



Complete drug list (Formulary) 2022

AARP® Medicare Advantage Choice (PPO)
AARP® Medicare Advantage Choice (Regional PPO)

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 UnitedHealthcare Customer Service at:



Toll-free **1-800-643-4845**, TTY **711**

24 hours a day, 7 days a week



www.myAARPMedicare.com



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Questions?

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



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24 hours a day, 7 days a week

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 July 1, 2022.

To get updated information about the covered drugs or if you have questions, please call UnitedHealthcare 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 UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means AARP Medicare Advantage Choice plans.

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 12-30 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 www.myAARPMedicare.com. 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. Then review the drug list to make sure you are getting the drug you need for the least amount of money.

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.

Drug payment stage and drug tiers

The amount you pay for a covered prescription drug will depend on:

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** Each covered drug is in 1 of 5 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

If you need help or have any questions about your drug costs, please review your Evidence of Coverage or call UnitedHealthcare Customer Service. Our contact information is on the cover.

Drug tier	Includes
Tier 1: Preferred generic	Lower-cost, commonly used generic drugs.
Tier 2: Generic	Many generic drugs.
Tier 3: Preferred brand	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
Select Insulin Drugs*	Select Insulin Drugs with \$35 max copay through gap.
Tier 4: Non-preferred drug	Non-preferred generic and non-preferred brand name drugs.
Tier 5: Specialty tier	Unique and/or very high-cost brand and generic drugs.

* For 2022, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

In addition, your plan has added coverage of some prescription drugs that are not normally covered under Medicare Part D. Please see the section "Additional covered drugs" on page 134 for a list of these drugs.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also call UnitedHealthcare Customer Service. Our contact information is on the cover.

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 UnitedHealthcare 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 for 1 copay or 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 section “How can I get an exception?” on page 8 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 having the pharmacy contact the plan.

DL - Dispensing limit

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

ISSP - Part D Senior Savings Model

You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

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 UnitedHealthcare 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 UnitedHealthcare 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 drug even if it's not on the drug list. If approved, this drug will be covered at a pre-determined cost sharing level. You will not be able to ask us to provide the drug at a lower cost sharing level.
- **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.
- **Tiering exception:** Ask the plan to cover your drug on our list at a lower cost sharing level if this drug is not on the specialty tier. If approved this would lower the amount you pay out-of-pocket for your drug.

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 UnitedHealthcare 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 OR were a member last year and it's the first 90 days of your plan 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
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 on the same or lower cost sharing tier and 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 move it to a different cost sharing tier or 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 market to replace a brand name drug currently on the drug list; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. 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 or move a drug to a higher cost sharing tier, 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 8.

- **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.

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

Some drugs are packaged from the manufacturer to provide more than a 1-month supply. When you fill these drugs, you may have to pay more than 1 copay/coinsurance for a single prescription. For more information, please call Customer Service. Our contact information is on the cover.

Daily cost sharing for oral medications filled for less than a 1-month supply

A daily cost sharing rate may apply when your doctor prescribes less than a full month's supply of certain drugs for you and you are required to pay a copay. A daily cost sharing rate is the copay divided by the number of days in a month's supply.

Daily cost sharing applies only if the drug is in the form of a solid oral dose (e.g., tablet or capsule) when dispensed for a supply of less than 1-month under applicable law. The daily cost sharing requirements do not apply to either of the following:

1. Solid oral doses of antibiotics.
2. Solid oral doses that are dispensed in their original container or are usually dispensed in their original packaging to help patients comply with usage and dosage directions.

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 UnitedHealthcare 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			
Abacavir Sulfate	57	Advair HFA	98
Abacavir Sulfate -Lamivudine	57	Afinitor	48
Abacavir -Lamivudine -Zidovudine	57	Afinitor Disperz	48
Abelcet	44	Aimovig	46
Abilify Maintena	53	Ala -Cort	72
Abiraterone Acetate	47	Albendazole	51
Acamprosate Calcium	33	Albuterol Sulfate	97
Acarbose	59	Albuterol Sulfate HFA	97
Accutane	71	Alclometasone Dipropionate	72
Acebutolol HCl	65	Alcohol Prep Pads.....	93
Acetaminophen -Caffeine -Dihydrocodeine	32	Alecensa	48
Acetaminophen -Codeine	32	Alendronate Sodium	92
Acetazolamide	66	Alfuzosin HCl ER	80
Acetazolamide ER	66	Aliskiren Fumarate	66
Acetic Acid	96	Allopurinol	45
Acetylcysteine	98	Alocril	94
Acitretin	71	Alomide	94
ActHIB	90	Alosetron HCl	78
Actemra	88	Alphagan P	95
Actemra ACTPen	88	Alprazolam	59
Actimmune	89	Altavera	82
Acyclovir	56	Alunbrig	48
Acyclovir Sodium	56	Alyacen 1/35	82
Adacel	90	Alyq	98
Adapalene	71	AmBisome	44
Adefovir Dipivoxil	56	Amantadine HCl	52
Adempas	98	Ambrisentan	98
Advair Diskus	98	Amethia	82
		Amikacin Sulfate	34
		Amiloride HCl	68
		Amiloride -Hydrochlorothiazide	66
		Amiodarone HCl	64
		Amitriptyline HCl	43
		Amlodipine Besylate	65
		Amlodipine -Atorvastatin	66
		Amlodipine -Benazepril	66
		Amlodipine -Olmesartan	66
		Amlodipine -Valsartan	66
		Ammonium Lactate	72
		Amnesteem	71
		Amoxapine	43
		Amoxicillin	36
		Amoxicillin -Potassium Clavulanate	37
		Amoxicillin -Potassium Clavulanate ER	37
		Amphetamine -Dextroamphetamine	70
		Amphetamine -Dextroamphetamine ER	70
		Amphotericin B	44
		Ampicillin	37
		Ampicillin Sodium	37
		Ampicillin -Sulbactam Sodium	37
		Anagrelide HCl	63
		Anastrozole	48
		Androderm	81
		Anoro Ellipta	98
		Apokyn	52
		Apomorphine HCl	52
		Apraclonidine HCl	95

Boostrix	90	Bystolic	65	Cayston	97
Bosentan	98	C		Caziant	82
Bosulif	49	Cabergoline	87	Cefaclor	35
Braftovi	49	Cablivi	63	Cefadroxil	35
Breo Ellipta	98	Cabometyx	49	Cefazolin Sodium	35
Breztri Aerosphere	99	Calcipotriene	74	Cefdinir	36
Briellyn	82	Calcitonin Salmon	92	Cefepime HCl	36
Brilinta	63	Calcitriol	92	Cefixime	36
Brimonidine Tartrate	95	Calcium Acetate	77	Cefotetan Disodium	36
Brimonidine Tartrate -Timolol	93	Calquence	49	Cefoxitin Sodium	36
Brinzolamide	95	Camila	85	Cefpodoxime Proxetil	36
Bromocriptine Mesylate	52	Camrese Lo	82	Cefprozil	36
Brukinsa	49	Candesartan Cilexetil	64	Ceftazidime	36
Budesonide	96	Candesartan Cilexetil -HCTZ	67	Ceftriaxone Sodium	36
Budesonide ER	92	Caplyta	54	Cefuroxime Axetil	36
Bumetanide	67	Caprelsa	49	Cefuroxime Sodium	36
Buprenorphine	31	Captopril	64	Celecoxib	31
Buprenorphine HCl	34	Carbaglu	75	Celontin	40
Buprenorphine HCl -Naloxone HCl	34	Carbamazepine	41	Cephalexin	36
Bupropion HCl	42	Carbamazepine ER	41	Cetirizine HCl	96
Bupropion HCl SR	42	Carbidopa	53	Chantix	34
Bupropion HCl XL	42	Carbidopa -Levodopa	53	Chantix Continuing Month Pak	34
Buspirone HCl	59	Carbidopa -Levodopa ER	53	Chantix Starting Month Pak	34
Butalbital -Acetaminophen -Caffeine	32	Carbidopa -Levodopa ODT	53	Chemet	77
Butalbital -Aspirin -Caffeine	32	Carbidopa -Levodopa -Entacapone	52	Chenodal	78
Butorphanol Tartrate	32	Carglumic Acid	75	Chlordiazepoxide HCl	59
Bydureon BCise	59	Carteolol HCl	95	Chlorhexidine Gluconate	71
Byetta 10MCG Pen	60	Cartia XT	65	Chloroquine Phosphate	52
Byetta 5MCG Pen	60	Carvedilol	65	Chlorpromazine HCl	53

Chlorthalidone	68	Clindamycin Phosphate	74	Complera	57
Chlorzoxazone	99	Clindamycin Phosphate in D5W	35	Compro	44
Cholbam	79	Clindamycin Phosphate -Benzoyl Peroxide	72	Constulose	77
Cholestyramine	68	Clobazam	40	Copiktra	49
Cholestyramine Light	68	Clobetasol Propionate	72	Cordran	73
Ciclopirox	74	Clobetasol Propionate Emollient Base	72	Corlanor	67
Ciclopirox Olamine	74	Clodan	73	Cosentyx	88
Cilostazol	63	Clomipramine HCl	43	Cosentyx Sensoready	88
Ciloxan	94	Clonazepam	59	Cotellic	49
Cimduo	57	Clonazepam ODT	59	Creon	79
Cimetidine	78	Clonidine	64	Crinone	86
Cimetidine HCl	78	Clonidine HCl	64	Cromolyn Sodium	98
Cimzia	89	Clonidine HCl ER	70	Crotan	74
Cimzia Prefilled	89	Clopidogrel Bisulfate	63	Cryselle -28	82
Cinacalcet HCl	92	Clorazepate Dipotassium	59	Cuvposa	78
Cinryze	87	Clotrimazole	74	Cyclobenzaprine HCl	99
Cipro HC	96	Clotrimazole -Betamethasone	74	Cyclophosphamide	46
Ciprofloxacin HCl	94	Clozapine	55	Cycloset	60
Ciprofloxacin in D5W	38	Clozapine ODT	55	Cyclosporine	89
Ciprofloxacin -Dexamethasone	96	Coartem	52	Cyclosporine Modified	89
Citalopram Hydrobromide	42	Codeine Sulfate	32	Cyproheptadine HCl	96
Claravis	72	Colchicine	45	Cyred EQ	82
Clarithromycin	38	Colesevelam HCl	68	Cystadane	79
Clarithromycin ER	38	Colestipol HCl	69	Cystagon	79
Clenpiq	78	Colistimethate Sodium	35	Cystaran	93
Climara Pro	82	Combigan	93		
Clindacin -P	74	Combivent Respimat	99		
Clindamycin HCl	34	Cometriq	49		
Clindamycin Palmitate HCl ..	34				

D

Dalfampridine ER	71
Daliresp	98
Dalvance	35

Danazol	81	Dextroamphetamine Sulfate .	70	Dimethyl Fumarate Starter Pack	71
Dantrolene Sodium	55	Dextroamphetamine Sulfate ER	70	Dipentum	92
Dapsone	46	Dextrose	75	Diphenoxylate -Atropine	78
Daptacel	90	Dextrose -NaCl	75	Diphtheria -Tetanus Toxoids DT	90
Daptomycin	35	Diacomit	40	Disulfiram	33
Daurismo	49	Diazepam	59	Diuril	68
Deblitane	86	Diazepam Intensol	59	Divalproex Sodium	59
Deferasirox	77	Diazoxide	61	Divalproex Sodium ER	59
Deferasirox Granules	77	Diclofenac Epolamine	31	Dofetilide	64
Deferiprone	77	Diclofenac Potassium	31	Dolishale	82
Delstrigo	57	Diclofenac Sodium	94	Donepezil HCl	41
Demeclocycline HCl	39	Diclofenac Sodium ER	31	Donepezil HCl ODT	41
Demser	67	Dicloxacillin Sodium	37	Dorzolamide HCl	95
Depo -Estradiol	82	Dicyclomine HCl	78	Dorzolamide HCl -Timolol Maleate	93
Descovy	57	Dificid	38	Dorzolamide HCl -Timolol Maleate Preservative Free	93
Desipramine HCl	43	Diflunisal	31	Dovato	56
Desmopressin Acetate	81	Digitek	67	Doxazosin Mesylate	64
Desmopressin Acetate Spray .	81	Digox	67	Doxepin HCl	73
Desogestrel -Ethinyl Estradiol .	82	Digoxin	67	Doxercalciferol	92
Desonide	73	Dihydroergotamine Mesylate .	45	Doxy 100	39
Desoximetasone	73	Dilantin	41	Doxycycline Hyclate	39
Desvenlafaxine Succinate ER .	42	Dilantin INFATABS	41	Doxycycline Monohydrate	39
Dexamethasone	81	Dilt -XR	66	Drizalma Sprinkle	70
Dexamethasone Sodium Phosphate	94	Diltiazem HCl	66	Dronabinol	44
Dexilant	79	Diltiazem HCl ER	66	Drospirenone -Ethinyl Estradiol	82
Dexlansoprazole	79	Diltiazem HCl ER Beads	65	Droxia	47
Dexmethylphenidate HCl	70	Diltiazem HCl ER Coated Beads	66	Droxidopa	64
Dexmethylphenidate HCl ER .	70	Dimethyl Fumarate	71	Duavee	82

Dulera	99	Enbrel Mini	89	Erythromycin Base	38
Duloxetine HCl	70	Enbrel SureClick	89	Erythromycin Ethylsuccinate	38
Dupixent	88	Endocet	32	Esbriet	98
Dutasteride	80	Engerix -B	91	Escitalopram Oxalate	42
Dymista	96	Enoxaparin Sodium	62	Esomeprazole Magnesium . .	79
E		Enpresse -28	82	Estarylla	82
Econazole Nitrate	74	Enskyce	82	Estradiol	83
Edarbi	64	Entacapone	52	Estradiol Valerate	83
Edarbyclor	67	Entecavir	56	Estring	83
Edurant	57	Entresto	67	Eszopiclone	99
Efavirenz	57	Enulose	77	Ethacrynic Acid	67
Efavirenz -Emtricitabine -Tenofovir	57	Envarsus XR	89	Ethambutol HCl	46
Efavirenz -Lamivudine -Tenofovir	57	Epclusa	56	Ethosuximide	40
Egrifta SV	81	Epidiolex	39	Ethinodiol Diacetate -Ethinyl Estradiol	83
Elestrin	82	Epinastine HCl	94	Etodolac	31
Eliquis	62	Epinephrine	97	Etodolac ER	31
Eliquis Starter Pack	62	Epitol	41	Etonogestrel -Ethinyl Estradiol	83
Elmiron	80	Epivir HBV	56	Etravirine	57
EluRyng	82	Eplerenone	68	Euthyrox	86
Emcyt	47	Eprontia	39	Everolimus	89
Emgality	46	Ergotamine -Caffeine	46	Evotaz	58
Emoquette	82	Erivedge	49	Exemestane	48
Emsam	42	Erleada	47	Exkivity	49
Emtricitabine	57	Erlotinib HCl	49	Ezetimibe	69
Emtricitabine -Tenofovir Disoproxil Fumarate	57	Errin	86	Ezetimibe -Simvastatin	69
Emtriva	57	Ertapenem Sodium	37	F	
Enalapril Maleate	64	Ery	75	FML	95
Enalapril -Hydrochlorothiazide	67	Erythrocin Lactobionate	38	FML Forte	95
Enbrel	89	Erythromycin	94	Falmina	83

