



Complete Drug List (Formulary) 2023

AARP® MedicareRx Saver Plus (PDP)

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 **1-866-460-8854**, TTY **711**

24 hours a day, 7 days a week



myAARPMedicare.com

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the Customer Service number on your UnitedHealthcare member ID card.

AARP® | Medicare Rx
from  **UnitedHealthcare®**

Formulary ID Number 00023001, Version 12
Y0066_060822_113745_C v268.01

Last updated October 1, 2022

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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 October 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 MedicareRx Saver Plus (PDP) plan.

Important message about what you pay for vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call UnitedHealthcare Customer Service for more information.

Important message about what you pay for insulin - You won't pay more than \$35 for a 1-month supply of each Part D insulin product covered by our plan, even if you haven't paid your deductible.

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 12-28 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 29-87. 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 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.
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.

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** (also called a Low Income Subsidy (LIS) Rider for people who get "Extra Help" paying for prescription drugs). 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 29. 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 the 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 the pharmacy when appropriate.

DL - Dispensing limit

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

What if my drug is not on this list?

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear 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 the 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	53
Abacavir Sulfate -Lamivudine	53
Abelcet	41
Abilify Maintena	50
Abiraterone Acetate	43
Acamprosate Calcium	31
Acarbose	56
Accutane	64
Acetaminophen -Caffeine -Dihydrocodeine	30
Acetaminophen -Codeine	30
Acetazolamide	60
Acetazolamide ER	60
Acetic Acid	84
Acetylcysteine	86
Acitretin	64
ActHIB	80
Actemra	78
Actemra ACTPen	78
Actimmune	79
Acyclovir	52
Acyclovir Sodium	52
Adacel	80
Adapalene	64
Adempas	86
Aimovig	42
Ala -Cort	64
Albendazole	48
Albuterol Sulfate	85
Albuterol Sulfate HFA	85
Alclometasone Dipropionate	64
Alcohol Prep Pads.....	82
Alecensa	45
Alendronate Sodium	82
Alfuzosin HCl ER	71
Aliskiren Fumarate	60
Allopurinol	42
Alosetron HCl	69
Alprazolam	55
Altavera	72
Alunbrig	45
Alyacen 1/35	72
AmBisome	41
Amabelz	72
Amantadine HCl	49
Amethia	73
Amikacin Sulfate	32
Amiloride HCl	61
Amiodarone HCl	59
Amitriptyline HCl	40
Amlodipine Besylate	60
Amlodipine -Benazepril	60
Ammonium Lactate	64
Amnesteem	64
Amoxapine	40
Amoxicillin	34
Amoxicillin -Potassium Clavulanate	34
Amoxicillin -Potassium Clavulanate ER	34
Amphetamine -Dextroamphetamine	63
Amphetamine -Dextroamphetamine ER	63
Amphotericin B	41
Ampicillin	34
Ampicillin Sodium	34
Ampicillin -Sulbactam Sodium	34
Anagrelide HCl	58
Anastrozole	45
Androderm	72
Anoro Ellipta	86
Apomorphine HCl	49
Apraclonidine HCl	84
Aprepitant	41
Apri	73
Apriso	81
Aptiom	38
Aptivus	54
Aralast NP	70
Aranella	73
Aranesp	58
Arcalyst	78
Aripiprazole	50
Aripiprazole ODT	50
Aristada	50
Aristada Initio	50
Armodafinil	87
ArmonAir Digihaler	84
Asenapine Maleate	50
Ashlyna	73

Aspirin -Dipyridamole ER58	Balziva73	Blisovi Fe 1.5/3073	
Atazanavir Sulfate54	Baqsimi One Pack56	Boostrix80	
Atenolol59	Baraclude52	Bosulif45	
Atenolol -Chlorthalidone60	Belsomra87	Braftovi45	
Atomoxetine HCl63	Benazepril HCl59	Breo Ellipta86	
Atorvastatin Calcium62	Benazepril -Hydrochlorothiazide60	Briellyn73	
Atovaquone48	Benlysta78	Brilinta58	
Atovaquone -Proguanil HCl . 48	Benznidazole48	Brimonidine Tartrate84	
Atropine Sulfate82	Benzoyl Peroxide -Erythromycin64	Bromocriptine Mesylate49	
Atrovent HFA85	Benztropine Mesylate49	Brukinsa45	
Aubra EQ73	Berinert78	Budesonide85	
Auryxia68	Besremi79	Budesonide ER81	
Austedo63	Betaine70	Bumetanide61	
Aviane73	Betamethasone Dipropionate65	Buprenorphine HCl31	
Ayvakit45	Betamethasone Dipropionate Aug65	Buprenorphine HCl -Naloxone HCl31	
Azathioprine79	Betamethasone Valerate65	Bupropion HCl39	
Azelaic Acid64	Betaxolol HCl84	Bupropion HCl SR39	
Azelastine HCl84	Bethanechol Chloride71	Bupropion HCl XL39	
Azithromycin35	Betimol84	Buspirone HCl55	
Aztreonam32	Bexarotene48	Butalbital -Acetaminophen -Caffeine30	
B			
BCG Vaccine80	Bexsero80	Butalbital -Aspirin -Caffeine .30	
BIVIGAM78	Bicalutamide43	Butorphanol Tartrate30	
BRIVIACT36	Bicillin C -R34	Bydureon BCise56	
Bacitracin83	Bicillin C -R 900/30034	C	
Bacitracin -Polymyxin B83	Bicillin L -A34	Cabergoline77	
Baclofen52	Biktarvy52	Cablivi58	
Balsalazide Disodium81	Bisoprolol Fumarate59	Cabometyx45	
Balversa45	Blisovi 24 Fe73	Calcipotriene66	
		Calcitonin Salmon82	

Calcitriol	82	Cefprozil	33	Clarithromycin	35
Calcium Acetate	68	Ceftazidime	33	Clarithromycin ER	35
Calquence	45	Ceftriaxone Sodium	33	Clenpiq	69
Camila	76	Cefuroxime Axetil	33	Climara Pro	73
Camrese Lo	73	Cefuroxime Sodium	33	Clindacin ETZ	66
Candesartan Cilexetil	59	Celontin	37	Clindamycin HCl	32
Caplyta	50	Cephalexin	33	Clindamycin Palmitate HCl ..	32
Caprelsa	45	Cetirizine HCl	84	Clindamycin Phosphate	66
Carbamazepine	38	Chemet	68	Clindamycin Phosphate in D5W	32
Carbamazepine ER	38	Chenodal	69	Clindamycin Phosphate -Benzoyl Peroxide	64
Carbidopa	49	Chlordiazepoxide HCl	55	Clobazam	37
Carbidopa -Levodopa	49	Chlorhexidine Gluconate	64	Clomipramine HCl	40
Carbidopa -Levodopa ER	49	Chloroquine Phosphate	48	Clonazepam	55
Carbidopa -Levodopa ODT ..	49	Chlorpromazine HCl	49	Clonazepam ODT	55
Carbidopa -Levodopa -Entacapone	49	Chlorthalidone	61	Clonidine	59
Carglumic Acid	67	Chlorzoxazone	87	Clonidine HCl	59
Carteolol HCl	84	Cholbam	70	Clonidine HCl ER	63
Cartia XT	60	Cholestyramine	62	Clopidogrel Bisulfate	59
Carvedilol	59	Cholestyramine Light	62	Clorazepate Dipotassium	55
Cayston	85	Ciclopirox	66	Clotrimazole	66
Cefaclor	33	Ciclopirox Olamine	66	Clotrimazole -Betamethasone	66
Cefadroxil	33	Cilostazol	58	Clozapine	51
Cefazolin Sodium	33	Cimduo	53	Clozapine ODT	51
Cefdinir	33	Cinacalcet HCl	82	Coartem	48
Cefepime HCl	33	Cinryze	78	Codeine Sulfate	30
Cefixime	33	Ciprofloxacin HCl	83	Colchicine	42
Cefotetan Disodium	33	Ciprofloxacin in D5W	35	Colestipol HCl	62
Cefoxitin Sodium	33	Citalopram Hydrobromide	39	Colistimethate Sodium	32
Cefpodoxime Proxetil	33	Claravis	64	Combivent Respimat	86

