



Complete Drug List (Formulary) 2023

Rocky Mountain Health Plans DualCare Plus (HMO-POS D-SNP)

Important notes: This document has information about the drugs covered by this plan. For more up-to-date information or if you have any questions, please call Customer Service at:



Toll-free **1-800-701-9054**, TTY **711**

8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept



myuhc.com/communityplan

United
Healthcare



Formulary ID Number 00023003, Version 20
Y0066_060822_113745_C v147.12

Last updated December 1, 2023

Table of contents

What is a Drug List?	3
Note to existing members:.....	3
How can I find a drug on the Drug List?	4
What are generic drugs?	4
What is a compounded drug?	4
Are there any rules or limits on my drug coverage?	5
What if my drug is not on this list?	7
How can I get an exception?	7
Can I get my drug while I wait for an exception?	8
Can the Drug List change?	9
Covered drugs by name (Drug index).....	11
Covered drugs by category	31
Covered drugs with a quantity limit (QL)	101

Questions?

If you have questions, we're here to help. Call Customer Service at:



Toll-free **1-800-701-9054**, TTY **711**

8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept

What is a Drug List?

A Drug List, or Formulary, is a list of prescription drugs covered by your plan. Your plan and a team of health care providers work together in selecting drugs that are needed for well-rounded care and treatment.

Your plan will generally cover the drugs listed in our Drug List as long as:

- The drug is used for a medically accepted indication
- The prescription is filled at a network pharmacy, and
- Other plan rules are followed

For more information about your drug coverage, please review your Evidence of Coverage.

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of December 1, 2023.

To get updated information about the covered drugs or if you have questions, please call Customer Service. Our contact information is on the cover.

This Drug List has changed since last year. Please review this document to make sure your prescription drugs are still covered. In most cases, you must use network pharmacies to have your prescriptions covered by the plan.

When this Drug List refers to “we,” “us,” or “our,” it means Rocky Mountain Health Plans. When it refers to “plan,” “our plan,” or “your plan,” it means Rocky Mountain Health Plans DualCare Plus.

Important message about what you pay for vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

How can I find a drug on the Drug List?

There are 2 ways to find your prescription drugs in this Drug List:

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 11-30 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 31-100. The drugs in this drug list are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



Can't find your drug?

Check the complete Drug List by visiting our plan website at myuhc.com/communityplan. You can use online tools to look up your drugs. This information is updated on a regular basis.

What are generic drugs?

Generic drugs have the same active ingredients as brand name drugs. They usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA). Our plan covers both brand name and generic drugs.

Talk with your doctor to see if any of the brand name drugs you take have generic versions.

The Drug List shows **brand name (B)** drugs in **bold** type (for example, **Humalog**) and generic (G) drugs in plain type (for example, Simvastatin).

What is a compounded drug?

A compounded drug is created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. Compounded drugs may be Part D eligible. For more information about compounded drugs, please review your Evidence of Coverage.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 31. The codes and what they mean are shown below and on the next page.

You can also get more information about the coverage rules and/or limits applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. If you would like a copy sent to you, please call Customer Service. Our contact information is on the cover.

Coverage rules and limits

PA - Prior authorization

The plan requires you or your doctor to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used and covered correctly by Medicare for your medical condition. Certain drugs may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs) depending on how it is used. If you don't get prior approval, the plan may not cover the drug.

QL - Quantity limits

The plan will cover only a certain amount of this drug over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

ST - Step therapy

There may be effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try 1 or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.

You and your doctor may ask the plan for an exception to the coverage rules and/or limits for your drug. See the section “How can I get an exception?” on page 7 or see your Evidence of Coverage to learn more.

If you don't get approval from the plan before you fill a prescription for a drug with coverage rules or limits, you may have to pay the full cost of the drug.

Other special coverage rules

B/D - Medicare Part B or Part D

Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

LA - Limited access

Drugs are considered "limited access" if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy.

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.

DL - Dispensing limit

Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

What if my drug is not on this list?

If your drug is not included in this Drug List, we may still cover it. Call Customer Service to ask if it's covered. Our contact information, along with the date we last updated the Drug List, is on the cover.

If you find out that your drug is not covered, you can do either of the following options:

1. **Ask Customer Service for a list** of similar drugs that are covered by the plan. When you get the list, show it to your doctor and ask him or her to prescribe a covered drug.
2. **Ask the plan to make an exception** and cover your drug. Review the next section for more exception information.

How can I get an exception?

Sometimes you may need to ask for drug coverage that's not normally provided by your plan. This is called asking for an exception. When you do, the plan will review your request and give you a coverage decision known as a coverage determination.

Types of exceptions you can ask for

- **Drug List exception:** Ask the plan to cover your Medicare Part D drug even if it's not on the Drug List.
- **Utilization exception:** Ask the plan to revise the coverage rules or limits on your drug. For example, if your drug has a quantity limit, you can ask the plan to change the limit and cover more.

The plan may approve your request for an exception if the covered alternative drugs wouldn't be as effective in treating your condition or would cause adverse medical effects.

Who can ask for an exception?

You, your authorized representative or your doctor can ask for an exception by calling Customer Service. Your doctor must give us a supporting statement with the reason for the exception.

How long does it take to get an exception?

After we get the statement from your doctor supporting your request for an exception, we'll give you a decision within 72 hours. You can ask for an expedited (fast) decision if you or your doctor believes that your health could be seriously harmed by waiting 72 hours. If your request for an expedited review is approved, we'll give you a decision within 24 hours after we get your doctor's supporting statement.

Can I get my drug while I wait for an exception?

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our Drug List or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor to decide if there is a similar drug on the Drug List you can take instead. If you and your doctor decide this is the only drug that will work for you, you will need to ask for an exception. For more information about exceptions, please review your Evidence of Coverage.

We may cover your drug in certain cases during the first 90 days of your membership. The following chart shows how much of your drug we may cover while you ask for an exception.

If you...	And you are...	We may cover...
are a new member in the first 90 days of your membership	not in a nursing home or long-term care facility	at least a 30-day temporary supply
OR were a member last year and it's the first 90 days of your plan year	in a nursing home or long-term care facility	at least a 31-day temporary supply
have been in the plan for more than 90 days	in a nursing home or long-term care facility and need a supply right away	at least a 31-day emergency supply
are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply

The prescription must be filled at a network pharmacy. If your prescription is written for fewer days, we'll allow refills to provide at least the day supply listed in the chart above. **Note:** The long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.

We will not pay for more of your drug after you get this temporary or emergency supply unless you receive authorization from the plan.

Can the Drug List change?

Most changes in drug coverage happen on January 1. We may need to make changes during the plan year for safety or other reasons that can affect you. We must follow the Medicare rules in making these changes.

Changes that can affect you this year

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the Drug List, or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change.

We will notify members at least 30 days before the change becomes effective, or when the member requests a refill of the drug, at which time you will receive at least a 30-day supply of the drug.

If we add new generic drugs or make other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section “How can I get an exception?” on page 7.

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will let you know and take it off the Drug List right away.

Changes that will not affect you if you are currently taking the drug

Usually, if you’re taking a drug on this Drug List that was covered at the beginning of the year, we will not remove or reduce coverage during the year except as described above. You will not get a notice this year about changes that do not affect you. However, on January 1 of the next year these changes will affect you, therefore it is important to check the Drug List for any changes to drugs for the new plan year.

For more information

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about your plan's prescription drug coverage, please call Customer Service. Our contact information, along with the date we last updated the Drug List, is on the cover.

If you have general questions about Medicare prescription drug coverage, visit www.medicare.gov or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Covered drugs by name (Drug index)

A		
	Advair HFA	98
Abacavir Sulfate	57	
Abacavir Sulfate -Lamivudine	57	
Abelcet	44	
Abilify Maintena	53	
Abiraterone Acetate	47	
Abrysvo	90	
Acamprosate Calcium	33	
Acarbose	59	
Accutane	71	
Acebutolol HCl	65	
Acetaminophen -Caffeine -Dihydrocodeine .	32	
Acetaminophen -Codeine .	32	
Acetazolamide .	66	
Acetazolamide ER	66	
Acetic Acid	95	
Acetylcysteine .	98	
Acitretin	71	
ActHIB	90	
Actemra	87	
Actemra ACTPen	87	
Actimmune	88	
Acyclovir .	56	
Acyclovir Sodium	56	
Adacel	90	
Adapalene	71	
Adefovir Dipivoxil .	55	
Adempas	97	
Advair Diskus	98	
	Amitriptyline HCl	43
	Amlodipine Besylate	65
	Amlodipine -Atorvastatin	66
	Amlodipine -Benazepril	66
	Amlodipine -Olmesartan	66
	Amlodipine -Valsartan .	66
	Amlodipine -Valsartan -HCTZ	66
	Ammonium Lactate .	72
	Amnesteem	71
	Amoxapine	43
	Amoxicillin	36
	Amoxicillin -Potassium Clavulanate .	37
	Amoxicillin -Potassium Clavulanate ER	36
	Amphetamine -Dextroamphetamine .	69
	Amphetamine -Dextroamphetamine ER .	69
	Amphotericin B	44
	Amphotericin B Liposome .	44
	Ampicillin	37
	Ampicillin Sodium .	37
	Ampicillin -Sulbactam Sodium	37
	Anagrelide HCl	62
	Anastrozole	48
	Anoro Ellipta .	98
	Anzemet	44
	Apomorphine HCl	52
	Apraclonidine HCl	95
	Aprepitant	44
	Apri	81
	Albendazole	51
	Albuterol Sulfate .	97
	Albuterol Sulfate HFA	97
	Alclometasone Dipropionate	72
	Alcohol Prep Pads.....	92
	Alecensa	48
	Alendronate Sodium	92
	Alfuzosin HCl ER .	80
	Aliskiren Fumarate .	66
	Allopurinol	45
	Alomide	93
	Alosetron HCl .	77
	Alphagan P .	95
	Alprazolam	59
	Altavera	81
	Alunbrig .	48
	Alyacen 1/35	81
	Alyq	97
	AmBisome	44
	Amantadine HCl .	52
	Ambrisentan .	97
	Amethia	81
	Amikacin Sulfate	34
	Amiloride HCl .	67
	Amiloride -Hydrochlorothiazide	66
	Amiodarone HCl	64

Apriso	91	Austedo	70	Benzoyl Peroxide -Erythromycin	71
Aptiom	41	Auvelity	42	Benzotropine Mesylate	52
Aptivus	58	Aviane	81	Bepotastine Besilate	93
Aralast NP	79	Avonex Pen	70	Bepreve	93
Aranelle	81	Avonex Prefilled	70	Berinert	87
Aranesp	63	Ayvakit	48	Besivance	94
Arcalyst	87	Azathioprine	88	Besremi	88
Arexvy	90	Azelaic Acid	71	Betaine	79
Aripiprazole	53	Azelastine HCl	96	Betamethasone Dipropionate	72
Aripiprazole ODT	53	Azelastine -Fluticasone	96	Betamethasone Dipropionate Aug	72
Aristada	53	Azithromycin	37	Betamethasone Valerate	72
Aristada Initio	53	Aztreonam	34	Betaseron	70
Armodafinil	99	B		Betaxolol HCl	95
Arnuity Ellipta	96	BCG Vaccine	90	Bethanechol Chloride	80
Asenapine Maleate	53	BIVIGAM	87	Betimol	95
Ashlyna	81	BRIVIACT	39	Bevespi Aerosphere	98
Aspirin -Dipyridamole ER	63	Bacitracin	93	Bexarotene	51
Atazanavir Sulfate	58	Bacitracin -Polymyxin B	93	Bexsero	90
Atenolol	65	Baclofen	55	Bicalutamide	47
Atenolol -Chlorthalidone	66	Balsalazide Disodium	91	Bicillin C -R	37
Atomoxetine HCl	70	Balversa	48	Bicillin C -R 900/300	37
Atorvastatin Calcium	68	Balziva	82	Bicillin L -A	37
Atovaquone	51	Baqsimi One Pack	61	Biktarvy	56
Atovaquone -Proguanil HCl	51	Baraclude	55	Bisoprolol Fumarate	65
Atropine Sulfate	93	Belsomra	99	Bisoprolol -Hydrochlorothiazide	66
Atrovent HFA	96	Benazepril HCl	64	Blisovi 24 Fe	82
Aubagio	70	Benazepril -Hydrochlorothiazide	66	Blisovi Fe 1.5/30	82
Aubra EQ	81	Benlysta	87	Boostrix	90
Auryxia	77	Benznidazole	52		

Bosentan	98	C	Cefadroxil	35	
Bosulif	48	Cabergoline	86	Cefazolin Sodium	35
Braftovi	48	Cablivi	63	Cefdinir	35
Breo Ellipta	98	Cabometyx	48	Cefepime HCl	35
Breztri Aerosphere	98	Calcipotriene	73	Cefixime	35
Briellyn	82	Calcitonin Salmon	92	Cefotetan Disodium	36
Brilinta	63	Calcitriol	92	Cefoxitin Sodium	36
Brimonidine Tartrate	95	Calcium Acetate	77	Cefpodoxime Proxetil	36
Brimonidine Tartrate -Timolol	93	Calquence	48	Cefprozil	36
Brinzolamide	95	Camila	85	Ceftazidime	36
Bromocriptine Mesylate	52	Camrese Lo	82	Ceftriaxone Sodium	36
Brukinsa	48	Candesartan Cilexetil	64	Cefuroxime Axetil	36
Budesonide	96	Candesartan Cilexetil -HCTZ	66	Cefuroxime Sodium	36
Budesonide ER	92	Caplyta	54	Celecoxib	31
Bumetanide	67	Caprelsa	48	Celontin	40
Buprenorphine	32	Captopril	64	Cephalexin	36
Buprenorphine HCl	33	Carbamazepine	41	Cetirizine HCl	96
Buprenorphine HCl -Naloxone HCl	34	Carbamazepine ER	41	Chemet	76
Bupropion HCl	42	Carbidopa	52	Chenodal	78
Bupropion HCl SR	42	Carbidopa -Levodopa	52	Chlordiazepoxide HCl	59
Bupropion HCl XL	42	Carbidopa -Levodopa ER	52	Chlorhexidine Gluconate	71
Buspirone HCl	58	Carbidopa -Levodopa ODT	53	Chloroquine Phosphate	52
Butalbital -Acetaminophen -Caffeine	32	Carbidopa -Levodopa -Entacapone	52	Chlorpromazine HCl	53
Butalbital -Aspirin -Caffeine	32	Carglumic Acid	75	Chlorthalidone	68
Butorphanol Tartrate	32	Carteolol HCl	95	Chlorzoxazone	99
Bydureon BCise	59	Cartia XT	65	Cholbam	79
Byetta 10MCG Pen	59	Carvedilol	65	Cholestyramine	68
Byetta 5MCG Pen	59	Cayston	97	Cholestyramine Light	68
		Cefaclor	35	Ciclopirox	74

Daptomycin	35	Dextrose	75	Disulfiram	33
Darunavir	58	Dextrose -NaCl	75	Diuril	68
Daurismo	49	Diacomit	40	Divalproex Sodium	59
Deblitane	85	Diazepam	59	Divalproex Sodium ER	59
Deferasirox	76	Diazepam Intensol	59	Dofetilide	64
Deferasirox Granules	76	Diazoxide	61	Dolishale	82
Deferiprone	76	Diclofenac Epolamine	31	Donepezil HCl	41
Delstrigo	56	Diclofenac Potassium	31	Donepezil HCl ODT	41
Demeclocycline HCl	38	Diclofenac Sodium	94	Doptelet	63
Demser	66	Diclofenac Sodium ER	31	Dorzolamide HCl	95
Depo -Estradiol	82	Dicloxacillin Sodium	37	Dorzolamide HCl -Timolol Maleate	93
Descovy	57	Dicyclomine HCl	77	Dorzolamide HCl -Timolol Maleate Preservative Free	93
Desipramine HCl	43	Difcid	38	Dovato	56
Desloratadine	96	Diflunisal	31	Doxazosin Mesylate	64
Desmopressin Acetate	81	Digoxin	67	Doxepin HCl	72
Desmopressin Acetate Spray	81	Dihydroergotamine Mesylate	45	Doxercalciferol	92
Desogestrel -Ethinyl Estradiol	82	Dilantin	41	Doxy 100	38
Desonide	72	Dilantin INFATABS	41	Doxycycline Hyclate	38
Desoximetasone	72	Dilt -XR	66	Doxycycline Monohydrate	39
Desvenlafaxine Succinate ER	42	Diltiazem HCl	66	Dronabinol	44
Dexamethasone	80	Diltiazem HCl ER	66	Drospirenone -Ethinyl Estradiol	82
Dexamethasone Sodium Phosphate	94	Diltiazem HCl ER Beads	65	Droxia	47
Dexilant	78	Diltiazem HCl ER Coated Beads	65	Droxidopa	63
Dexlansoprazole	78	Dimethyl Fumarate	70	Duavee	82
Dexmethylphenidate HCl	70	Dimethyl Fumarate Starter Pack	70	Dulera	98
Dexmethylphenidate HCl ER	70	Dipentum	91	Duloxetine HCl	70
Dextroamphetamine Sulfate	69	Diphenoxylate -Atropine	77	Dupixent	88
Dextroamphetamine Sulfate ER	69	Diphtheria -Tetanus Toxoids DT	90	Dutasteride	80
				Dymista	96

