 MG CAPSULE	NPB	PA	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluconazole (10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	G	
<i>itraconazole</i>	G	
<i>ketoconazole 200 mg tablet</i>	G	
NOXAFIL 300 MG POWDERMIX SUSP	PB	PA
<i>posaconazole (100 mg tablet dr, 200 mg/5ml oral susp)</i>	G	PA
TOLSURA	NPB	
VIVJOA	NPB	QL PA MAX 18 / 180 DAYS
<i>voriconazole 200 mg/5ml susp recon</i>	G	PA
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	G	PA
POLYENE ANTIFUNGALS		
<i>nystatin (500k unit tablet, 100000/ml oral susp)</i>	G	
PYRIMIDINE ANTIFUNGALS		
<i>flucytosine</i>	G	
ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
<i>naftifine hcl (2 % cream (g), 2 % gel (gram))</i>	G	
<i>naftifine hcl 1 % cream (g)</i>	NPB	
NAFTIN 1% GEL	NPB	
AZOLES (SKIN AND MUCOUS MEMBRANE)		
<i>clotrimazole (1 % cream (g), 1 % solution)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clotrimazole 10 mg troche</i>	G	
<i>clotrimazole/betamethasone dip 1 %-0.05 % cream (g)</i>	G	
<i>clotrimazole/betamethasone dip 1 %-0.05 % lotion</i>	G	
<i>econazole nitrate</i>	G	
ECOZA	NPB	
ERTACZO	NPB	
EXELDERM (CREAM, SOLUTION)	NPB	
GYNAZOLE 1	NPB	
JUBLIA	PB	
<i>ketoconazole 2 % foam</i>	G	
<i>ketoconazole (2 % cream (g), 2 % shampoo)</i>	G	
KETODAN 2% FOAM	G	
<i>luliconazole</i>	NPB	
LUZU	NPB	
<i>miconazole nitrate 200 mg supp.vag</i>	NPB	
<i>miconazole nitrate/zinc oxide/petrolatum, white</i>	NPB	
ORAVIG	NPB	
<i>oxiconazole nitrate</i>	G	
OXISTAT 1% LOTION	NPB	
<i>sulconazole nitrate (1 % cream (g), 1 % solution)</i>	NPB	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl, 80 mg supp.vag)</i>	G	
VUSION	NPB	
XOLEGEL	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BENZYLAMINES (SKIN AND MUCOUS MEMBRANE)		
MENTAX	NPB	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
CICLODAN 8% SOLUTION	G	
<i>ciclopirox (0.77 % gel (gram), 1 % shampoo, 8 % solution)</i>	G	
<i>ciclopirox olamine 0.77 % cream (g)</i>	G	
<i>ciclopirox olamine 0.77 % suspension</i>	G	
POLYENES (SKIN AND MUCOUS MEMBRANE)		
KLAYESTA	G	
NYAMYC	G	
<i>nystatin (100000/g cream (g), 100000/g oint. (g), 100000/g powder)</i>	G	
<i>nystatin/triamcinolone acetonide (nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g), nystatin/triamcinolone acet 100000-0.1 cream (g), nystatin/triamcinolone acet 100000-0.1 oint. (g))</i>	G	
NYSTOP	G	
ANTIGLAUCOMA AGENTS		
ALPHA-ADRENERGIC AGONISTS (EENT)		
<i>brimonidine tartrate 0.15 % drops</i>	G	
<i>brimonidine tartrate 0.2 % drops</i>	G	
<i>brimonidine tartrate/timolol maleate</i>	G	
BETA-ADRENERGIC BLOCKING AGENTS (EENT)		
<i>betaxolol hcl 0.5 % drops</i>	G	
BETIMOL	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETOPTIC S	NPB	
<i>carteolol hcl</i>	NPB	
<i>levobunolol hcl</i>	NPB	
<i>timolol maleate (0.25 % sol-gel, 0.5 % drop daily, 0.5 % sol-gel)</i>	G	
<i>timolol maleate (0.25 % drops, 0.5 % drops)</i>	G	
<i>timolol maleate/pf</i>	G	
CARBONIC ANHYDRASE INHIBITORS (EENT)		
<i>acetazolamide (125 mg tablet, 250 mg tablet, 500 mg capsule er)</i>	G	
<i>brinzolamide</i>	G	
<i>dorzolamide hcl</i>	G	
<i>dorzolamide hcl/timolol maleate</i>	G	
<i>dorzolamide/timolol/pf 2 %-0.5 % dropperette</i>	G	
<i>methazolamide</i>	G	
SIMBRINZA 1%-0.2% EYE DROPS	PB	
SIMBRINZA 1%-0.2% EYE DROPS (NDC: 00065414727)	PB	
MIOTICS		
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	G	
VUITY	NPB	QPD 0.167 per day
PROSTAGLANDIN ANALOGS		
<i>latanoprost</i>	G	QPD 0.084 per day
LUMIGAN	PB	QPD 0.084 per day
<i>travoprost</i>	G	QPD 0.084 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYZULTA	NPB	QPD 0.084 per day
RHO KINASE INHIBITORS		
RHOPRESSA	NPB	QPD 0.084 per day
ROCKLATAN	NPB	QPD 0.084 per day
ANTIHEMORRHAGIC AGENTS		
HEMOSTATICS		
ADVATE	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ADYNOVATE (200-400 UNIT VIAL, 401-800 UNIT VIAL, 801-1,250 UNIT VIAL, 1,251-2,500 UNIT VL)	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ADYNOVATE (750 UNIT VIAL, 1,500 UNIT VIAL, 3,000 UNIT VIAL)	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AFSTYLA (250 UNIT VIAL, 500 UNIT VIAL, 1,000 UNIT VIAL, 2,000 UNIT VIAL, 2,500 UNIT RANGE VIAL, 3,000 UNIT VIAL)	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
AFSTYLA 1,500 UNIT RANGE VIAL	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ALPHANATE	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ALPHANINE SD	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALPROLIX	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ALTUVIIIO	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
<i>aminocaproic acid (250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>	G	
BENEFIX	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORIFACT	SP	CS Specialty Drug
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ELOCTATE	SP	PA
		CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ESPEROCT	SP	PA
		CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
FEIBA NF	SP	CS Specialty Drug
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FIBRYGA	SP	PA CS Specialty Drug
HEMLIBRA (12 MG/0.4 ML VIAL, 300 MG/2 ML VIAL)	SP	PA QPD 0.143 per day CS Specialty Drug
HEMLIBRA (30 MG/ML VIAL, 60 MG/0.4 ML VIAL, 105 MG/0.7 ML VIAL, 150 MG/ML VIAL)	SP	PA QPD 0.143 per day CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
HEMOFIL M	SP	PA CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
HUMATE-P	SP	PA CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IDELVION	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
IXINITY	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
JIVI	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KOATE (250 UNIT VIAL, 500 UNIT VIAL)	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOATE 1,000 UNIT VIAL	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KOGENATE FS	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KOVALTRY	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
NOVOEIGHT	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NOVOSEVEN RT	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
NUWIQ	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
OBIZUR	SP	CS
		MED PA
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
PROFILNINE	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBINYN (500 UNIT VIAL, 1,000 UNIT VIAL, 2,000 UNIT VIAL, 3,000 UNIT VIAL)	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RECOMBINATE	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
RIASTAP	SP	PA
		CS
RIXUBIS	SP	PA
		CS
		MED PA
		Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tranexamic acid 650 mg tablet</i>	G	
TRETEN	PB	CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
VONVENDI	PB	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
WILATE	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
XYNTHA (250 UNIT KIT, 500 UNIT KIT, 1,000 UNIT KIT, 2,000 UNIT KIT)	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
XYNTHA 2,000 UNIT VIAL	SP	PA	
		CS	Specialty Drug
		MED PA	Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
XYNTHA SOLOFUSE (250 UNIT KIT, 500 UNIT KIT, 1,000 UNIT KIT, 2,000 UNIT KIT, 3,000 UNIT KIT)	SP	PA	
		CS	Specialty Drug
		MED PA	Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
XYNTHA SOLOFUSE (250 UNIT SYR, 500 UNIT SYR, 1,000 UNIT SYR, 2,000 UNIT SYR, 3,000 UNIT SYR)	SP	PA	
		CS	Specialty Drug
		MED PA	Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ANTIHISTAMINE DRUGS			
FIRST GENERATION ANTIHISTAMINES			
carbinoxamine maleate (4 mg/5 ml liquid, 6 mg tablet)	NPB		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carbinoxamine maleate 4 mg tablet</i>	G	
KARBINAL ER	NPB	
RYVENT	NPB	
SECOND GENERATION ANTIHISTAMINES		
<i>cetirizine hcl 1 mg/ml solution</i>	G	
CLARINEX-D 12 HOUR	NPB	
<i>desloratadine 5 mg tablet</i>	G	
<i>desloratadine (2.5 mg tab rapdis, 5 mg tab rapdis)</i>	NPB	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tablet)</i>	G	
ANTIHYPOGLYCEMIC AGENTS		
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
<i>diazoxide</i>	G	
GLYCOGENOLYTIC AGENTS		
BAQSIMI	PB	
GLUCAGEN 1 MG HYPOKIT	NPB	
GLUCAGON 1 MG EMERGENCY KIT (AMPHASTAR)	G	
GLUCAGON 1 MG EMERGENCY KIT (FRESENIUS)	PB	
GVOKE	PB	
GVOKE HYPOPEN 1-PACK	PB	
GVOKE HYPOPEN 2-PACK	PB	
GVOKE PFS 1-PACK SYRINGE	PB	
GVOKE PFS 2-PACK SYRINGE	PB	
ZEGALOGUE AUTOINJECTOR	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEGALOGUE SYRINGE	PB	
ANTILIPEMIC AGENTS		
ANTILIPEMIC AGENTS, MISCELLANEOUS		
JUXTAPID	SP	PA QPD 1 per day CS Specialty Drug
NEXLETOL	PB	PA QPD 1 per day
NEXLIZET	PB	PA QPD 1 per day
<i>niacin (500 mg tab er 24h, 750 mg tab er 24h, 1000 mg tab er 24h)</i>	G	
<i>niacin 500 mg tablet</i>	NPB	
NIACOR	NPB	
VASCEPA	G	B4G
BILE ACID SEQUESTRANTS		
<i>cholestyramine (with sugar) 4 g powder</i>	G	
<i>cholestyramine (with sugar) 4 g powd pack</i>	G	
<i>cholestyramine/aspartame 4 g powder</i>	G	
<i>cholestyramine/aspartame 4 g powd pack</i>	G	
<i>colesevelam hcl 3.75 g powd pack</i>	G	
<i>colesevelam hcl 625 mg tablet</i>	G	
<i>colestipol hcl (1 g tablet, 5 g granules, 5 g packet)</i>	G	
PREVALITE POWDER	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREVALITE PACKET	G	
CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	G	
<i>ezetimibe/rosuvastatin calcium</i>	NPB	
<i>ezetimibe/simvastatin</i>	G	
ROSZET	NPB	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (50 mg capsule, 150 mg capsule)</i>	NPB	
<i>fenofibrate (40 mg tablet, 120 mg tablet)</i>	G	
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	G	
<i>fenofibrate nanocrystallized</i>	G	
<i>fenofibrate, micronized (30 mg capsule, 90 mg capsule)</i>	NPB	
<i>fenofibrate, micronized (43 mg capsule, 130 mg capsule)</i>	G	
<i>fenofibrate, micronized (67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	G	
<i>fenofibric acid</i>	NPB	
<i>fenofibric acid (choline)</i>	G	
FIBRICOR	NPB	
<i>gemfibrozil</i>	G	
LIPOFEN	PB	
HMG-COA REDUCTASE INHIBITORS		
ALTOPREV	NPB	
<i>amlodipine besylate/atorvastatin calcium</i>	G	
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	G	C [ACA] Age Edits Apply: 40-75 years HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	G	
FLOLIPID	NPB	
<i>fluvastatin sodium (20 mg capsule, 40 mg capsule, 80 mg tablet er 24h)</i>	G	
<i>lovastatin</i>	G	C [ACA] Age Edits Apply: 40-75 years HCR
<i>pitavastatin calcium</i>	G	
<i>pravastatin sodium</i>	G	C [ACA] Age Edits Apply: 40-75 years HCR
<i>rosuvastatin calcium</i>	G	C [ACA] Age Edits Apply: 40-75 years HCR
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	G	C [ACA] Age Edits Apply: 40-75 years HCR
<i>simvastatin 80 mg tablet</i>	G	
PCSK9 INHIBITORS		
REPATHA PUSHTRONEX	PB	PA QPD 0.25 per day
REPATHA SURECLICK	PB	PA QPD 0.072 per day
REPATHA SYRINGE	PB	PA QPD 0.072 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG AUTOINJECTOR	PB	PA QPD 0.036 per day
AJOVY AUTOINJECTOR	PB	QL PA MAX 4.5 / 84 DAYS
AJOVY SYRINGE	PB	QL PA MAX 4.5 / 84 DAYS
EMGALITY PEN	PB	PA QPD 0.036 per day
EMGALITY 120 MG/ML SYRINGE	PB	PA QPD 0.036 per day
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	PB	QL PA MAX 9 / 180 DAYS
NURTEC ODT	PB	PA QPD 0.534 per day
QULIPTA	PB	PA QPD 1 per day
UBRELVY	PB	PA QPD 0.534 per day
SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate</i>	G	ST QPD 0.4 per day
<i>eletriptan hydrobromide</i>	G	QPD 0.4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>frovatriptan succinate</i>	G	ST QPD 0.6 per day
IMITREX (4 MG/0.5 ML, 6 MG/0.5 ML)	NPB	ST QPD 0.2 per day
<i>naratriptan hcl</i>	G	QPD 0.6 per day
ONZETRA XSAIL	NPB	ST QPD 1.067 per day
REYVOW	PB	PA QPD 0.267 per day
<i>rizatriptan benzoate (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>	G	QPD 0.6 per day
<i>sumatriptan</i>	G	QPD 0.4 per day
<i>sumatriptan succinate (4 mg/0.5ml cartridge, 6 mg/0.5ml cartridge)</i>	NPB	ST QPD 0.2 per day
<i>sumatriptan succinate (4 mg/0.5ml pen injctr, 6 mg/0.5ml pen injctr)</i>	G	QPD 0.2 per day
<i>sumatriptan succinate 6 mg/0.5ml syringe</i>	PB	QPD 0.2 per day
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	G	QPD 0.6 per day
<i>sumatriptan succinate 6 mg/0.5ml vial</i>	G	QPD 0.167 per day
<i>sumatriptan succinate/naproxen sodium</i>	G	QPD 0.6 per day
TOSYMRA	NPB	ST QPD 0.6 per day
ZEMBRACE SYMTOUCH	NPB	ST QPD 0.4 per day
<i>zolmitriptan 2.5 mg spray</i>	NPB	ST QPD 0.4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zolmitriptan 5 mg spray</i>	G	ST QPD 0.4 per day
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	G	QPD 0.4 per day
<i>zolmitriptan (2.5 mg tab rapdis, 5 mg tab rapdis)</i>	G	QPD 0.4 per day
ZOMIG 2.5 MG NASAL SPRAY	NPB	ST QPD 0.4 per day
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, MISCELLANEOUS		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	G	
ANTITUBERCULOSIS AGENTS		
<i>cycloserine</i>	G	
<i>ethambutol hcl</i>	G	
<i>isoniazid (50 mg/5 ml solution, 300 mg tablet)</i>	G	
<i>isoniazid 100 mg tablet</i>	NPB	
PASER	NPB	
<i>pretomanid</i>	NPB	
PRIFTIN	PB	
<i>pyrazinamide</i>	G	
<i>rifabutin</i>	G	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	G	
SIRTURO	SP	CS Specialty Drug
TRECTOR	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate 250 mg tablet</i>	SP	PA QPD 4.0 per day CS Specialty Drug
<i>abiraterone acetate 500 mg tablet</i>	SP	PA QPD 2.0 per day CS Specialty Drug
ALECENSA	SP	PA QPD 8 per day CS Specialty Drug
ALUNBRIG 90 MG-180 MG TAB PACK	SP	QL MAX 30 / 180 DAYS PA CS Specialty Drug
ALUNBRIG 180 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
ALUNBRIG 30 MG TABLET	SP	PA QPD 4 per day CS Specialty Drug
ALUNBRIG 90 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
<i>anastrozole</i>	G	C [ACA] Age Edits Apply: 35+ years HCR
AYVAKIT	SP	PA QPD 1 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALVERSA 3 MG TABLET	SP	PA QPD 3 per day CS Specialty Drug
BALVERSA 4 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug
BALVERSA 5 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
BESREMI	SP	PA QPD 0.072 per day CS Specialty Drug
<i>bexarotene 75 mg capsule</i>	SP	PA CS Specialty Drug
<i>bexarotene 1 % gel (gram)</i>	SP	PA CS Specialty Drug
<i>bicalutamide</i>	SP	CS Specialty Drug
BOSULIF (400 MG TABLET, 500 MG TABLET)	SP	PA QPD 1 per day CS Specialty Drug
BOSULIF 100 MG TABLET	SP	PA QPD 5.0 per day CS Specialty Drug
BRAFTOVI	SP	PA QPD 6 per day CS Specialty Drug
BRUKINSA	SP	PA QPD 4 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CABOMETYX	SP	PA QPD 1.0 per day CS Specialty Drug
CALQUENCE (100 MG CAPSULE, 100 MG TABLET)	SP	PA QPD 2 per day CS Specialty Drug
<i>capecitabine</i>	SP	PA CS Specialty Drug
CAPRELSA 100 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug
CAPRELSA 300 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
CARAC	PB	
COMETRIQ 100 MG DAILY-DOSE PK	SP	PA QPD 2 per day CS Specialty Drug
COMETRIQ 140 MG DAILY-DOSE PK	SP	PA QPD 4 per day CS Specialty Drug
COMETRIQ 60 MG DAILY-DOSE PACK	SP	PA QPD 3 per day CS Specialty Drug
COPIKTRA	SP	PA QPD 2 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COTELLIC	SP	PA QPD 2.25 per day CS Specialty Drug
<i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i>	SP	CS Specialty Drug
DAURISMO 100 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
DAURISMO 25 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug
<i>diclofenac sodium 3 % gel (gram)</i>	G	
DROXIA	SP	CS Specialty Drug
EMCYT	SP	CS Specialty Drug
ERIVEDGE	SP	PA QPD 1 per day CS Specialty Drug
ERLEADA 240 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
ERLEADA 60 MG TABLET	SP	PA QPD 4 per day CS Specialty Drug
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	SP	PA QPD 1.0 per day CS Specialty Drug
<i>erlotinib hcl 25 mg tablet</i>	SP	PA QPD 2.0 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>etoposide 50 mg capsule</i>	SP	CS Specialty Drug
EULEXIN	SP	CS Specialty Drug
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	SP	PA QPD 1.0 per day CS Specialty Drug
