



Complete Drug List (Formulary) 2024

AARP® Medicare Rx Walgreens from UHC (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 1-866-870-3470, TTY 711

8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept



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 number on your UnitedHealthcare member ID card.



Table of contents

What is a Drug List?	3
Note to existing members:.....	3
How can I find a drug on the Drug List?	4
What are generic drugs?	4
What is a compounded drug?	4
Drug payment stage and drug tiers	5
Getting Extra Help	5
Are there any rules or limits on my drug coverage?	6
What if my drug is not on this list?	8
How can I get an exception?	8
Can I get my drug while I wait for an exception?	9
Can the Drug List change?	10
Drugs with dosages other than a 1-month supply	11
Covered drugs by name (Drug index).....	12
Covered drugs by category	29
Covered drugs with a quantity limit (QL)	92
Additional covered drugs	123

Questions?

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



Toll-free **1-866-870-3470**, TTY **711**
8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

What is a Drug List?

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

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

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of May 1, 2024.

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

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

When this Drug List refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means AARP Medicare Rx Walgreens from UHC (PDP).

Important message about what you pay for vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most adult 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 will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drug through all drug payment stages, except Catastrophic drug payment stage, where you pay \$0.

Important message about what you pay for Paxlovid - You will pay \$0 for Paxlovid through December 31, 2024, even if you haven’t met 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 29-91. 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.
Covered Insulin Drugs*	Insulin drugs with \$35 max copay.
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.

* You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drug through all drug payment stages, except Catastrophic drug payment stage, where you pay \$0.

In addition, your plan has added coverage of some prescription drugs that are not normally covered under Medicare Part D. Please see the section "Additional covered drugs" on page 123 for a list of these drugs.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the Evidence of Coverage Rider for people who get Extra Help paying for prescription drugs (also called a Low Income Subsidy (LIS) Rider). Please read it to learn about your costs. You can also call UnitedHealthcare Customer Service. Our contact information is on the cover.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 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 them to prescribe a covered drug.
2. **Ask the plan to make an exception** and cover your drug. Review the next section for more exception information.

How can I get an exception?

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

Types of exceptions you can ask for

- **Drug List exception:** Ask the plan to cover your drug even if it's not on the Drug List. If approved, this drug will be covered at a pre-determined cost-sharing level. You will not be able to ask us to provide the drug at a lower cost-sharing level.
- **Utilization exception:** Ask the plan to revise the coverage rules or limits on your drug. For example, if your drug has a quantity limit, you can ask the plan to change the limit and cover more.
- **Tiering exception:** Ask the plan to cover your drug on our list at a lower cost-sharing level if this drug is not on the Specialty Tier. If approved this would lower the amount you pay out-of-pocket for your drug.

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to 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 the member 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	54	Albendazole	49	Amnesteem	66
Abacavir Sulfate -Lamivudine .	54	Albuterol Sulfate .	89	Amoxapine	40
Abelcet	41	Albuterol Sulfate HFA	89	Amoxicillin	34
Abilify Maintena	50	Alclometasone Dipropionate .	67	Amoxicillin -Potassium	
Abiraterone Acetate	43	Alcohol Prep Pads.....	85	Clavulanate .	34
Abrysvo .	83	Alecensa	45	Amoxicillin -Potassium	
Acamprosate Calcium	31	Alendronate Sodium	85	Clavulanate ER	34
Acarbose .	56	Alfuzosin HCl ER .	74	Amphetamine	
Accutane .	66	Aliskiren Fumarate .	62	-Dextroamphetamine	65
Acetaminophen -Caffeine		Allopurinol	42	Amphetamine	
-Dihydrocodeine .	30	Alosetron HCl	72	-Dextroamphetamine ER .	65
Acetaminophen -Codeine .	30	Alphagan P .	88	Amphotericin B	41
Acetazolamide .	62	Alprazolam	55	Amphotericin B Liposome .	41
Acetazolamide ER	62	Altavera	75	Ampicillin	34
Acetic Acid	88	Alunbrig .	45	Ampicillin Sodium .	34
Acetylcysteine .	90	Alyacen 1/35	75	Ampicillin -Sulbactam Sodium .	34
Acitretin	66	Alyq	90	Anagrelide HCl	59
ActHIB	83	Amantadine HCl .	49	Anastrozole	45
Actimmune	81	Amethia	75	Anoro Ellipta .	90
Acyclovir .	53	Amikacin Sulfate	32	Aprepitant	41
Acyclovir Sodium	53	Amiloride HCl .	63	Apri	75
Adacel .	83	Amiodarone HCl	61	Apriso	85
Adapalene	66	Amitriptyline HCl	40	Aptiom	38
Adempas .	90	Amlodipine Besylate	61	Aptivus .	55
Advair Diskus	90	Amlodipine -Atorvastatin	62	Aranesp .	59
Advair HFA	90	Amlodipine -Benazepril	62	Arcalyst .	81
Aimovig	43	Amlodipine -Olmesartan	62	Arexvy	83
Akeega	44	Amlodipine -Valsartan .	62	Arformoterol Tartrate .	89
Ala -Cort	67	Ammonium Lactate .	67	Aripiprazole	50
				Aripiprazole ODT	50
				Aristada	51
				Aristada Initio	50

Armodafinil	91	Bacitracin -Polymyxin B	86	Bicalutamide	43
ArmonAir Digihaler	88	Baclofen	52	Bicillin C -R	34
Asenapine Maleate	51	Balsalazide Disodium	85	Bicillin C -R 900/300	34
Ashlyna	75	Balversa	45	Bicillin L -A	34
Aspirin -Dipyridamole ER	60	Balziva	75	Biktarvy	53
Atazanavir Sulfate	55	Baqsimi One Pack	57	Bisoprolol Fumarate	61
Atenolol	61	Baraclude	52	Bisoprolol -Hydrochlorothiazide	62
Atenolol -Chlorthalidone	62	Belsomra	91	Blisovi 24 Fe	75
Atomoxetine HCl	65	Benazepril HCl	61	Blisovi Fe 1.5/30	75
Atorvastatin Calcium	63	Benazepril -Hydrochlorothiazide	62	Boostrix	83
Atovaquone	49	Benlysta	81	Bosentan	90
Atovaquone -Proguanil HCl	49	Benznidazole	49	Bosulif	45
Atropine Sulfate	86	Benzoyl Peroxide -Erythromycin	66	Braftovi	45
Atrovent HFA	89	Benzotropine Mesylate	49	Breo Ellipta	90
Aubra EQ	75	Bepotastine Besilate	86	Briellyn	75
Augtyro	45	Bepreve	86	Brilinta	60
Auvelity	39	Berinert	80	Brimonidine Tartrate	88
Aviane	75	Besremi	81	Brinzolamide	88
Ayvakit	45	Betaine	73	Bromocriptine Mesylate	49
Azathioprine	82	Betamethasone Dipropionate	67	Bronchitol	90
Azelaic Acid	66	Betamethasone Dipropionate Aug	67	Brukinsa	45
Azelastine HCl	88	Betamethasone Valerate	67	Budesonide	88
Azithromycin	35	Betaseron	66	Budesonide ER	85
Aztreonam	32	Betaxolol HCl	87	Bumetanide	63
B		Bethanechol Chloride	74	Buprenorphine HCl	31
BCG Vaccine	83	Betimol	87	Buprenorphine HCl -Naloxone HCl	31
BIVIGAM	80	Bexarotene	48	Bupropion HCl	39
BRIVIACT	36	Bexsero	83	Bupropion HCl SR	39
Bacitracin	86			Bupropion HCl XL	39

Buspirone HCl	55	Cayston	89	Ciclopirox Olamine	69
Butalbital -Acetaminophen -Caffeine	30	Cefaclor	33	Cilostazol	60
Butorphanol Tartrate	30	Cefadroxil	33	Cimduo	54
Bydureon BCise	56	Cefazolin Sodium	33	Cinacalcet HCl	85
C					
Cabergoline	79	Cefdinir	33	Cinryze	80
Cablivi	60	Cefepime HCl	33	Ciprofloxacin HCl	86
Cabometyx	45	Cefixime	33	Ciprofloxacin in D5W	35
Calcipotriene	68	Cefotetan Disodium	33	Citalopram Hydrobromide	39
Calcitonin Salmon	85	Cefoxitin Sodium	33	Claravis	66
Calcitriol	85	Cefpodoxime Proxetil	33	Clarithromycin	35
Calcium Acetate	71	Cefprozil	33	Clarithromycin ER	35
Calquence	45	Ceftazidime	33	Clenpiq	72
Camila	78	Ceftriaxone Sodium	33	Climara Pro	75
Camrese Lo	75	Cefuroxime Axetil	33	Clindamycin HCl	32
Candesartan Cilexetil	60	Cefuroxime Sodium	33	Clindamycin Palmitate HCl . .	32
Caplyta	51	Celecoxib	29	Clindamycin Phosphate	69
Caprelsa	45	Cephalexin	33	Clindamycin Phosphate in D5W	32
Carbamazepine	38	Cetirizine HCl	88	Clindamycin Phosphate -Benzoyl Peroxide	66
Carbamazepine ER	38	Chemet	71	Clobazam	37
Carbidopa	49	Chlordiazepoxide HCl	55	Clobetasol Propionate	67
Carbidopa -Levodopa	50	Chlorhexidine Gluconate	66	Clobetasol Propionate Emollient Base	67
Carbidopa -Levodopa ER	50	Chloroquine Phosphate	49	Clodan	67
Carbidopa -Levodopa ODT ..	50	Chlorpromazine HCl	50	Clomipramine HCl	40
Carbidopa -Levodopa -Entacapone	49	Chlorthalidone	63	Clonazepam	55
Carglumic Acid	69	Chlorzoxazone	91	Clonazepam ODT	55
Carteolol HCl	87	Cholbam	73	Clonidine	60
Cartia XT	62	Cholestyramine	64	Clonidine HCl	60
Carvedilol	61	Cholestyramine Light	64	Clonidine HCl ER	65
		Ciclopirox	69	Clopidogrel Bisulfate	60

Clorazepate Dipotassium56	Cyclosporine82	Desoximetasone67
Clotrimazole69	Cyclosporine Modified82	Desvenlafaxine Succinate ER39
Clotrimazole -Betamethasone68	Cyltezo82	Dexamethasone74
Clozapine52	Cyltezo -CD/UC/HS Starter ..82	Dexamethasone Sodium Phosphate87
Clozapine ODT52	Cyltezo -Psoriasis/UV Starter82	Dexlansoprazole72
Coartem49	Cyproheptadine HCl88	Dexmethylphenidate HCl65
Colchicine42	Cyred EQ75	Dexmethylphenidate HCl ER65
Colchicine -Probenecid42	Cystagon73	Dextroamphetamine Sulfate65
Colesevelam HCl64	Cystaran86	Dextroamphetamine Sulfate ER65
Colestipol HCl64	D	Dextrose69
Colistimethate Sodium32	Dalfampridine ER66	Dextrose -NaCl69
Combivent Respimat90	Danazol75	Diacomit37
Cometriq45	Dapsone43	Diazepam56
Complera53	Daptacel83	Diazepam Intensol56
Compro41	Daptomycin32	Diazoxide57
Constulose71	Darunavir55	Diclofenac Potassium29
Copiktra45	Daurismo46	Diclofenac Sodium87
Corlanor62	Deblitane78	Diclofenac Sodium ER29
Cosentyx81	Deferasirox71	Dicloxacillin Sodium34
Cosentyx Sensoready81	Deferasirox Granules71	Dicyclomine HCl72
Cosentyx UnoReady81	Delstrigo53	Difacid35
Cotellic45	Demeclocycline HCl36	Digoxin62
Creon73	Depo -SubQ Provera 10478	Dihydroergotamine Mesylate42
Crinone78	Descovy54	Dilantin38
Cromolyn Sodium89	Desipramine HCl40	Dilantin INFATABS38
Cryselle -2875	Desmopressin Acetate74	Dilt -XR62
Cyclobenzaprine HCl91	Desmopressin Acetate Spray74	Diltiazem HCl62
Cyclophosphamide43	Desogestrel -Ethinyl Estradiol75	Diltiazem HCl ER Beads62
Cycloserine43	Desonide67	

