Complete Drug List (Formulary) 2025

AARP® Medicare Rx Preferred 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, contact UnitedHealthcare Customer Service:

myAARPMedicare.com

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

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.

AARP® | Medicare Rx from UnitedHealthcare®

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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 are original biological products and how are they related to biosimilars? 4
What is a compounded drug? 5
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 30
Covered drugs with a quantity limit (QL) 95
Additional covered drugs 128

Questions?

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

Toll- free **1-866-870-3470**, TTY **711**
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What is a Drug List?

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

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

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of October 1, 2025.

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 Preferred 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 drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay $0.

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 12-29 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 30-94. 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 Drug List at **myAARPMedicare.com**. You can use online tools to look up your drugs. Updates to the Drug List are posted on our website monthly.

What are generic drugs?

Generic drugs have the same active ingredients as brand name drugs. They usually cost less than brand name drugs and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Depending on state laws, generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription. Our plan covers both brand name and generic drugs.

Talk with your doctor or prescriber 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 are original biological products and how are they related to biosimilars?

On the Drug List, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information about drug types, please review your Evidence of Coverage, Chapter 3, Section 3.1. The Drug List tells which Part D drugs are covered.

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 drugs through all drug payment stages, except the 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 128 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 30. 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 or prescriber to get prior approval for certain drugs. This means the plan needs more information from your doctor or prescriber 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 only cover a certain amount of this drug for 1 copay or over a certain number of days. These limits can help ensure safe and effective use of the drug. If you are prescribed more than this amount or your doctor or prescriber thinks the limit is not right for your situation, you or your doctor or prescriber 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 or prescriber thinks they are not right for you, you or your doctor or prescriber can ask the plan to cover this drug.

You and your doctor or prescriber 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 or prescriber 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 only be given out by certain facilities, doctors or prescribers. 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 to all opioid drugs used to treat pain. This additional limit is called a cumulative morphine milligram equivalent (MME). It's designed to monitor safe dosing levels of opioids for people who may be taking more than 1 opioid drug for pain management. If your doctor or prescriber prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

7D - 7-day limit
An opioid drug used to treat pain may be limited to a 7-day supply if you don't have a recent history of using opioids. This limit helps minimize long-term opioid use. If you are new to the plan and have a recent history of using opioids, the pharmacy may override the limit 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 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 or prescriber 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, doctor or prescriber can ask for an exception by calling UnitedHealthcare Customer Service. Your doctor or prescriber 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 or prescriber 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 or prescriber 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 or prescriber'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 or prescriber to decide if there is a similar drug on the Drug List you can take instead. If you and your doctor or prescriber 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. Updates to the Drug List are posted on our website monthly.

Changes that can affect you this year

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our Drug List if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our Drug List, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

  If we make such a change, you or your doctor or prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section “How can I get an exception?” on page 8.

  Some of these drug types may be new to you. For more information, see the section titled “What are original biological products and how are they related to biosimilars?”.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the Drug List when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier or both. 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 at least 30 days before the change becomes effective. Or, when a member requests a refill of the drug, they may receive at least a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your doctor or prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception. For more information, see 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 safe or effective or the drug’s manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change.

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
Abacavir Sulfate -Lamivudine 54
Abelcet 42
Abigale Lo 77
Abilify Maintena 56
Abiraterone Acetate 45
Abrysvo 85
Acamprosate Calcium 32
Acarbose 57
Accutane 68
Acebutolol HCl 62
Acetaminophen -Codeine 31
Acetazolamide 63
Acetazolamide ER 63
Acetic Acid 91
Acetylcysteine 93
Acitretin 68
ActHIB 85
Actimmune 84
Acyclovir 53
Acyclovir Sodium 53
Adacel 85
Adalimumab -aaty 84
Adalimumab -adbm 85
Adapalene 68
Adempas 92
Aimovig 43
Airsupra 93
Akeega 45
Ala -Cort 68
Albendazole 50
Albuterol Sulfate 92
Albuterol Sulfate HFA 92
Alclometasone Dipropionate 68
Alcohol Prep Pads.....88
Alecensa 46
Alendronate Sodium 87
Alfuzosin HCl ER 76
Aliskiren Fumarate 63
Allopurinol 43
Alosetron HCl 73
Alphagan P 90
Alprazolam 56
Altavera 77
Alunbrig 46
Alyacen 1/35 77
Alyq 92
Amantadine HCl 50
Ambrisentan 92
Amikacin Sulfate 32
Amiloride HCl 64
Amiloride -Hydrochlorothiazide 63
Amiodarone HCl 62
Amitriptyline HCl 41
Amlodipine Besylate 62
Amlodipine -Atorvastatin 63
Amlodipine -Benazepril 63
Amlodipine -Olmesartan 63
Amlodipine -Valsartan 63
Amlodipine -Valsartan -HCTZ 63
Ammonium Lactate 68
Amnesteem 68
Amoxapine 41
Amoxicillin 35
Amoxicillin -Potassium Clavulanate 35
Amoxicillin -Potassium Clavulanate ER 35
Amphetamine -Dextroamphetamine 66
Amphetamine -Dextroamphetamine ER 66
Amphotericin B 42
Amphotericin B Liposome ..42
Ampicillin 35
Ampicillin Sodium 35
Ampicillin -Sulbactam Sodium 35
Anagrelide HCl 60
Anastrozole 46
Anoro Ellipta 93
Apraclonidine HCl 90
Aprepitant 42
Apri 77
Aptivus 55
Aranelle 77
Aranesp 60
Arcalyst 83
Arexvy 85
Arformoterol Tartrate 92

Arikayce 33
Aripiprazole 56
Aripiprazole ODT 56
Aristada 56
Aristada Initio 56
Armodafinil 94
Arnuity Ellipta 91
Asenapine Maleate 56
Ashlyna 77
Aspirin -Dipyridamole ER 61
Astagraf XL 85
Atazanavir Sulfate 55
Atenolol 62
Atenolol -Chlorthalidone 63
Atomoxetine HCl 66
Atorvastatin Calcium 65
Atovaquone 50
Atovaquone -Proguanil HCl . 50
Atropine Sulfate 88
Atrovent HFA 91
Aubra EQ 77
Augtyro 46
Austedo 67
Auvelity 40
Aviane 77
Avmapki Fakzynja Co -Pack 46
Ayvakit 46
Azathioprine 85
Azelaic Acid 68
Azelastine HCl 91
Azithromycin 36
Aztreonam 33
Azurette 77

B

BCG Vaccine 85
BRIVIACT 37
Bacitracin 89
Bacitracin -Polymyxin B 89
Baclofen 52
Bafiertam 67
Balsalazide Disodium 87
Balversa 46
Balziva 77
Baqsimi One Pack 58
Baraclude 53
Belsomra 94
Benazepril HCl 61
Benazepril -Hydrochlorothiazide 63
Benlysta 83
Benzoyl Peroxide -Erythromycin 68
Benztropine Mesylate 50
Bepotastine Besilate 89
Bepreve 89
Besivance 89
Besremi 84
Betaine 75
Betamethasone Dipropionate 69
Betamethasone Dipropionate Aug 69
Betamethasone Valerate 69
Betaseron 67
Betaxolol HCl 90
Bethanechol Chloride 76
Betimol 90
Bexarotene 50
Bexsero 85
Bicalutamide 45
Bicillin C -R 35
Bicillin C -R 900/300 35
Bicillin L -A 35
Biktarvy 53
Bimatoprost 90
Bisoprolol Fumarate 62
Bisoprolol -Hydrochlorothiazide 63
Blisovi 24 Fe 77
Blisovi Fe 1.5/30 77
Bonsity 87
Boostrix 86
Bosentan 93
Bosulif 46
Braftovi 46
Breo Ellipta 93
Breztri Aerosphere 93
Briellyn 77
Brimonidine Tartrate 90
Brimonidine Tartrate -Timolol 88
Brinzolamide 90
Bromocriptine Mesylate 82

Brukinsa 46
Budesonide 91
Budesonide ER 87
Bumetanide 64
Buprenorphine 31
Buprenorphine HCl 32
Buprenorphine HCl -Naloxone HCl 32
Bupropion HCl 40
Bupropion HCl SR 40
Bupropion HCl XL 40
Buspirone HCl 55
Butalbital -Acetaminophen -Caffeine 31
Butalbital -Aspirin -Caffeine . .31
Bylvay 74

C

Cabergoline 82
Cablivi 61
Cabometyx 46
Calcipotriene 70
Calcitonin Salmon 87
Calcitriol 88
Calquence 46
Camila 81
Camrese Lo 77
Candesartan Cilexetil 61
Candesartan Cilexetil -HCTZ 63
Caplyta 51
Caprelsa 46
Captopril 61
Carbamazepine 39
Carbamazepine ER 39
Carbidopa 51
Carbidopa -Levodopa 51
Carbidopa -Levodopa ER 51
Carbidopa -Levodopa ODT ..51
Carbidopa -Levodopa -Entacapone 50
Carglumic Acid 71
Carteolol HCl 90
Cartia XT 63
Carvedilol 62
Cayston 92
Cefaclor 34
Cefadroxil 34
Cefazolin Sodium 34
Cefdinir 34
Cefepime HCl 34
Cefixime 34
Cefotetan Disodium 34
Cefoxitin Sodium 34
Cefpodoxime Proxetil 34
Cefprozil 34
Ceftazidime 34
Ceftriaxone Sodium 34
Cefuroxime Axetil 34
Cefuroxime Sodium 34
Celecoxib 30
Cephalexin 34
Cetirizine HCl 91
Chenodal 74
Chlorhexidine Gluconate 68
Chloroquine Phosphate 50
Chlorpromazine HCl 51
Chlorthalidone 64
Chlorzoxazone 94
Cholbam 75
Cholestyramine 65
Cholestyramine Light 65
Ciclopirox 70
Ciclopirox Olamine 70
Cilostazol 61
Cimduo 54
Cinacalcet HCl 88
Cipro HC 91
Ciprofloxacin HCl 89
Ciprofloxacin in D5W 36
Ciprofloxacin -Dexamethasone 91
Citalopram Hydrobromide 40
Claravis 68
Clarithromycin 36
Clarithromycin ER 36
Clenpiq 74
Climara Pro 77
Clindacin ETZ 70
Clindamycin HCl 33
Clindamycin Palmitate HCl . .33
Clindamycin Phosphate 71
Clindamycin Phosphate in D5W 33

Clindamycin Phosphate -Benzoyl Peroxide 68
Clobazam 38
Clobetasol Propionate 69
Clobetasol Propionate Emollient Base 69
Clodan 69
Clomipramine HCl 41
Clonazepam 56
Clonazepam ODT 56
Clonidine 61
Clonidine HCl 61
Clonidine HCl ER 66
Clopidogrel Bisulfate 61
Clorazepate Dipotassium 56
Clotrimazole 71
Clotrimazole -Betamethasone 70
Clozapine 52
Clozapine ODT 52
Coartem 50
Cobenfy 67
Cobenfy Starter Pack 67
Colchicine 43
Colchicine -Probenecid 43
Colesevelam HCl 65
Colestipol HCl 65
Colistimethate Sodium 33
Combigan 88
Combivent Respimat 93
Cometriq 46
Complera 53
Constulose 73
Copiktra 46
Cosentyx 83
Cosentyx Sensoready 83
Cosentyx UnoReady 83
Cotellic 46
Creon 75
Cresemba 42
Crinone 81
Cromolyn Sodium 92
Cryselle -28 77
Ctexli 74
Cyclobenzaprine HCl 94
Cyclophosphamide 44
Cycloserine 44
Cyclosporine 85
Cyclosporine Modified 85
Cyred EQ 77
Cystagon 75
Cystaran 88

D

Dabigatran Etexilate Mesylate 59
Dalfampridine ER 67
Danazol 77
Dantrolene Sodium 52
Danziten 46
Dapagliflozin Propanediol 66
Dapsone 44
Daptacel 86
Daptomycin 33
Darunavir 55
Dasatinib 46
Daurismo 46
Deblitane 81
Deferasirox 73
Delstrigo 53
Demeclocycline HCl 37
Depo -Estradiol 77
Depo -SubQ Provera 104 81
Descovy 54
Desipramine HCl 41
Desloratadine 91
Desmopressin Acetate 76
Desmopressin Acetate Spray 76
Desonide 69
Desoximetasone 69
Desvenlafaxine Succinate ER 41
Dexamethasone 76
Dexamethasone Sodium Phosphate 89
Dexlansoprazole 74
Dexmethylphenidate HCl 67
Dexmethylphenidate HCl ER 67
Dextroamphetamine Sulfate 66
Dextroamphetamine Sulfate ER 66
Dextrose 71
Dextrose -Sodium Chloride 71
Diacomit 38