Famciclovir	56	Flovent HFA	96	Fotivda	47
Famotidine	79	Fluconazole	44	Furosemide	68
Fanapt	54	Fluconazole in Sodium Chloride	44	Fuzeon	58
Fanapt Titration Pack	54	Flucytosine	44	Fyavolv	83
Farxiga	60	Fludrocortisone Acetate	81	Fycompa	39
Fasenra	99	Flunisolide	96	G	
Fasenra Pen	99	Fluocinolone Acetonide	96	Gabapentin	40
Febuxostat	45	Fluocinolone Acetonide Scalp	73	Galantamine Hydrobromide	42
Felbamate	39	Fluocinonide	73	Galantamine Hydrobromide ER	41
Felodipine ER	65	Fluocinonide Emulsified Base	73	Gammagard	87
Femring	83	Fluorometholone	95	Gammagard S/D Less IgA ...	88
Femynor	83	Fluorouracil	74	Gammaked	88
Fenofibrate	68	Fluoxetine HCl	43	Gammaflex	88
Fenofibrate Micronized	68	Fluphenazine Decanoate	53	Gamunex -C	88
Fenofibric Acid	68	Fluphenazine HCl	53	Gardasil 9	91
Fentanyl	32	Flurbiprofen	31	Gatifloxacin	94
Fentanyl Citrate	33	Flurbiprofen Sodium	95	Gattex	78
Ferriprox	77	Flutamide	47	Gauze	93
Fetzima	42	Fluticasone Propionate	96	GaviLyte -C	78
Fetzima Titration	43	Fluticasone -Salmeterol	99	GaviLyte -G	78
Finacea	72	Fluvastatin Sodium	68	Gavreto	49
Finasteride	80	Fluvastatin Sodium ER	68	Gemfibrozil	68
Fintepla	39	Fluvoxamine Maleate	43	Generlac	77
Firmagon	87	Fondaparinux Sodium	62	Gengraf	89
Flac	96	Formoterol Fumarate	97	Genotropin	81
Flarex	95	Forteo	92	Genotropin MiniQuick	81
Flebogamma DIF	87	Fosamprenavir Calcium	58	Gentak	94
Flecainide Acetate	64	Fosinopril Sodium	64	Gentamicin Sulfate	94
Flovent Diskus	96	Fosinopril Sodium -HCTZ	67	Gentamicin Sulfate -0.9% Sodium Chloride	34

Genvoya	56	Heparin Sodium	62	Hydrocortisone	92
Gilenya	71	Hetlioz	99	Hydrocortisone Butyrate	73
Gilotrif	49	Hetlioz LQ	99	Hydrocortisone Valerate	73
Glassia	79	Hiberix	91	Hydrocortisone -Acetic Acid	96
Glatiramer Acetate	71	Humalog	61	Hydromorphone HCl	33
Glatopa	71	Humalog Junior KwikPen	61	Hydromorphone HCl ER	32
Glimepiride	60	Humalog KwikPen	61	Hydromorphone HCl Preservative Free	33
Glipizide	60	Humalog Mix 50/50	61	Hydroxychloroquine Sulfate .	52
Glipizide ER	60	Humalog Mix 50/50 KwikPen	61	Hydroxyurea	47
Glipizide -Metformin HCl	60	Humalog Mix 75/25	61	Hydroxyzine HCl	59
GlucaGen HypoKit	61	Humalog Mix 75/25 KwikPen	61	Hydroxyzine Pamoate	59
Glucagon	61	Humira	90		
Glycopyrrolate	78	Humira Pediatric Crohns Start	89	I	
Glyxambi	60	Humira Pen	89	IDHIFA	47
Granisetron HCl	44	Humira Pen Crohns Disease Starter	89	IPOL	91
Griseofulvin Microsize	44	Humira Pen Psoriasis Starter	90	Ibandronate Sodium	92
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Guanfacine HCl ER	70	Humulin 70/30	61	Ibu	31
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Haloperidol	53	Hydrochlorothiazide	68	Imbruvica	49
Haloperidol Decanoate	53	Hydrocodone -Acetaminophen	33	Imipenem -Cilastatin	37
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Increlex	81	Isolyte -S pH 7.4	75	Juxtapid	69
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Indapamide	68	Isosorbide Dinitrate	69	KCl in Dextrose -NaCl	75
Indomethacin .	31	Isosorbide Mononitrate	69	KCl -Lactated Ringers -D5W .	75
Infanrix	91	Isosorbide Mononitrate ER .	69	Kaitlib Fe	83
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Inlyta .	49	Isturisa	86	Kariva	83
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Intralipid	75	Janumet XR .	60	Kisqali Femara	50
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Introvale .	83	Jardiance	60	Klor -Con 10 .	75
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Invega Sustenna .	54	Jentadueto .	60	Klor -Con M10	75
Invega Trinza .	54	Jentadueto XR .	60	Klor -Con M15	75
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Ipratropium -Albuterol	99	Jublia	75	Korlym	81
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Irbesartan -Hydrochlorothiazide	67	Juluca	56	Kurvelo	83

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LARIN 1/20	83	Lenvima 24MG Daily Dose . .	50	Lexiva	58
LARIN Fe 1.5/30	83	Lenvima 4MG Daily Dose . . .	50	Lidocaine	33
LARIN Fe 1/20	83	Lenvima 8MG Daily Dose . . .	50	Lidocaine HCl	33
Labetalol HCl	65	Lessina	83	Lidocaine Viscous	33
Lacosamide	41	Letrozole	48	Lidocaine -Prilocaine	33
Lacrisert	93	Leucovorin Calcium	51	Linezolid	35
Lactulose	77	Leukeran	47	Linzess	77
Lamivudine	57	Leukine	63	Liothyronine Sodium	86
Lamivudine -Zidovudine	57	Leuprolide Acetate	87	Lisinopril	64
Lamotrigine	39	Levalbuterol HCl	97	Lisinopril -Hydrochlorothiazide .	67
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Lansoprazole	79	Levemir FlexTouch	62	Lithium Carbonate ER	59
Lanthanum Carbonate	77	Levetiracetam	39	Lithostat	80
Lantus	62	Levetiracetam ER	39	Livalo	68
Lantus SoloStar	62	Levo -T	86	Lokelma	77
Lapatinib Ditosylate	50	Levobunolol HCl	95	Lonhala Magnair	97
Larissia	83	Levocarnitine	79	Lonsurf	47
Latanoprost	96	Levocetirizine Dihydrochloride .	96	Loperamide HCl	78
Latuda	54	Levofloxacin	94	Lopinavir -Ritonavir	58
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Leena	83	Levonest	84	Lorazepam Intensol	59
Leflunomide	90	Levonorgestrel -Ethinyl Estradiol	84	Lorbrena	50
Lenalidomide	47	Levonorgestrel -Ethinyl Estradiol & Ethinyl Estradiol .	84	Loryna	84
Lenvima 10MG Daily Dose . .	50	Levonorgestrel -Ethinyl Estradiol 91 -Day	84	Losartan Potassium	64
Lenvima 12MG Daily Dose . .	50	Levora 0.15/30	84	Losartan Potassium -HCTZ . .	67
Lenvima 14MG Daily Dose . .	50	Levorphanol Tartrate	32	Lotemax	95
				Lotemax SM	95

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Lovastatin	68	Mefloquine HCl	52	Methyldopa	64
Low -Ogestrel	84	Megestrol Acetate	86	Methylphenidate HCl	70
Loxapine Succinate	53	Mekinist	50	Methylphenidate HCl ER	70
Lubiprostone	77	Mektovi	50	Methylprednisolone	81
Lumakras	47	Meloxicam	31	Metoclopramide HCl	44
Lumigan	96	Memantine HCl	42	Metolazone	68
Lupron Depot	87	Memantine HCl ER	42	Metoprolol Succinate ER	65
Lutera	84	Memantine HCl Titration Pak	42	Metoprolol Tartrate	65
Lybalvi	54	MenQuadfi	91	Metoprolol -Hydrochlorothiazide	67
Lyleq	86	Menactra	91	Metronidazole	35
Lynparza	50	Menest	84	Metyrosine	67
Lysodren	86	Mentax	75	Mexiletine HCl	64
Lyumjev	62	Menveo	91	Micafungin Sodium	45
Lyumjev KwikPen	62	Mercaptopurine	47	Miconazole 3	45
Lyza	86	Meropenem	37	Microgestin 1.5/30	84
M		Mesalamine	92	Microgestin 1/20	84
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Magnesium Sulfate	76	Mesnex	51	Microgestin Fe 1.5/30	84
Malathion	74	Metformin HCl	60	Microgestin Fe 1/20	84
Maraviroc	58	Metformin HCl ER	60	Midodrine HCl	64
Marlissa	84	Methadone HCl	32	Migergot	46
Marplan	42	Methazolamide	95	Miglitol	60
Matulane	47	Methenamine Hippurate	35	Miglustat	79
Matzim LA	66	Methimazole	87	Mili	84
Mavyret	56	Methocarbamol	99	Minocycline HCl	39
Mayzent	71	Methotrexate	90	Minoxidil	69
Mayzent Starter Pack	71	Methotrexate Sodium	90	Mirtazapine	42
Meclizine HCl	44	Methoxsalen Rapid	74	Mirtazapine ODT	42

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Misoprostol	79	Naproxen	31	Nicotrol NS	34
Modafinil	100	Naproxen DR	31	Nifedipine ER	65
Moexipril HCl	64	Naratriptan HCl	45	Nifedipine ER Osmotic Release	65
Molindone HCl	53	Narcan	34	Nikki	84
Mometasone Furoate	96	Natacyn	94	Nilutamide	47
Montelukast Sodium	97	Nateglinide	60	Nimodipine	65
Morphine Sulfate	33	Natpara	92	Ninlaro	47
Morphine Sulfate ER	32	Nayzilam	40	Nitazoxanide	52
Motegrity	77	Nebivolol HCl	65	Nitisinone	79
Movantik	78	Necon 0.5/35	84	Nitro -Bid	69
Moxifloxacin HCl	94	Nefazodone HCl	43	Nitrofurantoin	35
Moxifloxacin HCl in NaCl	38	Neomycin Sulfate	34	Nitrofurantoin Macrocrystal ..	35
Multaq	64	Neomycin -Bacitracin -Polymyxin	94	Nitrofurantoin Monohydrate ..	35
Mupirocin	75	Neomycin -Polymyxin -Bacitracin -Hydrocortisone ..	93	Nitroglycerin	69
Mupirocin Calcium	75	Neomycin -Polymyxin -Dexamethasone	93	Nitrostat	69
Myalept	78	Neomycin -Polymyxin -Gramicidin	94	Nizatidine	79
Mycophenolate Mofetil	90	Neomycin -Polymyxin -HC	96	Nora -BE	86
Mycophenolate Sodium	90	Nerlynx	50	Norethindrone	86
Myorisan	72	Neulasta	63	Norethindrone Acetate	86
Myrbetriq	80	Neupro	52	Norethindrone Acetate -Ethinyl Estradiol	84
N		Nevirapine	57	Norethindrone Acetate -Ethinyl Estradiol -Fe	84
Nabumetone	31	Nevirapine ER	57	Norgestimate -Ethinyl Estradiol	84
Nadolol	65	Nexavar	50	Norgestimate -Ethinyl Estradiol Triphasic	84
Nafcillin Sodium	37	Niacin	69	Nortrel 0.5/35	84
Naftifine HCl	75	Niacin ER	69	Nortrel 1/35	84
Naftin	75	Niacor	69	Nortrel 7/7/7	84
Naloxone HCl	34	Nicardipine HCl	65	Nortriptyline HCl	43
Naltrexone HCl	33				

Norvir	58	Olopatadine HCl	94	Pacerone	64
Noxafil	45	Omega -3 -Acid Ethyl Esters	69	Paliperidone ER	54
Nubeqa	47	Omeprazole	79	Panretin	51
Nucala	99	Ondansetron HCl	44	Pantoprazole Sodium	79
Nucynta ER	32	Ondansetron ODT	44	Panzyga	88
Nuedexta	70	Onureg	47	Paricalcitol	92
Nuplazid	54	Opsumit	98	Paromomycin Sulfate	34
Nutrilipid	76	Orencia	88	Paroxetine HCl	43
Nyamyc	75	Orencia ClickJect	88	Paser	46
Nylia 1/35	84	Orenitram	98	Paxil	43
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Nymalize	65	Orgovyx	87	Pedvax HIB	91
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O		Osphena	86	Penicillin G Potassium	37
Ocaliva	78	Otezla	88	Penicillin G Procaine	37
Ocella	84	Oxacillin Sodium	37	Penicillin G Sodium	37
Octagam	88	Oxacillin Sodium in Dextrose	37	Penicillin V Potassium	37
Octreotide Acetate	87	Oxandrolone	81	Pentacel	91
Odefsey	57	Oxcarbazepine	41	Pentamidine Isethionate	52
Odomzo	50	Oxybutynin Chloride	80	Pentasa	92
Ofev	98	Oxybutynin Chloride ER	80	Pentoxifylline ER	67
Ofloxacin	96	Oxycodone HCl	33	Perforomist	97
Olanzapine	54	Oxycodone -Acetaminophen	33	Perindopril Erbumine	64
Olanzapine ODT	54	Ozempic	60	Periogard	71
Olmesartan Medoxomil	64	P		Permethrin	74
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Olmesartan -Amlodipine -HCTZ	67	PEG -3350 -NaCl -Na Bicarbonate -KCl	78	Perseris	54

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Phenobarbital	40	Potassium Chloride CR	76	Prezcobix	58
Phenoxybenzamine HCl	64	Potassium Chloride ER	76	Prezista	58
Phenytek	41	Potassium Chloride in Dextrose	76	Priftin	46
Phenytoin	41	Potassium Chloride in NaCl	76	Primaquine Phosphate	52
Phenytoin Sodium Extended	41	Potassium Citrate ER	76	Primidone	40
Phoslyra	77	Praluent	69	Privigen	88
Pifeltro	57	Pramipexole Dihydrochloride	52	ProAir HFA	97
Pilocarpine HCl	95	Prasugrel HCl	63	ProAir RespiClick	97
Pimecrolimus	73	Pravastatin Sodium	68	ProQuad	91
Pimozide	53	Praziquantel	51	Probenecid	45
Pimtrea	85	Prazosin HCl	64	Probenecid -Colchicine	45
Pindolol	65	PreHevbrio	91	Procalamine	76
Pioglitazone HCl	60	Pred Mild	95	Prochlorperazine	44
Pioglitazone HCl -Glimepiride	60	Pred -G	93	Prochlorperazine Maleate	44
Pioglitazone HCl -Metformin HCl	60	Pred -G S.O.P.	93	Procrit	63
Piperacillin -Tazobactam	37	Prednicarbate	73	Procto -Med HC	92
Piqray	50	Prednisolone	81	Procto -Pak	92
Pirmella 1/35	85	Prednisolone Acetate	95	Proctosol HC	92
Piroxicam	31	Prednisolone Sodium Phosphate	95	Proctozone -HC	92
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Plenamaine	76	Pregabalin	70	Prograf	90
Podofilox	74	Premarin	85	Prolastin -C	79
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Prosol	76	Rebif	71	Rinvoq	88
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Quinidine Gluconate ER	65	Restasis MultiDose	93	RotaTeq	91
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Santyl	74	Sodium Chloride	76	Sulfacetamide Sodium	94
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Savella	70	Sodium Phenylbutyrate	80	Sulfadiazine	38
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Trelegy Ellipta99

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Tremfya	89	Trivora	85	Vandazole	35
Tresiba	62	TrophAmine	77	Varenicline Tartrate	34
Tresiba FlexTouch	62	Trulance	78	Varivax	91
Tretinoin	72	Trulicity	61	Vascepa	69
Tretinoin Microsphere	72	Trumenba	91	Velivet	85
Trexall	90	Truseltiq	48	Velphoro	77
Tri -Estarylla	85	Tukysa	48	Veltassa	77
Tri -Legest Fe	85	Turalio	51	Vemlidy	56
Tri -Lo -Estarylla	85	Twinrix	91	Venclexta	51
Tri -Lo -Sprintec	85	Tybost	58	Venclexta Starting Pack	51
Tri -Mili	85	Tymlos	93	Venlafaxine HCl	43
Tri -Nymyo	85	Typhim Vi	91	Venlafaxine HCl ER	43
Tri -Sprintec	85	U		Ventavis	98
Tri -VyLibra	85	Ukoniq	51	Verapamil HCl	66
Tri -VyLibra Lo	85	Unithroid	86	Verapamil HCl ER	66
Triamcinolone Acetonide	73	Ursodiol	78	Versacloz	55
Triamterene	68	V		Verzenio	51
Triamterene -HCTZ	67	VAQTA	91	Vestura	85
Triderm	73	Valacyclovir HCl	56	Vibramycin	39
Trientine HCl	77	Valchlor	47	Victoza	61
Trifluoperazine HCl	53	Valganciclovir HCl	55	Vienna	85
Trifluridine	94	Valproic Acid	40	Vigabatrin	41
Trihexyphenidyl HCl	52	Valsartan	64	Vigadrone	41
Trijardy XR	61	Valsartan -Hydrochlorothiazide	67	Viibryd	43
Trimethoprim	35	Valtoco 10MG Dose	40	Viibryd Starter Pack	43
Trimipramine Maleate	43	Valtoco 15MG Dose	40	Vimpat	41
Trintellix	43	Valtoco 20MG Dose	41	Viracept	58
Triumeq	57	Valtoco 5MG Dose	41	Viread	57
Triumeq PD	57	Vancomycin HCl	35	Vitrakvi	51

Vivitrol	33	Xigduo XR	61	Ziprasidone Mesylate	55
Vizimpro	51	Xiidra	93	Zirgan	55
Voriconazole	45	Xofluza	59	Zolinza	48
Vosevi	56	Xolair	89	Zolpidem Tartrate	99
Votrient	51	Xospata	51	Zonisamide	41
Vraylar	55	Xpovio	48	Zorbtive	81
Vumerity	71	Xtampza ER	32	Zortress	90
VyLibra	85	Xtandi	47	Zovia 1/35	85
Vyfemla	85	Xulane	85	Zyclara	74
Vyndamax	80	Xyrem	100	Zyclara Pump	74
Vyndaqel	80	Y		Zydelig	51
Vyvanse	70	YF -Vax	91	Zyflo	97
Vyzulta	96	Yuvaferm	85	Zykadia	51
W		Z		Zyprexa Relprew	55
WYMZYA Fe	85	Zafemy	85		
Warfarin Sodium	62	Zafirlukast	97		
Welireg	51	Zaleplon	99		
Wixela Inhub	99	Zarxio	63		
X		Zejula	51		
Xalkori	51	Zelapar ODT	53		
Xarelto	62	Zelboraf	51		
Xarelto Starter Pack	63	Zemaira	80		
Xatmep	90	Zenatane	72		
Xcopri	40	Zenpep	80		
Xeljanz	89	Zerbaxa	36		
Xeljanz XR	89	Zidovudine	58		
Xermelo	78	Ziextenzo	63		
Xgeva	93	Zileuton ER	97		
Xifaxan	35	Ziprasidone HCl	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 12-30.