Diltiazem HCl ER Coated Beads	62	Dupixent	81	Enskyce	75	
Dimethyl Fumarate	66	Dutasteride	74	Entacapone	49	
Dimethyl Fumarate Starter Pack	66	E			Entecavir	52
Diphenoxylate -Atropine	72	EC -Naproxen	29	Entresto	63	
Diphtheria -Tetanus Toxoids DT	83	Edurant	53	Enulose	71	
Disulfiram	31	Efavirenz	53	Envarsus XR	82	
Divalproex Sodium	56	Efavirenz -Emtricitabine -Tenofovir	53	Epclusa	52	
Divalproex Sodium ER	56	Efavirenz -Lamivudine -Tenofovir	53	Epidiolex	36	
Dofetilide	61	Elestrin	75	Epinastine HCl	86	
Dolishale	75	Eligard	79	Epinephrine	89	
Donepezil HCl	39	Eliquis	59	Epitol	38	
Donepezil HCl ODT	39	Eliquis Starter Pack	59	Eplerenone	63	
Doptelet	60	Elmiron	74	Eprontia	36	
Dorzolamide HCl	88	EluRyng	75	Ergotamine -Caffeine	42	
Dorzolamide HCl -Timolol Maleate	86	Emsam	39	Erivedge	46	
Dorzolamide HCl -Timolol Maleate Preservative Free	86	Emtricitabine	54	Erleada	43	
Dovato	53	Emtricitabine -Tenofovir Disoproxil Fumarate	54	Erlotinib HCl	46	
Doxazosin Mesylate	60	Emtriva	54	Errin	78	
Doxepin HCl	67	Enalapril Maleate	61	Ertapenem Sodium	35	
Doxy 100	36	Enalapril -Hydrochlorothiazide	62	Ery	69	
Doxycycline Hyclate	36	Enbrel	82	Erythrocin Lactobionate	35	
Doxycycline Monohydrate	36	Enbrel Mini	82	Erythromycin	87	
Dronabinol	41	Enbrel SureClick	82	Erythromycin Base	35	
Drospirenone -Ethinyl Estradiol	75	Endari	69	Erythromycin Ethylsuccinate	35	
Droxia	44	Endocet	30	Escitalopram Oxalate	40	
Droxidopa	60	Engerix -B	83	Esomeprazole Magnesium	73	
Dulera	91	EnilloRing	75	Estarylla	75	
Duloxetine HCl	65	Enoxaparin Sodium	59	Estradiol	76	
		Enpresse -28	75	Estradiol Valerate	76	

Estring	76	Fetzima	40	Forteo	85
Eszopiclone	91	Fetzima Titration	40	Fosamprenavir Calcium	55
Ethambutol HCl	43	Finacea	66	Fosinopril Sodium	61
Ethosuximide	37	Finasteride	74	Fotivda	44
Ethinodiol Diacetate -Ethinyl Estradiol	76	Fingolimod HCl	66	Fruzaqla	46
Etonogestrel -Ethinyl Estradiol	76	Fintepla	36	Furosemide	63
Etravirine	53	Finzala	76	Fuzeon	54
Euthyrox	79	Firmagon	79	Fycompa	36
Everolimus	82	Flac	88	G	
Evotaz	55	Flecainide Acetate	61	Gabapentin	37
Exemestane	45	Fluconazole	41	Gammagard	80
Exkivity	46	Fluconazole in Sodium Chloride	41	Gammagard S/D Less IgA	80
Ezetimibe	64	Flucytosine	41	Gammaked	80
Ezetimibe -Simvastatin	64	Fludrocortisone Acetate	74	Gammaplex	80
F		Flunisolide	88	Gamunex -C	80
Falmina	76	Fluocinolone Acetonide	88	Gardasil 9	83
Famotidine	72	Fluocinolone Acetonide Scalp	67	Gauze	86
Fanapt	51	Fluocinonide	67	GaviLyte -C	72
Fanapt Titration Pack	51	Fluocinonide Emulsified Base	67	GaviLyte -G	72
Farxiga	56	Fluorometholone	87	Gavreto	46
Fasenra	91	Fluorouracil	68	Gefitinib	46
Fasenra Pen	91	Fluoxetine HCl	40	Gemfibrozil	63
Febuxostat	42	Fluphenazine Decanoate	50	Gemtesa	73
Felbamate	36	Fluphenazine HCl	50	Generlac	71
Felodipine ER	62	Flurbiprofen Sodium	87	Gengraf	82
Femring	76	Fluticasone Propionate	88	Genotropin	74
Fenofibrate	63	Fluvoxamine Maleate	40	Genotropin MiniQuick	74
Fentanyl	29	Fondaparinux Sodium	59	Gentamicin Sulfate	87
Fentanyl Citrate	30	Formoterol Fumarate	89	Gentamicin Sulfate -0.9% Sodium Chloride	32

Genvoya	53	Heparin Sodium	59	Hydrocortisone Butyrate	68
Gilotrif	46	Heplisav -B	83	Hydrocortisone Valerate	68
Glatiramer Acetate	66	Hiberix	83	Hydrocortisone -Acetic Acid	88
Glatopa	66	Humalog	57	Hydromorphone HCl	30
Gleostine	43	Humalog Junior KwikPen	57	Hydromorphone HCl Preservative Free	30
Glimepiride	56	Humalog KwikPen	57	Hydroxychloroquine Sulfate	49
Glipizide	56	Humalog Mix 50/50 KwikPen	57	Hydroxyurea	44
Glipizide ER	56	Humalog Mix 75/25	57	Hydroxyzine HCl	55
Glipizide -Metformin HCl	56	Humalog Mix 75/25 KwikPen	57	Hydroxyzine Pamoate	55
Glucagon	57	Humira	82		
Glycopyrrolate	72	Humira Pediatric Crohns Start	82	I	
Granisetron HCl	41	Humira Pen Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter	82	IDHIFA	44
Griseofulvin Microsize	41	Humira Pen Psoriasis Starter	82	IPOL	83
Griseofulvin Ultramicrosize	41	Humira Pen Psoriasis/Uveitis Starter	82	Ibandronate Sodium	85
Gvoke HypoPen 2 -Pack	57	Humira Pen -Pediatric UC Start	82	Ibrance	46
Gvoke Kit	57	Humulin 70/30	57	Ibu	29
Gvoke PFS	57	Humulin 70/30 KwikPen	57	Ibuprofen	29
H		Humulin N	57	Icatibant Acetate	80
Haegarda	80	Humulin N KwikPen	57	Iclevia	76
Hailey 24 Fe	76	Humulin R	57	Iclusig	46
Halobetasol Propionate	68	Humulin R U -500	57	Ilevro	87
Haloette	76	Humulin R U -500 KwikPen	58	Imatinib Mesylate	46
Halog	68	Hydralazine HCl	64	Imbruvica	46
Haloperidol	50	Hydrochlorothiazide	63	Imipenem -Cilastatin	35
Haloperidol Decanoate	50	Hydrocodone -Acetaminophen	30	Imipramine HCl	40
Haloperidol Lactate	50	Hydrocodone -Ibuprofen	30	Imipramine Pamoate	40
Harvoni	52	Hydrocortisone	85	Imiquimod	68
Havrix	83			Imovax Rabies	83
Heather	78			Impavido	49
				Inbrija	50

Incassia	78	Isibloom	76	Junel 1/20	76
Increlex	74	Isolyte -P in D5W	70	Junel Fe 1.5/30	76
Incruse Ellipta	89	Isolyte -S pH 7.4	70	Junel Fe 1/20	76
Indapamide	63	Isoniazid	43	Junel Fe 24	76
Infanrix	83	Isosorbide Dinitrate	64	Jynneos	84
Inlyta	46	Isosorbide Mononitrate	64	K	
Inqovi	46	Isosorbide Mononitrate ER	64	KCl in Dextrose -NaCl	70
Inrebic	46	Isotretinoin	66	KCl -Lactated Ringers -D5W	70
Insulin Aspart	58	Isturisa	79	Kalydeco	89
Insulin Aspart FlexPen	58	Itraconazole	42	Kariva	76
Insulin Aspart PenFill	58	Ivermectin	49	Kelnor 1/35	76
Insulin Aspart Prot & Aspart	58	Iwifin	44	Kelnor 1/50	76
Insulin Aspart Prot & Aspart FlexPen	58	Ixchiq	84	Kerendia	63
Insulin Lispro	58	Ixiaro	84	Ketoconazole	69
Insulin Lispro Junior KwikPen	58	J		Ketorolac Tromethamine	87
Insulin Lispro Prot & Lispro	58	Jakafi	46	Kinrix	84
Insulin Syringes, Needles.	86	Jantoven	59	Kisqali	46
Intelence	53	Janumet	56	Kisqali Femara	46
Intralipid	69	Janumet XR	56	Klor-Con	70
Introvale	76	Januvia	56	Klor-Con 10	70
Invega Hafyera	51	Jardiance	56	Klor-Con 8	70
Invega Sustenna	51	Jasmiel	76	Klor-Con M10	70
Invega Trinza	51	Jaypirca	46	Klor-Con M15	70
Ipratropium Bromide	89	Jentadueto	56	Klor-Con M20	70
Ipratropium -Albuterol	91	Jentadueto XR	56	Korlym	75
Irbesartan	60	Jublia	69	Koselugo	46
Irbesartan -Hydrochlorothiazide	63	Juleber	76	Kourzeq	66
Isentress	53	Juluca	53	Krazati	44
Isentress HD	53	Junel 1.5/30	76	Kurvelo	76

L					
LARIN 1.5/30	76	Letrozole	45	Liothyronine Sodium	79
LARIN 1/20	76	Leucovorin Calcium	48	Lisinopril	61
LARIN Fe 1.5/30	76	Leukeran	43	Lisinopril -Hydrochlorothiazide	63
LARIN Fe 1/20	76	Leuprolide Acetate	79	Lithium	56
Labetalol HCl	61	Levemir	58	Lithium Carbonate	56
Lacosamide	38	Levemir FlexPen	58	Lithium Carbonate ER	56
Lacrisert	86	Levetiracetam	37	Lokelma	71
Lactulose	71	Levetiracetam ER	37	Lonsurf	44
Lagevrio	86	Levobunolol HCl	87	Loperamide HCl	72
Lamivudine	54	Levocarnitine	73	Lopinavir -Ritonavir	55
Lamivudine -Zidovudine	54	Levocetirizine Dihydrochloride	88	Lorazepam	56
Lamotrigine	37	Levofloxacin	87	Lorazepam Intensol	56
Lansoprazole	73	Levofloxacin in D5W	36	Lorbrena	47
Lantus	58	Levonest	76	Loryna	77
Lantus SoloStar	58	Levonorgestrel -Ethinyl Estradiol	76	Losartan Potassium	60
Lapatinib Ditosylate	46	Levonorgestrel -Ethinyl Estradiol & Ethinyl Estradiol	76	Losartan Potassium -HCTZ	63
Latanoprost	88	Levonorgestrel -Ethinyl Estradiol 91 -Day	76	Lovastatin	63
Leflunomide	82	Levonorgestrel -Ethinyl Estradiol Triphasic	77	Low -Ogestrel	77
Lenalidomide	44	Levora 0.15/30	77	Loxapine Succinate	50
Lenvima 10MG Daily Dose	46	Levothyroxine Sodium	79	Lumakras	44
Lenvima 12MG Daily Dose	47	Levoxyl	79	Lumigan	88
Lenvima 14MG Daily Dose	47	Lexiva	55	Lumryz	91
Lenvima 18MG Daily Dose	47	Lidocaine	31	Lupron Depot	80
Lenvima 20MG Daily Dose	47	Lidocaine HCl	31	Lupron Depot -Ped	80
Lenvima 24MG Daily Dose	47	Lidocaine Viscous	31	Lurasidone HCl	51
Lenvima 4MG Daily Dose	47	Lidocaine -Prilocaine	31	Lutera	77
Lenvima 8MG Daily Dose	47	Linezolid	32	Lybalvi	51
Lessina	76	Linzess	71	Lyleq	78
				Lynparza	47

Lysodren	79	Meropenem	35	Microgestin Fe 1/20	77
Lytgobi	47	Mesalamine	85	Midodrine HCl	60
Lyumjev	58	Mesalamine ER	85	Mifepristone	75
Lyumjev KwikPen	58	Mesnex	48	Miglustat	73
Lyza	78	Metformin HCl	57	Mili	77
M		Metformin HCl ER	56	Minocycline HCl	36
M -M -R II	84	Methadone HCl	29	Minoxidil	64
Magnesium Sulfate	70	Methazolamide	88	Mirtazapine	39
Malathion	69	Methenamine Hippurate	32	Mirtazapine ODT	39
Maraviroc	54	Methimazole	80	Misoprostol	72
Marlissa	77	Methotrexate Sodium	83	Modafinil	91
Marplan	39	Methsuximide	37	Moexipril HCl	61
Matulane	43	Methylphenidate HCl	65	Molindone HCl	50
Mavyret	53	Methylphenidate HCl ER	65	Mometasone Furoate	68
Meclizine HCl	41	Methylprednisolone	74	Montelukast Sodium	89
Medroxyprogesterone Acetate	79	Metoclopramide HCl	41	Morphine Sulfate	30
Mefloquine HCl	49	Metolazone	63	Morphine Sulfate ER	30
Megestrol Acetate	79	Metoprolol Succinate ER	61	Motegrity	71
Mekinist	47	Metoprolol Tartrate	61	Movantik	71
Mektovi	47	Metronidazole	32	Moxifloxacin HCl	87
Meloxicam	29	Metyrosine	63	Moxifloxacin HCl in NaCl	36
Memantine HCl	39	Mexiletine HCl	61	Multaq	61
Memantine HCl ER	39	Mibelas 24 Fe	77	Multiple Electrolytes Type 1 pH 5.5	70
Memantine HCl Titration Pak	39	Micafungin Sodium	42	Mupirocin	69
MenQuadfi	84	Miconazole 3	42	Mycophenolate Mofetil	83
Menactra	84	Microgestin 1.5/30	77	Mycophenolate Sodium	83
Menest	77	Microgestin 1/20	77	Myrbetriq	73
Menveo	84	Microgestin 24 Fe	77	N	
Mercaptopurine	44	Microgestin Fe 1.5/30	77	Nabumetone	29