<i>everolimus (2 mg tab susp, 5 mg tab susp)</i>	SP	PA QPD 2 per day CS Specialty Drug
<i>everolimus 3 mg tab susp</i>	SP	PA QPD 3 per day CS Specialty Drug
<i>exemestane</i>	G	
EXKIVITY	SP	PA QPD 4 per day CS Specialty Drug
FLUOROPLEX	NPB	
<i>fluorouracil 0.5 % cream (g)</i>	NPB	
<i>fluorouracil (5 % cream (g), 5 % solution)</i>	G	
<i>fluorouracil 2 % solution</i>	NPB	
<i>flutamide</i>	SP	CS Specialty Drug
FOTIVDA	SP	PA QPD 0.75 per day CS Specialty Drug
GAVRETO	SP	PA QPD 4 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gefitinib</i>	SP	PA QPD 1.0 per day CS Specialty Drug
GILOTRIF	SP	PA QPD 1 per day CS Specialty Drug
GLEOSTINE	SP	QL max 42 days / fill CS Specialty Drug
HYCAMTIN (0.25 MG CAPSULE, 1 MG CAPSULE)	SP	PA CS Specialty Drug
<i>hydroxyurea</i>	SP	CS Specialty Drug
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	SP	PA QPD 0.75 per day CS Specialty Drug
ICLUSIG	SP	PA QPD 1 per day CS Specialty Drug
IDHIFA	SP	PA QPD 1 per day CS Specialty Drug
<i>imatinib mesylate 100 mg tablet</i>	SP	PA QPD 3.0 per day CS Specialty Drug
<i>imatinib mesylate 400 mg tablet</i>	SP	PA QPD 2.0 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IMBRUVICA 140 MG CAPSULE	SP	PA QPD 3 per day CS Specialty Drug
IMBRUVICA 70 MG/ML SUSPENSION	SP	PA QPD 7.2 per day CS Specialty Drug
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	SP	PA QPD 1 per day CS Specialty Drug
INLYTA 1 MG TABLET	SP	PA QPD 6 per day CS Specialty Drug
INLYTA 5 MG TABLET	SP	PA QPD 4 per day CS Specialty Drug
INQOVI	SP	PA QPD 0.179 per day CS Specialty Drug
INREBIC	SP	PA QPD 4 per day CS Specialty Drug
JAKAFI	SP	PA QPD 2 per day CS Specialty Drug
JAYPIRCA 100 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JAYPIRCA 50 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
KISQALI 200 MG DAILY DOSE	SP	PA QPD 0.75 per day CS Specialty Drug
KISQALI 400 MG DAILY DOSE	SP	PA QPD 1.5 per day CS Specialty Drug
KISQALI 600 MG DAILY DOSE	SP	PA QPD 2.25 per day CS Specialty Drug
KISQALI FEMARA 200 MG CO-PACK	SP	PA QPD 1.75 per day CS Specialty Drug
KISQALI FEMARA 400 MG CO-PACK	SP	PA QPD 2.5 per day CS Specialty Drug
KISQALI FEMARA 600 MG CO-PACK	SP	PA QPD 3.25 per day CS Specialty Drug
KOSELUGO 10 MG CAPSULE	SP	PA QPD 8 per day CS Specialty Drug
KOSELUGO 25 MG CAPSULE	SP	PA QPD 4 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KRAZATI	SP	PA QPD 6 per day CS Specialty Drug
<i>lapatinib ditosylate</i>	SP	PA QPD 6 per day CS Specialty Drug
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	SP	PA QPD 0.75 per day CS Specialty Drug
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	SP	PA QPD 1.0 per day CS Specialty Drug
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	SP	PA QPD 3 per day CS Specialty Drug
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	SP	PA QPD 1 per day CS Specialty Drug
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	SP	PA QPD 2 per day CS Specialty Drug
<i>letrozole</i>	G	
LEUKERAN	SP	CS Specialty Drug
LONSURF 15 MG-6.14 MG TABLET	SP	PA QPD 2.143 per day CS Specialty Drug
LONSURF 20 MG-8.19 MG TABLET	SP	PA QPD 2.858 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LORBRENA 100 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
LORBRENA 25 MG TABLET	SP	PA QPD 3 per day CS Specialty Drug
LUMAKRAS 120 MG TABLET	SP	PA QPD 8 per day CS Specialty Drug
LUMAKRAS 320 MG TABLET	SP	PA QPD 3 per day CS Specialty Drug
LYNPARZA	SP	PA QPD 4 per day CS Specialty Drug
LYSODREN	SP	PA CS Specialty Drug
LYTGOBI 12 MG DOSE (3X 4MG TB)	SP	PA QPD 3 per day CS Specialty Drug
LYTGOBI 16 MG DOSE (4X 4MG TB)	SP	PA QPD 4 per day CS Specialty Drug
LYTGOBI 20 MG DOSE (5X 4MG TB)	SP	PA QPD 5 per day CS Specialty Drug
MATULANE	SP	PA CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MEKINIST 0.05 MG/ML SOLUTION	SP	PA QPD 41.8 per day CS Specialty Drug
MEKINIST 0.5 MG TABLET	SP	PA QPD 3 per day CS Specialty Drug
MEKINIST 2 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
MEKTOVI	SP	PA QPD 6 per day CS Specialty Drug
<i>melphalan</i>	SP	CS Specialty Drug
<i>mercaptopurine</i>	SP	CS Specialty Drug
<i>methotrexate sodium 2.5 mg tablet</i>	G	
<i>methotrexate sodium 25 mg/ml vial</i>	NPB	
<i>methotrexate sodium/pf (sodium/pf 1 g vial, sodium/pf 25 mg/ml vial)</i>	G	
MYLERAN	SP	CS Specialty Drug
NERLYNX	SP	PA QPD 6 per day CS Specialty Drug
<i>nilutamide</i>	SP	CS Specialty Drug
NINLARO	SP	PA QPD 0.108 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUBEQA	SP	PA QPD 4 per day CS Specialty Drug
ODOMZO	SP	PA QPD 1 per day CS Specialty Drug
ONUREG	SP	PA QPD 0.5 per day CS Specialty Drug
ORSERDU 345 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
ORSERDU 86 MG TABLET	SP	PA QPD 3 per day CS Specialty Drug
OTREXUP	PB	ST
PANRETIN	NPB	
<i>pazopanib hcl</i>	SP	PA QPD 4 per day CS Specialty Drug
PEMAZYRE	SP	PA QPD 0.667 per day CS Specialty Drug
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	SP	PA QPD 2 per day CS Specialty Drug
PIQRAY 200 MG DAILY DOSE PACK	SP	PA QPD 1 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POMALYST	SP	PA QPD 0.75 per day CS Specialty Drug
PURIXAN	SP	CS Specialty Drug
QINLOCK	SP	PA QPD 3 per day CS Specialty Drug
RETEVMO 40 MG CAPSULE	SP	PA QPD 6 per day CS Specialty Drug
RETEVMO 80 MG CAPSULE	SP	PA QPD 4 per day CS Specialty Drug
REVLIMID (15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	SP	PA QPD 0.75 per day CS Specialty Drug
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	SP	PA QPD 1 per day CS Specialty Drug
REZLIDHIA	SP	PA QPD 2 per day CS Specialty Drug
ROZLYTREK 100 MG CAPSULE	SP	PA QPD 1 per day CS Specialty Drug
ROZLYTREK 200 MG CAPSULE	SP	PA QPD 3 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUBRACA	SP	PA QPD 4 per day CS Specialty Drug
RYDAPT	SP	PA QPD 8 per day CS Specialty Drug
SCEMBLIX 20 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug
SCEMBLIX 40 MG TABLET	SP	PA QPD 10 per day CS Specialty Drug
SIKLOS	SP	CS Specialty Drug
<i>sorafenib tosylate</i>	SP	PA QPD 4.0 per day CS Specialty Drug
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	SP	PA QPD 1 per day CS Specialty Drug
SPRYCEL 20 MG TABLET	SP	PA QPD 3 per day CS Specialty Drug
STIVARGA	SP	PA QPD 3 per day CS Specialty Drug
<i>sunitinib malate (25 mg capsule, 37.5 mg capsule, 50 mg capsule)</i>	SP	PA QPD 1 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sunitinib malate 12.5 mg capsule</i>	SP	PA QPD 3 per day CS Specialty Drug
SYNRIBO	SP	CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
TABLOID	SP	CS Specialty Drug
TABRECTA	SP	PA QPD 4 per day CS Specialty Drug
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	SP	PA QPD 4 per day CS Specialty Drug
TAFINLAR 10 MG TABLET FOR SUSP	SP	PA QPD 30.0 per day CS Specialty Drug
TAGRISSO	SP	PA QPD 1 per day CS Specialty Drug
TALZENNA (0.1 MG CAPSULE, 0.35 MG CAPSULE, 0.5 MG CAPSULE, 0.75 MG CAPSULE, 1 MG CAPSULE)	SP	PA QPD 1 per day CS Specialty Drug
TALZENNA 0.25 MG CAPSULE	SP	PA QPD 3 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TASIGNA	SP	PA QPD 4 per day CS Specialty Drug
TAZVERIK	SP	PA QPD 8 per day CS Specialty Drug
<i>temozolomide</i>	SP	PA CS Specialty Drug
TEPMETKO	SP	PA QPD 2 per day CS Specialty Drug
TIBSOVO	SP	PA QPD 2 per day CS Specialty Drug
<i>tretinoin 10 mg capsule</i>	SP	PA CS Specialty Drug
TREXALL	NPB	
TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK)	SP	PA QPD 1.5 per day CS Specialty Drug
TRUSELTIQ 100 MG DAILY DOSE PK	SP	PA QPD 0.75 per day CS Specialty Drug
TRUSELTIQ 75 MG DAILY DOSE PK	SP	PA QPD 2.25 per day CS Specialty Drug
TUKYSA 150 MG TABLET	SP	PA QPD 4 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TUKYSA 50 MG TABLET	SP	PA QPD 10 per day CS Specialty Drug
TURALIO	SP	PA QPD 4 per day CS Specialty Drug
VALCHLOR	SP	CS Specialty Drug
VANFLYTA 17.7 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
VANFLYTA 26.5 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	SP	PA QPD 2 per day CS Specialty Drug
VENCLEXTA 100 MG TABLET	SP	PA QPD 6 per day CS Specialty Drug
VENCLEXTA 50 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
VENCLEXTA STARTING PACK	SP	QL MAX 42 / 180 DAYS PA CS Specialty Drug
VERZENIO	SP	PA QPD 2 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITRAKVI 100 MG CAPSULE	SP	PA QPD 2 per day CS Specialty Drug
VITRAKVI 25 MG CAPSULE	SP	PA QPD 6 per day CS Specialty Drug
VITRAKVI 20 MG/ML SOLUTION	SP	PA QPD 10 per day CS Specialty Drug
VIZIMPRO	SP	PA QPD 1 per day CS Specialty Drug
VONJO	SP	PA QPD 4 per day CS Specialty Drug
VOTRIENT	SP	PA QPD 4 per day CS Specialty Drug
WELIREG	SP	PA QPD 3 per day CS Specialty Drug
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	SP	PA QPD 4 per day CS Specialty Drug
XATMEP	NPB	
XOSPATA	SP	PA QPD 3 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	SP	PA QPD 0.286 per day CS Specialty Drug
XPOVIO (40 MG, 60 MG)	SP	PA QPD 0.143 per day CS Specialty Drug
XPOVIO 60 MG TWICE WEEKLY DOSE	SP	PA QPD 0.858 per day CS Specialty Drug
XPOVIO 80 MG TWICE WEEKLY DOSE	SP	PA QPD 1.143 per day CS Specialty Drug
XTANDI (40 MG CAPSULE, 40 MG TABLET)	SP	PA QPD 4 per day CS Specialty Drug
XTANDI 80 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug
YONSA	SP	PA QPD 4.0 per day CS Specialty Drug
ZEJULA 100 MG CAPSULE	SP	PA QPD 3 per day CS Specialty Drug
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	SP	PA QPD 1 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZELBORAF	SP	PA QPD 8 per day CS Specialty Drug
ZOLINZA	SP	PA QPD 4 per day CS Specialty Drug
ZTALMY	SP	CS Specialty Drug
ZYDELIG	SP	PA QPD 2 per day CS Specialty Drug
ZYKADIA	SP	PA QPD 3 per day CS Specialty Drug
ANTIPARKINSONIAN AGENTS (CNS)		
ADAMANTANES (CNS)		
<i>amantadine hcl (50 mg/5 ml solution, 100 mg capsule)</i>	G	
<i>amantadine hcl 100 mg tablet</i>	G	
GOCOVRI ER 137 MG CAPSULE	SP	PA QPD 2 per day CS Specialty Drug
GOCOVRI ER 68.5 MG CAPSULE	SP	PA QPD 1 per day CS Specialty Drug
OSMOLEX ER (ER 129 MG TABLET, ER 193 MG TABLET, ER 258 MG TABLET)	NPB	PA QPD 1 per day
OSMOLEX ER 322 MG DAILY DOSE	NPB	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTICHOLINERGIC AGENTS (CNS)		
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	G	
<i>trihexyphenidyl hcl 2 mg/5 ml solution</i>	NPB	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	G	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
<i>entacapone</i>	G	
ONGENTYS	NPB	
<i>tolcapone</i>	G	
DOPAMINE PRECURSORS		
<i>carbidopa-levodopa 150 mg-enta (mylan)</i>	NPB	
<i>carbidopa-levodopa 50 mg-enta (mylan)</i>	NPB	
<i>carbidopa-levodopa 75 mg-enta (mylan)</i>	NPB	
<i>carbidopa/levodopa (carbidopa/levodopa 10mg-100mg tab rapdis, carbidopa/levodopa 10mg-100mg tablet, carbidopa/levodopa 25mg-100mg tab rapdis, carbidopa/levodopa 25mg-100mg tablet, carbidopa/levodopa 25mg-100mg tablet er, carbidopa/levodopa 25mg-250mg tab rapdis, carbidopa/levodopa 25mg-250mg tablet, carbidopa/levodopa 50mg-200mg tablet er)</i>	G	
<i>carbidopa/levodopa/entacapone</i>	G	
DUOPA	NPB	
INBRIJA	SP	CS Specialty Drug
RYTARY	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MONOAMINE OXIDASE B INHIBITORS		
EMSAM	NPB	
<i>rasagiline mesylate</i>	G	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	G	
XADAGO	NPB	
ZELAPAR	NPB	
ANTIPROTOZOALS		
AMEBICIDES		
HUMATIN	PB	
<i>paromomycin sulfate</i>	G	
ANTIMALARIALS		
ARAKODA	NPB	
<i>atovaquone/proguanil hcl</i>	G	
<i>chloroquine phosphate</i>	G	
COARTEM	NPB	
<i>hydroxychloroquine sulfate</i>	G	
KRINTAFEL	NPB	
<i>mefloquine hcl</i>	G	
<i>primaquine phosphate</i>	G	
<i>pyrimethamine</i>	G	
<i>quinine sulfate</i>	G	
ANTIPROTOZOALS, MISCELLANEOUS		
ALINIA 100 MG/5 ML SUSPENSION	PB	QL MAX 300 / 90 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>atovaquone 750 mg/5ml oral susp</i>	G		
<i>benznidazole</i>	PB		
IMPAVIDO	PB		
LAMPIT	NPB		
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	G		
<i>nitazoxanide</i>	G	QL	MAX 12 / 90 DAYS
<i>pentamidine isethionate 300 mg vial-neb</i>	G		
SOLOSEC	PB		
<i>tinidazole</i>	G		
ANTIPSYCHOTIC AGENTS			
ANTIPSYCHOTICS, MISCELLANEOUS			
<i>loxapine succinate</i>	G		
<i>molindone hcl</i>	NPB		
<i>pimozide</i>	NPB		
ATYPICAL ANTIPSYCHOTICS			
<i>aripiprazole 1 mg/ml solution</i>	G	QPD	30.0 per day
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	G	QPD	1.0 per day
<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	G	QPD	2 per day
<i>asenapine maleate</i>	G	QPD	2 per day
<i>clozapine (200 mg tab rapdis, 200 mg tablet)</i>	G	QPD	4 per day
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tab rapdis)</i>	G	QPD	3 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clozapine (25 mg tab rapdis, 100 mg tablet)</i>	G	QPD 9 per day
<i>clozapine 12.5 mg tab rapdis</i>	NPB	ST QPD 3 per day
<i>clozapine 150 mg tab rapdis</i>	G	QPD 6 per day
FANAPT TITRATION PACK	NPB	QL MAX 8 / 180 DAYS ST
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	NPB	ST QPD 2 per day
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	G	QPD 1.0 per day
<i>lurasidone hcl 80 mg tablet</i>	G	QPD 2.0 per day
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	SP	PA QPD 1 per day CS Specialty Drug
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	G	QPD 1.0 per day
<i>olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)</i>	G	QPD 1 per day
<i>paliperidone (1.5 mg tab er 24, 3 mg tab er 24, 9 mg tab er 24)</i>	G	QPD 1.0 per day
<i>paliperidone 6 mg tab er 24</i>	G	QPD 2.0 per day
<i>quetiapine fumarate (150 mg tab er 24h, 200 mg tab er 24h)</i>	G	QPD 1.0 per day
<i>quetiapine fumarate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	G	QPD 3.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate (50 mg tab er 24h, 300 mg tab er 24h, 300 mg tablet, 400 mg tab er 24h, 400 mg tablet)</i>	G	QPD 2.0 per day
<i>quetiapine fumarate 150 mg tablet</i>	NPB	ST QPD 1 per day
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	PB	ST QPD 1 per day
<i>risperidone 1 mg/ml solution</i>	G	QPD 16 per day
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	G	QPD 2.0 per day
<i>risperidone 4 mg tablet</i>	G	QPD 4.0 per day
<i>risperidone (0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis, 3 mg tab rapdis)</i>	G	QPD 2 per day
<i>risperidone 0.25 mg tab rapdis</i>	NPB	ST QPD 2 per day
<i>risperidone 4 mg tab rapdis</i>	G	QPD 4 per day
SECUADO	NPB	ST QPD 1 per day
VERSACLOZ	NPB	ST QPD 18 per day
VRAYLAR 1.5 MG-3 MG PACK	NPB	QL MAX 7 / 180 DAYS ST
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	NPB	ST QPD 1 per day
<i>ziprasidone hcl</i>	G	QPD 2.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BUTYROPHENONES		
<i>haloperidol</i>	G	
<i>haloperidol lactate 2 mg/ml oral conc</i>	G	
PHENOTHIAZINES		
<i>chlorpromazine hcl (30 mg/ml oral conc, 100 mg/ml oral conc)</i>	NPB	
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	G	
<i>fluphenazine hcl (2.5 mg/5ml elixir, 5 mg/ml oral conc)</i>	NPB	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	G	
<i>perphenazine</i>	G	
<i>trifluoperazine hcl</i>	G	
THIOXANTHENES		
<i>thiothixene</i>	G	
ANTIRETROVIRALS		
HIV ENTRY AND FUSION INHIBITORS		
FUZEON	SP	QPD 2 per day CS Specialty Drug
<i>maraviroc 150 mg tablet</i>	G	QPD 2.0 per day
<i>maraviroc 300 mg tablet</i>	G	QPD 4.0 per day
RUKOBIA	NPB	QPD 2 per day
SELZENTRY 20 MG/ML ORAL SOLN	NPB	QPD 61.334 per day
SELZENTRY 25 MG TABLET	NPB	QPD 8 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELZENTRY 75 MG TABLET	NPB	QPD 2 per day
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
DOVATO	PB	QPD 1.0 per day
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	PB	QPD 2 per day
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	PB	QPD 6 per day
ISENTRESS HD	PB	QPD 2 per day
JULUCA	PB	QPD 1 per day
TIVICAY (25 MG TABLET, 50 MG TABLET)	PB	QPD 2 per day
TIVICAY 10 MG TABLET	PB	QPD 8 per day
TIVICAY PD	PB	QPD 12 per day
HIV NONNUCLEOSIDE REV. TRANSCRIP. INHIB.		