Diazepam 56
Diazepam Intensol 56
Diazoxide 58
Diclofenac Potassium 30
Diclofenac Sodium 89
Diclofenac Sodium ER 30
Dicloxacillin Sodium 35
Dicyclomine HCl 73
Dificid 36
Diflunisal 30
Digoxin 63
Dihydroergotamine Mesylate 43
Dilantin 39
Dilantin INFATABS 39
Dilt -XR 63
Diltiazem HCl 63
Diltiazem HCl ER 63
Diltiazem HCl ER Beads 63
Diltiazem HCl ER Coated Beads 63
Dimethyl Fumarate 67
Dimethyl Fumarate Starter Pack 67
Diphenoxylate -Atropine 73
Disulfiram 32
Divalproex Sodium 57
Divalproex Sodium ER 57
Dofetilide 62
Dolishale 78
Donepezil HCl 40
Donepezil HCl ODT 40
Doptelet 61
Dorzolamide HCl 90
Dorzolamide HCl -Timolol Maleate 88
Dorzolamide HCl -Timolol Maleate Preservative Free 88
Dovato 53
Doxazosin Mesylate 61
Doxepin HCl 42
Doxercalciferol 88
Doxy 100 37
Doxycycline Hyclate 37
Doxycycline Monohydrate 37
Drizalma Sprinkle 67
Dronabinol 42
Drospirenone -Ethinyl Estradiol 78
Droxidopa 61
Duavee 78
Dulera 93
Duloxetine HCl 67
Dupixent 83
Dutasteride 76

E

Ebglyss 83
Econazole Nitrate 71
Edarbi 61
Edarbyclor 63
Edurant 53
Efavirenz 53
Efavirenz -Emtricitabine -Tenofovir 54
Efavirenz -Lamivudine -Tenofovir 54
Eligard 82
Eliquis 59
Eliquis Starter Pack 60
Eltrombopag Olamine 60
EluRyng 78
Emgality 43
Emsam 40
Emtricitabine 54
Emtricitabine -Rilpivirine -Tenofovir DF 54
Emtricitabine -Tenofovir Disoproxil Fumarate 54
Emtriva 54
Enalapril Maleate 61
Enalapril -Hydrochlorothiazide 64
Enbrel 85
Enbrel Mini 85
Enbrel SureClick 85
Endocet 31
Engerix -B 86
EnilloRing 78
Enoxaparin Sodium 60
Enskyce 78
Entacapone 51
Entecavir 53
Entresto 64
Enulose 73
Epidiolex 37
Epinastine HCl 89

Epinephrine 92
Epitol 39
Eplerenone 66
Eprontia 37
Ergotamine -Caffeine 44
Erivedge 46
Erleada 45
Erlotinib HCl 46
Errin 81
Ertapenem Sodium 36
Ery 71
Erythromycin 89
Erythromycin Base 36
Erythromycin Ethylsuccinate 36
Escitalopram Oxalate 41
Eslicarbazepine Acetate 39
Esomeprazole Magnesium . .74
Estarylla 78
Estradiol 78
Estradiol Valerate 78
Estradiol -Norethindrone Acetate 78
Estring 78
Eszopiclone 94
Ethacrynic Acid 64
Ethambutol HCl 44
Ethosuximide 38
Etodolac 30
Etodolac ER 30
Etonogestrel -Ethinyl Estradiol 78
Etravirine 54
Eulexin 45
Everolimus 85
Evotaz 55
Exemestane 46
Ezetimibe 65
Ezetimibe -Simvastatin 65

F

Falmina 78
Famciclovir 53
Famotidine 74
Fanapt 52
Fanapt Titration Pack A 52
Farxiga 66
Fasenra 93
Fasenra Pen 93
Febuxostat 43
Feirza 1.5/30 78
Feirza 1/20 78
Felbamate 37
Felodipine ER 62
Fenofibrate 65
Fenofibrate Micronized 65
Fenofibric Acid 65
Fentanyl 31
Fetzima 41
Fetzima Titration 41
Fiasp 58
Fiasp FlexTouch 58
Fiasp PenFill 58
Finasteride 76
Fingolimod HCl 68
Fintepla 37
Finzala 78
Firmagon 82
Flac 91
Flarex 89
Flecainide Acetate 62
Fluconazole 42
Fluconazole in Sodium Chloride 42
Flucytosine 43
Fludrocortisone Acetate 76
Flunisolide 91
Fluocinolone Acetonide 91
Fluocinolone Acetonide Scalp 69
Fluocinonide 69
Fluocinonide Emulsified Base 69
Fluorometholone 89
Fluorouracil 70
Fluoxetine HCl 41
Fluphenazine Decanoate 51
Fluphenazine HCl 51
Flurbiprofen 30
Flurbiprofen Sodium 89
Fluticasone Propionate 91
Fluticasone -Salmeterol 93
Fluvoxamine Maleate 41
Fondaparinux Sodium 60

Fosamprenavir Calcium 55
Fosfomycin Tromethamine . .33
Fosinopril Sodium 61
Fosinopril Sodium -HCTZ 64
Fotivda 46
Fruzaqla 46
Furosemide 64
Fyavolv 78
Fycompa 37

G

Gabapentin 38
Galantamine Hydrobromide 40
Galantamine Hydrobromide ER 40
Galbriela 78
Gallifrey 81
Gamunex -C 83
Gardasil 9 86
Gatifloxacin 89
Gauze 88
GaviLyte -C 74
GaviLyte -G 74
GaviLyte -N with Flavor Pack 74
Gavreto 46
Gefitinib 46
Gemfibrozil 65
Gemtesa 75
Generlac 73
Gengraf 85
Genotropin 77
Genotropin MiniQuick 77
Gentamicin Sulfate 89
Gentamicin Sulfate -0.9% Sodium Chloride 33
Genvoya 53
Gilotrif 47
Glatiramer Acetate 68
Glatopa 68
Gleostine 44
Glimepiride 57
Glipizide 57
Glipizide ER 57
Glipizide -Metformin HCl 57
Glucagon 58
Glycopyrrolate 73
Glyxambi 57
Gomekli 47
Granisetron HCl 42
Griseofulvin Microsize 43
Griseofulvin Ultramicrosize ...43
Guanfacine HCl 61
Guanfacine HCl ER 67
Gvoke HypoPen 2 -Pack 58
Gvoke Kit 58
Gvoke PFS 58

H

Haegarda 82
Hailey 24 Fe 78
Halobetasol Propionate 69
Haloette 78
Haloperidol 51
Haloperidol Decanoate 51
Haloperidol Lactate 51
Havrix 86
Heather 81
Heparin Sodium 60
Heplisav -B 86
Hiberix 86
Humalog 58
Humalog Junior KwikPen 58
Humalog KwikPen 58
Humalog Mix 50/50 KwikPen 58
Humalog Mix 75/25 58
Humalog Mix 75/25 KwikPen 58
Humatin 33
Humulin 70/30 58
Humulin 70/30 KwikPen 58
Humulin N 59
Humulin N KwikPen 59
Humulin R 59
Humulin R U -500 KwikPen . 59
Hydralazine HCl 66
Hydrochlorothiazide 64
Hydrocodone -Acetaminophen 31
Hydrocodone -Ibuprofen 31
Hydrocortisone 87
Hydrocortisone Butyrate 69
Hydrocortisone Valerate 69

Hydrocortisone -Acetic Acid 91
Hydromorphone HCl 31
Hydromorphone HCl Preservative Free 31
Hydroxychloroquine Sulfate .50
Hydroxyurea 45
Hydroxyzine HCl 55
Hydroxyzine Pamoate 55

I

IDHIFA 47
IPOL 86
Ibandronate Sodium 88
Ibrance 47
Ibu 30
Ibuprofen 30
Icatibant Acetate 82
Iclevia 78
Iclusig 47
Ilevro 89
Imatinib Mesylate 47
Imbruvica 47
Imipenem -Cilastatin 36
Imipramine HCl 42
Imiquimod 70
Imkeldi 47
Imovax Rabies 86
Impavido 50
Inbrija 51
Incassia 81
Increlex 77
Incruse Ellipta 91
Indapamide 64
Indomethacin 30
Indomethacin ER 30
Infanrix 86
Ingrezza 67
Inlyta 47
Inqovi 45
Inrebic 47
Insulin Lispro 59
Insulin Lispro Junior KwikPen 59
Insulin Lispro Prot & Lispro ..59
Insulin Syringes, Needles. 88
Intelence 54
Intralipid 71
Introvale 78
Invega Hafyera 52
Invega Sustenna 52
Invega Trinza 52
Ipratropium Bromide 91
Ipratropium -Albuterol 93
Irbesartan 61
Irbesartan -Hydrochlorothiazide 64
Isentress 53
Isentress HD 53
Isibloom 78
Isolyte -P in D5W 71
Isolyte -S pH 7.4 72
Isoniazid 44
Isosorbide Dinitrate 66
Isosorbide Dinitrate -Hydralazine 64
Isosorbide Mononitrate 66
Isosorbide Mononitrate ER . .66
Isotretinoin 68
Itovebi 47
Itraconazole 43
Ivabradine HCl 64
Ivermectin 50
Iwilfin 45
Ixchiq 86
Ixiaro 86

J

Jaimiess 78
Jakafi 47
Jantoven 60
Janumet 57
Janumet XR 57
Januvia 57
Jardiance 66
Jasmiel 78
Jaypirca 47
Jinteli 78
Jubbonti 88
Jublia 71
Juleber 78
Juluca 53
Junel 1.5/30 78
Junel 1/20 78

Junel Fe 1.5/30 78
Junel Fe 1/20 78
Junel Fe 24 78
Jynarque 73
Jynneos 86

K

KCl in Dextrose -NaCl 72
KCl -Lactated Ringers -D5W 72
Kaitlib Fe 78
Kaletra 55
Kalydeco 92
Kariva 78
Kelnor 1/35 79
Kelnor 1/50 79
Kerendia 66
Ketoconazole 71
Ketodan 71
Ketorolac Tromethamine 90
Kineret 83
Kinrix 86
Kisqali 47
Kisqali Femara 47
Klor -Con 72
Klor -Con 10 72
Klor -Con 8 72
Klor -Con M10 72
Klor -Con M15 72
Klor -Con M20 72
Kloxxado 32
Koselugo 47
Krazati 47
Kurvelo 79

L

L -Glutamine 72
LARIN 1.5/30 79
LARIN 1/20 79
LARIN Fe 1.5/30 79
LARIN Fe 1/20 79
Labetalol HCl 62
Lacosamide 39
Lactulose 73
Lamivudine 54
Lamivudine -Zidovudine 54
Lamotrigine 37
Lansoprazole 74
Lantus 59
Lantus SoloStar 59
Lapatinib Ditosylate 47
Latanoprost 90
Lazcluze 45
Leflunomide 85
Lenalidomide 45
Lenvima 10MG Daily Dose . .47
Lenvima 12MG Daily Dose . .47
Lenvima 14MG Daily Dose . .47
Lenvima 18MG Daily Dose . .47
Lenvima 20MG Daily Dose . .47
Lenvima 24MG Daily Dose . .47
Lenvima 4MG Daily Dose 47
Lenvima 8MG Daily Dose 48
Lessina 79
Letrozole 46
Leucovorin Calcium 50
Leukeran 45
Leuprolide Acetate 82
Levalbuterol HCl 92
Levalbuterol Tartrate 92
Levetiracetam 38
Levetiracetam ER 37
Levetiracetam ODT 38
Levobunolol HCl 90
Levocarnitine 75
Levocetirizine Dihydrochloride 91
Levofloxacin 89
Levofloxacin in D5W 36
Levonest 79
Levonorgestrel -Ethinyl Estradiol 79
Levonorgestrel -Ethinyl Estradiol 91 -Day 79
Levonorgestrel -Ethinyl Estradiol Triphasic 79
Levora 0.15/30 79
Levothyroxine Sodium 82
Levoxyl 82
Lidocaine 32
Lidocaine HCl 32
Lidocaine Viscous 32
Lidocaine -Prilocaine 32

Liletta 81
Linezolid 33
Linzess 73
Liothyronine Sodium 82
Lisdexamfetamine Dimesylate 66
Lisinopril 61
Lisinopril -Hydrochlorothiazide 64
Lithium 57
Lithium Carbonate 57
Lithium Carbonate ER 57
Livalo 65
Livtencity 52
LoJaimiess 79
Lokelma 73
Lonsurf 45
Loperamide HCl 73
Lopinavir -Ritonavir 55
Lorazepam 56
Lorbrena 48
Loryna 79
Losartan Potassium 61
Losartan Potassium -HCTZ ..64
Lotemax 90
Lotemax SM 90
Loteprednol Etabonate 90
Lovastatin 65
Low -Ogestrel 79
Loxapine Succinate 51
Lubiprostone 73
Lumakras 48
Lumigan 90
Lumryz 94
Lumryz Starter Pack 94
Lupron Depot 82
Lupron Depot -Ped 82
Lurasidone HCl 56
Lutera 79
Lyleq 81
Lynparza 48
Lysodren 45
Lytgobi 48
Lyumjev 59
Lyumjev KwikPen 59
Lyza 81

M

M -M -R II 86
MResvia 86
Magnesium Sulfate 72
Malathion 70
Maraviroc 54
Marlissa 79
Marplan 40
Matulane 45
Matzim LA 63
Mavyret 53
Meclizine HCl 42
Medroxyprogesterone Acetate 81
Mefloquine HCl 50
Megestrol Acetate 81
Mekinist 48
Mektovi 48
Meleya 81
Meloxicam 30
Memantine HCl 40
Memantine HCl ER 40
Memantine HCl Titration Pak 40
Memantine HCl -Donepezil HCl 40
MenQuadfi 86
Menveo 86
Mercaptopurine 45
Meropenem 36
Mesalamine 87
Mesalamine ER 87
Mesna 50
Metformin HCl 57
Metformin HCl ER 57
Methadone HCl 31
Methazolamide 90
Methenamine Hippurate 33
Methimazole 82
Methotrexate Sodium 85
Methoxsalen Rapid 70
Methsuximide 38
Methylphenidate HCl 67
Methylphenidate HCl ER 67
Methylprednisolone 76
Metoclopramide HCl 42