Nadolol	61	Niacor	64	Norvir	55
Nafcillin Sodium	34	Nicotrol	31	NovoLog	58
Naloxone HCl	31	Nicotrol NS	31	NovoLog FlexPen	58
Naltrexone HCl	31	Nifedipine ER	62	NovoLog Mix 70/30	59
Naproxen	29	Nifedipine ER Osmotic Release	62	NovoLog Mix 70/30 FlexPen	59
Natacyn	87	Nikki	77	NovoLog PenFill	59
Nateglinide	57	Nilutamide	43	Novolin 70/30	58
Nayzilam	38	Nimodipine	62	Novolin 70/30 FlexPen	58
Nebivolol HCl	61	Ninlaro	44	Novolin N	58
Necon 0.5/35	77	Nitazoxanide	49	Novolin N FlexPen	58
Nefazodone HCl	40	Nitisinone	73	Novolin R	58
Neo -Polycin	87	Nitro -Bid	64	Novolin R FlexPen	58
Neo -Polycin HC	86	Nitrofurantoin Macrocrystal	32	Nubeqa	44
Neomycin Sulfate	32	Nitrofurantoin Monohydrate	32	Nucala	91
Neomycin -Bacitracin -Polymyxin	87	Nitroglycerin	65	Nuedexta	65
Neomycin -Polymyxin -Bacitracin -Hydrocortisone	86	Nitrostat	65	Nuplazid	51
Neomycin -Polymyxin -Dexamethasone	86	Nizatidine	72	Nurtec ODT	42
Neomycin -Polymyxin -Gramicidin	87	Nora -BE	79	Nutrilipid	70
Neomycin -Polymyxin -HC	88	Norelgestromin -Ethinyl Estradiol	77	Nyamyc	69
Nerlynx	47	Norethindrone	79	Nylia 1/35	77
Neuac	66	Norethindrone Acetate	79	Nymyo	77
Neulasta	60	Norethindrone Acetate -Ethinyl Estradiol	77	Nystatin	69
Neupro	49	Norethindrone Acetate -Ethinyl Estradiol -Fe	77	Nystop	69
Nevanac	87	Norgestimate -Ethinyl Estradiol	77	O	
Nevirapine	53	Norgestimate -Ethinyl Estradiol Triphasic	77		
Nevirapine ER	53	Nortrel 0.5/35	77	Ocella	77
Niacin	64	Nortrel 1/35	77	Octagam	80
Niacin ER	64	Nortriptyline HCl	40	Octreotide Acetate	80
				Odefsey	54
				Odomzo	47

Ofev	90	Oxcarbazepine	38	Perforomist	89
Ofloxacin	88	Oxybutynin Chloride	73	Periogard	66
Ogsiveo	44	Oxybutynin Chloride ER	73	Permethrin	69
Ojjaara	47	Oxycodone HCl	31	Perphenazine	41
Olanzapine	51	Oxycodone -Acetaminophen	31	Phenelzine Sulfate	39
Olanzapine ODT	51	P		Phenobarbital	38
Olmesartan Medoxomil	60	PEG -3350 -Electrolytes	72	Phenytek	38
Olmesartan Medoxomil -HCTZ	63	PEG -3350 -NaCl -Na Bicarbonate -KCl	72	Phenytoin	38
Olmesartan -Amlodipine -HCTZ	63	Pacerone	61	Phenytoin Sodium Extended	38
Omega -3 -Acid Ethyl Esters	64	Paliperidone ER	51	Pifeltro	53
Omeprazole	73	Panretin	48	Pilocarpine HCl	88
Ondansetron HCl	41	Pantoprazole Sodium	73	Pimecrolimus	68
Ondansetron ODT	41	Panzyga	81	Pimozide	50
Onureg	44	Paricalcitol	85	Pimtreea	77
Orencia	81	Paroxetine HCl	40	Pioglitazone HCl	57
Orencia ClickJect	81	Paxlovid	86	Piperacillin -Tazobactam	35
Orenitram	90	Pazopanib HCl	47	Piqray	47
Orenitram Month 1	90	Pediarix	84	Pirfenidone	90
Orenitram Month 2	90	Pedvax HIB	84	Plasma -Lyte 148	70
Orenitram Month 3	90	Pegasys	81	Plasma -Lyte A	70
Orgovyx	80	Pemazyre	44	Plenamine	70
Orkambi	89	Penbraya	84	Podofilox	68
Orserdu	44	Penicillamine	74	Polycin	87
Oseltamivir Phosphate	55	Penicillin G Potassium	35	Polymyxin B Sulfate	32
Osphena	79	Penicillin G Sodium	35	Polymyxin B -Trimethoprim	87
Otezla	81	Penicillin V Potassium	35	Pomalyst	44
Oxacillin Sodium	35	Pentacel	84	Portia -28	77
Oxacillin Sodium in Dextrose	34	Pentamidine Isethionate	49	Posaconazole	42
		Pentoxifylline ER	63	Potassium Chloride	70

Potassium Chloride ER70	Primidone38	Pyridostigmine Bromide43
Potassium Chloride Microencapsulated ER70	Priorix84	Pyridostigmine Bromide ER .43
Potassium Chloride in Dextrose 5%70	Privigen81	Pyrimethamine49
Potassium Chloride in NaCl .70	ProQuad84	Pyrukynd60
Potassium Citrate ER70	Probenecid42	Pyrukynd Taper Pack60
Praluent64	Prochlorperazine41	Q
Pramipexole Dihydrochloride49	Prochlorperazine Maleate41	Qinlock44
Pravastatin Sodium63	Procrit60	Quadracel84
Praziquantel49	Procto -Med HC85	Quetiapine Fumarate51
Prazosin HCl60	Proctosol HC85	Quinapril HCl61
PreHevbrio84	Proctozone -HC85	Quinidine Sulfate61
Prednisolone74	Progesterone79	Quinine Sulfate49
Prednisolone Acetate87	Prograf83	Qulipta43
Prednisolone Sodium Phosphate87	Prolastin -C73	R
Prednisone74	Prolensa87	RabAvert84
Prednisone Intensol74	Prolia85	Raloxifene HCl79
Pregabalin65	Promacta60	Ramipril61
Premarin77	Promethazine HCl41	Ranolazine ER63
Premasol70	Promethegan41	Rasagiline Mesylate50
Premphase77	Propafenone HCl61	Reclipsen77
Prempro77	Propranolol HCl61	Recombivax HB84
Prenatal71	Propranolol HCl ER61	Rectiv65
Prevalite64	Propylthiouracil80	Regranex68
Prevymis52	Prosol70	Relenza Diskhaler55
Prezcobix55	Protriptyline HCl41	Relistor72
Prezista55	Pulmicort Flexhaler88	Repaglinide57
Priftin43	Pulmozyme89	Repatha64
Primaquine Phosphate49	Purixan44	Repatha Pushtronex System64
	Pyrazinamide43	Repatha SureClick64

Restasis MultiDose	86	RotaTeq	84	Sildenafil Citrate	90
Restasis Single -Use Vials	86	Rotarix	84	Silver Sulfadiazine	68
Retacrit	60	Roweepra	37	Simbrinza	88
Retevmo	44	Rozlytrek	47	Simvastatin	64
Revcovi	73	Rubraca	47	Sirolimus	83
Revlimid	44	Rufinamide	39	Sirturo	43
Rexulti	51	Rukobia	54	Skyclarys	65
Reyataz	55	Rydapt	47	Skyrizi	81
Rezlidhia	47	S		Skyrizi Pen	81
Ribavirin	53	SPS	71	Sodium Chloride	71
Ridaura	81	SSD	68	Sodium Fluoride	71
Rifabutin	43	Sajazir	80	Sodium Oxybate	91
Rifampin	43	Sandimmune	83	Sodium Phenylbutyrate	73
Riluzole	65	Santyl	68	Sodium Polystyrene Sulfonate	71
Rimantadine HCl	55	Sapropterin Dihydrochloride	73	Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate	72
Rinvoq	81	Savella	65	Solifenacin Succinate	74
Risperdal Consta	51	Savella Titration Pack	65	Soltamox	44
Risperidone	51	Scemblix	47	Somavert	80
Risperidone Microspheres ER	51	Scopolamine	41	Sorafenib Tosylate	47
Risperidone ODT	52	Secuado	52	Sorine	61
Ritonavir	55	Selegiline HCl	50	Sotalol HCl	61
Rivastigmine	39	Selenium Sulfide	68	Spironolactone	63
Rivastigmine Tartrate	39	Selzentry	54	Spironolactone -HCTZ	63
Rivelsa	77	Sertraline HCl	40	Sprintec 28	78
Rizatriptan Benzoate	42	Setlakin	78	Spritam ODT	37
Rizatriptan Benzoate ODT	42	Sevelamer Carbonate	71	Sprycel	47
Roflumilast	89	Sharobel	79	Sronyx	78
Ropinirole HCl	49	Shingrix	84	Stelara	81
Rosuvastatin Calcium	64	Signifor	80	Stivarga	47

Streptomycin Sulfate	32	Tacrolimus	83	Tetrabenazine	65
Stribild	53	Tadalafil	90	Tetracycline HCl	36
Striverdi Respimat	89	Tafinlar	47	Thalomid	44
Suboxone	31	Tagrisso	47	Theophylline	90
Subvenite	37	Talzenna	48	Theophylline ER	90
Sucraid	73	Tamoxifen Citrate	44	Thioridazine HCl	50
Sucralfate	72	Tamsulosin HCl	74	Thiothixene	50
Sulfacetamide Sodium	87	Tarina 24 Fe	78	Tiadyt ER	62
Sulfacetamide -Prednisolone	86	Tarina Fe 1/20 EQ	78	Tiagabine HCl	38
Sulfadiazine	36	Tasigna	48	Tibsovo	48
Sulfamethoxazole -Trimethoprim	36	Tasimelteon	91	Ticovac	84
Sulfasalazine	85	Tazarotene	66	Tigecycline	32
Sulindac	29	Tazicef	34	Timolol Maleate	87
Sumatriptan	42	Taztia XT	62	Timolol Maleate Ophthalmic Gel Forming	87
Sumatriptan Succinate	42	Tazverik	44	Tinidazole	32
Sunitinib Malate	47	Teflaro	34	Tivicay	53
Sunlenca	54	Telmisartan	60	Tivicay PD	53
Syeda	78	Telmisartan -HCTZ	63	Tizanidine HCl	52
Sympazan	38	Temazepam	91	Tobi Podhaler	89
Symtuza	55	Tenivac	84	TobraDex	86
Synarel	80	Tenofovir Disoproxil Fumarate	54	Tobramycin	89
Synjardy	57	Tepmetko	48	Tobramycin Sulfate	32
Synjardy XR	57	Terazosin HCl	74	Tobramycin -Dexamethasone	86
Synthroid	79	Terbinafine HCl	42	Tolterodine Tartrate ER	74
T					
TDVAX	84	Terconazole	42	Topiramate	37
TPN Electrolytes	71	Teriparatide	85	Toremifene Citrate	44
Tabloid	44	Testosterone	75	Torsemide	63
Tabrecta	44	Testosterone Cypionate	75	Toujeo Max SoloStar	59
		Testosterone Enanthate	75	Toujeo SoloStar	59

Tracleer90	Trifluoperazine HCl50	V
Tradjenta57	Trifluridine87	Valacyclovir HCl53
Tramadol HCl31	Trihexyphenidyl HCl49	Valchlor43
Tramadol HCl ER30	Trimethoprim32	Valganciclovir HCl52
Tramadol -Acetaminophen31	Trimipramine Maleate41	Valproic Acid37
Trandolapril61	Trintellix40	Valsartan60
Tranexamic Acid60	Triumeq54	Valsartan -Hydrochlorothiazide63
Tranylcypromine Sulfate39	Triumeq PD54	Valtoco 10MG Dose38
Travasol71	Trivora78	Valtoco 15MG Dose38
Travoprost88	Trizivir54	Valtoco 20MG Dose38
Trazodone HCl40	TrophAmine71	Valtoco 5MG Dose38
Trecator43	Trulance72	Vancomycin HCl33
Trelegy Ellipta91	Trulicity57	Vanflyta48
Trelstar Mixject80	Trumenba84	Vaqta84
Tresiba59	Truqap48	Varenicline Tartrate31
Tresiba FlexTouch59	Tukysa44	Varivax84
Tretinoin66	Turalio48	Vascepa64
Tri -Estarylla78	Turqoz78	Velphoro71
Tri -Lo -Estarylla78	Twinrix84	Veltassa71
Tri -Lo -Sprintec78	Tyblume78	Vemlidy52
Tri -Mili78	Tybost54	Venclexta48
Tri -Nymyo78	Tymlos85	Venclexta Starting Pack48
Tri -Sprintec78	Typhim VI84	Venlafaxine Besylate ER40
Tri -VyLibra78	Tyrvaya86	Venlafaxine HCl40
Tri -VyLibra Lo78	U	Venlafaxine HCl ER40
Triamcinolone Acetonide68	Ubrelvy42	Ventavis90
Triamterene -HCTZ63	Udenyca60	Ventolin HFA89
Triderm68	Unithroid79	Verapamil HCl62
Trientine HCl71	Ursodiol72	Verapamil HCl ER62