E	
Econazole Nitrate	74
Edarbi	64
Edarbyclor	67
Edurant	56
Efavirenz	57
Efavirenz -Emtricitabine -Tenofovir	57
Efavirenz -Lamivudine -Tenofovir	57
Egrifta SV	81
Elestrin	82
Eliquis	62
Eliquis Starter Pack	62
Elmiron	80
EluRyng	82
Emcyt	47
Emgality	46
Emsam	42
Emtricitabine	57
Emtricitabine -Tenofovir Disoproxil Fumarate	57
Emtriva	57
Enalapril Maleate	64
Enalapril -Hydrochlorothiazide	67
Enbrel	89
Enbrel Mini	89
Enbrel SureClick	89
Endocet	32
Engerix -B	90
Enoxaparin Sodium	62
Enpresse -28	82
Enskyce	82
Entacapone	52
Entecavir	55
Entresto	67
Enulose	77
Envarsus XR	89
Epclusa	56
Epidiolex	39
Epinastine HCl	93
Epinephrine	97
Epitol	41
Eplerenone	67
Eprontia	39
Ergotamine -Caffeine	45
Erivedge	49
Erleada	47
Erlotinib HCl	49
Errin	85
Ertapenem Sodium	37
Ery	74
Erythrocin Lactobionate	38
Erythromycin	94
Erythromycin Base	38
Erythromycin Ethylsuccinate	38
Esbriet	98
Escitalopram Oxalate	42
Esomeprazole Magnesium	78
Estarylla	82
Estradiol	82
Estradiol Valerate	82
Estring	82
Eszopiclone	99
Ethacrynic Acid	67
Ethambutol HCl	46
Ethosuximide	40
Ethinodiol Diacetate -Ethinyl Estradiol	82
Etodolac	31
Etodolac ER	31
Etonogestrel -Ethinyl Estradiol	82
Etravirine	57
Euthyrox	86
Everolimus	89
Evotaz	58
Exemestane	48
Exkivity	49
Ezetimibe	68
Ezetimibe -Simvastatin	68
F	
FML Forte	94
Falmina	82
Famciclovir	56
Famotidine	78
Fanapt	54
Fanapt Titration Pack	54
Farxiga	59
Fasenra	98
Fasenra Pen	98
Febuxostat	45

Glimepiride	59	Humalog	61	Hydromorphone HCl	33
Glipizide	60	Humalog Junior KwikPen	61	Hydromorphone HCl ER	32
Glipizide ER	59	Humalog KwikPen	61	Hydromorphone HCl Preservative Free	33
Glipizide -Metformin HCl	60	Humalog Mix 50/50	61	Hydroxychloroquine Sulfate	52
GlucaGen HypoKit	61	Humalog Mix 50/50 KwikPen	61	Hydroxyurea	47
Glucagon	61	Humalog Mix 75/25	61	Hydroxyzine HCl	58
Glycopyrrolate	77	Humalog Mix 75/25 KwikPen	61	Hydroxyzine Pamoate	59
Glyxambi	60	Humira	89	I	
Granisetron HCl	44	Humira Pediatric Crohns Start	89	IDHIFA	47
Griseofulvin Microsize	44	Humira Pen	89	IPOL	90
Griseofulvin Ultramicrosize	44	Humira Pen Crohns Disease Starter	89	Ibandronate Sodium	92
Guanfacine HCl ER	70	Humira Pen Psoriasis Starter	89	Ibrance	49
Gvoke HypoPen 2 -Pack	61	Humira Pen -Pediatric UC Start	89	Ibu	31
Gvoke Kit	61	Humulin 70/30	61	Ibuprofen	31
Gvoke PFS	61	Humulin 70/30 KwikPen	61	Icatibant Acetate	87
H		Humulin N	61	Iclevia	82
Haegarda	87	Humulin N KwikPen	61	Iclusig	49
Hailey 24 Fe	82	Humulin R	61	Icosapent Ethyl	68
Halobetasol Propionate	73	Humulin R U -500	61	Ilevro	94
Haloette	82	Humulin R U -500 KwikPen	61	Imatinib Mesylate	49
Haloperidol	53	Hydralazine HCl	69	Imipenem -Cilastatin	37
Haloperidol Decanoate	53	Hydrochlorothiazide	68	Imipramine HCl	43
Haloperidol Lactate	53	Hydrocodone -Acetaminophen	33	Imipramine Pamoate	43
Havrix	90	Hydrocodone -Ibuprofen	33	Imiquimod	74
Heparin Sodium	62	Hydrocortisone	92	Imiquimod Pump	74
Heplisav -B	90	Hydrocortisone Butyrate	73	Imovax Rabies	90
Hetlioz	99	Hydrocortisone Valerate	73	Impavido	52
Hetlioz LQ	99	Hydrocortisone -Acetic Acid	95	Imvexxy Maintenance Pack	82
Hiberix	90				

Invexxy Starter Pack	82	Isolyte -P in D5W	75	Junel Fe 1.5/30	83
Incassia	85	Isolyte -S pH 7.4	75	Junel Fe 1/20	83
Increlex	81	Isoniazid	46	Junel Fe 24	83
Incruse Ellipta	96	Isosorbide Dinitrate	69	Juxtapid	68
Indapamide	68	Isosorbide Dinitrate -Hydralazine	67	Jynneos	90
Indomethacin	31	Isosorbide Mononitrate	69	K	
Infanrix	90	Isosorbide Mononitrate ER	69	KCl in Dextrose -NaCl	75
Ingrezza	70	Isotretinoin	72	KCl -Lactated Ringers -D5W	75
Inlyta	49	Isturisa	86	Kaitlib Fe	83
Inqovi	49	Itraconazole	44	Kalydeco	97
Inrebic	49	Ivermectin	51	Kariva	83
Insulin Lispro	61	Ixiaro	90	Kelnor 1/35	83
Insulin Lispro Junior KwikPen	61	J		Kelnor 1/50	83
Insulin Lispro Prot & Lispro	61	Jakafi	49	Kerendia	67
Insulin Syringes, Needles.	93	Jantoven	62	Kesimpta	71
Intelence	57	Janumet	60	Ketoconazole	74
Intralipid	75	Janumet XR	60	Ketoprofen	31
Introvale	82	Januvia	60	Ketorolac Tromethamine	94
Invega Hafyera	54	Jardiance	60	Kineret	88
Invega Sustenna	54	Jasmiel	83	Kinrix	90
Invega Trinza	54	Jaypirca	49	Kisqali	49
Ipratropium Bromide	96	Jentaduetto	60	Kisqali Femara	49
Ipratropium -Albuterol	99	Jentaduetto XR	60	Klor -Con	75
Irbesartan	64	Jinteli	83	Klor -Con 10	75
Irbesartan -Hydrochlorothiazide	67	Jublia	74	Klor -Con 8	75
Iressa	49	Juleber	83	Klor -Con M10	75
Isentress	56	Juluca	56	Klor -Con M15	75
Isentress HD	56	Junel 1.5/30	83	Klor -Con M20	75
Isibloom	82	Junel 1/20	83	Korlym	81

Koselugo	49	Lenvima 14MG Daily Dose . .	50	Levorphanol Tartrate	32
Krazati	47	Lenvima 18MG Daily Dose . .	50	Levothyroxine Sodium	86
Kurvelo	83	Lenvima 20MG Daily Dose . .	50	Levoxyl	86
L					
LARIN 1.5/30	83	Lenvima 24MG Daily Dose . .	50	Lexiva	58
LARIN 1/20	83	Lenvima 4MG Daily Dose	50	Lidocaine	33
LARIN Fe 1.5/30	83	Lenvima 8MG Daily Dose	50	Lidocaine HCl	33
LARIN Fe 1/20	83	Lessina	83	Lidocaine Viscous	33
Labetalol HCl	65	Letrozole	48	Lidocaine -Prilocaine	33
Lacosamide	41	Leucovorin Calcium	51	Linezolid	35
Lacrisert	93	Leukeran	46	Linzess	77
Lactulose	77	Leukine	63	Liothyronine Sodium	86
Lamivudine	57	Leuprolide Acetate	86	Lisdexamfetamine Dimesylate	69
Lamivudine -Zidovudine	57	Levalbuterol HCl	97	Lisinopril	64
Lamotrigine	39	Levalbuterol Tartrate	97	Lisinopril -Hydrochlorothiazide	67
Lanoxin	67	Levemir	62	Lithium	59
Lansoprazole	78	Levemir FlexPen	62	Lithium Carbonate	59
Lanthanum Carbonate	77	Levetiracetam	39	Lithium Carbonate ER	59
Lantus	62	Levetiracetam ER	39	Lithostat	80
Lantus SoloStar	62	Levobunolol HCl	95	Livalo	68
Lapatinib Ditosylate	49	Levocarnitine	79	Lokelma	77
Latanoprost	95	Levocetirizine Dihydrochloride	96	Lonsurf	47
Latuda	54	Levofloxacin	94	Loperamide HCl	77
Layolis Fe	83	Levofloxacin in D5W	38	Lopinavir -Ritonavir	58
Leena	83	Levonest	83	Lorazepam	59
Leflunomide	89	Levonorgestrel -Ethinyl Estradiol	83	Lorazepam Intensol	59
Lenalidomide	47	Levonorgestrel -Ethinyl Estradiol & Ethinyl Estradiol .	83	Lorbrena	50
Lenvima 10MG Daily Dose . .	49	Levonorgestrel -Ethinyl Estradiol 91 -Day	83	Loryna	83
Lenvima 12MG Daily Dose . .	50	Levora 0.15/30	83	Losartan Potassium	64
				Losartan Potassium -HCTZ . .	67

Lotemax	94	Matzim LA	66	Methocarbamol	99
Lotemax SM	94	Mavyret	56	Methotrexate Sodium	89
Loteprednol Etabonate	94	Mayzent	71	Methoxsalen Rapid	74
Lovastatin	68	Mayzent Starter Pack	71	Methscopolamine Bromide	77
Low -Ogestrel	83	Meclizine HCl	43	Methsuximide	40
Loxapine Succinate	53	Medroxyprogesterone Acetate	85	Methylphenidate HCl	70
Lubiprostone	77	Mefloquine HCl	52	Methylphenidate HCl ER	70
Lumakras	47	Megestrol Acetate	85	Methylprednisolone	80
Lumigan	95	Mekinist	50	Metoclopramide HCl	44
Lupron Depot	86	Mektovi	50	Metolazone	68
Lupron Depot -Ped	86	Meloxicam	31	Metoprolol Succinate ER	65
Lurasidone HCl	54	Memantine HCl	42	Metoprolol Tartrate	65
Lutera	83	Memantine HCl ER	42	Metoprolol -Hydrochlorothiazide	67
Lybalvi	54	Memantine HCl Titration Pak	42	Metronidazole	35
Lyleq	85	MenQuadfi	90	Metyrosine	67
Lynparza	50	Menactra	90	Mexiletine HCl	64
Lysodren	86	Menest	83	Mibelas 24 Fe	83
Lytgobi	50	Menveo	90	Micafungin Sodium	45
Lyumjev	62	Mercaptopurine	47	Miconazole 3	45
Lyumjev KwikPen	62	Meropenem	37	Microgestin 1.5/30	83
Lyza	85	Mesalamine	92	Microgestin 1/20	83
M					
M -M -R II	91	Mesalamine ER	91	Microgestin 24 Fe	83
Magnesium Sulfate	75	Mesnex	51	Microgestin Fe 1.5/30	83
Malathion	74	Metformin HCl	60	Microgestin Fe 1/20	83
Maraviroc	57	Metformin HCl ER	60	Midodrine HCl	64
Marlissa	83	Methadone HCl	32	Migergot	46
Marplan	42	Methazolamide	95	Miglitol	60
Matulane	47	Methenamine Hippurate	35	Miglustat	79
		Methimazole	87	Mili	83

Minocycline HCl	39	Nafcillin Sodium	37	Neupro	52
Minoxidil	69	Naftifine HCl	75	Nevirapine	57
Mirtazapine	42	Naftin	75	Nevirapine ER	57
Mirtazapine ODT	42	Naloxone HCl	34	Niacin	68
Mirvaso	72	Naltrexone HCl	33	Niacin ER	68
Misoprostol	78	Namzaric	41	Niacor	69
Modafinil	99	Naproxen	31	Nicardipine HCl	65
Moexipril HCl	64	Naproxen DR	31	Nicotrol	34
Molindone HCl	53	Naratriptan HCl	45	Nicotrol NS	34
Mometasone Furoate	96	Narcan	34	Nifedipine ER	65
Montelukast Sodium	96	Natacyn	94	Nifedipine ER Osmotic Release	65
Morphine Sulfate	33	Nateglinide	60	Nikki	84
Morphine Sulfate ER	32	Natpara	92	Nilutamide	47
Motegrity	77	Nayzilam	40	Nimodipine	65
Mounjaro	60	Nebivolol HCl	65	Ninlaro	47
Movantik	77	Necon 0.5/35	83	Nitazoxanide	52
Moxifloxacin HCl	94	Nefazodone HCl	43	Nitisinone	79
Moxifloxacin HCl in NaCl	38	Neo -Polycin	94	Nitro -Bid	69
Multaq	64	Neo -Polycin HC	93	Nitrofurantoin	35
Multiple Electrolytes Type 1 pH 5.5	75	Neomycin Sulfate	34	Nitrofurantoin Macrocrystal	35
Mupirocin	74	Neomycin -Bacitracin -Polymyxin	94	Nitrofurantoin Monohydrate	35
Mupirocin Calcium	74	Neomycin -Polymyxin -Bacitracin -Hydrocortisone	93	Nitroglycerin	69
Myalept	78	Neomycin -Polymyxin -Dexamethasone	93	Nitrostat	69
Mycophenolate Mofetil	89	Neomycin -Polymyxin -Gramicidin	94	Nizatidine	78
Mycophenolate Sodium	89	Neomycin -Polymyxin -HC	96	Nora -BE	85
Myrbetriq	79	Nerlynx	50	Norethindrone	85
N					
Nabumetone	31	Neuac	72	Norethindrone Acetate	85
Nadolol	65	Neulasta	63	Norethindrone Acetate -Ethinyl Estradiol	84
				Norethindrone Acetate -Ethinyl Estradiol -Fe	84

Norethindrone -Ethinyl Estradiol -Fe	84	Ofev	98	Oxacillin Sodium in Dextrose	37
Norgestimate -Ethinyl Estradiol	84	Ofloxacin	96	Oxcarbazepine	41
Norgestimate -Ethinyl Estradiol Triphasic	84	Ojjaara	50	Oxybutynin Chloride	80
Nortrel 0.5/35	84	Olanzapine	54	Oxybutynin Chloride ER	80
Nortrel 1/35	84	Olanzapine ODT	54	Oxycodone HCl	33
Nortrel 7/7/7	84	Olmesartan Medoxomil	64	Oxycodone -Acetaminophen	33
Nortriptyline HCl	43	Olmesartan Medoxomil -HCTZ	67	Ozempic	60
Norvir	58	Olmesartan -Amlodipine -HCTZ	67	P	
Noxafil	45	Olopatadine HCl	93	PEG -3350 -Electrolytes	78
Nubeqa	47	Omega -3 -Acid Ethyl Esters	69	PEG -3350 -NaCl -Na Bicarbonate -KCl	78
Nucala	99	Omeprazole	78	Pacerone	64
Nuedexta	70	Ondansetron HCl	44	Paliperidone ER	54
Nuplazid	54	Ondansetron ODT	44	Panretin	51
Nurtec ODT	45	Onureg	47	Pantoprazole Sodium	79
Nutrilipid	75	Opsumit	98	Panzyga	87
Nyamyc	75	Orencia	88	Paricalcitol	92
Nylia 1/35	84	Orencia ClickJect	88	Paromomycin Sulfate	34
Nylia 7/7/7	84	Orenitram	98	Paroxetine HCl	43
Nymalize	65	Orenitram Month 1	98	Pediarix	91
Nymyo	84	Orenitram Month 2	98	Pedvax HIB	91
Nystatin	75	Orenitram Month 3	98	Pegasys	88
Nystop	75	Orfadin	79	Pemazyre	47
O		Orgovyx	86	Penicillamine	80
Ocaliva	78	Orkambi	97	Penicillin G Potassium	37
Ocella	84	Orserdu	47	Penicillin G Sodium	37
Octagam	87	Oseltamivir Phosphate	58	Penicillin V Potassium	37
Octreotide Acetate	86	Osphena	86	Pentacel	91
Odefsey	57	Otezla	88	Pentamidine Isethionate	52
Odomzo	50	Oxacillin Sodium	37	Pentasa	92