Metolazone 64
Metoprolol Succinate ER 62
Metoprolol Tartrate 62
Metoprolol -Hydrochlorothiazide 64
Metronidazole 33
Metyrosine 64
Mexiletine HCl 62
Mibelas 24 Fe 79
Micafungin Sodium 43
Miconazole 3 43
Microgestin 1.5/30 79
Microgestin 1/20 79
Microgestin Fe 1.5/30 79
Microgestin Fe 1/20 79
Midodrine HCl 61
Miebo 88
Mifepristone 82
Miglustat 75
Mili 79
Mimvey 79
Minocycline HCl 37
Minoxidil 66
Mirtazapine 40
Mirtazapine ODT 40
Misoprostol 74
Modafinil 94
Moexipril HCl 61
Molindone HCl 51
Mometasone Furoate 91
Montelukast Sodium 91
Morphine Sulfate 31
Morphine Sulfate ER 31
Mounjaro 57
Movantik 73
Moxifloxacin HCl 89
Moxifloxacin HCl in NaCl 36
Multaq 62
Multiple Electrolytes Type 1 pH 7.4 72
Mupirocin 71
Mupirocin Calcium 71
Mycophenolate Mofetil 85
Mycophenolate Sodium 85
Myrbetriq 75

N

Nabumetone 30
Nadolol 62
Nafcillin Sodium 35
Naloxone HCl 32
Naltrexone HCl 32
Naproxen 30
Naproxen DR 30
Naproxen Sodium 30
Naratriptan HCl 44
Natacyn 89
Nateglinide 57
Nayzilam 38
Nebivolol HCl 62
Necon 0.5/35 79
Nefazodone HCl 41
Neomycin Sulfate 33
Neomycin -Bacitracin -Polymyxin 89
Neomycin -Polymyxin -Bacitracin -Hydrocortisone ..88
Neomycin -Polymyxin -Dexamethasone 88
Neomycin -Polymyxin -Gramicidin 89
Neomycin -Polymyxin -HC 91
Nerlynx 48
Neuac 68
Neulasta 60
Neupro 51
Nevirapine 54
Nevirapine ER 54
Nexletol 65
Nexlizet 65
Nexplanon 81
Niacin 65
Niacin ER 65
Niacor 65
Nicotrol NS 32
Nifedipine ER 62
Nifedipine ER Osmotic Release 62
Nikki 79
Nilotinib HCl 48
Nilutamide 45
Nimodipine 62
Ninlaro 48
Nitazoxanide 50

Nitisinone 75
Nitro -Bid 66
Nitrofurantoin Macrocrystal ..33
Nitrofurantoin Monohydrate .33
Nitroglycerin 66
Nizatidine 74
Nora -BE 81
Norelgestromin -Ethinyl Estradiol 79
Norethindrone 81
Norethindrone Acetate 81
Norethindrone Acetate -Ethinyl Estradiol 79
Norethindrone Acetate -Ethinyl Estradiol -Fe 79
Norgestimate -Ethinyl Estradiol 79
Norgestimate -Ethinyl Estradiol Triphasic 79
Nortrel 0.5/35 80
Nortrel 1/35 80
Nortrel 7/7/7 80
Nortriptyline HCl 42
Norvir 55
NovoLog 59
NovoLog FlexPen 59
NovoLog Mix 70/30 59
NovoLog Mix 70/30 FlexPen 59
NovoLog PenFill 59
Novolin 70/30 59
Novolin 70/30 FlexPen 59
Novolin N 59
Novolin N FlexPen 59
Novolin R 59
Novolin R FlexPen 59
Nubeqa 45
Nucala 93
Nuedexta 67
Nuplazid 52
Nurtec ODT 43
Nutrilipid 72
Nyamyc 71
Nylia 1/35 80
Nylia 7/7/7 80
Nystatin 71
Nystatin -Triamcinolone 70
Nystop 71

O

Ocella 80
Octagam 83
Octreotide Acetate 82
Odefsey 54
Odomzo 48
Ofev 93
Ofloxacin 91
Ogsiveo 45
Ojemda 48
Ojjaara 48
Olanzapine 56
Olanzapine ODT 56
Olmesartan Medoxomil 61
Olmesartan Medoxomil -HCTZ 64
Olmesartan -Amlodipine -HCTZ 64
Omega -3 -Acid Ethyl Esters 65
Omeprazole 74
Ondansetron HCl 42
Ondansetron ODT 42
Onureg 45
Opipza 56
Opvee 32
Orenitram 93
Orenitram Month 1 93
Orenitram Month 2 93
Orenitram Month 3 93
Orgovyx 45
Orkambi 92
Orserdu 45
Oseltamivir Phosphate 55
Osphena 81
Otezla 83
Oxacillin Sodium 35
Oxacillin Sodium in Dextrose 35
Oxcarbazepine 39
Oxiconazole Nitrate 71
Oxistat 71
Oxybutynin Chloride 75
Oxybutynin Chloride ER 75
Oxycodone HCl 32
Oxycodone -Acetaminophen 32
Ozempic 58

P

PEG -3350 -Electrolytes 74
PEG -3350 -NaCl -Na Bicarbonate -KCl 74
Paliperidone ER 52
Panretin 50
Pantoprazole Sodium 74
Paricalcitol 88
Paroxetine HCl 41
Paroxetine HCl ER 41
Paxlovid 55
Pazopanib HCl 48
Pediarix 86
Pedvax HIB 86
Pegasys 84
Pemazyre 48
Penbraya 86
Penicillamine 76
Penicillin G Potassium 35
Penicillin G Sodium 35
Penicillin V Potassium 35
Pentacel 86
Pentamidine Isethionate 50
Pentasa 87
Pentoxifylline ER 64
Perindopril Erbumine 61
Periogard 68
Permethrin 70
Perphenazine 42
Phenelzine Sulfate 40
Phenobarbital 38
Phenytek 39
Phenytoin 39
Phenytoin Sodium Extended 39
Pifeltro 54
Pilocarpine HCl 90
Pimecrolimus 70
Pimozide 51
Pimtrea 80
Pindolol 62
Pioglitazone HCl 58
Pioglitazone HCl -Glimepiride 58
Pioglitazone HCl -Metformin HCl 58
Piperacillin -Tazobactam 36
Piqray 48
Pirfenidone 93
Plenamine 72
Podofilox 70
Polymyxin B Sulfate 33
Polymyxin B -Trimethoprim ..89
Pomalyst 45
Portia -28 80
Posaconazole 43
Potassium Chloride 72
Potassium Chloride ER 72
Potassium Chloride Microencapsulated ER 72
Potassium Chloride in Dextrose 5% 72
Potassium Chloride in NaCl .72
Potassium Citrate ER 72
Pramipexole Dihydrochloride 51
Prasugrel HCl 61
Pravastatin Sodium 65
Praziquantel 50
Prazosin HCl 61
Pred Mild 90
Prednisolone 76
Prednisolone Acetate 90
Prednisolone Sodium Phosphate 90
Prednisone 76
Prednisone Intensol 76
Pregabalin 67
Premarin 80
Premasol 72
Premphase 80
Prempro 80
Prenatal 73
Prevalite 65
Prevymis 52
Prezcobix 55
Prezista 55
Priftin 44
Primaquine Phosphate 50
Primidone 38
Priorix 86
ProQuad 86
Probenecid 43
Prochlorperazine 42

Prochlorperazine Maleate 42
Procrit 60
Procto -Med HC 87
Progesterone 81
Prograf 85
Prolastin -C 75
Promethazine HCl 42
Propafenone HCl 62
Propafenone HCl ER 62
Propranolol HCl 62
Propranolol HCl ER 62
Propylthiouracil 82
Prosol 72
Protriptyline HCl 42
Pulmozyme 92
Pyrazinamide 44
Pyridostigmine Bromide 44
Pyridostigmine Bromide ER .44
Pyrimethamine 50
Pyrukynd 75
Pyrukynd Taper Pack 75

Q

Qinlock 48
Quadracel 86
Quetiapine Fumarate 56
Quetiapine Fumarate ER 56
Quinapril HCl 61
Quinapril -Hydrochlorothiazide 64
Quinidine Gluconate ER 62
Quinidine Sulfate 62
Quinine Sulfate 50
Qulipta 43
Quviviq 94
Qvar RediHaler 91

R

RabAvert 86
Rabeprazole Sodium 74
Raldesy 41
Raloxifene HCl 81
Ramelteon 94
Ramipril 61
Ranolazine ER 64
Rasagiline Mesylate 51
Rayaldee 88
Reclipsen 80
Recombivax HB 86
Regranex 70
Relenza Diskhaler 55
Repaglinide 58
Repatha 65
Repatha Pushtronex System 65
Repatha SureClick 65
Restasis MultiDose 88
Restasis Single -Use Vials 88
Retevmo 48
Revcovi 75
Revuforj 45
Rexulti 52
Reyataz 55
Rezdiffra 88
Rezlidhia 48
Rhopressa 90
Ribavirin 53
Rifabutin 44
Rifampin 44
Riluzole 67
Rimantadine HCl 55
Rinvoq 83
Rinvoq LQ 83
Risperidone 57
Risperidone Microspheres ER 56
Risperidone ODT 57
Ritonavir 55
Rivaroxaban 60
Rivastigmine 40
Rivastigmine Tartrate 40
Rivelsa 80
Rizatriptan Benzoate 44
Rizatriptan Benzoate ODT 44
Rocklatan 88
Roflumilast 92
Romvimza 48
Ropinirole HCl 51
Rosuvastatin Calcium 65
Rosyrah 80
RotaTeq 86
Rotarix 86

Roweepra 38
Rozlytrek 48
Rubraca 48
Rufinamide 39
Rukobia 54
Ryaltris 91
Rybelsus 58
Rydapt 48

S

SPS 73
SSD 70
Sancuso 42
Santyl 70
Sapropterin Dihydrochloride 75
Savella 67
Savella Titration Pack 67
Scemblix 48
Scopolamine 42
Secuado 57
Selegiline HCl 51
Selenium Sulfide 70
Selzentry 54
Serevent Diskus 92
Sertraline HCl 41
Setlakin 80
Sharobel 81
Shingrix 86
Signifor 82
Sildenafil Citrate 93
Silodosin 76
Silver Sulfadiazine 70
Simbrinza 90
Simvastatin 65
Sirolimus 85
Sirturo 44
Skyclarys 67
Skyrizi 83
Skyrizi Pen 83
Sodium Chloride 72
Sodium Fluoride 72
Sodium Phenylbutyrate 75
Sodium Polystyrene Sulfonate 73
Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate . 74
Solifenacin Succinate 75
Soliqua 58
Soltamox 45
Somavert 82
Sorafenib Tosylate 48
Sotalol HCl 62
Sotyktu 83
Spiriva HandiHaler 91
Spiriva Respimat 91
Spironolactone 66
Spironolactone -HCTZ 64
Sprintec 28 80
Spritam ODT 38
Sronyx 80
Stelara 83
Steqeyma 83
Stiolto Respimat 93
Stivarga 48
Streptomycin Sulfate 33
Stribild 53
Subvenite 38
Sucraid 75
Sucralfate 74
Suflave 74
Sulfacetamide Sodium 89
Sulfacetamide -Prednisolone 88
Sulfadiazine 36
Sulfamethoxazole -Trimethoprim 37
Sulfasalazine 87
Sulindac 30
Sumatriptan 44
Sumatriptan Succinate 44
Sunitinib Malate 48
Sunlenca 54
Sutab 74
Syeda 80
Symbicort 94
Sympazan 38
Symtuza 55
Synjardy 58
Synjardy XR 58
Synthroid 82

T

TPN Electrolytes 73

Tabloid 45
Tabrecta 48
Tacrolimus 85
Tadalafil 93
Tafinlar 48
Tagrisso 48
Talzenna 48
Tamoxifen Citrate 45
Tamsulosin HCl 76
Tarina 24 Fe 80
Tarina Fe 1/20 EQ 80
Tasimelteon 94
Tazarotene 68
Tazicef 35
Tazverik 49
Teflaro 35
Telmisartan 61
Telmisartan -HCTZ 64
Temazepam 94
Tenivac 86
Tenofovir Disoproxil Fumarate 54
Tepmetko 49
Terazosin HCl 76
Terbinafine HCl 43
Terconazole 43
Teriflunomide 68
Teriparatide 88
Testosterone 77
Testosterone Cypionate 77
Testosterone Enanthate 77
Tetrabenazine 67
Tetracycline HCl 37
Thalomid 45
Theophylline 92
Theophylline ER 92
Thioridazine HCl 51
Thiothixene 51
Tiadylt ER 63
Tiagabine HCl 38
Tibsovo 49
Ticagrelor 61
Ticovac 87
Tigecycline 33
Tilia Fe 80
Timolol Maleate 90
Timolol Maleate Ophthalmic Gel Forming 90
Tinidazole 33
Tivicay 53
Tivicay PD 53
Tizanidine HCl 52
Tobi Podhaler 92
TobraDex 88
Tobramycin 92
Tobramycin Sulfate 33
Tobramycin -Dexamethasone 88
Tolterodine Tartrate 76
Tolterodine Tartrate ER 75
Tolvaptan 73
Topiramate 38
Toremifene Citrate 45
Torpenz 49
Torsemide 64
Toujeo Max SoloStar 59
Toujeo SoloStar 59
Tradjenta 58
Tramadol HCl 32
Trandolapril 61
Tranexamic Acid 60
Tranylcypromine Sulfate 40
Travasol 73
Travoprost 90
Trazodone HCl 41
Trelegy Ellipta 94
Tremfya 84
Tremfya Crohns Induction 83
Tremfya Pen 83
Tretinoin 68
Tretinoin Microsphere 68
Tri -Estarylla 80
Tri -Legest Fe 80
Tri -Lo -Estarylla 80
Tri -Lo -Sprintec 80
Tri -Mili 80
Tri -Sprintec 80
Tri -VyLibra 80
Tri -VyLibra Lo 80
Triamcinolone Acetonide 70