Verquvo	65
Versacloz	52
Verzenio	48
Vestura	78
Vibramycin	36
Vienna	78
Vigabatrin	38
Vigadrone	38
Vigpoder	38
Viiibryd	40
Vilazodone HCl	40
Viracept	55
Viread	54
Vitrakvi	48
Vivitrol	31
Vizimpro	48
Vonjo	45
Voriconazole	42
Vosevi	53
Votrient	48
Vowst	72
Vraylar	52
VyLibra	78
Vyfemla	78
Vyndamax	73
Vyndaqel	73

W

Warfarin Sodium	59
Welireg	48

X

Xalkori	48
Xarelto	59
Xarelto Starter Pack	59
Xatmep	83
Xcopri	37
Xeljanz	81
Xeljanz XR	81
Xermelo	72
Xgeva	85
Xifaxan	33
Xigduo XR	57
Xofluza	55
Xolair	81
Xospata	48
Xpovio	45
Xtampza ER	30
Xtandi	44
Xulane	78

Y

YF -VAX	85
Yuflyma	83

Z

Zafemy	78
Zafirlukast	89
Zarxio	60
Zejula	48
Zelboraf	48
Zenatane	67
Zenpep	73

Zidovudine	54
Ziprasidone HCl	52
Ziprasidone Mesylate	52
Zirgan	52
Zokinvy	73
Zolinza	45
Zolpidem Tartrate	91
Zonisade	39
Zonisamide	39
Zovia 1/35	78
Ztalmy	38
Zurzuva	39
Zydelig	48
Zykadia	48
Zyprexa Relprew	52

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 92-122.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	3	QL
Diclofenac Potassium (50MG Oral Tablet)	G	3	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	
Diclofenac Sodium (1% External Gel)	G	3	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	3	
EC-Naproxen (500MG Oral Tablet Delayed Release)	G	2	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	♦
Ibuprofen (Oral Suspension)	G	1	♦
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	♦
Meloxicam (Oral Tablet)	G	1	♦
Nabumetone (Oral Tablet)	G	2	
Naproxen (Oral Suspension)	G	4	
Naproxen (Oral Tablet Immediate Release)	G	1	♦
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	
Sulindac (Oral Tablet)	G	3	
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	4	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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	4	7D; MME; DL; QL
Tramadol HCl (ER Biphasic) (Oral Tablet Extended Release 24 Hour)	G	4	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	4	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	4	QL
Butorphanol Tartrate (Nasal Solution)	G	3	7D; MME; DL; QL
Endocet (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 (10-300MG Oral Tablet, 10-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG 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 (Oral Solution)	G	3	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Oxycodone HCl (Oral Concentrate)	G	4	7D; MME; DL; QL

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Oxycodone HCl (Oral Solution)	G	4	7D; MME; DL; QL
Oxycodone HCl (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	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	2	
Nicotrol (Inhalation Inhaler)	B	4	
Nicotrol NS (Nasal Solution)	B	4	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	4	
Varenicline Tartrate (Oral Tablet)	G	4	
Antibacterials			
Aminoglycosides			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
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 (600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	4	
Clindamycin Phosphate (Vaginal Cream)	G	4	
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	4	
Metronidazole (0.75% External Gel)	G	4	
Metronidazole (500MG/100ML Intravenous Solution)	G	4	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	2	
Metronidazole (0.75% Vaginal Gel)	G	4	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	3	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	3	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	4	
Tigecycline (Intravenous Solution Reconstituted)	G	5	DL
Tinidazole (Oral Tablet)	G	4	
Trimethoprim (Oral Tablet)	G	2	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.
 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Xifaxan (200MG Oral Tablet)	B	4	PA
Xifaxan (550MG Oral Tablet)	B	5	PA; DL
Beta-lactam, Cephalosporins			
Cefaclor (Oral Capsule)	G	3	
Cefadroxil (Oral Capsule)	G	2	
Cefadroxil (Oral Suspension Reconstituted)	G	3	
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	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	4	
Cefixime (Oral Capsule)	G	4	
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	4	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	4	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	4	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	1	♦
Cephalexin (750MG Oral Capsule)	G	4	
Cephalexin (Oral Suspension Reconstituted)	G	2	
Tazicef (Injection Solution Reconstituted)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	4	
Teflaro (Intravenous Solution Reconstituted)	B	5	DL
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	◆
Amoxicillin (Oral Suspension Reconstituted)	G	1	◆
Amoxicillin (Oral Tablet Immediate Release)	G	1	◆
Amoxicillin (Oral Tablet Chewable)	G	1	◆
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	4	
Amoxicillin-Potassium Clavulanate (200-28.5MG/5ML Oral Suspension Reconstituted, 250-62.5MG/5ML Oral Suspension Reconstituted, 400-57MG/5ML Oral Suspension Reconstituted, 600-42.9MG/5ML Oral Suspension Reconstituted)	G	2	
Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release, 500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release)	G	2	
Amoxicillin-Potassium Clavulanate (200-28.5MG Oral Tablet Chewable, 400-57MG Oral Tablet Chewable)	G	3	
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 Prefilled Syringe)	B	4	
Dicloxacillin Sodium (Oral Capsule)	G	3	
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	

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	4	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	4	
Penicillin G Sodium (Injection Solution Reconstituted)	G	4	
Penicillin V Potassium (Oral Solution Reconstituted)	G	2	
Penicillin V Potassium (Oral Tablet)	G	1	♦
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	4	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	4	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	4	
Meropenem (1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted)	G	4	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	4	
Azithromycin (Oral Suspension Reconstituted)	G	3	
Azithromycin (Oral Tablet)	G	1	♦
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	4	
Clarithromycin (Oral Suspension Reconstituted)	G	4	
Clarithromycin (Oral Tablet Immediate Release)	G	3	
Difcid (Oral Suspension Reconstituted)	B	4	
Difcid (Oral Tablet)	B	4	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	B	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	1	♦
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	4	
Levofloxacin (Oral Solution)	G	4	
Levofloxacin (Oral Tablet)	G	2	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	4	
Moxifloxacin HCl (Oral Tablet)	G	3	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	4	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	3	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	♦
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	3	
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

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	2	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	3	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	3	
Levetiracetam (Oral Solution)	G	2	
Levetiracetam (Oral Tablet Immediate Release)	G	2	
Roweepra (Oral Tablet Immediate Release)	G	2	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	4	
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	2	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	3	
Topiramate (Oral Tablet)	G	2	
Valproic Acid (Oral Capsule)	G	2	
Valproic Acid (Oral Solution)	G	2	
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (350MG Daily Dose) (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			
Ethosuximide (Oral Capsule)	G	3	
Ethosuximide (Oral Solution)	G	4	
Methsuximide (Oral Capsule)	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	3	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nayzilam (Nasal Solution)	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	2	
Phenobarbital (Oral Tablet)	G	2	
Primidone (Oral Tablet)	G	2	
Sympazan (Oral Film)	B	5	PA; DL; QL
Tiagabine HCl (Oral Tablet)	G	4	
Valtoco 10MG Dose (Nasal Liquid)	B	4	PA; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 5MG Dose (Nasal Liquid)	B	4	PA; 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
Vigadrone (Oral Tablet)	G	5	PA; DL; QL
Vigpoder (Oral Packet)	G	5	PA; DL; QL
Ztalmy (Oral Suspension)	B	5	PA; DL
Sodium Channel Agents			
Optiom (Oral Tablet)	B	4	QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	4	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	4	
Carbamazepine (Oral Suspension)	G	3	
Carbamazepine (Oral Tablet Immediate Release)	G	3	
Carbamazepine (Oral Tablet Chewable)	G	3	
Dilantin INFATABS (Oral Tablet Chewable)	B	3	
Dilantin (Oral Capsule)	B	2	
Epitol (Oral Tablet)	G	3	
Lacosamide (Oral Solution)	G	4	QL
Lacosamide (Oral Tablet)	G	4	QL
Oxcarbazepine (Oral Suspension)	G	4	
Oxcarbazepine (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	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.
 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rufinamide (Oral Suspension)	G	4	
Rufinamide (Oral Tablet)	G	4	
Zonisade (Oral Suspension)	B	4	ST
Zonisamide (Oral Capsule)	G	3	
Antidementia Agents			
Cholinesterase Inhibitors			
Donepezil HCl (Oral Tablet)	G	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	2	QL
Rivastigmine Tartrate (Oral Capsule)	G	4	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 (Oral Solution)	G	4	PA; QL
Memantine HCl (Oral Tablet)	G	3	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	3	PA; QL
Antidepressants			
Antidepressants, Other			
Auvelity (Oral Tablet Extended Release)	B	5	DL
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	1	♦
Mirtazapine ODT (Oral Tablet Dispersible)	G	3	
Zurzuva (Oral Capsule)	B	5	PA; DL; QL
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	4	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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	♦
Fluoxetine HCl (20MG/5ML Oral Solution)	G	3	
Fluoxetine HCl (10MG Oral Tablet, 20MG Oral Tablet, 60MG Oral Tablet)	G	1	♦
Fluvoxamine Maleate (Oral Tablet)	G	3	
Nefazodone HCl (Oral Tablet)	G	4	
Paroxetine HCl (Oral Suspension)	G	4	
Paroxetine HCl (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	1	♦
Trintellix (Oral Tablet)	B	4	QL
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	4	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	3	
Viibryd (Oral Tablet)	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	4	
Doxepin HCl (Oral Concentrate)	G	4	
Imipramine HCl (Oral Tablet)	G	4	
Imipramine Pamoate (Oral Capsule)	G	4	
Nortriptyline HCl (Oral Capsule)	G	2	
Nortriptyline HCl (Oral Solution)	G	4	

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	4	
Metoclopramide HCl (Oral Tablet)	G	2	
Perphenazine (Oral Tablet)	G	4	
Prochlorperazine Maleate (Oral Tablet)	G	2	
Prochlorperazine (Rectal Suppository)	G	4	
Promethazine HCl (6.25MG/5ML Oral Syrup)	G	2	
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; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	2	B/D,PA; QL
Ondansetron ODT (Oral Tablet Dispersible)	G	2	B/D,PA; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	4	B/D,PA
Amphotericin B Liposome (Intravenous Suspension 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	3	
Fluconazole (Oral Tablet)	G	1	♦
Flucytosine (Oral Capsule)	G	5	DL
Griseofulvin Microsize (Oral Suspension)	G	4	
Griseofulvin Microsize (Oral Tablet)	G	4	
Griseofulvin Ultramicrosize (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Itraconazole (Oral Capsule)	G	4	PA; QL
Ketoconazole (Oral Tablet)	G	3	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	4	
Miconazole 3 (Vaginal Suppository)	G	3	
Nystatin (Mouth/Throat Suspension)	G	2	
Nystatin (Oral Tablet)	G	3	
Posaconazole (Oral Tablet Delayed Release)	G	5	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	3	QL
Terconazole (Vaginal Cream)	G	3	
Terconazole (Vaginal Suppository)	G	4	
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 (100MG Oral Tablet, 300MG Oral Tablet)	G	1	♦
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	3	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	3	QL
Colchicine-Probenecid (Oral Tablet)	G	3	
Febuxostat (Oral Tablet)	G	4	ST
Probenecid (Oral Tablet)	G	3	
Antimigraine Agents			
Acute			
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; QL
Rizatriptan Benzoate (Oral Tablet)	G	3	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	3	QL
Sumatriptan (Nasal Solution)	G	4	QL
Sumatriptan Succinate (Oral Tablet)	G	2	QL
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	4	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	4	QL
Ubrelvy (Oral Tablet)	B	4	PA; QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	5	PA; DL; QL
Ergotamine-Caffeine (Oral Tablet)	G	3	

♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.
 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Qulipta (Oral Tablet)	B	4	PA; QL
Timolol Maleate (Oral Tablet)	G	4	
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			
Cycloserine (Oral Capsule)	G	4	
Ethambutol HCl (Oral Tablet)	G	3	
Isoniazid (Oral Syrup)	G	4	
Isoniazid (Oral Tablet)	G	1	♦
Priftin (Oral Tablet)	B	4	
Pyrazinamide (Oral Tablet)	G	4	
Rifampin (Intravenous Solution Reconstituted)	G	4	
Rifampin (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 (Oral Tablet)	B	3	B/D,PA
Gleostine (100MG Oral Capsule)	B	5	DL
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	4	
Leukeran (Oral Tablet)	B	4	
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	3	
Erleada (Oral Tablet)	B	5	PA; DL; QL
Nilutamide (Oral Tablet)	G	5	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nubeqa (Oral Tablet)	B	5	PA; DL; QL
Xtandi (Oral Capsule)	B	5	PA; DL; QL
Xtandi (Oral Tablet)	B	5	PA; DL; QL
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	5	PA; DL; QL
Lenalidomide (Oral Capsule)	G	5	PA; DL; QL
Pomalyst (Oral Capsule)	B	5	PA; DL; QL
Qinlock (Oral Tablet)	B	5	PA; DL; QL
Revlimid (Oral Capsule)	B	5	PA; DL; QL
Tabrecta (Oral Tablet)	B	5	PA; DL; QL
Thalomid (Oral Capsule)	B	5	PA; DL; QL
Antiestrogens/Modifiers			
Orserdu (Oral Tablet)	B	5	PA; DL; QL
Soltamox (Oral Solution)	B	4	
Tamoxifen Citrate (Oral Tablet)	G	2	
Toremifene Citrate (Oral Tablet)	G	4	
Antimetabolites			
Droxia (Oral Capsule)	B	3	
Hydroxyurea (Oral Capsule)	G	3	
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			
Akeega (Oral Tablet)	B	5	PA; DL; QL
IDHIFA (Oral Tablet)	B	5	PA; DL; QL
Iwilfin (Oral Tablet)	B	5	PA; DL; QL
Krazati (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
Ogsiveo (Oral Tablet)	B	5	PA; DL; QL
Pemazyre (Oral Tablet)	B	5	PA; DL; QL
Retevmo (Oral Capsule)	B	5	PA; DL; QL
Tazverik (Oral Tablet)	B	5	PA; DL; QL
Tukysa (Oral Tablet)	B	5	PA; DL; QL

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Augtyro (Oral Capsule)	B	5	PA; DL; QL
Ayvakit (Oral Tablet)	B	5	PA; DL; QL
Balversa (Oral Tablet)	B	5	PA; DL; QL
Bosulif (Oral Capsule)	B	5	PA; DL; QL
Bosulif (Oral Tablet)	B	5	PA; DL; QL
Braftovi (Oral Capsule)	B	5	PA; DL
Brukina (Oral Capsule)	B	5	PA; DL; QL
Cabometyx (Oral Tablet)	B	5	PA; DL; QL
Calquence (100MG Oral Capsule)	B	5	PA; DL; QL
Calquence (Oral Tablet)	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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Daurismo (Oral Tablet)	B	5	PA; DL; QL
Erivedge (Oral Capsule)	B	5	PA; DL
Erlotinib HCl (Oral Tablet)	G	5	PA; DL; QL
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	5	PA; DL
Everolimus (Oral Tablet Soluble)	G	5	PA; DL
Exkivity (Oral Capsule)	B	5	PA; DL; QL
Fruzaqla (Oral Capsule)	B	5	PA; DL; QL
Gavreto (Oral Capsule)	B	5	PA; DL; QL
Gefitinib (Oral Tablet)	G	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	3	PA; QL
Imbruvica (Oral Capsule)	B	5	PA; DL; QL
Imbruvica (Oral Suspension)	B	5	PA; DL; QL
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG 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
Jakafi (Oral Tablet)	B	5	PA; DL; QL
Jaypirca (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

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lorbrena (Oral Tablet)	B	5	PA; DL; QL
Lynparza (Oral Tablet)	B	5	PA; DL; QL
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Mekinist (Oral Solution Reconstituted)	B	5	PA; DL
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
Ojjaara (Oral Tablet)	B	5	PA; DL; QL
Pazopanib HCl (Oral Tablet)	G	5	PA; DL; QL
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
Rezlidhia (Oral Capsule)	B	5	PA; DL; QL
Rozlytrek (Oral Capsule)	B	5	PA; DL; QL
Rozlytrek (Oral Packet)	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
Tafinlar (Oral Tablet Soluble)	B	5	PA; DL
Tagrisso (Oral Tablet)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Truqap (Oral Tablet)	B	5	PA; DL; QL
Turalio (125MG Oral Capsule)	B	5	PA; DL; QL
Vanflyta (Oral Tablet)	B	5	PA; DL; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	5	PA; DL; QL
Venclexta (10MG Oral Tablet)	B	3	PA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Verzenio (Oral Tablet)	B	5	PA; DL; QL
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
Xalkori (Oral Capsule Sprinkle)	B	5	PA; DL
Xospata (Oral Tablet)	B	5	PA; DL; QL
Zejula (100MG Oral Capsule)	B	5	PA; DL; QL
Zejula (Oral Tablet)	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			

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Albendazole (Oral Tablet)	G	4	QL
Ivermectin (Oral Tablet)	G	3	PA
Praziquantel (Oral Tablet)	G	4	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	4	QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	4	
Benznidazole (Oral Tablet)	B	4	
Chloroquine Phosphate (Oral Tablet)	G	4	QL
Coartem (Oral Tablet)	B	4	
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	3	QL
Impavido (Oral Capsule)	B	5	DL
Mefloquine HCl (Oral Tablet)	G	3	
Nitazoxanide (Oral Tablet)	G	4	QL
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			
Benztropine Mesylate (Oral Tablet)	G	2	
Trihexyphenidyl HCl (Oral Solution)	G	2	
Trihexyphenidyl HCl (Oral Tablet)	G	2	
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	3	
Amantadine HCl (Oral Solution)	G	3	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	4	
Entacapone (Oral Tablet)	G	4	
Dopamine Agonists			
Bromocriptine Mesylate (Oral Capsule)	G	4	
Bromocriptine Mesylate (Oral Tablet)	G	4	
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Inbrija (Inhalation Capsule)	B	5	PA; DL
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	
Haloperidol Lactate (Injection Solution)	G	4	
Haloperidol Lactate (2MG/ML 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	4	
Thioridazine HCl (Oral Tablet)	G	3	
Thiothixene (Oral Capsule)	G	4	
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

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.
 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aristada (Intramuscular Prefilled Syringe)	B	5	DL
Asenapine Maleate (Tablet Sublingual)	G	4	QL
Caplyta (Oral Capsule)	B	4	PA; 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
Lurasidone HCl (Oral Tablet)	G	3	QL
Lybalvi (Oral Tablet)	B	4	ST; QL
Nuplazid (Oral Capsule)	B	4	PA; QL
Nuplazid (Oral Tablet)	B	4	PA; QL
Olanzapine (Intramuscular Solution Reconstituted)	G	4	
Olanzapine (Oral Tablet)	G	3	QL
Olanzapine ODT (Oral Tablet Dispersible)	G	4	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Quetiapine Fumarate (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 Microspheres ER (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER)	G	4	
Risperidone Microspheres ER (50MG Intramuscular Suspension Reconstituted ER)	G	5	DL
Risperidone (Oral Solution)	G	4	
Risperidone (Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risperidone ODT (Oral Tablet Dispersible)	G	4	
Secuado (Transdermal Patch 24 Hour)	B	4	ST; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	4	PA; QL
Vraylar (Oral Capsule Therapy Pack)	B	4	PA; QL
Ziprasidone HCl (Oral Capsule)	G	4	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	4	
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	4	
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	3	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	4	QL
Versacloz (Oral Suspension)	B	4	
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Tablet)	G	2	
Tizanidine HCl (Oral Tablet)	G	2	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	5	PA; DL; QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	5	DL; QL
Valganciclovir HCl (Oral Tablet)	G	3	QL
Zirgan (Ophthalmic Gel)	B	4	
Anti-hepatitis B (HBV) Agents			
Baraclude (Oral Solution)	B	4	
Entecavir (Oral Tablet)	G	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
Harvoni (Oral Packet)	B	5	PA; DL; QL
Harvoni (90-400MG Oral Tablet)	B	5	PA; DL; QL

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Valacyclovir HCl (Oral Tablet)	G	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	5	DL; QL
Dovato (Oral Tablet)	B	5	DL; QL
Genvoya (Oral Tablet)	B	5	DL; QL
Isentress HD (Oral Tablet)	B	5	DL; QL
Isentress (Oral Packet)	B	4	QL
Isentress (Oral Tablet)	B	5	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	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	4	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 (400MG 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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (Oral Tablet)	B	5	DL; QL
Emtricitabine (Oral Capsule)	G	4	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (100MG-150MG Oral Tablet, 133MG-200MG Oral Tablet, 167MG-250MG Oral Tablet)	G	5	DL; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (200MG-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
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 (300-150-300MG 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	4	QL
Zidovudine (Oral Syrup)	G	4	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
Sunlenca (Oral Tablet Therapy Pack)	B	5	DL; QL
Tyboost (Oral Tablet)	B	4	QL
Anti-HIV Agents, Protease Inhibitors			

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aptivus (Oral Capsule)	B	5	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	4	QL
Darunavir (Oral Tablet)	G	5	DL; QL
Evotaz (Oral Tablet)	B	5	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	5	DL; QL
Lexiva (50MG/ML 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
Prezcobix (Oral Tablet)	B	5	DL; QL
Prezista (Oral Suspension)	B	5	DL; QL
Prezista (150MG Oral Tablet)	B	5	DL; QL
Prezista (75MG Oral Tablet)	B	4	QL
Reyataz (Oral Packet)	B	4	QL
Ritonavir (Oral Tablet)	G	3	QL
Symtuza (Oral Tablet)	B	5	DL; QL
Viracept (Oral Tablet)	B	5	DL; QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	3	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	3	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Rimantadine HCl (Oral Tablet)	G	4	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Anxiolytics			
Anxiolytics, Other			
Buspirone HCl (Oral Tablet)	G	2	
Hydroxyzine HCl (Oral Syrup)	G	4	
Hydroxyzine HCl (Oral Tablet)	G	4	
Hydroxyzine Pamoate (Oral Capsule)	G	4	
Benzodiazepines			
Alprazolam (Oral Tablet Immediate Release)	G	2	QL
Chlordiazepoxide HCl (Oral Capsule)	G	4	
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clorazepate Dipotassium (Oral Tablet)	G	4	QL
Diazepam Intensol (Oral Concentrate)	G	4	QL
Diazepam (5MG/5ML Oral Solution)	G	4	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Lorazepam Intensol (Oral Concentrate)	G	3	QL
Lorazepam (Oral Tablet)	G	2	QL
Bipolar Agents			
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	
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	
Lithium (Oral Solution)	G	3	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	3	QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	3	PA; QL
Farxiga (Oral Tablet)	B	3	QL
Glimepiride (Oral Tablet)	G	1	QL ♦
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL ♦
Glipizide (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	QL ♦
Glipizide-Metformin HCl (Oral Tablet)	G	3	QL
Janumet (Oral Tablet Immediate Release)	B	3	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Januvia (Oral Tablet)	B	3	QL
Jardiance (Oral Tablet)	B	3	QL
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	3	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL ♦

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Pioglitazone HCl (Oral Tablet)	G	1	QL ♦
Repaglinide (Oral Tablet)	G	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	PA; 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)	B	3	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	3	
Gvoke Kit (Subcutaneous Solution)	B	3	
Gvoke PFS (1MG/0.2ML Subcutaneous Solution Prefilled Syringe)	B	3	
Insulins			
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 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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Insulin Aspart FlexPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent NovoLog)	B	3	
Insulin Aspart (Injection Solution) (Brand Equivalent NovoLog)	B	3	
Insulin Aspart PenFill (Subcutaneous Solution Cartridge) (Brand Equivalent NovoLog)	B	3	
Insulin Aspart Prot & Aspart FlexPen (Subcutaneous Suspension Pen-Injector) (Brand Equivalent NovoLog)	B	3	
Insulin Aspart Prot & Aspart (Subcutaneous Suspension) (Brand Equivalent NovoLog)	B	3	
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	3	
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	3	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	3	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	3	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Lantus (Subcutaneous Solution)	B	3	
Levemir FlexPen (Subcutaneous Solution Pen-Injector)	B	3	
Levemir (Subcutaneous Solution)	B	3	
Lyumjev (Injection Solution)	B	3	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	
Novolin 70/30 (Subcutaneous Suspension)	B	3	
Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	
Novolin N (Subcutaneous Suspension)	B	3	
Novolin R FlexPen (Injection Solution Pen-Injector)	B	3	
Novolin R (Injection Solution)	B	3	
NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	B	3	
NovoLog (Injection Solution)	B	3	