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. 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 101-133.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	3	QL
Diclofenac Epolamine (External Patch)	G	4	PA; QL
Diclofenac Potassium (50MG Oral Tablet)	G	2	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	2	
Diclofenac Sodium (1% External Gel)	G	3	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	2	
Diflunisal (Oral Tablet)	G	3	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	4	
Etodolac (Oral Capsule)	G	3	
Etodolac (Oral Tablet Immediate Release)	G	3	
Flurbiprofen (100MG Oral Tablet)	G	2	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Ibuprofen (Oral Suspension)	G	2	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	2	
Meloxicam (Oral Tablet)	G	1	♦
Nabumetone (Oral Tablet)	G	2	
Naproxen (Oral Suspension)	G	5	DL
Naproxen (Oral Tablet Immediate Release)	G	2	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	
Piroxicam (Oral Capsule)	G	3	
Sulindac (Oral Tablet)	G	2	
Opioid Analgesics, Long-acting			
Buprenorphine (Transdermal Patch Weekly)	G	4	7D; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	4	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	4	7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	G	5	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	3	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	3	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	3	7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	4	7D; MME; DL; QL
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	3	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	3	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	4	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	2	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	2	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	3	QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	3	QL
Butorphanol Tartrate (Nasal Solution)	G	3	7D; MME; DL; QL
Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)	B	4	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet)	G	4	7D; MME; DL; QL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	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	5	PA; DL; QL

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)	G	4	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	3	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	3	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	4	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	4	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	3	7D; MME; DL; QL
Morphine Sulfate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	3	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	4	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	4	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	2	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	3	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	2	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	3	QL
Lidocaine (5% External Patch)	G	4	PA; QL
Lidocaine HCl (4% External Solution)	G	4	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	2	
Lidocaine-Prilocaine (External Cream)	G	3	
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	4	
Disulfiram (Oral Tablet)	G	3	
Naltrexone HCl (Oral Tablet)	G	3	
Vivitrol (Intramuscular Suspension Reconstituted)	B	5	DL
Opioid Dependence			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Buprenorphine HCl (Tablet Sublingual)	G	2	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	4	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	2	QL
Suboxone (Sublingual Film)	B	4	QL
Opioid Reversal Agents			
Naloxone HCl (0.4MG/ML Injection Solution)	G	2	
Naloxone HCl (Injection Solution Cartridge)	G	2	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	2	
Naloxone HCl (Nasal Liquid)	G	3	
Narcan (Nasal Liquid)	B	3	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	2	
Chantix Continuing Month Pak (1MG Oral Tablet)	B	3	
Chantix (0.5MG Oral Tablet, 1MG Oral Tablet)	B	3	
Chantix Starting Month Pak (0.5MG X 11 & 1MG X 42 Oral Tablet)	B	3	
Nicotrol (Inhalation Inhaler)	B	4	
Nicotrol NS (Nasal Solution)	B	4	
Varenicline Tartrate (Oral Tablet Pack)	G	3	
Varenicline Tartrate (Oral Tablet)	G	3	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	4	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	4	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	4	
Neomycin Sulfate (Oral Tablet)	G	2	
Paromomycin Sulfate (Oral Capsule)	G	4	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	5	DL
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	4	
Antibacterials, Other			
Aztreonam (Injection Solution Reconstituted)	G	4	
Clindamycin HCl (Oral Capsule)	G	2	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	4	

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clindamycin Phosphate in D5W (Intravenous Solution)	G	4	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	4	
Clindamycin Phosphate (Vaginal Cream)	G	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	5	DL
Dalvance (Intravenous Solution Reconstituted)	B	5	PA; DL
Daptomycin (Intravenous Solution Reconstituted)	G	5	DL
Linezolid (Intravenous Solution)	G	4	
Linezolid (Oral Suspension Reconstituted)	G	5	DL
Linezolid (Oral Tablet)	G	4	QL
Methenamine Hippurate (Oral Tablet)	G	3	
Metronidazole (0.75% External Cream)	G	4	
Metronidazole (0.75% External Gel, 1% External Gel)	G	4	
Metronidazole (0.75% External Lotion)	G	4	
Metronidazole (500MG/100ML Intravenous Solution)	G	4	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	2	
Metronidazole (0.75% Vaginal Gel)	G	3	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	3	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	3	
Nitrofurantoin (Oral Suspension)	G	5	DL
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	4	
Tigecycline (Intravenous Solution Reconstituted)	G	5	DL
Tinidazole (Oral Tablet)	G	4	
Trimethoprim (Oral Tablet)	G	2	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	4	
Vancomycin HCl (Oral Capsule)	G	4	QL
Vandazole (Vaginal Gel)	B	3	
Xifaxan (Oral Tablet)	B	5	PA; DL
Beta-lactam, Cephalosporins			
Cefaclor (Oral Capsule)	G	3	
Cefadroxil (Oral Capsule)	G	2	
Cefadroxil (Oral Suspension Reconstituted)	G	2	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cefdinir (Oral Capsule)	G	3	
Cefdinir (Oral Suspension Reconstituted)	G	3	
Cefepime HCl (Injection Solution Reconstituted)	G	4	
Cefixime (Oral Capsule)	G	3	
Cefixime (Oral Suspension Reconstituted)	G	4	
Cefotetan Disodium (Injection Solution Reconstituted)	G	4	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	4	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	4	
Cefpodoxime Proxetil (Oral Tablet)	G	4	
Cefprozil (Oral Suspension Reconstituted)	G	3	
Cefprozil (Oral Tablet)	G	3	
Ceftazidime (Injection Solution Reconstituted)	G	4	
Ceftazidime (Intravenous Solution Reconstituted)	G	4	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Cefuroxime Axetil (Oral Tablet)	G	2	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	4	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	4	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	2	
Cephalexin (750MG Oral Capsule)	G	3	
Cephalexin (Oral Suspension Reconstituted)	G	2	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	3	
Suprax (Oral Tablet Chewable)	G	3	
Tazicef (Injection Solution Reconstituted)	G	4	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	4	
Teflaro (Intravenous Solution Reconstituted)	B	5	DL
Zerbaxa (Intravenous Solution Reconstituted)	B	5	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	♦

♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	4	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	2	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	2	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	2	
Ampicillin (Oral Capsule)	G	2	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	4	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	4	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	4	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	4	
Bicillin C-R (Intramuscular Suspension)	B	4	
Bicillin L-A (Intramuscular Suspension)	B	4	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	4	
Dicloxacillin Sodium (Oral Capsule)	G	2	
Nafcillin Sodium (Injection Solution Reconstituted)	G	4	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Oxacillin Sodium in Dextrose (Intravenous Solution)	B	4	
Oxacillin Sodium (Injection Solution Reconstituted)	G	4	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	4	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	4	
Penicillin G Procaine (Intramuscular Suspension)	G	4	
Penicillin G Sodium (Injection Solution Reconstituted)	G	5	DL
Penicillin V Potassium (Oral Solution Reconstituted)	G	2	
Penicillin V Potassium (Oral Tablet)	G	2	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	G	4	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	4	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	4	
Meropenem (Intravenous Solution Reconstituted)	G	4	
Macrolides			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Azithromycin (Intravenous Solution Reconstituted)	G	4	
Azithromycin (Oral Suspension Reconstituted)	G	1	♦
Azithromycin (Oral Tablet)	G	1	♦
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	4	
Clarithromycin (Oral Suspension Reconstituted)	G	4	
Clarithromycin (Oral Tablet Immediate Release)	G	3	
Difcid (Oral Suspension Reconstituted)	B	5	DL
Difcid (Oral Tablet)	B	5	DL
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	4	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	4	
Erythromycin Base (Oral Tablet Immediate Release)	G	4	
Erythromycin Base (333MG Oral Tablet Delayed Release, 500MG Oral Tablet Delayed Release)	G	4	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	4	
Erythromycin Ethylsuccinate (Oral Tablet)	G	4	
Erythromycin (250MG Oral Tablet Delayed Release)	G	4	
Quinolones			
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	G	4	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	2	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	4	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	4	
Levofloxacin (25MG/ML Intravenous Solution)	G	4	
Levofloxacin (25MG/ML Oral Solution)	G	4	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	1	♦
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	4	
Moxifloxacin HCl (Oral Tablet)	G	3	
Ofloxacin (Oral Tablet)	G	3	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	4	

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	3	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	2	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	4	
Doxy 100 (Intravenous Solution Reconstituted)	G	4	
Doxycycline Hyclate (Oral Capsule)	G	3	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	3	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	3	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	4	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	3	
Minocycline HCl (Oral Capsule)	G	2	
Minocycline HCl (Oral Tablet Immediate Release)	G	4	
Tetracycline HCl (Oral Capsule)	G	4	
Vibramycin (50MG/5ML Oral Syrup)	B	4	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	5	PA; DL; QL
BRIVIACT (Oral Tablet)	B	5	PA; DL; QL
Epidiolex (Oral Solution)	B	5	PA; DL
Eprontia (Oral Solution)	B	4	
Felbamate (Oral Suspension)	G	5	DL
Felbamate (Oral Tablet)	G	4	
Fintepla (Oral Solution)	B	5	PA; DL; QL
Fycompa (Oral Suspension)	B	5	DL; QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	5	DL; QL
Fycompa (2MG Oral Tablet)	B	4	QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	2	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	3	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	3	
Levetiracetam (Oral Solution)	G	2	
Levetiracetam (Oral Tablet Immediate Release)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Roweepra (Oral Tablet Immediate Release)	G	2	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	4	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	2	
Topiramate (Oral Tablet)	G	2	
Valproic Acid (Oral Capsule)	G	2	
Valproic Acid (Oral Solution)	G	2	
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (Oral Tablet)	B	5	PA; DL; QL
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	4	
Ethosuximide (Oral Capsule)	G	3	
Ethosuximide (Oral Solution)	G	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (Oral Suspension)	G	4	PA; QL
Clobazam (Oral Tablet)	G	4	PA; QL
Diacomit (Oral Capsule)	B	5	DL; QL
Diacomit (Oral Packet)	B	5	DL; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	4	QL
Gabapentin (Oral Capsule)	G	2	
Gabapentin (250MG/5ML Oral Solution)	G	3	
Gabapentin (Oral Tablet)	G	2	
Nayzilam (Nasal Solution)	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	2	
Phenobarbital (Oral Tablet)	G	2	
Primidone (Oral Tablet)	G	2	
Sympazan (10MG Oral Film, 20MG Oral Film)	B	5	PA; DL; QL
Sympazan (5MG Oral Film)	B	4	PA; QL
Tiagabine HCl (Oral Tablet)	G	4	
Valtoco 10MG Dose (Nasal Liquid)	B	5	PA; DL; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	5	PA; DL; QL

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	5	PA; DL; QL
Valtoco 5MG Dose (Nasal Liquid)	B	5	PA; DL; QL
Vigabatrin (Oral Packet)	G	5	PA; DL; QL
Vigabatrin (Oral Tablet)	G	5	PA; DL; QL
Vigadrone (Oral Packet)	G	5	PA; DL; QL
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	5	DL; QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	3	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	3	
Carbamazepine (Oral Suspension)	G	3	
Carbamazepine (Oral Tablet Immediate Release)	G	3	
Carbamazepine (Oral Tablet Chewable)	G	3	
Dilantin INFATABS (Oral Tablet Chewable)	G	3	
Dilantin (Oral Capsule)	G	3	
Epitol (Oral Tablet)	G	3	
Lacosamide (Oral Tablet)	G	4	QL
Oxcarbazepine (300MG/5ML Oral Suspension)	G	4	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	G	3	
Phenytek (Oral Capsule)	G	2	
Phenytoin (125MG/5ML Oral Suspension)	G	2	
Phenytoin (Oral Tablet Chewable)	G	2	
Phenytoin Sodium Extended (Oral Capsule)	G	2	
Rufinamide (Oral Suspension)	G	5	DL
Rufinamide (Oral Tablet)	G	5	DL
Vimpat (Oral Solution)	B	4	QL
Vimpat (Oral Tablet)	B	4	QL
Zonisamide (Oral Capsule)	G	2	
Antidementia Agents			
Antidementia Agents, Other			
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	3	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Cholinesterase Inhibitors			
Donepezil HCl (Oral Tablet)	G	1	QL ♦
Donepezil HCl ODT (Oral Tablet Dispersible)	G	2	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Galantamine Hydrobromide (Oral Solution)	G	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Galantamine Hydrobromide (Oral Tablet)	G	4	QL
Rivastigmine Tartrate (Oral Capsule)	G	3	QL
Rivastigmine (Transdermal Patch 24 Hour)	G	4	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	PA; QL
Memantine HCl (2MG/ML Oral Solution)	G	4	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	B	2	PA; QL
Antidepressants			
Antidepressants, Other			
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	2	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	2	
Bupropion HCl (Oral Tablet Immediate Release)	G	2	
Mirtazapine (Oral Tablet)	G	2	
Mirtazapine ODT (Oral Tablet Dispersible)	G	2	
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	5	DL; QL
Marplan (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	3	
Tranylcypromine Sulfate (Oral Tablet)	G	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (Oral Capsule)	B	4	
Citalopram Hydrobromide (Oral Solution)	G	3	
Citalopram Hydrobromide (Oral Tablet)	G	1	♦
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	3	QL
Escitalopram Oxalate (Oral Solution)	G	2	
Escitalopram Oxalate (Oral Tablet)	G	1	♦
Fetzima (120MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	B	4	ST; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	4	ST; QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	2	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	4	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	2	
Fluvoxamine Maleate (Oral Tablet)	G	3	
Nefazodone HCl (Oral Tablet)	G	4	
Paroxetine HCl (10MG/5ML Oral Suspension)	G	4	
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)	G	2	
Paxil (Oral Suspension)	B	4	
Sertraline HCl (Oral Concentrate)	G	4	
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	2	
Trintellix (Oral Tablet)	B	4	QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	2	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	3	
Viibryd (Oral Tablet)	B	4	QL
Viibryd Starter Pack (Oral Kit)	B	4	QL
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	4	
Amoxapine (Oral Tablet)	G	3	
Clomipramine HCl (Oral Capsule)	G	4	
Desipramine HCl (Oral Tablet)	G	3	
Doxepin HCl (Oral Capsule)	G	3	
Doxepin HCl (Oral Concentrate)	G	3	
Imipramine HCl (Oral Tablet)	G	4	
Imipramine Pamoate (Oral Capsule)	G	4	
Nortriptyline HCl (Oral Capsule)	G	2	
Nortriptyline HCl (Oral Solution)	G	2	
Protriptyline HCl (Oral Tablet)	G	4	
Trimipramine Maleate (Oral Capsule)	G	4	
Antiemetics			
Antiemetics, Other			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Compro (Rectal Suppository)	G	4	
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	2	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	2	
Metoclopramide HCl (Oral Tablet)	G	1	♦
Perphenazine (Oral Tablet)	G	4	
Prochlorperazine Maleate (Oral Tablet)	G	2	
Prochlorperazine (Rectal Suppository)	G	4	
Promethazine HCl (Oral Syrup)	G	3	
Promethazine HCl (Oral Tablet)	G	3	
Promethazine HCl (Rectal Suppository)	G	4	QL
Promethegan (25MG Rectal Suppository)	G	4	QL
Scopolamine (Transdermal Patch 72 Hour)	G	4	
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	4	PA; QL
Dronabinol (Oral Capsule)	G	4	PA
Granisetron HCl (Oral Tablet)	G	4	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	4	B/D,PA
Ondansetron HCl (Oral Tablet)	G	2	B/D,PA
Ondansetron ODT (Oral Tablet Dispersible)	G	2	B/D,PA
Sancuso (Transdermal Patch)	B	5	DL; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	4	B/D,PA
AmBisome (Intravenous Suspension Reconstituted)	B	5	B/D,PA; DL
Amphotericin B (Intravenous Solution Reconstituted)	G	4	B/D,PA
Clotrimazole (Mouth/Throat Troche)	G	2	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	4	
Fluconazole (Oral Suspension Reconstituted)	G	2	
Fluconazole (Oral Tablet)	G	2	
Flucytosine (Oral Capsule)	G	5	DL
Griseofulvin Microsize (Oral Suspension)	G	4	
Griseofulvin Microsize (Oral Tablet)	G	4	
Griseofulvin Ultramicrosize (Oral Tablet)	G	4	
Itraconazole (Oral Capsule)	G	4	PA; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Itraconazole (Oral Solution)	G	5	PA; DL
Ketoconazole (Oral Tablet)	G	2	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	4	
Miconazole 3 (Vaginal Suppository)	G	3	
Noxafil (Oral Suspension)	B	5	DL; QL
Nystatin (Mouth/Throat Suspension)	G	2	
Nystatin (Oral Tablet)	G	2	
Posaconazole (Oral Tablet Delayed Release)	G	5	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	2	
Terconazole (Vaginal Cream)	G	3	
Terconazole (Vaginal Suppository)	G	3	
Voriconazole (Intravenous Solution Reconstituted)	G	5	PA; DL
Voriconazole (Oral Suspension Reconstituted)	G	4	
Voriconazole (Oral Tablet)	G	4	
Antigout Agents			
Antigout Agents			
Allopurinol (Oral Tablet)	G	1	♦
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	3	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	3	QL
Febuxostat (Oral Tablet)	G	3	ST
Probenecid (Oral Tablet)	G	3	
Probenecid-Colchicine (Oral Tablet)	G	3	
Antimigraine Agents			
Acute			
Naratriptan HCl (Oral Tablet)	G	3	QL
Rizatriptan Benzoate (Oral Tablet)	G	3	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	3	QL
Sumatriptan (Nasal Solution)	G	4	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	2	QL
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	4	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	4	QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ergotamine-Caffeine (Oral Tablet)	G	3	
Migergot (Rectal Suppository)	G	5	DL
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Timolol Maleate (Oral Tablet)	G	3	
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	4	
Pyridostigmine Bromide (Oral Solution)	G	5	DL
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	3	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	3	
Rifabutin (Oral Capsule)	G	4	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	3	
Isoniazid (Oral Syrup)	G	4	
Isoniazid (Oral Tablet)	G	2	
Paser (Oral Packet)	G	4	
Priftin (Oral Tablet)	B	4	
Pyrazinamide (Oral Tablet)	G	4	
Rifampin (600MG Intravenous Solution Reconstituted)	G	4	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	G	3	
Sirturo (Oral Tablet)	B	5	PA; DL
Trecator (Oral Tablet)	B	4	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	3	B/D,PA
Cyclophosphamide (25MG Oral Tablet)	G	3	B/D,PA
Cyclophosphamide (50MG Oral Tablet)	B	3	B/D,PA