Triamterene 64
Triamterene -HCTZ 64
Triderm 70
Trientine HCl 73
Trifluoperazine HCl 51
Trifluridine 89
Trihexyphenidyl HCl 50
Trijardy XR 58
Trikafta 92
Trimethoprim 33
Trimipramine Maleate 42
Trintellix 41
Triumeq 54
Triumeq PD 54
TrophAmine 73
Trospium Chloride 76
Trulance 73
Trulicity 58
Trumenba 87
Truqap 49
Tukysa 49
Turalio 49
Turqoz 80
Twinrix 87
Tybost 54
Tyenne 84
Tymlos 88
Typhim VI 87
Tyrvaya 89

U

Ubrelvy 43
Udenyca 60
Unithroid 82
Ursodiol 74
Ustekinumab 84

V

Valacyclovir HCl 53
Valchlor 45
Valganciclovir HCl 52
Valproic Acid 38
Valsartan 61
Valsartan -Hydrochlorothiazide
. 64
Valtoco 10MG Dose 38
Valtoco 15MG Dose 38
Valtoco 20MG Dose 38
Valtoco 5MG Dose 38
Valtya 1/50 80
Vancomycin HCl 34
Vanflyta 49
Vaqta 87
Varenicline Tartrate 32
Varivax 87
Vascepa 65
Vaxchora 87
Velivet 80
Veltassa 73
Vemlidy 53
Venclexta 49
Venclexta Starting Pack 49
Venlafaxine HCl 41
Venlafaxine HCl ER 41
Ventolin HFA 92
Veozah 67
Verapamil HCl 63
Verapamil HCl ER 63
Verquvo 66
Versacloz 52
Verzenio 49
Vestura 80
Vienva 80
Vigabatrin 39
Vigafyde 39
Vigpoder 39
Vilazodone HCl 41
Vimkunya 87
Viracept 55
Viread 54
Vitrakvi 49
Vivitrol 32
Vivotif 87
Vizimpro 49
Vonjo 46
Voquezna 74
Voquezna Dual Pak 74
Voquezna Triple Pak 74
Voranigo 49
Voriconazole 43

Vosevi 53
Vowst 74
Vraylar 52
VyLibra 80
Vyfemla 80
Vyndamax 75
Vyndaqel 75
Vyzulta 90

W

Warfarin Sodium 60
Welireg 75
Winrevair 93
Wixela Inhub 94
Wymzya Fe 80
Wyost 88

X

Xalkori 49
Xarah Fe 81
Xarelto 60
Xarelto Starter Pack 60
Xatmep 85
Xcopri 39
Xdemvy 89
Xeljanz 84
Xeljanz XR 84
Xelria Fe 81
Xermelo 73
Xifaxan 34
Xigduo XR 58
Xiidra 89
Xofluza 55
Xolair 84
Xolremdi 60
Xospata 49
Xpovio 49
Xtampza ER 31
Xtandi 45
Xulane 81

Y

YF -VAX 87
Yargesa 75
Yesintek 84
Yuvafem 81

Z

Zafemy 81
Zafirlukast 91
Zaleplon 94
Zarxio 60
Zejula 49
Zelboraf 49
Zenatane 68
Zenpep 75
Zidovudine 54
Ziprasidone HCl 57
Ziprasidone Mesylate 57
Zirgan 53
Zolinza 46
Zolpidem Tartrate 94
Zolpidem Tartrate ER 94
Zonisade 39
Zonisamide 39
Zoryve 70
Zovia 1/35 81
Ztalmy 39
Zurzuvae 40
Zydelig 49
Zykadia 49

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 12-29.

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 95-127.

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	2	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	2	
Diclofenac Sodium (1.5% External Solution)	G	3	PA
Diclofenac Sodium (Oral Tablet Delayed Release)	G	2	
Diflunisal (Oral Tablet)	G	3	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	3	
Etodolac (Oral Capsule)	G	3	
Etodolac (Oral Tablet Immediate Release)	G	3	
Flurbiprofen (100MG Oral Tablet)	G	2	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen (100MG/5ML Oral Suspension)	G	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Indomethacin ER (Oral Capsule Extended Release)	G	3	
Indomethacin (Oral Capsule Immediate Release)	G	2	
Ketorolac Tromethamine (Oral Tablet)	G	3	
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	2	
Naproxen DR (Oral Tablet Delayed Release)	G	2	
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	G	2	
Sulindac (Oral Tablet)	G	2	
Opioid Analgesics, Long-acting			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Buprenorphine (Transdermal Patch Weekly)	G	3	7D; DL; QL
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	3	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	3	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	4	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	4	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	3	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	3	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	3	QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	3	QL
Endocet (Oral Tablet)	G	3	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 10-325MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution)	G	4	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 2.5-325MG 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 (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	4	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	3	7D; MME; DL; QL
Morphine Sulfate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	3	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	4	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	3	7D; MME; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	3	QL
Lidocaine (5% External Patch)	G	4	PA; DL; QL
Lidocaine HCl (4% External Solution)	G	4	DL
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	DL
Disulfiram (Oral Tablet)	G	4	DL
Naltrexone HCl (Oral Tablet)	G	3	
Vivitrol (Intramuscular Suspension Reconstituted)	B	5	DL
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	2	
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	4	DL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	2	
Opioid Reversal Agents			
Kloxxado (Nasal Liquid)	B	3	
Naloxone HCl (0.4MG/ML Injection Solution)	G	2	
Naloxone HCl (Injection Solution Cartridge)	G	2	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	2	
Opvee (Nasal Solution)	B	4	DL
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	2	
Nicotrol NS (Nasal Solution)	B	4	DL
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	3	
Varenicline Tartrate (Oral Tablet)	G	3	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Arikayce (Inhalation Suspension)	B	5	PA; DL
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	4	DL
Gentamicin Sulfate (40MG/ML Injection Solution)	G	4	DL
Humatin (Oral Capsule)	B	5	DL
Neomycin Sulfate (Oral Tablet)	G	2	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	4	DL
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	4	DL
Antibacterials, Other			
Aztreonam (Injection Solution Reconstituted)	G	4	DL
Clindamycin HCl (Oral Capsule)	G	2	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	4	DL
Clindamycin Phosphate in D5W (Intravenous Solution)	G	4	DL
Clindamycin Phosphate (Injection Solution)	G	4	DL
Clindamycin Phosphate (Vaginal Cream)	G	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	4	DL
Daptomycin (500MG Intravenous Solution Reconstituted)	G	4	DL
Fosfomycin Tromethamine (Oral Packet)	G	4	DL
Linezolid (Intravenous Solution)	G	4	DL
Linezolid (Oral Suspension Reconstituted)	G	5	DL; QL
Linezolid (Oral Tablet)	G	4	DL; QL
Methenamine Hippurate (Oral Tablet)	G	3	
Metronidazole (0.75% External Cream)	G	3	
Metronidazole (0.75% External Gel)	G	3	
Metronidazole (1% External Gel)	G	4	DL
Metronidazole (0.75% External Lotion)	G	4	DL
Metronidazole (500MG/100ML Intravenous Solution)	G	4	DL
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	2	
Metronidazole (0.75% Vaginal Gel)	G	3	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin)	G	3	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	3	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	4	DL
Tigecycline (Intravenous Solution Reconstituted)	G	4	DL
Tinidazole (Oral Tablet)	G	4	DL
Trimethoprim (Oral Tablet)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	4	DL
Vancomycin HCl (Oral Capsule)	G	4	DL; QL
Xifaxan (200MG Oral Tablet)	B	4	PA; DL
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	2	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	DL
Cefdinir (Oral Capsule)	G	3	
Cefdinir (Oral Suspension Reconstituted)	G	3	
Cefepime HCl (Injection Solution Reconstituted)	G	4	DL
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	4	DL
Cefixime (Oral Capsule)	G	3	
Cefixime (Oral Suspension Reconstituted)	G	4	DL
Cefotetan Disodium (Injection Solution Reconstituted)	G	4	DL
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	4	DL
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	4	DL
Cefpodoxime Proxetil (Oral Tablet)	G	4	DL
Cefprozil (Oral Suspension Reconstituted)	G	3	
Cefprozil (Oral Tablet)	G	3	
Ceftazidime (Injection Solution Reconstituted)	G	4	DL
Ceftazidime (Intravenous Solution Reconstituted)	G	4	DL
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	DL
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	4	DL
Cefuroxime Axetil (Oral Tablet)	G	2	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	4	DL
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	4	DL
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	1	
Cephalexin (750MG Oral Capsule)	G	3	
Cephalexin (Oral Suspension Reconstituted)	G	2	
Tazicef (Injection Solution Reconstituted)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	4	DL
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	DL
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	2	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	2	
Ampicillin (Oral Capsule)	G	2	
Ampicillin Sodium (1GM Injection Solution Reconstituted)	G	4	DL
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	DL
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	4	DL
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	4	DL
Bicillin C-R 900/300 (Intramuscular Suspension)	B	4	DL
Bicillin C-R (Intramuscular Suspension)	B	4	DL
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	4	DL
Dicloxacillin Sodium (Oral Capsule)	G	2	
Nafcillin Sodium (Injection Solution Reconstituted)	G	4	DL
Nafcillin Sodium (Intravenous Solution Reconstituted)	G	4	DL
Oxacillin Sodium in Dextrose (Intravenous Solution)	B	4	DL
Oxacillin Sodium (Injection Solution Reconstituted)	G	4	DL
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	4	DL
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	4	DL
Penicillin G Sodium (Injection Solution Reconstituted)	G	4	DL
Penicillin V Potassium (Oral Solution Reconstituted)	G	2	
Penicillin V Potassium (Oral Tablet)	G	1	

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
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	DL
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	4	DL
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	4	DL
Meropenem (1GM Intravenous Solution Reconstituted)	G	4	DL
Meropenem (500MG Intravenous Solution Reconstituted)	G	3	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	4	DL
Azithromycin (Oral Suspension Reconstituted)	G	2	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	4	DL
Clarithromycin (Oral Suspension Reconstituted)	G	4	DL
Clarithromycin (Oral Tablet Immediate Release)	G	3	
Dificid (Oral Tablet)	B	5	DL
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	4	DL
Erythromycin Base (Oral Tablet Immediate Release)	G	4	DL
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	4	DL
Erythromycin Ethylsuccinate (Oral Tablet)	G	4	DL
Erythromycin (Oral Tablet Delayed Release)	G	4	DL
Quinolones			
Ciprofloxacin HCl (Oral Tablet Immediate Release)	G	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	4	DL
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	4	DL
Levofloxacin (Oral Solution)	G	4	DL
Levofloxacin (Oral Tablet)	G	2	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	4	DL
Moxifloxacin HCl (Oral Tablet)	G	3	
Ofloxacin (Oral Tablet)	G	3	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sulfamethoxazole-Trimethoprim (200-40MG/5ML Oral Suspension)	G	3	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	4	DL
Doxy 100 (Intravenous Solution Reconstituted)	G	4	DL
Doxycycline Hyclate (Intravenous Solution Reconstituted)	G	4	DL
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	DL
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	3	
Minocycline HCl (Oral Capsule)	G	2	
Minocycline HCl (Oral Tablet Immediate Release)	G	4	DL
Tetracycline HCl (Oral Capsule)	G	4	DL
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	4	PA; DL; QL
BRIVIACT (Oral Tablet)	B	4	PA; DL; QL
Epidiolex (Oral Solution)	B	5	PA; DL
Eprontia (Oral Solution)	B	4	DL
Felbamate (Oral Suspension)	G	4	DL
Felbamate (Oral Tablet)	G	4	DL
Fintepla (Oral Solution)	B	5	PA; DL; QL
Fycompa (Oral Suspension)	B	4	DL; QL
Fycompa (Oral Tablet)	B	4	DL; QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	2	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	3	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	3	
Levetiracetam (100MG/ML Oral Solution)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levetiracetam (1000MG Oral Tablet Immediate Release, 250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	2	
Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble)	B	4	DL; QL
Roweepra (Oral Tablet Immediate Release)	G	2	
Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	4	DL; QL
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	2	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	2	
Topiramate (Oral Tablet)	G	2	
Valproic Acid (Oral Capsule)	G	2	
Valproic Acid (250MG/5ML Oral Solution)	G	2	
Calcium Channel Modifying Agents			
Ethosuximide (Oral Capsule)	G	3	
Ethosuximide (Oral Solution)	G	4	DL
Methsuximide (Oral Capsule)	G	4	DL
Gamma-aminobutyric Acid (GABA) Modulating Agents			
Clobazam (2.5MG/ML Oral Suspension)	G	4	PA; DL; QL
Clobazam (Oral Tablet)	G	4	PA; DL; 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	DL; QL
Gabapentin (Oral Capsule)	G	2	
Gabapentin (250MG/5ML Oral Solution)	G	3	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Nayzilam (Nasal Solution)	B	4	PA; DL; QL
Phenobarbital (20MG/5ML Oral Elixir)	G	2	
Phenobarbital (Oral Tablet)	G	2	
Primidone (Oral Tablet)	G	2	
Sympazan (10MG Oral Film, 20MG Oral Film)	B	5	PA; DL; QL
Sympazan (5MG Oral Film)	B	4	PA; DL; QL
Tiagabine HCl (Oral Tablet)	G	4	DL
Valtoco 10MG Dose (Nasal Liquid)	B	4	PA; DL; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; DL; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; DL; QL
Valtoco 5MG Dose (Nasal Liquid)	B	4	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vigabatrin (Oral Packet)	G	5	PA; DL; QL
Vigabatrin (Oral Tablet)	G	5	PA; DL; QL
Vigafyde (Oral Solution)	B	5	PA; DL
Vigpoder (500MG Oral Packet)	G	5	PA; DL; QL
Ztalmy (Oral Suspension)	B	5	PA; DL
Sodium Channel Agents			
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	3	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	3	
Carbamazepine (100MG/5ML Oral Suspension)	G	3	
Carbamazepine (Oral Tablet Immediate Release)	G	3	
Carbamazepine (Oral Tablet Chewable)	G	3	
Dilantin INFATABS (Oral Tablet Chewable)	B	3	
Dilantin (Oral Capsule)	B	3	
Epitol (Oral Tablet)	G	3	
Eslicarbazepine Acetate (Oral Tablet)	G	4	DL; QL
Lacosamide (10MG/ML Oral Solution)	G	4	DL; QL
Lacosamide (Oral Tablet)	G	4	DL; QL
Oxcarbazepine (Oral Suspension)	G	4	DL
Oxcarbazepine (Oral Tablet Immediate Release)	G	3	
Phenytek (Oral Capsule)	G	2	
Phenytoin (Oral Suspension)	G	2	
Phenytoin (Oral Tablet Chewable)	G	3	
Phenytoin Sodium Extended (100MG Oral Capsule)	G	2	
Rufinamide (Oral Suspension)	G	4	DL
Rufinamide (Oral Tablet)	G	4	DL
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 (Oral Tablet)	B	5	PA; DL; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	4	PA; DL; 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
Zonisade (Oral Suspension)	B	4	ST; DL
Zonisamide (Oral Capsule)	G	2	
Antidementia Agents			