DELSTRIGO	PB	QPD 1 per day
EDURANT	NPB	QPD 1 per day
<i>efavirenz 200 mg capsule</i>	NPB	QPD 2 per day
<i>efavirenz 50 mg capsule</i>	NPB	QPD 3 per day
<i>efavirenz 600 mg tablet</i>	G	QPD 1 per day
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	G	QPD 1 per day
<i>etravirine</i>	G	QPD 2 per day
INTELENCE 25 MG TABLET	PB	QPD 4 per day
<i>nevirapine 50 mg/5 ml oral susp</i>	NPB	QPD 40 per day
<i>nevirapine 100 mg tab er 24h</i>	NPB	QPD 3 per day
<i>nevirapine 400 mg tab er 24h</i>	G	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nevirapine 200 mg tablet</i>	G	QPD 2 per day
PIFELTRO	NPB	QPD 1 per day
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
<i>abacavir sulfate 20 mg/ml solution</i>	G	QPD 32 per day
<i>abacavir sulfate 300 mg tablet</i>	G	QPD 2 per day
<i>abacavir sulfate/lamivudine</i>	G	QPD 1 per day
BIKTARVY	PB	QPD 1 per day
CIMDUO	PB	QPD 1 per day
COMPLERA	NPB	QPD 1 per day
DESCOVY 120-15 MG TABLET	PB	QPD 1 per day
DESCOVY 200-25 MG TABLET	PB	C [ACA] Preventive use only; Must try generic Truvada first HCR QPD 1 per day
<i>didanosine</i>	NPB	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	G	QPD 1 per day
<i>emtricitabine</i>	G	QPD 1.0 per day
<i>emtricitabine/tenofovir (tdf) 200-300 mg tablet</i>	G	C [ACA] Preventive Use Only HCR QPD 1.0 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>emtricitabine/tenofovir disoproxil fumarate</i> (<i>emtricitabine/tenofovir 100-150 mg tablet,</i> <i>emtricitabine/tenofovir 133-200 mg tablet,</i> <i>emtricitabine/tenofovir 167-250 mg tablet</i>)	G	QPD 1 per day
EMTRIVA 10 MG/ML SOLUTION	NPB	QPD 24.286 per day
EPIVIR HBV 25 MG/5 ML SOLN	NPB	
GENVOYA	PB	QPD 1 per day
<i>lamivudine 10 mg/ml solution</i>	G	QPD 32.0 per day
<i>lamivudine 100 mg tablet</i>	G	
<i>lamivudine 150 mg tablet</i>	G	QPD 2 per day
<i>lamivudine 300 mg tablet</i>	G	QPD 1 per day
<i>lamivudine/zidovudine</i>	G	QPD 2 per day
ODEFSEY	PB	QPD 1 per day
<i>stavudine</i>	G	QPD 2.0 per day
STRIBILD	NPB	QPD 1 per day
TEMIXYS	PB	QPD 1 per day
<i>tenofovir disoproxil fumarate</i>	G	QPD 1 per day
TRIUMEQ	PB	QPD 1 per day
TRIUMEQ PD	PB	QPD 6 per day
TRIZIVIR	NPB	QPD 2 per day
VIREAD POWDER	PB	QPD 8 per day
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	PB	QPD 1 per day
<i>zidovudine 100 mg capsule</i>	G	QPD 6 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zidovudine 10 mg/ml syrup</i>	G	QPD 64 per day
<i>zidovudine 300 mg tablet</i>	G	QPD 2 per day
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS	NPB	QPD 4 per day
<i>atazanavir sulfate (150 mg capsule, 300 mg capsule)</i>	G	QPD 1 per day
<i>atazanavir sulfate 200 mg capsule</i>	G	QPD 2 per day
<i>darunavir 600 mg tablet</i>	G	QPD 2.0 per day
<i>darunavir 800 mg tablet</i>	G	QPD 1.0 per day
<i>darunavir ethanolate 600 mg tablet</i>	G	QPD 2.0 per day
<i>darunavir ethanolate 800 mg tablet</i>	G	QPD 1.0 per day
EVOTAZ	PB	QPD 1 per day
<i>fosamprenavir calcium</i>	G	QPD 4 per day
LEXIVA 50 MG/ML SUSPENSION	NPB	QPD 60 per day
<i>lopinavir/ritonavir 400-100/5 solution</i>	G	QPD 16 per day
<i>lopinavir/ritonavir 100mg-25mg tablet</i>	G	QPD 6 per day
<i>lopinavir/ritonavir 200mg-50mg tablet</i>	G	QPD 4 per day
NORVIR 100 MG POWDER PACKET	NPB	QPD 12 per day
NORVIR 80 MG/ML SOLUTION	PB	QPD 16 per day
PREZCOBIX	PB	QPD 1 per day
PREZISTA 100 MG/ML SUSPENSION	PB	QPD 13.334 per day
PREZISTA 150 MG TABLET	PB	QPD 6 per day
PREZISTA 75 MG TABLET	PB	QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REYATAZ 50 MG POWDER PACKET	NPB	QPD 8 per day
<i>ritonavir</i>	G	QPD 12 per day
SYMTUZA	PB	QPD 1 per day
VIRACEPT 250 MG TABLET	NPB	QPD 9 per day
VIRACEPT 625 MG TABLET	NPB	QPD 4 per day
ANTITHROMBOTIC AGENTS		
ANTITHROMBOTIC AGENTS, MISCELLANEOUS		
CABLIVI 11 MG KIT	SP	QL MAX 58 / 365 DAYS CS Specialty Drug
CABLIVI 11 MG VIAL	SP	QL max 58 / 365 days CS Specialty Drug
PLATELET-AGGREGATION INHIBITORS		
BRILINTA	PB	
<i>cilostazol</i>	G	
<i>clopidogrel bisulfate 75 mg tablet</i>	G	
<i>prasugrel hcl</i>	G	
ZONTIVITY	NPB	
PLATELET-REDUCING AGENTS		
<i>anagrelide hcl</i>	G	
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ALLERGENIC EXTRACTS (THERAPEUTIC)		
GRASTEK	NPB	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ODACTRA	NPB	PA QPD 1 per day
ORALAIR 300 IR ADULT SAMPLE KT	NPB	PA QPD 1 per day
ORALAIR 300 IR SUBLINGUAL TAB	NPB	PA QPD 1 per day
PALFORZIA (3 MG 1), 12 MG 3))	SP	PA QPD 3 per day CS Specialty Drug
PALFORZIA (40 MG 5), 120 MG 7), 200 MG 9))	SP	PA QPD 2 per day CS Specialty Drug
PALFORZIA (80 MG 6), 160 MG 8), 240 MG 10))	SP	PA QPD 4 per day CS Specialty Drug
PALFORZIA 6 MG (LEVEL 2)	SP	PA QPD 6 per day CS Specialty Drug
PALFORZIA INITIAL DOSE PACK	SP	QL MAX 13 / 180 DAYS PA CS Specialty Drug
PALFORZIA (20 MG (LEVEL 4), 300 MG (LEVEL 11), 300 MG (MAINTENANCE))	SP	PA QPD 1 per day CS Specialty Drug
RAGWITEK	NPB	PA QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITOXINS AND IMMUNE GLOBULINS		
HYPERRAB	NPB	
TOXOIDS		
ADACEL TDAP (SYRINGE, VIAL)	PB	HCR
BOOSTRIX TDAP (SYRINGE, VIAL)	PB	HCR
DAPTACEL DTAP	PB	HCR
INFANRIX DTAP	PB	HCR
TENIVAC (SYRINGE, VIAL)	PB	HCR
<i>tetanus and diphtheria toxoids, adult</i>	PB	HCR
<i>tetanus, diphtheria toxoid ped/pf</i>	PB	HCR
VAXELIS (SYRINGE, VIAL)	PB	HCR
VACCINES		
ABRYSVO	PB	HCR
ACTHIB	PB	HCR
AFLURIA QUAD 2021-2022	PB	HCR
AFLURIA QUAD 2021-22 (3YR UP)	PB	HCR
AFLURIA QUAD 2021-22 (6-35MO)	PB	HCR
AFLURIA QUAD 2022-2023	PB	HCR
AFLURIA QUAD 2022-23 (3YR UP)	PB	HCR
AFLURIA QUAD 2023-2024	PB	HCR
AFLURIA QUAD 2023-24 (3YR UP)	PB	HCR
AREXVY	PB	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AREXVY ADJUVANT COMPONENT	PB	HCR
AREXVY ANTIGEN COMPONENT	PB	HCR
BEXSERO	PB	HCR
COMIRNATY 2023-2024 (2023-24(12Y SYRG, 2023-24(12Y VIAL)	PB	HCR
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	PB	HCR
ENGERIX-B PEDIATRIC-ADOLESCENT	PB	HCR
FLUAD QUAD 2021-2022	PB	HCR
FLUAD QUAD 2022-2023	PB	HCR
FLUAD QUAD 2023-2024	PB	HCR
FLUARIX QUAD 2021-2022	PB	HCR
FLUARIX QUAD 2022-2023	PB	HCR
FLUARIX QUAD 2023-2024	PB	HCR
FLUBLOK QUAD 2021-2022	PB	HCR
FLUBLOK QUAD 2022-2023	PB	HCR
FLUBLOK QUAD 2023-2024	PB	HCR
FLUCELVAX QUAD 2021-2022 (2021-2022 SYR, 2021-2022 VIAL)	PB	HCR
FLUCELVAX QUAD 2022-2023 (2022-2023 SYR, 2022-2023 VIAL)	PB	HCR
FLUCELVAX QUAD 2023-2024 (2023-2024 SYR, 2023-2024 VIAL)	PB	HCR
FLULAVAL QUAD 2021-2022	PB	HCR
FLULAVAL QUAD 2022-2023	PB	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLULAVAL QUAD 2023-2024	PB	HCR
FLUMIST QUAD 2021-2022	PB	HCR
FLUMIST QUAD 2022-2023	PB	HCR
FLUMIST QUAD 2023-2024	PB	HCR
FLUZONE HIGH-DOSE QUAD 2021-22	PB	HCR
FLUZONE HIGH-DOSE QUAD 2022-23	PB	HCR
FLUZONE HIGH-DOSE QUAD 2023-24	PB	HCR
FLUZONE QUAD 2021-2022 (2021-2022 SYRINGE, 2021-2022 VIAL)	PB	HCR
FLUZONE QUAD 2022-2023 (2022-2023 SYRINGE, 2022-2023 VIAL)	PB	HCR
FLUZONE QUAD 2023-2024 (2023-2024 SYRINGE, 2023-2024 VIAL)	PB	HCR
GARDASIL 9 (9 SYRINGE, 9 VIAL)	PB	C HCR [ACA] Age Edits Apply: Up to 45 years
HAVRIX	PB	HCR
HEPLISAV-B	PB	HCR
HIBERIX	PB	HCR
IMOVAX RABIES VACCINE	PB	
IPOLE VIAL	PB	HCR
JYNNEOS	PB	HCR
JYNNEOS (NATIONAL STOCKPILE)	PB	HCR
KINRIX	PB	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
M-M-R II VACCINE	PB	HCR
MENACTRA	PB	HCR
MENQUADFI	PB	HCR
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	PB	HCR
MODERNA COVID 23-24(6M-11Y)EUA	PB	HCR
NOVAVAX COVID 2023-2024 (EUA)	PB	HCR
PEDIARIX	PB	HCR
PEDVAXHIB	PB	HCR
PENBRAYA	PB	HCR
PENTACEL	PB	HCR
PFIZER COVID 2023-24(5-11Y)EUA	PB	HCR
PFIZER COVID 2023-24(6M-4Y)EUA	PB	HCR
PNEUMOVAX 23 (23 SYRINGE, 23 VIAL)	PB	HCR
PREHEVBRIO	PB	HCR
PREVNAR 13	PB	HCR
PREVNAR 20	PB	HCR
PRIORIX	PB	HCR
PROQUAD	PB	HCR
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	PB	HCR
RABAVERT	PB	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	PB	HCR
ROTARIX (ORAL SYRINGE, SUSPENSION)	PB	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ROTATEQ	PB	HCR
SHINGRIX	PB	C [ACA] Age Edits Apply: 50+ years HCR
SPIKEVAX 2023-2024 (2023-24 SYRG, 2023-24 VIAL)	PB	HCR
TRUMENBA	PB	HCR
TWINRIX	PB	HCR
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	PB	HCR
VARIVAX VACCINE	PB	HCR
VAXNEUVANCE	PB	HCR
VIVOTIF	NPB	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
ANTIULCER AGENTS AND ACID SUPPRESS., MISC		
TALICIA	PB	
HISTAMINE H2-ANTAGONISTS		
<i>cimetidine</i>	G	
<i>cimetidine hcl</i>	NPB	
<i>famotidine 40mg/5ml susp recon</i>	G	
<i>famotidine 20 mg tablet</i>	G	
<i>famotidine 40 mg tablet</i>	G	
<i>nizatidine (150 mg capsule, 150mg/10ml solution, 300 mg capsule)</i>	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROSTAGLANDINS		
<i>misoprostol</i>	G	
PROTECTANTS		
<i>sucralfate 1 g/10 ml oral susp</i>	G	
<i>sucralfate 1 g tablet</i>	G	
PROTON-PUMP INHIBITORS		
ACIPHEX SPRINKLE	NPB	QPD 1 per day
<i>dexlansoprazole</i>	G	QPD 1.0 per day
<i>esomeprazole magnesium</i>	G	QPD 1 per day
<i>esomeprazole strontium</i>	NPB	QPD 1 per day
KONVOMEF	NPB	QPD 20.0 per day
<i>lansoprazole (15 mg capsule dr, 30 mg capsule dr)</i>	G	QPD 1 per day
<i>lansoprazole (15 mg tab rap dr, 30 mg tab rap dr)</i>	G	QPD 1.0 per day
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i>	G	
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	PB	QPD 1 per day
<i>omeprazole (10 mg capsule dr, 20 mg capsule dr)</i>	G	QPD 1 per day
<i>omeprazole 40 mg capsule dr</i>	G	QPD 1.0 per day
<i>omeprazole/sodium bicarbonate (omeprazole/sodium 20-1680mg packet, omeprazole/sodium 20mg-1.1g capsule, omeprazole/sodium 40-1680mg packet, omeprazole/sodium 40mg-1.1g capsule)</i>	G	QPD 1 per day
<i>pantoprazole sodium 40 mg granpkt dr</i>	G	QPD 1.0 per day
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	G	QPD 1.0 per day
PRILOSEC DR 10 MG SUSPENSION	NPB	QPD 1 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
PRILOSEC DR 2.5 MG SUSPENSION	NPB	QPD	2 per day
<i>rabeprazole sodium 10 mg cap dr spr</i>	NPB	QPD	1 per day
<i>rabeprazole sodium 20 mg tablet dr</i>	G	QPD	1.0 per day
ANTIVIRALS (SYSTEMIC)			
ANTIRETROVIRALS			
SUNLENCA 4- 300 MG TABLET	SP	QL	MAX 4 / 365 DAYS
		CS	Specialty Drug
SUNLENCA 5- 300 MG TABLET	SP	QL	MAX 5 / 365 DAYS
		CS	Specialty Drug
ANTIVIRALS, MISCELLANEOUS			
LIVTENCITY	SP	QPD	4 per day
		CS	Specialty Drug
PAXLOVID 150-100 MG DOSE PACK	PB	QPD	4.0 per day
PAXLOVID 300-100 MG DOSE PACK	PB	QPD	6.0 per day
PREVYMIS (240 MG TABLET, 480 MG TABLET)	NPB	QL	max 200 / 365 days
XOFLUZA (40 MG TABLET, 80 MG TABLET)	NPB	QL	MAX 2 / 120 DAYS
XOFLUZA 20 MG TAB (40 MG DOSE)	NPB	QL	MAX 4 / 120 DAYS
INTERFERON ANTIVIRALS			
INTRON A	SP	CS	Specialty Drug
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	SP	PA	
		CS	Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
NEURAMINIDASE INHIBITOR ANTIVIRALS			
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	G	QL	MAX 20 / 120 DAYS
oseltamivir phosphate 30 mg capsule	G	QL	MAX 40 / 120 DAYS
oseltamivir phosphate 6 mg/ml susp recon	G	QL	MAX 300 / 120 DAYS
RELENZA	NPB	QL	MAX 40 / 120 DAYS
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS			
acyclovir (200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet)	G		
adefovir dipivoxil	G		
BARACLUDE 0.05 MG/ML SOLUTION	PB		
entecavir	G		
famciclovir	G		
LAGEVRIO (EUA)	NPB	QPD	8.0 per day
ribavirin (200 mg capsule, 200 mg tablet)	SP	CS	Specialty Drug
SITAVIG	NPB		
valacyclovir hcl	G		
valganciclovir hcl (50 mg/ml soln recon, 450 mg tablet)	G		
VEMLIDY	PB		
ANXIOLYTICS, SEDATIVES AND HYPNOTICS			
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC			
buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	G		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>buspirone hcl 7.5 mg tablet</i>	G	
EDLUAR	NPB	ST QPD 1 per day
<i>eszopiclone</i>	G	QPD 1 per day
HETLIOZ LQ	SP	PA QPD 5.267 per day CS Specialty Drug
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet)</i>	G	
<i>hydroxyzine pamoate (25 mg capsule, 50 mg capsule)</i>	G	
<i>hydroxyzine pamoate 100 mg capsule</i>	NPB	
<i>meprobamate</i>	G	
<i>tasimelteon</i>	SP	PA QPD 1.0 per day CS Specialty Drug
<i>zaleplon</i>	G	QPD 1 per day
<i>zolpidem tartrate 7.5 mg capsule</i>	NPB	ST QPD 1.0 per day
<i>zolpidem tartrate (5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)</i>	G	QPD 1.0 per day
<i>zolpidem tartrate (1.75 mg tab subl, 3.5 mg tab subl)</i>	NPB	ST QPD 1 per day
ZOLPIMIST	NPB	ST QPD 0.257 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet)</i>	G	
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP)		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 0.5 mg tablet, 1 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg tablet, 3 mg tablet)</i>	G	
<i>alprazolam (0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis)</i>	G	
ALPRAZOLAM INTENSOL	NPB	
<i>chlordiazepoxide hcl</i>	G	
<i>clorazepate dipotassium</i>	G	
DIASTAT	PB	
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml oral conc, 5-7.5-10mg kit, 10 mg tablet, 12.5-15-20 kit)</i>	G	
<i>diazepam 2.5 mg kit</i>	NPB	
DORAL	NPB	
<i>estazolam</i>	G	
<i>flurazepam hcl</i>	NPB	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml oral conc)</i>	G	
LORAZEPAM INTENSOL	G	
LOREEV XR	NPB	
<i>oxazepam</i>	G	
<i>quazepam</i>	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	G	
<i>temazepam (7.5 mg capsule, 22.5 mg capsule)</i>	G	
<i>triazolam</i>	G	
VALTOCO	NPB	QPD 0.334 per day
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA	PB	ST QPD 1 per day
AUTONOMIC DRUGS		
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ADLARITY	NPB	
<i>bethanechol chloride</i>	G	
<i>cevimeline hcl</i>	G	
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 23 mg tablet)</i>	G	
FIRDAPSE	SP	PA QPD 8 per day CS Specialty Drug
<i>galantamine hbr 4 mg/ml solution</i>	NPB	
<i>galantamine hbr (4 mg tablet, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	G	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	G	
<i>pyridostigmine bromide (60 mg tablet, 60 mg/5 ml solution, 180 mg tablet er)</i>	G	
<i>pyridostigmine bromide 30 mg tablet</i>	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>rivastigmine</i>	G		
<i>rivastigmine tartrate</i>	G		
SMOKING CESSATION AGENTS			
CHANTIX STARTING MONTH BOX	PB		
<i>nicotine 21-14-7mg patch dysq</i>	PB	C	[ACA] Quantity Limits May Apply
		HCR	
<i>nicotine (7mg/24hr patch td24, 14mg/24hr patch td24, 21 mg/24hr patch td24)</i>	G	C	[ACA] Quantity Limits May Apply
		HCR	
<i>nicotine polacrilex (2 mg gum, 2 mg lozenge, 2 mg lozng mini, 4 mg gum, 4 mg lozenge, 4 mg lozng mini)</i>	G	C	[ACA] Quantity Limits May Apply
		HCR	
NICOTROL	PB	C	[ACA] Quantity Limits May Apply
		HCR	
NICOTROL NS	PB	C	[ACA] Quantity Limits May Apply
		HCR	
QUIT 2 MG CHEWING GUM	G		
QUIT 2 MG LOZENGE	G	C	[ACA] Quantity Limits May Apply
		HCR	
QUIT 4 MG CHEWING GUM	G		
QUIT 4 MG LOZENGE	G	C	[ACA] Quantity Limits May Apply
		HCR	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
STOP SMOKING AID	G	C [ACA] Quantity Limits May Apply HCR
<i>varenicline tartrate</i>	G	C [ACA] Quantity Limits May Apply HCR
BETA-3-ADRENERGIC AGONISTS		
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
GEMTESA	NPB	
MYRBETRIQ ER 8 MG/ML SUSP	PB	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	PB	
BETA-ADRENERGIC AGONISTS		
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
<i>albuterol hfa 90 mcg inhaler (gen proair)</i>	G	QPD 1.2 per day
<i>albuterol hfa 90 mcg inhaler (gen proventil)</i>	G	QPD 1.2 per day
<i>albuterol sulfate 90 mcg hfa aer ad</i>	G	QPD 1.2 per day
<i>albuterol sulfate (4 mg tab er 12h, 8 mg tab er 12h)</i>	NPB	
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2 mg tablet, 2 mg/5 ml syrup, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 4 mg tablet, 5 mg/ml solution)</i>	G	
<i>arformoterol tartrate</i>	G	
<i>levalbuterol hcl (0.31mg/3ml vial-neb, 0.63mg/3ml vial-neb, 1.25mg/0.5 vial-neb, 1.25mg/3ml vial-neb)</i>	G	
SEREVENT DISKUS	PB	QPD 2 per day
STRIVERDI RESPIMAT	PB	QPD 0.134 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	G	
VENTOLIN HFA	G	QPD 1.2 per day B4G
BLOOD DERIVATIVES		
GLASSIA	SP	CS Specialty Drug
BLOOD FORMATION, COAGULATION, THROMBOSIS		
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
OXBRYTA (300 MG TABLET, 300 MG TABLET FOR SUSP, 500 MG TABLET)	SP	PA QPD 3 per day CS Specialty Drug
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	SP	QL MAX 14 / 365 DAYS PA CS Specialty Drug
PYRUKYND (20 MG PACK, 50 MG PACK)	SP	PA QPD 2 per day CS Specialty Drug
PYRUKYND (5 MG TABLET, 20 MG TABLET, 50 MG TABLET)	SP	PA QPD 2 per day CS Specialty Drug
PYRUKYND 5 MG TAPER PACK	SP	QL MAX 7 / 365 DAYS PA QPD 2 per day CS Specialty Drug
TAVALISSE	SP	PA QPD 2 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HEMATOPOIETIC AGENTS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
DOPTELET ((10 TAB 20 MG TAB, (15 TAB 20 MG TAB)	SP	PA QPD CS 2.0 per day Specialty Drug
DOPTELET (30 TAB PK) 20 MG TAB	SP	PA QPD CS 2 per day Specialty Drug
FULPHILA	SP	CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
LEUKINE	SP	CS Specialty Drug
MIRCERA (30 MCG/0.3 ML SYRINGE, 50 MCG/0.3 ML SYRINGE, 75 MCG/0.3 ML SYRINGE, 100 MCG/0.3 ML SYRINGE, 120 MCG/0.3 ML SYRINGE, 150 MCG/0.3 ML SYRINGE)	NPB	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULPLETA	SP	PA QPD CS 1 per day Specialty Drug
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	SP	CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
NYVEPRIA	SP	CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET)	SP	PA QPD CS 1 per day Specialty Drug
PROMACTA (50 MG TABLET, 75 MG TABLET)	SP	PA QPD CS 2 per day Specialty Drug
RETACRIT	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZARXIO	SP	CS Specialty Drug
HEMORRHEOLOGIC AGENTS		
<i>pentoxifylline</i>	G	
CALCIUM-CHANNEL BLOCKING AGENTS		