Pentoxifylline ER	67	Podofilox	74	Premphase	84
Perforomist	97	Polycin	94	Prempro	84
Perindopril Erbumine	64	Polymyxin B Sulfate	35	Prenatal	77
Periogard	71	Polymyxin B -Trimethoprim ..	94	Prevalite	69
Permethrin	74	Pomalyst	47	Prevymis	55
Perphenazine	44	Portia -28	84	Prezcobix	58
Perseris	54	Posaconazole	45	Prezista	58
Phenelzine Sulfate	42	Potassium Chloride	76	Priftin	46
Phenobarbital	40	Potassium Chloride CR	75	Primaquine Phosphate	52
Phenoxybenzamine HCl	64	Potassium Chloride ER	76	Primidone	40
Phenytek	41	Potassium Chloride in Dextrose 5%	76	Priorix	91
Phenytoin	41	Potassium Chloride in NaCl .	76	Privigen	87
Phenytoin Sodium Extended	41	Potassium Citrate ER	76	ProAir RespiClick	97
Pifeltro	57	Praluent	69	ProQuad	91
Pilocarpine HCl	95	Pramipexole Dihydrochloride	52	Probenecid	45
Pimecrolimus	73	Prasugrel HCl	63	Probenecid -Colchicine	45
Pimozide	53	Pravastatin Sodium	68	Prochlorperazine	44
Pimtrea	84	Praziquantel	51	Prochlorperazine Maleate	44
Pindolol	65	Prazosin HCl	64	Procrit	63
Pioglitazone HCl	60	PreHevbrio	91	Procto -Med HC	92
Pioglitazone HCl -Glimepiride	60	Pred Mild	95	Proctosol HC	92
Pioglitazone HCl -Metformin HCl	60	Prednisolone	80	Proctozone -HC	92
Piperacillin -Tazobactam	37	Prednisolone Acetate	95	Procysbi	79
Piqray	50	Prednisolone Sodium Phosphate	95	Progesterone	86
Pirfenidone	98	Prednisone	81	Prograf	89
Piroxicam	31	Prednisone Intensol	80	Prolastin -C	79
Plasma -Lyte 148	75	Pregabalin	70	Prolensa	95
Plasma -Lyte A	75	Premarin	84	Prolia	92
Plenammine	75	Premasol	76	Promacta	63

Roweepra	39	Sevelamer Carbonate	77	Sotalol HCl AF	65
Rozlytrek	50	Sharobel	86	Sovaldi	56
Rubraca	50	Shingrix	91	Spiriva HandiHaler	96
Ruconest	87	Signifor	86	Spiriva Respimat	96
Rufinamide	41	Sildenafil Citrate	98	Spironolactone	67
Rukobia	58	Silodosin	80	Spironolactone -HCTZ	67
Rybelsus	60	Silver Sulfadiazine	74	Sprintec 28	84
Rydapt	50	Simbrinza	95	Spritam ODT	39
Rytary	53	Simponi	90	Sprycel	50
S					
SPS	77	Simvastatin	68	Sronyx	84
SSD	74	Sirolimus	90	Stelara	88
Sajazir	87	Sirturo	46	Stiolto Respimat	99
Sancuso	44	Skyclarys	70	Stivarga	50
Sandimmune	89	Skyrizi	88	Streptomycin Sulfate	34
Santyl	74	Skyrizi Pen	88	Stribild	56
Sapropterin Dihydrochloride	79	Sodium Chloride	76	Suboxone	34
Savella	70	Sodium Fluoride	76	Subvenite	39
Savella Titration Pack	70	Sodium Oxybate	99	Sucraid	79
Scemblix	50	Sodium Phenylbutyrate	79	Sucralfate	78
Scopolamine	44	Sodium Polystyrene Sulfonate	77	Suflave	78
Secuado	55	Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate ..	78	Sulfacetamide Sodium	94
Selegiline HCl	53	Sofosbuvir -Velpatasvir	56	Sulfacetamide -Prednisolone	93
Selenium Sulfide	73	Solifenacin Succinate	80	Sulfadiazine	38
Selzentry	58	Soliqua	60	Sulfamethoxazole -Trimethoprim	38
Serevent Diskus	97	Soltamox	47	Sulfamylon	75
Serostim	81	Somavert	86	Sulfasalazine	92
Sertraline HCl	43	Sorafenib Tosylate	50	Sulindac	31
Setlakin	84	Sorine	65	Sumatriptan	45
		Sotalol HCl	65	Sumatriptan Succinate	45

Sunitinib Malate	50	Tarina Fe 1/20 EQ	84	Thioridazine HCl	53
Sunlenca	58	Tasigna	51	Thiothixene	53
Suprax	36	Tasimelteon	99	Tiadyt ER	66
Suprep Bowel Prep Kit	78	Tazarotene	72	Tiagabine HCl	40
Sutab	78	Tazicef	36	Tibsovo	51
Syeda	84	Taztia XT	66	Ticovac	91
Symbicort	99	Tazverik	48	Tigecycline	35
SymlinPen 120	60	Teflaro	36	Tilia Fe	84
SymlinPen 60	60	Tegsedi	79	Timolol Maleate	95
Sympazan	40	Telmisartan	64	Timolol Maleate Ophthalmic Gel Forming	95
Symtuza	58	Telmisartan -Amlodipine	67	Tinidazole	35
Synarel	86	Telmisartan -HCTZ	67	Tivicay	56
Synjardy	60	Temazepam	99	Tivicay PD	56
Synribo	48	Tenivac	91	Tizanidine HCl	55
Synthroid	86	Tenofovir Disoproxil Fumarate	57	Tobradex	93
T					
TDVAX	91	Tepmetko	51	Tobradex ST	93
TOBI Podhaler	97	Terazosin HCl	80	Tobramycin	97
TPN Electrolytes	76	Terbinafine HCl	45	Tobramycin Sulfate	34
Tabloid	47	Terconazole	45	Tobramycin -Dexamethasone	93
Tabrecta	47	Teriflunomide	71	Tobrex	94
Tacrolimus	90	Teriparatide	92	Tolcapone	52
Tadalafil	98	Testosterone	81	Tolterodine Tartrate	80
Tafinlar	50	Testosterone Cypionate	81	Tolterodine Tartrate ER	80
Tagrisso	50	Testosterone Enanthate	81	Topiramate	39
Talzenna	50	Tetrabenazine	70	Toremifene Citrate	47
Tamoxifen Citrate	47	Tetracycline HCl	39	Torseamide	67
Tamsulosin HCl	80	Thalomid	47	Toujeo Max SoloStar	62
Tarina 24 Fe	84	Theophylline	97	Toujeo SoloStar	62
		Theophylline ER	97	Tracleer	98

Tradjenta	60	Triamterene	67	Tyvaso DPI Titration Kit	98
Tramadol HCl	33	Triamterene -HCTZ	67	U	
Tramadol HCl ER	32	Triderm	73	Ubrelvy	45
Tramadol -Acetaminophen	33	Trientine HCl	76	Unithroid	86
Trandolapril	64	Trifluoperazine HCl	53	Ursodiol	78
Trandolapril -Verapamil HCl ER	67	Trifluridine	94	V	
Tranexamic Acid	63	Trihexyphenidyl HCl	52	VAQTA	91
Tranylcypromine Sulfate	42	Trijardy XR	60	Valacyclovir HCl	56
Travasol	76	Trimethoprim	35	Valchlor	47
Travoprost	95	Trimipramine Maleate	43	Valganciclovir HCl	55
Trazodone HCl	43	Trintellix	43	Valproic Acid	39
Trecator	46	Triumeq	57	Valsartan	64
Trelegy Ellipta	99	Triumeq PD	57	Valsartan -Hydrochlorothiazide	67
Trelstar Mixject	87	Trivora	85	Valtoco 10MG Dose	40
Tresiba	62	Trizivir	57	Valtoco 15MG Dose	40
Tresiba FlexTouch	62	TrophAmine	76	Valtoco 20MG Dose	40
Tretinoin	72	Trospium Chloride	80	Valtoco 5MG Dose	40
Tretinoin Microsphere	72	Trulance	77	Vancomycin HCl	35
Trexall	90	Trulicity	60	Vandazole	35
Tri -Estarylla	84	Trumenba	91	Vanflyta	51
Tri -Legest Fe	84	Tukysa	48	Varenicline Tartrate	34
Tri -Lo -Estarylla	85	Turalio	51	Varivax	91
Tri -Lo -Sprintec	85	Twinrix	91	Vascepa	69
Tri -Mili	85	Tyblume	85	Velivet	85
Tri -Nymyo	85	Tybost	58	Velphoro	77
Tri -Sprintec	85	Tymlos	92	Veltassa	77
Tri -VyLibra	85	Typhim Vi	91	Vemlidy	55
Tri -VyLibra Lo	85	Tyrvaya	93	Venclexta	51
Triamcinolone Acetonide	73	Tyvaso DPI Maintenance Kit	98	Venclexta Starting Pack	51

Venlafaxine Besylate ER	43	Vraylar	55	Xpovio	48
Venlafaxine HCl	43	Vumerity	71	Xtampza ER	32
Venlafaxine HCl ER	43	VyLibra	85	Xtandi	47
Ventavis	98	Vyfemla	85	Xulane	85
Verapamil HCl	66	Vyndamax	79	Xyrem	100
Verapamil HCl ER	66	Vyndaqel	79	Y	
Verquvo	69	Vyvanse	69	YF -Vax	91
Versacloz	55	Vyzulta	95	Yuflyma 1 -Pen Kit	90
Verzenio	51	W		Yuflyma 2 -Syringe Kit	90
Vestura	85	WYMZYA Fe	85	Yuvaferm	85
Vibramycin	39	Warfarin Sodium	62	Z	
Victoza	60	Welireg	51	Zafemy	85
Vienna	85	Wixela Inhub	99	Zafirlukast	96
Vigabatrin	40	X		Zaleplon	99
Vigadrone	40	Xalkori	51	Zarxio	63
Viibryd	43	Xarelto	62	Zejula	51
Viibryd Starter Pack	43	Xarelto Starter Pack	62	Zelapar ODT	53
Vilazodone HCl	43	Xatmep	90	Zelboraf	51
Vimpat	41	Xcopri	40	Zemaira	79
Viracept	58	Xeljanz	88	Zenatane	72
Viread	57	Xeljanz XR	88	Zenpep	79
Vitrakvi	51	Xermelo	77	Zerbaxa	36
Vivitrol	33	Xgeva	92	Zidovudine	57
Vizimpro	51	Xifaxan	35	Ziextenzo	63
Vonjo	48	Xigduo XR	61	Zileuton ER	96
Voriconazole	45	Xiidra	93	Ziprasidone HCl	55
Vosevi	56	Xofluza	58	Ziprasidone Mesylate	55
Votrient	51	Xolair	88	Zirgan	55
Vowst	78	Xospata	51	Zokinvy	79

Zolinza	48
Zolpidem Tartrate	99
Zonisade	41
Zonisamide	41
Zorbtive	81
Zovia 1/35	85
Ztalmy	41
Zydelig	51
Zyflo	96
Zykadia	51
Zyprexa Relprew	55

Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 11-30.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column. Your plan has 1 tier named “Covered drugs.” All covered drugs are in this tier. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 101-135.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	1	QL
Diclofenac Epolamine (External Patch)	G	1	PA; QL
Diclofenac Potassium (50MG Oral Tablet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (1% External Gel)	G	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	1	
Etodolac (Oral Capsule)	G	1	
Etodolac (Oral Tablet Immediate Release)	G	1	
Flurbiprofen (100MG Oral Tablet)	G	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen (Oral Suspension)	G	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	1	
Ketoprofen (50MG Oral Capsule Immediate Release)	G	1	
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	1	
Naproxen (Oral Suspension)	G	1	DL
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Piroxicam (Oral Capsule)	G	1	
Sulindac (Oral Tablet)	G	1	
Opioid Analgesics, Long-acting			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Buprenorphine (Transdermal Patch Weekly)	G	1	7D; DL; QL
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	1	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	1	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	1	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	1	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	1	QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	1	QL
Butorphanol Tartrate (Nasal Solution)	G	1	7D; MME; DL; QL
Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)	B	1	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet)	G	1	7D; MME; DL; QL
Endocet (Oral Tablet)	G	1	7D; MME; DL; QL
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	1	PA; DL; QL
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)	G	1	PA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	1	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	1	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	1	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	B	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	1	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	1	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	1	QL
Lidocaine (5% External Patch)	G	1	PA; QL
Lidocaine HCl (4% External Solution)	G	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	1	
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	1	
Disulfiram (Oral Tablet)	G	1	
Naltrexone HCl (Oral Tablet)	G	1	
Vivitrol (Intramuscular Suspension Reconstituted)	B	1	DL
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	QL
Suboxone (Sublingual Film)	B	1	QL
Opioid Reversal Agents			
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
Naloxone HCl (Nasal Liquid)	G	1	
Narcan (Nasal Liquid)	B	1	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Nicotrol (Inhalation Inhaler)	B	1	
Nicotrol NS (Nasal Solution)	B	1	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	1	
Varenicline Tartrate (Oral Tablet)	G	1	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	1	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Neomycin Sulfate (Oral Tablet)	G	1	
Paromomycin Sulfate (250MG Oral Capsule)	G	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	DL
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
Antibacterials, Other			
Aztreonam (Injection Solution Reconstituted)	G	1	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	1	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	1	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	1	
Clindamycin Phosphate (Vaginal Cream)	G	1	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	1	DL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dalvance (Intravenous Solution Reconstituted)	B	1	PA; DL
Daptomycin (Intravenous Solution Reconstituted)	G	1	DL
Linezolid (Intravenous Solution)	G	1	
Linezolid (Oral Suspension Reconstituted)	G	1	DL; QL
Linezolid (Oral Tablet)	G	1	QL
Methenamine Hippurate (Oral Tablet)	G	1	
Metronidazole (0.75% External Cream)	G	1	
Metronidazole (0.75% External Gel, 1% External Gel)	G	1	
Metronidazole (0.75% External Lotion)	G	1	
Metronidazole (500MG/100ML Intravenous Solution)	G	1	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	1	
Metronidazole (0.75% Vaginal Gel)	G	1	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	1	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	
Nitrofurantoin (25MG/5ML Oral Suspension)	G	1	DL
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	1	
Tigecycline (Intravenous Solution Reconstituted)	G	1	DL
Tinidazole (Oral Tablet)	G	1	
Trimethoprim (Oral Tablet)	G	1	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	1	
Vancomycin HCl (Oral Capsule)	G	1	QL
Vandazole (Vaginal Gel)	B	1	
Xifaxan (Oral Tablet)	B	1	PA; DL
Beta-lactam, Cephalosporins			
Cefaclor (Oral Capsule)	G	1	
Cefadroxil (Oral Capsule)	G	1	
Cefadroxil (Oral Suspension Reconstituted)	G	1	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Cefdinir (Oral Capsule)	G	1	
Cefdinir (Oral Suspension Reconstituted)	G	1	
Cefepime HCl (Injection Solution Reconstituted)	G	1	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	1	
Cefixime (Oral Capsule)	G	1	
Cefixime (Oral Suspension Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cefotetan Disodium (Injection Solution Reconstituted)	G	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Tablet)	G	1	
Cefprozil (Oral Suspension Reconstituted)	G	1	
Cefprozil (Oral Tablet)	G	1	
Ceftazidime (Injection Solution Reconstituted)	G	1	
Ceftazidime (Intravenous Solution Reconstituted)	G	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	1	
Cephalexin (750MG Oral Capsule)	G	1	
Cephalexin (Oral Suspension Reconstituted)	G	1	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	1	
Suprax (100MG Oral Tablet Chewable, 200MG Oral Tablet Chewable)	G	1	
Tazicef (Injection Solution Reconstituted)	G	1	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	1	
Teflaro (Intravenous Solution Reconstituted)	B	1	DL
Zerbaxa (Intravenous Solution Reconstituted)	B	1	PA; DL
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	1	
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	1	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	1	
Bicillin C-R (Intramuscular Suspension)	B	1	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	1	
Dicloxacillin Sodium (Oral Capsule)	G	1	
Nafcillin Sodium (Injection Solution Reconstituted)	G	1	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Oxacillin Sodium in Dextrose (Intravenous Solution)	B	1	
Oxacillin Sodium (Injection Solution Reconstituted)	G	1	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	1	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	1	
Penicillin G Sodium (Injection Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Tablet)	G	1	
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	1	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	1	
Meropenem (Intravenous Solution Reconstituted)	G	1	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clarithromycin (Oral Suspension Reconstituted)	G	1	
Clarithromycin (Oral Tablet Immediate Release)	G	1	
Dificid (Oral Suspension Reconstituted)	B	1	DL
Dificid (Oral Tablet)	B	1	DL
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	1	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	1	
Erythromycin Base (Oral Tablet Immediate Release)	G	1	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	1	
Erythromycin Ethylsuccinate (Oral Tablet)	G	1	
Erythromycin (Oral Tablet Delayed Release)	G	1	
Quinolones			
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	G	1	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	1	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	1	
Levofloxacin (25MG/ML Oral Solution)	G	1	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	1	
Moxifloxacin HCl (Oral Tablet)	G	1	
Ofloxacin (Oral Tablet)	G	1	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	1	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Oral Capsule)	G	1	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	1	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	1	
Minocycline HCl (Oral Capsule)	G	1	
Minocycline HCl (Oral Tablet Immediate Release)	G	1	
Tetracycline HCl (Oral Capsule)	G	1	
Vibramycin (50MG/5ML Oral Syrup)	B	1	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	1	PA; DL; QL
BRIVIACT (Oral Tablet)	B	1	PA; DL; QL
Epidiolex (Oral Solution)	B	1	PA; DL
Eprontia (Oral Solution)	B	1	
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	
Fintepla (Oral Solution)	B	1	PA; DL; QL
Fycompa (Oral Suspension)	B	1	DL; QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	1	DL; QL
Fycompa (2MG Oral Tablet)	B	1	QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	1	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	1	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	1	
Levetiracetam (Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate Release)	G	1	
Roweepra (Oral Tablet Immediate Release)	G	1	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	1	
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	1	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	
Topiramate (Oral Tablet)	G	1	
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (Oral Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	1	PA; DL; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	1	PA; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	1	
Ethosuximide (Oral Capsule)	G	1	
Ethosuximide (Oral Solution)	G	1	
Methsuximide (Oral Capsule)	G	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL
Diacomit (Oral Capsule)	B	1	DL; QL
Diacomit (Oral Packet)	B	1	DL; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	1	QL
Gabapentin (Oral Capsule)	G	1	
Gabapentin (250MG/5ML Oral Solution)	G	1	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Nayzilam (Nasal Solution)	B	1	PA; QL
Phenobarbital (Oral Elixir)	G	1	
Phenobarbital (Oral Tablet)	G	1	
Primidone (Oral Tablet)	G	1	
Sympazan (Oral Film)	B	1	PA; DL; QL
Tiagabine HCl (Oral Tablet)	G	1	
Valtoco 10MG Dose (Nasal Liquid)	B	1	PA; DL; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	1	PA; DL; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	1	PA; DL; QL
Valtoco 5MG Dose (Nasal Liquid)	B	1	PA; DL; QL
Vigabatrin (Oral Packet)	G	1	PA; DL; QL
Vigabatrin (Oral Tablet)	G	1	PA; DL; QL
Vigadrone (Oral Packet)	G	1	PA; DL; QL
Vigadrone (Oral Tablet)	G	1	PA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ztalmy (Oral Suspension)	B	1	PA; DL
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	1	DL; QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Carbamazepine (Oral Suspension)	G	1	
Carbamazepine (Oral Tablet Immediate Release)	G	1	
Carbamazepine (Oral Tablet Chewable)	G	1	
Dilantin INFATABS (Oral Tablet Chewable)	G	1	
Dilantin (Oral Capsule)	G	1	
Epitol (Oral Tablet)	G	1	
Lacosamide (Oral Solution)	G	1	QL
Lacosamide (Oral Tablet)	G	1	QL
Oxcarbazepine (300MG/5ML Oral Suspension)	G	1	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	G	1	
Phenytek (Oral Capsule)	G	1	
Phenytoin (125MG/5ML Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (Oral Capsule)	G	1	
Rufinamide (Oral Suspension)	G	1	DL
Rufinamide (200MG Oral Tablet)	G	1	
Rufinamide (400MG Oral Tablet)	G	1	DL
Vimpat (Oral Solution)	B	1	QL
Vimpat (Oral Tablet)	B	1	QL
Zonisade (Oral Suspension)	B	1	ST
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Antidementia Agents, Other			
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	1	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	1	PA; QL
Cholinesterase Inhibitors			
Donepezil HCl (Oral Tablet)	G	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Galantamine Hydrobromide (Oral Solution)	G	1	QL
Galantamine Hydrobromide (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rivastigmine Tartrate (Oral Capsule)	G	1	QL
Rivastigmine (Transdermal Patch 24 Hour)	G	1	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (Oral Solution)	G	1	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	1	PA; QL
Antidepressants			
Antidepressants, Other			
Auvelity (Oral Tablet Extended Release)	B	1	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	1	
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	1	DL; QL
Marplan (Oral Tablet)	B	1	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranylcypromine Sulfate (Oral Tablet)	G	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (Oral Capsule)	B	1	
Citalopram Hydrobromide (Oral Solution)	G	1	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	QL
Escitalopram Oxalate (Oral Solution)	G	1	
Escitalopram Oxalate (Oral Tablet)	G	1	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	1	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	1	ST; QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fluoxetine HCl (20MG/5ML Oral Solution)	G	1	
Fluvoxamine Maleate (Oral Tablet)	G	1	
Nefazodone HCl (Oral Tablet)	G	1	
Paroxetine HCl (10MG/5ML Oral Suspension)	G	1	
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)	G	1	
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	1	
Trazodone HCl (300MG Oral Tablet)	G	1	
Trintellix (Oral Tablet)	B	1	QL
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	1	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	
Viibryd (Oral Tablet)	B	1	QL
Viibryd Starter Pack (Oral Kit)	B	1	QL
Vilazodone HCl (Oral Tablet)	G	1	QL
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	1	
Amoxapine (Oral Tablet)	G	1	
Clomipramine HCl (Oral Capsule)	G	1	
Desipramine HCl (Oral Tablet)	G	1	
Doxepin HCl (Oral Capsule)	G	1	
Doxepin HCl (Oral Concentrate)	G	1	
Imipramine HCl (Oral Tablet)	G	1	
Imipramine Pamoate (Oral Capsule)	G	1	
Nortriptyline HCl (Oral Capsule)	G	1	
Nortriptyline HCl (Oral Solution)	G	1	
Protriptyline HCl (Oral Tablet)	G	1	
Trimipramine Maleate (Oral Capsule)	G	1	
Antiemetics			
Antiemetics, Other			
Compro (Rectal Suppository)	G	1	
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	1	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Metoclopramide HCl (Oral Tablet)	G	1	
Perphenazine (Oral Tablet)	G	1	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	1	
Promethazine HCl (Oral Syrup)	G	1	
Promethazine HCl (Oral Tablet)	G	1	
Promethazine HCl (Rectal Suppository)	G	1	QL
Promethegan (25MG Rectal Suppository)	G	1	QL
Scopolamine (Transdermal Patch 72 Hour)	G	1	
Emetogenic Therapy Adjuncts			
Anzemet (Oral Tablet)	B	1	B/D,PA
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	PA; QL
Dronabinol (Oral Capsule)	G	1	PA
Granisetron HCl (Oral Tablet)	G	1	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	1	B/D,PA
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	1	B/D,PA
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D,PA
Sancuso (Transdermal Patch)	B	1	DL; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	1	B/D,PA
AmBisome (Intravenous Suspension Reconstituted)	B	1	B/D,PA; DL
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	1	B/D,PA; DL
Clotrimazole (Mouth/Throat Troche)	G	1	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	1	
Fluconazole (Oral Suspension Reconstituted)	G	1	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	1	DL
Griseofulvin Microsize (Oral Suspension)	G	1	
Griseofulvin Microsize (Oral Tablet)	G	1	
Griseofulvin Ultramicrosize (Oral Tablet)	G	1	
Itraconazole (Oral Capsule)	G	1	PA; QL
Itraconazole (Oral Solution)	G	1	PA; DL
Ketoconazole (Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Micafungin Sodium (Intravenous Solution Reconstituted)	G	1	
Miconazole 3 (Vaginal Suppository)	G	1	
Noxafil (Oral Suspension)	B	1	DL; QL
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Posaconazole (Oral Suspension)	G	1	DL; QL
Posaconazole (Oral Tablet Delayed Release)	G	1	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	1	
Terconazole (Vaginal Cream)	G	1	
Terconazole (Vaginal Suppository)	G	1	
Voriconazole (Intravenous Solution Reconstituted)	G	1	PA; DL
Voriconazole (Oral Suspension Reconstituted)	G	1	DL; QL
Voriconazole (Oral Tablet)	G	1	QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	1	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	QL
Febuxostat (Oral Tablet)	G	1	ST
Probenecid (Oral Tablet)	G	1	
Probenecid-Colchicine (Oral Tablet)	G	1	
Antimigraine Agents			
Acute			
Naratriptan HCl (Oral Tablet)	G	1	QL
Nurtec ODT (Oral Tablet Dispersible)	B	1	PA; DL; QL
Rizatriptan Benzoate (Oral Tablet)	G	1	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	1	QL
Sumatriptan (Nasal Solution)	G	1	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	1	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	1	QL
Ubrelvy (Oral Tablet)	B	1	PA; DL; QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	1	PA; DL; QL
Ergotamine-Caffeine (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Migergot (Rectal Suppository)	G	1	DL
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	1	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	1	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	1	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	1	PA; QL
Qulipta (Oral Tablet)	B	1	PA; DL; QL
Timolol Maleate (Oral Tablet)	G	1	
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	DL
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	1	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	1	
Rifabutin (Oral Capsule)	G	1	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
Priftin (Oral Tablet)	B	1	
Pyrazinamide (Oral Tablet)	G	1	
Rifampin (600MG Intravenous Solution Reconstituted)	G	1	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	G	1	
Sirturo (Oral Tablet)	B	1	PA; DL
Trecator (Oral Tablet)	B	1	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	1	B/D,PA
Cyclophosphamide (25MG Oral Tablet)	G	1	B/D,PA
Cyclophosphamide (50MG Oral Tablet)	B	1	B/D,PA
Gleostine (100MG Oral Capsule)	B	1	DL
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	1	
Leukeran (Oral Tablet)	B	1	DL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Matulane (Oral Capsule)	B	1	DL
Valchlor (External Gel)	B	1	PA; DL; QL
Antiandrogens			
Abiraterone Acetate (250MG Oral Tablet)	G	1	PA; QL
Abiraterone Acetate (500MG Oral Tablet)	G	1	PA; DL; QL
Bicalutamide (Oral Tablet)	G	1	
Erleada (Oral Tablet)	B	1	PA; DL; QL
Nilutamide (Oral Tablet)	G	1	DL
Nubeqa (Oral Tablet)	B	1	PA; DL; QL
Xtandi (Oral Capsule)	B	1	PA; DL; QL
Xtandi (Oral Tablet)	B	1	PA; DL; QL
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	1	PA; DL; QL
Lenalidomide (Oral Capsule)	G	1	PA; DL; QL
Pomalyst (Oral Capsule)	B	1	PA; DL; QL
Qinlock (Oral Tablet)	B	1	PA; DL; QL
Revlimid (Oral Capsule)	B	1	PA; DL; QL
Tabrecta (Oral Tablet)	B	1	PA; DL; QL
Thalomid (Oral Capsule)	B	1	PA; DL; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	1	
Orserdu (Oral Tablet)	B	1	PA; DL; QL
Soltamox (Oral Solution)	B	1	DL
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	1	DL
Antimetabolites			
Droxia (Oral Capsule)	B	1	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	1	
Onureg (Oral Tablet)	B	1	PA; DL; QL
Purixan (Oral Suspension)	B	1	PA; DL
Tabloid (Oral Tablet)	B	1	PA
Antineoplastics, Other			
IDHIFA (Oral Tablet)	B	1	PA; DL; QL
Krazati (Oral Tablet)	B	1	PA; DL; QL
Lonsurf (Oral Tablet)	B	1	PA; DL; QL
Lumakras (Oral Tablet)	B	1	PA; DL; QL
Ninlaro (Oral Capsule)	B	1	PA; DL; QL
Pemazyre (Oral Tablet)	B	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Retevmo (Oral Capsule)	B	1	PA; DL; QL
Synribo (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Tazverik (Oral Tablet)	B	1	PA; DL; QL
Tukysa (Oral Tablet)	B	1	PA; DL; QL
Vonjo (Oral Capsule)	B	1	PA; DL; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Zolinza (Oral Capsule)	B	1	PA; DL
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Exemestane (Oral Tablet)	G	1	
Letrozole (Oral Tablet)	G	1	
Molecular Target Inhibitors			
Alecensa (Oral Capsule)	B	1	PA; DL; QL
Alunbrig (Oral Tablet)	B	1	PA; DL; QL
Alunbrig (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Ayvakit (Oral Tablet)	B	1	PA; DL; QL
Balversa (Oral Tablet)	B	1	PA; DL; QL
Bosulif (Oral Tablet)	B	1	PA; DL; QL
Braftovi (Oral Capsule)	B	1	PA; DL
Brukinsa (Oral Capsule)	B	1	PA; DL; QL
Cabometyx (Oral Tablet)	B	1	PA; DL; QL
Calquence (100MG Oral Capsule)	B	1	PA; DL; QL
Calquence (Oral Tablet)	B	1	PA; DL; QL
Caprelsa (Oral Tablet)	B	1	PA; DL
Cometriq (100MG Daily Dose) (Oral Kit)	B	1	PA; DL; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	1	PA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cometriq (60MG Daily Dose) (Oral Kit)	B	1	PA; DL; QL
Copiktra (Oral Capsule)	B	1	PA; DL; QL
Cotellic (Oral Tablet)	B	1	PA; DL; QL
Daurismo (Oral Tablet)	B	1	PA; DL; QL
Erivedge (Oral Capsule)	B	1	PA; DL
Erlotinib HCl (Oral Tablet)	G	1	PA; DL; QL
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA; DL
Everolimus (Oral Tablet Soluble)	G	1	PA; DL
Exkivity (Oral Capsule)	B	1	PA; DL; QL
Gavreto (Oral Capsule)	B	1	PA; DL; QL
Gefitinib (Oral Tablet)	G	1	PA; DL; QL
Gilotrif (Oral Tablet)	B	1	PA; DL
Ibrance (Oral Capsule)	B	1	PA; DL; QL
Ibrance (Oral Tablet)	B	1	PA; DL; QL
Iclusig (Oral Tablet)	B	1	PA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	1	PA; DL; QL
Imbruvica (Oral Capsule)	B	1	PA; DL; QL
Imbruvica (Oral Suspension)	B	1	PA; DL; QL
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	1	PA; DL; QL
Inlyta (Oral Tablet)	B	1	PA; DL; QL
Inqovi (Oral Tablet)	B	1	PA; DL; QL
Inrebic (Oral Capsule)	B	1	PA; DL; QL
Iressa (Oral Tablet)	B	1	PA; DL; QL
Jakafi (Oral Tablet)	B	1	PA; DL; QL
Jaypirca (Oral Tablet)	B	1	PA; DL; QL
Kisqali (200MG Dose) (Oral Tablet)	B	1	PA; DL; QL
Kisqali (400MG Dose) (Oral Tablet)	B	1	PA; DL; QL
Kisqali (600MG Dose) (Oral Tablet)	B	1	PA; DL; QL
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Koselugo (Oral Capsule)	B	1	PA; DL; QL
Lapatinib Ditosylate (Oral Tablet)	G	1	PA; DL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lorbrena (Oral Tablet)	B	1	PA; DL; QL
Lynparza (Oral Tablet)	B	1	PA; DL; QL
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Mekinist (Oral Solution Reconstituted)	B	1	PA; DL
Mekinist (Oral Tablet)	B	1	PA; DL
Mektovi (Oral Tablet)	B	1	PA; DL
Nerlynx (Oral Tablet)	B	1	PA; DL; QL
Odomzo (Oral Capsule)	B	1	PA; DL
Ojjaara (Oral Tablet)	B	1	PA; DL; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Rezlidhia (Oral Capsule)	B	1	PA; DL; QL
Rozlytrek (Oral Capsule)	B	1	PA; DL; QL
Rubraca (Oral Tablet)	B	1	PA; DL; QL
Rydapt (Oral Capsule)	B	1	PA; DL; QL
Scemblix (Oral Tablet)	B	1	PA; DL; QL
Sorafenib Tosylate (Oral Tablet)	G	1	PA; DL
Sprycel (Oral Tablet)	B	1	PA; DL; QL
Stivarga (Oral Tablet)	B	1	PA; DL; QL
Sunitinib Malate (Oral Capsule)	G	1	PA; DL; QL
Tafinlar (Oral Capsule)	B	1	PA; DL
Tafinlar (Oral Tablet Soluble)	B	1	PA; DL
Tagrisso (Oral Tablet)	B	1	PA; DL; QL
Talzenna (Oral Capsule)	B	1	PA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tasigna (Oral Capsule)	B	1	PA; DL; QL
Tepmetko (Oral Tablet)	B	1	PA; DL; QL
Tibsovo (Oral Tablet)	B	1	PA; DL; QL
Turalio (125MG Oral Capsule)	B	1	PA; DL; QL
Vanflyta (Oral Tablet)	B	1	PA; DL; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	1	PA; DL; QL
Venclexta (10MG Oral Tablet)	B	1	PA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Verzenio (Oral Tablet)	B	1	PA; DL; QL
Vitrakvi (Oral Capsule)	B	1	PA; DL; QL
Vitrakvi (Oral Solution)	B	1	PA; DL; QL
Vizimpro (Oral Tablet)	B	1	PA; DL; QL
Votrient (Oral Tablet)	B	1	PA; DL; QL
Welireg (Oral Tablet)	B	1	PA; DL; QL
Xalkori (Oral Capsule)	B	1	PA; DL
Xospata (Oral Tablet)	B	1	PA; DL; QL
Zejula (100MG Oral Capsule)	B	1	PA; DL; QL
Zejula (Oral Tablet)	B	1	PA; DL; QL
Zelboraf (Oral Tablet)	B	1	PA; DL
Zydelig (Oral Tablet)	B	1	PA; DL; QL
Zykadia (Oral Tablet)	B	1	PA; DL; QL
Retinoids			
Bexarotene (External Gel)	G	1	PA; DL; QL
Bexarotene (Oral Capsule)	G	1	PA; DL
Panretin (External Gel)	B	1	PA; DL
Tretinoin (Oral Capsule)	G	1	DL
Treatment Adjuncts			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	G	1	
Leucovorin Calcium (25MG Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	1	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	1	QL
Ivermectin (Oral Tablet)	G	1	PA
Praziquantel (Oral Tablet)	G	1	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	1	DL; QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Benznidazole (Oral Tablet)	B	1	
Chloroquine Phosphate (Oral Tablet)	G	1	QL
Coartem (Oral Tablet)	B	1	
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	1	QL
Impavido (Oral Capsule)	B	1	DL
Mefloquine HCl (Oral Tablet)	G	1	
Nitazoxanide (Oral Tablet)	G	1	DL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	1	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	1	
Primaquine Phosphate (Oral Tablet)	G	1	
Pyrimethamine (Oral Tablet)	G	1	DL
Quinine Sulfate (Oral Capsule)	G	1	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	1	
Trihexyphenidyl HCl (Oral Solution)	G	1	
Trihexyphenidyl HCl (Oral Tablet)	G	1	
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (Oral Solution)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
Entacapone (Oral Tablet)	G	1	
Tolcapone (Oral Tablet)	G	1	DL; QL
Dopamine Agonists			
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	1	PA; DL; QL
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
Neupro (Transdermal Patch 24 Hour)	B	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	1	
Rytary (Oral Capsule Extended Release)	B	1	ST
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	1	
Selegiline HCl (Oral Capsule)	G	1	
Selegiline HCl (Oral Tablet)	G	1	
Zelapar ODT (Oral Tablet Dispersible)	B	1	DL
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	1	
Chlorpromazine HCl (Oral Tablet)	G	1	
Fluphenazine Decanoate (Injection Solution)	G	1	
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	1	
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	1	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	1	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	
Haloperidol Decanoate (Intramuscular Solution)	G	1	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	1	
Molindone HCl (Oral Tablet)	G	1	
Pimozide (Oral Tablet)	G	1	
Thioridazine HCl (Oral Tablet)	G	1	
Thiothixene (Oral Capsule)	G	1	
Trifluoperazine HCl (Oral Tablet)	G	1	
2nd Generation/Atypical			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	1	DL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	1	DL
Aripiprazole (1MG/ML Oral Solution)	G	1	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	1	DL; QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	1	DL
Aristada (Intramuscular Prefilled Syringe)	B	1	DL
Asenapine Maleate (Tablet Sublingual)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Caplyta (Oral Capsule)	B	1	PA; DL; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	1	ST; DL; QL
Fanapt Titration Pack (Oral Tablet)	B	1	ST; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	1	DL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1	DL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	1	DL
Latuda (Oral Tablet)	B	1	DL; QL
Lurasidone HCl (Oral Tablet)	G	1	QL
Lybalvi (Oral Tablet)	B	1	ST; DL; QL
Nuplazid (Oral Capsule)	B	1	PA; DL; QL
Nuplazid (Oral Tablet)	B	1	PA; DL; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	1	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	1	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Perseris (Subcutaneous Prefilled Syringe)	B	1	DL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
Rexulti (Oral Tablet)	B	1	DL; QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	1	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	1	DL
Risperidone (1MG/ML Oral Solution)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	G	1	
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	G	1	
Secuado (Transdermal Patch 24 Hour)	B	1	ST; DL; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	1	ST; DL; QL
Vraylar (Oral Capsule Therapy Pack)	B	1	ST; QL
Ziprasidone HCl (Oral Capsule)	G	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	1	
Zyprexa Relprev (210MG Intramuscular Suspension Reconstituted)	B	1	DL
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	1	QL
Versacloz (Oral Suspension)	B	1	DL
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Tablet)	G	1	
Dantrolene Sodium (Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	1	PA; DL; QL
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	1	DL; QL
Valganciclovir HCl (450MG Oral Tablet)	G	1	QL
Zirgan (Ophthalmic Gel)	B	1	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	1	
Baraclude (Oral Solution)	B	1	DL
Entecavir (Oral Tablet)	G	1	
Lamivudine (100MG Oral Tablet)	G	1	
Vemlidy (Oral Tablet)	B	1	DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	1	PA; DL; QL
Epclusa (Oral Tablet)	B	1	PA; DL; QL
Mavyret (Oral Packet)	B	1	PA; DL; QL
Mavyret (Oral Tablet)	B	1	PA; DL; QL
Ribavirin (Oral Tablet)	G	1	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	1	PA; DL; QL
Sovaldi (Oral Packet)	B	1	PA; DL; QL
Sovaldi (Oral Tablet)	B	1	PA; DL; QL
Vosevi (Oral Tablet)	B	1	PA; DL; QL
Antitherpetic Agents			
Acyclovir (External Ointment)	G	1	QL
Acyclovir (Oral Capsule)	G	1	
Acyclovir (Oral Suspension)	G	1	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	1	B/D,PA
Famciclovir (Oral Tablet)	G	1	QL
Valacyclovir HCl (Oral Tablet)	G	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	1	DL; QL
Dovato (Oral Tablet)	B	1	DL; QL
Genvoya (Oral Tablet)	B	1	DL; QL
Isentress HD (Oral Tablet)	B	1	DL; QL
Isentress (Oral Packet)	B	1	QL
Isentress (Oral Tablet)	B	1	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	1	QL
Isentress (25MG Oral Tablet Chewable)	B	1	QL
Juluca (Oral Tablet)	B	1	DL; QL
Stribild (Oral Tablet)	B	1	DL; QL
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	1	QL
Tivicay (50MG Oral Tablet)	B	1	DL; QL
Tivicay PD (Oral Tablet Soluble)	B	1	DL; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Complera (Oral Tablet)	B	1	DL; QL
Delstrigo (Oral Tablet)	B	1	DL; QL
Edurant (Oral Tablet)	B	1	DL; QL
Efavirenz (Oral Capsule)	G	1	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Efavirenz (Oral Tablet)	G	1	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	1	DL; QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	1	DL; QL
Etravirine (Oral Tablet)	G	1	DL; QL
Intelence (25MG Oral Tablet)	B	1	QL
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	1	QL
Nevirapine (Oral Suspension)	G	1	QL
Nevirapine (Oral Tablet Immediate Release)	G	1	QL
Pifeltro (Oral Tablet)	B	1	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	1	QL
Abacavir Sulfate (Oral Tablet)	G	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	1	QL
Cimduo (Oral Tablet)	B	1	DL; QL
Descovy (Oral Tablet)	B	1	DL; QL
Emtricitabine (Oral Capsule)	G	1	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (100MG-150MG Oral Tablet, 133MG-200MG Oral Tablet, 167MG-250MG Oral Tablet)	G	1	DL; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (200MG-300MG Oral Tablet)	G	1	QL
Emtriva (Oral Solution)	B	1	QL
Lamivudine (10MG/ML Oral Solution)	G	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	1	QL
Lamivudine-Zidovudine (Oral Tablet)	G	1	QL
Odefsey (Oral Tablet)	B	1	DL; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Triumeq (Oral Tablet)	B	1	DL; QL
Triumeq PD (Oral Tablet Soluble)	B	1	DL; QL
Trizivir (Oral Tablet)	B	1	DL; QL
Viread (Oral Powder)	B	1	DL; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	1	DL; QL
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	1	DL; QL
Maraviroc (Oral Tablet)	G	1	DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rukobia (Oral Tablet Extended Release 12 Hour)	B	1	DL; QL
Selzentry (Oral Solution)	B	1	DL; QL
Selzentry (25MG Oral Tablet)	B	1	QL
Selzentry (75MG Oral Tablet)	B	1	DL; QL
Sunlenca (Oral Tablet Therapy Pack)	B	1	DL; QL
Tybost (Oral Tablet)	B	1	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	1	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Darunavir (Oral Tablet)	G	1	DL; QL
Evotaz (Oral Tablet)	B	1	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	1	DL; QL
Lexiva (Oral Suspension)	B	1	QL
Lopinavir-Ritonavir (Oral Solution)	G	1	QL
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL
Norvir (Oral Packet)	B	1	QL
Prezcobix (Oral Tablet)	B	1	DL; QL
Prezista (Oral Suspension)	B	1	DL; QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	1	DL; QL
Prezista (75MG Oral Tablet)	B	1	QL
Reyataz (Oral Packet)	B	1	DL; QL
Ritonavir (Oral Tablet)	G	1	QL
Symtuza (Oral Tablet)	B	1	DL; QL
Viracept (Oral Tablet)	B	1	DL; QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	1	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Rimantadine HCl (Oral Tablet)	G	1	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	1	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	1	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	1	
Hydroxyzine HCl (Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydroxyzine Pamoate (Oral Capsule)	G	1	
Benzodiazepines			
Alprazolam (Oral Tablet Immediate Release)	G	1	QL
Chlordiazepoxide HCl (Oral Capsule)	G	1	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	1	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	G	1	QL
Clorazepate Dipotassium (Oral Tablet)	G	1	QL
Diazepam Intensol (Oral Concentrate)	G	1	QL
Diazepam (5MG/5ML Oral Solution)	G	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
Bipolar Agents			
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	1	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
Lithium (Oral Solution)	G	1	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	1	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	1	QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	1	QL
Cycloset (Oral Tablet)	B	1	PA; QL
Farxiga (Oral Tablet)	B	1	QL
Glimepiride (Oral Tablet)	G	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Glipizide (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	QL
Glipizide-Metformin HCl (Oral Tablet)	G	1	QL
Glyxambi (Oral Tablet)	B	1	QL
Janumet (Oral Tablet Immediate Release)	B	1	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	1	QL
Januvia (Oral Tablet)	B	1	QL
Jardiance (Oral Tablet)	B	1	QL
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	1	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	1	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Solution)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	QL
Mounjaro (Subcutaneous Solution Pen-Injector)	B	1	QL
Nateglinide (Oral Tablet)	G	1	QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	1	QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	1	QL
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	1	QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL
Repaglinide (Oral Tablet)	G	1	QL
Rybelsus (Oral Tablet)	B	1	QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	1	QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	B	1	PA; DL
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	B	1	PA; DL
Synjardy (Oral Tablet Immediate Release)	B	1	QL
Tradjenta (Oral Tablet)	B	1	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	1	QL
Trulicity (Subcutaneous Solution Pen-Injector)	B	1	QL
Victoza (Subcutaneous Solution Pen-Injector)	B	1	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	1	QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	1	
Diazoxide (Oral Suspension)	G	1	
GlucaGen HypoKit (Injection Solution Reconstituted)	B	1	
Glucagon (Injection Kit) (Lilly)	G	1	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	1	
Gvoke Kit (Subcutaneous Solution)	B	1	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	1	
Insulins			
Humalog (Injection Solution)	B	1	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humalog Mix 50/50 (Subcutaneous Suspension)	B	1	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	1	
Humalog (Subcutaneous Solution Cartridge)	B	1	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humulin 70/30 (Subcutaneous Suspension)	B	1	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humulin N (Subcutaneous Suspension)	B	1	
Humulin R (Injection Solution)	B	1	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	1	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	1	
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	1	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	1	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	1	
Lantus (Subcutaneous Solution)	B	1	
Levemir FlexPen (Subcutaneous Solution Pen-Injector)	B	1	
Levemir (Subcutaneous Solution)	B	1	
Lyumjev (Injection Solution)	B	1	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	1	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	1	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	1	
Tresiba (Subcutaneous Solution)	B	1	
Blood Products and Modifiers			
Anticoagulants			
Eliquis (Oral Tablet)	B	1	QL
Eliquis Starter Pack (Oral Tablet)	B	1	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	1	QL
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	1	DL
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	1	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	1	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	1	B/D,PA
Jantoven (Oral Tablet)	G	1	
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Tablet)	B	1	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	1	QL
Blood Products and Modifiers, Other			
Anagrelide HCl (Oral Capsule)	G	1	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	1	PA; DL
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	1	PA