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
Antidementia Agents, Other			
Memantine HCl-Donepezil HCl (Oral Capsule Extended Release 24 Hour)	G	3	PA; QL
Cholinesterase Inhibitors			
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Donepezil HCl (23MG Oral Tablet)	G	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	2	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	3	QL
Galantamine Hydrobromide (Oral Solution)	G	4	DL; QL
Galantamine Hydrobromide (Oral Tablet)	G	3	QL
Rivastigmine Tartrate (Oral Capsule)	G	3	QL
Rivastigmine (Transdermal Patch 24 Hour)	G	4	ST; DL; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	PA; QL
Memantine HCl (2MG/ML Oral Solution)	G	4	PA; DL; 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	2	
Zurzuvae (Oral Capsule)	B	5	PA; DL; QL
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	5	DL; QL
Marplan (Oral Tablet)	B	4	DL
Phenelzine Sulfate (Oral Tablet)	G	3	
Tranylcypromine Sulfate (Oral Tablet)	G	4	DL
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (10MG/5ML Oral Solution)	G	3	
Citalopram Hydrobromide (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	3	QL
Escitalopram Oxalate (5MG/5ML Oral Solution)	G	2	
Escitalopram Oxalate (Oral Tablet)	G	2	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	4	ST; DL; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	4	ST; DL; QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	4	DL
Fluoxetine HCl (20MG/5ML Oral Solution)	G	2	
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	DL
Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	
Paroxetine HCl (10MG/5ML Oral Suspension)	G	4	DL
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)	G	2	
Raldesy (Oral Solution)	B	5	DL
Sertraline HCl (Oral Concentrate)	G	4	DL
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	1	
Trazodone HCl (300MG Oral Tablet)	G	2	
Trintellix (Oral Tablet)	B	4	DL; QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	2	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	3	
Vilazodone HCl (Oral Tablet)	G	4	DL; QL
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	3	
Amoxapine (Oral Tablet)	G	3	
Clomipramine HCl (Oral Capsule)	G	4	DL
Desipramine HCl (Oral Tablet)	G	4	DL
Doxepin HCl (Oral Capsule)	G	4	DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Doxepin HCl (Oral Concentrate)	G	4	DL
Imipramine HCl (Oral Tablet)	G	4	DL
Nortriptyline HCl (Oral Capsule)	G	4	DL
Nortriptyline HCl (Oral Solution)	G	4	DL
Protriptyline HCl (Oral Tablet)	G	4	DL
Trimipramine Maleate (Oral Capsule)	G	4	DL
Antiemetics			
Antiemetics, Other			
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	2	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	2	
Metoclopramide HCl (Oral Tablet)	G	2	
Perphenazine (Oral Tablet)	G	4	DL
Prochlorperazine Maleate (Oral Tablet)	G	2	
Prochlorperazine (Rectal Suppository)	G	4	DL
Promethazine HCl (6.25MG/5ML Oral Solution)	G	4	DL
Promethazine HCl (Oral Tablet)	G	3	
Promethazine HCl (Rectal Suppository)	G	4	DL; QL
Scopolamine (Transdermal Patch 72 Hour)	G	4	DL
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	4	PA; DL; QL
Dronabinol (Oral Capsule)	G	4	PA; DL
Granisetron HCl (Oral Tablet)	G	3	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	4	B/D,PA; DL; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	2	B/D,PA; QL
Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible)	G	2	B/D,PA; QL
Sancuso (Transdermal Patch)	B	5	DL; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	4	B/D,PA; DL
Amphotericin B (Intravenous Solution Reconstituted)	G	4	B/D,PA; DL
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	4	B/D,PA; DL
Clotrimazole (Mouth/Throat Troche)	G	2	
Cresemba (Oral Capsule)	B	5	PA; DL
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	4	DL
Fluconazole (Oral Suspension Reconstituted)	G	2	
Fluconazole (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Flucytosine (Oral Capsule)	G	5	PA; DL
Griseofulvin Microsize (Oral Suspension)	G	4	DL
Griseofulvin Microsize (Oral Tablet)	G	4	DL
Griseofulvin Ultramicrosize (125MG Oral Tablet, 250MG Oral Tablet)	G	4	DL
Itraconazole (Oral Capsule)	G	4	PA; DL; QL
Ketoconazole (Oral Tablet)	G	2	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	4	DL
Miconazole 3 (Vaginal Suppository)	G	3	
Nystatin (Mouth/Throat Suspension)	G	2	
Nystatin (Oral Tablet)	G	2	
Posaconazole (Oral Tablet Delayed Release)	G	4	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	2	QL
Terconazole (Vaginal Cream)	G	3	
Terconazole (Vaginal Suppository)	G	3	
Voriconazole (Intravenous Solution Reconstituted)	G	4	PA; DL
Voriconazole (Oral Suspension Reconstituted)	G	4	DL; QL
Voriconazole (Oral Tablet)	G	4	DL; QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	3	QL
Colchicine-Probenecid (Oral Tablet)	G	3	
Febuxostat (Oral Tablet)	G	3	ST
Probenecid (Oral Tablet)	G	3	
Antimigraine Agents			
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists			
Aimovig (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; DL; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; DL; QL
Qulipta (Oral Tablet)	B	4	PA; DL; QL
Ubrelvy (Oral Tablet)	B	4	PA; DL; QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	4	DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ergotamine-Caffeine (Oral Tablet)	G	3	
Prophylactic			
Timolol Maleate (Oral Tablet)	G	3	
Serotonin (5-HT) Receptor Agonist			
Naratriptan HCl (Oral Tablet)	G	3	QL
Rizatriptan Benzoate (Oral Tablet)	G	3	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	3	QL
Sumatriptan (Nasal Solution)	G	4	DL; QL
Sumatriptan Succinate (Oral Tablet)	G	2	QL
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	4	DL; QL
Sumatriptan Succinate (Subcutaneous Solution)	G	4	DL; QL
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	4	DL
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	3	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	3	
Rifabutin (Oral Capsule)	G	4	DL
Antituberculars			
Cycloserine (Oral Capsule)	G	4	DL
Ethambutol HCl (Oral Tablet)	G	3	
Isoniazid (Oral Syrup)	G	4	DL
Isoniazid (Oral Tablet)	G	1	
Priftin (Oral Tablet)	B	4	DL
Pyrazinamide (Oral Tablet)	G	4	DL
Rifampin (Intravenous Solution Reconstituted)	G	4	DL
Rifampin (Oral Capsule)	G	3	
Sirturo (Oral Tablet)	B	5	PA; DL
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (25MG Oral Capsule, 50MG Oral Capsule)	G	3	B/D,PA
Cyclophosphamide (25MG Oral Tablet, 50MG Oral Tablet)	B	3	B/D,PA
Gleostine (100MG Oral Capsule)	B	5	DL
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Leukeran (Oral Tablet)	B	4	DL
Matulane (Oral Capsule)	B	5	DL
Valchlor (External Gel)	B	5	PA; DL; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	4	DL; QL
Bicalutamide (Oral Tablet)	G	2	
Erleada (Oral Tablet)	B	5	PA; DL; QL
Eulexin (Oral Capsule)	B	4	DL
Nilutamide (Oral Tablet)	G	5	DL
Nubeqa (Oral Tablet)	B	5	PA; DL; QL
Xtandi (Oral Capsule)	B	5	PA; DL; QL
Xtandi (Oral Tablet)	B	5	PA; DL; QL
Antiangiogenic Agents			
Lenalidomide (Oral Capsule)	G	5	PA; DL; QL
Pomalyst (Oral Capsule)	B	5	PA; DL; QL
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	5	PA; DL; QL
Antiestrogens/Modifiers			
Orserdu (Oral Tablet)	B	5	PA; DL; QL
Soltamox (Oral Solution)	B	4	DL
Tamoxifen Citrate (Oral Tablet)	G	2	
Toremifene Citrate (Oral Tablet)	G	4	DL
Antimetabolites			
Hydroxyurea (Oral Capsule)	G	2	
Mercaptopurine (Oral Suspension)	G	5	PA; DL
Mercaptopurine (Oral Tablet)	G	3	
Onureg (Oral Tablet)	B	5	PA; DL; QL
Tabloid (Oral Tablet)	B	4	PA; DL
Antineoplastics, Other			
Akeega (Oral Tablet)	B	5	PA; DL; QL
Inqovi (Oral Tablet)	B	5	PA; DL; QL
Iwilfin (Oral Tablet)	B	5	PA; DL; QL
Lazcluze (Oral Tablet)	B	5	PA; DL; QL
Lonsurf (Oral Tablet)	B	5	PA; DL; QL
Lysodren (Oral Tablet)	B	5	DL
Ogsiveo (Oral Tablet)	B	5	PA; DL; QL
Orgovyx (Oral Tablet)	B	5	PA; DL; QL
Revuforj (Oral Tablet)	B	5	PA; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vonjo (Oral Capsule)	B	5	PA; DL; QL
Zolinza (Oral Capsule)	B	5	PA; DL
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Exemestane (Oral Tablet)	G	4	DL
Letrozole (Oral Tablet)	G	2	
Enzyme Inhibitors			
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	B	5	PA; DL; QL
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
Brukinsa (Oral Capsule)	B	5	PA; DL; QL
Cabometyx (Oral Tablet)	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
Danziten (Oral Tablet)	B	5	PA; DL; QL
Dasatinib (Oral Tablet)	G	5	PA; DL; QL
Daurismo (Oral Tablet)	B	5	PA; DL; QL
Erivedge (Oral Capsule)	B	5	PA; DL
Erlotinib HCl (Oral Tablet)	G	4	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
Fotivda (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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gilotrif (Oral Tablet)	B	5	PA; DL
Gomekli (Oral Capsule)	B	5	PA; DL; QL
Gomekli (Oral Tablet Soluble)	B	5	PA; DL; QL
Ibrance (Oral Capsule)	B	5	PA; DL; QL
Ibrance (Oral Tablet)	B	5	PA; DL; QL
Iclusig (Oral Tablet)	B	5	PA; DL; QL
IDHIFA (Oral Tablet)	B	5	PA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	3	QL
Imbruvica (Oral Capsule)	B	5	PA; DL; QL
Imbruvica (Oral Suspension)	B	5	PA; DL; QL
Imbruvica (Oral Tablet)	B	5	PA; DL; QL
Imkeldi (Oral Solution)	B	5	PA; DL; QL
Inlyta (Oral Tablet)	B	5	PA; DL; QL
Inrebic (Oral Capsule)	B	5	PA; DL; QL
Itovebi (Oral Tablet)	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 (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Koselugo (Oral Capsule)	B	5	PA; DL; QL
Krazati (Oral Tablet)	B	5	PA; DL; QL
Lapatinib Ditosylate (Oral Tablet)	G	5	PA; DL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL

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 8MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lorbrena (Oral Tablet)	B	5	PA; DL; QL
Lumakras (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
Nilotinib HCl (Oral Capsule)	G	5	PA; DL; QL
Ninlaro (Oral Capsule)	B	5	PA; DL; QL
Odomzo (Oral Capsule)	B	5	PA; DL
Ojemda (Oral Suspension Reconstituted)	B	5	PA; DL; QL
Ojemda (Oral Tablet)	B	5	PA; DL; QL
Ojjaara (Oral Tablet)	B	5	PA; DL; QL
Pazopanib HCl (Oral Tablet)	G	5	PA; DL; QL
Pemazyre (Oral Tablet)	B	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
Qinlock (Oral Tablet)	B	5	PA; DL; QL
Retevmo (Oral Tablet)	B	5	PA; DL; QL
Rezlidhia (Oral Capsule)	B	5	PA; DL; QL
Romvimza (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
Stivarga (Oral Tablet)	B	5	PA; DL; QL
Sunitinib Malate (Oral Capsule)	G	5	PA; DL; QL
Tabrecta (Oral Tablet)	B	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
Talzenna (Oral Capsule)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tazverik (Oral Tablet)	B	5	PA; DL; QL
Tepmetko (Oral Tablet)	B	5	PA; DL; QL
Tibsovo (Oral Tablet)	B	5	PA; DL; QL
Torpenz (Oral Tablet)	G	5	PA; DL
Truqap (Oral Tablet)	B	5	PA; DL; QL
Tukysa (Oral Tablet)	B	5	PA; DL; QL
Turalio (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	4	PA; DL; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Verzenio (Oral Tablet)	B	5	PA; DL; QL
Vitrakvi (Oral Capsule)	B	5	PA; DL; QL
Vitrakvi (Oral Solution)	B	5	PA; DL; QL
Vizimpro (Oral Tablet)	B	5	PA; DL; QL
Voranigo (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
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Twice Weekly) (40MG 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
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

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
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	DL
Mesna (Oral Tablet)	G	4	DL
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	4	DL; QL
Ivermectin (3MG Oral Tablet)	G	3	PA
Praziquantel (Oral Tablet)	G	4	DL
Antiprotozoals			
Atovaquone (Oral Suspension)	G	4	DL; QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	3	
Chloroquine Phosphate (Oral Tablet)	G	4	DL; QL
Coartem (Oral Tablet)	B	4	DL
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	2	QL
Impavido (Oral Capsule)	B	5	DL
Mefloquine HCl (Oral Tablet)	G	2	
Nitazoxanide (Oral Tablet)	G	4	DL; QL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	4	B/D,PA; DL; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	4	DL
Primaquine Phosphate (Oral Tablet)	G	4	DL
Pyrimethamine (Oral Tablet)	G	4	DL
Quinine Sulfate (Oral Capsule)	G	4	PA; DL
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	2	
Trihexyphenidyl HCl (Oral Solution)	G	2	
Trihexyphenidyl HCl (Oral Tablet)	G	2	
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	3	
Amantadine HCl (Oral Solution)	G	2	
Amantadine HCl (Oral Tablet)	G	3	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Entacapone (Oral Tablet)	G	4	DL
Dopamine Agonists			
Neupro (Transdermal Patch 24 Hour)	B	4	DL
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	DL
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	2	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	2	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	2	
Inbrija (Inhalation Capsule)	B	5	PA; DL
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	4	DL
Selegiline HCl (Oral Capsule)	G	3	
Selegiline HCl (Oral Tablet)	G	3	
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	4	DL
Chlorpromazine HCl (Oral Tablet)	G	4	DL
Fluphenazine Decanoate (Injection Solution)	G	4	DL
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	4	DL
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	3	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	4	DL
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	
Haloperidol Decanoate (Intramuscular Solution)	G	4	DL
Haloperidol Lactate (Injection Solution)	G	4	DL
Haloperidol Lactate (2MG/ML Oral Concentrate)	G	2	
Haloperidol (Oral Tablet)	G	2	
Loxapine Succinate (Oral Capsule)	G	2	
Molindone HCl (Oral Tablet)	G	4	DL
Pimozide (Oral Tablet)	G	3	
Thioridazine HCl (Oral Tablet)	G	3	
Thiothixene (Oral Capsule)	G	3	
Trifluoperazine HCl (Oral Tablet)	G	3	
2nd Generation/Atypical			
Caplyta (Oral Capsule)	B	4	PA; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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; DL; QL
Fanapt Titration Pack A (Oral Tablet)	B	4	ST; DL; 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	DL
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	5	DL
Nuplazid (Oral Capsule)	B	4	PA; DL; QL
Nuplazid (Oral Tablet)	B	4	PA; DL; QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	4	DL; QL
Rexulti (Oral Tablet)	B	4	DL; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	4	DL; QL
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	DL; QL
Versacloz (Oral Suspension)	B	4	DL
Antispasticity Agents			
Antispasticity Agents			
Baclofen (10MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet)	G	2	
Dantrolene Sodium (Oral Capsule)	G	4	DL
Tizanidine HCl (Oral Tablet)	G	2	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Livtencity (Oral Tablet)	B	5	PA; DL; QL
Prevymis (Oral Packet)	B	5	PA; DL; QL
Prevymis (Oral Tablet)	B	5	PA; DL; QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	5	DL; QL
Valganciclovir HCl (Oral Tablet)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zirgan (Ophthalmic Gel)	B	4	DL
Anti-hepatitis B (HBV) Agents			
Baraclude (Oral Solution)	B	4	DL
Entecavir (Oral Tablet)	G	4	DL
Lamivudine (100MG Oral Tablet)	G	3	
Vemlidy (Oral Tablet)	B	5	DL; QL
Anti-hepatitis C (HCV) Agents			
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 (External Ointment)	G	4	DL; QL
Acyclovir (Oral Capsule)	G	2	
Acyclovir (200MG/5ML Oral Suspension)	G	4	DL
Acyclovir (Oral Tablet)	G	2	
Acyclovir Sodium (Intravenous Solution)	G	4	B/D,PA; DL
Famciclovir (Oral Tablet)	G	3	QL
Valacyclovir HCl (Oral Tablet)	G	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	5	DL; QL
Dovato (Oral Tablet)	B	5	DL; QL
Genvoya (Oral Tablet)	B	5	DL; QL
Isentress HD (Oral Tablet)	B	5	DL; QL
Isentress (Oral Packet)	B	4	DL; QL
Isentress (Oral Tablet)	B	5	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	4	DL; QL
Isentress (25MG Oral Tablet Chewable)	B	3	QL
Juluca (Oral Tablet)	B	5	DL; QL
Stribild (Oral Tablet)	B	5	DL; 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 Tablet)	G	4	DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	4	DL; QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	5	DL; QL
Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet)	G	5	DL; QL
Etravirine (Oral Tablet)	G	5	DL; QL
Intelence (25MG Oral Tablet)	B	4	DL; QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	4	DL; QL
Nevirapine (Oral Suspension)	G	4	DL; QL
Nevirapine (Oral Tablet Immediate Release)	G	3	QL
Pifeltro (Oral Tablet)	B	5	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	4	DL; QL
Abacavir Sulfate (Oral Tablet)	G	4	DL; QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	4	DL; QL
Cimduo (Oral Tablet)	B	5	DL; QL
Descovy (Oral Tablet)	B	5	DL; QL
Emtricitabine (Oral Capsule)	G	4	DL; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	4	DL; QL
Emtriva (Oral Solution)	B	4	DL; 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	DL; QL
Odefsey (Oral Tablet)	B	5	DL; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	4	DL; QL
Triumeq (Oral Tablet)	B	5	DL; QL
Triumeq PD (Oral Tablet Soluble)	B	4	DL; QL
Viread (Oral Powder)	B	5	DL; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	5	DL; QL
Zidovudine (Oral Capsule)	G	3	QL
Zidovudine (Oral Syrup)	G	3	QL
Zidovudine (Oral Tablet)	G	3	QL
Anti-HIV Agents, Other			
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
Sunlenca (Oral Tablet)	B	5	DL; QL
Sunlenca (Oral Tablet Therapy Pack)	B	5	DL; QL
Tybost (Oral Tablet)	B	3	QL
Anti-HIV Agents, Protease Inhibitors			

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	DL; QL
Darunavir (600MG Oral Tablet)	G	4	DL; QL
Darunavir (800MG Oral Tablet)	G	5	DL; QL
Evotaz (Oral Tablet)	B	5	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	5	DL; QL
Kaletra (Oral Solution)	B	4	DL; QL
Lopinavir-Ritonavir (Oral Tablet)	G	4	DL; QL
Norvir (Oral Packet)	B	4	DL; 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	DL; QL
Reyataz (Oral Packet)	B	4	DL; QL
Ritonavir (Oral Tablet)	G	3	QL
Symtuza (Oral Tablet)	B	5	DL; QL
Viracept (250MG Oral Tablet)	B	4	DL; QL
Viracept (625MG 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	DL
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Antiviral, Coronavirus Agents			
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
Anxiolytics			
Anxiolytics, Other			
Buspirone HCl (Oral Tablet)	G	2	
Hydroxyzine HCl (Oral Syrup)	G	4	DL
Hydroxyzine HCl (Oral Tablet)	G	4	DL
Hydroxyzine Pamoate (Oral Capsule)	G	4	DL
Benzodiazepines			

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
Alprazolam (Oral Tablet Immediate Release)	G	2	PA; QL
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	3	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	DL; QL
Clorazepate Dipotassium (Oral Tablet)	G	4	PA; DL; QL
Diazepam Intensol (Oral Concentrate)	G	4	PA; DL; QL
Diazepam (5MG/5ML Oral Solution)	G	4	PA; DL
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	2	PA; QL
Lorazepam (Oral Tablet)	G	2	QL
Bipolar Agents			
Bipolar Agents, Other			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	5	DL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	5	DL
Aripiprazole (Oral Solution)	G	4	DL; QL
Aripiprazole (Oral Tablet)	G	4	DL; QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	4	DL; QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	5	DL
Aristada (Intramuscular Prefilled Syringe)	B	5	DL
Asenapine Maleate (Tablet Sublingual)	G	4	DL; QL
Lurasidone HCl (Oral Tablet)	G	3	QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	4	DL
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	2	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	3	QL
Opipza (Oral Film)	B	5	PA; DL; QL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	2	QL
Risperidone Microspheres ER (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER)	G	4	DL
Risperidone Microspheres ER (50MG Intramuscular Suspension Reconstituted ER)	G	5	DL
Risperidone (Oral Solution)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risperidone (Oral Tablet)	G	2	
Risperidone ODT (Oral Tablet Dispersible)	G	4	DL
Secuado (Transdermal Patch 24 Hour)	B	4	ST; DL; QL
Ziprasidone HCl (Oral Capsule)	G	3	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	4	DL
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	2	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	2	
Divalproex Sodium (Oral Tablet Delayed Release)	G	2	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	2	
Lithium Carbonate (Oral Capsule)	G	2	
Lithium Carbonate (Oral Tablet Immediate Release)	G	2	
Lithium (Oral Solution)	G	3	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	3	QL
Glimepiride (1MG Oral Tablet, 2MG Oral Tablet, 4MG 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	1	QL
Glyxambi (Oral Tablet)	B	3	QL
Janumet (Oral Tablet Immediate Release)	B	3	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Januvia (Oral Tablet)	B	3	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Mounjaro (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Nateglinide (Oral Tablet)	G	2	QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	3	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	4	DL; QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	4	DL; QL
Repaglinide (Oral Tablet)	G	2	QL
Rybelsus (Oral Tablet)	B	3	PA; QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	3	QL
Synjardy (Oral Tablet Immediate Release)	B	3	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Tradjenta (Oral Tablet)	B	3	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Trulicity (Subcutaneous Solution Auto-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	DL
Glucagon (Injection Kit) (Lilly)	G	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			
Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	
Fiasp (Injection Solution)	B	3	
Fiasp PenFill (Subcutaneous Solution Cartridge)	B	3	
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 KwikPen (Subcutaneous Solution Pen-Injector)	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	
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	
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	
Blood Products and Modifiers			
Anticoagulants			
Dabigatran Etexilate Mesylate (Oral Capsule)	G	4	DL; QL
Eliquis (Oral Tablet)	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Eliquis Starter Pack (Oral Tablet)	B	3	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	4	DL; QL
Fondaparinux Sodium (Subcutaneous Solution)	G	4	DL
Heparin Sodium (Porcine) (Injection Solution)	G	3	B/D,PA
Jantoven (Oral Tablet)	G	1	
Rivaroxaban (Oral Tablet)	G	3	QL
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Suspension Reconstituted)	B	3	QL
Xarelto (Oral Tablet)	B	3	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	3	QL
Blood Products and Modifiers, Other			
Anagrelide HCl (Oral Capsule)	G	3	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	5	PA; DL
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	4	PA; DL
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; DL
Eltrombopag Olamine (Oral Packet)	G	5	PA; DL; QL
Eltrombopag Olamine (Oral Tablet)	G	5	PA; DL; QL
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	4	PA; DL
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	5	PA; DL
Udenyca (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Xolremdi (Oral Capsule)	B	5	PA; DL; QL
Zarxio (Injection Solution Prefilled Syringe)	B	5	DL
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	3	
Platelet Modifying Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	4	DL; 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
Prasugrel HCl (Oral Tablet)	G	3	QL
Ticagrelor (Oral Tablet)	G	3	QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (Transdermal Patch Weekly)	G	4	DL
Droxidopa (Oral Capsule)	G	4	PA; DL; QL
Guanfacine HCl (Oral Tablet Immediate Release)	G	2	QL
Midodrine HCl (Oral Tablet)	G	3	
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	2	
Prazosin HCl (Oral Capsule)	G	2	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	3	
Edarbi (Oral Tablet)	B	4	DL; QL
Irbesartan (Oral Tablet)	G	1	
Losartan Potassium (Oral Tablet)	G	1	
Olmesartan Medoxomil (Oral Tablet)	G	2	QL
Telmisartan (Oral Tablet)	G	3	QL
Valsartan (Oral Tablet)	G	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	
Captopril (Oral Tablet)	G	2	QL
Enalapril Maleate (Oral Tablet)	G	2	QL
Fosinopril Sodium (Oral Tablet)	G	1	
Lisinopril (Oral Tablet)	G	1	QL
Moexipril HCl (Oral Tablet)	G	2	
Perindopril Erbumine (Oral Tablet)	G	2	
Quinapril HCl (Oral Tablet)	G	1	
Ramipril (Oral Capsule)	G	1	
Trandolapril (Oral Tablet)	G	2	
Antiarrhythmics			