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CARTIA XT	G	
DILT-XR	G	
<i>diltiazem hcl (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg cap er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	G	
<i>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 360 mg cap sa 24h, 420 mg cap sa 24h)</i>	G	
MATZIM LA	G	
TAZTIA XT	G	
TIADYL T ER	G	
<i>verapamil hcl (100 mg cap24h pct, 200 mg cap24h pct, 300 mg cap24h pct, 360 mg cap24h pel)</i>	NPB	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 240 mg cap24h pel, 240 mg tablet er)</i>	G	
VERELAN PM	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	G	
<i>amlodipine besylate/benazepril hcl</i>	G	
<i>amlodipine besylate/olmesartan medoxomil</i>	G	
<i>amlodipine besylate/valsartan</i>	G	
<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>	G	
CONJUPRI	NPB	
CONSENSI	NPB	
<i>felodipine</i>	G	
<i>isradipine</i>	G	
KATERZIA	NPB	
<i>levamlodipine maleate</i>	NPB	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	G	
<i>nifedipine (10 mg capsule, 20 mg capsule, 30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i>	G	
<i>nimodipine</i>	G	
<i>nisoldipine (20 mg tab er 24h, 25.5 mg tab er 24h, 30 mg tab er 24h, 40 mg tab er 24h)</i>	NPB	
<i>nisoldipine (8.5mg tab er 24h, 17 mg tab er 24h, 34 mg tab er 24h)</i>	G	
NORLIQVA	NPB	
NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN, 60 MG/10 ML SOLUTION)	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIAC DRUGS		
CARDIAC DRUGS, MISCELLANEOUS		
ASPRUZYO SPRINKLE	NPB	
CAMZYOS	SP	PA QPD 1 per day CS Specialty Drug
CORLANOR 5 MG/5 ML ORAL SOLN	PB	PA QPD 20 per day
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	PB	PA QPD 2 per day
<i>ranolazine</i>	G	
VYNDAMAX	SP	PA QPD 1 per day CS Specialty Drug
VYNDAQEL	SP	PA QPD 4 per day CS Specialty Drug
CARDIOTONIC AGENTS		
DIGITEK	G	
DIGOX	G	
<i>digoxin (50 mcg/ml solution, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	G	
<i>digoxin 0.05 mg/ml solution (west-ward/hikma)</i>	NPB	
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA XL	NPB	
<i>carvedilol</i>	G	
<i>carvedilol phosphate</i>	G	
<i>doxazosin mesylate</i>	G	
<i>prazosin hcl</i>	G	
<i>terazosin hcl</i>	G	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	G	
<i>atenolol</i>	G	
<i>atenolol/chlorthalidone</i>	G	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	G	
<i>bisoprolol fumarate</i>	G	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	G	
HEMANGEOL	PB	
INDERAL XL	NPB	
INNOPRAN XL	NPB	
KAPSPARGO SPRINKLE	NPB	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	G	
<i>metoprolol succinate</i>	G	
<i>metoprolol tartrate (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>metoprolol tartrate/hydrochlorothiazide</i>	G	
<i>nadolol</i>	G	
<i>nebivolol hcl</i>	G	
<i>pindolol</i>	G	
<i>propranolol hcl 40mg/5ml solution</i>	PB	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	G	
<i>propranolol hcl/hydrochlorothiazide</i>	NPB	
SORINE	G	
SOTALOL AF	G	
<i>sotalol hcl (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	G	
SOTYLIZE	NPB	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	G	
CENTRAL NERVOUS SYSTEM AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate (150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule)</i>	G	
<i>lithium carbonate 150 mg cap (west-ward/hikma)</i>	NPB	
<i>lithium carbonate 300 mg cap (west-ward/hikma)</i>	NPB	
<i>lithium carbonate 600 mg cap (west-ward/hikma)</i>	NPB	
<i>lithium citrate</i>	G	
LITHOBID	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
<i>acamprosate calcium</i>	G	
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	G	QPD 2 per day
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	G	QPD 1 per day
<i>carbidopa</i>	G	
DAYBUE	SP	PA QPD 120 per day CS Specialty Drug
EXSERVAN	SP	CS Specialty Drug
<i>guanfacine hcl (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	G	QPD 1.0 per day
LUMRYZ	SP	PA QPD 1.0 per day CS Specialty Drug
<i>memantine hcl (7 mg cap spr 24, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24)</i>	G	
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 10 mg tablet)</i>	G	
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	G	
NAMENDA XR TITRATION PACK	NPB	
NAMZARIC TITRATION PACK	NPB	
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	NPB	
NOURIANZ	SP	CS Specialty Drug
NUEDEXTA	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RADICAVA ORS 105 MG/5 ML SUSP	SP	PA QPD 1.786 per day CS Specialty Drug
RADICAVA ORS STARTER KIT SUSP	SP	QL MAX 70 / 180 DAYS PA CS Specialty Drug
<i>riluzole</i>	SP	CS Specialty Drug
<i>sodium oxybate</i>	SP	PA QPD 18 per day CS Specialty Drug
TIGLUTIK	SP	CS Specialty Drug
XYWAV	SP	PA QPD 18 per day CS Specialty Drug
FIBROMYALGIA AGENTS		
SAVELLA TITRATION PACK	NPB	QL MAX 55 / 180 DAYS
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	NPB	QPD 2 per day
OPIATE ANTAGONISTS		
KLOXXADO	PB	
<i>naloxone hcl 0.4 mg/ml cartridge</i>	NPB	
<i>naloxone hcl (0.4 mg/ml vial, 1 mg/ml syringe, 4 mg spray)</i>	G	
<i>naltrexone hcl</i>	G	
OPVEE	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZIMHI	NPB	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	SP	PA QPD 4 per day CS Specialty Drug
AUSTEDO 6 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug
AUSTEDO XR (6 MG TABLET, 12 MG TABLET)	SP	PA QPD 1.0 per day CS Specialty Drug
AUSTEDO XR 24 MG TABLET	SP	PA QPD 2.0 per day CS Specialty Drug
AUSTEDO XR TITRATION KT(WK1-4)	SP	QL max 42 / 180 days PA CS Specialty Drug
INGREZZA	SP	PA QPD 1 per day CS Specialty Drug
INGREZZA INITIATION PACK	SP	QL MAX 28 / 180 DAYS PA CS Specialty Drug
<i>tetrabenazine 12.5 mg tablet</i>	SP	PA QPD 8 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tetrabenazine 25 mg tablet</i>	SP	PA QPD 4 per day CS Specialty Drug
CEPHALOSPORIN ANTIBIOTICS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefadroxil (250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon)</i>	G	
<i>cefadroxil 1 g tablet</i>	NPB	
<i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule, 750 mg capsule)</i>	G	
<i>cephalexin (250 mg tablet, 500 mg tablet)</i>	NPB	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>ceftiofur (250 mg capsule, 500 mg capsule)</i>	NPB	
<i>ceftiofur (125 mg/5ml susp recon, 250 mg/5ml susp recon, 375 mg/5ml susp recon, 500 mg tab er 12h)</i>	NPB	
<i>cefprozil (125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet)</i>	G	
<i>cefuroxime axetil</i>	G	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
<i>cefdinir (125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule)</i>	G	
<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>	G	
<i>cefpodoxime proxetil (50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR HFA	PB	QPD 0.4 per day
ARNUITY ELLIPTA	PB	QPD 1 per day
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	PB	QPD 0.034 per day
ASMANEX HFA	PB	QPD 0.434 per day
BREO ELLIPTA	PB	QPD 2 per day
BREYNA	G	QPD 1.03 per day
BREZTRI AEROSPHERE	PB	QPD 0.357 per day
<i>budesonide (0.25mg/2ml ampul-neb, 0.5 mg/2ml ampul-neb, 1 mg/2 ml ampul-neb)</i>	G	
<i>budesonide/formoterol fumarate</i>	G	QPD 1.03 per day
DULERA (50 MCG INHALER, 200 MCG INHALER)	PB	QPD 1.3 per day
DULERA 100 MCG-5 MCG INHALER	PB	QPD 0.88 per day
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg aer pow ba, propion/salmeterol 113-14 mcg aer pow ba, propion/salmeterol 232-14 mcg aer pow ba)</i>	G	QPD 0.034 per day
<i>fluticasone propion/salmeterol 500-50 mcg blst w/dev</i>	G	QPD 2.0 per day
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg blst w/dev, propion/salmeterol 250-50 mcg blst w/dev)</i>	G	QPD 2 per day
QVAR REDHALER 40 MCG	PB	QPD 0.354 per day
QVAR REDHALER 80 MCG	PB	QPD 0.707 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
TRELEGY ELLIPTA	PB	QPD	2 per day
WIXELA INHUB	G	QPD	2 per day
CYSTIC FIBROSIS (CFTR) MODULATORS			
CYSTIC FIBROSIS (CFTR) CORRECTORS			
SYMDEKO	SP	PA	
		QPD	2 per day
		CS	Specialty Drug
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	SP	PA	
		QPD	2.0 per day
		CS	Specialty Drug
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	SP	PA	
		QPD	3 per day
		CS	Specialty Drug
CYSTIC FIBROSIS (CFTR) POTENTIATORS			
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	SP	PA	
		QPD	2 per day
		CS	Specialty Drug
KALYDECO 13.4 MG GRANULES PKT	SP	PA	
		QPD	2.0 per day
		CS	Specialty Drug
KALYDECO 5.8 MG GRANULES PKT	SP	PA	
		QPD	2.0 per day
		CS	Specialty Drug
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	SP	PA	
		QPD	2 per day
		CS	Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ORKAMBI (100 MG TABLET, 200 MG TABLET)	SP	PA	
		QPD	4 per day
		CS	Specialty Drug
DEPIGMENTING AND PIGMENTING AGENTS			
PIGMENTING AGENTS			
methoxsalen	NPB		
DEVICES			
blade lancet, safety (0.8 mmx2mm each, 1.2 mm each, 1.5 mmx2mm each)	PB		
blood glucose calibration control solution, high	PB		
blood glucose calibration control solution, low	PB		
blood glucose calibration control solution, normal	PB		
blood-glucose meter,continuous	PB	QL	MAX 1 / 365 DAYS
		ST	
		C	STEP THERAPY DOES NOT APPLY
blood-glucose sensor	PB	ST	
		C	STEP THERAPY DOES NOT APPLY
		QPD	0.1 per day
blood-glucose transmitter	PB	QL	MAX 1 / 90 DAYS
		ST	
		C	STEP THERAPY DOES NOT APPLY

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>blunt needle, disposable 18gx1 1/2" dis needle</i>	PB		
<i>covid-19 antigen immunoassay test</i>	NC	EXCL	Plan Benefit Exclusion - Refer to Plan COC
<i>covid-19 igg/igm test cassette</i>	NC	EXCL	Plan Benefit Exclusion - Refer to Plan COC
<i>covid-19 molecular nucleic acid test assay</i>	NC	EXCL	Plan Benefit Exclusion - Refer to Plan COC
<i>covid-19 reader device</i>	NC	EXCL	Plan Benefit Exclusion - Refer to Plan COC
<i>covid-19 test administered by pharmacist</i>	NC	EXCL	Plan Benefit Exclusion - Refer to Plan COC
<i>covid-19 test specimen collection</i>	NC	EXCL	Plan Benefit Exclusion - Refer to Plan COC
<i>covid-19, influenza a, influenza b antigen immunoassay test</i>	NC	EXCL	Plan Benefit Exclusion - Refer to Plan COC
<i>eua patient assessment</i>	NC	EXCL	Plan Benefit Exclusion - Refer to Plan COC
<i>inhaler, assist devices</i>	PB		
<i>inhaler,assist device,accessory each</i>	PB		

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>inhaler,assist device with large mask</i>	PB	
<i>inhaler,assist device with medium mask</i>	PB	
<i>inhaler,assist device with small mask</i>	PB	
<i>insulin admin. supplies</i>	PB	
<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>	PB	QL PA max 1 / 720 days
<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>	PB	PA QPD 1 per day
<i>insulin pump cartridge,automated dosing,bt with controller</i>	PB	QL PA MAX 1 / 720 DAYS
<i>insulin pump cartridge,continuous infusion,bt and controller</i>	PB	QL PA MAX 1 / 720 DAYS
<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>	PB	PA QPD 1 per day
<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>	PB	PA QPD 1.0 per day
<i>lancets (17 gauge each, 18 gauge each, 21 gauge each, 23 gauge each, 25 gauge each, 26 gauge each, 28 gauge each, 30 gauge each, 31 gauge each, 32 gauge each, 33 gauge each, each)</i>	PB	
<i>lancing device each</i>	PB	
<i>lancing device, vacuum/lancets</i>	PB	
<i>lancing device/lancets</i>	PB	
<i>mpox (monkeypox) molecular nucleic acid test assay</i>	NC	EXCL Plan Benefit Exclusion - Refer to Plan COC

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>needles, blood collection (blood 20gx1" dis needle, blood 21 g x 1" dis needle, blood 22gx1" dis needle)</i>	PB	
<i>needles, disposable (14gx1" dis needle, 14gx1.5" dis needle, 14gx2" dis needle, 16 g x 1" dis needle, 16gx0.625" dis needle, 16gx1.5" dis needle, 16gx3/4" dis needle, 18gx1 1/2" dis needle, 18gx1 1/4" dis needle, 18gx1" dis needle, 19gx1 1/2" dis needle, 19gx1" dis needle, 20gx1 1/2" dis needle, 20gx1" dis needle, 20gx3/4" dis needle, 21 g x 1" dis needle, 21g x1.25" dis needle, 21gx1 1/2" dis needle, 21gx2" dis needle, 22gx1 1/2" dis needle, 22gx3/4" dis needle, 23gx1 1/2" dis needle, 23gx1" dis needle, 23gx1.25" dis needle, 23gx3/4" dis needle, 24 gx1.25" dis needle, 24gx1" dis needle, 25gx0.875" dis needle, 25gx1 1/2" dis needle, 25gx1" dis needle, 25gx1.25" dis needle, 25gx2" dis needle, 25gx3/4" dis needle, 25gx5/8" dis needle, 26 g x5/8" dis needle, 26gx1" dis needle, 26gx1.5" dis needle, 26gx1/2" dis needle, 26gx3/8" dis needle, 27gx1.25" dis needle, 27gx1.5" dis needle, 27gx1/2" dis needle, 30gx1" dis needle, 30gx1/2" dis needle, 30gx3/4" dis needle, 31 gx5/16" dis needle, 32 gx5/16" dis needle, dis needle)</i>	PB	
<i>needles, disposable 22gx1" dis needle</i>	PB	
<i>needles, filter (18gx1 1/2" dis needle, 18gx3" dis needle, 19gx1 1/2" dis needle, 20gx1 1/2" dis needle)</i>	PB	
<i>needles, huber disposable</i>	PB	
<i>needles, pharmacy compound</i>	PB	
<i>needles, reusable 26gx1/2" needle</i>	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>needles, safety (18gx1 1/2" dis needle, 18gx1" dis needle, 19gx1 1/2" dis needle, 19gx1" dis needle, 20gx1 1/2" dis needle, 20gx1" dis needle, 21 g x 1" dis needle, 21gx1 1/2" dis needle, 22gx1 1/2" dis needle, 22gx1" dis needle, 22gx3/4" dis needle, 23gx1 1/2" dis needle, 23gx1" dis needle, 23gx5/8" dis needle, 25gx1 1/2" dis needle, 25gx1" dis needle, 25gx5/8" dis needle, 26gx1" dis needle, 26gx1/2" dis needle, 27gx1" dis needle, 27gx1/2" dis needle, 27gx5/8" dis needle, 28gx1/2" dis needle, 29 g x 1/2" dis needle, 30 gx5/16" dis needle, 30gx1/2" dis needle, 31 gx5/16" dis needle)</i>	PB	
<i>needles, safety huber, disposable</i>	PB	
<i>needles, spinal-anesthetic (20gx1 1/2" dis needle, 21 g x 1" dis needle)</i>	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>pen needle, diabetic (pen 29 g x1/2" dis needle, pen 29 gauge dis needle, pen 29g x 3/8" dis needle, pen 29gx15/32" dis needle, pen 30 gx3/16" dis needle, pen 30 gx5/16" dis needle, pen 31 g x1/3" dis needle, pen 31 g x1/4" dis needle, pen 31 g x1/6" dis needle, pen 31 gx3/16" dis needle, pen 31 gx5/16" dis needle, pen 31gx5/32" dis needle, pen 31gx13/64" dis needle, pen 31gx15/64" dis needle, pen 32 gx 1/4" dis needle, pen 32 gx 1/5" dis needle, pen 32 gx 1/6" dis needle, pen 32 gx3/16" dis needle, pen 32 gx5/16" dis needle, pen 32gx5/32" dis needle, pen 33 g x1/4" dis needle, pen 33 gx3/16" dis needle, pen 33 gx5/16" dis needle, pen 33 gx5/32" dis needle, pen 34 gx9/64" dis needle)</i>	PB	
<i>pen needle, diabetic disposable, safety (pen 30 gx3/16" dis needle, pen 30 gx5/16" dis needle, pen 32gx 5/32" dis needle)</i>	PB	
<i>pen needle, diabetic, remover and disposal unit (pen unit 29 g x1/2" dis needle, pen unit 31 g x1/4" dis needle, pen unit 31 gx3/16" dis needle, pen unit 31 gx5/16" dis needle, pen unit 32 gx 1/4" dis needle)</i>	PB	
<i>pen needle, diabetic, disp unit 32gx 5/32" dis needle</i>	PB	
<i>pen needle, diabetic, safety (pen 29 g x1/2" dis needle, pen 29gx 5/16" dis needle, pen 29gx3/16" dis needle, pen 30 g x1/4" dis needle, pen 30 gx 1/3" dis needle, pen 30 gx3/16" dis needle, pen 30 gx5/16" dis needle, pen 31 g x1/4" dis needle, pen 31 gx3/16" dis needle, pen 31 gx5/16" dis needle, pen 31gx 5/32" dis needle, pen 32gx 5/32" dis needle)</i>	PB	
<i>safety syringe with needle, disposable kit-tray, 1 ml (1 ml 25gx1" tray, 1 ml 26gx3/8" tray, 1 ml 27gx1/2" tray)</i>	PB	
<i>syringe w-needle 0.5 ml, kit-tray 28gx1/2" tray</i>	PB	
<i>syringe disposable irrigation disp syrin</i>	PB	
<i>syringe with cannula, 10 ml 17 gauge disp syrin</i>	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe with cannula, 3 ml 18gx1" disp syrin</i>	PB	
<i>syringe with needle 1 ml, disposable kit-tray (syringe 1 27gx1/2" tray, syringe 1 28gx1/2" tray)</i>	PB	
<i>syringe with needle and cannula, disposable, 10 ml</i>	PB	
<i>syringe with needle, insulin, safety, 0.3 ml (29 g x1/2" disp syrin, 30 gx5/16" disp syrin, 31 gx5/16" disp syrin, 31gx15/64" disp syrin)</i>	PB	
<i>syringe with needle, insulin, safety, 0.5 ml (29 g x1/2" disp syrin, 30 gx5/16" disp syrin, 31 gx5/16" disp syrin, 31gx15/64" disp syrin)</i>	PB	
<i>syringe with needle, insulin, safety, 1 ml (29 g x1/2" disp syrin, 30 gx3/16" disp syrin, 30 gx5/16" disp syrin, 30gx1/2" disp syrin, 31 gx5/16" disp syrin, 31gx15/64" disp syrin)</i>	PB	
<i>syringe with needle, insulin, 1 ml and sharps container</i>	PB	
<i>syringe with needle, disposable, 0.5 ml (syringe 0.5 ml 27gx1/2" disp syrin, syringe 0.5 ml 28gx1/2" disp syrin)</i>	PB	
<i>syringe with needle, disposable, 1 ml (syringe 1 ml 20gx1" disp syrin, syringe 1 ml 21 g x 1" disp syrin, syringe 1 ml 22gx1 1/2" disp syrin, syringe 1 ml 25gx1" disp syrin, syringe 1 ml 25gx5/8" disp syrin, syringe 1 ml 26 g x5/8" disp syrin, syringe 1 ml 26gx3/8" disp syrin, syringe 1 ml 27gx0.375" disp syrin, syringe 1 ml 27gx1/2" disp syrin, syringe 1 ml 28gx1/2" disp syrin)</i>	PB	
<i>syringe with needle, disposable, 10 ml (syringe 10 ml 20gx1 1/2" disp syrin, syringe 10 ml 20gx1" disp syrin, syringe 10 ml 21 g x 1" disp syrin, syringe 10 ml 21gx1 1/2" disp syrin, syringe 10 ml 22gx1" disp syrin)</i>	PB	
<i>syringe with needle, disposable, 12 ml (syringe 12 ml 18gx1" disp syrin, syringe 12 ml 20gx1 1/2" disp syrin)</i>	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe with needle,disposable, 3 ml (syringe ml 18gx1 1/2" disp syrin, syringe ml 20gx1 1/2" disp syrin, syringe ml 20gx1" disp syrin, syringe ml 20gx3/4" disp syrin, syringe ml 21 g x 1" disp syrin, syringe ml 21gx1 1/2" disp syrin, syringe ml 22gx1 1/2" disp syrin, syringe ml 22gx1" disp syrin, syringe ml 22gx3/4" disp syrin, syringe ml 23gx1 1/2" disp syrin, syringe ml 23gx1" disp syrin, syringe ml 25gx1 1/2" disp syrin, syringe ml 25gx1" disp syrin, syringe ml 25gx1.25" disp syrin, syringe ml 25gx5/8" disp syrin, syringe ml 26 g x5/8" disp syrin, syringe ml 27gx1.25" disp syrin)</i>	PB	