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	1	PA; DL
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	B	1	PA
Leukine (Injection Solution Reconstituted)	B	1	PA; DL
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	1	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	1	PA; DL
Promacta (Oral Packet)	B	1	PA; DL; QL
Promacta (Oral Tablet)	B	1	PA; DL; QL
Pyrukynd (Oral Tablet)	B	1	PA; DL; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Retacrit (Injection Solution)	B	1	PA
Zarxio (Injection Solution Prefilled Syringe)	B	1	DL
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	1	
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	1	QL
Brilinta (Oral Tablet)	B	1	QL
Cablivi (Injection Kit)	B	1	PA; DL; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	QL
Doptelet (Oral Tablet)	B	1	PA; DL
Prasugrel HCl (Oral Tablet)	G	1	QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (Transdermal Patch Weekly)	G	1	
Droxidopa (100MG Oral Capsule, 200MG Oral Capsule)	G	1	PA; QL
Droxidopa (300MG Oral Capsule)	G	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Midodrine HCl (Oral Tablet)	G	1	
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	1	
Phenoxybenzamine HCl (Oral Capsule)	G	1	DL
Prazosin HCl (Oral Capsule)	G	1	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	1	QL
Edarbi (Oral Tablet)	B	1	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Solution)	G	1	
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	1	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
Antiarrhythmics			
Amiodarone HCl (200MG Oral Tablet)	G	1	
Dofetilide (Oral Capsule)	G	1	QL
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	1	
Multaq (Oral Tablet)	B	1	QL
Pacerone (200MG Oral Tablet)	G	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Propafenone HCl (Oral Tablet)	G	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	1	
Quinidine Sulfate (Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sorine (120MG Oral Tablet, 160MG Oral Tablet, 240MG Oral Tablet, 80MG Oral Tablet)	G	1	
Sotalol HCl AF (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	1	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	1	
Bisoprolol Fumarate (Oral Tablet)	G	1	
Carvedilol (Oral Tablet)	G	1	
Labetalol HCl (Oral Tablet)	G	1	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	1	
Nebivolol HCl (Oral Tablet)	G	1	QL
Pindolol (Oral Tablet)	G	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Propranolol HCl (Oral Solution)	G	1	
Propranolol HCl (Oral Tablet)	G	1	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nimodipine (Oral Capsule)	G	1	
Nymalize (Oral Solution)	B	1	DL
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	1	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour)	B	1	
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
Aliskiren Fumarate (Oral Tablet)	G	1	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	1	QL
Amlodipine-Benazepril (Oral Capsule)	G	1	QL
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL
Corlanor (Oral Solution)	B	1	PA; QL
Corlanor (Oral Tablet)	B	1	PA; QL
Demser (Oral Capsule)	B	1	DL
Digoxin (Oral Solution)	G	1	
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Digoxin (62.5MCG Oral Tablet)	G	1	
Edarbyclor (Oral Tablet)	B	1	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Tablet)	B	1	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	1	QL
Kerendia (Oral Tablet)	B	1	PA; QL
Lanoxin (Oral Tablet)	B	1	
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Metyrosine (Oral Capsule)	G	1	DL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Spiroinolactone-HCTZ (Oral Tablet)	G	1	
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	G	1	QL
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	1	
Ethacrynic Acid (Oral Tablet)	G	1	
Furosemide (Injection Solution)	G	1	B/D,PA
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Torseamide (Oral Tablet)	G	1	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	1	
Eplerenone (Oral Tablet)	G	1	
Spiroinolactone (Oral Tablet)	G	1	
Triamterene (Oral Capsule)	G	1	
Diuretics, Thiazide			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Chlorthalidone (Oral Tablet)	G	1	
Diuril (Oral Suspension)	B	1	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	1	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	1	
Fenofibrate (50MG Oral Capsule)	G	1	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	G	1	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	
Gemfibrozil (Oral Tablet)	G	1	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Fluvastatin Sodium (Oral Capsule)	G	1	QL
Livalo (Oral Tablet)	B	1	QL
Lovastatin (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	QL
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	1	
Cholestyramine (Oral Packet)	G	1	
Colesevelam HCl (Oral Packet)	G	1	
Colesevelam HCl (Oral Tablet)	G	1	
Colestipol HCl (Oral Packet)	G	1	
Colestipol HCl (Oral Tablet)	G	1	
Ezetimibe (Oral Tablet)	G	1	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	1	QL
Icosapent Ethyl (Oral Capsule)	G	1	
Juxtapid (Oral Capsule)	B	1	PA; DL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	1	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Niacor (Oral Tablet)	G	1	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	1	QL
Praluent (Subcutaneous Solution Auto-Injector)	B	1	PA; QL
Prevalite (Oral Packet)	G	1	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	1	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	1	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	1	PA; QL
Vascepa (Oral Capsule)	B	1	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	1	
Nitro-Bid (Transdermal Ointment)	G	1	
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	1	
Nitrostat (Tablet Sublingual)	B	1	
Rectiv (Rectal Ointment)	B	1	QL
Verquvo (Oral Tablet)	B	1	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour) (Generic Adderall XR)	G	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	1	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Dextroamphetamine Sulfate (Oral Tablet)	G	1	QL
Lisdexamfetamine Dimesylate (Oral Capsule)	G	1	
Vyvanse (Oral Capsule)	B	1	
Vyvanse (Oral Tablet Chewable)	B	1	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Atomoxetine HCl (Oral Capsule)	G	1	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	PA
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Dexmethylphenidate HCl (Oral Tablet)	G	1	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl (Oral Solution)	G	1	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	1	QL
Central Nervous System, Other			
Austedo (Oral Tablet)	B	1	PA; DL; QL
Ingrezza (Oral Capsule)	B	1	PA; DL; QL
Ingrezza (Oral Capsule Therapy Pack)	B	1	PA; DL; QL
Nuedexta (Oral Capsule)	B	1	PA; DL; QL
Riluzole (Oral Tablet)	G	1	
Skyclarys (Oral Capsule)	B	1	PA; DL; QL
Tetrabenazine (12.5MG Oral Tablet)	G	1	PA; QL
Tetrabenazine (25MG Oral Tablet)	G	1	PA; DL; QL
Fibromyalgia Agents			
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	1	QL
Pregabalin (Oral Capsule)	G	1	QL
Pregabalin (Oral Solution)	G	1	QL
Savella (Oral Tablet)	B	1	
Savella Titration Pack (Oral Tablet)	B	1	
Multiple Sclerosis Agents			
Aubagio (Oral Tablet)	B	1	DL; QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	1	DL; QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	1	DL; QL
Betaseron (Subcutaneous Kit)	B	1	DL; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	1	DL; QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	1	DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fingolimod HCl (Oral Capsule)	G	1	DL; QL
Gilenya (Oral Capsule)	B	1	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	DL; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	DL; QL
Kesimpta (Subcutaneous Solution Auto-Injector)	B	1	DL
Mayzent (Oral Tablet)	B	1	DL; QL
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	1	DL; QL
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	1	QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	1	ST; DL; QL
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	1	ST; DL; QL
Rebif (Subcutaneous Solution Prefilled Syringe)	B	1	ST; DL; QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	1	ST; DL; QL
Teriflunomide (Oral Tablet)	G	1	DL; QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	1	ST; DL; QL
Dental and Oral Agents			
Dental and Oral Agents			
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Periogard (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	1	
Triamcinolone Acetonide (Dental Paste)	G	1	
Dermatological Agents			
Acne and Rosacea Agents			
Accutane (Oral Capsule)	G	1	PA
Acitretin (Oral Capsule)	G	1	
Adapalene (External Cream)	G	1	
Adapalene (0.3% External Gel)	G	1	
Amnesteem (Oral Capsule)	G	1	PA
Azelaic Acid (External Gel)	G	1	QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	
Brimonidine Tartrate (External Gel)	G	1	
Claravis (Oral Capsule)	G	1	PA
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	1	
Finacea (External Foam)	B	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Isotretinoin (Oral Capsule)	G	1	PA
Mirvaso (External Gel)	B	1	
Neuac (External Gel)	G	1	
Tazarotene (External Cream)	G	1	PA
Tretinoin (External Cream)	G	1	PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	G	1	PA
Tretinoin Microsphere (External Gel)	G	1	PA
Zenatane (Oral Capsule)	G	1	PA
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	1	
Alclometasone Dipropionate (External Ointment)	G	1	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	1	
Betamethasone Dipropionate Aug (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Ointment)	G	1	
Betamethasone Dipropionate (External Cream)	G	1	
Betamethasone Dipropionate (External Lotion)	G	1	
Betamethasone Dipropionate (External Ointment)	G	1	
Betamethasone Valerate (External Cream)	G	1	
Betamethasone Valerate (External Lotion)	G	1	
Betamethasone Valerate (External Ointment)	G	1	
Clobetasol Propionate Emollient Base (External Cream)	G	1	
Clobetasol Propionate (External Cream)	G	1	
Clobetasol Propionate (External Gel)	G	1	
Clobetasol Propionate (External Ointment)	G	1	
Clobetasol Propionate (External Shampoo)	G	1	
Clobetasol Propionate (External Solution)	G	1	
Clodan (External Shampoo)	G	1	
Cordran (External Tape)	B	1	
Desonide (External Ointment)	G	1	QL
Desoximetasone (External Cream)	G	1	QL
Doxepin HCl (External Cream)	G	1	PA; QL
Fluocinolone Acetonide (External Cream)	G	1	
Fluocinolone Acetonide (External Ointment)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fluocinolone Acetonide (External Solution)	G	1	
Fluocinolone Acetonide Scalp (External Oil)	G	1	
Fluocinonide Emulsified Base (External Cream)	G	1	QL
Fluocinonide (0.05% External Cream)	G	1	QL
Fluocinonide (External Gel)	G	1	QL
Fluocinonide (External Ointment)	G	1	QL
Fluocinonide (External Solution)	G	1	QL
Fluticasone Propionate (External Cream)	G	1	
Fluticasone Propionate (External Ointment)	G	1	
Halobetasol Propionate (External Cream)	G	1	
Halobetasol Propionate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Ointment)	G	1	
Hydrocortisone (1% External Cream)	G	1	
Hydrocortisone (2.5% External Lotion)	G	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	1	
Hydrocortisone Valerate (External Ointment)	G	1	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Pimecrolimus (External Cream)	G	1	ST; QL
Selenium Sulfide (External Lotion)	G	1	
Tacrolimus (External Ointment)	G	1	ST
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	1	
Triderm (External Cream)	G	1	
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	1	QL
Calcipotriene (External Ointment)	G	1	QL
Calcipotriene (External Solution)	G	1	
Calcitriol (External Ointment)	G	1	
Clotrimazole-Betamethasone (External Cream)	G	1	QL
Clotrimazole-Betamethasone (External Lotion)	G	1	
Diclofenac Sodium (3% External Gel)	G	1	PA; QL
Fluorouracil (5% External Cream)	G	1	QL
Fluorouracil (External Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Imiquimod (5% External Cream)	G	1	QL
Imiquimod Pump (3.75% External Cream)	G	1	PA; DL
Methoxsalen Rapid (Oral Capsule)	G	1	DL
Podofilox (External Solution)	G	1	
Regranex (External Gel)	B	1	PA; DL
Santyl (External Ointment)	B	1	
Silver Sulfadiazine (External Cream)	G	1	
SSD (External Cream)	B	1	
Pediculicides/Scabicides			
Crotan (External Lotion)	G	1	
Malathion (External Lotion)	G	1	
Permethrin (External Cream)	G	1	
Topical Anti-infectives			
Ciclopirox (External Gel)	G	1	
Ciclopirox (External Shampoo)	G	1	
Ciclopirox (External Solution)	G	1	
Ciclopirox Olamine (External Cream)	G	1	
Ciclopirox Olamine (External Suspension)	G	1	
Clindacin ETZ (External Swab)	G	1	QL
Clindamycin Phosphate (External Gel)	G	1	QL
Clindamycin Phosphate (External Lotion)	G	1	QL
Clindamycin Phosphate (External Solution)	G	1	QL
Clindamycin Phosphate (External Swab)	G	1	QL
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	1	
Econazole Nitrate (External Cream)	G	1	QL
Ery (External Pad)	G	1	
Erythromycin (External Gel)	G	1	
Erythromycin (External Solution)	G	1	
Gentamicin Sulfate (External Cream)	G	1	
Gentamicin Sulfate (External Ointment)	G	1	
Jublia (External Solution)	B	1	
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Shampoo)	G	1	
Mupirocin Calcium (External Cream)	G	1	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Naftifine HCl (2% External Gel)	G	1	
Naftin (2% External Gel)	B	1	
Nyamyc (External Powder)	G	1	QL
Nystatin (External Cream)	G	1	
Nystatin (External Ointment)	G	1	
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Sulfamylon (External Cream)	B	1	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carglumic Acid (Oral Tablet Soluble)	G	1	DL
Dextrose (10% Intravenous Solution)	G	1	
Dextrose (5% Intravenous Solution)	G	1	B/D,PA
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution)	B	1	
Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution)	G	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	1	B/D,PA
Intralipid (Intravenous Emulsion)	B	1	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	1	
Isolyte-S pH 7.4 (Intravenous Solution)	B	1	
KCl in Dextrose-NaCl (Intravenous Solution)	G	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	B	1	
Klor-Con 10 (Oral Tablet Extended Release)	B	1	
Klor-Con M10 (Oral Tablet Extended Release)	G	1	
Klor-Con M15 (Oral Tablet Extended Release)	G	1	
Klor-Con M20 (Oral Tablet Extended Release)	G	1	
Klor-Con (Oral Packet)	G	1	
Klor-Con 8 (Oral Tablet Extended Release)	B	1	
Magnesium Sulfate (50% Injection Solution)	B	1	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	1	
Multiple Electrolytes Type 1 pH 5.5 (Intravenous Solution)	G	1	
Nutrilipid (Intravenous Emulsion)	B	1	B/D,PA
Plasma-Lyte 148 (Intravenous Solution)	B	1	
Plasma-Lyte A (Intravenous Solution)	B	1	
Plenammine (Intravenous Solution)	G	1	B/D,PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Potassium Chloride ER (Oral Capsule Extended Release)	G	1	
Potassium Chloride ER (10MEQ Oral Tablet Extended Release, 20MEQ Oral Tablet Extended Release, 8MEQ Oral Tablet Extended Release)	G	1	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	1	B/D,PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)	G	1	B/D,PA
Potassium Chloride (Oral Packet)	G	1	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	1	
Potassium Citrate ER (Oral Tablet Extended Release)	G	1	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	1	B/D,PA
Premasol (Intravenous Solution)	G	1	B/D,PA
Prosol (Intravenous Solution)	B	1	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)	G	1	B/D,PA
Sodium Chloride (5% Intravenous Solution)	B	1	B/D,PA
Sodium Chloride (Irrigation Solution)	B	1	
Sodium Fluoride (Oral Tablet)	G	1	
TPN Electrolytes (Intravenous Concentrate)	B	1	
Travasol (Intravenous Solution)	B	1	B/D,PA
TrophAmine (Intravenous Solution)	B	1	B/D,PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	1	DL
Deferasirox Granules (Oral Packet)	G	1	PA; DL
Deferasirox (Oral Tablet) (Generic Jadenu)	G	1	PA
Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade)	G	1	PA
Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade)	G	1	PA; DL
Deferiprone (Oral Tablet)	G	1	PA; DL
Ferriprox (Oral Solution)	B	1	PA; DL
Trientine HCl (250MG Oral Capsule)	G	1	PA; DL; QL
Phosphate Binders			