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Leukeran (Oral Tablet)	B	5	DL
Matulane (Oral Capsule)	B	5	DL
Valchlor (External Gel)	B	5	PA; DL; QL
Antiandrogens			
Abiraterone Acetate (250MG Oral Tablet)	G	4	PA; QL
Abiraterone Acetate (500MG Oral Tablet)	G	5	PA; DL; QL
Bicalutamide (Oral Tablet)	G	2	
Erleada (Oral Tablet)	B	5	PA; DL; QL
Flutamide (Oral Capsule)	G	3	
Nilutamide (Oral Tablet)	G	5	DL
Nubeqa (Oral Tablet)	B	5	PA; DL; QL
Xtandi (Oral Capsule)	B	5	PA; DL; QL
Xtandi (Oral Tablet)	B	5	PA; DL; QL
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	5	PA; DL; QL
Lenalidomide (Oral Capsule)	G	5	PA; DL; QL
Pomalyst (Oral Capsule)	B	5	PA; DL; QL
Qinlock (Oral Tablet)	B	5	PA; DL; QL
Revlimid (Oral Capsule)	B	5	PA; DL; QL
Tabrecta (Oral Tablet)	B	5	PA; DL; QL
Thalomid (Oral Capsule)	B	5	PA; DL; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	5	DL
Soltamox (Oral Solution)	B	5	DL
Tamoxifen Citrate (Oral Tablet)	G	2	
Toremifene Citrate (Oral Tablet)	G	5	DL
Antimetabolites			
Droxia (Oral Capsule)	B	4	
Hydroxyurea (Oral Capsule)	G	2	
Mercaptopurine (Oral Tablet)	G	3	
Onureg (Oral Tablet)	B	5	PA; DL; QL
Purixan (Oral Suspension)	B	5	PA; DL
Tabloid (Oral Tablet)	B	4	PA
Antineoplastics, Other			
IDHIFA (Oral Tablet)	B	5	PA; DL; QL
Lonsurf (Oral Tablet)	B	5	PA; DL; QL
Lumakras (Oral Tablet)	B	5	PA; DL; QL
Ninlaro (Oral Capsule)	B	5	PA; DL; QL
Pemazyre (Oral Tablet)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Retevmo (Oral Capsule)	B	5	PA; DL; QL
Synribo (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Tazverik (Oral Tablet)	B	5	PA; DL; QL
Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack)	B	5	PA; DL; QL
Truseltiq (125MG Daily Dose) (Oral Capsule Therapy Pack)	B	5	PA; DL; QL
Truseltiq (50MG Daily Dose) (Oral Capsule Therapy Pack)	B	5	PA; DL; QL
Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack)	B	5	PA; DL; QL
Tukysa (Oral Tablet)	B	5	PA; DL; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Zolinza (Oral Capsule)	B	5	PA; DL
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	♦
Exemestane (Oral Tablet)	G	4	
Letrozole (Oral Tablet)	G	2	
Molecular Target Inhibitors			
Afinitor Disperz (Oral Tablet Soluble)	B	5	PA; DL
Afinitor (10MG Oral Tablet)	B	5	PA; DL
Alecensa (Oral Capsule)	B	5	PA; DL; QL
Alunbrig (Oral Tablet)	B	5	PA; DL; QL
Alunbrig (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Ayvakit (Oral Tablet)	B	5	PA; DL; QL
Balversa (Oral Tablet)	B	5	PA; DL; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bosulif (Oral Tablet)	B	5	PA; DL; QL
Braftovi (Oral Capsule)	B	5	PA; DL
Brukina (Oral Capsule)	B	5	PA; DL; QL
Cabometyx (Oral Tablet)	B	5	PA; DL; QL
Calquence (Oral Capsule)	B	5	PA; DL; QL
Caprelsa (Oral Tablet)	B	5	PA; DL
Cometriq (100MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Cometriq (60MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Copiktra (Oral Capsule)	B	5	PA; DL; QL
Cotellic (Oral Tablet)	B	5	PA; DL; QL
Daurismo (Oral Tablet)	B	5	PA; DL; QL
Erivedge (Oral Capsule)	B	5	PA; DL
Erlotinib HCl (Oral Tablet)	G	5	PA; DL; QL
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	5	PA; DL
Everolimus (2MG Oral Tablet Soluble, 3MG Oral Tablet Soluble, 5MG Oral Tablet Soluble)	G	5	PA; DL
Exkivity (Oral Capsule)	B	5	PA; DL; QL
Gavreto (Oral Capsule)	B	5	PA; DL; QL
Gilotrif (Oral Tablet)	B	5	PA; DL
Ibrance (Oral Capsule)	B	5	PA; DL; QL
Ibrance (Oral Tablet)	B	5	PA; DL; QL
Iclusig (Oral Tablet)	B	5	PA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	5	PA; DL; QL
Imbruvica (Oral Capsule)	B	5	PA; DL; QL
Imbruvica (Oral Tablet)	B	5	PA; DL; QL
Inlyta (Oral Tablet)	B	5	PA; DL; QL
Inqovi (Oral Tablet)	B	5	PA; DL; QL
Inrebic (Oral Capsule)	B	5	PA; DL; QL
Iressa (Oral Tablet)	B	5	PA; DL; QL
Jakafi (Oral Tablet)	B	5	PA; DL; QL
Kisqali (200MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali (400MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali (600MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Koselugo (Oral Capsule)	B	5	PA; DL; QL
Lapatinib Ditosylate (Oral Tablet)	G	5	PA; DL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lorbrena (Oral Tablet)	B	5	PA; DL; QL
Lynparza (Oral Tablet)	B	5	PA; DL; QL
Mekinist (Oral Tablet)	B	5	PA; DL
Mektovi (Oral Tablet)	B	5	PA; DL
Nerlynx (Oral Tablet)	B	5	PA; DL; QL
Nexavar (Oral Tablet)	B	5	PA; DL
Odomzo (Oral Capsule)	B	5	PA; DL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Rozlytrek (Oral Capsule)	B	5	PA; DL; QL
Rubraca (Oral Tablet)	B	5	PA; DL; QL
Rydapt (Oral Capsule)	B	5	PA; DL; QL
Scemblix (Oral Tablet)	B	5	PA; DL; QL
Sprycel (Oral Tablet)	B	5	PA; DL; QL
Stivarga (Oral Tablet)	B	5	PA; DL; QL
Sunitinib Malate (Oral Capsule)	G	5	PA; DL; QL
Tafinlar (Oral Capsule)	B	5	PA; DL
Tagrisso (Oral Tablet)	B	5	PA; DL; QL
Talzenna (Oral Capsule)	B	5	PA; DL; QL

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tasigna (Oral Capsule)	B	5	PA; DL; QL
Tepmetko (Oral Tablet)	B	5	PA; DL; QL
Tibsovo (Oral Tablet)	B	5	PA; DL; QL
Turalio (Oral Capsule)	B	5	PA; DL; QL
Ukoniq (Oral Tablet)	B	5	PA; DL; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	5	PA; DL; QL
Venclexta (10MG Oral Tablet)	B	3	PA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Verzenio (Oral Tablet)	B	5	PA; DL; QL
Vitrakvi (Oral Capsule)	B	5	PA; DL; QL
Vitrakvi (Oral Solution)	B	5	PA; DL; QL
Vizimpro (Oral Tablet)	B	5	PA; DL; QL
Votrient (Oral Tablet)	B	5	PA; DL; QL
Welireg (Oral Tablet)	B	5	PA; DL; QL
Xalkori (Oral Capsule)	B	5	PA; DL
Xospata (Oral Tablet)	B	5	PA; DL; QL
Zejula (Oral Capsule)	B	5	PA; DL; QL
Zelboraf (Oral Tablet)	B	5	PA; DL
Zydelig (Oral Tablet)	B	5	PA; DL; QL
Zykadia (Oral Tablet)	B	5	PA; DL; QL
Retinoids			
Bexarotene (Oral Capsule)	G	5	PA; DL
Panretin (External Gel)	B	5	PA; DL
Targretin (External Gel)	B	5	PA; DL; QL
Tretinoin (Oral Capsule)	G	5	DL
Treatment Adjuncts			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	G	3	
Leucovorin Calcium (25MG Oral Tablet)	G	4	
Mesnex (Oral Tablet)	B	4	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	4	QL
Ivermectin (Oral Tablet)	G	3	
Praziquantel (Oral Tablet)	G	4	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	5	DL
Atovaquone-Proguanil HCl (Oral Tablet)	G	3	
Benznidazole (Oral Tablet)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Chloroquine Phosphate (Oral Tablet)	G	4	QL
Coartem (Oral Tablet)	B	4	
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	2	QL
Impavido (Oral Capsule)	B	5	DL
Mefloquine HCl (Oral Tablet)	G	2	
Nitazoxanide (Oral Tablet)	G	5	DL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	4	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	4	
Primaquine Phosphate (Oral Tablet)	G	4	
Pyrimethamine (Oral Tablet)	G	5	DL
Quinine Sulfate (Oral Capsule)	G	4	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	2	
Trihexyphenidyl HCl (Oral Solution)	G	2	
Trihexyphenidyl HCl (Oral Tablet)	G	2	
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	3	
Amantadine HCl (Oral Solution)	G	2	
Amantadine HCl (Oral Tablet)	G	3	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	4	
Entacapone (Oral Tablet)	G	4	
Tolcapone (Oral Tablet)	G	5	DL; QL
Dopamine Agonists			
Apokyn (Subcutaneous Solution Cartridge)	B	5	PA; DL; QL
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	5	PA; DL; QL
Bromocriptine Mesylate (Oral Capsule)	G	3	
Bromocriptine Mesylate (Oral Tablet)	G	3	
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	5	PA; DL; QL
Neupro (Transdermal Patch 24 Hour)	B	4	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	2	
Ropinirole HCl (Oral Tablet Immediate Release)	G	2	