Cometriq	45	Daptomycin	32	Diclofenac Sodium ER	29
Complera	53	Daurismo	45	Dicloxacillin Sodium	34
Compro	40	Deblitane	76	Dicyclomine HCl	69
Constulose	69	Deferasirox	68	Dificid	35
Copiktra	45	Deferasirox Granules	68	Digitek	61
Corlanor	61	Deferiprone	68	Digoxin	61
Cosentyx	78	Delstrigo	53	Dihydroergotamine Mesylate	42
Cosentyx Sensoready	78	Demeclocycline HCl	36	Dilantin	38
Cotellic	45	Descovy	53	Dilantin INFATABS	38
Creon	70	Desipramine HCl	40	Dilt -XR	60
Crinone	76	Desmopressin Acetate	72	Diltiazem HCl	60
Cromolyn Sodium	86	Desmopressin Acetate Spray	72	Diltiazem HCl ER Beads	60
Cryselle -28	73	Desogestrel -Ethinyl Estradiol	73	Diltiazem HCl ER Coated Beads	60
Cyclobenzaprine HCl	87	Desonide	65	Dimethyl Fumarate	63
Cyclophosphamide	43	Desoximetasone	65	Dimethyl Fumarate Starter Pack	63
Cyclosporine	79	Desvenlafaxine Succinate ER	39	Diphenoxylate -Atropine	69
Cyclosporine Modified	79	Dexamethasone	71	Diphtheria -Tetanus Toxoids DT	80
Cyproheptadine HCl	84	Dexamethasone Sodium Phosphate	83	Disulfiram	31
Cyred EQ	73	Dexmethylphenidate HCl	63	Diuril	61
Cystadane	70	Dexmethylphenidate HCl ER	63	Divalproex Sodium	55
Cystagon	70	Dextrose	67	Divalproex Sodium ER	55
Cystaran	82	Dextrose -NaCl	67	Dofetilide	59
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Dalfampridine ER	63	Diacomit	37	Dolishale	73
Daliresp	86	Diazepam	55	Donepezil HCl	39
Danazol	72	Diazepam Intensol	55	Donepezil HCl ODT	39
Dantrolene Sodium	52	Diazoxide	56	Dorzolamide HCl	84
Dapsone	43	Diclofenac Potassium	29	Dorzolamide HCl -Timolol Maleate	82
Daptacel	80	Diclofenac Sodium	83	Dorzolamide HCl -Timolol Maleate Preservative Free	82

Dovato	52	Emoquette	73	Errin	76
Doxazosin Mesylate	59	Emsam	39	Ertapenem Sodium	35
Doxepin HCl	65	Emtricitabine	53	Ery	66
Doxercalciferol	82	Emtricitabine -Tenofovir Disoproxil Fumarate	53	Erythrocin Lactobionate	35
Doxy 100	36	Emtriva	53	Erythromycin	83
Doxycycline Hyclate	36	Enalapril Maleate	59	Erythromycin Base	35
Doxycycline Monohydrate	36	Enalapril -Hydrochlorothiazide	61	Erythromycin Ethylsuccinate	35
Drizalma Sprinkle	63	Endocet	30	Esbriet	86
Dronabinol	41	Engerix -B	80	Escitalopram Oxalate	39
Drospirenone -Ethinyl Estradiol	73	Enoxaparin Sodium	57	Estarylla	73
Droxia	44	Enpresse -28	73	Estradiol	73
Droxidopa	59	Enskyce	73	Estradiol Valerate	73
Duavee	73	Entacapone	49	Estradiol -Norethindrone Acetate	73
Dulera	86	Entecavir	52	Estring	73
Duloxetine HCl	63	Entresto	61	Ethambutol HCl	43
Dupixent	78	Enulose	69	Ethosuximide	37
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Edurant	53	Envarsus XR	79	Ethinodiol Diacetate -Ethinyl Estradiol	73
Efavirenz	53	Epclusa	52	Etonogestrel -Ethinyl Estradiol	73
Efavirenz -Emtricitabine -Tenofovir	53	Epidiolex	36	Etravirine	53
Efavirenz -Lamivudine -Tenofovir	53	Epinastine HCl	83	Euthyrox	77
Egrifta SV	72	Epinephrine	85	Everolimus	79
Elestrin	73	Epitol	38	Evotaz	54
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Emgality	43	Erleada	43	Falmina	73
		Erlotinib HCl	46	Famciclovir	52

Famotidine	70	Fluocinonide Emulsified Base	65	Gavreto	46
Fanapt	50	Fluorometholone	83	Gemfibrozil	62
Fanapt Titration Pack	50	Fluorouracil	66	Generlac	69
Farxiga	56	Fluoxetine HCl	40	Gengraf	79
Fasenra	86	Fluphenazine Decanoate	49	Genotropin	72
Fasenra Pen	86	Fluphenazine HCl	49	Genotropin MiniQuick	72
Febuxostat	42	Flurbiprofen Sodium	83	Gentak	83
Felbamate	36	Fluticasone Propionate	85	Gentamicin Sulfate	83
Femynor	73	Fluticasone -Salmeterol	86	Gentamicin Sulfate -0.9% Sodium Chloride	32
Fenofibrate	61	Fluvoxamine Maleate	40	Genvoya	52
Fentanyl	29	Fondaparinux Sodium	57	Gilenya	64
Fentanyl Citrate	30	Formoterol Fumarate	85	Gilotrif	46
Ferriprox	68	Fosamprenavir Calcium	54	Glatiramer Acetate	64
Fetzima	39	Fosinopril Sodium	59	Glatopa	64
Fetzima Titration	39	Fotivda	44	Glimepiride	56
Finacea	64	Furosemide	61	Glipizide	56
Finasteride	71	Fuzeon	54	Glipizide ER	56
Fintepla	36	Fyavolv	73	Glipizide -Metformin HCl	56
Firmagon	77	Fycompa	36	Glucagon	56
Flac	84	G		Glycopyrrolate	69
Flebogamma DIF	78	Gabapentin	37	Glyxambi	56
Flecainide Acetate	59	Gammagard S/D Less IgA ...	78	Granisetron HCl	41
Fluconazole	41	Gammaked	78	Griseofulvin Microsize	41
Fluconazole in Sodium Chloride	41	Gammaflex	78	Griseofulvin Ultramicrosize ...	41
Flucytosine	41	Gardasil 9	80	Guanfacine HCl	59
Fludrocortisone Acetate	71	Gattex	69	Gvoke HypoPen 2 -Pack	56
Flunisolide	85	Gauze	82	Gvoke Kit	56
Fluocinolone Acetonide	84	GaviLyte -C	69	Gvoke PFS	56
Fluocinonide	65	GaviLyte -G	70		

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Haegarda	78
Hailey 24 Fe	73
Halobetasol Propionate	65
Haloperidol	50
Haloperidol Decanoate	49
Haloperidol Lactate	50
Havrix	80
Heparin Sodium	57
Hetlioz	87
Hetlioz LQ	87
Hiberix	80
Humalog	57
Humalog Junior KwikPen	57
Humalog KwikPen	57
Humalog Mix 50/50	57
Humalog Mix 50/50 KwikPen	57
Humalog Mix 75/25	57
Humalog Mix 75/25 KwikPen	57
Humira	79
Humira Pediatric Crohns Start	79
Humira Pen	79
Humira Pen Crohns Disease Starter	79
Humira Pen Psoriasis Starter	79
Humira Pen -Pediatric UC Start	79
Humulin 70/30	57
Humulin 70/30 KwikPen	57
Humulin N	57
Humulin N KwikPen	57
Humulin R	57
Humulin R U -500	57
Humulin R U -500 KwikPen	57
Hydralazine HCl	62
Hydrochlorothiazide	61
Hydrocodone -Acetaminophen	30
Hydrocodone -Ibuprofen	30
Hydrocortisone	81
Hydrocortisone Butyrate	65
Hydrocortisone Valerate	65
Hydrocortisone -Acetic Acid	84
Hydromorphone HCl	30
Hydromorphone HCl Preservative Free	30
Hydroxychloroquine Sulfate	48
Hydroxyurea	44
Hydroxyzine HCl	55
Hydroxyzine Pamoate	55
I	
IDHIFA	44
IPOL	80
Ibandronate Sodium	82
Ibrance	46
Ibu	29
Ibuprofen	29
Iclevia	73
Iclusig	46
Icosapent Ethyl	62
Imatinib Mesylate	46
Imbruvica	46
Imipenem -Cilastatin	35
Imipramine HCl	40
Imipramine Pamoate	40
Imiquimod	66
Imovax Rabies	80
Impavido	48
Incassia	76
Increlex	72
Indapamide	61
Indomethacin	29
Infanrix	80
Inlyta	46
Inqovi	46
Inrebic	46
Insulin Syringes, Needles	82
Intelence	53
Intralipid	67
Intron A	79
Introvale	73
Invega Hafyera	50
Invega Sustenna	50
Invega Trinza	50
Ipratropium Bromide	85
Ipratropium -Albuterol	86
Irbesartan	59
Irbesartan -Hydrochlorothiazide	61
Iressa	46
Isentress	53