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Auryxia (Oral Tablet)	B	1	PA; DL
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	1	
Calcium Acetate (667MG Oral Tablet)	G	1	
Lanthanum Carbonate (Oral Tablet Chewable)	G	1	DL
Sevelamer Carbonate (Oral Packet)	G	1	DL
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	1	
Velphoro (Oral Tablet Chewable)	B	1	DL
Potassium Binders			
Lokelma (Oral Packet)	B	1	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	1	
SPS (Oral Suspension)	G	1	
Veltassa (Oral Packet)	B	1	DL; QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Lactulose (Oral Solution)	G	1	
Linzess (Oral Capsule)	B	1	QL
Lubiprostone (Oral Capsule)	G	1	QL
Motegrity (Oral Tablet)	B	1	QL
Movantik (Oral Tablet)	B	1	QL
Relistor (Oral Tablet)	B	1	PA; DL; QL
Relistor (Subcutaneous Solution)	B	1	PA; DL
Trulance (Oral Tablet)	B	1	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	1	PA; DL
Diphenoxylate-Atropine (Oral Liquid)	G	1	
Diphenoxylate-Atropine (Oral Tablet)	G	1	
Loperamide HCl (Oral Capsule)	G	1	
Xermelo (Oral Tablet)	B	1	PA; DL; QL
Antispasmodics, Gastrointestinal			
Dicyclomine HCl (Oral Capsule)	G	1	
Dicyclomine HCl (Oral Solution)	G	1	
Dicyclomine HCl (Oral Tablet)	G	1	
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	1	PA
Methscopolamine Bromide (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gastrointestinal Agents, Other			
Chenodal (Oral Tablet)	G	1	PA; DL
Clenpiq (Oral Solution)	B	1	
Gattex (Subcutaneous Kit)	B	1	PA; DL
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
Myalept (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	1	
Ocaliva (Oral Tablet)	B	1	PA; DL; QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
Suflave (Oral Solution Reconstituted)	B	1	
Suprep Bowel Prep Kit (Oral Solution)	B	1	
Sutab (Oral Tablet)	B	1	
Ursodiol (300MG Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	
Vowst (Oral Capsule)	B	1	PA; DL
Histamine2 (H2) Receptor Antagonists			
Cimetidine (Oral Tablet)	G	1	
Famotidine (Oral Suspension Reconstituted)	G	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	1	
Protectants			
Misoprostol (Oral Tablet)	G	1	
Sucralfate (Oral Suspension)	G	1	
Sucralfate (Oral Tablet)	G	1	
Proton Pump Inhibitors			
Dexilant (Oral Capsule Delayed Release)	B	1	QL
Dexlansoprazole (Oral Capsule Delayed Release)	G	1	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	1	QL
Esomeprazole Magnesium (Oral Packet)	G	1	
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	1	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	1	PA; DL
Betaine (Oral Powder)	G	1	DL
Cholbam (Oral Capsule)	B	1	PA; DL
Creon (Oral Capsule Delayed Release Particles)	B	1	
Cromolyn Sodium (Oral Concentrate)	G	1	
Cystadane (Oral Powder)	B	1	DL
Cystagon (Oral Capsule)	B	1	
Glassia (Intravenous Solution)	B	1	PA; DL
Levocarnitine (Oral Solution)	G	1	
Levocarnitine (Oral Tablet)	G	1	
Miglustat (Oral Capsule)	G	1	PA; DL
Nitisinone (Oral Capsule)	G	1	DL
Orfadin (20MG Oral Capsule)	B	1	DL
Orfadin (Oral Suspension)	B	1	DL
Procysbi (Oral Packet)	B	1	DL
Prolastin-C (Intravenous Solution Reconstituted)	B	1	PA; DL
RAVICTI (Oral Liquid)	B	1	DL; QL
Revcovi (Intramuscular Solution)	B	1	PA; DL
Sapropterin Dihydrochloride (Oral Packet)	G	1	DL
Sapropterin Dihydrochloride (Oral Tablet)	G	1	DL
Sodium Phenylbutyrate (Oral Powder)	G	1	DL
Sodium Phenylbutyrate (Oral Tablet)	G	1	DL
Sucraid (Oral Solution)	B	1	DL
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Vyndamax (Oral Capsule)	B	1	PA; DL; QL
Vyndaqel (Oral Capsule)	B	1	PA; DL; QL
Zemaira (Intravenous Solution Reconstituted)	B	1	PA; DL
Zenpep (Oral Capsule Delayed Release Particles)	B	1	
Zokinvy (Oral Capsule)	B	1	PA; DL; QL
Genitourinary Agents			
Antispasmodics, Urinary			
Gemtesa (Oral Tablet)	B	1	
Myrbetriq (Oral Suspension Reconstituted ER)	B	1	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Oxybutynin Chloride (Oral Solution)	G	1	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	1	
Solifenacin Succinate (Oral Tablet)	G	1	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tolterodine Tartrate (Oral Tablet)	G	1	
Tropium Chloride (Oral Tablet)	G	1	
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Dutasteride (Oral Capsule)	G	1	QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Silodosin (Oral Capsule)	G	1	QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	1	
Elmiron (Oral Capsule)	B	1	DL
Lithostat (Oral Tablet)	B	1	DL
Penicillamine (250MG Oral Capsule)	G	1	PA; DL
Penicillamine (250MG Oral Tablet)	G	1	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Dexamethasone (Oral Solution)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hydrocortisone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Prednisolone (Oral Solution)	G	1	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	1	
Prednisone Intensol (Oral Concentrate)	G	1	
Prednisone (5MG/5ML Oral Solution)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	G	1	
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	1	PA; DL
Genotropin MiniQuick (Subcutaneous Prefilled Syringe)	B	1	PA; DL
Genotropin (Subcutaneous Cartridge)	B	1	PA; DL
Increlex (Subcutaneous Solution)	B	1	PA; DL
Serostim (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Zorbtive (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	1	PA; DL; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
Danazol (Oral Capsule)	G	1	
Testosterone Cypionate (Intramuscular Solution)	G	1	
Testosterone Enanthate (Intramuscular Solution)	G	1	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	G	1	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	G	1	
Estrogens			
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	
Amethia (Oral Tablet)	G	1	
Apri (Oral Tablet)	G	1	
Aranelle (Oral Tablet)	G	1	
Ashlyna (Oral Tablet)	G	1	
Aubra EQ (Oral Tablet)	G	1	
Aviane (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Balziva (Oral Tablet)	G	1	
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	
Camrese Lo (Oral Tablet)	G	1	
Climara Pro (Transdermal Patch Weekly)	B	1	
Cryselle-28 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
Depo-Estradiol (Intramuscular Oil)	G	1	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Dolishale (Oral Tablet)	G	1	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	1	
Duavee (Oral Tablet)	B	1	
Elestrin (Transdermal Gel)	B	1	
EluRyng (Vaginal Ring)	G	1	
Enpresse-28 (Oral Tablet)	G	1	
Enskyce (Oral Tablet)	G	1	
Estarylla (Oral Tablet)	G	1	
Estradiol (Oral Tablet)	G	1	
Estradiol (Transdermal Patch Weekly)	G	1	QL
Estradiol (Vaginal Cream)	G	1	
Estradiol (Vaginal Tablet)	G	1	QL
Estradiol Valerate (Intramuscular Oil)	G	1	
Estring (Vaginal Ring)	B	1	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	1	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
Falmina (Oral Tablet)	G	1	
Femring (Vaginal Ring)	B	1	
Finzala (Oral Tablet Chewable)	G	1	
Fyavolv (Oral Tablet)	G	1	
Hailey 24 Fe (Oral Tablet)	G	1	
Haloette (Vaginal Ring)	G	1	
Iclevia (Oral Tablet)	G	1	
Imvexxy Maintenance Pack (Vaginal Insert)	B	1	PA; QL
Imvexxy Starter Pack (Vaginal Insert)	B	1	PA; QL
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	
Juleber (Oral Tablet)	G	1	
Junel 1.5/30 (Oral Tablet)	G	1	
Junel 1/20 (Oral Tablet)	G	1	
Junel Fe 1.5/30 (Oral Tablet)	G	1	
Junel Fe 1/20 (Oral Tablet)	G	1	
Junel Fe 24 (Oral Tablet)	G	1	
Kaitlib Fe (Oral Tablet Chewable)	G	1	
Kariva (Oral Tablet)	G	1	
Kelnor 1/35 (Oral Tablet)	G	1	
Kelnor 1/50 (Oral Tablet)	G	1	
Kurvelo (Oral Tablet)	G	1	
LARIN 1.5/30 (Oral Tablet)	G	1	
LARIN 1/20 (Oral Tablet)	G	1	
LARIN Fe 1.5/30 (Oral Tablet)	G	1	
LARIN Fe 1/20 (Oral Tablet)	G	1	
Layolis Fe (Oral Tablet Chewable)	G	1	
Leena (Oral Tablet)	G	1	
Lessina (Oral Tablet)	G	1	
Levonest (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Levora 0.15/30 (28) (Oral Tablet)	G	1	
Loryna (Oral Tablet)	G	1	
Low-Ogestrel (Oral Tablet)	G	1	
Lutera (Oral Tablet)	G	1	
Marlissa (Oral Tablet)	G	1	
Menest (Oral Tablet)	G	1	
Mibelas 24 Fe (Oral Tablet Chewable)	G	1	
Microgestin 1.5/30 (Oral Tablet)	G	1	
Microgestin 1/20 (Oral Tablet)	G	1	
Microgestin 24 Fe (Oral Tablet)	G	1	
Microgestin Fe 1.5/30 (Oral Tablet)	G	1	
Microgestin Fe 1/20 (Oral Tablet)	G	1	
Mili (Oral Tablet)	G	1	
Necon 0.5/35 (28) (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nikki (Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	G	1	
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	1	
Nortrel 0.5/35 (28) (Oral Tablet)	G	1	
Nortrel 1/35 (21) (Oral Tablet)	G	1	
Nortrel 1/35 (28) (Oral Tablet)	G	1	
Nortrel 7/7/7 (Oral Tablet)	G	1	
Nylia 1/35 (Oral Tablet)	G	1	
Nylia 7/7/7 (Oral Tablet)	G	1	
Nymyo (Oral Tablet)	G	1	
Ocella (Oral Tablet)	G	1	
Pimtreea (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
Premarin (Oral Tablet)	B	1	QL
Premarin (Vaginal Cream)	B	1	
Premphase (Oral Tablet)	B	1	QL
Prempro (Oral Tablet)	B	1	QL
Reclipsen (Oral Tablet)	G	1	
Rivelsa (Oral Tablet)	G	1	
Setlakin (Oral Tablet)	G	1	
Sprintec 28 (Oral Tablet)	G	1	
Sronyx (Oral Tablet)	G	1	
Syeda (Oral Tablet)	G	1	
Tarina 24 Fe (Oral Tablet)	G	1	
Tarina Fe 1/20 EQ (Oral Tablet)	G	1	
Tilia Fe (Oral Tablet)	G	1	
Tri-Estarylla (Oral Tablet)	G	1	
Tri-Legest Fe (Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tri-Lo-Estarylla (Oral Tablet)	G	1	
Tri-Lo-Sprintec (Oral Tablet)	G	1	
Tri-Mili (Oral Tablet)	G	1	
Tri-Nymyo (Oral Tablet)	G	1	
Tri-Sprintec (Oral Tablet)	G	1	
Trivora (28) (Oral Tablet)	G	1	
Tri-VyLibra Lo (Oral Tablet)	G	1	
Tri-VyLibra (Oral Tablet)	G	1	
Tyblume (Oral Tablet Chewable)	B	1	
Velivet (Oral Tablet)	G	1	
Vestura (Oral Tablet)	G	1	
Vienva (Oral Tablet)	G	1	
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
WYMZYA Fe (Oral Tablet Chewable)	G	1	
Xulane (Transdermal Patch Weekly)	G	1	
Yuvaferm (Vaginal Tablet)	G	1	QL
Zafemy (Transdermal Patch Weekly)	G	1	
Zovia 1/35 (28) (Oral Tablet)	G	1	
Progestins			
Camila (Oral Tablet)	G	1	
Crinone (Vaginal Gel)	B	1	PA
Deblitane (Oral Tablet)	G	1	
Errin (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
Lyleq (Oral Tablet)	G	1	
Lyza (Oral Tablet)	G	1	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	G	1	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension)	G	1	
Megestrol Acetate (625MG/5ML Oral Suspension)	G	1	
Megestrol Acetate (Oral Tablet)	G	1	
Nora-BE (Oral Tablet)	G	1	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Progesterone (Oral Capsule)	G	1	
Sharobel (Oral Tablet)	G	1	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	1	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Euthyrox (Oral Tablet)	B	1	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	B	1	
Liothyronine Sodium (Oral Tablet)	G	1	
Synthroid (Oral Tablet)	B	1	
Unithroid (Oral Tablet)	B	1	
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
Isturisa (Oral Tablet)	B	1	PA; DL
Lysodren (Oral Tablet)	B	1	DL
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			
Cabergoline (Oral Tablet)	G	1	
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	1	PA; DL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	1	PA
Leuprolide Acetate (Injection Kit)	G	1	PA
Lupron Depot (1-Month) (Intramuscular Kit)	B	1	PA; DL
Lupron Depot (3-Month) (Intramuscular Kit)	B	1	PA; DL
Lupron Depot (4-Month) (Intramuscular Kit)	B	1	PA; DL
Lupron Depot (6-Month) (Intramuscular Kit)	B	1	PA; DL
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	1	PA; DL
Lupron Depot-Ped (3-Month) (11.25MG (Ped) Intramuscular Kit)	B	1	PA; DL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	1	PA; DL; QL
Octreotide Acetate (Injection Solution)	G	1	PA
Orgovyx (Oral Tablet)	B	1	PA; DL; QL
Signifor (Subcutaneous Solution)	B	1	PA; DL
Somavert (Subcutaneous Solution Reconstituted)	B	1	PA; DL; QL
Synarel (Nasal Solution)	B	1	DL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	1	PA; DL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Immunological Agents			
Angioedema Agents			
Berinerit (Intravenous Kit)	B	1	PA; DL
Cinryze (Intravenous Solution Reconstituted)	B	1	PA; DL
Haegarda (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	PA; DL; QL
Ruconest (Intravenous Solution Reconstituted)	B	1	PA; DL
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	1	PA; DL; QL
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	1	PA; DL
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	1	PA; DL
Gammagard (2.5GM/25ML Injection Solution)	B	1	PA; DL
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	1	PA; DL
Gammaked (1GM/10ML Injection Solution)	B	1	PA; DL
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	1	PA; DL
Gamunex-C (1GM/10ML Injection Solution)	B	1	PA; DL
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	1	PA; DL
Panzyga (Intravenous Solution)	B	1	PA; DL
Privigen (20GM/200ML Intravenous Solution)	B	1	PA; DL
Immunological Agents, Other			
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Actemra (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Arcalyst (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Benlysta (Subcutaneous Solution Auto-Injector)	B	1	PA; DL
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Dupixent (Subcutaneous Solution Pen-Injector)	B	1	PA; DL; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Otezla (Oral Tablet)	B	1	PA; DL; QL
Otezla (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Ridaura (Oral Capsule)	B	1	DL
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	1	PA; DL; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	1	PA; DL; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Stelara (Subcutaneous Solution)	B	1	PA; DL; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Xeljanz (Oral Solution)	B	1	PA; DL; QL
Xeljanz (Oral Tablet Immediate Release)	B	1	PA; DL; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	1	PA; DL; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Xolair (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	1	DL
Besremi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Pegasys (Subcutaneous Solution)	B	1	PA; DL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Immunosuppressants			
Azathioprine (50MG Oral Tablet)	G	1	B/D,PA
Cimzia (Subcutaneous Kit)	B	1	PA; DL; QL
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	B	1	PA; DL; QL
Cyclosporine Modified (Oral Capsule)	G	1	B/D,PA
Cyclosporine Modified (Oral Solution)	G	1	B/D,PA
Cyclosporine (Oral Capsule)	G	1	B/D,PA