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	
NovoLog Mix 70/30 (Subcutaneous Suspension)	B	3	
NovoLog PenFill (Subcutaneous Solution Cartridge)	B	3	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	
Tresiba (Subcutaneous Solution)	B	3	
Blood Products and Modifiers			
Anticoagulants			
Eliquis (Oral Tablet)	B	4	ST; QL
Eliquis Starter Pack (Oral Tablet)	B	4	ST; 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	1	♦
Warfarin Sodium (Oral Tablet)	G	1	♦
Xarelto (Oral Tablet)	B	3	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	3	QL
Blood Products and Modifiers, Other			
Anagrelide HCl (0.5MG Oral Capsule)	G	3	
Anagrelide HCl (1MG Oral Capsule)	G	4	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	5	PA; DL
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	4	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe)	B	5	PA; DL
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Procrit (Injection Solution)	B	4	PA
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
Udenyca (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Zarxio (Injection Solution Prefilled Syringe)	B	5	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	3	QL
Cablivi (Injection Kit)	B	5	PA; DL; QL
Cilostazol (Oral Tablet)	G	2	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	QL ♦
Doptelet (Oral Tablet)	B	5	PA; DL; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	1	♦
Clonidine (Transdermal Patch Weekly)	G	4	
Droxidopa (Oral Capsule)	G	4	PA; QL
Midodrine HCl (Oral Tablet)	G	4	
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	1	QL ♦
Losartan Potassium (Oral Tablet)	G	1	QL ♦
Olmesartan Medoxomil (Oral Tablet)	G	2	QL
Telmisartan (Oral Tablet)	G	3	QL
Valsartan (Oral Tablet)	G	2	QL

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	QL ♦
Enalapril Maleate (Oral Tablet)	G	2	QL
Fosinopril Sodium (Oral Tablet)	G	2	QL
Lisinopril (Oral Tablet)	G	1	QL ♦
Moexipril HCl (Oral Tablet)	G	2	QL
Quinapril HCl (Oral Tablet)	G	2	QL
Ramipril (Oral Capsule)	G	1	QL ♦
Trandolapril (Oral Tablet)	G	2	QL
Antiarrhythmics			
Amiodarone HCl (200MG Oral Tablet)	G	2	
Dofetilide (Oral Capsule)	G	4	QL
Flecainide Acetate (Oral Tablet)	G	2	
Mexiletine HCl (Oral Capsule)	G	3	
Multaq (Oral Tablet)	B	3	QL
Pacerone (200MG Oral Tablet)	B	2	
Propafenone HCl (Oral Tablet)	G	3	
Quinidine Sulfate (Oral Tablet)	G	2	
Sorine (120MG Oral Tablet, 160MG Oral Tablet, 80MG 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	1	♦
Betaxolol HCl (Oral Tablet)	G	2	
Bisoprolol Fumarate (Oral Tablet)	G	2	
Carvedilol (Oral Tablet)	G	1	♦
Labetalol HCl (Oral Tablet)	G	2	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	♦
Metoprolol Tartrate (Oral Tablet)	G	1	♦
Nadolol (Oral Tablet)	G	2	
Nebivolol HCl (Oral Tablet)	G	4	QL
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	♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	3	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	2	QL
Nimodipine (Oral Capsule)	G	4	
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	2	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	2	
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 (Oral Capsule Extended Release 24 Hour)	G	2	
Verapamil HCl ER (Oral Tablet Extended Release)	G	2	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	♦
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	4	
Acetazolamide (Oral Tablet)	G	3	
Aliskiren Fumarate (Oral Tablet)	G	4	QL
Amlodipine-Atorvastatin (Oral Tablet)	G	4	QL
Amlodipine-Benazepril (Oral Capsule)	G	1	QL ♦
Amlodipine-Olmesartan (Oral Tablet)	G	4	QL
Amlodipine-Valsartan (Oral Tablet)	G	4	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	2	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Corlanor (Oral Solution)	B	4	PA; QL
Corlanor (Oral Tablet)	B	4	PA; QL
Digoxin (Oral Solution)	G	4	
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	2	
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Entresto (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Kerendia (Oral Tablet)	B	4	PA; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL ♦
Metyrosine (Oral Capsule)	G	5	DL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	3	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	4	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	3	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	4	QL
Spironolactone-HCTZ (Oral Tablet)	G	3	
Telmisartan-HCTZ (Oral Tablet)	G	3	QL
Triamterene-HCTZ (Oral Capsule)	G	1	♦
Triamterene-HCTZ (Oral Tablet)	G	1	♦
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	1	♦
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	1	♦
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	2	
Hydrochlorothiazide (Oral Capsule)	G	1	♦
Hydrochlorothiazide (Oral Tablet)	G	1	♦
Indapamide (Oral Tablet)	G	1	♦
Metolazone (Oral Tablet)	G	2	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	2	
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	1	QL ♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rosuvastatin Calcium (Oral Tablet)	G	1	QL ♦
Simvastatin (Oral Tablet)	G	1	QL ♦
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	4	
Cholestyramine (Oral Packet)	G	4	
Colesevelam HCl (Oral Packet)	G	4	
Colesevelam HCl (Oral Tablet)	G	4	
Colestipol HCl (Oral Packet)	G	4	
Colestipol HCl (Oral Tablet)	G	4	
Ezetimibe (Oral Tablet)	G	2	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	3	QL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	4	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	3	
Niacor (Oral Tablet)	G	4	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	4	QL
Praluent (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Prevalite (Oral Packet)	G	4	
Repatha Pushttronex 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	3	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	♦
Minoxidil (Oral Tablet)	G	3	
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	3	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	2	
Nitro-Bid (Transdermal Ointment)	B	4	

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nitroglycerin (Tablet Sublingual)	G	2	
Nitroglycerin (Transdermal Patch 24 Hour)	G	3	
Nitroglycerin (Translingual Solution)	G	4	
Nitrostat (Tablet Sublingual)	B	3	
Rectiv (Rectal Ointment)	B	4	QL
Verquvo (Oral Tablet)	B	3	PA; 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
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Dextroamphetamine Sulfate (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	3	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	4	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			
Nuedexta (Oral Capsule)	B	4	PA; QL
Riluzole (Oral Tablet)	G	4	
Skyclarys (Oral Capsule)	B	5	PA; DL; QL
Tetrabenazine (12.5MG Oral Tablet)	G	4	PA; QL
Tetrabenazine (25MG Oral Tablet)	G	5	PA; DL; QL
Fibromyalgia Agents			
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Multiple Sclerosis Agents			
Betaseron (Subcutaneous Kit)	B	5	DL; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	4	QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	4	QL
Fingolimod HCl (Oral Capsule)	G	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	1	♦
Kourzeq (Mouth/Throat Paste)	G	3	
Periogard (Mouth Solution)	G	1	♦
Pilocarpine HCl (Oral Tablet)	G	4	
Triamcinolone Acetonide (Dental Paste)	G	3	
Dermatological Agents			
Acne and Rosacea Agents			
Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG 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
Neuac (External Gel)	G	4	
Tazarotene (External Cream)	G	4	PA; QL
Tretinoin (External Cream)	G	4	PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	G	4	PA

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zenatane (Oral Capsule)	G	4	PA
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	3	
Alclometasone Dipropionate (External Cream)	G	4	
Alclometasone Dipropionate (External Ointment)	G	4	
Ammonium Lactate (External Cream)	G	2	
Ammonium Lactate (External Lotion)	G	2	
Betamethasone Dipropionate Aug (External Cream)	G	3	
Betamethasone Dipropionate Aug (External Gel)	G	3	
Betamethasone Dipropionate Aug (External Lotion)	G	3	
Betamethasone Dipropionate Aug (External Ointment)	G	3	
Betamethasone Dipropionate (External Cream)	G	3	
Betamethasone Dipropionate (External Lotion)	G	3	
Betamethasone Dipropionate (External Ointment)	G	3	
Betamethasone Valerate (External Cream)	G	3	
Betamethasone Valerate (External Lotion)	G	3	
Betamethasone Valerate (External Ointment)	G	3	
Clobetasol Propionate Emollient Base (External Cream)	G	4	
Clobetasol Propionate (External Cream)	G	4	
Clobetasol Propionate (External Gel)	G	4	
Clobetasol Propionate (External Ointment)	G	4	
Clobetasol Propionate (External Shampoo)	G	4	
Clobetasol Propionate (External Solution)	G	3	
Clodan (External Shampoo)	G	4	
Desonide (External Ointment)	G	4	QL
Desoximetasone (External Cream)	G	4	QL
Doxepin HCl (External Cream)	G	4	PA; QL
Fluocinolone Acetonide (External Cream)	G	3	
Fluocinolone Acetonide (External Ointment)	G	3	
Fluocinolone Acetonide (External Solution)	G	3	
Fluocinolone Acetonide Scalp (External Oil)	G	4	
Fluocinonide Emulsified Base (External Cream)	G	3	QL
Fluocinonide (0.05% External Cream)	G	3	QL
Fluocinonide (External Gel)	G	3	QL
Fluocinonide (External Ointment)	G	3	QL
Fluocinonide (External Solution)	G	3	QL
Fluticasone Propionate (External Cream)	G	3	
Fluticasone Propionate (External Ointment)	G	3	
Halobetasol Propionate (External Cream)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Halobetasol Propionate (External Ointment)	G	4	
Halog (External Ointment)	B	4	
Hydrocortisone Butyrate (External Ointment)	G	3	
Hydrocortisone (1% External Cream)	G	3	
Hydrocortisone (2.5% External Lotion)	G	3	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	3	
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
Selenium Sulfide (External Lotion)	G	2	
Tacrolimus (External Ointment)	G	4	ST
Triamcinolone Acetonide (External Cream)	G	2	
Triamcinolone Acetonide (External Lotion)	G	3	
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 Ointment)	G	4	QL
Calcipotriene (External Solution)	G	3	
Clotrimazole-Betamethasone (External Cream)	G	3	QL
Clotrimazole-Betamethasone (External Lotion)	G	4	
Diclofenac Sodium (3% External Gel)	G	4	PA; QL
Fluorouracil (5% External Cream)	G	4	QL
Fluorouracil (External Solution)	G	3	
Imiquimod (5% External Cream)	G	4	QL
Podofilox (External Solution)	G	4	
Regranex (External Gel)	B	5	PA; DL
Santyl (External Ointment)	B	4	
Silver Sulfadiazine (External Cream)	G	3	
SSD (External Cream)	G	3	
Pediculicides/Scabicides			

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Clindamycin Phosphate (External Gel)	G	3	QL
Clindamycin Phosphate (External Lotion)	G	4	QL
Clindamycin Phosphate (External Solution)	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	3	
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, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution)	G	4	
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	4	B/D,PA
Endari (Oral Packet)	B	5	PA; DL
Intralipid (Intravenous Emulsion)	B	4	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Isolyte-P in D5W (Intravenous Solution)	B	4	
Isolyte-S pH 7.4 (Intravenous Solution)	B	4	
KCl in Dextrose-NaCl (Intravenous Solution)	G	4	
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	4	
Klor-Con 10 (Oral Tablet Extended Release)	G	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	4	
Klor-Con 8 (Oral Tablet Extended Release)	G	2	
Magnesium Sulfate (Injection Solution)	G	4	
Multiple Electrolytes Type 1 pH 5.5 (Intravenous Solution)	G	4	
Nutrilipid (Intravenous Emulsion)	B	4	B/D,PA
Plasma-Lyte 148 (Intravenous Solution)	B	4	
Plasma-Lyte A (Intravenous Solution)	B	4	
Plenamine (Intravenous Solution)	B	4	B/D,PA
Potassium Chloride Microencapsulated ER (Oral Tablet Extended Release)	G	2	
Potassium Chloride ER (Oral Capsule Extended Release)	G	2	
Potassium Chloride ER (10MEQ Oral Tablet Extended Release, 20MEQ Oral Tablet Extended Release, 8MEQ Oral Tablet Extended Release)	G	2	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	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	4	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	4	
Potassium Citrate ER (Oral Tablet Extended Release)	G	4	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	4	B/D,PA
Premasol (Intravenous Solution)	B	4	B/D,PA
Prosol (Intravenous Solution)	B	4	B/D,PA

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sodium Chloride (0.45% Intravenous Solution)	G	4	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	4	B/D,PA
Sodium Chloride (Irrigation Solution)	G	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	5	PA; DL
Deferasirox (Oral Tablet) (Generic Jadenu)	G	3	PA
Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade)	G	4	PA
Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade)	G	5	PA; DL
Trientine HCl (Oral Capsule)	G	5	PA; DL; QL
Phosphate Binders			
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	3	
Calcium Acetate (667MG Oral Tablet)	G	3	
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	4	PA
Diphenoxylate-Atropine (Oral Liquid)	G	4	
Diphenoxylate-Atropine (Oral Tablet)	G	3	
Loperamide HCl (Oral Capsule)	G	2	
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 (1MG Oral Tablet, 2MG Oral Tablet)	G	3	PA
Gastrointestinal Agents, Other			
Clenpiq (Oral Solution)	B	3	
GaviLyte-C (Oral Solution Reconstituted)	G	2	
GaviLyte-G (Oral Solution Reconstituted)	G	2	
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	2	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	2	
Ursodiol (300MG Oral Capsule)	G	3	
Ursodiol (Oral Tablet)	G	4	
Vowst (Oral Capsule)	B	5	PA; DL
Histamine2 (H2) Receptor Antagonists			
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	♦
Nizatidine (Oral Capsule)	G	4	
Protectants			
Misoprostol (Oral Tablet)	G	3	
Sucralfate (Oral Suspension)	G	4	
Sucralfate (Oral Tablet)	G	2	
Proton Pump Inhibitors			
Dexlansoprazole (Oral Capsule Delayed Release)	G	4	QL