Isentress HD	52	Juxtapid	62	LARIN Fe 1.5/30	74
Isibloom	73			LARIN Fe 1/20	74
Isolyte -P in D5W	67	K		Labetalol HCl	60
Isolyte -S pH 7.4	67	KCl in Dextrose -NaCl	67	Lacosamide	38
Isoniazid	43	KCl -Lactated Ringers -D5W	67	Lacrisert	82
Isosorbide Dinitrate	62	Kaitlib Fe	74	Lactulose	69
Isosorbide Mononitrate	62	Kalydeco	85	Lamivudine	53
Isosorbide Mononitrate ER	62	Kariva	74	Lamivudine -Zidovudine	53
Isotretinoin	64	Kelnor 1/35	74	Lamotrigine	37
Isturisa	77	Kelnor 1/50	74	Lantus	57
Itraconazole	41	Kerendia	61	Lantus SoloStar	57
Ivermectin	48	Ketoconazole	67	Lapatinib Ditosylate	46
Ixiaro	80	Ketorolac Tromethamine	83	Larissia	74
		Kinrix	80	Latanoprost	84
J		Kisqali	46	Latuda	50
Jakafi	46	Kisqali Femara	46	Layolis Fe	74
Jantoven	57	Klor -Con	67	Leena	74
Jardiance	56	Klor -Con 10	67	Leflunomide	79
Jasmiel	73	Klor -Con 8	67	Lenalidomide	44
Jentadueto	56	Klor -Con M10	67	Lenvima 10MG Daily Dose	46
Jentadueto XR	56	Klor -Con M15	67	Lenvima 12MG Daily Dose	46
Jinteli	74	Klor -Con M20	67	Lenvima 14MG Daily Dose	46
Jublia	67	Kombiglyze XR	56	Lenvima 18MG Daily Dose	46
Juleber	74	Korlym	72	Lenvima 20MG Daily Dose	46
Juluca	53	Koselugo	46	Lenvima 24MG Daily Dose	47
Junel 1.5/30	74	Kurvelo	74	Lenvima 4MG Daily Dose	47
Junel 1/20	74	Kynmobi	49	Lenvima 8MG Daily Dose	47
Junel Fe 1.5/30	74			Lessina	74
Junel Fe 1/20	74	L		Letrozole	45
Junel Fe 24	74	LARIN 1.5/30	74		
		LARIN 1/20	74		

Leucovorin Calcium	48	Lithium Carbonate	55	Malathion	66
Leukeran	43	Lithium Carbonate ER	55	Maraviroc	54
Leuprolide Acetate	77	Lokelma	69	Marlissa	74
Levetiracetam	37	Lonhala Magnair	85	Marplan	39
Levetiracetam ER	37	Lonsurf	44	Matulane	43
Levo -T	77	Loperamide HCl	69	Mavyret	52
Levobunolol HCl	84	Lopinavir -Ritonavir	54	Meclizine HCl	40
Levocarnitine	70	Lorazepam	55	Medroxyprogesterone Acetate	76
Levocetirizine Dihydrochloride	84	Lorazepam Intensol	55	Mefloquine HCl	48
Levofloxacin	83	Lorbrena	47	Megestrol Acetate	76
Levofloxacin in D5W	35	Loryna	74	Mekinist	47
Levonest	74	Losartan Potassium	59	Mektovi	47
Levonorgestrel -Ethinyl Estradiol	74	Losartan Potassium -HCTZ ..	61	Meloxicam	29
Levonorgestrel -Ethinyl Estradiol & Ethinyl Estradiol .	74	Lovastatin	62	Memantine HCl	39
Levonorgestrel -Ethinyl Estradiol 91 -Day	74	Low -Ogestrel	74	Memantine HCl ER	39
Levora 0.15/30	74	Loxapine Succinate	50	Memantine HCl Titration Pak	39
Levothyroxine Sodium	77	Lumakras	44	MenQuadfi	80
Levoxyl	77	Lupron Depot	77	Menactra	80
Lexiva	54	Lutera	74	Menest	74
Lidocaine	31	Lybalvi	50	Menveo	80
Lidocaine HCl	31	Lyleq	76	Mercaptopurine	44
Lidocaine Viscous	31	Lynparza	47	Meropenem	35
Lidocaine -Prilocaine	31	Lysodren	77	Mesalamine	81
Linezolid	32	Lyumjev	57	Mesalamine ER	81
Linzess	69	Lyumjev KwikPen	57	Mesnex	48
Liothyronine Sodium	77	Lyza	76	Metformin HCl	56
Lisinopril	59	M		Metformin HCl ER	56
Lisinopril -Hydrochlorothiazide	61	M -M -R II	80	Methadone HCl	29
		Magnesium Sulfate	67	Methamphetamine HCl	63

Methazolamide	84	Mirtazapine	39	Natacyn	83	
Methenamine Hippurate	32	Mirtazapine ODT	39	Nateglinide	56	
Methimazole	77	Mirvaso	64	Natpara	82	
Methotrexate Sodium	79	Misoprostol	70	Nayzilam	37	
Methylphenidate HCl	63	Modafinil	87	Necon 0.5/35	75	
Methylphenidate HCl ER	63	Molindone HCl	50	Nefazodone HCl	40	
Methylprednisolone	71	Mometasone Furoate	65	Neomycin Sulfate	32	
Metoclopramide HCl	41	Montelukast Sodium	85	Neomycin -Bacitracin -Polymyxin	83	
Metolazone	61	Morphine Sulfate	30	Neomycin -Polymyxin -Bacitracin -Hydrocortisone . .	82	
Metoprolol Succinate ER	60	Morphine Sulfate ER	29	Neomycin -Polymyxin -Dexamethasone	82	
Metoprolol Tartrate	60	Motegrity	69	Neomycin -Polymyxin -Gramicidin	83	
Metoprolol -Hydrochlorothiazide	61	Movantik	69	Neomycin -Polymyxin -HC . . .	84	
Metronidazole	32	Moxifloxacin HCl	83	Nerlynx	47	
Metyrosine	61	Moxifloxacin HCl in NaCl	36	Neuac	64	
Mexiletine HCl	59	Mupirocin	67	Neulasta	58	
Micafungin Sodium	41	Myalept	70	Neupro	49	
Miconazole 3	41	Mycophenolate Mofetil	79	Nevirapine	53	
Microgestin 1.5/30	74	Mycophenolate Sodium	79	Nevirapine ER	53	
Microgestin 1/20	74	Myorisan	64	Niacin ER	62	
Microgestin 24 Fe	74	Myrbetriq	71	Nicotrol	31	
Microgestin Fe 1.5/30	74	N			Nikki	75
Microgestin Fe 1/20	74	Nafcillin Sodium	34	Nilutamide	43	
Midodrine HCl	59	Naloxone HCl	31	Nimodipine	60	
Migergot	42	Naltrexone HCl	31	Ninlaro	44	
Miglustat	70	Namzaric	39	Nitazoxanide	48	
Mili	74	Naproxen	29	Nitisinone	70	
Mimvey	74	Naproxen DR	29	Nitro -Bid	62	
Minocycline HCl	36	Naratriptan HCl	42	Nitrofurantoin	32	
Minoxidil	62	Narcan	31			

Nitrofurantoin Macrocrystal .32	Nystatin67	Oxandrolone72
Nitrofurantoin Monohydrate .32	Nystop67	Oxcarbazepine38
Nitroglycerin62	O	Oxybutynin Chloride71
Nitrostat63	Ocella75	Oxybutynin Chloride ER71
Nizatidine70	Octagam78	Oxycodone HCl31
Nora -BE76	Octreotide Acetate77	Oxycodone -Acetaminophen31
Norethindrone76	Odefsey54	P
Norethindrone Acetate76	Odanzo47	PEG -3350 -Electrolytes70
Norethindrone Acetate -Ethinyl Estradiol75	Ofev86	PEG -3350 -NaCl -Na Bicarbonate -KCl70
Norethindrone Acetate -Ethinyl Estradiol -Fe75	Ofloxacin84	Pacerone59
Norgestimate -Ethinyl Estradiol75	Olanzapine51	Paliperidone ER51
Norgestimate -Ethinyl Estradiol Triphasic75	Olanzapine ODT51	Panretin48
Nortrel 0.5/3575	Olopatadine HCl83	Pantoprazole Sodium70
Nortrel 1/3575	Omeprazole70	Panzyga78
Nortrel 7/7/775	Ondansetron HCl41	Paricalcitol82
Nortriptyline HCl40	Ondansetron ODT41	Paromomycin Sulfate32
Norvir54	Onglyza56	Paroxetine HCl40
Nubeqa43	Onureg44	Paser43
Nucala87	Opsumit86	Pediarix80
Nuedexta63	Orencia78	Pedvax HIB80
Nuplazid50	Orencia ClickJect78	Pegasys79
Nurtec ODT42	Orenitram86	Pemazyre44
Nutrilipid67	Orfadin70	Penicillamine71
Nyamyc67	Orgovyx77	Penicillin G Potassium35
Nylia 1/3575	Orkambi85	Penicillin G Procaine35
Nylia 7/7/775	Oseltamivir Phosphate55	Penicillin G Sodium35
Nymalize60	Osphena76	Penicillin V Potassium35
Nymyo75	Oxacillin Sodium35	Pentacel80
	Oxacillin Sodium in Dextrose34	Pentamidine Isethionate48