<i>syringe with needle,disposable, 5 ml</i>	PB	
<i>syringe with needle,disposable, 6 ml (syringe 6 ml 20gx1 1/2" disp syrin, syringe 6 ml 21 g x 1" disp syrin, syringe 6 ml 21gx1 1/2" disp syrin, syringe 6 ml 22gx1 1/2" disp syrin)</i>	PB	
<i>syringe with needle,disposable,insulin 1 ml (syringe disp syrin, syringe 25gx5/8" disp syrin, syringe 27gx1/2" disp syrin, syringe 27gx5/8" disp syrin, syringe 28 gauge disp syrin, syringe 28 gx5/16" disp syrin, syringe 28gx1/2" disp syrin, syringe 29 g x1/2" disp syrin, syringe 29 gauge disp syrin, syringe 29gx 5/16" disp syrin, syringe 29gx7/16" disp syrin, syringe 30 gauge disp syrin, syringe 30 gx5/16" disp syrin, syringe 30gx1/2" disp syrin, syringe 30gx15/64" disp syrin, syringe 31 g x1/4" disp syrin, syringe 31 gx5/16" disp syrin, syringe 31gx15/64" disp syrin, syringe 32 gx5/16" disp syrin)</i>	PB	
<i>syringe with needle,insulin 0.3 ml (half unit mark) (0.3 ml 29 g x1/2" disp syrin, 0.3 ml 30 gx5/16" disp syrin, 0.3 ml 30gx1/2" disp syrin, 0.3 ml 31 g x1/4" disp syrin, 0.3 ml 31 gx5/16" disp syrin, 0.3 ml 31gx15/64" disp syrin)</i>	PB	
<i>syringe with needle,insulin 0.5 ml (half unit mark)</i>	PB	
<i>syringe with needle,insulin disposable</i>	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe with needle,insulin disposable,0.3 ml/empty containr</i>	PB	
<i>syringe with needle,insulin,0.3 ml (ml 29 g x1/2" disp syrin, ml 29 gauge disp syrin, ml 30 gauge disp syrin, ml 30 gx5/16" disp syrin, ml 30gx1/2" disp syrin, ml 30gx15/64" disp syrin, ml 31 g x1/4" disp syrin, ml 31 gx5/16" disp syrin, ml 31gx1/2" disp syrin, ml 31gx15/64" disp syrin)</i>	PB	
<i>syringe with needle,insulin,0.5 ml (ml 27gx1/2" disp syrin, ml 28 gauge disp syrin, ml 28gx1/2" disp syrin, ml 29 g x1/2" disp syrin, ml 29 gauge disp syrin, ml 30 gauge disp syrin, ml 30 gx5/16" disp syrin, ml 30gx1/2" disp syrin, ml 31 g x1/4" disp syrin, ml 31 gx5/16" disp syrin, ml 31gx15/64" disp syrin, ml 32 gx5/16" disp syrin)</i>	PB	
<i>syringe without needle,insulin disposable, 1 ml</i>	PB	
<i>syringe, disposable</i>	PB	
<i>syringe, disposable irrigation, 70 ml</i>	PB	
<i>syringe, disposable, 1 ml</i>	PB	
<i>syringe, disposable, 10 ml</i>	PB	
<i>syringe, disposable, 12 ml</i>	PB	
<i>syringe, disposable, 140 ml</i>	PB	
<i>syringe, disposable, 20 ml</i>	PB	
<i>syringe, disposable, 3 ml disp syrin</i>	PB	
<i>syringe, disposable, 30 ml</i>	PB	
<i>syringe, disposable, 35 ml</i>	PB	
<i>syringe, disposable, 5 ml</i>	PB	
<i>syringe, disposable, 50 ml</i>	PB	
<i>syringe, disposable, 6 ml disp syrin</i>	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>syringe, disposable, 60 ml</i>	PB	
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i>	PB	
<i>syringe, safety 3 ml</i>	PB	
<i>syringe,safety with needle,1 ml (23gx1" disp syrin, 25gx1" syringe, 25gx5/8" disp syrin, 26 g x5/8" disp syrin, 26gx3/8" disp syrin, 27gx1/2" disp syrin, 27gx5/8" disp syrin, 28gx1/2" disp syrin)</i>	PB	
<i>syringe,safety with needle,10 ml (ml 18gx1 1/2" disp syrin, ml 18gx1" disp syrin, ml 20gx1 1/2" disp syrin, ml 20gx1" disp syrin, ml 21 g x 1" disp syrin, ml 21gx1 1/2" disp syrin, ml 22gx1 1/2" disp syrin, ml 25gx1" disp syrin)</i>	PB	
<i>syringe,safety with needle,3 ml (18gx1 1/2" disp syrin, 18gx1" disp syrin, 19gx1 1/2" disp syrin, 19gx1" disp syrin, 20gx1 1/2" disp syrin, 20gx1" disp syrin, 21 g x 1" disp syrin, 21gx1 1/2" disp syrin, 22gx1 1/2" disp syrin, 22gx1" disp syrin, 23gx1 1/2" disp syrin, 23gx1" disp syrin, 25gx1" disp syrin, 25gx5/8" disp syrin)</i>	PB	
<i>syringe,safety with needle,3ml 25gx1 1/2" disp syrin</i>	PB	
<i>syringe,safety with needle,5 ml (18gx1" disp syrin, 20gx1 1/2" disp syrin, 20gx1" disp syrin, 21 g x 1" disp syrin, 21gx1 1/2" disp syrin, 22gx1 1/2" disp syrin, 25gx1" disp syrin, 25gx5/8" disp syrin)</i>	PB	
<i>syringe-needle,insulin,0.5 ml/container,empty</i>	PB	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR	SP	PA CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIABETES MELLITUS		
<i>blood sugar diagnostic</i>	PB	QPD 6.8 per day
<i>contour next test strip (ndc: 00193727735)</i>	PB	QPD 6.8 per day
<i>contour next test strip (ndc: 00193727870)</i>	PB	QPD 6.8 per day
<i>contour next test strip (ndc: 00193730850)</i>	PB	QPD 6.8 per day
<i>contour next test strip (ndc: 00193731025)</i>	PB	QPD 6.8 per day
<i>contour next test strip (ndc: 00193731150)</i>	PB	QPD 6.8 per day
<i>contour next test strip (ndc: 00193731221)</i>	PB	QPD 6.8 per day
PHEOCHROMOCYTOMA		
<i>metyrosine</i>	G	
DIURETICS		
LOOP DIURETICS		
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	G	
<i>ethacrynic acid</i>	G	
FUROSCIX	SP	QL MAX 8 / 180 DAYS PA CS Specialty Drug
<i>furosemide 40mg/5ml solution</i>	NPB	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	G	
SOAANZ	NPB	
<i>torseamide</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl</i>	G	
<i>amiloride hcl/hydrochlorothiazide</i>	G	
<i>triamterene</i>	G	
<i>triamterene/hydrochlorothiazide</i> (<i>triamterene/hydrochlorothiazid 37.5-25 mg capsule,</i> <i>triamterene/hydrochlorothiazid 37.5-25 mg tablet,</i> <i>triamterene/hydrochlorothiazid 75 mg-50mg tablet</i>)	G	
THIAZIDE DIURETICS		
DIURIL	NPB	
<i>hydrochlorothiazide (12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	G	
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	G	
<i>indapamide</i>	G	
<i>metolazone</i>	G	
THALITONE	NPB	
VASOPRESSIN ANTAGONISTS		
JYNARQUE 30 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	SP	PA QPD 2 per day CS Specialty Drug
<i>tolvaptan 15 mg tablet</i>	SP	QL MAX 30 / 365 DAYS CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolvaptan 30 mg tablet</i>	SP	QL CS MAX 60 / 365 DAYS Specialty Drug
<i>tolvaptan 15 mg tablet (apotex)</i>	SP	QL CS MAX 30 / 365 DAYS Specialty Drug
DOPAMINE RECEPTOR AGONISTS		
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	G	
<i>cabergoline</i>	G	
CYCLOSET	NPB	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN	SP	CS Specialty Drug
<i>apomorphine hcl</i>	SP	CS Specialty Drug
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	PB	
NEUPRO	NPB	
<i>pramipexole di-hcl (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	G	
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	G	
<i>ropinirole hcl (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	G	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO.2	PB	
PHOSPHA 250 NEUTRAL	G	
PHOSPHO-TRIN 250 NEUTRAL	G	
PHOSPHO-TRIN K500	G	
PHOSPHOROUS 250 MG TABLET	G	
VIRT-PHOS 250 NEUTRAL	G	
WES-PHOS 250 NEUTRAL	G	
ALKALINIZING AGENTS		
<i>citric acid/sodium citrate</i>	G	
CYTRA-2	G	
<i>potassium citrate (5 tablet er, 10 tablet er, 15 tablet er)</i>	G	
AMMONIA DETOXICANTS		
<i>carglumic acid</i>	SP	PA CS Specialty Drug
CONSTULOSE	G	
ENULOSE	G	
GENERLAC	G	
KRISTALOSE	G	
<i>lactulose 10 g packet</i>	NPB	
<i>lactulose (10 g/15 ml solution, 20 g/30 ml solution)</i>	G	
LITHOSTAT	NPB	
PHEBURANE	SP	QL PA CS max 45 days / fill Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAVICTI	SP	PA CS Specialty Drug
RELYVRIO	SP	PA QPD 2 per day CS Specialty Drug
<i>sodium phenylbutyrate (0.94 g/g powder, 500 mg tablet)</i>	SP	PA CS Specialty Drug
CALORIC AGENTS		
DOJOLVI	SP	PA CS Specialty Drug
REPLACEMENT PREPARATIONS		
KLOR-CON	G	
KLOR-CON 10	G	
KLOR-CON 8	G	
KLOR-CON M10	G	
KLOR-CON M15	G	
KLOR-CON M20	G	
NEBUSAL 3% VIAL	G	
POKONZA	NPB	
<i>potassium chloride (8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 15 meq tab er prt, 20 meq packet, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid)</i>	G	
<i>potassium cl er 8 meq tablet (zydus)</i>	PB	
PULMOSAL	G	
<i>sodium chloride for inhalation (3 % vial-neb, 7 % vial-neb)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
URICOSURIC AGENTS		
<i>probenecid</i>	G	
<i>probenecid/colchicine</i>	G	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
BASIC LOTIONS AND LINIMENTS		
<i>ammonium lactate 12 % lotion</i>	G	
BASIC OINTMENTS AND PROTECTANTS		
<i>ammonium lactate 12 % cream (g)</i>	G	
ENZYMES		
PALYNZIQ	SP	PA CS Specialty Drug
REVCovi	SP	CS MED PA Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
STRENSIQ	SP	PA CS Specialty Drug
SUCRAID 17,000 UNIT/2 ML SOLN	SP	PA QPD CS 10.0 per day Specialty Drug
SUCRAID 8,500 UNIT/ML SOLN	SP	PA QPD CS 10 per day Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTROGENS AND ANTIESTROGENS		
ESTROGEN AGONIST-ANTAGONISTS		
OSPHENA	NPB	
<i>raloxifene hcl</i>	G	C [ACA] Age Edits Apply: 35+ years HCR
SOLTAMOX	PB	
<i>tamoxifen citrate</i>	G	C [ACA] Age Edits Apply: 35+ years HCR
<i>toremifene citrate</i>	SP	CS Specialty Drug
ESTROGENS		
AMABELZ	G	
ANGELIQ	NPB	
CLIMARA PRO	PB	QPD 0.143 per day
COMBIPATCH	NPB	QPD 0.286 per day
DEPO-ESTRADIOL	NPB	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET)	PB	QPD 1 per day
DOTTI	G	QPD 0.286 per day
DUAVEE	PB	
ELESTRIN	NPB	QPD 0.867 per day
<i>estradiol 0.01 % cream/appl</i>	G	QL MAX 255 / 365 DAYS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>estradiol (0.25/0.25g gel packet, 0.5mg/0.5g gel packet, 0.75/0.75g gel packet, 1 mg/gram gel packet)</i>	G	QPD 1.0 per day
<i>estradiol 1.25/1.25g gel packet</i>	G	QPD 1.25 per day
<i>estradiol (.025mg/24h patch tds, .0375mg/24 patch tds, 0.05mg/24h patch tds, .075mg/24h patch tds, 0.1mg/24hr patch tds)</i>	G	QPD 0.286 per day
<i>estradiol (.025mg/24h patch tdw, .0375mg/24 patch tdw, 0.05mg/24h patch tdw, 0.06mg/24h patch tdw, .075mg/24h patch tdw, 0.1mg/24hr patch tdw)</i>	G	QPD 0.143 per day
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	G	
<i>estradiol 10 mcg tablet</i>	G	
<i>estradiol valerate</i>	G	
<i>estradiol/norethindrone acetate</i>	G	
ESTRING	PB	QL max 1 / 90 days
ESTROGEL	PB	QPD 1.667 per day
EVAMIST	NPB	QL MAX 40.5 / 93 DAYS
FYAVOLV	G	
JINTELI	G	
LYLLANA	G	QPD 0.286 per day
MENEST	NPB	
MENOSTAR	NPB	QPD 0.143 per day
MIMVEY	G	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	G	
PREFEST	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	PB	
PREMPHASE	PB	
PREMPRO	PB	
YUVAFEM	G	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ANTIALLERGIC AGENTS		
ALOMIDE	NPB	
<i>azelastine hcl 0.05 % drops</i>	G	
<i>azelastine hcl 137 mcg spray/pump</i>	G	QPD 2 per day
<i>azelastine hcl 205.5 mcg spray/pump</i>	G	QPD 2 per day
<i>azelastine hcl/fluticasone propionate</i>	G	QPD 0.767 per day
<i>bepotastine besilate</i>	G	
<i>epinastine hcl</i>	G	
<i>olopatadine hcl</i>	G	
RYALTRIS	NPB	QPD 0.967 per day
ZERVIAE	NPB	
EENT DRUGS, MISCELLANEOUS		
<i>apraclonidine hcl</i>	G	
CYSTADROPS	SP	CS Specialty Drug
CYSTARAN	SP	CS Specialty Drug
<i>ipratropium bromide 21 mcg spray</i>	G	QPD 2 per day
<i>ipratropium bromide 42 mcg spray</i>	G	QPD 1.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OXERVATE	SP	QL PA CS MAX 56 / 56 DAYS Specialty Drug
LOCAL ANESTHETICS (EENT)		
<i>lidocaine hcl 2 % solution</i>	G	
<i>lidocaine hcl 40 mg/ml solution</i>	G	PA QPD 5.0 per day
<i>tetracaine hcl</i>	G	
<i>tetracaine hcl/pf 0.5 % drops</i>	G	
MYDRIATICS		
<i>atropine 1% eye drops (alcon)</i>	NPB	
<i>atropine sulfate 1 % drops</i>	G	
<i>atropine sulfate/pf</i>	NPB	
CYCLOGYL (0.5% DROPS, 2% DROPS)	NPB	
CYCLOMYDRIL	NPB	
<i>cyclopentolate hcl (0.5 % drops, 1 % drops, 2 % drops)</i>	G	
ISOPTO ATROPINE	NPB	
VASOCONSTRICTORS		
<i>phenylephrine hcl (2.5 % drops, 10 % drops)</i>	G	
UPNEEQ	NPB	
FIRST GENERATION ANTIHISTAMINES		
ETHANOLAMINE DERIVATIVES		
<i>clemastine fumarate 0.5 mg/5ml syrup</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>clemastine fumarate 2.68 mg tablet</i>	NPB	
DIPHEN (12.5 MG/5 ML ELIXIR, 12.5 MG/5 ML SOLUTION)	G	
<i>diphenhydramine hcl 12.5mg/5ml elixir</i>	G	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
<i>ciproheptadine hcl</i>	G	
PHENOTHIAZINE DERIVATIVES		
<i>phenylephrine hcl/promethazine hcl</i>	NPB	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg supp.rect, 12.5 mg tablet, 25 mg supp.rect, 25 mg tablet, 50 mg tablet)</i>	G	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY)	G	
PROMETHEGAN 50 MG SUPPOSITORY	NPB	
PROPYLAMINE DERIVATIVES		
<i>dexchlorpheniramine maleate</i>	NPB	
RYCLORA	NPB	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
<i>alosetron hcl</i>	G	
<i>balsalazide disodium</i>	G	
DIPENTUM	NPB	
<i>mesalamine (0.375g cap er 24h, 1.2 g tablet dr, 400 mg cap(drtab))</i>	G	
<i>mesalamine 500 mg capsule er</i>	G	
<i>mesalamine (4 g/60 ml enema, 1000 mg supp.rect)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>mesalamine 800 mg tablet dr</i>	NPB	
PENTASA	NPB	
SFROWASA	NPB	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate hcl/atropine 2.5-.025/5 liquid</i>	NPB	
<i>diphenoxylate hcl/atropine 2.5-.025mg tablet</i>	G	
<i>loperamide hcl 2 mg capsule</i>	G	
MOTOFEN	NPB	
MYTESI	NPB	
XERMELO	SP	PA QPD 3 per day CS Specialty Drug
CATHARTICS AND LAXATIVES		
GAVILYTE-C	NPB	
GAVILYTE-G	G	C [ACA] Age Edits Apply: 45-75 years HCR
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	G	C [ACA] Age Edits Apply: 45-75 years HCR
PEG-PREP	NPB	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>	G	C [ACA] Age Edits Apply: 45-75 years HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	G	
SUTAB	NPB	
CHOLELITHOLYTIC AGENTS		
CHENODAL	SP	CS Specialty Drug
RELTONE	NPB	
<i>ursodiol (200 mg capsule, 400 mg capsule)</i>	NPB	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	G	
DIGESTANTS		
CREON	PB	
ZENPEP	PB	
GI DRUGS, MISCELLANEOUS		
BYLVAY (200 MCG PELLET, 400 MCG CAPSULE, 600 MCG PELLET, 1,200 MCG CAPSULE)	SP	PA CS Specialty Drug
CHOLBAM	SP	CS Specialty Drug
ENDARI	SP	PA CS Specialty Drug
GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT)	SP	PA CS Specialty Drug
GATTEX 5 MG VIAL	SP	PA CS Specialty Drug
HUMIRA(CF) PEDI CROHN 80-40 MG	SP	QL MAX 2 / 180 DAYS PA CS Specialty Drug
LINZESS	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIVMARLI	SP	PA CS Specialty Drug
MOVANTIK	PB	
OCALIVA	SP	PA QPD 1 per day CS Specialty Drug
SYMPROIC	PB	
TRULANCE	PB	
VIBERZI	PB	
PROKINETIC AGENTS		
GIMOTI	NPB	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>	G	
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
<i>darifenacin hydrobromide</i>	G	
<i>flavoxate hcl</i>	G	
<i>oxybutynin chloride (5 mg tab er 24, 5 mg tablet, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24)</i>	G	
OXYTROL	NPB	
<i>solifenacin succinate</i>	G	
<i>tolterodine tartrate (1 mg tablet, 2 mg cap er 24h, 2 mg tablet, 4 mg cap er 24h)</i>	G	
<i>trospium chloride (20 mg tablet, 60 mg cap er 24h)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GOLD COMPOUNDS		
RIDAURA	NPB	
GONADOTROPINS AND ANTIGONADOTROPINS		
ANTIGONADTROPINS		
MYFEMBREE	PB	PA QPD 1 per day
ORGOVYX	SP	PA QPD CS 1 per day Specialty Drug
ORIAHNN	PB	PA QPD 2 per day
ORILISSA 150 MG TABLET	PB	PA QPD 1 per day
ORILISSA 200 MG TABLET	PB	PA QPD 2 per day
GONADOTROPINS		
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT)	SP	QL CS max 90 days / fill Specialty Drug
ELIGARD (30 MG SYRINGE B, 30 MG SYRINGE KIT)	SP	QL CS max 120 days / fill Specialty Drug
ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)	SP	QL CS max 180 days / fill Specialty Drug
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	SP	CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>leuprolide acetate 1 mg/0.2ml kit</i>	SP	CS Specialty Drug
<i>leuprolide acetate 1 mg/0.2ml vial</i>	SP	CS Specialty Drug
<i>leuprolide acetate 22.5 mg vial</i>	SP	QL max 84 days / fill CS Specialty Drug
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	SP	QL max 90 days / fill CS Specialty Drug
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	SP	CS Specialty Drug
LUPRON DEPOT 45 MG 6MO KIT	SP	QL max 180 days / fill CS Specialty Drug
LUPRON DEPOT-4 MONTH KIT	SP	QL max 120 days / fill CS Specialty Drug
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	SP	CS Specialty Drug
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	SP	QL max 90 days / fill CS Specialty Drug
LUPRON DEPOT-PED 45 MG 6MO KIT	SP	QL max 180 days / fill CS Specialty Drug
SYNAREL	SP	CS Specialty Drug
HCV ANTIVIRALS		
HCV POLYMERASE INHIBITOR ANTIVIRALS		
EPCLUSA (150-37.5 MG PELLET PKT, 200 MG-50 MG TABLET, 200-50 MG PELLET PACK, 400 MG-100 MG TABLET)	SP	PA QPD 1 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HARVONI (33.75-150 MG PELLETT PK, 45-200 MG PELLETT PACKET, 45-200 MG TABLET, 90-400 MG TABLET)	SP	PA QPD 1 per day CS Specialty Drug
SOVALDI (150 MG PELLETT PACKET, 200 MG PELLETT PACKET, 200 MG TABLET, 400 MG TABLET)	SP	PA QPD 1 per day CS Specialty Drug
VOSEVI	SP	PA QPD 1 per day CS Specialty Drug
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET 50-20 MG PELLETT PACKET	SP	PA QPD 5 per day CS Specialty Drug
MAVYRET 100-40 MG TABLET	SP	PA QPD 3 per day CS Specialty Drug
HEAVY METAL ANTAGONISTS		
CHEMET	PB	
CUVROR	SP	CS Specialty Drug
<i>deferasirox (90 mg gran pack, 90 mg tablet, 125 mg tab disper, 180 mg gran pack, 180 mg tablet, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper)</i>	SP	CS Specialty Drug
<i>deferiprone (500 mg tablet, 1000 mg tablet)</i>	SP	CS Specialty Drug
FERRIPROX 100 MG/ML SOLUTION	SP	CS Specialty Drug
FERRIPROX (2 TIMES A DAY)	SP	CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GALZIN	NPB	
<i>penicillamine 250 mg capsule</i>	SP	CS Specialty Drug
<i>penicillamine 250 mg tablet</i>	SP	CS Specialty Drug
<i>trientine hcl 250 mg capsule</i>	SP	CS Specialty Drug
<i>trientine hcl 500 mg capsule</i>	SP	CS Specialty Drug