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cyltezo (Subcutaneous Auto-Injector Kit)	B	1	PA; DL; QL
Cyltezo (Subcutaneous Prefilled Syringe Kit)	B	1	PA; DL; QL
Cyltezo-CD/UC/HS Starter (Subcutaneous Auto-Injector Kit)	B	1	PA; DL
Cyltezo-Psoriasis Starter (Subcutaneous Auto-Injector Kit)	B	1	PA; DL
Enbrel Mini (Subcutaneous Solution Cartridge)	B	1	PA; DL; QL
Enbrel (Subcutaneous Solution)	B	1	PA; DL; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	1	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	1	B/D,PA; DL
Gengraf (Oral Capsule)	G	1	B/D,PA
Gengraf (Oral Solution)	G	1	B/D,PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	B	1	PA; DL; QL
Humira Pen (Subcutaneous Pen-Injector Kit)	B	1	PA; DL; QL
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	1	PA; DL
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	B	1	PA; DL
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)	B	1	PA; DL
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	1	PA; DL; QL
Humira (Subcutaneous Prefilled Syringe Kit)	B	1	PA; DL; QL
Leflunomide (Oral Tablet)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	1	
Methotrexate Sodium (Oral Tablet)	G	1	
Mycophenolate Mofetil (Oral Capsule)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	1	B/D,PA; DL
Mycophenolate Mofetil (Oral Tablet)	G	1	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	1	B/D,PA
Prograf (Oral Packet)	B	1	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	1	PA
Sandimmune (Oral Solution)	B	1	B/D,PA
Simponi (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Simponi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Sirolimus (Oral Solution)	G	1	B/D,PA; DL
Sirolimus (Oral Tablet)	G	1	B/D,PA
Tacrolimus (Oral Capsule)	G	1	B/D,PA
Trexall (Oral Tablet)	G	1	
Xatmep (Oral Solution)	B	1	PA
Yuflyma 1-Pen Kit (Subcutaneous Auto-Injector Kit)	B	1	PA; DL
Yuflyma 2-Syringe Kit (Subcutaneous Prefilled Syringe Kit)	B	1	PA; DL
Vaccines			
Abrysvo (Intramuscular Solution Reconstituted)	B	1	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	1	QL
Adacel (Intramuscular Suspension)	B	1	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	1	PA; QL
BCG Vaccine (Injection Solution Reconstituted)	B	1	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Boostrix (Intramuscular Suspension)	B	1	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Daptacel (Intramuscular Suspension)	B	1	QL
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	1	QL
Engerix-B (Injection Suspension)	B	1	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	1	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	1	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Havrix (Intramuscular Suspension)	B	1	QL
Hepelisav-B (Intramuscular Solution Prefilled Syringe)	B	1	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	1	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	1	QL
IPOL (Injection)	B	1	QL
Ixiaro (Intramuscular Suspension)	B	1	QL
Jynneos (Subcutaneous Suspension)	B	1	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Menactra (Intramuscular Solution)	B	1	QL
MenQuadfi (Intramuscular Solution)	B	1	QL
Menveo (Intramuscular Solution Reconstituted)	B	1	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
M-M-R II (Injection Solution Reconstituted)	B	1	QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Pedvax HIB (Intramuscular Suspension)	B	1	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	1	QL
PreHevbrio (Intramuscular Suspension)	B	1	B/D,PA; QL
Priorix (Subcutaneous Suspension Reconstituted)	B	1	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	1	QL
Quadracel (Intramuscular Suspension)	B	1	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	1	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	1	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	1	B/D,PA; QL
Rotarix (Oral Suspension)	B	1	QL
Rotarix (Oral Suspension Reconstituted)	B	1	QL
RotaTeq (Oral Solution)	B	1	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	1	PA; QL
TDVAX (Intramuscular Suspension)	B	1	QL
Tenivac (Intramuscular Injectable)	B	1	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Typhim Vi (Intramuscular Solution)	B	1	QL
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	1	QL
VAQTA (Intramuscular Suspension)	B	1	QL
Varivax (Subcutaneous Injectable)	B	1	QL
YF-Vax (Subcutaneous Injectable)	B	1	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Apriso (Oral Capsule Extended Release 24 Hour)	B	1	QL
Balsalazide Disodium (Oral Capsule)	G	1	
Dipentum (Oral Capsule)	B	1	DL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	1	QL
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	1	QL
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mesalamine (Rectal Enema)	G	1	QL
Mesalamine (Rectal Suppository)	G	1	QL
Pentasa (250MG Oral Capsule Extended Release)	B	1	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	1	ST; DL
Budesonide (Oral Capsule Delayed Release Particles)	G	1	
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	1	
Procto-Med HC (External Cream)	G	1	
Proctosol HC (External Cream)	G	1	
Proctozone-HC (External Cream)	G	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (Oral Solution)	G	1	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL
Calcitonin Salmon (Nasal Solution)	G	1	QL
Calcitriol (Oral Capsule)	G	1	B/D,PA
Calcitriol (Oral Solution)	G	1	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	1	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	1	B/D,PA
Forteo (Subcutaneous Solution Pen-Injector)	B	1	PA; DL; QL
Ibandronate Sodium (Oral Tablet)	G	1	QL
Natpara (100MCG Subcutaneous Cartridge, 25MCG Subcutaneous Cartridge, 50MCG Subcutaneous Cartridge, 75MCG Subcutaneous Cartridge)	B	1	PA; DL
Paricalcitol (Oral Capsule)	G	1	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	1	QL
Rayaldee (Oral Capsule Extended Release)	B	1	DL; QL
Risedronate Sodium (Oral Tablet Immediate Release)	G	1	QL
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	1	PA; DL; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	1	PA; DL; QL
Xgeva (Subcutaneous Solution)	B	1	PA; DL
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gauze (Non-medicated 2X2 Pad)	G	1	
Insulin Syringes, Needles	G	1	
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	1	
Combigan (Ophthalmic Solution)	B	1	
Cystaran (Ophthalmic Solution)	B	1	DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	1	
Lacrisert (Ophthalmic Insert)	B	1	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Neo-Polycin HC (Ophthalmic Ointment)	G	1	
Restasis MultiDose (Ophthalmic Emulsion)	B	1	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	1	QL
Rocklatan (Ophthalmic Solution)	B	1	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	1	
TobraDex ST (Ophthalmic Suspension)	B	1	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
Tyrvaya (Nasal Solution)	B	1	QL
Xiidra (Ophthalmic Solution)	B	1	QL
Ophthalmic Anti-allergy Agents			
Alomide (Ophthalmic Solution)	B	1	
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepotastine Besilate (Ophthalmic Solution)	G	1	
Bepreve (Ophthalmic Solution)	B	1	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	1	
Olopatadine HCl (0.1% Ophthalmic Solution)	G	1	
Ophthalmic Anti-Infectives			
Bacitracin (Ophthalmic Ointment)	G	1	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Besivance (Ophthalmic Suspension)	B	1	
Ciloxan (Ophthalmic Ointment)	B	1	
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	1	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Levofloxacin (0.5% Ophthalmic Solution)	G	1	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	1	
Natacyn (Ophthalmic Suspension)	B	1	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Neo-Polycin (Ophthalmic Ointment)	G	1	
Ofloxacin (Ophthalmic Solution)	G	1	
Polycin (Ophthalmic Ointment)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	1	
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
Tobrex (Ophthalmic Ointment)	B	1	
Trifluridine (Ophthalmic Solution)	G	1	
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
Flarex (Ophthalmic Suspension)	B	1	
Fluorometholone (Ophthalmic Suspension)	G	1	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
FML Forte (Ophthalmic Suspension)	B	1	
Ilevro (Ophthalmic Suspension)	B	1	
Ketorolac Tromethamine (Ophthalmic Solution)	G	1	
Lotemax (Ophthalmic Gel)	B	1	
Lotemax (Ophthalmic Ointment)	B	1	
Lotemax (Ophthalmic Suspension)	B	1	
Lotemax SM (Ophthalmic Gel)	B	1	
Loteprednol Etabonate (Ophthalmic Gel)	G	1	
Loteprednol Etabonate (Ophthalmic Suspension)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pred Mild (Ophthalmic Suspension)	B	1	
Prednisolone Acetate (Ophthalmic Suspension)	G	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
Prolensa (Ophthalmic Solution)	B	1	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	1	
Betimol (Ophthalmic Solution)	B	1	
Carteolol HCl (Ophthalmic Solution)	G	1	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	1	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (0.1% Ophthalmic Solution)	B	1	
Apraclonidine HCl (Ophthalmic Solution)	G	1	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	G	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Methazolamide (Oral Tablet)	G	1	
Pilocarpine HCl (Ophthalmic Solution)	G	1	
Rhopressa (Ophthalmic Solution)	B	1	ST
Simbrinza (Ophthalmic Suspension)	B	1	
Ophthalmic Prostaglandin and Prostanamide Analogs			
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	1	
Travoprost (BAK Free) (Ophthalmic Solution)	G	1	
Vyzulta (Ophthalmic Solution)	B	1	
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cipro HC (Otic Suspension)	B	1	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	
Flac (Otic Oil)	G	1	
Fluocinolone Acetonide (Otic Oil)	G	1	
Hydrocortisone-Acetic Acid (Otic Solution)	G	1	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Neomycin-Polymyxin-HC (Otic Suspension)	G	1	
Ofloxacin (Otic Solution)	G	1	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution)	G	1	
Azelastine-Fluticasone (Nasal Suspension)	G	1	
Cetirizine HCl (1MG/ML Oral Solution)	G	1	
Cyproheptadine HCl (Oral Syrup)	G	1	
Cyproheptadine HCl (Oral Tablet)	G	1	
Desloratadine (Oral Tablet)	G	1	
Dymista (Nasal Suspension)	B	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	QL
Anti-inflammatories, Inhaled Corticosteroids			
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Budesonide (Inhalation Suspension)	G	1	B/D,PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Flovent HFA (Inhalation Aerosol)	B	1	QL
Flunisolide (Nasal Solution)	G	1	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	1	
QVAR RediHaler (Inhalation Aerosol Breath Activated)	B	1	QL
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Zafirlukast (Oral Tablet)	G	1	QL
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	1	ST; DL
Zyflo (Oral Tablet Immediate Release)	B	1	ST; DL
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	1	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	1	
Spiriva HandiHaler (Inhalation Capsule)	B	1	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	1	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	1	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	1	
Epinephrine (Injection Solution Auto-Injector)	G	1	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D,PA
Levalbuterol Tartrate (Inhalation Aerosol)	G	1	
Perforomist (Inhalation Nebulization Solution)	B	1	B/D,PA; QL
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	1	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Cystic Fibrosis Agents			
Cayston (Inhalation Solution Reconstituted)	B	1	PA; DL
Kalydeco (13.4MG Oral Packet, 25MG Oral Packet, 50MG Oral Packet, 75MG Oral Packet)	B	1	PA; DL; QL
Kalydeco (Oral Tablet)	B	1	PA; DL; QL
Orkambi (Oral Packet)	B	1	PA; DL; QL
Orkambi (Oral Tablet)	B	1	PA; DL; QL
Pulmozyme (Inhalation Solution)	B	1	B/D,PA; DL; QL
TOBI Podhaler (Inhalation Capsule)	B	1	PA; DL; QL
Tobramycin (Inhalation Nebulization Solution)	G	1	B/D,PA; DL; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	1	PA; QL
Roflumilast (Oral Tablet)	G	1	PA; QL
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour, 450MG Oral Tablet Extended Release 12 Hour)	G	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	
Theophylline (Oral Solution)	G	1	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	1	PA; DL
Alyq (Oral Tablet)	G	1	PA; QL
Ambrisentan (Oral Tablet)	G	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bosentan (Oral Tablet)	G	1	PA; DL; QL
Opsumit (Oral Tablet)	B	1	PA; DL
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	1	PA; DL; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	1	PA; DL; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	1	PA; DL; QL
Orenitram (0.125MG Oral Tablet Extended Release)	B	1	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	1	PA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	1	PA; QL
Tracleer (Oral Tablet Soluble)	B	1	PA; DL; QL
Tyvaso DPI Maintenance Kit (Inhalation Powder)	B	1	PA; DL; QL
Tyvaso DPI Titration Kit (Inhalation Powder)	B	1	PA; DL; QL
Ventavis (Inhalation Solution)	B	1	PA; DL; QL
Pulmonary Fibrosis Agents			
Esbriet (Oral Capsule)	B	1	PA; DL; QL
Esbriet (Oral Tablet)	B	1	PA; DL; QL
Ofev (Oral Capsule)	B	1	PA; DL; QL
Pirfenidone (Oral Capsule)	G	1	PA; DL; QL
Pirfenidone (Oral Tablet)	G	1	PA; DL; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	1	B/D,PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Advair HFA (Inhalation Aerosol)	B	1	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	1	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Breztri Aerosphere (Inhalation Aerosol)	B	1	QL
Combivent Respimat (Inhalation Aerosol Solution)	B	1	QL
Dulera (Inhalation Aerosol)	B	1	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	1	PA; DL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair), Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	G	1	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Nucala (Subcutaneous Solution Reconstituted)	B	1	PA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	1	QL
Symbicort (Inhalation Aerosol)	B	1	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	1	
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	
Cyclobenzaprine HCl (7.5MG Oral Tablet)	G	1	
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	1	QL
Sleep Disorder Agents			
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	1	QL
Eszopiclone (Oral Tablet)	G	1	QL
Hetlioz LQ (Oral Suspension)	B	1	PA; DL; QL
Hetlioz (Oral Capsule)	B	1	PA; DL; QL
Ramelteon (Oral Tablet)	G	1	QL
Tasimelteon (Oral Capsule)	G	1	PA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	1	QL
Zaleplon (Oral Capsule)	G	1	QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	1	QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	1	PA; QL
Modafinil (Oral Tablet)	G	1	PA; QL
Sodium Oxybate (Oral Solution)	G	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xyrem (Oral Solution)	B	1	PA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Covered drugs with a quantity limit (QL)