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	4	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	♦
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	♦
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	2	
Rytary (Oral Capsule Extended Release)	B	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	4	
Selegiline HCl (Oral Capsule)	G	3	
Selegiline HCl (Oral Tablet)	G	3	
Zelapar ODT (Oral Tablet Dispersible)	B	5	DL
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	4	
Chlorpromazine HCl (Oral Tablet)	G	4	
Fluphenazine Decanoate (Injection Solution)	G	4	
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	4	
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	3	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	4	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	
Haloperidol Decanoate (Intramuscular Solution)	G	4	
Haloperidol Lactate (Injection Solution)	G	4	
Haloperidol Lactate (Oral Concentrate)	G	2	
Haloperidol (Oral Tablet)	G	2	
Loxapine Succinate (Oral Capsule)	G	2	
Molindone HCl (Oral Tablet)	G	4	
Pimozide (Oral Tablet)	G	4	
Thioridazine HCl (Oral Tablet)	G	3	
Thiothixene (Oral Capsule)	G	3	
Trifluoperazine HCl (Oral Tablet)	G	3	
2nd Generation/Atypical			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	5	DL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	5	DL
Aripiprazole (1MG/ML Oral Solution)	G	4	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	5	DL; QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	5	DL
Aristada (Intramuscular Prefilled Syringe)	B	5	DL
Asenapine Maleate (Tablet Sublingual)	G	4	QL
Caplyta (Oral Capsule)	B	5	ST; 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	5	ST; DL; QL
Fanapt Titration Pack (Oral Tablet)	B	4	ST; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	5	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	5	DL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	4	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	5	DL
Latuda (Oral Tablet)	B	5	DL; QL
Lybalvi (Oral Tablet)	B	5	ST; DL; QL
Nuplazid (Oral Capsule)	B	5	PA; DL; QL
Nuplazid (Oral Tablet)	B	5	PA; DL; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	4	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	2	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	4	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Perseris (Subcutaneous Prefilled Syringe)	B	5	DL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	2	QL
Rexulti (Oral Tablet)	B	5	DL; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	4	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	5	DL
Risperidone (1MG/ML Oral Solution)	G	4	
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	G	2	
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	4	
Secuado (Transdermal Patch 24 Hour)	B	5	PA; DL; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	5	ST; DL; QL
Vraylar (Oral Capsule Therapy Pack)	B	4	ST; QL
Ziprasidone HCl (Oral Capsule)	G	3	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	4	
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	4	
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	3	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	4	QL
Versacloz (Oral Suspension)	B	5	DL
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Tablet)	G	2	
Dantrolene Sodium (Oral Capsule)	G	4	
Tizanidine HCl (Oral Tablet)	G	2	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	5	PA; DL; QL
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	5	DL; QL
Valganciclovir HCl (450MG Oral Tablet)	G	3	QL
Zirgan (Ophthalmic Gel)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	4	
Baraclude (Oral Solution)	B	5	DL
Entecavir (Oral Tablet)	G	4	
Epivir HBV (Oral Solution)	B	4	
Lamivudine (100MG Oral Tablet)	G	3	
Vemlidy (Oral Tablet)	B	5	DL; QL
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	5	PA; DL; QL
Epclusa (Oral Tablet)	B	5	PA; DL; QL
Mavyret (Oral Packet)	B	5	PA; DL; QL
Mavyret (Oral Tablet)	B	5	PA; DL; QL
Ribavirin (Oral Tablet)	G	3	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	5	PA; DL; QL
Sovaldi (Oral Packet)	B	5	PA; DL; QL
Sovaldi (400MG Oral Tablet)	B	5	PA; DL; QL
Vosevi (Oral Tablet)	B	5	PA; DL; QL
Antitherpetic Agents			
Acyclovir (External Ointment)	G	4	QL
Acyclovir (Oral Capsule)	G	2	
Acyclovir (Oral Suspension)	G	3	
Acyclovir (Oral Tablet)	G	1	♦
Acyclovir Sodium (Intravenous Solution)	G	4	B/D,PA
Famciclovir (Oral Tablet)	G	3	QL
Valacyclovir HCl (Oral Tablet)	G	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	5	DL; QL
Dovato (Oral Tablet)	B	5	DL; QL
Genvoya (Oral Tablet)	B	5	DL; QL
Isentress HD (Oral Tablet)	B	5	DL; QL
Isentress (Oral Packet)	B	4	QL
Isentress (Oral Tablet)	B	5	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	5	DL; QL
Isentress (25MG Oral Tablet Chewable)	B	3	QL
Juluca (Oral Tablet)	B	5	DL; QL
Stribild (Oral Tablet)	B	5	DL; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	4	QL
Tivicay (50MG Oral Tablet)	B	5	DL; QL
Tivicay PD (Oral Tablet Soluble)	B	5	DL; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Complera (Oral Tablet)	B	5	DL; QL
Delstrigo (Oral Tablet)	B	5	DL; QL
Edurant (Oral Tablet)	B	5	DL; QL
Efavirenz (Oral Capsule)	G	4	QL
Efavirenz (Oral Tablet)	G	4	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	5	DL; QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	5	DL; QL
Etravirine (Oral Tablet)	G	5	DL; QL
Intelence (25MG Oral Tablet)	B	4	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Nevirapine (Oral Suspension)	G	4	QL
Nevirapine (Oral Tablet Immediate Release)	G	3	QL
Pifeltro (Oral Tablet)	B	5	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	4	QL
Abacavir Sulfate (Oral Tablet)	G	4	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	4	QL
Abacavir-Lamivudine-Zidovudine (300-150-300MG Oral Tablet)	G	5	DL; QL
Cimduo (Oral Tablet)	B	5	DL; QL
Descovy (200-25MG Oral Tablet)	B	5	DL; QL
Emtricitabine (Oral Capsule)	G	4	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	5	DL; QL
Emtriva (Oral Solution)	B	4	QL
Lamivudine (10MG/ML Oral Solution)	G	3	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	3	QL
Lamivudine-Zidovudine (Oral Tablet)	G	4	QL
Odefsey (Oral Tablet)	B	5	DL; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	4	QL
Triumeq (Oral Tablet)	B	5	DL; QL
Triumeq PD (Oral Tablet Soluble)	B	5	DL; QL
Viread (Oral Powder)	B	5	DL; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	5	DL; QL
Zidovudine (Oral Capsule)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zidovudine (Oral Syrup)	G	3	QL
Zidovudine (Oral Tablet)	G	3	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	5	DL; QL
Maraviroc (Oral Tablet)	G	5	DL; QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	5	DL; QL
Selzentry (Oral Solution)	B	5	DL; QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	B	5	DL; QL
Selzentry (25MG Oral Tablet)	B	3	QL
Tyboost (Oral Tablet)	B	4	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	5	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	4	QL
Evotaz (Oral Tablet)	B	5	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	5	DL; QL
Lexiva (Oral Suspension)	B	4	QL
Lopinavir-Ritonavir (Oral Solution)	G	4	QL
Lopinavir-Ritonavir (Oral Tablet)	G	4	QL
Norvir (Oral Packet)	B	4	QL
Norvir (Oral Solution)	B	4	QL
Prezcobix (Oral Tablet)	B	5	DL; QL
Prezista (Oral Suspension)	B	5	DL; QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	5	DL; QL
Prezista (75MG Oral Tablet)	B	4	QL
Reyataz (Oral Packet)	B	5	DL; QL
Ritonavir (Oral Tablet)	G	3	QL
Symtuza (Oral Tablet)	B	5	DL; QL
Viracept (Oral Tablet)	B	5	DL; QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	3	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	3	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Rimantadine HCl (Oral Tablet)	G	4	

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xofluza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack)	B	3	QL
Xofluza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack)	B	3	QL
Anxiolytics			
Anxiolytics, Other			
Buspirone HCl (Oral Tablet)	G	2	
Hydroxyzine HCl (Oral Syrup)	G	3	
Hydroxyzine HCl (Oral Tablet)	G	3	
Hydroxyzine Pamoate (Oral Capsule)	G	3	
Benzodiazepines			
Alprazolam (Oral Tablet Immediate Release)	G	1	QL ♦
Chlordiazepoxide HCl (Oral Capsule)	G	2	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	2	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	4	QL
Clorazepate Dipotassium (Oral Tablet)	G	3	QL
Diazepam Intensol (Oral Concentrate)	G	2	QL
Diazepam (5MG/5ML Oral Solution)	G	2	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Lorazepam Intensol (Oral Concentrate)	G	2	QL
Lorazepam (Oral Tablet)	G	1	QL ♦
Bipolar Agents			
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	2	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	2	
Divalproex Sodium (Oral Tablet Delayed Release)	G	2	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	2	
Lithium Carbonate (Oral Capsule)	G	2	
Lithium Carbonate (Oral Tablet Immediate Release)	G	2	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	QL ♦
Bydureon BCise (Subcutaneous Auto-Injector)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	4	QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	4	QL
Cycloset (Oral Tablet)	B	4	PA; QL
Farxiga (Oral Tablet)	B	3	QL
Glimepiride (Oral Tablet)	G	1	QL ♦
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL ♦
Glipizide (Oral Tablet Immediate Release)	G	1	QL ♦
Glipizide-Metformin HCl (Oral Tablet)	G	1	QL ♦
Glyxambi (Oral Tablet)	B	3	QL
Janumet (Oral Tablet Immediate Release)	B	3	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Januvia (Oral Tablet)	B	3	QL
Jardiance (Oral Tablet)	B	3	QL
Jentadueto (Oral Tablet Immediate Release)	B	3	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	3	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	4	QL
Nateglinide (Oral Tablet)	G	1	QL ♦
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	3	QL
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	3	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	3	QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	3	ISSP; QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	B	5	PA; DL
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	B	5	PA; DL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Synjardy (Oral Tablet Immediate Release)	B	3	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Tradjenta (Oral Tablet)	B	3	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Trulicity (Subcutaneous Solution Pen-Injector)	B	3	QL
Victoza (Subcutaneous Solution Pen-Injector)	B	3	QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	3	
Diazoxide (Oral Suspension)	G	4	
GlucaGen HypoKit (Injection Solution Reconstituted)	B	4	
Glucagon (Injection Kit) (Lilly)	G	3	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	3	
Gvoke Kit (Subcutaneous Solution)	B	3	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	3	
Insulins			
Humalog (Injection Solution)	B	3	ISSP
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ISSP
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ISSP
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	ISSP
Humalog Mix 50/50 (Subcutaneous Suspension)	B	3	ISSP
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	ISSP
Humalog Mix 75/25 (Subcutaneous Suspension)	B	3	ISSP
Humalog (Subcutaneous Solution Cartridge)	B	3	ISSP
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	ISSP
Humulin 70/30 (Subcutaneous Suspension)	B	3	ISSP
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	ISSP
Humulin N (Subcutaneous Suspension)	B	3	ISSP
Humulin R (Injection Solution)	B	3	ISSP
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	3	ISSP
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ISSP

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	3	ISSP
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	3	ISSP
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	3	ISSP
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	3	ISSP
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ISSP
Lantus (Subcutaneous Solution)	B	3	ISSP
Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	ISSP
Levemir (Subcutaneous Solution)	B	3	ISSP
Lyumjev (Injection Solution)	B	3	ISSP
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ISSP
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ISSP
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ISSP
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	ISSP
Tresiba (Subcutaneous Solution)	B	3	ISSP
Blood Products and Modifiers			
Anticoagulants			
Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	QL
Eliquis Starter Pack (Oral Tablet)	B	3	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	4	QL
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	5	DL
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	4	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	3	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	3	B/D,PA
Jantoven (Oral Tablet)	G	1	♦
Warfarin Sodium (Oral Tablet)	G	1	♦
Xarelto (Oral Tablet)	B	3	QL

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	3	QL
Blood Products and Modifiers, Other			
Anagrelide HCl (Oral Capsule)	G	3	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	5	PA; DL
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	4	PA
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)	B	5	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, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	4	PA
Leukine (Injection Solution Reconstituted)	B	5	PA; DL
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	4	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	5	PA; DL
Promacta (Oral Packet)	B	5	PA; DL; QL
Promacta (Oral Tablet)	B	5	PA; DL; QL
Retacrit (Injection Solution)	B	4	PA
Zarxio (Injection Solution Prefilled Syringe)	B	5	DL
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	3	
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	3	QL
Brilinta (Oral Tablet)	B	3	QL
Cablivi (Injection Kit)	B	5	PA; DL; QL
Cilostazol (Oral Tablet)	G	2	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	2	QL
Prasugrel HCl (Oral Tablet)	G	3	QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clonidine HCl (Oral Tablet Immediate Release)	G	1	♦
Clonidine (Transdermal Patch Weekly)	G	4	
Droxidopa (Oral Capsule)	G	5	PA; DL; QL
Methyldopa (Oral Tablet)	G	1	♦
Midodrine HCl (Oral Tablet)	G	3	
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	2	
Phenoxybenzamine HCl (Oral Capsule)	G	5	DL
Prazosin HCl (Oral Capsule)	G	2	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	1	QL ♦
Edarbi (Oral Tablet)	B	4	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	4	
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	3	QL
Flecainide Acetate (Oral Tablet)	G	2	
Mexiletine HCl (Oral Capsule)	G	3	
Multaq (Oral Tablet)	B	3	QL
Pacerone (200MG Oral Tablet)	G	1	♦

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	4	
Propafenone HCl (Oral Tablet)	G	2	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	4	
Quinidine Sulfate (Oral Tablet)	G	2	
Sorine (Oral Tablet)	G	2	
Sotalol HCl AF (Oral Tablet)	G	2	
Sotalol HCl (Oral Tablet)	G	2	
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	2	
Atenolol (Oral Tablet)	G	1	♦
Betaxolol HCl (Oral Tablet)	G	3	
Bisoprolol Fumarate (Oral Tablet)	G	2	
Bystolic (Oral Tablet)	B	3	QL
Carvedilol (Oral Tablet)	G	1	♦
Labetalol HCl (Oral Tablet)	G	2	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	♦
Metoprolol Tartrate (Oral Tablet)	G	1	♦
Nadolol (Oral Tablet)	G	4	
Nebivolol HCl (Oral Tablet)	G	3	QL
Pindolol (Oral Tablet)	G	3	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	2	
Propranolol HCl (Oral Solution)	G	2	
Propranolol HCl (Oral Tablet)	G	2	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	♦
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	2	
Nicardipine HCl (Oral Capsule)	G	4	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	2	QL
Nimodipine (Oral Capsule)	G	4	
Nymalize (Oral Solution)	B	5	DL
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	2	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	2	
Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour)	G	2	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	2	
Diltiazem HCl (Oral Tablet Immediate Release)	G	2	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	2	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	2	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	2	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	2	
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	3	
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	3	
Verapamil HCl ER (Oral Tablet Extended Release)	G	2	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	♦
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	4	
Acetazolamide (Oral Tablet)	G	3	
Aliskiren Fumarate (Oral Tablet)	G	1	QL ♦
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	2	
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 ♦
Atenolol-Chlorthalidone (Oral Tablet)	G	1	♦
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
BiDil (Oral Tablet)	B	3	QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL ♦
Corlanor (Oral Solution)	B	4	PA; QL
Corlanor (Oral Tablet)	B	4	PA; QL
Demser (Oral Capsule)	B	5	DL
Digitek (Oral Tablet)	G	2	
Digox (Oral Tablet)	G	2	
Digoxin (Oral Solution)	G	3	
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	2	
Digoxin (62.5MCG Oral Tablet)	G	4	
Edarbyclor (Oral Tablet)	B	4	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Entresto (Oral Tablet)	B	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL ♦
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Lanoxin (Oral Tablet)	B	4	
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL ♦
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	2	
Metyrosine (Oral Capsule)	G	5	DL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL ♦
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL ♦
Pentoxifylline ER (Oral Tablet Extended Release)	G	2	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
Spironolactone-HCTZ (Oral Tablet)	G	2	
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	4	
Bumetanide (Oral Tablet)	G	1	♦
Ethacrynic Acid (Oral Tablet)	G	4	
Furosemide (Injection Solution)	G	4	B/D,PA
Furosemide (Oral Solution)	G	1	♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Furosemide (Oral Tablet)	G	1	♦
Torsemide (Oral Tablet)	G	2	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	2	
Eplerenone (Oral Tablet)	G	3	
Spironolactone (Oral Tablet)	G	2	
Triamterene (Oral Capsule)	G	4	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	2	
Diuril (Oral Suspension)	B	4	
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, 67MG Oral Capsule)	G	2	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	G	2	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	1	♦
Fenofibric Acid (Oral Capsule Delayed Release)	G	3	
Gemfibrozil (Oral Tablet)	G	2	
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	3	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	4	
Cholestyramine (Oral Packet)	G	4	
Colesevelam HCl (Oral Packet)	G	3	
Colesevelam HCl (Oral Tablet)	G	3	

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Colestipol HCl (Oral Packet)	G	4	
Colestipol HCl (Oral Tablet)	G	3	
Ezetimibe (Oral Tablet)	G	2	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	1	QL ♦
Icosapent Ethyl (Oral Capsule)	G	4	
Juxtapid (Oral Capsule)	B	5	PA; DL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	4	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	3	
Niacor (Oral Tablet)	G	4	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	4	QL
Praluent (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Prevalite (Oral Packet)	G	4	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	3	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Vascepa (Oral Capsule)	B	4	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	2	
Minoxidil (Oral Tablet)	G	2	
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	2	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	2	
Nitro-Bid (Transdermal Ointment)	G	4	
Nitroglycerin (Tablet Sublingual)	G	2	
Nitroglycerin (Transdermal Patch 24 Hour)	G	2	
Nitroglycerin (Translingual Solution)	G	3	
Nitrostat (Tablet Sublingual)	B	3	
Rectiv (Rectal Ointment)	B	4	QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	3	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Dextroamphetamine Sulfate (Oral Tablet)	G	4	QL
Vyvanse (Oral Capsule)	B	4	
Vyvanse (Oral Tablet Chewable)	B	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Atomoxetine HCl (Oral Capsule)	G	4	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	3	PA
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	4	
Dexmethylphenidate HCl (Oral Tablet)	G	3	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	4	
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	4	QL
Methylphenidate HCl (Oral Solution)	G	4	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	3	QL
Central Nervous System, Other			
Austedo (Oral Tablet)	B	5	PA; DL; QL
Ingrezza (40MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	B	5	PA; DL; QL
Ingrezza (Oral Capsule Therapy Pack)	B	5	PA; DL; QL
Nuedexta (Oral Capsule)	B	5	PA; DL; QL
Riluzole (Oral Tablet)	G	3	
Tetrabenazine (Oral Tablet)	G	5	PA; DL; QL
Fibromyalgia Agents			
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	4	ST; QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	2	QL
Pregabalin (Oral Capsule)	G	3	QL
Pregabalin (Oral Solution)	G	3	QL
Savella (Oral Tablet)	B	3	