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ALKINDI SPRINKLE	SP	CS Specialty Drug
<i>budesonide (2 mg foam/appl, 3 mg capdr - er)</i>	G	
<i>budesonide 9 mg tabdr - er</i>	G	
<i>cortisone acetate</i>	NPB	
<i>deflazacort (30 mg tablet, 36 mg tablet)</i>	SP	PA CS Specialty Drug
<i>deflazacort 18 mg tablet</i>	SP	PA QPD 1.0 per day CS Specialty Drug
<i>deflazacort 6 mg tablet</i>	SP	PA QPD 2.0 per day CS Specialty Drug
DEXABLISS	NPB	
<i>dexamethasone 0.5 mg/5ml solution</i>	NPB	
<i>dexamethasone ((35) tab ds pk, (51) tab ds pk)</i>	NPB	
<i>dexamethasone 1.5mg (21) tab ds pk</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	G	
DEXAMETHASONE INTENSOL	NPB	
EMFLAZA 22.75 MG/ML ORAL SUSP	SP	PA CS Specialty Drug
EMFLAZA (30 MG TABLET, 36 MG TABLET)	SP	PA CS Specialty Drug
EMFLAZA 18 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug
EMFLAZA 6 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug
<i>fludrocortisone acetate</i>	G	
HEMADY	NPB	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	G	
INTRAROSA	NPB	
MEDROL 2 MG TABLET	NPB	
<i>methylprednisolone (4 mg tab ds pk, 4 mg tablet, 8 mg tablet, 16 mg tablet, 32 mg tablet)</i>	G	
MILLIPRED	NPB	
ORAPRED ODT	NPB	
ORTIKOS	NPB	
<i>prednisolone 15 mg/5 ml solution</i>	G	
<i>prednisolone 5 mg tablet</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prednisolone odt 10 mg tablet (prasco)</i>	NPB	
<i>prednisolone odt 15 mg tablet (prasco)</i>	NPB	
<i>prednisolone odt 30 mg tablet (prasco)</i>	NPB	
<i>prednisolone sodium phosphate (10 mg tab rapdis, 10 mg/5 ml solution, 15 mg tab rapdis, 20 mg/5 ml solution, 30 mg tab rapdis)</i>	G	
<i>prednisolone sodium phosphate (5 mg/5 ml solution, 15 mg/5 ml solution, 25 mg/5 ml solution)</i>	G	
<i>prednisone 5 mg/5 ml solution</i>	PB	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab ds pk, 5 mg tablet, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	G	
PREDNISONE INTENSOL	NPB	
RAYOS	NPB	
TAPERDEX (7 1.5 MG TAB PACK, 12 1.5 MG TABLET)	NPB	
TAPERDEX 6 DAY 1.5 MG TABLET	G	
TARPEYO	NPB	PA QPD 4 per day
ZCORT	NPB	
ANDROGENS		
ANDRODERM 2 MG/24HR PATCH	NPB	PA QPD 1 per day
ANDRODERM 4 MG/24HR PATCH	NPB	PA QPD 1 per day
<i>danazol</i>	G	PA
DEPO-TESTOSTERONE	G	PA QPD 0.358 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JATENZO (158 MG CAPSULE, 198 MG CAPSULE)	NPB	PA QPD 4 per day
JATENZO 237 MG CAPSULE	NPB	PA QPD 2 per day
KYZATREX (150 MG CAPSULE, 200 MG CAPSULE)	NPB	PA QPD 4 per day
KYZATREX 100 MG CAPSULE	NPB	PA QPD 2 per day
METHITEST	NPB	PA QPD 20 per day
<i>methyltestosterone</i>	G	PA QPD 20 per day
NATESTO	NPB	PA QPD 0.732 per day
<i>testosterone (12.5/1.25g gel md pmp, 50 mg (1%) gel (gram))</i>	G	PA QPD 10 per day
<i>testosterone 10 mg (2%) gel md pmp</i>	G	PA QPD 4 per day
<i>testosterone (20.25/1.25 gel md pmp, 25mg(1%) gel packet)</i>	G	PA QPD 5 per day
<i>testosterone 1.25g-1.62 gel packet</i>	G	PA QPD 1.25 per day
<i>testosterone 2.5g-1.62% gel packet</i>	G	PA QPD 5 per day
<i>testosterone 50 mg (1%) gel packet</i>	G	PA QPD 10 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>testosterone 30mg/1.5ml sol md pmp</i>	G	PA QPD 6 per day
<i>testosterone 12.5 mg/1.25 gram (upsher smith)</i>	NPB	PA QPD 10 per day
<i>testosterone 50 mg/5 gram gel (upsher smith)</i>	NPB	PA QPD 10 per day
<i>testosterone cypionate 100 mg/ml vial</i>	G	PA QPD 0.358 per day
<i>testosterone cypionate 200 mg/ml vial</i>	G	PA QPD 0.358 per day
<i>testosterone enanthate</i>	NPB	PA QPD 0.179 per day
TLANDO	NPB	PA QPD 4 per day
VOGELXO (12.5 MG/1.25 PUMP, 50 MG/5 GEL, 50 MG/5 GEL PACKET)	NPB	PA QPD 10 per day
XYOSTED	NPB	PA QPD 0.072 per day
CONTRACEPTIVES		
AFIRMELLE	G	C [ACA] Quantity Limits May Apply HCR
AFTERA	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ALTAVERA	G	C [ACA] Quantity Limits May Apply HCR
ALYACEN	G	C [ACA] Quantity Limits May Apply HCR
AMETHIA	G	C [ACA] Quantity Limits May Apply HCR
AMETHYST	G	C [ACA] Quantity Limits May Apply HCR
APRI	G	C [ACA] Quantity Limits May Apply HCR
ARANELLE	G	C [ACA] Quantity Limits May Apply HCR
ASHLYNA	G	C [ACA] Quantity Limits May Apply HCR
AUBRA	G	C [ACA] Quantity Limits May Apply HCR
AUBRA EQ	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
AUROVELA	G	C [ACA] Quantity Limits May Apply HCR
AUROVELA 24 FE	G	C [ACA] Quantity Limits May Apply HCR
AUROVELA FE	G	C [ACA] Quantity Limits May Apply HCR
AVIANE	G	C [ACA] Quantity Limits May Apply HCR
AYUNA	G	C [ACA] Quantity Limits May Apply HCR
AZURETTE	G	C [ACA] Quantity Limits May Apply HCR
BALZIVA	G	C [ACA] Quantity Limits May Apply HCR
BLISOVI 24 FE	G	C [ACA] Quantity Limits May Apply HCR
BLISOVI FE	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
BRIELLYN	G	C	[ACA] Quantity Limits May Apply HCR
CAMILA	G	C	[ACA] Quantity Limits May Apply HCR
CAMRESE	G	C	[ACA] Quantity Limits May Apply HCR
CAMRESE LO	G	C	[ACA] Quantity Limits May Apply HCR
CAZIAN	G	C	[ACA] Quantity Limits May Apply HCR
CHARLOTTE 24 FE	G	C	[ACA] Quantity Limits May Apply HCR
CHATEAL	G	C	[ACA] Quantity Limits May Apply HCR
CHATEAL EQ	G	C	[ACA] Quantity Limits May Apply HCR
CRYSSELLE	G	C	[ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CURAE	G	C [ACA] Quantity Limits May Apply HCR
CYCLAFEM	G	C [ACA] Quantity Limits May Apply HCR
CYRED	G	C [ACA] Quantity Limits May Apply HCR
CYRED EQ	G	C [ACA] Quantity Limits May Apply HCR
DASETТА	G	C [ACA] Quantity Limits May Apply HCR
DAYSEE	G	C [ACA] Quantity Limits May Apply HCR
DEBLITANE	G	C [ACA] Quantity Limits May Apply HCR
<i>desogestrel-ethinyl estradiol</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOLISHALE	G	C [ACA] Quantity Limits May Apply HCR
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	G	C [ACA] Quantity Limits May Apply HCR
ECONTRA EZ	G	C [ACA] Quantity Limits May Apply HCR
ECONTRA ONE-STEP	G	C [ACA] Quantity Limits May Apply HCR
ELINEST	G	C [ACA] Quantity Limits May Apply HCR
ELLA	PB	C [ACA] Quantity Limits May Apply HCR
ENPRESSE	G	C [ACA] Quantity Limits May Apply HCR
ENSKYCE	G	C [ACA] Quantity Limits May Apply HCR
ERRIN	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ESTARYLLA	G	C [ACA] Quantity Limits May Apply HCR
<i>ethinyl estradiol/drospirenone</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>ethynodiol diacetate-ethinyl estradiol</i>	G	C [ACA] Quantity Limits May Apply HCR
FALMINA	G	C [ACA] Quantity Limits May Apply HCR
FEMYNOR	G	C [ACA] Quantity Limits May Apply HCR
FINZALA	G	C [ACA] Quantity Limits May Apply HCR
GEMMILY	G	
HAILEY	G	C [ACA] Quantity Limits May Apply HCR
HAILEY 24 FE	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HAILEY FE	G	C [ACA] Quantity Limits May Apply HCR
HEATHER	G	C [ACA] Quantity Limits May Apply HCR
HER STYLE	G	C [ACA] Quantity Limits May Apply HCR
ICLEVIA	G	C [ACA] Quantity Limits May Apply HCR
INCASSIA	G	C [ACA] Quantity Limits May Apply HCR
ISIBLOOM	G	C [ACA] Quantity Limits May Apply HCR
JAIMIESS	G	C [ACA] Quantity Limits May Apply HCR
JASMIEL	G	C [ACA] Quantity Limits May Apply HCR
JENCYCLA	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JOLESSA	G	C [ACA] Quantity Limits May Apply HCR
JULEBER	G	C [ACA] Quantity Limits May Apply HCR
JUNEL	G	C [ACA] Quantity Limits May Apply HCR
JUNEL FE	G	C [ACA] Quantity Limits May Apply HCR
JUNEL FE 24	G	C [ACA] Quantity Limits May Apply HCR
KAITLIB FE	G	C [ACA] Quantity Limits May Apply HCR
KALLIGA	G	C [ACA] Quantity Limits May Apply HCR
KARIVA	G	C [ACA] Quantity Limits May Apply HCR
KELNOR 1-35	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KELNOR 1-50	G	C [ACA] Quantity Limits May Apply HCR
KURVELO	G	C [ACA] Quantity Limits May Apply HCR
LARIN	G	C [ACA] Quantity Limits May Apply HCR
LARIN 24 FE	G	C [ACA] Quantity Limits May Apply HCR
LARIN FE	G	C [ACA] Quantity Limits May Apply HCR
LARISSIA	G	C [ACA] Quantity Limits May Apply HCR
LAYOLIS FE	G	C [ACA] Quantity Limits May Apply HCR
LEENA	G	C [ACA] Quantity Limits May Apply HCR
LESSINA	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEVONEST	G	C [ACA] Quantity Limits May Apply HCR
<i>levonorgestrel</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>levonorgestrel/ethinyl estradiol</i> (<i>levonorgestrel/ethin.estradiol 0.1-0.02mg tablet,</i> <i>levonorgestrel/ethin.estradiol 0.15-0.03 tablet,</i> <i>levonorgestrel/ethin.estradiol 6-5-10 tablet,</i> <i>levonorgestrel/ethin.estradiol 90-20 mcg tablet</i>)	G	C [ACA] Quantity Limits May Apply HCR
<i>levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	G	C [ACA] Quantity Limits May Apply HCR
LEVORA-28	G	C [ACA] Quantity Limits May Apply HCR
LILLOW	G	C [ACA] Quantity Limits May Apply HCR
LO LOESTRIN FE	PB	
LO-ZUMANDIMINE	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LOESTRIN	G	C [ACA] Quantity Limits May Apply HCR
LOESTRIN FE	G	C [ACA] Quantity Limits May Apply HCR
LOJAIMIESS	G	C [ACA] Quantity Limits May Apply HCR
LORYNA	G	C [ACA] Quantity Limits May Apply HCR
LOW-OGESTREL	G	C [ACA] Quantity Limits May Apply HCR
LUTERA	G	C [ACA] Quantity Limits May Apply HCR
LYLEQ	G	C [ACA] Quantity Limits May Apply HCR
LYZA	G	C [ACA] Quantity Limits May Apply HCR
MARLISSA	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
MERZEE	G		
MIBELAS 24 FE	G	C	[ACA] Quantity Limits May Apply
		HCR	
MICROGESTIN	G	C	[ACA] Quantity Limits May Apply
		HCR	
MICROGESTIN 24 FE	G	C	[ACA] Quantity Limits May Apply
		HCR	
MICROGESTIN FE	G	C	[ACA] Quantity Limits May Apply
		HCR	
MILI	G	C	[ACA] Quantity Limits May Apply
		HCR	
MONO-LINYAH	G	C	[ACA] Quantity Limits May Apply
		HCR	
MY CHOICE	G	C	[ACA] Quantity Limits May Apply
		HCR	
MY WAY	G	C	[ACA] Quantity Limits May Apply
		HCR	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATAZIA	NPB	
NECON	G	C [ACA] Quantity Limits May Apply HCR
NEW DAY	G	C [ACA] Quantity Limits May Apply HCR
NIKKI	G	C [ACA] Quantity Limits May Apply HCR
NORA-BE	G	C [ACA] Quantity Limits May Apply HCR
<i>norelgestromin/ethinyl estradiol</i>	G	
<i>norethindrone</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>norethindrone-e.estradiol-iron 1mg-20(24) capsule</i>	G	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(21) tablet, 1mg-20(24) tab chew, 1.5-30(21) tablet, 5-7-9-7 tablet)</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i>	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norgestimate-ethinyl estradiol (0.25-0.035 tablet, 7daysx3 28 tablet, 7daysx3 lo tablet)</i>	G	C [ACA] Quantity Limits May Apply HCR
NORLYDA	G	C [ACA] Quantity Limits May Apply HCR
NORTREL	G	C [ACA] Quantity Limits May Apply HCR
NUVARING	G	C [ACA] Quantity Limits May Apply HCR B4G
NYLIA	G	C [ACA] Quantity Limits May Apply HCR
NYMYO	G	C [ACA] Quantity Limits May Apply HCR
OCELLA	G	C [ACA] Quantity Limits May Apply HCR
OPCICON ONE-STEP	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OPTION 2	G	C [ACA] Quantity Limits May Apply HCR
ORSYTHIA	G	C [ACA] Quantity Limits May Apply HCR
ORTHO-NOVUM	G	
PHILITH	G	C [ACA] Quantity Limits May Apply HCR
PIMTREA	G	C [ACA] Quantity Limits May Apply HCR
PIRMELLA	G	C [ACA] Quantity Limits May Apply HCR
PORTIA	G	C [ACA] Quantity Limits May Apply HCR
PREVIFEM	G	C [ACA] Quantity Limits May Apply HCR
RECLIPSEN	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RIVELSA	G	C [ACA] Quantity Limits May Apply HCR
SETLAKIN	G	C [ACA] Quantity Limits May Apply HCR
SHAROBEL	G	C [ACA] Quantity Limits May Apply HCR
SIMLIYA	G	C [ACA] Quantity Limits May Apply HCR
SIMPESSE	G	C [ACA] Quantity Limits May Apply HCR
SPRINTEC	G	C [ACA] Quantity Limits May Apply HCR
SRONYX	G	C [ACA] Quantity Limits May Apply HCR
SYEDA	G	C [ACA] Quantity Limits May Apply HCR
TAKE ACTION	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TARINA 24 FE	G	C [ACA] Quantity Limits May Apply HCR
TARINA FE	G	C [ACA] Quantity Limits May Apply HCR
TARINA FE 1-20 EQ	G	C [ACA] Quantity Limits May Apply HCR
TAYSOFY	G	
TILIA FE	G	C [ACA] Quantity Limits May Apply HCR
TRI FEMYNOR	G	C [ACA] Quantity Limits May Apply HCR
TRI-ESTARYLLA	G	C [ACA] Quantity Limits May Apply HCR
TRI-LEGEST FE	G	C [ACA] Quantity Limits May Apply HCR
TRI-LINYAH	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRI-LO-ESTARYLLA	G	C [ACA] Quantity Limits May Apply HCR
TRI-LO-MARZIA	G	C [ACA] Quantity Limits May Apply HCR
TRI-LO-MILI	G	C [ACA] Quantity Limits May Apply HCR
TRI-LO-SPRINTEC	G	C [ACA] Quantity Limits May Apply HCR
TRI-MILI	G	C [ACA] Quantity Limits May Apply HCR
TRI-NYMYO	G	C [ACA] Quantity Limits May Apply HCR
TRI-SPRINTEC	G	C [ACA] Quantity Limits May Apply HCR
TRI-VYLIBRA	G	C [ACA] Quantity Limits May Apply HCR
TRI-VYLIBRA LO	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRIVORA-28	G	C [ACA] Quantity Limits May Apply HCR
TULANA	G	C [ACA] Quantity Limits May Apply HCR
TURQOZ	G	C [ACA] Quantity Limits May Apply HCR
TYBLUME	NPB	
TYDEMY	G	C [ACA] Quantity Limits May Apply HCR
VELIVET	NPB	
VESTURA	G	C [ACA] Quantity Limits May Apply HCR
VIENVA	G	C [ACA] Quantity Limits May Apply HCR
VIORELE	G	C [ACA] Quantity Limits May Apply HCR
VOLNEA	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VYFEMLA	G	C [ACA] Quantity Limits May Apply HCR
VYLIBRA	G	C [ACA] Quantity Limits May Apply HCR
WERA	G	C [ACA] Quantity Limits May Apply HCR
WYMZYA FE	G	C [ACA] Quantity Limits May Apply HCR
XULANE	G	C [ACA] Quantity Limits May Apply HCR
ZAFEMY	G	C [ACA] Quantity Limits May Apply HCR
ZARAH	G	C [ACA] Quantity Limits May Apply HCR
ZOVIA 1-35	G	C [ACA] Quantity Limits May Apply HCR
ZUMANDIMINE	G	C [ACA] Quantity Limits May Apply HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEPTINS		
MYALEPT	SP	PA CS Specialty Drug
PITUITARY		
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet, 4 mcg/ml ampul, 4 mcg/ml vial, 10/spray spray/pump)</i>	G	
<i>desmopressin acetate (non-refrigerated)</i>	G	
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	SP	PA CS Specialty Drug
NOC DURNA	NPB	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	SP	PA CS Specialty Drug
SKYTROFA	SP	PA CS Specialty Drug
PROGESTINS		
DEPO-SUBQ PROVERA 104	NPB	QL max 90 days / fill
<i>medroxyprogesterone acetate 150 mg/ml syringe</i>	G	QL max 90 days / fill C [ACA] Quantity Limits May Apply HCR
<i>medroxyprogesterone acetate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate 150 mg/ml vial</i>	G	C [ACA] Quantity Limits May Apply HCR
<i>megestrol acetate 625mg/5ml oral susp</i>	G	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400mg/10ml oral susp)</i>	G	
<i>norethindrone acetate</i>	G	
<i>progesterone</i>	G	
<i>progesterone, micronized</i>	G	
HYPOTENSIVE AGENTS		
CENTRAL ALPHA-AGONISTS		
<i>clonidine</i>	G	
<i>clonidine hcl 0.1 mg tab er 12h</i>	G	QPD 4.0 per day
<i>clonidine hcl 0.17 mg tab er 24h</i>	NPB	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	G	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	G	
<i>methyldopa</i>	G	
<i>methyldopa/hydrochlorothiazide</i>	NPB	
NEXICLON XR	NPB	
DIRECT VASODILATORS		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	G	
<i>isosorbide dinitrate/hydralazine hcl</i>	G	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HYPOTENSIVE AGENTS, MISCELLANEOUS		
VECAMYL	SP	CS Specialty Drug
INSULINS		
INTERMEDIATE-ACTING INSULINS		
NOVOLIN 70-30	PB	QPD 3.334 per day
NOVOLIN 70-30 FLEXPEN	PB	QPD 3.334 per day
NOVOLIN N	PB	QPD 3.334 per day
NOVOLIN N FLEXPEN	PB	QPD 3.334 per day
LONG-ACTING INSULINS		
LEVEMIR	PB	QPD 3.334 per day
LEVEMIR FLEXPEN	PB	QPD 3.334 per day
LEVEMIR FLEXTOUCH	PB	QPD 3.334 per day
SEMGLEE (YFGN)	PB	QPD 3.334 per day
SEMGLEE (YFGN) PEN	PB	QPD 3.334 per day
SOLIQUA 100-33	PB	ST QPD 0.6 per day
TOUJEO MAX SOLOSTAR	PB	QPD 3.334 per day
TOUJEO SOLOSTAR	PB	QPD 3.334 per day
TRESIBA	PB	QPD 3.334 per day
TRESIBA FLEXTOUCH U-100	PB	QPD 3.334 per day
TRESIBA FLEXTOUCH U-200	PB	QPD 3.334 per day
XULTOPHY 100-3.6	PB	ST QPD 0.5 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RAPID-ACTING INSULINS		
FIASP	PB	QPD 3.334 per day
FIASP FLEXTOUCH	PB	QPD 3.334 per day
FIASP PENFILL	PB	QPD 3.334 per day
NOVOLOG	PB	QPD 3.334 per day
NOVOLOG FLEXPEN	PB	QPD 3.334 per day
NOVOLOG MIX 70-30	PB	QPD 3.334 per day
NOVOLOG MIX 70-30 FLEXPEN	PB	QPD 3.334 per day
NOVOLOG PENFILL	PB	QPD 3.334 per day
RELION NOVOLOG U-100 FLEXPEN (NDC:00169210125)	PB	QPD 3.334 per day
SHORT-ACTING INSULINS		
HUMULIN R U-500	PB	QPD 3.334 per day
HUMULIN R U-500 KWIKPEN	PB	QPD 3.334 per day
NOVOLIN R	PB	QPD 3.334 per day
NOVOLIN R FLEXPEN	PB	QPD 3.334 per day
ION-REMOVING AGENTS		
PHOSPHATE-REMOVING AGENTS		
AURYXIA	NPB	
<i>calcium acetate (667 mg capsule, 667 mg tablet)</i>	G	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	NPB	
<i>lanthanum carbonate</i>	G	
PHOSLYRA	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sevelamer carbonate (0.8 g powd pack, 2.4 g powd pack, 800 mg tablet)</i>	G	
<i>sevelamer hcl</i>	G	
VELPHORO	PB	
POTASSIUM-REMOVING AGENTS		
LOKELMA	PB	
<i>sodium polystyrene sulfonate</i>	G	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	NPB	
VELTASSA	PB	
KALLIKREIN-KININ SYSTEM INHIBITORS BRADYKININ RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	SP	PA QPD 0.6 per day CS Specialty Drug
SAJAZIR	SP	PA QPD 0.6 per day CS Specialty Drug
COMPLEMENT INHIBITORS		
BERINERT 500 UNIT KIT	SP	PA QPD 0.334 per day CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HAEGARDA 2,000 UNIT VIAL	SP	PA QPD 0.965 per day CS Specialty Drug
HAEGARDA 3,000 UNIT VIAL	SP	PA QPD 0.643 per day CS Specialty Drug
RUCONEST	SP	PA QPD 0.267 per day CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
KALLIKREIN INHIBITORS		
ORLADEYO	SP	PA QPD 1 per day CS Specialty Drug
TAKHZYRO (300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	SP	PA QPD 0.143 per day CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAKHZYRO 150 MG/ML SYRINGE	SP	PA QPD 0.072 per day CS Specialty Drug