This list shows drugs that have a quantity limit. Some drugs come in several strengths. Each strength may have a different quantity limit. If quantity limits for a drug vary by strength, the different strengths are listed on separate lines. These limits may be in place to ensure your safety.

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist. You can also call Customer Service. Our contact information is on the cover.

Drugs are listed in alphabetical order in the chart below. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column.

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Abrysvo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Actemra (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Acyclovir (External Ointment)	G	Maximum of 1 tube (30 grams) per 30 days
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days

Drug name	Brand or Generic	Quantity limit
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Alecensa (Oral Capsule)	B	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet)	G	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 2 ml per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Arexvy (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Aubagio (Oral Tablet)	B	Maximum of 1 tablet per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Avonex Pen (Intramuscular Auto-Injector Kit)	B	Maximum of 1 kit per 28 days
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	Maximum of 1 kit per 28 days
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Betaseron (Subcutaneous Kit)	B	Maximum of 1 kit (15 vials) per 30 days
Bevespi Aerosphere (Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosulif (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	B	Maximum of 1 tablet per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Breztri Aerosphere (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	B	Maximum of 2 tablets per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle per 28 days
Calquence (100MG Oral Capsule)	B	Maximum of 2 capsules per day
Calquence (Oral Tablet)	B	Maximum of 2 tablets per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cimzia (Subcutaneous Kit)	B	Maximum of 2 kits per 28 days
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per 28 days
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day

Drug name	Brand or Generic	Quantity limit
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	G	Maximum of 1 tablet per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Clozapine ODT (100MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet)	G	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Cometriq (100MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (56 capsules) per 28 days
Cometriq (140MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (112 capsules) per 28 days
Cometriq (60MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (84 capsules) per 28 days
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	Maximum of 5 pens (10 ml) per 30 days
Cotellic (Oral Tablet)	B	Maximum of 3 tablets per day
Cycloset (Oral Tablet)	B	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Cyltezo (Subcutaneous Auto-Injector Kit)	B	Maximum of 4 pens per 28 days
Cyltezo (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 syringes per 28 days
Cyltezo (40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 4 syringes per 28 days
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daliresp (250MCG Oral Tablet)	B	Maximum of 1 tablet per day
Daliresp (500MCG Oral Tablet)	B	Maximum of 1 tablet per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 4 tablets per day
Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 1 tablet per day
Dexilant (Oral Capsule Delayed Release)	B	Maximum of 1 capsule per day
Dexlansoprazole (Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dextroamphetamine Sulfate (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Diclofenac Epolamine (External Patch)	G	Maximum of 2 patches per day
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	Maximum of 2 packs (120 capsules) per year
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Dupixent (200MG/1.14ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (4.56 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Dupixent (100MG/0.67ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (1.34 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (8 ml) per 28 days
Dutasteride (Oral Capsule)	G	Maximum of 1 capsule per day
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	B	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	B	Maximum of 1 tablet per day
Eduvant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 28 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Emsam (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (Injection Suspension)	B	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Epclusa (Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
Erleada (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Erleada (60MG Oral Tablet)	B	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	B	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	B	Maximum of 6 tablets per day
Esbriet (801MG Oral Tablet)	B	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days

Drug name	Brand or Generic	Quantity limit
Estradiol (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 90 tablets per year
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Exkivity (Oral Capsule)	B	Maximum of 4 capsules per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	G	Maximum of 3 tablets per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 2 packs (56 capsules) per year
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days

Drug name	Brand or Generic	Quantity limit
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	G	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Forteo (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	G	Maximum of 2 bottles (200 ml) per 30 days
Galantamine Hydrobromide (Oral Tablet)	G	Maximum of 2 tablets per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Gefitinib (Oral Tablet)	G	Maximum of 2 tablets per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Gilenya (Oral Capsule)	B	Maximum of 1 capsule per day
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day

Drug name	Brand or Generic	Quantity limit
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	B	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Havrix (1440EL U/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Hepelisav-B (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Hetlioz LQ (Oral Suspension)	B	Maximum of 158 ml per 30 days
Hetlioz (Oral Capsule)	B	Maximum of 1 capsule per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Humira Pediatric Crohns Start (80MG/0.8ML & 40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pediatric Crohns Start (80MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pen (40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits (4 pens) per 28 days
Humira Pen (40MG/0.8ML Subcutaneous Pen-Injector Kit, 80MG/0.8ML Subcutaneous Pen-Injector Kit)	B	Maximum of 1 kit (2 pens) per 28 days
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year

Drug name	Brand or Generic	Quantity limit
Humira (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 1 kit (2 syringes) per 28 days
Humira (40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits (4 syringes) per 28 days
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 3 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	B	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	B	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	B	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Imvexxy Maintenance Pack (Vaginal Insert)	B	Maximum of 8 vaginal inserts per 28 days
Imvexxy Starter Pack (Vaginal Insert)	B	Maximum of 2 packs per year
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days

Drug name	Brand or Generic	Quantity limit
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Iressa (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	Maximum of 6 tablets per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jaypirca (100MG Oral Tablet)	B	Maximum of 3 tablets per day
Jaypirca (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kalydeco (13.4MG Oral Packet, 25MG Oral Packet, 50MG Oral Packet, 75MG Oral Packet)	B	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	B	Maximum of 2 tablets per day
Kerendia (Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Kisqali (200MG Dose) (Oral Tablet)	B	Maximum of 1 tablet per day
Kisqali (400MG Dose) (Oral Tablet)	B	Maximum of 2 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	B	Maximum of 3 tablets per day
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (49 tablets) per 28 days
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (70 tablets) per 28 days
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Korlym (Oral Tablet)	B	Maximum of 4 tablets per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day
Lacosamide (Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Lenalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livalo (Oral Tablet)	B	Maximum of 1 tablet per day
Lokelma (Oral Packet)	B	Maximum of 90 packets per 30 days
Lonsurf (15-6.14MG Oral Tablet)	B	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	B	Maximum of 8 tablets per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Lybalvi (Oral Tablet)	B	Maximum of 1 tablet per day
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (84 tablets) per 28 days

Drug name	Brand or Generic	Quantity limit
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (140 tablets) per 28 days
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Mayzent (0.25MG Oral Tablet)	B	Maximum of 4 tablets per day
Mayzent (1MG Oral Tablet, 2MG Oral Tablet)	B	Maximum of 1 tablet per day
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (24 tablets) per year
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (14 tablets) per year
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
MenQuadfi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (500MG/5ML Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day

Drug name	Brand or Generic	Quantity limit
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	Maximum of 540 tablets per year
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
Methylphenidate HCl (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Miglitol (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Miglitol (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Miglitol (50MG Oral Tablet)	G	Maximum of 6 tablets per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	B	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	B	Maximum of 50 ml per day

Drug name	Brand or Generic	Quantity limit
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Mounjaro (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
Multaq (Oral Tablet)	B	Maximum of 2 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 devices per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Ninlaro (Oral Capsule)	B	Maximum of 3 capsules per 28 days
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days

Drug name	Brand or Generic	Quantity limit
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Ojjaara (Oral Tablet)	B	Maximum of 1 tablet per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2.8 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (336 tablets) per year
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (672 tablets) per year
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (504 tablets) per year
Orgovyx (Oral Tablet)	B	Maximum of 30 tablets per 28 days
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	B	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	B	Maximum of 3 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 14 tablets per 21 days
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	B	Maximum of 16 capsules per day
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Posaconazole (Oral Suspension)	G	Maximum of 20 ml per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
PreHevbrio (Intramuscular Suspension)	B	1 vaccination dose (1 ml) per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
Promethazine HCl (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day

Drug name	Brand or Generic	Quantity limit
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 pack (56 tablets) per 28 days
Pyrukynd (50MG Oral Tablet)	B	Maximum of 2 packs (112 tablets) per 28 days
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (7 tablets) per 7 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (14 tablets) per 14 days
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Qulipta (Oral Tablet)	B	Maximum of 1 tablet per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	B	Maximum of 2 inhalers (21.2 grams) per 30 days
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
RAVICTI (Oral Liquid)	B	Maximum of 17.5 ml per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	Maximum of 12 pens (6 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 packs per year
Rebif (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 12 syringes (6 ml) per 28 days
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 packs per year
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (Oral Tablet)	B	Maximum of 3 tablets per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Revlimid (Oral Capsule)	B	Maximum of 1 capsule per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Rezlidhia (Oral Capsule)	B	Maximum of 2 capsules per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 30 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Roflumilast (250MCG Oral Tablet)	G	Maximum of 1 tablet per day
Roflumilast (500MCG Oral Tablet)	G	Maximum of 1 tablet per day
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 ml) per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rubraca (Oral Tablet)	B	Maximum of 4 tablets per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Selzentry (75MG Oral Tablet)	B	Maximum of 2 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Simponi (100MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Sodium Oxybate (Oral Solution)	G	Maximum of 18 ml per day
Sofosbuvir-Velpatasvir (Oral Tablet)	G	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 25 days
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Sovaldi (150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Sovaldi (200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Sovaldi (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Sovaldi (400MG Oral Tablet)	B	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	B	Maximum of 1 tablet per day
Sprycel (20MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 3 tablets per day
Sprycel (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Stelara (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
Stiolto Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	B	Maximum of 4 tablets per day
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film)	B	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	B	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sunitinib Malate (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	G	Maximum of 1 capsule per day
Sunitinib Malate (37.5MG Oral Capsule)	G	Maximum of 2 capsules per day
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	Maximum of 2 tablets per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Tasigna (150MG Oral Capsule)	B	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	B	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	B	Maximum of 14 capsules per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.48 ml) per 28 days
Tetrabenazine (12.5MG Oral Tablet)	G	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	G	Maximum of 4 tablets per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
TOBI Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/4ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (8 ml) per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Tracleer (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trintellix (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trulance (Oral Tablet)	B	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Tymlos (Subcutaneous Solution Pen-Injector)	B	Maximum of 1.56 ml per 30 days
Typhim Vi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tyrvaya (Nasal Solution)	B	Maximum of 2 bottles (8.4 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
Tyvaso DPI Maintenance Kit (112 x 32MCG & 112 x 48MCG Inhalation Powder)	B	Maximum of 1 kit (224 cartridges) per 28 days
Tyvaso DPI Maintenance Kit (16MCG Inhalation Powder, 32MCG Inhalation Powder, 48MCG Inhalation Powder, 64MCG Inhalation Powder)	B	Maximum of 1 kit (112 cartridges) per 28 days
Tyvaso DPI Titration Kit (112 x 16MCG & 84 x 32MCG Inhalation Powder)	B	Maximum of 2 kits (392 cartridges) per year
Tyvaso DPI Titration Kit (112 x 16MCG & 112 x 32MCG & 28 x 48MCG Inhalation Powder)	B	Maximum of 2 kits (504 cartridges) per year
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanflyta (Oral Tablet)	B	Maximum of 2 tablets per day
VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Veltassa (Oral Packet)	B	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Venclexta (10MG Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Venclexta (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Ventavis (10MCG/ML Inhalation Solution)	B	Maximum of 7 ml per day
Ventavis (20MCG/ML Inhalation Solution)	B	Maximum of 3 ml per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Vigadrone (Oral Tablet)	G	Maximum of 6 tablets per day
Viibryd (Oral Tablet)	B	Maximum of 1 tablet per day
Viibryd Starter Pack (Oral Kit)	B	Maximum of 2 packs (60 tablets) per year
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Vimpat (Oral Solution)	B	Maximum of 40 ml per day
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vizimpro (Oral Tablet)	B	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Votrient (Oral Tablet)	B	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vraylar (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (14 capsules) per year
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	B	Maximum of 2 vials per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days

Drug name	Brand or Generic	Quantity limit
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	B	Maximum of 4 capsules per day
Xtandi (40MG Oral Tablet)	B	Maximum of 4 tablets per day
Xtandi (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Xyrem (Oral Solution)	B	Maximum of 18 ml per day
YF-Vax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Yuvaferm (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zejula (100MG Oral Capsule)	B	Maximum of 3 capsules per day
Zejula (Oral Tablet)	B	Maximum of 1 tablet per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zokinvy (Oral Capsule)	B	Maximum of 4 capsules per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zydelig (Oral Tablet)	B	Maximum of 2 tablets per day
Zykadia (Oral Tablet)	B	Maximum of 3 tablets per day

Required information

Benefits, Drug List (Formulary), pharmacy network and/or copays/coinsurance may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Service number located on the cover.

Esta información esta disponible sin costo en otros idiomas. Llame a nuestro número de Servicio al Cliente que se encuentra en la portada.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, braille, large print, audio, or you can ask for an interpreter. For more information, please call our Customer Service number located on the cover.

For more up-to-date information or if you have other questions, please call Customer Service at:



Toll-free **1-800-701-9054**, TTY **711**

8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept



myuhc.com/communityplan