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
Amiodarone HCl (100MG Oral Tablet, 200MG Oral Tablet)	G	2	
Dofetilide (Oral Capsule)	G	3	QL
Flecainide Acetate (Oral Tablet)	G	2	
Mexiletine HCl (Oral Capsule)	G	3	
Multaq (Oral Tablet)	B	3	QL
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	4	DL
Propafenone HCl (Oral Tablet)	G	2	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	4	DL
Quinidine Sulfate (Oral Tablet)	G	2	
Sotalol HCl (AF) (Oral Tablet)	G	2	
Sotalol HCl (Oral Tablet)	G	2	
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	2	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	3	
Bisoprolol Fumarate (10MG Oral Tablet, 5MG Oral Tablet)	G	2	
Carvedilol (Oral Tablet)	G	1	
Labetalol HCl (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet)	G	2	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	4	DL
Nebivolol HCl (Oral Tablet)	G	3	QL
Pindolol (Oral Tablet)	G	3	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	2	
Propranolol HCl (Oral Solution)	G	2	
Propranolol HCl (Oral Tablet)	G	2	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	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	DL
Calcium Channel Blocking Agents, Nondihydropyridines			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 ER (Oral Capsule Extended Release 12 Hour)	G	2	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	
Diltiazem HCl (Oral Tablet Immediate Release)	G	2	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	2	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	2	
Tiadylt ER (Oral Capsule Extended Release 24 Hour)	G	2	
Verapamil HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Verapamil HCl ER (Oral Tablet Extended Release)	G	2	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	4	DL
Acetazolamide (Oral Tablet)	G	3	
Aliskiren Fumarate (Oral Tablet)	G	4	DL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	2	
Amlodipine-Atorvastatin (Oral Tablet)	G	4	DL
Amlodipine-Benazepril (Oral Capsule)	G	1	
Amlodipine-Olmesartan (Oral Tablet)	G	3	QL
Amlodipine-Valsartan (Oral Tablet)	G	3	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	3	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	3	
Digoxin (Oral Solution)	G	4	DL
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	2	
Digoxin (62.5MCG Oral Tablet)	G	4	DL
Edarbyclor (Oral Tablet)	B	4	DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Capsule Sprinkle)	B	3	QL
Entresto (Oral Tablet)	B	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	2	
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	3	QL
Ivabradine HCl (Oral Tablet)	G	4	PA; DL; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	3	
Metyrosine (Oral Capsule)	G	5	DL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	2	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	2	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	2	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	2	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
Spironolactone-HCTZ (Oral Tablet)	G	2	
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	DL
Bumetanide (Oral Tablet)	G	2	
Ethacrynic Acid (Oral Tablet)	G	4	DL; QL
Furosemide (Injection Solution)	G	4	DL
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Torsemide (Oral Tablet)	G	2	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	2	
Triamterene (Oral Capsule)	G	4	DL
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	3	
Dyslipidemics, Fibric Acid Derivatives			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	2	
Fenofibrate (50MG Oral Capsule)	G	2	
Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	G	2	
Fenofibric Acid (Oral Capsule Delayed Release)	G	3	
Gemfibrozil (Oral Tablet)	G	2	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvastatin Calcium (Oral Tablet)	G	1	
Livalo (Oral Tablet)	B	3	QL
Lovastatin (Oral Tablet)	G	1	
Pravastatin Sodium (Oral Tablet)	G	1	
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	3	
Cholestyramine (Oral Packet)	G	3	
Colesevelam HCl (Oral Packet)	G	3	
Colesevelam HCl (Oral Tablet)	G	3	
Colestipol HCl (Oral Packet)	G	4	DL
Colestipol HCl (Oral Tablet)	G	3	
Ezetimibe (Oral Tablet)	G	2	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	3	
Nexletol (Oral Tablet)	B	3	PA; QL
Nexlizet (Oral Tablet)	B	3	PA; QL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	4	DL
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	3	
Niacor (Oral Tablet)	G	4	DL
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	4	DL; QL
Prevalite (Oral Packet)	G	3	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	3	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Vascepa (Oral Capsule)	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mineralocorticoid Receptor Antagonists			
Eplerenone (Oral Tablet)	G	3	
Kerendia (10MG Oral Tablet, 20MG Oral Tablet)	B	4	PA; DL; QL
Spironolactone (Oral Tablet)	G	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)			
Dapagliflozin Propanediol (Oral Tablet)	B	3	QL
Farxiga (Oral Tablet)	B	3	QL
Jardiance (Oral Tablet)	B	3	QL
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	2	
Vasodilators, Direct-acting Arterial/Venous			
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	2	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	2	
Nitro-Bid (Transdermal Ointment)	B	4	DL
Nitroglycerin (Rectal Ointment)	G	4	DL; QL
Nitroglycerin (Tablet Sublingual)	G	2	
Nitroglycerin (Transdermal Patch 24 Hour)	G	2	
Nitroglycerin (Translingual Solution)	G	4	DL
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	DL; QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	3	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	4	DL; QL
Dextroamphetamine Sulfate (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	4	DL; QL
Lisdexamfetamine Dimesylate (Oral Capsule)	G	4	DL
Lisdexamfetamine Dimesylate (Oral Tablet Chewable)	G	4	DL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Atomoxetine HCl (Oral Capsule)	G	4	DL; QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	3	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	4	DL
Dexmethylphenidate HCl (Oral Tablet)	G	3	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	4	DL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	4	DL; QL
Methylphenidate HCl (Oral Solution)	G	4	DL; QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	3	QL
Central Nervous System, Other			
Austedo (Oral Tablet Immediate Release)	B	5	PA; DL; QL
Cobenfy (Oral Capsule)	B	5	PA; DL; QL
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	5	PA; DL; QL
Ingrezza (Oral Capsule)	B	5	PA; DL; QL
Ingrezza (Oral Capsule Sprinkle)	B	5	PA; DL; QL
Ingrezza (Oral Capsule Therapy Pack)	B	5	PA; DL; QL
Nuedexta (Oral Capsule)	B	4	PA; DL; QL
Riluzole (Oral Tablet)	G	3	
Skyclarys (Oral Capsule)	B	5	PA; DL; QL
Tetrabenazine (Oral Tablet)	G	4	PA; DL; QL
Veozah (Oral Tablet)	B	4	PA; DL; QL
Fibromyalgia Agents			
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	4	ST; DL; QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	2	QL
Pregabalin (Oral Capsule)	G	3	QL
Pregabalin (Oral Solution)	G	3	QL
Savella (Oral Tablet)	B	3	
Savella Titration Pack (Oral Tablet)	B	3	
Multiple Sclerosis Agents			
Bafiertam (Oral Capsule Delayed Release)	B	5	ST; DL; QL
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	DL; QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	4	DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fingolimod HCl (Oral Capsule)	G	4	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	4	DL; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	4	DL; QL
Teriflunomide (Oral Tablet)	G	4	DL; QL
Dental and Oral Agents			
Dental and Oral Agents			
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Periogard (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	4	DL
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; DL
Acitretin (Oral Capsule)	G	4	DL
Adapalene (0.3% External Gel)	G	3	
Amnesteem (Oral Capsule)	G	4	PA; DL
Azelaic Acid (External Gel)	G	4	DL; QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	3	
Claravis (Oral Capsule)	G	4	PA; DL
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	4	DL
Isotretinoin (Oral Capsule)	G	4	PA; DL
Neuac (External Gel)	G	4	DL
Tazarotene (0.1% External Cream)	G	4	PA; DL; QL
Tretinoin (External Cream)	G	4	PA; DL
Tretinoin (0.01% External Gel, 0.025% External Gel)	G	4	PA; DL
Tretinoin Microsphere (0.1% External Gel)	G	4	PA; DL
Zenatane (Oral Capsule)	G	4	PA; DL
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	2	
Alclometasone Dipropionate (External Cream)	G	3	
Alclometasone Dipropionate (External Ointment)	G	3	
Ammonium Lactate (External Cream)	G	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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	DL
Clobetasol Propionate (0.05% External Cream)	G	4	DL
Clobetasol Propionate (External Gel)	G	4	DL
Clobetasol Propionate (External Ointment)	G	4	DL
Clobetasol Propionate (External Shampoo)	G	4	DL
Clobetasol Propionate (External Solution)	G	3	
Clodan (External Shampoo)	G	4	DL
Desonide (External Ointment)	G	4	DL; QL
Desoximetasone (0.25% External Cream)	G	4	DL; 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	DL
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	DL
Halobetasol Propionate (External Ointment)	G	4	DL
Hydrocortisone Butyrate (External Ointment)	G	3	
Hydrocortisone (1% External Cream)	G	2	
Hydrocortisone (2.5% External Lotion)	G	3	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	2	
Hydrocortisone Valerate (External Cream)	G	4	DL
Hydrocortisone Valerate (External Ointment)	G	4	DL
Mometasone Furoate (External Cream)	G	2	
Mometasone Furoate (External Ointment)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mometasone Furoate (External Solution)	G	2	
Pimecrolimus (External Cream)	G	4	ST; DL; QL
Selenium Sulfide (External Lotion)	G	2	
Tacrolimus (External Ointment)	G	4	ST; DL
Triamcinolone Acetonide (External Cream)	G	2	
Triamcinolone Acetonide (External Lotion)	G	2	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	2	
Triderm (External Cream)	G	2	
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	4	DL; QL
Calcipotriene (External Ointment)	G	4	DL; QL
Calcipotriene (External Solution)	G	3	
Clotrimazole-Betamethasone (External Cream)	G	3	QL
Clotrimazole-Betamethasone (External Lotion)	G	4	DL
Diclofenac Sodium (3% External Gel)	G	4	PA; DL; QL
Fluorouracil (5% External Cream)	G	4	DL; QL
Fluorouracil (External Solution)	G	3	
Imiquimod (5% External Cream)	G	4	DL; QL
Methoxsalen Rapid (Oral Capsule)	G	5	DL
Nystatin-Triamcinolone (External Cream)	G	3	
Nystatin-Triamcinolone (External Ointment)	G	3	
Podofilox (External Solution)	G	3	
Regranex (External Gel)	B	5	PA; DL
Santyl (External Ointment)	B	4	DL; QL
Silver Sulfadiazine (External Cream)	G	3	
SSD (External Cream)	B	3	
Zoryve (External Cream)	B	4	PA; DL
Zoryve (External Foam)	B	4	PA; DL
Pediculicides/Scabicides			
Malathion (External Lotion)	G	4	DL
Permethrin (External Cream)	G	3	
Topical Anti-infectives			
Ciclopirox (External Gel)	G	3	
Ciclopirox (External Shampoo)	G	3	
Ciclopirox (External Solution)	G	3	
Ciclopirox Olamine (External Cream)	G	3	
Ciclopirox Olamine (External Suspension)	G	3	
Clindacin ETZ (External Swab)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clindamycin Phosphate (Once-Daily) (External Gel)	G	3	QL
Clindamycin Phosphate (Twice-Daily) (External Gel)	G	3	QL
Clindamycin Phosphate (External Lotion)	G	3	QL
Clindamycin Phosphate (External Solution)	G	3	QL
Clindamycin Phosphate (External Swab)	G	3	QL
Clotrimazole (External Cream)	G	2	
Clotrimazole (External Solution)	G	2	
Econazole Nitrate (External Cream)	G	4	DL; QL
Ery (External Pad)	G	3	
Erythromycin (External Gel)	G	4	DL
Erythromycin (External Solution)	G	2	
Gentamicin Sulfate (External Cream)	G	3	
Gentamicin Sulfate (External Ointment)	G	3	
Jublia (External Solution)	B	4	DL
Ketoconazole (External Cream)	G	2	QL
Ketoconazole (External Foam)	G	4	DL; QL
Ketoconazole (External Shampoo)	G	2	
Ketodan (External Foam)	G	4	DL; QL
Mupirocin Calcium (External Cream)	G	4	DL
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
Oxiconazole Nitrate (External Cream)	G	4	DL; QL
Oxistat (External Lotion)	B	4	DL; QL
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carglumic Acid (Oral Tablet Soluble)	G	5	DL
Dextrose (10% Intravenous Solution, 5% Intravenous Solution)	G	4	DL
Dextrose-Sodium Chloride (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, 5-0.9% Intravenous Solution)	G	4	DL
Intralipid (Intravenous Emulsion)	B	4	B/D,PA; DL
Isolyte-P in D5W (Intravenous Solution)	B	4	DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Isolyte-S pH 7.4 (Intravenous Solution)	B	4	DL
KCl in Dextrose-NaCl (Intravenous Solution)	G	4	DL
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	4	DL
Klor-Con 10 (Oral Tablet Extended Release)	B	2	
Klor-Con M10 (Oral Tablet Extended Release)	G	2	
Klor-Con M15 (Oral Tablet Extended Release)	G	2	
Klor-Con M20 (Oral Tablet Extended Release)	G	2	
Klor-Con (Oral Packet)	G	3	
Klor-Con 8 (Oral Tablet Extended Release)	B	2	
L-Glutamine (Oral Packet)	G	5	PA; DL
Magnesium Sulfate (Injection Solution)	G	4	DL
Multiple Electrolytes Type 1 pH 7.4 (Intravenous Solution)	G	4	DL
Nutrilipid (Intravenous Emulsion)	B	4	B/D,PA; DL
Plenamine (Intravenous Solution)	B	4	B/D,PA; DL
Potassium Chloride Microencapsulated ER (Oral Tablet Extended Release)	G	2	
Potassium Chloride ER (Oral Capsule Extended Release)	G	2	
Potassium Chloride ER (Oral Tablet Extended Release)	G	2	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	4	DL
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution)	G	4	B/D,PA; DL
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	DL
Potassium Chloride (Oral Packet)	G	3	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	3	
Potassium Citrate ER (Oral Tablet Extended Release)	G	3	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	4	B/D,PA; DL
Premasol (Intravenous Solution)	B	4	B/D,PA; DL
Prosol (Intravenous Solution)	B	4	B/D,PA; DL
Sodium Chloride (0.45% Intravenous Solution, 0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	4	DL
Sodium Chloride (Irrigation Solution)	G	3	
Sodium Fluoride (Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
TPN Electrolytes (Intravenous Concentrate)	B	4	DL
Travasol (Intravenous Solution)	B	4	B/D,PA; DL
TrophAmine (Intravenous Solution)	B	4	B/D,PA; DL
Electrolyte/Mineral/Metal Modifiers			
Deferasirox (Oral Tablet) (Generic Jadenu)	G	3	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	4	PA; DL
Jynarque (Oral Tablet)	B	5	PA; DL; QL
Tolvaptan (30MG Oral Tablet) (Generic Samsca)	G	4	PA; DL; QL
Trientine HCl (Oral Capsule)	G	4	PA; DL; QL
Potassium Binders			
Lokelma (Oral Packet)	B	4	DL; QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	3	
SPS (Sodium Polystyrene Sulfate) (Combination Suspension)	B	4	DL
Veltassa (Oral Packet)	B	4	DL; QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	3	
Gastrointestinal Agents			
Anti-Constipation Agents			
Constulose (Oral Solution)	G	2	
Enulose (Oral Solution)	G	2	
Generlac (Oral Solution)	G	2	
Lactulose (10GM/15ML Oral Solution)	G	2	
Linzess (Oral Capsule)	B	3	QL
Lubiprostone (Oral Capsule)	G	3	QL
Movantik (Oral Tablet)	B	3	QL
Trulance (Oral Tablet)	B	3	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	4	PA; DL
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	4	DL
Dicyclomine HCl (10MG/5ML Oral Solution)	G	4	DL
Dicyclomine HCl (20MG Oral Tablet)	G	4	DL
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	2	PA
Gastrointestinal Agents, Other			