MACROLIDE ANTIBIOTICS		
ERYTHROMYCIN ANTIBIOTICS		
E.E.S. 400	NPB	
ERY-TAB	G	
ERYTHROCIN STEARATE	PB	
<i>erythromycin base 250 mg capsule dr</i>	NPB	
<i>erythromycin base (250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	G	
<i>erythromycin ethylsuccinate (200 mg/5ml susp recon, 400 mg/5ml susp recon)</i>	G	
<i>erythromycin ethylsuccinate 400 mg tablet</i>	NPB	
OTHER MACROLIDE ANTIBIOTICS		
<i>azithromycin 1 g packet</i>	PB	
<i>azithromycin (100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	G	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon)</i>	NPB	
<i>clarithromycin (250 mg tablet, 500 mg tab er 24h, 500 mg tablet)</i>	G	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	PB	
ZITHROMAX 1 GM POWDER PACKET	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MISC. BETA-LACTAM ANTIBIOTICS		
CARBAPENEM ANTIBIOTICS		
<i>meropenem (1 g vial, 500 mg vial)</i>	G	
<i>meropenem in 0.9 % sodium chloride</i>	G	
MONOBACTAM ANTIBIOTICS		
CAYSTON	SP	QL max 56 days / fill CS Specialty Drug
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride</i>	G	
<i>dutasteride/tamsulosin hcl</i>	G	
ENTADFI	NPB	
<i>finasteride 5 mg tablet</i>	G	
ALCOHOL DETERRENTS		
<i>disulfiram</i>	G	
ANTIDOTES		
<i>leucovorin calcium (5 mg tablet, 15 mg tablet, 25 mg tablet)</i>	G	
<i>leucovorin calcium 10 mg tablet</i>	G	
VISTOGARD	SP	CS Specialty Drug
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	G	
<i>allopurinol 200 mg tablet</i>	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>colchicine 0.6 mg capsule</i>	G	
<i>colchicine 0.6 mg tablet</i>	G	
<i>febuxostat</i>	G	
GLOPERBA	NPB	
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI	SP	PA QPD 0.215 per day CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
BONE RESORPTION INHIBITORS		
<i>alendronate sodium (10 mg tablet, 35 mg tablet, 70 mg tablet, 70 mg/75ml solution)</i>	G	
BINOSTO	NPB	
FOSAMAX PLUS D	NPB	
<i>ibandronate sodium 150 mg tablet</i>	G	
<i>risedronate sodium (5 mg tablet, 35 mg tablet, 150 mg tablet)</i>	G	
<i>risedronate sodium 30 mg tablet</i>	G	
<i>risedronate sodium 35 mg tablet dr</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide</i>	G	PA QPD 4 per day
CARIOSTATIC AGENTS		
CLINPRO 5000	G	C [ACA] Age Edits Apply: Up to 16 years HCR
DENTA 5000 PLUS	G	C [ACA] Age Edits Apply: Up to 16 years HCR
DENTAGEL	G	C [ACA] Age Edits Apply: Up to 16 years HCR
FLORIVA 0.25 MG/ML DROPS	NPB	
<i>fluoride (sodium) (0.2 % solution, 0.25(0.55) tab chew, 0.5 mg/ml drops, 0.5(1.1)mg tab chew, 1mg(2.2mg) tab chew, 1.1 % cream (g), 1.1 % gel (gram), 1.1 % paste (ml))</i>	G	C [ACA] Age Edits Apply: Up to 16 years HCR
FLUORIDEX	G	C [ACA] Age Edits Apply: Up to 16 years HCR
FLUORIDEX SENSITIVITY RELIEF	NPB	
FLUORIMAX 5000	G	C [ACA] Age Edits Apply: Up to 16 years HCR
FLUORIMAX 5000 SENSITIVE	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JUST RIGHT 5000	G	C [ACA] Age Edits Apply: Up to 16 years HCR
PERIOMED	G	
PREVIDENT (0.2%, DENTAL)	NPB	
SF	G	C [ACA] Age Edits Apply: Up to 16 years HCR
SF 5000 PLUS	G	C [ACA] Age Edits Apply: Up to 16 years HCR
SODIUM FLUORIDE 5000 DRY MOUTH	G	C [ACA] Age Edits Apply: Up to 16 years HCR
SODIUM FLUORIDE 5000 PLUS	G	C [ACA] Age Edits Apply: Up to 16 years HCR
<i>sodium fluoride/potassium nitrate</i>	G	C [ACA] Age Edits Apply: Up to 16 years HCR
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
		PA
		QPD 0.129 per day
		CS Specialty Drug
ACTEMRA 162 MG/0.9 ML SYRINGE	SP	MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ACTEMRA ACTPEN	SP	PA QPD 0.129 per day CS Specialty Drug
AMJEVITA(CF) 10MG/0.2ML SYRING	SP	PA QPD 0.015 per day CS Specialty Drug
AMJEVITA(CF) 20MG/0.4ML SYRING	SP	PA QPD 0.029 per day CS Specialty Drug
AMJEVITA(CF) 40MG/0.8ML SYRING	SP	PA QPD 0.058 per day CS Specialty Drug
AMJEVITA(CF) 40MG/0.8ML AUTOIN	SP	PA QPD 0.058 per day CS Specialty Drug
CIBINQO	SP	PA QPD 1 per day CS Specialty Drug
CIMZIA 2X200 MG/ML SYRINGE KIT	SP	PA QPD 0.072 per day CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CIMZIA 2X200 MG/ML(X3)START KT	SP	QL MAX 3 / 180 DAYS
		PA
		CS Specialty Drug
		MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
COSENTYX (2 SYRINGES)	SP	QL max 56 days / fill
		PA
		QPD 0.072 per day
		CS Specialty Drug
COSENTYX SENSOREADY (2 PENS)	SP	QL max 56 days / fill
		PA
		QPD 0.072 per day
		CS Specialty Drug
COSENTYX SENSOREADY PEN	SP	PA
		QPD 0.036 per day
		CS Specialty Drug
COSENTYX 150 MG/ML SYRINGE	SP	PA
		QPD 0.036 per day
		CS Specialty Drug
COSENTYX 75 MG/0.5 ML SYRINGE	SP	PA
		QPD 0.018 per day
		CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
COSENTYX UNOREADY PEN	SP	PA QPD 0.072 per day CS Specialty Drug
CYLTEZO(CF)	SP	PA QPD 0.072 per day CS Specialty Drug
CYLTEZO(CF) PEN	SP	PA QPD 0.072 per day CS Specialty Drug
CYLTEZO(CF) PEN CROHN'S-UC-HS	SP	QL MAX 6 / 180 DAYS PA CS Specialty Drug
CYLTEZO(CF) PEN PSORIASIS-UV	SP	QL MAX 4 / 180 DAYS PA CS Specialty Drug
ENBREL 25 MG/0.5 ML SYRINGE	SP	PA QPD 0.073 per day CS Specialty Drug
ENBREL (25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	SP	PA QPD 0.143 per day CS Specialty Drug
ENBREL 25 MG KIT	SP	PA QPD 0.286 per day CS Specialty Drug
ENBREL MINI	SP	PA QPD 0.143 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL SURECLICK	SP	PA QPD 0.143 per day CS Specialty Drug
HUMIRA	SP	PA QPD 0.072 per day CS Specialty Drug
HUMIRA PEN	SP	PA QPD 0.072 per day CS Specialty Drug
HUMIRA PEN CROHN'S-UC-HS	SP	QL MAX 6 / 180 DAYS PA CS Specialty Drug
HUMIRA PEN PSOR-UEVITS-ADOL HS	SP	QL MAX 4 / 180 DAYS PA CS Specialty Drug
HUMIRA(CF) (10 MG/0.1 ML SYRING, 20 MG/0.2 ML SYRING, 40 MG/0.4 ML SYRING)	SP	PA QPD 0.072 per day CS Specialty Drug
HUMIRA(CF) PEDI CROHN 80MG/0.8	SP	QL MAX 3 / 180 DAYS PA CS Specialty Drug
HUMIRA(CF) PEN (PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML)	SP	PA QPD 0.072 per day CS Specialty Drug
HUMIRA(CF) PEN CROHN'S-UC-HS	SP	QL MAX 3 / 180 DAYS PA CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
HUMIRA(CF) PEN PEDIATRIC UC	SP	QL PA CS MAX 4 / 180 DAYS Specialty Drug
HUMIRA(CF) PEN PSOR-UV-ADOL HS	SP	QL PA CS MAX 3 / 180 DAYS Specialty Drug
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	SP	PA QPD CS 0.082 per day Specialty Drug
<i>leflunomide</i>	G	
OLUMIANT	SP	PA QPD CS 1 per day Specialty Drug
ORENCIA 125 MG/ML SYRINGE	SP	PA QPD CS 0.143 per day Specialty Drug
ORENCIA 50 MG/0.4 ML SYRINGE	SP	PA QPD CS 0.058 per day Specialty Drug
ORENCIA 87.5 MG/0.7 ML SYRINGE	SP	PA QPD CS 0.1 per day Specialty Drug
ORENCIA CLICKJECT	SP	PA QPD CS 0.143 per day Specialty Drug
OTEZLA 28 DAY STARTER PACK	SP	QL PA CS MAX 55 / 180 DAYS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OTEZLA 30 MG TABLET	SP	PA QPD 2 per day CS Specialty Drug
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET)	SP	PA QPD 1 per day CS Specialty Drug
RINVOQ ER 45 MG TABLET	SP	QL MAX 56 / 365 DAYS PA CS Specialty Drug
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	SP	PA QPD 0.036 per day CS Specialty Drug
<i>sulfasalazine (500 mg tablet, 500 mg tablet dr)</i>	G	
XELJANZ 1 MG/ML SOLUTION	SP	QL max 48 days / fill PA QPD 8 per day CS Specialty Drug
XELJANZ 10 MG TABLET	SP	QL MAX 240 / 365 DAYS PA CS Specialty Drug
XELJANZ 5 MG TABLET	SP	QL max 60 days / fill PA QPD 2 per day CS Specialty Drug
XELJANZ XR 11 MG TABLET	SP	PA QPD 1 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
XELJANZ XR 22 MG TABLET	SP	QL PA CS	MAX 120 / 365 DAYS Specialty Drug
IMMUNOMODULATORY AGENTS			
ACTIMMUNE	SP	CS	Specialty Drug
AVONEX PREFILLED SYR 30 MCG KT	SP	PA QPD CS	0.036 per day Specialty Drug
AVONEX PEN 30 MCG/0.5 ML KIT	SP	PA QPD CS	0.036 per day Specialty Drug
BETASERON 0.3 MG KIT	SP	PA QPD CS	0.5 per day Specialty Drug
<i>dimethyl fumarate 120 mg capsule dr</i>	SP	QL CS	MAX 56 / 180 DAYS Specialty Drug
<i>dimethyl fumarate 120-240 mg capsule dr</i>	SP	QL CS	MAX 60 / 180 DAYS Specialty Drug
<i>dimethyl fumarate 240 mg capsule dr</i>	SP	QPD CS	2.0 per day Specialty Drug
ENSPRYNG	SP	PA QPD CS MED PA	0.036 per day Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i> fingolimod hcl </i>	SP	QPD 1.0 per day CS Specialty Drug
GILENYA 0.25 MG CAPSULE	SP	PA QPD 1 per day CS Specialty Drug
<i> glatiramer acetate 20 mg/ml syringe </i>	SP	QPD 1 per day CS Specialty Drug
<i> glatiramer acetate 40 mg/ml syringe </i>	SP	QPD 0.429 per day CS Specialty Drug
GLATOPA 20 MG/ML SYRINGE	SP	QPD 1 per day CS Specialty Drug
GLATOPA 40 MG/ML SYRINGE	SP	QPD 0.429 per day CS Specialty Drug
JOENJA	SP	PA QPD 2 per day CS Specialty Drug
KESIMPTA PEN	SP	PA QPD 0.015 per day CS Specialty Drug
MAYZENT 0.25MG START-1MG MAINT	SP	QL MAX 7 / 180 DAYS PA CS Specialty Drug
MAYZENT 0.25MG START-2MG MAINT	SP	QL MAX 12 / 180 DAYS PA CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MAYZENT (1 MG TABLET, 2 MG TABLET)	SP	PA QPD 1 per day CS Specialty Drug
MAYZENT 0.25 MG TABLET	SP	PA QPD 4 per day CS Specialty Drug
PLEGRIDY 125 MCG/0.5 ML SYRINGE	SP	PA QPD 0.036 per day CS Specialty Drug
PLEGRIDY SYRINGE STARTER PACK	SP	QL MAX 1 / 180 DAYS PA CS Specialty Drug
PLEGRIDY 125 MCG/0.5 ML PEN	SP	PA QPD 0.036 per day CS Specialty Drug
PLEGRIDY PEN INJ STARTER PACK	SP	QL MAX 1 / 180 DAYS PA CS Specialty Drug
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	SP	PA QPD 0.215 per day CS Specialty Drug
REBIF TITRATION PACK	SP	QL MAX 4.2 / 180 DAYS PA CS Specialty Drug
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	SP	PA QPD 0.215 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REBIF REBIDOSE TITRATION PACK	SP	QL PA CS MAX 4.2 / 180 DAYS Specialty Drug
REDITREX	PB	ST
<i>teriflunomide</i>	SP	QPD CS 1.0 per day Specialty Drug
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	SP	PA QPD CS 2 per day Specialty Drug
THALOMID 100 MG CAPSULE	SP	PA QPD CS 4.0 per day Specialty Drug
THALOMID 50 MG CAPSULE	SP	PA QPD CS 3.0 per day Specialty Drug
VUMERITY	SP	PA QPD CS 4 per day Specialty Drug
ZEPOSIA STARTER KIT (28-DAY)	SP	QL PA CS max 28 / 180 days Specialty Drug
ZEPOSIA STARTER KIT (37-DAY)	SP	QL PA CS MAX 37 / 180 DAYS Specialty Drug
ZEPOSIA STARTER PACK (7-DAY)	SP	QL PA CS MAX 7 / 180 DAYS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ZEPOSIA 0.92 MG CAPSULE	SP	PA QPD CS 1.0 per day Specialty Drug
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL	NPB	
AZASAN	G	
<i>azathioprine</i>	G	
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	SP	PA QPD CS MED PA 0.143 per day Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	NPB	
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	G	
<i>cyclosporine, modified (25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	G	
ENVARUSUS XR	NPB	
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	G	
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	G	
IMURAN	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUPKYNIS	SP	PA QPD 6 per day CS Specialty Drug
MAVENCLAD (10 MG 4 TABLET PK, 10 MG 8 TABLET PK)	SP	QL MAX 8 / 301 DAYS PA CS Specialty Drug
MAVENCLAD 10 MG X 10 TABLET PK	SP	QL MAX 20 / 301 DAYS PA CS Specialty Drug
MAVENCLAD 10 MG X 5 TABLET PK	SP	QL MAX 10 / 301 DAYS PA CS Specialty Drug
MAVENCLAD 10 MG X 6 TABLET PK	SP	QL MAX 12 / 301 DAYS PA CS Specialty Drug
MAVENCLAD 10 MG X 7 TABLET PK	SP	QL MAX 14 / 301 DAYS PA CS Specialty Drug
MAVENCLAD 10 MG X 9 TABLET PK	SP	QL MAX 9 / 301 DAYS PA CS Specialty Drug
<i>mycophenolate mofetil (200 mg/ml susp recon, 250 mg capsule, 500 mg tablet)</i>	G	
<i>mycophenolate sodium</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MYFORTIC	NPB	
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	NPB	
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)	NPB	
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 1 MG/ML ORAL SOLN, 2 MG TABLET)	NPB	
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	NPB	
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	G	
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i>	G	
ZORTRESS	NPB	
KALLIKREIN-KININ SYSTEM INHIBITORS		
EMPAVELI	SP	PA QPD 5.715 per day CS Specialty Drug
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST	SP	PA QPD 0.286 per day CS Specialty Drug
<i>betaine</i>	SP	CS Specialty Drug
CERDELGA	SP	PA QPD 2 per day CS Specialty Drug
CYSTAGON	SP	CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dalfampridine</i>	SP	PA QPD 2 per day CS Specialty Drug
EVRYSDI	SP	PA QPD 8 per day CS Specialty Drug
GALAFOLD	SP	PA QPD 0.5 per day CS Specialty Drug
ISTURISA 1 MG TABLET	SP	PA QPD 8 per day CS Specialty Drug
ISTURISA 10 MG TABLET	SP	PA QPD 6 per day CS Specialty Drug
ISTURISA 5 MG TABLET	SP	PA QPD 12 per day CS Specialty Drug
JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	SP	PA CS Specialty Drug
<i>levocarnitine (100 mg/ml solution, 330 mg tablet)</i>	G	
<i>levocarnitine (with sugar)</i>	G	
LODOCO	NPB	
<i>miglustat</i>	SP	PA QPD 3 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>nitisinone</i>	SP	CS Specialty Drug
NITYR	SP	CS Specialty Drug
NULIBRY	SP	CS Specialty Drug MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
ORFADIN 4 MG/ML SUSPENSION	SP	CS Specialty Drug
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE, DR 75 MG GRANULE PKT, DR 300 MG GRANULE PKT)	SP	PA CS Specialty Drug
RECORLEV	SP	PA QPD 8 per day CS Specialty Drug
REZUROCK	SP	PA QPD 1 per day CS Specialty Drug
<i>sapropterin dihydrochloride (100 mg powd pack, 100 mg tablet sol, 500 mg powd pack)</i>	SP	PA CS Specialty Drug
SKYCLARYS	SP	PA QPD 3 per day CS Specialty Drug
SOHONOS	SP	CS Specialty Drug
THIOLA EC	NPB	
<i>tiopronin (100 mg tablet, 100 mg tablet dr, 300 mg tablet dr)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYBOST	NPB	QPD 1 per day
VIJOICE (50 MG TABLET, 125 MG TABLET)	SP	PA
		QPD 1 per day
		CS Specialty Drug
VIJOICE 250 MG DAILY DOSE PACK	SP	PA
		QPD 2.0 per day
		CS Specialty Drug
VOWST	SP	QL max 12 / 365 days
		PA
		CS Specialty Drug
VOXZOGO	SP	PA
		QPD 1 per day
		CS Specialty Drug
XURIDEN	SP	CS Specialty Drug
YARGESA	SP	PA
		QPD 3.0 per day
		CS Specialty Drug
ZOKINVY	SP	PA
		QPD 4 per day
		CS Specialty Drug
PROTECTIVE AGENTS		
ELMIRON	NPB	PA
MESNEX 400 MG TABLET	PB	
NONHORMONAL CONTRACEPTIVES		
cervical cap	PB	C [ACA] Quantity Limits May Apply
		HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
<i>condoms, female</i>	PB	C	[ACA] Quantity Limits May Apply
		HCR	
<i>condoms, latex, lubricated</i>	PB	C	[ACA] Quantity Limits May Apply
		HCR	
<i>condoms, latex, non-lubricated</i>	PB	C	[ACA] Quantity Limits May Apply
		HCR	
<i>condoms, non-latex, lubricated</i>	PB	C	[ACA] Quantity Limits May Apply
		HCR	
<i>diaphragms, contoured</i>	PB	C	[ACA] Quantity Limits May Apply
		HCR	
<i>diaphragms, wide seal (60mm diaphragm, 70mm diaphragm, 75mm diaphragm, 80mm diaphragm, 85mm diaphragm, 90mm diaphragm, 95mm diaphragm)</i>	PB	C	[ACA] Quantity Limits May Apply
		HCR	
<i>diaphragms, wide seal 65mm diaphragm</i>	NPB	C	[ACA] Quantity Limits May Apply
		HCR	
PHEXXI	NPB	C	[ACA] Quantity Limits May Apply
		HCR	
VCF CONTRACEPTIVE FILM	PB	C	[ACA] Quantity Limits May Apply
		HCR	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VCF CONTRACEPTIVE GEL	NPB	
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
<i>celecoxib</i>	G	
ELYXYB	NPB	PA QPD 0.96 per day
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS		
CATAFLAM	G	
<i>diclofenac epolamine</i>	NPB	QPD 2 per day
<i>diclofenac potassium (25 mg capsule, 25 mg tablet, 50 mg powd pack)</i>	G	
<i>diclofenac potassium 50 mg tablet</i>	G	
<i>diclofenac sodium 1.5 % drops</i>	G	QPD 10.0 per day
<i>diclofenac sodium 1 % gel (gram)</i>	G	QPD 33.334 per day
<i>diclofenac sodium 20mg/g(2%) sol md pmp</i>	G	QPD 8.0 per day
<i>diclofenac sodium 100 mg tab er 24h</i>	G	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr)</i>	G	
<i>diclofenac sodium/misoprostol</i>	G	
<i>diclofenac submicronized</i>	NPB	
<i>diflunisal</i>	G	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tab er 24h, 400 mg tablet, 500 mg tab er 24h, 500 mg tablet, 600 mg tab er 24h)</i>	G	
<i>fenoprofen calcium (400 mg capsule, 600 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fenoprofen calcium 200 mg capsule</i>	NPB	
FENORTHO	NPB	
FLECTOR	NPB	QPD 2 per day
<i>flurbiprofen</i>	G	
IBU	G	
<i>ibuprofen 100 mg/5ml oral susp</i>	G	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	G	
<i>ibuprofen/famotidine</i>	G	
INDOCIN 25 MG/5 ML SUSPENSION	NPB	
INDOCIN 50 MG SUPPOSITORY	G	
<i>indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)</i>	G	
<i>indomethacin (25 mg/5 ml oral susp, 50 mg supp.rect)</i>	G	
<i>indomethacin, submicronized</i>	NPB	
<i>ketoprofen (25 mg capsule, 50 mg capsule, 75 mg capsule, 200 mg cap24h pel)</i>	NPB	
<i>ketorolac tromethamine 15.75 mg spray</i>	NPB	QPD 1 per day
<i>ketorolac tromethamine 10 mg tablet</i>	G	QPD 4.0 per day
KIPROFEN	NPB	
LICART	NPB	QPD 1.0 per day
LOFENA	G	
<i>meclofenamate sodium</i>	NPB	
<i>mefenamic acid</i>	G	
<i>meloxicam 7.5 mg/5ml oral susp</i>	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	G	
<i>meloxicam, submicronized</i>	G	
<i>nabumetone</i>	G	
NALFON 400 MG CAPSULE	NPB	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg tablet)</i>	G	
<i>naproxen (125 mg/5ml oral susp, 375 mg tablet dr, 500 mg tablet dr)</i>	G	
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	G	
<i>naproxen sodium (375 mg tbmp 24hr, 500 mg tbmp 24hr, 750 mg tbmp 24hr)</i>	G	
<i>naproxen/esomeprazole magnesium</i>	G	
<i>oxaprozin</i>	G	
<i>piroxicam</i>	G	
RELAFEN	G	
RELAFEN DS	NPB	
SPRIX	NPB	QPD 1 per day
<i>sulindac</i>	G	
TIVORBEX	NPB	
<i>tolmetin sodium (200 mg tablet, 400 mg capsule, 600 mg tablet)</i>	NPB	