Pentoxifylline ER	61	Portia -28	75	Priftin	43
Perforomist	85	Posaconazole	42	Primaquine Phosphate	48
Periogard	64	Potassium Chloride	68	Primidone	37
Permethrin	66	Potassium Chloride CR	68	Priorix	81
Perphenazine	41	Potassium Chloride ER	68	Privigen	78
Perseris	51	Potassium Chloride in Dextrose	68	ProQuad	81
Phenelzine Sulfate	39	Potassium Chloride in NaCl	68	Probenecid	42
Phenobarbital	37	Potassium Citrate ER	68	Probenecid -Colchicine	42
Phenytek	38	Pramipexole Dihydrochloride	49	Prochlorperazine	41
Phenytoin	38	Pravastatin Sodium	62	Prochlorperazine Maleate	41
Phenytoin Sodium Extended	38	Praziquantel	48	Procrit	58
Phoslyra	68	Prazosin HCl	59	Procto -Med HC	81
Pifeltro	53	PreHevbrio	80	Procto -Pak	81
Pilocarpine HCl	84	Prednicarbate	65	Proctosol HC	82
Pimecrolimus	65	Prednisolone	72	Proctozone -HC	82
Pimozide	50	Prednisolone Acetate	83	Prograf	80
Pimtreea	75	Prednisolone Sodium Phosphate	83	Prolastin -C	71
Pioglitazone HCl	56	Prednisone	72	Prolensa	84
Piperacillin -Tazobactam	35	Prednisone Intensol	72	Prolia	82
Piqray	47	Pregabalin	63	Promacta	58
Pirfenidone	86	Premarin	75	Promethazine HCl	41
Pirmella 1/35	75	Premasol	68	Promethegan	41
Plasma -Lyte 148	67	Premphase	75	Propafenone HCl	59
Plasma -Lyte A	67	Prempro	75	Propranolol HCl	60
Plenammine	67	Prenatal	69	Propranolol HCl ER	60
Podofilox	66	Prevalite	62	Propylthiouracil	77
Polymyxin B Sulfate	32	Prevymis	52	Prosol	68
Polymyxin B -Trimethoprim	83	Prezcobix	54	Protriptyline HCl	40
Pomalyst	44	Prezista	54	Pulmicort Flexhaler	85

Pulmozyme	85	Relenza Diskhaler	55	Ropinirole HCl	49
Purixan	44	Relistor	69	Rosuvastatin Calcium	62
Pyrazinamide	43	Repaglinide	56	RotaTeg	81
Pyridostigmine Bromide	43	Repatha	62	Rotarix	81
Pyridostigmine Bromide ER	43	Repatha Pushtronex System	62	Roweepra	37
Pyrimethamine	48	Repatha SureClick	62	Rozlytrek	47
Pyrukynd	58	Restasis MultiDose	83	Rubraca	47
Pyrukynd Taper Pack	58	Restasis Single -Use Vials	83	Rufinamide	38
Q					
Qinlock	44	Retacrit	58	Rukobia	54
Quadracel	81	Retevmo	44	Rydapt	47
Quetiapine Fumarate	51	Revcovi	71	Rytary	49
Quinapril HCl	59	Revlimid	44	S	
Quinapril -Hydrochlorothiazide	61	Rexulti	51	SPS	69
Quinidine Sulfate	59	Reyataz	54	SSD	66
Quinine Sulfate	48	Ribavirin	52	Sandimmune	80
R					
RAVICTI	71	Ridaura	78	Santyl	66
RabAvert	81	Rifabutin	43	Sapropterin Dihydrochloride	71
Raloxifene HCl	77	Rifampin	43	Savella	63
Ramipril	59	Riluzole	63	Savella Titration Pack	63
Ranolazine ER	61	Rimantadine HCl	55	Scemblix	47
Rasagiline Mesylate	49	Risperdal Consta	51	Scopolamine	41
Rasuvo	80	Risperidone	51	Secuado	51
Royaldee	82	Risperidone ODT	51	Selegiline HCl	49
Reclipsen	75	Ritonavir	54	Selenium Sulfide	65
Recombivax HB	81	Rivastigmine	39	Selzentry	54
Rectiv	63	Rivastigmine Tartrate	39	Serevent Diskus	85
Regranex	66	Rivelsa	75	Sertraline HCl	40
		Rizatriptan Benzoate	42	Setlakin	75
		Rizatriptan Benzoate ODT	42	Sevelamer Carbonate	69

Sharobel	76	Sronyx	75	T
Shingrix	81	Stelara	78	TDVAX
Signifor	77	Stiolto Respimat	87	TOBI Podhaler
Sildenafil Citrate	86	Stivarga	47	TPN Electrolytes
Silver Sulfadiazine	66	Streptomycin Sulfate	32	Tabloid
Simbrinza	84	Stribild	53	Tabrecta
Simvastatin	62	Suboxone	31	Tacrolimus
Sirolimus	80	Sucraid	71	Tafinlar
Sirturo	43	Sucrafate	70	Tagrisso
Sodium Chloride	68	Sulfacetamide Sodium	83	Talzenna
Sodium Fluoride	68	Sulfacetamide -Prednisolone	83	Tamoxifen Citrate
Sodium Phenylbutyrate	71	Sulfadiazine	36	Tamsulosin HCl
Sodium Polystyrene Sulfonate	69	Sulfamethoxazole -Trimethoprim	36	Tarina 24 Fe
Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate	70	Sulfasalazine	81	Tarina Fe 1/20 EQ
Solifenacin Succinate	71	Sulindac	29	Tasigna
Soliqua	56	Sumatriptan	42	Tazarotene
Soltamox	44	Sumatriptan Succinate	42	Tazicef
Somavert	77	Sunitinib Malate	47	Taztia XT
Sorafenib Tosylate	47	Suprax	34	Tazverik
Sorine	59	Suprep Bowel Prep Kit	70	Teflaro
Sotalol HCl	59	Syeda	75	Tegsedi
Sotalol HCl AF	59	Sympazan	38	Telmisartan
Spiriva HandiHaler	85	Symtuza	54	Temazepam
Spiriva Respimat	85	Synarel	77	Tenivac
Spirolactone	61	Synjardy	56	Tenofovir Disoproxil Fumarate
Spirolactone -HCTZ	61	Synjardy XR	56
Sprintec 28	75	Synribo	44	Tepmetko
Spritam ODT	37	Synthroid	77	Terazosin HCl
Sprycel	47			Terbinafine HCl
				Terconazole

Testosterone	72	Toujeo SoloStar	57	Trihexyphenidyl HCl	49
Testosterone Cypionate	72	Tradjenta	56	Trimethoprim	33
Testosterone Enanthate	72	Tramadol HCl	31	Trimipramine Maleate	40
Tetrabenazine	63	Tramadol HCl ER	30	Trintellix	40
Tetracycline HCl	36	Tramadol -Acetaminophen . .	31	Triumeq	54
Thalomid	44	Tranexamic Acid	58	Triumeq PD	54
Theophylline ER	86	Tranlycypromine Sulfate	39	Trivora	76
Thioridazine HCl	50	Travasol	68	Trizivir	54
Thiothixene	50	Trazodone HCl	40	TrophAmine	68
Tiadylt ER	60	Trecator	43	Trulance	69
Tiagabine HCl	38	Trelegy Ellipta	87	Trulicity	56
Tibsovo	47	Trelstar Mixject	77	Trumenba	81
Ticovac	81	Tretinoin	64	Truseltiq	44
Tigecycline	32	Trexall	80	Tukysa	45
Tilia Fe	75	Tri -Estarylla	75	Turalio	47
Timolol Maleate	84	Tri -Legest Fe	75	Twinrix	81
Timolol Maleate Ophthalmic Gel Forming	84	Tri -Lo -Estarylla	76	Tybost	54
Tinidazole	33	Tri -Lo -Sprintec	76	Tymlos	82
Tivicay	53	Tri -Mili	76	Typhim Vi	81
Tivicay PD	53	Tri -Nymyo	76	Tyvaso DPI Maintenance Kit	86
Tizanidine HCl	52	Tri -Sprintec	76	Tyvaso DPI Titration Kit	86
TobraDex	83	Tri -VyLibra	76	U	
Tobramycin	85	Tri -VyLibra Lo	76	Unithroid	77
Tobramycin Sulfate	32	Triamcinolone Acetonide	66	Ursodiol	70
Tobramycin -Dexamethasone	83	Triamterene -HCTZ	61	V	
Topiramate	37	Triderm	66	VAQTA	81
Toremifene Citrate	44	Trientine HCl	68	Valacyclovir HCl	52
Torse mide	61	Trifluoperazine HCl	50	Valchlor	43
Toujeo Max SoloStar	57	Trifluridine	83	Valganciclovir HCl	52