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Savella Titration Pack (Oral Tablet)	B	3	
Multiple Sclerosis Agents			
Aubagio (Oral Tablet)	B	5	DL; QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	5	DL; QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	5	DL; QL
Betaseron (Subcutaneous Kit)	B	5	DL; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release)	G	5	DL; QL
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	5	DL; QL
Gilenya (0.5MG Oral Capsule)	B	5	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	5	DL; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	5	DL; QL
Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet)	B	5	DL; QL
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	5	DL; QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	5	ST; DL; QL
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	5	ST; DL; QL
Rebif (Subcutaneous Solution Prefilled Syringe)	B	5	ST; DL; QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	5	ST; DL; QL
Tecfidera Starter Pack (Oral)	B	5	DL; QL
Tecfidera (Oral Capsule Delayed Release)	B	5	DL; QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	5	ST; DL; QL
Dental and Oral Agents			
Dental and Oral Agents			
Chlorhexidine Gluconate (Mouth Solution)	G	2	
Periogard (Mouth Solution)	G	2	
Pilocarpine HCl (Oral Tablet)	G	4	
Triamcinolone Acetonide (Dental Paste)	G	3	
Dermatological Agents			
Acne and Rosacea Agents			
Accutane (Oral Capsule)	G	4	PA
Acitretin (Oral Capsule)	G	4	
Adapalene (External Cream)	G	4	
Amnesteem (Oral Capsule)	G	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Azelaic Acid (External Gel)	G	4	QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	4	
Claravis (Oral Capsule)	G	4	PA
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel)	G	4	
Finacea (External Foam)	B	4	QL
Isotretinoin (Oral Capsule)	G	4	PA
Mirvaso (External Gel)	B	4	
Myorisan (Oral Capsule)	G	4	PA
Tazarotene (External Cream)	G	4	PA
Tretinoin (External Cream)	G	4	PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	G	4	PA
Tretinoin Microsphere (External Gel)	G	4	PA
Zenatane (Oral Capsule)	G	4	PA
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	2	
Alclometasone Dipropionate (External Cream)	G	3	
Alclometasone Dipropionate (External Ointment)	G	3	
Ammonium Lactate (External Cream)	G	3	
Ammonium Lactate (External Lotion)	G	3	
Betamethasone Dipropionate Aug (External Cream)	G	3	
Betamethasone Dipropionate Aug (External Gel)	G	3	
Betamethasone Dipropionate Aug (External Lotion)	G	3	
Betamethasone Dipropionate Aug (External Ointment)	G	3	
Betamethasone Dipropionate (External Cream)	G	3	
Betamethasone Dipropionate (External Lotion)	G	3	
Betamethasone Dipropionate (External Ointment)	G	3	
Betamethasone Valerate (External Cream)	G	3	
Betamethasone Valerate (External Lotion)	G	3	
Betamethasone Valerate (External Ointment)	G	3	
Clobetasol Propionate Emollient Base (External Cream)	G	4	
Clobetasol Propionate (External Cream)	G	4	
Clobetasol Propionate (External Gel)	G	4	
Clobetasol Propionate (External Ointment)	G	4	
Clobetasol Propionate (External Shampoo)	G	4	
Clobetasol Propionate (External Solution)	G	3	

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clodan (External Shampoo)	G	4	
Cordran (External Tape)	B	4	
Desonide (External Ointment)	G	4	QL
Desoximetasone (External Cream)	G	4	QL
Doxepin HCl (External Cream)	G	4	PA; QL
Fluocinolone Acetonide (External Cream)	G	3	
Fluocinolone Acetonide (External Ointment)	G	3	
Fluocinolone Acetonide (External Solution)	G	3	
Fluocinolone Acetonide Scalp (External Oil)	G	4	
Fluocinonide Emulsified Base (External Cream)	G	3	QL
Fluocinonide (0.05% External Cream)	G	3	QL
Fluocinonide (External Gel)	G	3	QL
Fluocinonide (External Ointment)	G	3	QL
Fluocinonide (External Solution)	G	3	QL
Fluticasone Propionate (External Cream)	G	3	
Fluticasone Propionate (External Ointment)	G	3	
Halobetasol Propionate (External Cream)	G	4	
Halobetasol Propionate (External Ointment)	G	4	
Hydrocortisone Butyrate (External Ointment)	G	3	
Hydrocortisone (1% External Cream)	G	2	
Hydrocortisone (2.5% External Lotion)	G	3	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	2	
Hydrocortisone Valerate (External Cream)	G	4	
Hydrocortisone Valerate (External Ointment)	G	4	
Mometasone Furoate (External Cream)	G	2	
Mometasone Furoate (External Ointment)	G	2	
Mometasone Furoate (External Solution)	G	2	
Pimecrolimus (External Cream)	G	4	ST; QL
Prednicarbate (External Ointment)	G	4	
Selenium Sulfide (External Lotion)	G	2	
Tacrolimus (External Ointment)	G	4	ST
Triamcinolone Acetonide (External Cream)	G	2	
Triamcinolone Acetonide (External Lotion)	G	2	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	2	
Triderm (External Cream)	G	2	
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Calcipotriene (External Ointment)	G	4	QL
Calcipotriene (External Solution)	G	3	
Calcitriol (External Ointment)	B	4	
Clotrimazole-Betamethasone (External Cream)	G	3	QL
Clotrimazole-Betamethasone (External Lotion)	G	4	
Diclofenac Sodium (3% External Gel)	G	4	PA; QL
Fluorouracil (5% External Cream)	G	4	QL
Fluorouracil (External Solution)	G	3	
Imiquimod (3.75% External Cream)	G	5	PA; DL
Imiquimod (5% External Cream)	G	4	QL
Methoxsalen Rapid (Oral Capsule)	G	5	DL
Podofilox (External Solution)	G	3	
Regranex (External Gel)	B	5	PA; DL
Santyl (External Ointment)	B	4	
Silver Sulfadiazine (External Cream)	G	3	
SSD (External Cream)	B	3	
Zyclara (External Cream)	B	5	PA; DL
Zyclara Pump (2.5% External Cream)	B	5	PA; DL
Pediculicides/Scabicides			
Crotan (External Lotion)	G	4	
Malathion (External Lotion)	G	4	
Permethrin (External Cream)	G	3	
Topical Anti-infectives			
Ciclopirox (External Gel)	G	3	
Ciclopirox (External Shampoo)	G	3	
Ciclopirox (External Solution)	G	3	
Ciclopirox Olamine (External Cream)	G	3	
Ciclopirox Olamine (External Suspension)	G	3	
Clindacin-P (External Swab)	G	3	QL
Clindamycin Phosphate (External Gel)	G	3	QL
Clindamycin Phosphate (External Lotion)	G	3	QL
Clindamycin Phosphate (External Solution)	G	3	QL
Clindamycin Phosphate (External Swab)	G	3	QL
Clotrimazole (External Cream)	G	2	
Clotrimazole (External Solution)	G	2	
Econazole Nitrate (External Cream)	G	4	QL

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ery (External Pad)	G	3	
Erythromycin (External Gel)	G	4	
Erythromycin (External Solution)	G	2	
Gentamicin Sulfate (External Cream)	G	3	
Gentamicin Sulfate (External Ointment)	G	3	
Jublia (External Solution)	B	4	
Ketoconazole (External Cream)	G	2	QL
Ketoconazole (External Shampoo)	G	2	
Mentax (External Cream)	B	4	
Mupirocin Calcium (External Cream)	G	4	
Mupirocin (External Ointment)	G	2	QL
Naftifine HCl (External Cream)	G	4	
Naftin (2% External Gel)	B	4	
Nyamyc (External Powder)	G	2	QL
Nystatin (External Cream)	G	2	
Nystatin (External Ointment)	G	2	
Nystatin (External Powder)	G	2	QL
Nystop (External Powder)	G	2	QL
Sulfamylon (External Cream)	B	4	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carbaglu (Oral Tablet Soluble)	B	5	DL
Carglumic Acid (Oral Tablet Soluble)	G	5	DL
Dextrose (10% Intravenous Solution)	G	4	
Dextrose (5% Intravenous Solution)	G	4	B/D,PA
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution)	B	4	
Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution)	G	4	
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	4	B/D,PA
Intralipid (Intravenous Emulsion)	B	4	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	4	
Isolyte-S pH 7.4 (Intravenous Solution)	B	4	
KCl in Dextrose-NaCl (Intravenous Solution)	B	4	
KCl-Lactated Ringers-D5W (Intravenous Solution)	B	4	
Klor-Con 10 (Oral Tablet Extended Release)	B	2	
Klor-Con M10 (Oral Tablet Extended Release)	G	2	
Klor-Con M15 (Oral Tablet Extended Release)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Klor-Con M20 (Oral Tablet Extended Release)	G	2	
Klor-Con (Oral Packet)	G	3	
Klor-Con 8 (Oral Tablet Extended Release)	B	2	
Magnesium Sulfate (50% Injection Solution)	B	4	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	4	
Nutrilipid (Intravenous Emulsion)	B	4	B/D,PA
Plasma-Lyte 148 (Intravenous Solution)	B	4	
Plasma-Lyte A (Intravenous Solution)	B	4	
Plenamine (Intravenous Solution)	G	4	B/D,PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	2	
Potassium Chloride ER (Oral Capsule Extended Release)	G	2	
Potassium Chloride ER (Oral Tablet Extended Release)	G	2	
Potassium Chloride in Dextrose (Intravenous Solution)	B	4	B/D,PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	G	4	B/D,PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	B	4	B/D,PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	B	4	B/D,PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	G	4	B/D,PA
Potassium Chloride (Oral Packet)	G	3	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	3	
Potassium Citrate ER (Oral Tablet Extended Release)	G	3	
Premasol (Intravenous Solution)	G	4	B/D,PA
Procalamine (Intravenous Solution)	B	4	B/D,PA
Prosol (Intravenous Solution)	B	4	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	4	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)	G	4	B/D,PA
Sodium Chloride (5% Intravenous Solution)	B	4	B/D,PA
Sodium Chloride (Irrigation Solution)	B	3	
Sodium Fluoride (Oral Tablet)	G	2	
TPN Electrolytes (Intravenous Concentrate)	B	4	

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Travasol (Intravenous Solution)	B	4	B/D,PA
TrophAmine (Intravenous Solution)	B	4	B/D,PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	3	
Deferasirox Granules (Oral Packet)	G	5	PA; DL
Deferasirox (Oral Tablet) (Generic Jadenu)	G	3	PA
Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade)	G	4	PA
Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade)	G	5	PA; DL
Deferiprone (Oral Tablet)	G	5	PA; DL
Ferriprox (Oral Solution)	B	5	PA; DL
Ferriprox (Oral Tablet)	B	5	PA; DL
Trientine HCl (Oral Capsule)	G	5	PA; DL; QL
Phosphate Binders			
Auryxia (Oral Tablet)	B	5	PA; DL
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	3	
Calcium Acetate (667MG Oral Tablet)	G	3	
Lanthanum Carbonate (Oral Tablet Chewable)	G	5	DL
Phoslyra (Oral Solution)	B	3	
Sevelamer Carbonate (Oral Packet)	G	5	DL
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	4	
Velphoro (Oral Tablet Chewable)	B	5	DL
Potassium Binders			
Lokelma (Oral Packet)	B	4	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	3	
SPS (Oral Suspension)	G	3	
Veltassa (Oral Packet)	B	5	DL; QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	3	
Gastrointestinal Agents			
Anti-Constipation Agents			
Constulose (Oral Solution)	G	2	
Enulose (Oral Solution)	G	2	
Generlac (Oral Solution)	G	2	
Lactulose (10GM/15ML Oral Solution)	G	2	
Linzess (Oral Capsule)	B	3	QL
Lubiprostone (Oral Capsule)	G	3	QL
Motegrity (Oral Tablet)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Movantik (Oral Tablet)	B	3	QL
Relistor (Oral Tablet)	B	5	PA; DL; QL
Relistor (Subcutaneous Solution)	B	5	PA; DL
Trulance (Oral Tablet)	B	4	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	5	PA; DL
Diphenoxylate-Atropine (Oral Liquid)	G	4	
Diphenoxylate-Atropine (Oral Tablet)	G	4	
Loperamide HCl (Oral Capsule)	G	2	
Xermelo (Oral Tablet)	B	5	PA; DL; QL
Antispasmodics, Gastrointestinal			
Cuvposa (Oral Solution)	B	4	PA
Dicyclomine HCl (Oral Capsule)	G	2	
Dicyclomine HCl (Oral Solution)	G	2	
Dicyclomine HCl (Oral Tablet)	G	2	
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	4	PA
Methscopolamine Bromide (Oral Tablet)	G	4	
Gastrointestinal Agents, Other			
Chenodal (Oral Tablet)	G	5	PA; DL
Clenpiq (Oral Solution)	B	3	
Gattex (Subcutaneous Kit)	B	5	PA; DL
GaviLyte-C (Oral Solution Reconstituted)	G	2	
GaviLyte-G (Oral Solution Reconstituted)	G	2	
Myalept (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Ocaliva (Oral Tablet)	B	5	PA; DL; QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	2	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	2	
Suprep Bowel Prep Kit (Oral Solution)	B	3	
Ursodiol (300MG Oral Capsule)	G	3	
Ursodiol (Oral Tablet)	G	4	
Histamine2 (H2) Receptor Antagonists			
Cimetidine HCl (Oral Solution)	G	3	
Cimetidine (Oral Tablet)	G	3	
Famotidine (Oral Suspension Reconstituted)	G	4	

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	2	
Nizatidine (Oral Capsule)	G	3	
Protectants			
Misoprostol (Oral Tablet)	G	3	
Sucralfate (Oral Suspension)	G	4	
Sucralfate (Oral Tablet)	G	2	
Proton Pump Inhibitors			
Dexilant (Oral Capsule Delayed Release)	B	4	QL
Dexlansoprazole (Oral Capsule Delayed Release)	G	4	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	3	QL
Esomeprazole Magnesium (Oral Packet)	G	3	
Lansoprazole (Oral Capsule Delayed Release)	G	2	QL
Omeprazole (10MG Oral Capsule Delayed Release)	G	2	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	2	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL ♦
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	3	
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	5	PA; DL
Betaine (Oral Powder)	G	5	DL
Cholbam (Oral Capsule)	B	5	PA; DL
Creon (Oral Capsule Delayed Release Particles)	B	3	
Cromolyn Sodium (Oral Concentrate)	G	3	
Cystadane (Oral Powder)	B	5	DL
Cystagon (Oral Capsule)	B	4	
Glassia (Intravenous Solution)	B	5	PA; DL
Levocarnitine (1GM/10ML Oral Solution)	G	3	
Levocarnitine (330MG Oral Tablet)	B	3	
Miglustat (Oral Capsule)	G	5	PA; DL
Nitisinone (Oral Capsule)	G	5	DL
Orfadin (20MG Oral Capsule)	B	5	DL
Orfadin (Oral Suspension)	B	5	DL
Procysbi (Oral Packet)	B	5	DL
Prolastin-C (Intravenous Solution Reconstituted)	B	5	PA; DL
RAVICTI (Oral Liquid)	B	5	DL; QL
Revcovi (Intramuscular Solution)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sapropterin Dihydrochloride (Oral Packet)	G	5	DL
Sapropterin Dihydrochloride (Oral Tablet)	G	5	DL
Sodium Phenylbutyrate (Oral Powder)	G	5	DL
Sodium Phenylbutyrate (Oral Tablet)	G	5	DL
Sucraid (Oral Solution)	B	5	DL
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Vyndamax (Oral Capsule)	B	5	PA; DL; QL
Vyndaqel (Oral Capsule)	B	5	PA; DL; QL
Zemaira (Intravenous Solution Reconstituted)	B	5	PA; DL
Zenpep (Oral Capsule Delayed Release Particles)	B	3	
Genitourinary Agents			
Antispasmodics, Urinary			
Myrbetriq (Oral Suspension Reconstituted ER)	B	3	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	3	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Oxybutynin Chloride (Oral Syrup)	G	2	
Oxybutynin Chloride (Oral Tablet Immediate Release)	G	2	
Solifenacin Succinate (Oral Tablet)	G	3	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	4	
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	
Dutasteride (Oral Capsule)	G	3	QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	♦
Silodosin (Oral Capsule)	G	3	QL
Tamsulosin HCl (Oral Capsule)	G	1	♦
Terazosin HCl (Oral Capsule)	G	2	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	2	
Elmiron (Oral Capsule)	B	5	DL
Lithostat (Oral Tablet)	B	5	DL
Penicillamine (250MG Oral Capsule)	G	5	PA; DL
Penicillamine (250MG Oral Tablet)	G	5	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Dexamethasone (Oral Elixir)	G	2	
Dexamethasone (Oral Tablet)	G	2	
Fludrocortisone Acetate (Oral Tablet)	G	2	
Hydrocortisone (Oral Tablet)	G	3	
Methylprednisolone (Oral Tablet)	G	2	
Methylprednisolone (Oral Tablet Therapy Pack)	G	2	
Prednisolone (Oral Solution)	G	2	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	2	
Prednisone Intensol (Oral Concentrate)	G	2	
Prednisone (5MG/5ML Oral Solution)	G	2	
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	3	
Desmopressin Acetate Spray (Nasal Solution)	G	4	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	5	PA; DL
Genotropin MiniQuick (Subcutaneous Prefilled Syringe)	B	5	PA; DL
Genotropin (Subcutaneous Cartridge)	B	5	PA; DL
Increlex (Subcutaneous Solution)	B	5	PA; DL
Serostim (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Zorbtive (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	5	PA; DL; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Anabolic Steroids			
Oxandrolone (10MG Oral Tablet)	G	4	PA; QL
Oxandrolone (2.5MG Oral Tablet)	G	3	PA; QL
Androgens			
Androderm (Transdermal Patch 24 Hour)	B	3	QL
Danazol (Oral Capsule)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Testosterone Cypionate (Intramuscular Solution)	G	2	
Testosterone Enanthate (Intramuscular Solution)	G	3	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	G	3	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	G	4	
Estrogens			
Altavera (Oral Tablet)	G	4	
Alyacen 1/35 (Oral Tablet)	G	4	
Amethia (Oral Tablet)	G	4	
Apri (Oral Tablet)	G	4	
Aranelle (Oral Tablet)	G	4	
Ashlyna (Oral Tablet)	G	4	
Aubra EQ (Oral Tablet)	G	4	
Aviane (Oral Tablet)	G	4	
Balziva (Oral Tablet)	G	4	
Blisovi 24 Fe (Oral Tablet)	G	4	
Blisovi Fe 1.5/30 (Oral Tablet)	G	4	
Briellyn (Oral Tablet)	G	4	
Camrese Lo (Oral Tablet)	G	4	
Caziant (Oral Tablet)	G	4	
Climara Pro (Transdermal Patch Weekly)	B	4	
Cryselle-28 (Oral Tablet)	G	4	
Cyred EQ (Oral Tablet)	G	4	
Depo-Estradiol (Intramuscular Oil)	G	4	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Dolishale (Oral Tablet)	G	4	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	4	
Duavee (Oral Tablet)	B	4	
Elestrin (Transdermal Gel)	B	4	
EluRyng (Vaginal Ring)	G	4	
Emoquette (Oral Tablet)	G	4	
Enpresse-28 (Oral Tablet)	G	4	
Enskyce (Oral Tablet)	G	4	
Estarylla (Oral Tablet)	G	4	