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	4	QL
Lansoprazole (Oral Capsule Delayed Release)	G	3	QL
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL ♦
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	♦
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL ♦
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
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	4	
Cystagon (Oral Capsule)	B	4	
Levocarnitine (Oral Solution)	G	3	
Levocarnitine (Oral Tablet)	G	4	
Miglustat (Oral Capsule)	G	5	PA; DL
Nitisinone (Oral Capsule)	G	5	DL
Prolastin-C (1000MG Intravenous Solution Reconstituted)	B	5	PA; DL
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	4	
Vyndamax (Oral Capsule)	B	5	PA; DL; QL
Vyndaqel (Oral Capsule)	B	5	PA; DL; QL
Zenpep (Oral Capsule Delayed Release Particles)	B	3	
Zokinvy (Oral Capsule)	B	5	PA; DL; QL
Genitourinary Agents			
Antispasmodics, Urinary			
Gemtesa (Oral Tablet)	B	4	
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 Solution)	G	3	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Solifenacin Succinate (Oral Tablet)	G	4	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	4	
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	
Dutasteride (Oral Capsule)	G	2	QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	♦
Tamsulosin HCl (Oral Capsule)	G	1	♦
Terazosin HCl (Oral Capsule)	G	1	♦
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	3	
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	4	
Dexamethasone (Oral Tablet)	G	2	
Fludrocortisone Acetate (Oral Tablet)	G	2	
Hydrocortisone (Oral Tablet)	G	3	
Methylprednisolone (Oral Tablet)	G	2	
Methylprednisolone (Oral Tablet Therapy Pack)	G	2	
Prednisolone (Oral Solution)	G	2	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	4	
Prednisone Intensol (Oral Concentrate)	G	4	
Prednisone (5MG/5ML Oral Solution)	G	4	
Prednisone (Oral Tablet)	G	1	♦
Prednisone (Oral Tablet Therapy Pack)	G	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	3	
Desmopressin Acetate Spray (Nasal Solution)	G	4	
Genotropin MiniQuick (Subcutaneous Prefilled Syringe)	B	5	PA; DL
Genotropin (Subcutaneous Cartridge)	B	5	PA; DL
Increlex (Subcutaneous Solution)	B	5	PA; DL

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	5	PA; DL; QL
Mifepristone (300MG Oral Tablet)	G	5	PA; DL; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
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	
Amethia (Oral Tablet)	G	4	
Apri (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	
Elestrin (Transdermal Gel)	B	4	
EluRyng (Vaginal Ring)	G	4	
EnilloRing (Vaginal Ring)	G	4	
Enpresse-28 (Oral Tablet)	G	4	
Enskyce (Oral Tablet)	G	4	
Estarylla (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Estradiol (Oral Tablet)	G	2	
Estradiol (Transdermal Patch Weekly)	G	3	QL
Estradiol (Vaginal Cream)	G	3	
Estradiol Valerate (Intramuscular Oil)	G	4	
Estring (Vaginal Ring)	B	4	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	4	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	4	
Falmina (Oral Tablet)	G	4	
Femring (Vaginal Ring)	B	4	
Finzala (Oral Tablet Chewable)	G	4	
Hailey 24 Fe (Oral Tablet)	G	4	
Haloette (Vaginal Ring)	G	4	
Iclevia (Oral Tablet)	G	4	
Introvale (Oral Tablet)	G	4	
Isibloom (Oral Tablet)	G	4	
Jasmiel (Oral Tablet)	G	4	
Juleber (Oral Tablet)	G	4	
Junel 1.5/30 (Oral Tablet)	G	4	
Junel 1/20 (Oral Tablet)	G	4	
Junel Fe 1.5/30 (Oral Tablet)	G	4	
Junel Fe 1/20 (Oral Tablet)	G	4	
Junel Fe 24 (Oral Tablet)	G	4	
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	
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	

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levonorgestrel-Ethinyl Estradiol Triphasic (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)	B	3	
Mibelas 24 Fe (Oral Tablet Chewable)	G	4	
Microgestin 1.5/30 (Oral Tablet)	G	4	
Microgestin 1/20 (Oral Tablet)	G	4	
Microgestin 24 Fe (Oral Tablet)	G	4	
Microgestin Fe 1.5/30 (Oral Tablet)	G	4	
Microgestin Fe 1/20 (Oral Tablet)	G	4	
Mili (Oral Tablet)	G	4	
Necon 0.5/35 (28) (Oral Tablet)	G	4	
Nikki (Oral Tablet)	G	4	
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable)	G	4	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	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	
Nylia 1/35 (Oral Tablet)	G	4	
Nymyo (Oral Tablet)	G	4	
Ocella (Oral Tablet)	G	4	
Pimtrea (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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Tri-Estarylla (Oral Tablet)	G	4	
Tri-Lo-Estarylla (Oral Tablet)	G	4	
Tri-Lo-Sprintec (Oral Tablet)	G	4	
Tri-Mili (Oral Tablet)	G	4	
Tri-Nymyo (Oral Tablet)	G	4	
Tri-Sprintec (Oral Tablet)	G	4	
Trivora (28) (Oral Tablet)	G	4	
Tri-VyLibra Lo (Oral Tablet)	G	4	
Tri-VyLibra (Oral Tablet)	G	4	
Turqoz (Oral Tablet)	G	4	
Tyblume (Oral Tablet Chewable)	G	4	
Vestura (Oral Tablet)	G	4	
Vienva (Oral Tablet)	G	4	
Vyfemla (Oral Tablet)	G	4	
VyLibra (Oral Tablet)	G	4	
Xulane (Transdermal Patch Weekly)	G	4	
Zafemy (Transdermal Patch Weekly)	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	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	4	
Errin (Oral Tablet)	G	4	
Heather (Oral Tablet)	G	4	
Incassia (Oral Tablet)	G	4	
Lyleq (Oral Tablet)	G	4	
Lyza (Oral Tablet)	G	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.
 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	4	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	4	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	♦
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	3	
Norethindrone (0.35MG Oral Tablet)	G	4	
Progesterone (Oral Capsule)	G	3	
Sharobel (Oral Tablet)	G	4	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	3	PA; QL
Raloxifene HCl (Oral Tablet)	G	3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Euthyrox (Oral Tablet)	G	3	
Levothyroxine Sodium (Oral Tablet)	G	1	♦
Levoxyl (Oral Tablet)	G	3	
Liothyronine Sodium (Oral Tablet)	G	2	
Synthroid (Oral Tablet)	B	3	
Unithroid (Oral Tablet)	G	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	
Eligard (Subcutaneous Kit)	B	4	PA; QL
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	4	PA; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	4	PA; QL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	4	PA; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lupron Depot (6-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	5	PA; DL; QL
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; QL
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	4	PA; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	♦
Propylthiouracil (Oral Tablet)	G	3	
Immunological Agents			
Angioedema Agents			
Beriner (Intravenous Kit)	B	5	PA; DL
Cinryze (Intravenous Solution Reconstituted)	B	5	PA; DL
Haegarda (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	5	PA; DL; QL
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	5	PA; DL; QL
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	5	PA; DL
Gammagard (2.5GM/25ML Injection 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
Gamunex-C (1GM/10ML Injection Solution)	B	5	PA; DL
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	5	PA; DL

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Panzyga (Intravenous Solution)	B	5	PA; DL
Privigen (20GM/200ML Intravenous Solution)	B	5	PA; DL
Immunological Agents, Other			
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
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	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
Otezla (Oral Tablet)	B	5	PA; DL; QL
Otezla (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Ridaura (Oral Capsule)	B	5	DL
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	5	PA; DL; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	5	PA; DL; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
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
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	5	PA; DL; QL
Xolair (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
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
Pegasys (Subcutaneous Solution)	B	5	PA; DL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Immunosuppressants			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Azathioprine (50MG Oral Tablet)	G	3	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
Cyltezo (2 Pen) (Subcutaneous Auto-Injector Kit)	B	5	PA; DL; QL
Cyltezo (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL; QL
Cyltezo-CD/UC/HS Starter (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Cyltezo-Psoriasis/UV Starter (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Enbrel Mini (Subcutaneous Solution Cartridge)	B	5	PA; DL; QL
Enbrel (Subcutaneous Solution)	B	5	PA; DL; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	4	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	5	B/D,PA; DL
Gengraf (Oral Capsule)	G	4	B/D,PA
Gengraf (Oral Solution)	G	4	B/D,PA
Humira (2 Pen) (Subcutaneous Pen-Injector Kit) (AbbVie)	B	5	PA; DL; QL
Humira (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	5	PA; DL; QL
Humira Pen Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter (Subcutaneous Pen-Injector Kit) (AbbVie)	B	5	PA; DL
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	5	PA; DL; QL
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit) (AbbVie)	B	5	PA; DL
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit) (AbbVie)	B	5	PA; DL
Humira Pen Psoriasis/Uveitis Starter (Subcutaneous Pen-Injector Kit) (AbbVie)	B	5	PA; DL; QL
Leflunomide (Oral Tablet)	G	3	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	4	

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Methotrexate Sodium (50MG/2ML Injection Solution)	G	4	
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
Prograf (Oral Packet)	B	4	B/D,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
Xatmep (Oral Solution)	B	4	PA
Yuflyma (1 Pen) (40MG/0.4ML Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Yuflyma (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL
Vaccines			
Abrysvo (Intramuscular Solution Reconstituted)	B	3	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	3	QL
Adacel (Intramuscular Suspension)	B	3	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	3	PA; 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 (25-5LFU/0.5ML 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
Hepilisav-B (Intramuscular Solution Prefilled Syringe)	B	3	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	3	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	3	QL
IPOL (Injection)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ixchiq (Intramuscular Solution Reconstituted)	B	3	QL
Ixiaro (Intramuscular Suspension)	B	3	QL
Jynneos (Subcutaneous 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
Penbraya (Intramuscular Suspension Reconstituted)	B	3	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	3	QL
PreHevbrio (Intramuscular Suspension)	B	3	B/D,PA; QL
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)	B	3	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

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	3	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	4	ST
Budesonide (Oral Capsule Delayed Release Particles)	G	4	
Hydrocortisone (Perianal) (2.5% External Cream)	G	3	
Hydrocortisone (Rectal Enema)	G	3	
Procto-Med HC (External Cream)	G	3	
Proctosol HC (External Cream)	G	3	
Proctozone-HC (External Cream)	G	3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (Oral Solution)	G	4	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL ♦
Calcitonin Salmon (Nasal Solution)	G	3	QL
Calcitriol (Oral Capsule)	G	2	B/D,PA
Calcitriol (Oral Solution)	G	4	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	4	B/D,PA; QL
Forteo (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Ibandronate Sodium (Oral Tablet)	G	3	QL
Paricalcitol (Oral Capsule)	G	4	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Teriparatide (Recombinant) (620MCG/2.48ML Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Xgeva (Subcutaneous Solution)	B	5	PA; DL
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gauze (Non-medicated 2X2 Pad)	B	3	
Insulin Syringes, Needles	B	3	
Lagevrio (Oral Capsule)	B	5	DL; QL
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
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	
Neo-Polycin HC (Ophthalmic Ointment)	G	3	
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	4	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	4	
Tyrvaya (Nasal Solution)	B	4	QL
Ophthalmic Anti-allergy Agents			
Azelastine HCl (Ophthalmic Solution)	G	3	
Bepotastine Besilate (Ophthalmic Solution)	G	4	
Bepreve (Ophthalmic Solution)	B	4	
Cromolyn Sodium (Ophthalmic Solution)	G	2	
Epinastine HCl (Ophthalmic Solution)	G	3	
Ophthalmic Anti-Infectives			
Bacitracin (Ophthalmic Ointment)	G	3	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	3	
Ciprofloxacin HCl (Ophthalmic Solution)	G	2	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.
 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Erythromycin (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	
Neo-Polycin (Ophthalmic Ointment)	G	3	
Ofloxacin (Ophthalmic Solution)	G	2	
Polycin (Ophthalmic Ointment)	G	3	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	2	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	3	
Sulfacetamide Sodium (Ophthalmic Solution)	G	3	
Tobramycin (Ophthalmic Solution)	G	3	
Trifluridine (Ophthalmic Solution)	G	4	
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	3	
Diclofenac Sodium (Ophthalmic Solution)	G	2	
Fluorometholone (Ophthalmic Suspension)	G	3	
Flurbiprofen Sodium (Ophthalmic Solution)	G	3	
Ilevro (Ophthalmic Suspension)	B	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	2	
Nevanac (Ophthalmic Suspension)	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	2	
Prolensa (Ophthalmic Solution)	B	4	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	2	
Betimol (Ophthalmic Solution)	B	4	
Carteolol HCl (Ophthalmic Solution)	G	2	
Levobunolol HCl (Ophthalmic Solution)	G	1	♦
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	4	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	♦
Ophthalmic Intraocular Pressure Lowering Agents, Other			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Alphagan P (0.1% Ophthalmic Solution)	B	3	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	2	
Brinzolamide (Ophthalmic Suspension)	G	3	
Dorzolamide HCl (Ophthalmic Solution)	G	2	
Methazolamide (Oral Tablet)	G	4	
Pilocarpine HCl (Ophthalmic Solution)	G	3	
Simbrinza (Ophthalmic Suspension)	B	3	
Ophthalmic Prostaglandin and Prostanamide Analogs			
Latanoprost (Ophthalmic Solution)	G	1	♦
Lumigan (Ophthalmic Solution)	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	3	
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			
Azelastine HCl (0.1% Nasal Solution)	G	3	
Cetirizine HCl (5MG/5ML Oral Solution)	G	2	
Cyproheptadine HCl (Oral Syrup)	G	3	
Cyproheptadine HCl (Oral Tablet)	G	4	
Levocetirizine Dihydrochloride (Oral Tablet)	G	3	QL
Anti-inflammatories, Inhaled Corticosteroids			
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	4	QL
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	1	♦
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	3	QL

♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.
 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	3	QL
Montelukast Sodium (Oral Tablet)	G	1	QL ♦
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL ♦
Zafirlukast (Oral Tablet)	G	4	QL
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	4	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Ipratropium Bromide (Inhalation Solution)	G	2	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	2	
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	2	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	2	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	4	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	4	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	4	B/D,PA; QL
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
Striverdi Respimat (Inhalation Aerosol Solution)	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 (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
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	4	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Roflumilast (Oral Tablet)	G	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour, 450MG Oral Tablet Extended Release 12 Hour)	G	3	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	3	
Theophylline (Oral Solution)	G	3	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	5	PA; DL
Alyq (Oral Tablet)	G	4	PA; QL
Bosentan (Oral Tablet)	G	5	PA; DL; QL
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram (0.125MG Oral Tablet Extended Release)	B	4	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	5	PA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	3	PA; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	4	PA; QL
Tracleer (Oral Tablet Soluble)	B	5	PA; DL; QL
Ventavis (Inhalation Solution)	B	5	PA; DL; QL
Pulmonary Fibrosis Agents			
Ofev (Oral Capsule)	B	5	PA; DL; QL
Pirfenidone (Oral Capsule)	G	5	PA; DL; QL
Pirfenidone (Oral Tablet)	G	5	PA; DL; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	4	B/D,PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Advair HFA (Inhalation Aerosol)	B	3	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Bronchitol (Inhalation Capsule)	B	5	PA; DL; QL
Combivent Respimat (Inhalation Aerosol Solution)	B	3	QL

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.
 You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
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
Nucala (Subcutaneous Solution Reconstituted)	B	5	PA; DL; 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
Eszopiclone (Oral Tablet)	G	4	QL
Tasimelteon (Oral Capsule)	G	5	PA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	2	QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	2	QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	4	PA; QL
Lumryz (Oral Packet)	B	5	PA; DL; QL
Modafinil (Oral Tablet)	G	3	PA; QL
Sodium Oxybate (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
Abrysvo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Akeega (Oral Tablet)	B	Maximum of 2 tablets per day
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

Drug name	Brand or Generic	Quantity limit
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
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
Arexvy (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day

Drug name	Brand or Generic	Quantity limit
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
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
Augtyro (Oral Capsule)	B	Maximum of 8 capsules 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
Betaseron (Subcutaneous Kit)	B	Maximum of 1 kit (15 vials) per 30 days
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosulif (100MG Oral Capsule)	B	Maximum of 6 capsules per day
Bosulif (50MG Oral Capsule)	B	Maximum of 11 capsules 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
Bronchitol (Inhalation Capsule)	B	Maximum of 20 capsules per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets 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
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle per 28 days
Calquence (100MG Oral Capsule)	B	Maximum of 2 capsules per day
Calquence (Oral Tablet)	B	Maximum of 2 tablets per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
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
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
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
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
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

Drug name	Brand or Generic	Quantity limit
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	Maximum of 5 pens (10 ml) per 30 days
Cotellic (Oral Tablet)	B	Maximum of 3 tablets per day
Cyltezo (2 Pen) (Subcutaneous Auto-Injector Kit)	B	Maximum of 4 pens per 28 days
Cyltezo (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 syringes per 28 days
Cyltezo (2 Syringe) (40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 4 syringes per 28 days
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 4 tablets per day
Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 1 tablet per day
Dexlansoprazole (Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dextroamphetamine Sulfate (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	Maximum of 2 packs (120 capsules) per year
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Doptelet (Oral Tablet)	B	Maximum of 3 tablets per day
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
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
Dutasteride (Oral Capsule)	G	Maximum of 1 capsule per day
Edurant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eligard (22.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 84 days
Eligard (30MG Subcutaneous Kit)	B	Maximum of 1 kit per 112 days
Eligard (45MG Subcutaneous Kit)	B	Maximum of 1 kit per 168 days
Eligard (7.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 28 days
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Emsam (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day

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

Drug name	Brand or Generic	Quantity limit
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Exkivity (Oral Capsule)	B	Maximum of 4 capsules per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 2 packs (56 capsules) per year
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	Maximum of 2 kits (4 vials) per 365 days
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	Maximum of 1 kit per 28 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Forteo (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fruzaqla (1MG Oral Capsule)	B	Maximum of 84 capsules per 28 days
Fruzaqla (5MG Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Gefitinib (Oral Tablet)	G	Maximum of 2 tablets per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
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
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Harvoni (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Harvoni (90-400MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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
Heplisav-B (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Humira (2 Pen) (40MG/0.4ML Subcutaneous Pen-Injector Kit) (AbbVie)	B	Maximum of 2 kits (4 pens) per 28 days
Humira (2 Pen) (40MG/0.8ML Subcutaneous Pen-Injector Kit, 80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)	B	Maximum of 1 kit (2 pens) per 28 days
Humira (2 Syringe) (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	Maximum of 1 kit (2 syringes) per 28 days
Humira (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	Maximum of 2 kits (4 syringes) per 28 days
Humira Pediatric Crohns Start (80MG/0.8ML & 40MG/0.4ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	Maximum of 2 kits per year
Humira Pediatric Crohns Start (80MG/0.8ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	Maximum of 2 kits per year
Humira Pen Psoriasis/Uveitis Starter (Subcutaneous Pen-Injector Kit) (AbbVie)	B	Maximum of 2 kits per year
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	G	Maximum of 13 tablets 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

Drug name	Brand or Generic	Quantity limit
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	B	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
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
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
Iwifin (Oral Tablet)	B	Maximum of 8 tablets per day
Ixchiq (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jaypirca (100MG Oral Tablet)	B	Maximum of 3 tablets per day
Jaypirca (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) 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
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Korlym (Oral Tablet)	B	Maximum of 4 tablets per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day
Lacosamide (Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lagevrio (Oral Capsule)	B	Maximum of 8 capsules per day and 40 capsules per prescription
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day

Drug name	Brand or Generic	Quantity limit
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Lenalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Leuprolide Acetate (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
Lexiva (50MG/ML 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 3 packets per day
Lonsurf (15-6.14MG Oral Tablet)	B	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	B	Maximum of 8 tablets per day
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

Drug name	Brand or Generic	Quantity limit
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day
Lumryz (Oral Packet)	B	Maximum of 1 packet per day
Lupron Depot (1-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot (3-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot (4-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 112 days
Lupron Depot (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Lybalvi (Oral Tablet)	B	Maximum of 1 tablet per day
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (84 tablets) per 28 days
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (140 tablets) per 28 days
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
MenQuadfi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day

Drug name	Brand or Generic	Quantity limit
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (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
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
Mifepristone (300MG Oral Tablet)	G	Maximum of 4 tablets per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
Multaq (Oral Tablet)	B	Maximum of 2 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 devices per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nevirapine ER (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
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Ninlaro (Oral Capsule)	B	Maximum of 3 capsules per 28 days
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Norvir (Oral Packet)	B	Maximum of 12 packets 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

Drug name	Brand or Generic	Quantity limit
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Ogsiveo (Oral Tablet)	B	Maximum of 6 tablets per day
Ojjaara (Oral Tablet)	B	Maximum of 1 tablet per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Ondansetron HCl (Oral Solution)	G	Maximum of 30 ml per day
Ondansetron HCl (4MG Oral Tablet)	G	Maximum of 6 tablets per day
Ondansetron HCl (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Ondansetron ODT (4MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Ondansetron ODT (8MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (1.6 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2.8 ml) per 28 days
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (336 tablets) per year
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (672 tablets) per year
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (504 tablets) per year
Orgovyx (Oral Tablet)	B	Maximum of 30 tablets per 28 days
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	B	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	B	Maximum of 3 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Oxycodone HCl (Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (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

Drug name	Brand or Generic	Quantity limit
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
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per day and 20 tablets per prescription
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 6 tablets per day and 30 tablets per prescription
Pazopanib HCl (Oral Tablet)	G	Maximum of 4 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
Penbraya (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
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
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
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

Drug name	Brand or Generic	Quantity limit
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 (75MG Oral Tablet)	B	Maximum of 10 tablets 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
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

Drug name	Brand or Generic	Quantity limit
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, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Qulipta (Oral Tablet)	B	Maximum of 1 tablet per day
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
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (Oral Tablet)	B	Maximum of 3 tablets per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushttronex 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

Drug name	Brand or Generic	Quantity limit
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Revlimid (Oral Capsule)	B	Maximum of 1 capsule per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Rezlidhia (Oral Capsule)	B	Maximum of 2 capsules per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Roflumilast (250MCG Oral Tablet)	G	Maximum of 1 tablet per day
Roflumilast (500MCG Oral Tablet)	G	Maximum of 1 tablet per day
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 ml) per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rozlytrek (Oral Packet)	B	Maximum of 12 packs 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
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (25MG Oral Tablet)	B	Maximum of 16 tablets per day

Drug name	Brand or Generic	Quantity limit
Selzentry (75MG Oral Tablet)	B	Maximum of 2 tablets per day
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
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Sodium Oxybate (Oral Solution)	B	Maximum of 18 ml per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
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
Stivarga (Oral Tablet)	B	Maximum of 4 tablets per day
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Striverdi Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Suboxone (12-3MG Sublingual Film)	B	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	B	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (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 (Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sunitinib Malate (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	G	Maximum of 1 capsule per day
Sunitinib Malate (37.5MG Oral Capsule)	G	Maximum of 2 capsules per day
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synarel (Nasal Solution)	B	Maximum of 4 bottles (32 ml) per 26 days
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Synjardy XR (25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	Maximum of 2 tablets per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Tasigna (150MG Oral Capsule)	B	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	B	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	B	Maximum of 14 capsules per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tazarotene (External Cream)	G	Maximum of 60 grams per 30 days
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
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
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
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Teriparatide (Recombinant) (620MCG/2.48ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.48 ml) per 28 days
Tetrabenazine (12.5MG Oral Tablet)	G	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	G	Maximum of 4 tablets per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Tobi Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tracleer (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl (ER Biphasic) (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trelstar Mixject (11.25MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 84 days
Trelstar Mixject (22.5MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 168 days

Drug name	Brand or Generic	Quantity limit
Trelstar Mixject (3.75MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 28 days
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trientine HCl (500MG Oral Capsule)	G	Maximum of 4 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 (300-150-300MG 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
Truqap (Oral Tablet)	B	Maximum of 64 tablets per 28 days
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (125MG Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Tymlos (Subcutaneous Solution Pen-Injector)	B	Maximum of 1.56 ml per 30 days
Typhim VI (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tyrvaya (Nasal Solution)	B	Maximum of 2 bottles (8.4 ml) per 30 days
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valganciclovir HCl (Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (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

Drug name	Brand or Generic	Quantity limit
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanflyta (Oral Tablet)	B	Maximum of 2 tablets per day
VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Veltassa (Oral Packet)	B	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Venclexta (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Venclexta (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Ventavis (10MCG/ML Inhalation Solution)	B	Maximum of 7 ml per day
Ventavis (20MCG/ML Inhalation Solution)	B	Maximum of 3 ml per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Vigadrone (Oral Tablet)	G	Maximum of 6 tablets per day
Vigpoder (Oral Packet)	G	Maximum of 6 packets per day
Viibryd (Oral Tablet)	B	Maximum of 1 tablet per day
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet 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

Drug name	Brand or Generic	Quantity limit
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
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days

Drug name	Brand or Generic	Quantity limit
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
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
YF-VAX (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
Zejula (100MG Oral Capsule)	B	Maximum of 3 capsules per day
Zejula (Oral Tablet)	B	Maximum of 1 tablet per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zokinvy (Oral Capsule)	B	Maximum of 4 capsules per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zurzuva (20MG Oral Capsule, 25MG Oral Capsule)	B	Maximum of 28 capsules per 14 days
Zurzuva (30MG Oral Capsule)	B	Maximum of 14 capsules per 14 days
Zydelig (Oral Tablet)	B	Maximum of 2 tablets per day
Zykadia (Oral Tablet)	B	Maximum of 3 tablets per day

Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay for these drugs does not count toward your total drug costs. If you get Extra Help to pay for your prescriptions, it does not apply to these drugs.

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

Required information

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

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

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

UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

UnitedHealthcare contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship.

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

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



Toll-free 1-866-870-3470, TTY 711

8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept



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 number on your UnitedHealthcare member ID card.