Valproic Acid	37	Vigabatrin	38	Xatmep	80
Valsartan	59	Vigadrone	38	Xcopri	37
Valsartan -Hydrochlorothiazide	61	Viibryd	40	Xeljanz	78
Valtoco 10MG Dose	38	Viibryd Starter Pack	40	Xeljanz XR	79
Valtoco 15MG Dose	38	Vilazodone HCl	40	Xermelo	69
Valtoco 20MG Dose	38	Vimpat	38	Xgeva	82
Valtoco 5MG Dose	38	Viracept	54	Xifaxan	33
Vancomycin HCl	33	Viread	54	Xigduo XR	56
Vandazole	33	Vitrakvi	47	Xofluza	55
Varenicline Tartrate	31	Vivitrol	31	Xolair	79
Varivax	81	Vizimpro	47	Xospata	47
Vascepa	62	Vonjo	45	Xpovio	45
Velivet	76	Voriconazole	42	Xtampza ER	30
Velphoro	69	Vosevi	52	Xtandi	44
Veltassa	69	Votrient	47	Xyrem	87
Vemlidy	52	Vraylar	51	Y	
Venclexta	47	VyLibra	76	YF -Vax	81
Venclexta Starting Pack	47	Vyfemla	76	Z	
Venlafaxine HCl	40	Vyndamax	71	Zafirlukast	85
Venlafaxine HCl ER	40	Vyndaqel	71	Zaleplon	87
Ventolin HFA	85	Vyzulta	84	Zarxio	58
Verapamil HCl	60	W		Zejula	48
Verapamil HCl ER	60	WYMZYA Fe	76	Zelboraf	48
Versacloz	52	Warfarin Sodium	58	Zenatane	64
Verzenio	47	Welireg	47	Zenpep	71
Vestura	76	X		Zerbaxa	34
Viberzi	69	Xalkori	47	Zidovudine	54
Vibramycin	36	Xarelto	58	Ziextenzo	58
Vienna	76	Xarelto Starter Pack	58	Ziprasidone HCl	51

Ziprasidone Mesylate	51
Zirgan	52
Zolinza	45
Zolpidem Tartrate	87
Zonisamide	38
Zovia 1/35	76
Zydelig	48
Zykadia	48
Zyprexa Relprew	51

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 12-28.

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 88-115.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
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	
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	
Naproxen (Oral Suspension)	G	4	
Naproxen (Oral Tablet Immediate Release)	G	2	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	
Sulindac (Oral Tablet)	G	2	
Opioid Analgesics, Long-acting			
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	3	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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	4	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	3	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet)	G	3	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
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)	G	3	7D; MME; DL; QL
Morphine Sulfate (20MG/5ML Oral Solution)	B	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

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
Oxycodone HCl (5MG/5ML Oral Solution)	G	3	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	3	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	4	
Naltrexone HCl (Oral Tablet)	G	3	
Vivitrol (Intramuscular Suspension Reconstituted)	B	5	DL
Opioid Dependence			
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	
Nicotrol (Inhalation Inhaler)	B	4	
Varenicline Tartrate (Oral Tablet Pack)	G	3	
Varenicline Tartrate (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	4	
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	
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	4	
Daptomycin (500MG Intravenous Solution Reconstituted)	G	4	
Linezolid (Intravenous Solution)	G	4	
Linezolid (Oral Suspension Reconstituted)	G	5	DL; QL
Linezolid (Oral Tablet)	G	4	QL
Methenamine Hippurate (Oral Tablet)	G	3	
Metronidazole (0.75% External Cream)	G	3	
Metronidazole (0.75% External Gel)	G	3	
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

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
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	
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	4	PA
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	2	
Amoxicillin (Oral Suspension Reconstituted)	G	2	
Amoxicillin (Oral Tablet Immediate Release)	G	2	
Amoxicillin (Oral Tablet Chewable)	G	2	
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	

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
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	4	
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			
Azithromycin (Intravenous Solution Reconstituted)	G	4	
Azithromycin (Oral Suspension Reconstituted)	G	2	
Azithromycin (Oral Tablet)	G	2	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	4	
Clarithromycin (Oral Suspension Reconstituted)	G	4	
Clarithromycin (Oral Tablet Immediate Release)	G	3	
Dificid (Oral Suspension Reconstituted)	B	5	DL
Dificid (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 Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	4	
Erythromycin Ethylsuccinate (Oral Tablet)	G	4	
Erythromycin (Oral Tablet Delayed Release)	G	4	
Quinolones			
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levofloxacin (25MG/ML Oral Solution)	G	4	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	3	
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	
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	
Tetracycline HCl (Oral Capsule)	G	4	
Vibramycin (50MG/5ML Oral Syrup)	B	4	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	4	PA; QL
BRIVIACT (Oral Tablet)	B	4	PA; QL
Epidiolex (Oral Solution)	B	5	PA; DL
Eprontia (Oral Solution)	B	4	
Felbamate (Oral Suspension)	G	4	
Felbamate (Oral Tablet)	G	4	
Fintepla (Oral Solution)	B	5	PA; DL; QL
Fycompa (Oral Suspension)	B	4	QL
Fycompa (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	

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
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	3	
Levetiracetam (Oral Tablet Immediate Release)	G	3	
Roweepra (Oral Tablet Immediate Release)	G	3	
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) (100MG & 150MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	5	PA; DL; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	4	
Ethosuximide (Oral Capsule)	G	2	
Ethosuximide (Oral Solution)	G	4	
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	2	
Gabapentin (600MG Oral Tablet, 800MG 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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sympazan (Oral Film)	B	5	PA; DL; 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
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	4	QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	3	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	3	
Carbamazepine (100MG/5ML Oral Suspension)	G	3	
Carbamazepine (200MG Oral Tablet Immediate Release)	G	2	
Carbamazepine (100MG Oral Tablet Chewable)	G	2	
Dilantin INFATABS (Oral Tablet Chewable)	G	3	
Dilantin (Oral Capsule)	G	3	
Epitol (Oral Tablet)	G	2	
Lacosamide (Oral Solution)	G	4	QL
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	3	
Phenytoin Sodium Extended (Oral Capsule)	G	2	
Rufinamide (Oral Suspension)	G	4	
Rufinamide (Oral Tablet)	G	4	
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

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
Namzarcic (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Cholinesterase Inhibitors			
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	2	QL
Rivastigmine Tartrate (Oral Capsule)	G	2	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	4	PA; QL
Memantine HCl (2MG/ML Oral Solution)	G	4	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	3	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	B	3	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	4	
Escitalopram Oxalate (Oral Tablet)	G	2	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	4	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	4	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	2	
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	
Sertraline HCl (Oral Concentrate)	G	4	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG 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	2	
Viibryd (Oral Tablet)	B	4	QL
Viibryd Starter Pack (Oral Kit)	B	4	QL
Vilazodone HCl (Oral Tablet)	G	4	QL
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	3	
Amoxapine (Oral Tablet)	G	3	
Clomipramine HCl (Oral Capsule)	G	4	
Desipramine HCl (Oral Tablet)	G	3	
Doxepin HCl (Oral Capsule)	G	2	
Doxepin HCl (Oral Concentrate)	G	2	
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			
Compro (Rectal Suppository)	G	4	
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	2	

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
Metoclopramide HCl (5MG/5ML Oral Solution)	G	2	
Metoclopramide HCl (Oral Tablet)	G	2	
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	3	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	4	B/D,PA
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	2	B/D,PA
Ondansetron ODT (Oral Tablet Dispersible)	G	2	B/D,PA
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	4	B/D,PA
AmBisome (Intravenous Suspension Reconstituted)	B	4	B/D,PA
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
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	
Nystatin (Mouth/Throat Suspension)	G	2	
Nystatin (Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	QL
Voriconazole (Oral Tablet)	G	4	QL
Antigout Agents			
Antigout Agents			
Allopurinol (Oral Tablet)	G	2	
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
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; QL
Rizatriptan Benzoate (Oral Tablet)	G	2	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	2	QL
Sumatriptan (Nasal Solution)	G	4	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	2	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	4	QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	5	PA; DL; QL
Ergotamine-Caffeine (Oral Tablet)	G	3	
Migergot (Rectal Suppository)	G	4	
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

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
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 (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
Leukeran (Oral Tablet)	B	5	DL
Matulane (Oral Capsule)	B	5	DL
Valchlor (External Gel)	B	5	PA; DL; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	4	PA; QL
Bicalutamide (Oral Tablet)	G	2	
Erleada (Oral Tablet)	B	5	PA; DL; QL
Nilutamide (Oral Tablet)	G	5	DL
Nubeqa (Oral Tablet)	B	5	PA; DL; QL
Xtandi (Oral Capsule)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xtandi (Oral Tablet)	B	5	PA; DL; QL
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	5	PA; DL; QL
Lenalidomide (10MG Oral Capsule, 15MG Oral Capsule, 25MG Oral Capsule, 5MG 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	4	
Soltamox (Oral Solution)	B	4	
Tamoxifen Citrate (Oral Tablet)	G	2	
Toremifene Citrate (Oral Tablet)	G	5	DL
Antimetabolites			
Droxia (Oral Capsule)	B	3	
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
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