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Estradiol (Oral Tablet)	G	1	♦
Estradiol (Transdermal Patch Weekly)	G	3	QL
Estradiol (Vaginal Cream)	G	3	
Estradiol (Vaginal Tablet)	G	4	QL
Estradiol Valerate (Intramuscular Oil)	G	4	
Estring (Vaginal Ring)	B	4	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	4	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	4	
Falmina (Oral Tablet)	G	4	
Femring (Vaginal Ring)	B	4	
Femynor (Oral Tablet)	G	4	
Fyavolv (Oral Tablet)	G	4	
Hailey 24 Fe (Oral Tablet)	G	4	
Iclevia (Oral Tablet)	G	4	
Imvexxy Maintenance Pack (Vaginal Insert)	B	3	PA; QL
Imvexxy Starter Pack (Vaginal Insert)	B	3	PA; QL
Introvale (Oral Tablet)	G	4	
Isibloom (Oral Tablet)	G	4	
Jasmiel (Oral Tablet)	G	4	
Jinteli (Oral Tablet)	G	4	
Juleber (Oral Tablet)	G	4	
Junel 1.5/30 (Oral Tablet)	G	4	
Junel 1/20 (Oral Tablet)	G	4	
Junel Fe 1.5/30 (Oral Tablet)	G	4	
Junel Fe 1/20 (Oral Tablet)	G	4	
Junel Fe 24 (Oral Tablet)	G	4	
Kaitlib Fe (Oral Tablet Chewable)	G	4	
Kariva (Oral Tablet)	G	4	
Kelnor 1/35 (Oral Tablet)	G	4	
Kelnor 1/50 (Oral Tablet)	G	4	
Kurvelo (Oral Tablet)	G	4	
LARIN 1.5/30 (Oral Tablet)	G	4	
LARIN 1/20 (Oral Tablet)	G	4	
LARIN Fe 1.5/30 (Oral Tablet)	G	4	
LARIN Fe 1/20 (Oral Tablet)	G	4	
Larissia (Oral Tablet)	G	4	
Layolis Fe (Oral Tablet Chewable)	B	4	
Leena (Oral Tablet)	G	4	
Lessina (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levonest (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Levora 0.15/30 (28) (Oral Tablet)	G	4	
Loryna (Oral Tablet)	G	4	
Low-Ogestrel (Oral Tablet)	G	4	
Lutera (Oral Tablet)	G	4	
Marlissa (Oral Tablet)	G	4	
Menest (Oral Tablet)	G	3	
Microgestin 1.5/30 (Oral Tablet)	G	4	
Microgestin 1/20 (Oral Tablet)	G	4	
Microgestin 24 Fe (Oral Tablet)	G	4	
Microgestin Fe 1.5/30 (Oral Tablet)	G	4	
Microgestin Fe 1/20 (Oral Tablet)	G	4	
Mili (Oral Tablet)	G	4	
Necon 0.5/35 (28) (Oral Tablet)	G	4	
Nikki (Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	4	
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	4	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	4	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	4	
Nortrel 0.5/35 (28) (Oral Tablet)	G	4	
Nortrel 1/35 (21) (Oral Tablet)	G	4	
Nortrel 1/35 (28) (Oral Tablet)	G	4	
Nortrel 7/7/7 (Oral Tablet)	G	4	
Nylia 1/35 (Oral Tablet)	G	4	
Nylia 7/7/7 (Oral Tablet)	G	4	
Nymyo (Oral Tablet)	G	4	
Ocella (Oral Tablet)	G	4	

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 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Orsythia (Oral Tablet)	G	4	
Pimtreea (Oral Tablet)	G	4	
Pirmella 1/35 (Oral Tablet)	G	4	
Portia-28 (Oral Tablet)	G	4	
Premarin (Oral Tablet)	B	4	QL
Premarin (Vaginal Cream)	B	3	
Premphase (Oral Tablet)	B	4	QL
Prempro (Oral Tablet)	B	4	QL
Reclipsen (Oral Tablet)	G	4	
Rivelsa (Oral Tablet)	G	4	
Setlakin (Oral Tablet)	G	4	
Sprintec 28 (Oral Tablet)	G	4	
Sronyx (Oral Tablet)	G	4	
Syeda (Oral Tablet)	G	4	
Tarina 24 Fe (Oral Tablet)	G	4	
Tarina Fe 1/20 EQ (Oral Tablet)	G	4	
Tilia Fe (Oral Tablet)	G	4	
Tri-Estarylla (Oral Tablet)	G	4	
Tri-Legest Fe (Oral Tablet)	G	4	
Tri-Lo-Estarylla (Oral Tablet)	G	4	
Tri-Lo-Sprintec (Oral Tablet)	G	4	
Tri-Mili (Oral Tablet)	G	4	
Tri-Nymyo (Oral Tablet)	G	4	
Tri-Sprintec (Oral Tablet)	G	4	
Trivora (28) (Oral Tablet)	G	4	
Tri-VyLibra Lo (Oral Tablet)	G	4	
Tri-VyLibra (Oral Tablet)	G	4	
Velivet (Oral Tablet)	G	4	
Vestura (Oral Tablet)	G	4	
Vienva (Oral Tablet)	G	4	
Vyfemla (Oral Tablet)	G	4	
VyLibra (Oral Tablet)	G	4	
WYMZYA Fe (Oral Tablet Chewable)	G	4	
Xulane (Transdermal Patch Weekly)	G	4	
Yuvaferm (Vaginal Tablet)	G	4	QL
Zafemy (Transdermal Patch Weekly)	G	4	
Zovia 1/35 (28) (Oral Tablet)	G	4	
Progestins			
Camila (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Crinone (Vaginal Gel)	B	4	PA
Deblitane (Oral Tablet)	G	4	
Errin (Oral Tablet)	G	4	
Incassia (Oral Tablet)	G	4	
Lyleq (Oral Tablet)	G	4	
Lyza (Oral Tablet)	G	4	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	G	4	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	G	4	
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	
Megestrol Acetate (40MG/ML Oral Suspension)	G	3	
Megestrol Acetate (625MG/5ML Oral Suspension)	G	4	
Megestrol Acetate (Oral Tablet)	G	3	
Nora-BE (Oral Tablet)	G	4	
Norethindrone Acetate (5MG Oral Tablet)	G	2	
Norethindrone (0.35MG Oral Tablet)	G	4	
Progesterone (Oral Capsule)	G	2	
Sharobel (Oral Tablet)	G	4	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	3	PA; QL
Raloxifene HCl (Oral Tablet)	G	3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Euthyrox (Oral Tablet)	B	3	
Levo-T (Oral Tablet)	B	3	
Levothyroxine Sodium (Oral Tablet)	G	1	♦
Levoxyl (Oral Tablet)	B	3	
Liothyronine Sodium (Oral Tablet)	G	2	
Synthroid (Oral Tablet)	B	3	
Unithroid (Oral Tablet)	B	3	
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
Isturisa (Oral Tablet)	B	5	PA; DL
Lysodren (Oral Tablet)	B	5	DL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			
Cabergoline (Oral Tablet)	G	3	
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	5	PA; DL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	4	PA
Leuprolide Acetate (Injection Kit)	G	4	PA
Lupron Depot (1-Month) (Intramuscular Kit)	B	5	PA; DL
Lupron Depot (3-Month) (Intramuscular Kit)	B	5	PA; DL
Lupron Depot (4-Month) (Intramuscular Kit)	B	5	PA; DL
Lupron Depot (6-Month) (Intramuscular Kit)	B	5	PA; DL
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	G	5	PA; DL
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	G	4	PA
Orgovyx (Oral Tablet)	B	5	PA; DL; QL
Signifor (Subcutaneous Solution)	B	5	PA; DL
Somavert (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Synarel (Nasal Solution)	B	5	DL
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	5	PA; DL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	♦
Propylthiouracil (Oral Tablet)	G	2	
Immunological Agents			
Angioedema Agents			
Berinerx (Intravenous Kit)	B	5	PA; DL
Cinryze (Intravenous Solution Reconstituted)	B	5	PA; DL
Haegarda (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Icatibant Acetate (Subcutaneous Solution)	G	5	PA; DL; QL
Ruconest (Intravenous Solution Reconstituted)	B	5	PA; DL
Sajazir (Subcutaneous Solution)	G	5	PA; DL; QL
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	5	PA; DL
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	5	PA; DL
Gammagard (2.5GM/25ML Injection Solution)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	5	PA; DL
Gammaked (1GM/10ML Injection Solution)	B	5	PA; DL
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	5	PA; DL
Gamunex-C (1GM/10ML Injection Solution)	B	5	PA; DL
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	5	PA; DL
Panzyga (Intravenous Solution)	B	5	PA; DL
Privigen (20GM/200ML Intravenous Solution)	B	5	PA; DL
Immunological Agents, Other			
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Actemra (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Arcalyst (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Benlysta (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Dupixent (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Otezla (Oral Tablet)	B	5	PA; DL; QL
Otezla (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Ridaura (Oral Capsule)	B	5	DL
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	5	PA; DL; QL
Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Stelara (Subcutaneous Solution)	B	5	PA; DL; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Tremfya (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Xeljanz (Oral Solution)	B	5	PA; DL; QL
Xeljanz (Oral Tablet Immediate Release)	B	5	PA; DL; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	5	PA; DL; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Xolair (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	5	DL
Besremi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Intron A (Injection Solution Reconstituted)	B	5	PA; DL
Pegasys (Subcutaneous Solution)	B	5	PA; DL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Immunosuppressants			
Azathioprine (50MG Oral Tablet)	G	2	B/D,PA
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL; QL
Cimzia (Subcutaneous Kit)	B	5	PA; DL; QL
Cyclosporine Modified (Oral Capsule)	G	3	B/D,PA
Cyclosporine Modified (Oral Solution)	G	3	B/D,PA
Cyclosporine (Oral Capsule)	G	3	B/D,PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	5	PA; DL; QL
Enbrel (Subcutaneous Solution)	B	5	PA; DL; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Enbrel (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	4	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	5	B/D,PA; DL
Gengraf (Oral Capsule)	G	3	B/D,PA
Gengraf (Oral Solution)	G	3	B/D,PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL; QL
Humira Pen (Subcutaneous Pen-Injector Kit)	B	5	PA; DL; QL
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	B	5	PA; DL
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)	B	5	PA; DL
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.8ML Subcutaneous Pen-Injector Kit)	B	5	PA; DL; QL
Humira (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL; QL
Leflunomide (Oral Tablet)	G	2	
Methotrexate (Oral Tablet)	G	2	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	2	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	2	
Mycophenolate Mofetil (Oral Capsule)	G	3	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	5	B/D,PA; DL
Mycophenolate Mofetil (Oral Tablet)	G	3	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	4	B/D,PA
Prograf (Oral Packet)	B	4	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	4	PA
Sandimmune (Oral Solution)	B	4	B/D,PA
Simponi (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Simponi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Sirolimus (Oral Solution)	G	5	B/D,PA; DL
Sirolimus (Oral Tablet)	G	4	B/D,PA
Tacrolimus (Oral Capsule)	G	3	B/D,PA
Trexall (Oral Tablet)	G	4	
Xatmep (Oral Solution)	B	4	PA
Zortress (1MG Oral Tablet)	B	5	B/D,PA; DL
Vaccines			
ActHIB (Intramuscular Solution Reconstituted)	B	3	QL
Adacel (Intramuscular Suspension)	B	3	QL
BCG Vaccine (Injection Solution Reconstituted)	B	3	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Boostrix (Intramuscular Suspension)	B	3	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Daptacel (Intramuscular Suspension)	B	3	QL
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	3	QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Engerix-B (Injection Suspension)	B	3	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	3	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Havrix (Intramuscular Suspension)	B	3	QL
Hiberix (Injection Solution Reconstituted)	B	3	QL
Imovax Rabies (Intramuscular Injectable)	B	3	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	3	QL
IPOL (Injection)	B	3	QL
Ixiaro (Intramuscular Suspension)	B	3	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Menactra (Intramuscular Solution)	B	3	QL
MenQuadfi (Intramuscular Solution)	B	3	QL
Menveo (Intramuscular Solution Reconstituted)	B	3	QL
M-M-R II (Injection Solution Reconstituted)	B	3	QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Pedvax HIB (Intramuscular Suspension)	B	3	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	3	QL
PreHevbrio (Intramuscular Suspension)	B	3	B/D,PA; QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	3	QL
Quadracel (Intramuscular Suspension)	B	3	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	3	B/D,PA; QL
Rotarix (Oral Suspension Reconstituted)	B	3	QL
RotaTeq (Oral Solution)	B	3	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	3	PA; QL
TDVAX (Intramuscular Suspension)	B	3	QL
Tenivac (Intramuscular Injectable)	B	3	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Typhim Vi (Intramuscular Solution)	B	3	QL
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	3	QL
VAQTA (Intramuscular Suspension)	B	3	QL
Varivax (Subcutaneous Injectable)	B	3	QL
YF-Vax (Subcutaneous Injectable)	B	3	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Apriso (Oral Capsule Extended Release 24 Hour)	B	3	QL
Balsalazide Disodium (Oral Capsule)	G	4	
Dipentum (Oral Capsule)	B	5	DL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	3	QL
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	3	QL
Mesalamine (Rectal Enema)	G	4	QL
Mesalamine (Rectal Suppository)	G	4	QL
Pentasa (Oral Capsule Extended Release)	B	4	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	2	
Sulfasalazine (Oral Tablet Delayed Release)	G	2	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	5	ST; DL
Budesonide (Oral Capsule Delayed Release Particles)	G	4	
Hydrocortisone (Perianal) (2.5% External Cream)	G	2	
Hydrocortisone (Rectal Enema)	G	4	
Procto-Med HC (External Cream)	G	2	
Procto-Pak (External Cream)	G	2	
Proctosol HC (External Cream)	G	2	
Proctozone-HC (External Cream)	G	2	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (Oral Solution)	G	4	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL ♦
Calcitonin Salmon (Nasal Solution)	G	3	QL
Calcitriol (Oral Capsule)	G	2	B/D,PA
Calcitriol (Oral Solution)	G	2	B/D,PA
Cinacalcet HCl (30MG Oral Tablet)	G	4	B/D,PA; QL
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	G	5	B/D,PA; DL; QL
Doxercalciferol (Oral Capsule)	G	4	B/D,PA
Forteo (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Ibandronate Sodium (Oral Tablet)	G	2	QL
Natpara (Subcutaneous Cartridge)	B	5	PA; DL
Paricalcitol (Oral Capsule)	G	4	B/D,PA