ZORVOLEX	NPB	
SALICYLATES		
ADULT ASPIRIN REGIMEN	G	HCR
<i>aspirin</i>	G	HCR
ASPIRIN REGIMEN	G	HCR

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aspirin/omeprazole</i>	NPB	
BAYER CHEWABLE ASPIRIN	G	HCR
<i>butalbital/aspirin/cafeine 50-325-40 capsule</i>	G	QPD 6 per day
<i>butalbital/aspirin/cafeine 50-325-40 tablet</i>	NPB	QPD 6 per day
DURLAZA	NPB	
ECOTRIN EC 81 MG TABLET	G	HCR
LOW DOSE ASPIRIN EC	G	HCR
ST. JOSEPH ASPIRIN	G	HCR
ST. JOSEPH ASPIRIN EC	G	HCR
YOSPRALA	NPB	
OXYTOCICS		
CERVIDIL	NPB	
<i>methylergonovine maleate 0.2 mg tablet</i>	G	
PARATHYROID AND ANTIPARATHYROID AGENTS		
ANTIPARATHYROID AGENTS		
<i>calcitonin,salmon,synthetic 200/spray spray/pump</i>	G	
<i>calcitonin,salmon,synthetic 200/ml vial</i>	G	
<i>cinacalcet hcl</i>	SP	CS Specialty Drug
PARATHYROID AGENTS		
FORTEO	SP	PA QPD 0.086 per day CS Specialty Drug
NATPARA	SP	CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>teriparatide</i>	SP	PA QPD 0.086 per day CS Specialty Drug
TYMLOS	SP	PA QPD 0.052 per day CS Specialty Drug
PENICILLIN ANTIBIOTICS		
AMINOPENICILLIN ANTIBIOTICS		
<i>amoxicillin (125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	G	
<i>amoxicillin (125 mg tab chew, 250 mg tab chew)</i>	NPB	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5mg tab chew, amoxicillin/potassium 400-57mg tab chew, amoxicillin/potassium 1000-62.5 tab er 12h)</i>	NPB	
<i>amoxicillin/potassium clavulanate (amoxicillin/potassium 200-28.5/5 susp recon, amoxicillin/potassium 250-125 mg tablet, amoxicillin/potassium 250-62.5/5 susp recon, amoxicillin/potassium 400-57mg/5 susp recon, amoxicillin/potassium 500-125 mg tablet, amoxicillin/potassium 600-42.9/5 susp recon, amoxicillin/potassium 875-125 mg tablet)</i>	G	
<i>ampicillin trihydrate</i>	G	
AUGMENTIN 125-31.25 MG/5 ML	NPB	
NATURAL PENICILLIN ANTIBIOTICS		
<i>penicillin v potassium (125 mg/5ml soln recon, 250 mg/5ml soln recon)</i>	NPB	
<i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	G	
RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	G	
<i>candesartan cilexetil/hydrochlorothiazide</i>	G	
EDARBI	NPB	
EDARBYCLOR	NPB	
ENTRESTO	PB	
<i>irbesartan</i>	G	
<i>irbesartan/hydrochlorothiazide</i>	G	
<i>losartan potassium</i>	G	
<i>losartan potassium/hydrochlorothiazide</i>	G	
<i>olmesartan medoxomil</i>	G	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>	G	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	G	
<i>telmisartan</i>	G	
<i>telmisartan/amlodipine besylate</i>	G	
<i>telmisartan/hydrochlorothiazide</i>	G	
<i>valsartan 4 mg/ml solution</i>	G	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	G	
<i>valsartan/hydrochlorothiazide</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
ACCURETIC	NPB	
<i>benazepril hcl</i>	G	
<i>benazepril hcl/hydrochlorothiazide</i>	G	
<i>captopril</i>	G	
<i>captopril/hydrochlorothiazide</i>	NPB	
<i>enalapril maleate (1 mg/ml solution, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	G	
<i>enalapril maleate/hydrochlorothiazide</i>	G	
<i>fosinopril sodium</i>	G	
<i>fosinopril sodium/hydrochlorothiazide</i>	G	
<i>lisinopril</i>	G	
<i>lisinopril/hydrochlorothiazide</i>	G	
<i>moexipril hcl</i>	G	
<i>perindopril erbumine (2 mg tablet, 4 mg tablet)</i>	G	
<i>perindopril erbumine 8 mg tablet</i>	NPB	
PRESTALIA	NPB	
QBRELIS	NPB	
<i>quinapril hcl</i>	G	
<i>quinapril hcl/hydrochlorothiazide</i>	G	
<i>quinapril-hctz 20-12.5 mg tab (greenstone)</i>	G	
<i>quinapril-hctz 20-25 mg tab (greenstone)</i>	G	
<i>ramipril</i>	G	
<i>trandolapril</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>trandolapril/verapamil hcl</i>	NPB	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS		
ALDACTAZIDE 50-50 TABLET	NPB	
CAROSPIR 25 MG/5 ML SUSP CUP	NPB	
<i>eplerenone</i>	G	
<i>spironolactone 25 mg/5 ml oral susp</i>	G	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	G	
<i>spironolactone/hydrochlorothiazide</i>	G	
RENIN INHIBITORS		
<i>aliskiren hemifumarate</i>	G	
TEKTURNA HCT	NPB	
RESPIRATORY TRACT AGENTS		
ANTIFIBROTIC AGENTS		
OFEV	SP	PA QPD 2 per day CS Specialty Drug
<i>pirfenidone 267 mg capsule</i>	SP	PA QPD 3 per day CS Specialty Drug
<i>pirfenidone (267 mg tablet, 801 mg tablet)</i>	SP	PA QPD 3.0 per day CS Specialty Drug
<i>pirfenidone 534 mg tablet</i>	SP	QL MAX 21 / 180 DAYS PA CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTITUSSIVES		
<i>benzonatate</i>	G	
BROMFED DM	G	
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i>	G	
<i>hydrocodone bitartrate/homatropine methylbromide</i>	G	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	G	
HYDROMET	G	
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	G	
<i>promethazine hcl/dextromethorphan hbr</i>	G	
<i>promethazine/phenylephrine hcl/codeine</i>	NPB	
TUXARIN ER	NPB	
TUZISTRA XR	NPB	
MUCOLYTIC AGENTS		
<i>acetylcysteine (100 mg/ml vial, 200 mg/ml vial)</i>	G	
PULMOZYME	SP	CS Specialty Drug
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
<i>roflumilast 250 mcg tablet</i>	G	
<i>roflumilast 500 mcg tablet</i>	G	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
BRONCHITOL	SP	CS Specialty Drug
TEZSPIRE 210 MG/1.91 ML PEN	SP	PA
		QPD 0.069 per day
		CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XOLAIR (75 MG/0.5 ML AUTOINJECT, 150 MG/ML AUTOINJECTOR, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	SP	PA CS Specialty Drug
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	SP	PA CS MED PA Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS	SP	PA QPD CS 3 per day Specialty Drug
<i>ambrisentan</i>	SP	PA QPD CS 1 per day Specialty Drug
<i>bosentan</i>	SP	PA QPD CS 2 per day Specialty Drug
OPSUMIT	SP	PA QPD CS 1 per day Specialty Drug
ORENITRAM ER	SP	PA CS Specialty Drug
ORENITRAM MONTH 1 TITRATION KT	SP	QL PA CS MAX 168 / 180 DAYS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS	
ORENITRAM MONTH 2 TITRATION KT	SP	QL PA CS	MAX 336 / 180 DAYS Specialty Drug
ORENITRAM MONTH 3 TITRATION KT	SP	QL PA CS	MAX 252 / 180 DAYS Specialty Drug
TRACLEER 32 MG TABLET FOR SUSP	SP	PA QPD CS	4 per day Specialty Drug
TYVASO	SP	PA QPD CS	2.9 per day Specialty Drug
TYVASO REFILL KIT	SP	PA QPD CS	2.9 per day Specialty Drug
TYVASO STARTER KIT	SP	QL PA CS	MAX 81.2 / 180 DAYS Specialty Drug
UPTRAVI 200-800 TITRATION PACK	SP	QL PA CS	MAX 200 / 180 DAYS Specialty Drug
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	SP	PA QPD CS	2 per day Specialty Drug
VENTAVIS	SP	PA QPD CS	9 per day Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKELETAL MUSCLE RELAXANTS		
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT		
<i>carisoprodol 350 mg tablet</i>	G	
<i>carisoprodol/aspirin/codeine phosphate</i>	NPB	
<i>chlorzoxazone (250 mg tablet, 375 mg tablet, 750 mg tablet)</i>	G	
<i>chlorzoxazone 500 mg tablet</i>	G	
<i>cyclobenzaprine hcl (7.5 mg tablet, 15 mg cap er 24h, 30 mg cap er 24h)</i>	G	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	G	
FEXMID	G	
LORZONE	G	
<i>metaxalone</i>	G	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	G	
<i>methocarbamol 1000 mg tablet</i>	NPB	
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>	G	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	G	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	G	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
<i>baclofen 25 mg/5 ml oral susp</i>	G	PA QPD 16.0 per day
<i>baclofen 5 mg/5 ml solution</i>	NPB	PA QPD 80 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>baclofen (10 mg tablet, 20 mg tablet)</i>	G	
<i>baclofen 5 mg tablet</i>	G	
LYVISPAH	NPB	PA QPD 4.0 per day
OZOBAX	NPB	PA QPD 80 per day
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT		
<i>orphenadrine citrate 100 mg tablet er</i>	G	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
NORGESIC	G	
<i>orphenadrine citrate/aspirin/caffeine</i>	G	
ORPHENGESIC FORTE	G	
SKIN AND MUCOUS MEMBRANE AGENTS ANTIPRURITICS AND LOCAL ANESTHETICS		
DERMACINRX LIDOCAN	G	PA QPD 3.0 per day
<i>doxepin hcl 5 % cream (g)</i>	G	PA QPD 1.5 per day
<i>lidocaine 5 % adh. patch</i>	G	PA QPD 3.0 per day
<i>lidocaine 5 % oint. (g)</i>	G	PA QPD 3.334 per day
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	G	QPD 2.0 per day
<i>lidocaine/tetracaine</i>	NPB	PA QPD 4 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LIDOCAN II	G	PA QPD 3.0 per day
LIDOCAN III	G	PA QPD 3.0 per day
LIDOCAN IV	G	
PLIAGLIS	NPB	PA QPD 4 per day
SYNERA	NPB	PA QPD 0.134 per day
ZTLIDO	NPB	PA QPD 3 per day
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO	NPB	PA
AVITA 0.025% CREAM	G	PA
AVITA 0.025% GEL	G	PA
REGRANEX	NPB	
<i>tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.05 % cream (g), 0.1 % cream (g))</i>	G	PA
<i>tretinoin (0.025 % gel (gram), 0.05 % gel (gram))</i>	G	PA
<i>tretinoin microspheres (0.04 % gel (gram), 0.04 % gel w/pump, 0.1 % gel (gram), 0.1 % gel w/pump)</i>	G	PA
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
ABSORICA LD	PB	
AC CUTANE	G	
<i>acitretin</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>adapalene (0.1 % cream (g), 0.3 % gel (gram), 0.3 % gel w/pump)</i>	G	PA
<i>adapalene (0.1 % med. swab, 0.1 % solution)</i>	NPB	PA
<i>adapalene/benzoyl peroxide 0.1 %-2.5% gel w/pump</i>	G	PA
<i>adapalene/benzoyl peroxide 0.3 %-2.5% gel w/pump</i>	G	PA
AKLIEF	NPB	PA
AMNESTEEM	G	
<i>azelaic acid</i>	G	
AZELEX	NPB	
<i>brimonidine tartrate 0.33 % gel w/pump</i>	G	
<i>calcipotriene (0.005 % cream (g), 0.005 % solution)</i>	G	
<i>calcipotriene 0.005 % foam</i>	NPB	
<i>calcipotriene 0.005 % oint. (g)</i>	G	
<i>calcitriol 3 mcg/g oint. (g)</i>	NPB	
CLARAVIS	G	
CONDYLOX	NPB	
<i>dapsone (5 % gel (gram), 7.5 % gel w/pump)</i>	G	
DIFFERIN 0.1% LOTION	NPB	PA
DUOBRII	NPB	
DUPIXENT 100 MG/0.67 ML SYRINGE (NDC:00024591100)	SP	PA
		QPD 0.048 per day
		CS Specialty Drug
DUPIXENT 200 MG/1.14 ML PEN	SP	QL max 56 days / fill
		PA
		QPD 0.082 per day
		CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DUPIXENT 300 MG/2 ML PEN	SP	QL max 56 days / fill PA QPD 0.286 per day CS Specialty Drug
DUPIXENT 100 MG/0.67 ML SYRING	SP	PA QPD 0.048 per day CS Specialty Drug
DUPIXENT 200 MG/1.14 ML SYRING	SP	QL max 56 days / fill PA QPD 0.082 per day CS Specialty Drug
DUPIXENT 300 MG/2 ML SYRINGE	SP	QL max 56 days / fill PA QPD 0.286 per day CS Specialty Drug
ENSTILAR	PB	
<i>imiquimod 5 % cream pack</i>	G	
<i>imiquimod (3.75 % cream pack, 3.75 % crm md pmp)</i>	G	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	G	
<i>isotretinoin (25 mg capsule, 35 mg capsule)</i>	G	
KLISYRI	NPB	
MYORISAN	G	
<i>nitroglycerin 0.4% (w/w) oint. (g)</i>	G	
OPZELURA	NPB	PA QPD 2 per day

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>podofilox 0.5 % gel (gram)</i>	G	
<i>podofilox 0.5 % solution</i>	NPB	
RECTIV	NPB	
SANTYL	NPB	
SKYRIZI 180 MG/1.2 ML ON-BODY	SP	QL PA CS MAX 1.2 / 56 DAYS Specialty Drug
SKYRIZI 360 MG/2.4 ML ON-BODY	SP	QL PA CS MAX 2.4 / 56 DAYS Specialty Drug
SOOLANTRA	G	B4G
SORILUX	NPB	
STELARA 90 MG/ML SYRINGE	SP	QL PA CS MED PA MAX 1 / 56 DAYS Specialty Drug Medical Benefit Prior Authorization - Drug may be available on the medical benefit after prior authorization

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tazarotene 0.1 % cream (g)</i>	G	PA
<i>tazarotene (0.05 % gel (gram), 0.1 % gel (gram))</i>	G	PA
TAZORAC 0.05% CREAM	PB	
VECTICAL	NPB	
VEREGEN	NPB	
VTAMA	NPB	
WINLEVI	NPB	
ZENATANE	G	
ZYCLARA 2.5% CREAM PUMP	NPB	
SMOOTH MUSCLE RELAXANTS		
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
ELIXOPHYLLIN	G	
THEO-24	NPB	
<i>theophylline anhydrous (100 mg tab er 12h, 200 mg tab er 12h)</i>	NPB	
<i>theophylline anhydrous (80 mg/15ml elixir, 80 mg/15ml solution, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	G	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
SOMATOSTATIN AGONISTS		
MYCAPSSA	SP	CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	SP	CS Specialty Drug
SIGNIFOR	SP	CS Specialty Drug
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
SOMATOTROPIN AGONISTS		
INCRELEX	SP	CS Specialty Drug
SOMATOTROPIN ANTAGONISTS		
SOMAVERT	SP	CS Specialty Drug
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
AUVI-Q	PB	
<i>droxidopa (200 mg capsule, 300 mg capsule)</i>	SP	PA QPD 6.0 per day CS Specialty Drug
<i>droxidopa 100 mg capsule</i>	SP	PA QPD 15.0 per day CS Specialty Drug
<i>epinephrine (0.15mg/0.3 auto inject, 0.3mg/0.3 auto inject)</i>	G	
ALPHA-ADRENERGIC AGONISTS		
LUCEMYRA	NPB	
<i>midodrine hcl</i>	G	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TETRACYCLINE ANTIBIOTICS		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TABLET	NPB	
THYROID AND ANTITHYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole</i>	G	
<i>propylthiouracil</i>	G	
THYROID AGENTS		
ADTHYZA	NPB	
ARMOUR THYROID	NPB	
ERMEZA	NPB	
EUTHYROX	G	
LEVO-T	G	
<i>levothyroxine sodium (13 mcg capsule, 25 mcg capsule, 50 mcg capsule, 75 mcg capsule, 88 mcg capsule, 100 mcg capsule, 112 mcg capsule, 125 mcg capsule, 137 mcg capsule, 150 mcg capsule, 175 mcg capsule, 200 mcg capsule)</i>	NPB	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	G	
LEVOXYL	G	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	G	
NIVA THYROID	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NP THYROID	NPB	
SYNTHROID	PB	
THYQUIDITY	NPB	
<i>thyroid,pork</i>	NPB	
TIROSINT	NPB	
TIROSINT-SOL	NPB	
UNITHROID	G	
VASODILATING AGENTS		
NITRATES AND NITRITES		
GONITRO	NPB	
<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	G	
<i>isosorbide dinitrate 40 mg tablet</i>	G	
<i>isosorbide mononitrate (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)</i>	G	
<i>isosorbide mononitrate (10 mg tablet, 20 mg tablet)</i>	NPB	
NITRO-BID	NPB	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	NPB	
NITRO-TIME	NPB	
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.4mg/hr patch td24, 0.6mg/hr patch td24)</i>	G	
<i>nitroglycerin (0.3 mg tab subl, 0.4 mg tab subl, 0.6 mg tab subl, 400mcg/spr spray)</i>	G	
NITROMIST	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
ALYQ	SP	PA QPD 2.0 per day CS Specialty Drug
<i>sildenafil 20 mg tablet (pah)</i>	SP	PA QPD 3.0 per day CS Specialty Drug
<i>sildenafil citrate 10 mg/ml susp recon</i>	SP	PA QPD 7.467 per day CS Specialty Drug
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	G	QPD 1.0 per day
<i>tadalafil 20 mg tablet (pah)</i>	SP	PA QPD 2.0 per day CS Specialty Drug
VASODILATING AGENTS, MISCELLANEOUS		
<i>aspirin/dipyridamole</i>	G	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	G	
VERQUVO	PB	PA QPD 1 per day
VASODILATING AGENTS (RESPIRATORY TRACT)		
ENDOTHELIN RECEPTOR ANTAGONISTS		
FILSPARI	SP	PA QPD 1 per day CS Specialty Drug

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMINS		
MULTIVITAMIN PREPARATIONS		
AZESCO	NPB	
C-NATE DHA	NPB	
CITRANATAL B-CALM	NPB	
CITRANATAL MEDLEY	NPB	
COMPLETE NATAL DHA	NPB	
COMPLETENATE	NPB	
CONCEPT DHA	NPB	
CONCEPT OB	NPB	
DERMACINRX PRENATRIX	NPB	
DERMACINRX PRENATRYL	NPB	
DERMACINRX PRETRATE	NPB	
DUET DHA 400	NPB	
DUET DHA BALANCED	NPB	
ELITE-OB	NPB	
ENBRACE HR	NPB	
FOLIVANE-OB	NPB	
KOSHER PRENATAL PLUS IRON	NPB	
M-NATAL PLUS	NPB	
MULTI-MAC	NPB	
<i>multivitamin combination no.51/ferrous fumarate/folic acid</i>	PB	
NATACHEW	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NATAL PNV	NPB	
NEEVODHA	NPB	
NEONATAL COMPLETE	NPB	
NEONATAL PLUS	NPB	
NEONATAL-DHA	NPB	
NESTABS	NPB	
NESTABS DHA	NPB	
NESTABS ONE	NPB	
NIVA-PLUS	NPB	
OB COMPLETE	NPB	
OB COMPLETE ONE	NPB	
OB COMPLETE PETITE	NPB	
OB COMPLETE PREMIER	NPB	
OB COMPLETE WITH DHA	NPB	
PNV TABS 20-1	NPB	
PNV-DHA	NPB	
PNV-OMEGA	NPB	
PNV-SELECT	NPB	
PREGEN DHA	NPB	
PREGENNA	NPB	
PRENA1 CHEW	NPB	
PRENA1 PEARL	NPB	
PRENA1 TRUE	NPB	
PRENATABS RX	PB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prenatal vitamins no.180/ferrous fumarate/folic acid</i>	NPB	
<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>	PB	
<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>	PB	
<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>	NPB	
<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>	PB	
PRENATE AM	NPB	
PRENATE CHEWABLE	NPB	
PRENATE DHA	NPB	
PRENATE ELITE	NPB	
PRENATE ENHANCE	NPB	
PRENATE ESSENTIAL	NPB	
PRENATE MINI	NPB	
PRENATE PIXIE	NPB	
PRENATE RESTORE	NPB	
PREPLUS	NPB	
PRIMACARE	NPB	
PROVIDA OB	NPB	
SE-NATAL 19	PB	
SE-NATAL-19	PB	
SELECT-OB	NPB	
SELECT-OB + DHA	NPB	
TARON-C DHA	NPB	
THRIVITE RX	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TRICARE	NPB	
TRINATAL RX 1	NPB	
TRINATE	PB	
TRINAZ	NPB	
TRISTART DHA	NPB	
VIRT-C DHA	NPB	
VIRT-NATE DHA	NPB	
VIRT-PN DHA	NPB	
VITAFOL FE PLUS	NPB	
VITAFOL GUMMIES	NPB	
VITAFOL NANO	NPB	
VITAFOL ULTRA	NPB	
VITAFOL-OB	NPB	
VITAFOL-OB+DHA	NPB	
VITAFOL-ONE	NPB	
VITAMEDMD ONE RX	NPB	
VITAMEDMD REDICHEW RX	NPB	
VITAPEARL	NPB	
VITATRUE	NPB	
VP-PNV-DHA	NPB	
WESCAP-C DHA	NPB	
WESCAP-PN DHA	NPB	
WESNATAL DHA COMPLETE	NPB	
WESNATE DHA	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WESTAB PLUS	NPB	
WESTGEL DHA	NPB	
ZALVIT	NPB	
ZATEAN-PN DHA	NPB	
ZATEAN-PN PLUS	NPB	
ZIPHEX	NPB	
VITAMIN B COMPLEX		
<i>cyanocobalamin (vitamin b-12) (500mcg/spr spray, 1000mcg/ml vial)</i>	G	
DODEX	G	
FA-8	G	HCR
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<i>folic acid 1 mg tablet</i>	G	
<i>hydroxocobalamin</i>	NPB	
NASCOBAL	NPB	
VITAMIN D		
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	G	
<i>calcitriol 1 mcg/ml solution</i>	G	
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>	G	
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	G	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	G	
RAYALDEE	NPB	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VITAMIN K ACTIVITY		
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