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
Tukysa (Oral Tablet)	B	5	PA; DL; QL
Vonjo (Oral Capsule)	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	2	
Exemestane (Oral Tablet)	G	4	
Letrozole (Oral Tablet)	G	2	
Molecular Target Inhibitors			
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
Bosulif (Oral Tablet)	B	5	PA; DL; QL
Braftovi (Oral Capsule)	B	5	PA; DL
Brukinsa (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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (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
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

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
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
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
Sorafenib Tosylate (Oral Tablet)	G	5	PA; DL
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
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
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
Vittrakvi (Oral Capsule)	B	5	PA; DL; QL
Vittrakvi (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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (External Gel)	G	5	PA; DL; QL
Bexarotene (Oral Capsule)	G	5	PA; DL
Panretin (External Gel)	B	5	PA; DL
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	PA
Praziquantel (Oral Tablet)	G	4	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	5	DL; QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	3	
Benznidazole (Oral Tablet)	B	4	
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	4	
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	4	
Quinine Sulfate (Oral Capsule)	G	4	PA
Antiparkinson Agents			
Anticholinergics			

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
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	2	
Amantadine HCl (Oral Solution)	G	2	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	4	
Entacapone (Oral Tablet)	G	4	
Dopamine Agonists			
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	5	PA; DL; QL
Bromocriptine Mesylate (Oral Capsule)	G	4	
Bromocriptine Mesylate (Oral Tablet)	G	4	
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	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	4	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	2	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	2	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	4	
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	
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	4	
Haloperidol Decanoate (Intramuscular Solution)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Haloperidol Lactate (Injection Solution)	G	4	
Haloperidol Lactate (Oral Concentrate)	G	2	
Haloperidol (Oral Tablet)	G	2	
Loxapine Succinate (Oral Capsule)	G	3	
Molindone HCl (Oral Tablet)	G	4	
Pimozide (Oral Tablet)	G	3	
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 (Oral Solution)	G	4	QL
Aripiprazole (Oral Tablet)	G	4	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	4	QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	5	DL
Aristada (Intramuscular Prefilled Syringe)	B	5	DL
Asenapine Maleate (Tablet Sublingual)	G	4	QL
Caplyta (42MG Oral Capsule)	B	5	PA; DL; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	ST; 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

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
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	2	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Perseris (Subcutaneous Prefilled Syringe)	B	5	DL
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	2	QL
Rexulti (Oral Tablet)	B	4	QL
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	ST; DL; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	4	ST; QL
Vraylar (Oral Capsule Therapy Pack)	B	4	ST; QL
Ziprasidone HCl (Oral Capsule)	G	2	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	4	
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	5	DL
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Anti-hepatitis B (HBV) Agents			
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	
Vosevi (Oral Tablet)	B	5	PA; DL; QL
Antiherpetic Agents			
Acyclovir (Oral Capsule)	G	2	
Acyclovir (Oral Suspension)	G	4	
Acyclovir (Oral Tablet)	G	2	
Acyclovir Sodium (Intravenous Solution)	G	4	B/D,PA
Famciclovir (Oral Tablet)	G	3	QL
Valacyclovir HCl (Oral Tablet)	G	2	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

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
ISENTRESS (Oral Packet)	B	4	QL
ISENTRESS (Oral Tablet)	B	5	DL; QL
ISENTRESS (100MG Oral Tablet Chewable)	B	4	QL
ISENTRESS (25MG Oral Tablet Chewable)	B	3	QL
JULUCA (Oral Tablet)	B	5	DL; QL
STRIBILD (Oral Tablet)	B	5	DL; QL
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
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 (100-150MG Oral Tablet, 133-200MG Oral Tablet, 167-250MG Oral Tablet)	G	5	DL; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet)	G	4	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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Trizivir (Oral Tablet)	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
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 (25MG Oral Tablet)	B	3	QL
Selzentry (75MG Oral Tablet)	B	5	DL; QL
Tybost (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

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
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	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone 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	2	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	2	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			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	2	QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	3	QL
Farxiga (Oral Tablet)	B	3	QL
Glimepiride (Oral Tablet)	G	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Glipizide (Oral Tablet Immediate Release)	G	2	QL
Glipizide-Metformin HCl (Oral Tablet)	G	3	QL
Glyxambi (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
Kombiglyze 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 (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Nateglinide (Oral Tablet)	G	2	QL
Onglyza (Oral Tablet)	B	3	QL
Pioglitazone HCl (Oral Tablet)	G	2	QL
Repaglinide (Oral Tablet)	G	2	QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	3	QL
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
Trulicity (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	
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			

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
Humalog (Injection Solution)	B	3	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humalog Mix 50/50 (Subcutaneous Suspension)	B	3	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	3	
Humalog (Subcutaneous Solution Cartridge)	B	3	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humulin 70/30 (Subcutaneous Suspension)	B	3	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humulin N (Subcutaneous Suspension)	B	3	
Humulin R (Injection Solution)	B	3	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	3	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Lantus (Subcutaneous Solution)	B	3	
Lyumjev (Injection Solution)	B	3	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Blood Products and Modifiers			
Anticoagulants			
Eliquis (Oral Tablet)	B	3	QL
Eliquis Starter Pack (Oral Tablet)	B	3	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	4	QL
Fondaparinux Sodium (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	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Warfarin Sodium (Oral Tablet)	G	2	
Xarelto (Oral Tablet)	B	3	QL
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, 60MCG/0.3ML 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)	B	4	PA
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
Pyrukynd (Oral Tablet)	B	5	PA; DL; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	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	4	QL
Brilinta (Oral Tablet)	B	4	QL
Cablivi (Injection Kit)	B	5	PA; DL; QL
Cilostazol (Oral Tablet)	G	2	

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
Clopidogrel Bisulfate (75MG Oral Tablet)	G	2	QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	2	
Clonidine (Transdermal Patch Weekly)	G	4	
Droxidopa (Oral Capsule)	G	4	PA; QL
Guanfacine HCl (Oral Tablet Immediate Release)	G	2	QL
Midodrine HCl (Oral Tablet)	G	3	
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	2	
Prazosin HCl (Oral Capsule)	G	2	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	3	QL
Irbesartan (Oral Tablet)	G	2	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	3	QL
Valsartan (Oral Tablet)	G	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	2	QL
Enalapril Maleate (Oral Tablet)	G	2	QL
Fosinopril Sodium (Oral Tablet)	G	2	QL
Lisinopril (Oral Tablet)	G	1	QL
Quinapril HCl (Oral Tablet)	G	2	QL
Ramipril (Oral Capsule)	G	2	QL
Antiarrhythmics			
Amiodarone HCl (200MG Oral Tablet)	G	2	
Dofetilide (Oral Capsule)	G	3	QL
Flecainide Acetate (Oral Tablet)	G	2	
Mexiletine HCl (Oral Capsule)	G	3	
Pacerone (200MG Oral Tablet)	G	2	
Propafenone HCl (Oral Tablet)	G	2	
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			
Atenolol (Oral Tablet)	G	2	
Bisoprolol Fumarate (Oral Tablet)	G	2	
Carvedilol (Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Labetalol HCl (Oral Tablet)	G	2	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
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	
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)	G	2	
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 (Oral Tablet Immediate Release)	G	2	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	2	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	2	
Tiadyt ER (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, 360MG Oral Capsule Extended Release 24 Hour)	G	2	
Verapamil HCl ER (Oral Tablet Extended Release)	G	2	
Verapamil HCl (Oral Tablet Immediate Release)	G	2	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	4	
Acetazolamide (Oral Tablet)	G	3	
Aliskiren Fumarate (Oral Tablet)	G	4	QL
Amlodipine-Benazepril (Oral Capsule)	G	2	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	2	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	3	QL
Corlanor (Oral Solution)	B	4	PA; QL