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prolia (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Rayaldee (Oral Capsule Extended Release)	B	5	DL; QL
Risedronate Sodium (Oral Tablet Immediate Release)	G	3	QL
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Xgeva (Subcutaneous Solution)	B	5	PA; DL
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	G	3	
Gauze (Non-medicated 2X2 Pad)	G	3	
Insulin Syringes, Needles	G	3	
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	B	3	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	3	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	3	
Combigan (Ophthalmic Solution)	B	3	
Cystaran (Ophthalmic Solution)	B	5	DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	2	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	4	
Lacrisert (Ophthalmic Insert)	B	4	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	2	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	4	
Pred-G (Ophthalmic Suspension)	B	4	
Pred-G S.O.P. (Ophthalmic Ointment)	B	4	
Restasis MultiDose (Ophthalmic Emulsion)	B	3	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	3	QL
Rocklatan (Ophthalmic Solution)	B	3	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	2	
TobraDex (Ophthalmic Ointment)	B	3	
TobraDex ST (Ophthalmic Suspension)	B	4	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	3	
Xiidra (Ophthalmic Solution)	B	4	QL
Ophthalmic Anti-allergy Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Alocril (Ophthalmic Solution)	B	4	
Alomide (Ophthalmic Solution)	B	4	
Azelastine HCl (Ophthalmic Solution)	G	3	
Bepotastine Besilate (Ophthalmic Solution)	G	4	
Bepreve (Ophthalmic Solution)	B	4	
Cromolyn Sodium (Ophthalmic Solution)	G	2	
Epinastine HCl (Ophthalmic Solution)	G	3	
Olopatadine HCl (Ophthalmic Solution)	G	3	
Ophthalmic Anti-Infectives			
Bacitracin (Ophthalmic Ointment)	G	2	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	2	
Besivance (Ophthalmic Suspension)	B	4	
Ciloxan (Ophthalmic Ointment)	B	4	
Ciprofloxacin HCl (Ophthalmic Solution)	G	2	
Erythromycin (Ophthalmic Ointment)	G	2	
Gatifloxacin (Ophthalmic Solution)	G	3	
Gentak (Ophthalmic Ointment)	G	2	
Gentamicin Sulfate (Ophthalmic Solution)	G	2	
Levofloxacin (0.5% Ophthalmic Solution)	G	3	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	4	
Natacyn (Ophthalmic Suspension)	B	4	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	3	
Ofloxacin (Ophthalmic Solution)	G	2	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	2	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	2	
Sulfacetamide Sodium (Ophthalmic Solution)	G	2	
Tobramycin (Ophthalmic Solution)	G	2	
Tobrex (Ophthalmic Ointment)	B	4	
Trifluridine (Ophthalmic Solution)	G	3	
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	2	
Diclofenac Sodium (Ophthalmic Solution)	G	2	

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 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Flarex (Ophthalmic Suspension)	B	4	
Fluorometholone (Ophthalmic Suspension)	G	3	
Flurbiprofen Sodium (Ophthalmic Solution)	G	2	
FML Forte (Ophthalmic Suspension)	B	4	
FML (Ophthalmic Ointment)	B	4	
Ilevro (Ophthalmic Suspension)	B	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	3	
Lotemax (Ophthalmic Gel)	B	4	
Lotemax (Ophthalmic Ointment)	B	4	
Lotemax (Ophthalmic Suspension)	B	4	
Lotemax SM (Ophthalmic Gel)	B	4	
Loteprednol Etabonate (Ophthalmic Gel)	G	4	
Loteprednol Etabonate (Ophthalmic Suspension)	G	4	
Pred Mild (Ophthalmic Suspension)	B	4	
Prednisolone Acetate (Ophthalmic Suspension)	G	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	2	
Prolensa (Ophthalmic Solution)	B	4	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	3	
Betimol (Ophthalmic Solution)	B	4	
Carteolol HCl (Ophthalmic Solution)	G	2	
Levobunolol HCl (Ophthalmic Solution)	G	2	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	3	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	♦
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (0.1% Ophthalmic Solution)	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	3	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	B	4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	2	
Brinzolamide (Ophthalmic Suspension)	G	3	
Dorzolamide HCl (Ophthalmic Solution)	G	2	
Methazolamide (Oral Tablet)	G	4	
Pilocarpine HCl (Ophthalmic Solution)	G	3	
Rhopressa (Ophthalmic Solution)	B	3	ST
Simbrinza (Ophthalmic Suspension)	B	3	
Ophthalmic Prostaglandin and Prostanamide Analogs			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Latanoprost (Ophthalmic Solution)	G	1	♦
Lumigan (Ophthalmic Solution)	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	3	
Vyzulta (Ophthalmic Solution)	B	4	
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	2	
Cipro HC (Otic Suspension)	B	4	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	4	
Flac (Otic Oil)	G	4	
Fluocinolone Acetonide (Otic Oil)	G	4	
Hydrocortisone-Acetic Acid (Otic Solution)	G	3	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	3	
Neomycin-Polymyxin-HC (Otic Suspension)	G	3	
Ofloxacin (Otic Solution)	G	3	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	G	3	
Azelastine-Fluticasone (Nasal Suspension)	G	4	
Cetirizine HCl (1MG/ML Oral Solution)	G	2	
Cyproheptadine HCl (Oral Syrup)	G	4	
Cyproheptadine HCl (Oral Tablet)	G	4	
Dymista (Nasal Suspension)	B	4	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	QL ♦
Anti-inflammatories, Inhaled Corticosteroids			
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Budesonide (Inhalation Suspension)	G	4	B/D,PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Flovent HFA (Inhalation Aerosol)	B	3	QL
Flunisolide (Nasal Solution)	G	1	♦
Fluticasone Propionate (Nasal Suspension)	G	2	
Mometasone Furoate (Nasal Suspension)	G	4	
Antileukotrienes			

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You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Montelukast Sodium (Oral Packet)	G	2	QL
Montelukast Sodium (Oral Tablet)	G	1	QL ♦
Montelukast Sodium (Oral Tablet Chewable)	G	2	QL
Zafirlukast (Oral Tablet)	G	3	QL
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	5	ST; DL
Zyflo (Oral Tablet Immediate Release)	B	5	ST; DL
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	4	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Ipratropium Bromide (Inhalation Solution)	G	2	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	2	
Lonhala Magnair (Inhalation Solution)	B	5	DL; QL
Spiriva HandiHaler (Inhalation Capsule)	B	3	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	3	QL
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	2	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	2	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	4	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	4	
Epinephrine (Injection Solution Auto-Injector)	G	3	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	4	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	4	B/D,PA
Perforomist (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
ProAir HFA (Inhalation Aerosol Solution)	B	3	
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	3	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Cystic Fibrosis Agents			
Cayston (Inhalation Solution Reconstituted)	B	5	PA; DL
Kalydeco (Oral Packet)	B	5	PA; DL; QL
Kalydeco (Oral Tablet)	B	5	PA; DL; QL
Orkambi (Oral Packet)	B	5	PA; DL; QL
Orkambi (Oral Tablet)	B	5	PA; DL; QL
Pulmozyme (Inhalation Solution)	B	5	B/D,PA; DL; QL
TOBI Podhaler (Inhalation Capsule)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tobramycin (Inhalation Nebulization Solution)	G	5	B/D,PA; DL; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	5	B/D,PA; DL
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	4	PA; QL
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	2	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	2	
Theophylline (Oral Solution)	G	2	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	5	PA; DL
Alyq (Oral Tablet)	G	4	PA; QL
Ambrisentan (Oral Tablet)	G	5	PA; DL; QL
Bosentan (Oral Tablet)	G	5	PA; DL; QL
Opsumit (Oral Tablet)	B	5	PA; DL
Orenitram (0.125MG Oral Tablet Extended Release)	B	4	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	5	PA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	3	PA; QL
Tadalafil (PAH) (20MG Oral Tablet)	G	4	PA; QL
Tracleer (Oral Tablet Soluble)	B	5	PA; DL; QL
Ventavis (Inhalation Solution)	B	5	PA; DL; QL
Pulmonary Fibrosis Agents			
Esbriet (Oral Capsule)	B	5	PA; DL; QL
Esbriet (Oral Tablet)	B	5	PA; DL; QL
Ofev (Oral Capsule)	B	5	PA; DL; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	2	B/D,PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Advair HFA (Inhalation Aerosol)	B	3	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	3	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Breztri Aerosphere (Inhalation Aerosol)	B	3	QL
Combivent Respimat (Inhalation Aerosol Solution)	B	3	QL
Dulera (Inhalation Aerosol)	B	4	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
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	3	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D,PA ♦
Nucala (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Nucala (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	3	QL
Symbicort (Inhalation Aerosol)	B	3	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	3	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	3	
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	
Cyclobenzaprine HCl (7.5MG Oral Tablet)	G	4	
Methocarbamol (Oral Tablet)	G	3	QL
Sleep Disorder Agents			
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	3	QL
Eszopiclone (Oral Tablet)	G	3	QL
Hetlioz LQ (Oral Suspension)	B	5	PA; DL; QL
Hetlioz (Oral Capsule)	B	5	PA; DL; QL
Ramelteon (Oral Tablet)	G	4	QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	2	QL
Zaleplon (Oral Capsule)	G	3	QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	4	PA; QL
Modafinil (Oral Tablet)	G	3	PA; QL
Xyrem (Oral Solution)	B	5	PA; DL; QL

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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 UnitedHealthcare 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
Abacavir-Lamivudine-Zidovudine (300-150-300MG Oral Tablet)	G	Maximum of 2 tablets 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
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 (140MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 30 days
Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 30 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
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
Androderm (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	B	Maximum of 3 ml per day
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 3 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

Drug name	Brand or Generic	Quantity limit
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
Optiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Optiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules 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)	G	Maximum of 3 tablets per day
Aripiprazole ODT (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
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

Drug name	Brand or Generic	Quantity limit
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
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
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
BiDil (Oral Tablet)	B	Maximum of 6 tablets 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
Brukisa (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, 4-1MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG 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
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	B	Maximum of 2 tablets per day
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 (Oral Capsule)	B	Maximum of 2 capsules 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 Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per 28 days
Cimzia (2 X 200MG Subcutaneous 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-P (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

Drug name	Brand or Generic	Quantity limit
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
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
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
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
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 (200-25MG 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
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

Drug name	Brand or Generic	Quantity limit
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)	G	Maximum of 2 packs (120 capsules) per year
Diphtheria-Tetanus Toxoids DT (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
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 30MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day
Drizalma Sprinkle (40MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 3 capsules per day
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, 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
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

Drug name	Brand or Generic	Quantity limit
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
Edurant (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 (2.5MG Oral Tablet, 5MG 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 30 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 30 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
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel (Subcutaneous Solution Reconstituted)	B	Maximum of 8 vials per 28 days

Drug name	Brand or Generic	Quantity limit
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (10MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension)	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 (150-37.5MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Epclusa (200-50MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Epclusa (200-50MG Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (400-100MG 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 (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 9 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
Estradiol (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days

Drug name	Brand or Generic	Quantity limit
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 (120MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 80MG 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
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
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days

Drug name	Brand or Generic	Quantity limit
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 1 capsule per day
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
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Gilenya (0.5MG Oral Capsule)	B	Maximum of 1 pack (30 capsules) per 30 days
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
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

Drug name	Brand or Generic	Quantity limit
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
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/0.8ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year
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

Drug name	Brand or Generic	Quantity limit
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)	G	Maximum of 3 syringes (9 ml) per day
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 Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 grams per 30 days
Imovax Rabies (Intramuscular Injectable)	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
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (40MG Oral Capsule, 60MG Oral Capsule, 80MG 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

Drug name	Brand or Generic	Quantity limit
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
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)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG 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
Jentadueto (Oral Tablet Immediate Release)	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
Kalydeco (Oral Packet)	B	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	B	Maximum of 2 tablets 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

Drug name	Brand or Generic	Quantity limit
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
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	Maximum of 5 films 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 Tablet)	G	Maximum of 2 tablets per day
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
Lonhala Magnair (Inhalation Solution)	B	Maximum of 2 vials (2 ml) per day
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

Drug name	Brand or Generic	Quantity limit
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 (Oral Tablet)	B	Maximum of 8 tablets per day
Lybalvi (Oral Tablet)	B	Maximum of 1 tablet per day
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
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 8 tablets per day
Mayzent (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
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (2MG/ML 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)	B	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

Drug name	Brand or Generic	Quantity limit
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 (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
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 (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

Drug name	Brand or Generic	Quantity limit
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)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
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
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 (100MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
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
Norvir (Oral Solution)	B	Maximum of 16 ml 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 (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
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
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
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG 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

Drug name	Brand or Generic	Quantity limit
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 syringes (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
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 112 tablets per 28 days
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 (30MG Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxandrolone (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Oxandrolone (2.5MG Oral Tablet)	G	Maximum of 4 tablets per day
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/1.5ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.5 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
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 1 tablet per day
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 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	B	Maximum of 8 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 (15MG Oral Tablet)	G	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG 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
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
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, 150MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (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
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
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
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, 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
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
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
Royaldee (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
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, 10MCG/ML (1ML Syringe) 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
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

Drug name	Brand or Generic	Quantity limit
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
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
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
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet 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

Drug name	Brand or Generic	Quantity limit
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sajazir (Subcutaneous Solution)	G	Maximum of 3 syringes (9 ml) per day
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 (150MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 4 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
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
Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit)	B	Maximum of 1 kit per 28 days
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
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 6 pens (18 ml) per 30 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

Drug name	Brand or Generic	Quantity limit
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
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, 4-1MG Sublingual Film)	B	Maximum of 2 films per day
Suboxone (2-0.5MG 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
Symbicort (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

Drug name	Brand or Generic	Quantity limit
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (PAH) (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Talzenna (0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Targretin (External Gel)	B	Maximum of 60 grams per 30 days
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
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Tecfidera Starter Pack (Oral)	B	Maximum of 2 packs (120 capsules) per year
Tecfidera (120MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tecfidera (240MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules 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
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

Drug name	Brand or Generic	Quantity limit
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Ticovac (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) (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (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
Tremfya (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (2 ml) per 56 days
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 ml) per 56 days
Trientine HCl (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
Trulance (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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
Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 1 capsule per day
Truseltiq (125MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 2 capsules per day
Truseltiq (50MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 2 capsules per day
Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 3 capsules 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
Ukoniq (Oral Tablet)	B	Maximum of 4 tablets per day
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

Drug name	Brand or Generic	Quantity limit
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules 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
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
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
Viibryd (Oral Tablet)	B	Maximum of 1 tablet per day
Viibryd Starter Pack (Oral Kit)	B	Maximum of 2 packs (60 tablets) per year
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
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Votrient (Oral Tablet)	B	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
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
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) (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 (Oral Tablet Titration 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) (1 x 40MG Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (1 x 80MG 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

Drug name	Brand or Generic	Quantity limit
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
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 (Oral Capsule)	B	Maximum of 3 capsules 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
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

Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay when you fill prescriptions for these drugs does not count toward your total drug costs. This means, the amount you pay doesn't help you qualify for catastrophic coverage. Also, if you're receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug name	Drug tier	Restrictions
Vitamins		
Folic Acid (1mg tablet)	2	
Cyanocobalamin (1000mcg/ml vial)	2	
Ergocalciferol (50000mcg capsule)	2	
Erectile Dysfunction		
Sildenafil (25mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (50mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (100mg tablet)	2	Maximum of 4 tablets per 30 days

Required information

Benefits, drug list (formulary), pharmacy network and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.

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