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
Corlanor (Oral Tablet)	B	4	PA; QL
Digitek (Oral Tablet)	G	2	
Digoxin (Oral Solution)	G	4	
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	2	
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Entresto (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Kerendia (Oral Tablet)	B	4	PA; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	2	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	2	
Metyrosine (Oral Capsule)	G	5	DL
Pentoxifylline ER (Oral Tablet Extended Release)	G	2	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
Spironolactone-HCTZ (Oral Tablet)	G	2	
Triamterene-HCTZ (Oral Capsule)	G	2	
Triamterene-HCTZ (Oral Tablet)	G	2	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	4	
Bumetanide (Oral Tablet)	G	2	
Furosemide (Injection Solution)	G	4	B/D,PA
Furosemide (Oral Solution)	G	2	
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	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	2	
Diuril (Oral Suspension)	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	2	
Metolazone (Oral Tablet)	G	3	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gemfibrozil (Oral Tablet)	G	2	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Lovastatin (Oral Tablet)	G	2	QL
Pravastatin Sodium (Oral Tablet)	G	2	QL
Rosuvastatin Calcium (Oral Tablet)	G	2	QL
Simvastatin (Oral Tablet)	G	2	QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	3	
Cholestyramine (Oral Packet)	G	3	
Colestipol HCl (Oral Packet)	G	4	
Colestipol HCl (Oral Tablet)	G	3	
Ezetimibe (Oral Tablet)	G	3	QL
Icosapent Ethyl (1GM Oral Capsule)	G	4	
Juxtapid (Oral Capsule)	B	5	PA; DL
Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 500MG Oral Tablet Extended Release)	G	3	
Prevalite (Oral Packet)	G	3	
Repatha Pushtonex 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	3	
Nitroglycerin (Transdermal Patch 24 Hour)	G	2	
Nitroglycerin (Translingual Solution)	G	4	

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
Nitrostat (Tablet Sublingual)	B	3	
Rectiv (Rectal Ointment)	B	4	QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	3	QL
Methamphetamine HCl (Oral Tablet)	G	4	PA; QL
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
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	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
Nuedexta (Oral Capsule)	B	4	PA; QL
Riluzole (Oral Tablet)	G	3	
Tetrabenazine (12.5MG Oral Tablet)	G	4	PA; QL
Tetrabenazine (25MG 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	
Savella Titration Pack (Oral Tablet)	B	3	
Multiple Sclerosis Agents			
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	5	DL; QL
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	5	DL; QL
Extavia (Subcutaneous Kit)	B	5	DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gilenya (0.5MG Oral Capsule)	B	5	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	4	QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	5	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	
Adapalene (0.3% External Gel)	G	3	
Amnesteem (Oral Capsule)	G	4	PA
Azelaic Acid (External Gel)	G	4	QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	3	
Claravis (Oral Capsule)	G	4	PA
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% 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
Neuac (External Gel)	G	4	
Tazarotene (External Cream)	G	4	PA
Tretinoin (External Cream)	G	4	PA
Tretinoin (0.01% External Gel, 0.025% 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	

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
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	
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	
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Calcipotriene (External Solution)	G	3	
Calcitriol (External Ointment)	B	4	
Clotrimazole-Betamethasone (External Cream)	G	2	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 (5% External Cream)	G	4	QL
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	
Pediculicides/Scabicides			
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 ETZ (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	
Ery (External Pad)	G	3	
Erythromycin (External Gel)	G	4	
Erythromycin (External Solution)	G	2	

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
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	
Mupirocin (External Ointment)	G	2	QL
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
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
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	
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	
Plenamaine (Intravenous Solution)	G	4	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Potassium Chloride CR (Oral Tablet 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, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML 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	4	
Premasol (Intravenous Solution)	G	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	
Travasol (Intravenous Solution)	B	4	B/D,PA
TrophAmine (Intravenous Solution)	B	4	B/D,PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	4	
Deferasirox Granules (Oral Packet)	G	4	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	3	PA
Deferiprone (Oral Tablet)	G	5	PA; DL
Ferriprox (Oral Solution)	B	5	PA; DL
Trientine HCl (Oral Capsule)	G	5	PA; DL; QL
Phosphate Binders			
Auryxia (Oral Tablet)	B	4	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	2	
Calcium Acetate (667MG Oral Tablet)	G	2	
Phoslyra (Oral Solution)	B	3	

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
Sevelamer Carbonate (Oral Packet)	G	4	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	4	
Velphoro (Oral Tablet Chewable)	B	4	
Potassium Binders			
Lokelma (Oral Packet)	B	4	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	3	
SPS (Oral Suspension)	G	3	
Veltassa (Oral Packet)	B	4	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
Motegrity (Oral Tablet)	B	4	QL
Movantik (Oral Tablet)	B	3	QL
Relistor (Oral Tablet)	B	4	PA; QL
Relistor (Subcutaneous Solution)	B	4	PA
Trulance (Oral Tablet)	B	4	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	5	PA; DL
Diphenoxylate-Atropine (Oral Liquid)	G	3	
Diphenoxylate-Atropine (Oral Tablet)	G	3	
Loperamide HCl (Oral Capsule)	G	2	
Viberzi (Oral Tablet)	B	5	PA; DL; QL
Xermelo (Oral Tablet)	B	5	PA; DL; QL
Antispasmodics, Gastrointestinal			
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
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
GaviLyte-G (Oral Solution Reconstituted)	G	2	
Myalept (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	B	3	
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			
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			
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	2	QL
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	
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

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
Prolastin-C (Intravenous Solution Reconstituted)	B	5	PA; DL
RAVICTI (Oral Liquid)	B	5	DL; QL
Revcovi (Intramuscular Solution)	B	5	PA; DL
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
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
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	2	
Tamsulosin HCl (Oral Capsule)	G	2	
Terazosin HCl (Oral Capsule)	G	2	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	2	
Elmiron (Oral Capsule)	B	4	
Penicillamine (Oral Tablet)	G	5	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Dexamethasone (Oral Solution)	G	2	
Dexamethasone (Oral Tablet)	G	2	
Fludrocortisone Acetate (Oral Tablet)	G	2	
Hydrocortisone (Oral Tablet)	G	2	
Methylprednisolone (Oral Tablet)	G	2	
Methylprednisolone (Oral Tablet Therapy Pack)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (Oral Tablet)	G	2	
Prednisone (Oral Tablet Therapy Pack)	G	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	2	
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
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	
Testosterone Cypionate (Intramuscular Solution)	G	2	
Testosterone Enanthate (Intramuscular Solution)	G	4	
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	
Amabelz (Oral Tablet)	G	3	

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
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	
Climara Pro (Transdermal Patch Weekly)	B	4	
Cryselle-28 (Oral Tablet)	G	4	
Cyred EQ (Oral Tablet)	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	
Estradiol (Oral Tablet)	G	2	
Estradiol (Transdermal Patch Weekly)	G	3	QL
Estradiol Valerate (Intramuscular Oil)	G	4	
Estradiol-Norethindrone Acetate (Oral Tablet)	G	3	
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	
Femynor (Oral Tablet)	G	4	
Fyavolv (Oral Tablet)	G	3	
Hailey 24 Fe (Oral Tablet)	G	4	
Iclevia (Oral Tablet)	G	4	
Introvale (Oral Tablet)	G	4	
Isibloom (Oral Tablet)	G	4	
Jasmiel (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Jinteli (Oral Tablet)	G	3	
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	
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	
Mimvey (Oral Tablet)	G	3	

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
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, 1-5MG-MCG Oral Tablet)	G	3	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-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	
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Zovia 1/35 (28) (Oral Tablet)	G	4	
Progestins			
Camila (Oral Tablet)	G	4	
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	
Sharobel (Oral Tablet)	G	4	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	3	PA; QL

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
Raloxifene HCl (Oral Tablet)	G	2	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
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 (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	2	
Propylthiouracil (Oral Tablet)	G	2	
Immunological Agents			
Angioedema Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Berinert (Intravenous Kit)	B	5	PA; DL
Cinryze (Intravenous Solution Reconstituted)	B	5	PA; DL
Haegarda (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	5	PA; DL
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	5	PA; DL
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
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
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Ridaura (Oral Capsule)	B	5	DL
Stelara (Subcutaneous Solution)	B	5	PA; DL; QL
Stelara (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

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
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
Cyclosporine Modified (Oral Capsule)	G	4	B/D,PA
Cyclosporine Modified (Oral Solution)	G	4	B/D,PA
Cyclosporine (Oral Capsule)	G	4	B/D,PA
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	4	B/D,PA
Gengraf (Oral Solution)	G	4	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
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/0.4ML Subcutaneous Pen-Injector Kit)	B	5	PA; DL; QL
Humira (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL; QL
Leflunomide (Oral Tablet)	G	3	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	2	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	2	
Methotrexate Sodium (Oral Tablet)	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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prograf (Oral Packet)	B	4	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	4	PA
Sandimmune (Oral Solution)	B	4	B/D,PA
Sirolimus (Oral Solution)	G	5	B/D,PA; DL
Sirolimus (Oral Tablet)	G	4	B/D,PA
Tacrolimus (Oral Capsule)	G	4	B/D,PA
Trexall (Oral Tablet)	G	4	
Xatmep (Oral Solution)	B	4	PA
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
Engerix-B (Injection Suspension)	B	3	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	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

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
Priorix (Subcutaneous Suspension Reconstituted)	B	3	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	3	QL
Quadracel (Intramuscular Suspension)	B	3	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	3	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	3	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	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			
Apriso (Oral Capsule Extended Release 24 Hour)	B	3	QL
Balsalazide Disodium (Oral Capsule)	G	4	
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	3	QL
Mesalamine (Rectal Enema)	G	4	QL
Mesalamine (Rectal Suppository)	G	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	3	
Procto-Med HC (External Cream)	G	2	
Procto-Pak (External Cream)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	2	QL
Calcitonin Salmon (Nasal Solution)	G	2	QL
Calcitriol (Oral Capsule)	G	2	B/D,PA
Calcitriol (Oral Solution)	G	2	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	4	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	4	B/D,PA
Ibandronate Sodium (Oral Tablet)	G	3	QL
Natpara (Subcutaneous Cartridge)	B	5	PA; DL
Paricalcitol (Oral Capsule)	G	4	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Rayaldee (Oral Capsule Extended Release)	B	5	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)	G	3	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	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	

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
Restasis MultiDose (Ophthalmic Emulsion)	B	3	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	3	QL
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	2	
TobraDex (Ophthalmic Ointment)	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	3	
Ophthalmic Anti-allergy Agents			
Azelastrine HCl (Ophthalmic Solution)	G	2	
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	
Ciprofloxacin HCl (Ophthalmic Solution)	G	2	
Erythromycin (Ophthalmic Ointment)	G	2	
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	
Trifluridine (Ophthalmic Solution)	G	3	
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	2	
Diclofenac Sodium (Ophthalmic Solution)	G	2	
Fluorometholone (Ophthalmic Suspension)	G	3	
Flurbiprofen Sodium (Ophthalmic Solution)	G	2	
Ketorolac Tromethamine (Ophthalmic Solution)	G	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Apraclonidine HCl (Ophthalmic Solution)	G	3	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	2	
Dorzolamide HCl (Ophthalmic Solution)	G	2	
Methazolamide (Oral Tablet)	G	4	
Pilocarpine HCl (Ophthalmic Solution)	G	3	
Simbrinza (Ophthalmic Suspension)	B	3	
Ophthalmic Prostaglandin and Prostanoid Analogs			
Latanoprost (Ophthalmic Solution)	G	2	
Vyzulta (Ophthalmic Solution)	B	4	
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	2	
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			
Azelastrine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	G	3	
Cetirizine HCl (1MG/ML Oral Solution)	G	2	
Cyproheptadine HCl (Oral Tablet)	G	3	
Levocetirizine Dihydrochloride (Oral Tablet)	G	3	QL
Anti-inflammatories, Inhaled Corticosteroids			
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	4	QL

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
Budesonide (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension)	G	4	B/D,PA
Flunisolide (Nasal Solution)	G	3	
Fluticasone Propionate (Nasal Suspension)	G	2	
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	2	QL
Montelukast Sodium (Oral Tablet)	G	2	QL
Montelukast Sodium (Oral Tablet Chewable)	G	2	QL
Zafirlukast (Oral Tablet)	G	3	QL
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	4	
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
Epinephrine (Injection Solution Auto-Injector)	G	3	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	4	B/D,PA; QL
Perforomist (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Ventolin HFA (Inhalation Aerosol Solution)	B	3	
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 (100-125MG Oral Packet, 150-188MG 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
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	5	B/D,PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	4	B/D,PA
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	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	5	PA; DL
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
Tyvaso DPI Maintenance Kit (Inhalation Powder)	B	5	PA; DL; QL
Tyvaso DPI Titration Kit (Inhalation Powder)	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
Pirfenidone (267MG Oral Tablet, 801MG Oral Tablet)	G	5	PA; DL; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	2	B/D,PA
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	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 (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	2	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL

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
Nucala (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	3	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	3	
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	3	
Sleep Disorder Agents			
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	3	QL
Hetlioz LQ (Oral Suspension)	B	5	PA; DL; QL
Hetlioz (Oral Capsule)	B	5	PA; DL; 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
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

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
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
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 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

Drug name	Brand or Generic	Quantity limit
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
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule 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
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 2 ml per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days

Drug name	Brand or Generic	Quantity limit
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
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
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
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
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
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
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
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
Caplyta (42MG Oral Capsule)	B	Maximum of 1 capsule per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
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

Drug name	Brand or Generic	Quantity limit
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
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

Drug name	Brand or Generic	Quantity limit
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
Dexmethylphenidate HCl (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
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 (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

Drug name	Brand or Generic	Quantity limit
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day
Drizalma Sprinkle (30MG 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)	G	Maximum of 3 capsules per day
Duloxetine HCl (60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Dupixent (200MG/1.14ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Dupixent (100MG/0.67ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (1.34 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (8 ml) per 28 days
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 (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

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

Drug name	Brand or Generic	Quantity limit
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
Extavia (Subcutaneous Kit)	B	Maximum of 1 kit (15 vials) per 30 days
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	G	Maximum of 3 tablets per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 2 packs (56 capsules) per year
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
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
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
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days

Drug name	Brand or Generic	Quantity limit
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
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
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
Guanfacine HCl (Oral Tablet Immediate Release)	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

Drug name	Brand or Generic	Quantity limit
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Humira Pediatric Crohns Start (80MG/0.8ML & 40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pediatric Crohns Start (80MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pen (40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits (4 pens) per 28 days
Humira Pen (40MG/0.8ML Subcutaneous Pen-Injector Kit, 80MG/0.8ML Subcutaneous Pen-Injector Kit)	B	Maximum of 1 kit (2 pens) per 28 days
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year
Humira (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 1 kit (2 syringes) per 28 days
Humira (40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits (4 syringes) per 28 days
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl (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
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

Drug name	Brand or Generic	Quantity limit
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Iressa (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
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
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jentaduetto (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentaduetto 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
Kerendia (Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Kisqali (200MG Dose) (Oral Tablet)	B	Maximum of 1 tablet per day
Kisqali (400MG Dose) (Oral Tablet)	B	Maximum of 2 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	B	Maximum of 3 tablets per day
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (49 tablets) per 28 days
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (70 tablets) per 28 days

Drug name	Brand or Generic	Quantity limit
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
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 Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
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 (10MG Oral Capsule, 15MG Oral Capsule, 25MG Oral Capsule, 5MG Oral Capsule)	G	Maximum of 1 capsule per day
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
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
Lokelma (Oral Packet)	B	Maximum of 90 packets per 30 days
Lonhala Magnair (Inhalation Solution)	B	Maximum of 2 vials (2 ml) per day

Drug name	Brand or Generic	Quantity limit
Lonsurf (15-6.14MG Oral Tablet)	B	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	B	Maximum of 8 tablets per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
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
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
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

Drug name	Brand or Generic	Quantity limit
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 (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
Methamphetamine HCl (Oral Tablet)	G	Maximum of 5 tablets per day
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 (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 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
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	B	Maximum of 50 ml per day

Drug name	Brand or Generic	Quantity limit
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Movantik (Oral Tablet)	B	Maximum of 1 tablet 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
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
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
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days

Drug name	Brand or Generic	Quantity limit
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
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Onglyza (Oral Tablet)	B	Maximum of 1 tablet per day
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 (100-125MG Oral Packet, 150-188MG Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
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

Drug name	Brand or Generic	Quantity limit
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
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 14 tablets per 21 days
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
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

Drug name	Brand or Generic	Quantity limit
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (801MG Oral Tablet)	G	Maximum of 3 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
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
PreHevbrio (Intramuscular Suspension)	B	1 vaccination dose (1 ml) per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
Promethazine HCl (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days

Drug name	Brand or Generic	Quantity limit
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 pack (56 tablets) per 28 days
Pyrukynd (50MG Oral Tablet)	B	Maximum of 2 packs (112 tablets) per 28 days
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (7 tablets) per 7 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (14 tablets) per 14 days
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate (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
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
RAVICTI (Oral Liquid)	B	Maximum of 17.5 ml per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
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, 5MCG/0.5ML (Injection Suspension Prefilled Syringe))	B	1 vaccination dose (0.5 ml) per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (Oral Tablet)	B	Maximum of 3 tablets per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Revlimid (Oral Capsule)	B	Maximum of 1 capsule per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
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
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (25MG Oral Tablet)	B	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Selzentry (75MG Oral Tablet)	B	Maximum of 2 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 25 days
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
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

Drug name	Brand or Generic	Quantity limit
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
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
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
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
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
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet 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
Tetrabenazine (12.5MG Oral Tablet)	G	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	G	Maximum of 4 tablets per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day

Drug name	Brand or Generic	Quantity limit
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
TOBI Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) 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
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
Trintellix (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trulance (Oral Tablet)	B	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
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

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

Drug name	Brand or Generic	Quantity limit
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
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Viberzi (Oral Tablet)	B	Maximum of 2 tablets per day
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
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Vimpat (Oral Solution)	B	Maximum of 40 ml per day
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vizimpro (Oral Tablet)	B	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Votrient (Oral Tablet)	B	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vraylar (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (14 capsules) per year
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
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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) (100MG & 150MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
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

Drug name	Brand or Generic	Quantity limit
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
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

Required information

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

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



Toll-free **1-866-460-8854**, TTY **711**

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