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
Bylvay (Pellets) (Oral Capsule Sprinkle)	B	5	PA; DL
Bylvay (Oral Capsule)	B	5	PA; DL
Chenodal (Oral Tablet)	B	4	PA; DL
Clenpiq (Oral Solution)	B	3	
Ctexli (Oral Tablet)	B	4	PA; DL
GaviLyte-C (Oral Solution Reconstituted)	G	2	
GaviLyte-G (Oral Solution Reconstituted)	G	2	
GaviLyte-N with Flavor Pack (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	
Suflave (Oral Solution Reconstituted)	B	4	DL
Sutab (Oral Tablet)	B	3	
Ursodiol (300MG Oral Capsule)	G	3	
Ursodiol (Oral Tablet)	G	4	DL
Voquezna Dual Pak (Oral Therapy Pack)	B	4	PA; DL
Voquezna Triple Pak (Oral Therapy Pack)	B	4	PA; DL
Vowst (Oral Capsule)	B	5	PA; DL
Histamine2 (H2) Receptor Antagonists			
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	3	
Protectants			
Misoprostol (Oral Tablet)	G	3	
Sucralfate (Oral Suspension)	G	4	DL
Sucralfate (Oral Tablet)	G	2	
Proton Pump Inhibitors			
Dexlansoprazole (Oral Capsule Delayed Release)	G	4	DL; QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	3	QL
Lansoprazole (Oral Capsule Delayed Release)	G	2	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
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	3	
Voquezna (Oral Tablet)	B	4	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	3	
Cystagon (Oral Capsule)	B	4	DL
Levocarnitine (Oral Solution)	G	3	
Levocarnitine (Oral Tablet)	G	3	
Miglustat (Oral Capsule)	G	5	PA; DL
Nitisinone (Oral Capsule)	G	5	DL
Prolastin-C (Intravenous Solution)	B	5	PA; DL
Pyrukynd (Oral Tablet)	B	5	PA; DL; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Revcovi (Intramuscular Solution)	B	5	PA; DL
Sapropterin Dihydrochloride (Oral Packet)	G	5	DL
Sapropterin Dihydrochloride (Oral Tablet)	G	5	DL
Sodium Phenylbutyrate (Oral Powder)	G	5	DL
Sodium Phenylbutyrate (Oral Tablet)	G	5	DL
Sucraid (Oral Solution)	B	4	DL
Vyndamax (Oral Capsule)	B	5	PA; DL; QL
Vyndaqel (Oral Capsule)	B	5	PA; DL; QL
Welireg (Oral Tablet)	B	5	PA; DL; QL
Yargesa (Oral Capsule)	G	5	PA; DL
Zenpep (Oral Capsule Delayed Release Particles)	B	3	
Genitourinary Agents			
Antispasmodics, Urinary			
Gemtesa (Oral Tablet)	B	4	DL
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	2	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	2	
Solifenacin Succinate (Oral Tablet)	G	3	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	4	DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tolterodine Tartrate (Oral Tablet)	G	4	DL
Trospium Chloride (Oral Tablet)	G	3	
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	
Silodosin (Oral Capsule)	G	3	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	3	PA; QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	2	
Penicillamine (Oral Tablet)	G	5	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Dexamethasone (Oral Solution)	G	2	
Dexamethasone (Oral Tablet)	G	2	
Fludrocortisone Acetate (Oral Tablet)	G	2	
Hydrocortisone (Oral Tablet)	G	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, 5MG/5ML Oral Solution)	G	2	
Prednisone Intensol (Oral Concentrate)	G	2	
Prednisone (5MG/5ML Oral Solution)	G	2	
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	DL
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)	B	4	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe)	B	5	PA; DL
Genotropin (Subcutaneous Cartridge)	B	5	PA; DL
Increlex (Subcutaneous Solution)	B	5	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
Danazol (Oral Capsule)	G	4	DL
Testosterone Cypionate (Intramuscular Solution)	G	2	
Testosterone Enanthate (Intramuscular Solution)	G	4	DL
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	DL
Estrogens			
Abigale Lo (Oral Tablet)	G	3	
Altavera (Oral Tablet)	G	3	
Alyacen 1/35 (Oral Tablet)	G	3	
Apri (Oral Tablet)	G	3	
Aranelle (Oral Tablet)	G	3	
Ashlyna (Oral Tablet)	G	3	
Aubra EQ (Oral Tablet)	G	3	
Aviane (Oral Tablet)	G	3	
Azurette (Oral Tablet)	G	3	
Balziva (Oral Tablet)	G	3	
Blisovi 24 Fe (Oral Tablet)	G	3	
Blisovi Fe 1.5/30 (Oral Tablet)	G	3	
Briellyn (Oral Tablet)	G	3	
Camrese Lo (Oral Tablet)	G	3	
Climara Pro (Transdermal Patch Weekly)	B	4	DL
Cryselle-28 (Oral Tablet)	G	3	
Cyred EQ (Oral Tablet)	G	3	
Depo-Estradiol (Intramuscular Oil)	B	4	DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dolishale (Oral Tablet)	G	3	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	3	
Duavee (Oral Tablet)	B	4	DL
EluRyng (Vaginal Ring)	G	3	
EnilloRing (Vaginal Ring)	G	3	
Enskyce (Oral Tablet)	G	3	
Estarylla (Oral Tablet)	G	3	
Estradiol (Oral Tablet)	G	2	
Estradiol (0.75MG/1.25GM(0.06%) Transdermal Gel)	G	4	DL
Estradiol (Transdermal Patch Twice Weekly)	G	2	QL
Estradiol (Transdermal Patch Weekly)	G	2	QL
Estradiol (Vaginal Cream)	G	3	
Estradiol (Vaginal Tablet)	G	3	QL
Estradiol Valerate (Intramuscular Oil)	G	4	DL
Estradiol-Norethindrone Acetate (Oral Tablet)	G	3	
Estring (Vaginal Ring)	B	4	DL
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	3	
Falmina (Oral Tablet)	G	3	
Feirza 1.5/30 (Oral Tablet)	G	3	
Feirza 1/20 (Oral Tablet)	G	3	
Finzala (Oral Tablet Chewable)	G	3	
Fyavolv (Oral Tablet)	G	3	
Galbriela (Oral Tablet Chewable)	G	3	
Hailey 24 Fe (Oral Tablet)	G	3	
Haloette (Vaginal Ring)	G	3	
Iclevia (Oral Tablet)	G	3	
Introvale (Oral Tablet)	G	3	
Isibloom (Oral Tablet)	G	3	
Jaimiess (Oral Tablet)	G	3	
Jasmiel (Oral Tablet)	G	3	
Jinteli (Oral Tablet)	G	3	
Juleber (Oral Tablet)	G	3	
Junel 1.5/30 (Oral Tablet)	G	3	
Junel 1/20 (Oral Tablet)	G	3	
Junel Fe 1.5/30 (Oral Tablet)	G	3	
Junel Fe 1/20 (Oral Tablet)	G	3	
Junel Fe 24 (Oral Tablet)	G	3	
Kaitlib Fe (Oral Tablet Chewable)	G	3	
Kariva (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Kelnor 1/35 (Oral Tablet)	G	3	
Kelnor 1/50 (Oral Tablet)	G	3	
Kurvelo (Oral Tablet)	G	3	
LARIN 1.5/30 (Oral Tablet)	G	3	
LARIN 1/20 (Oral Tablet)	G	3	
LARIN Fe 1.5/30 (Oral Tablet)	G	3	
LARIN Fe 1/20 (Oral Tablet)	G	3	
Lessina (Oral Tablet)	G	3	
Levonest (Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol 91-Day (0.1-0.02 & 0.01MG Oral Tablet, 0.15-0.03MG Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol Triphasic (Oral Tablet)	G	3	
Levora 0.15/30 (28) (Oral Tablet)	B	3	
LoJaimiess (Oral Tablet)	G	3	
Loryna (Oral Tablet)	G	3	
Low-Ogestrel (Oral Tablet)	G	3	
Lutera (Oral Tablet)	G	3	
Marlissa (Oral Tablet)	G	3	
Mibelas 24 Fe (Oral Tablet Chewable)	G	3	
Microgestin 1.5/30 (Oral Tablet)	G	3	
Microgestin 1/20 (Oral Tablet)	G	3	
Microgestin Fe 1.5/30 (Oral Tablet)	G	3	
Microgestin Fe 1/20 (Oral Tablet)	G	3	
Mili (Oral Tablet)	G	3	
Mimvey (Oral Tablet)	G	3	
Necon 0.5/35 (28) (Oral Tablet)	G	3	
Nikki (Oral Tablet)	G	3	
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	3	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable)	G	3	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	3	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	3	
Norgestimate-Ethinyl Estradiol (0.25-35MG-MCG Oral Tablet)	G	3	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nortrel 0.5/35 (28) (Oral Tablet)	G	3	
Nortrel 1/35 (21) (Oral Tablet)	G	3	
Nortrel 1/35 (28) (Oral Tablet)	G	3	
Nortrel 7/7/7 (Oral Tablet)	G	3	
Nylia 1/35 (Oral Tablet)	G	3	
Nylia 7/7/7 (Oral Tablet)	G	3	
Ocella (Oral Tablet)	G	3	
Pimtrea (Oral Tablet)	G	3	
Portia-28 (Oral Tablet)	G	3	
Premarin (Oral Tablet)	B	4	DL; QL
Premarin (Vaginal Cream)	B	3	
Premphase (Oral Tablet)	B	4	DL; QL
Prempro (Oral Tablet)	B	4	DL; QL
Reclipsen (Oral Tablet)	G	3	
Rivelsa (Oral Tablet)	G	3	
Rosyrah (Oral Tablet)	G	3	
Setlakin (Oral Tablet)	G	3	
Sprintec 28 (Oral Tablet)	G	3	
Sronyx (Oral Tablet)	G	3	
Syeda (Oral Tablet)	G	3	
Tarina 24 Fe (Oral Tablet)	G	3	
Tarina Fe 1/20 EQ (Oral Tablet)	G	3	
Tilia Fe (Oral Tablet)	G	3	
Tri-Estarylla (Oral Tablet)	G	3	
Tri-Legest Fe (Oral Tablet)	G	3	
Tri-Lo-Estarylla (Oral Tablet)	G	3	
Tri-Lo-Sprintec (Oral Tablet)	G	3	
Tri-Mili (Oral Tablet)	G	3	
Tri-Sprintec (Oral Tablet)	G	3	
Tri-VyLibra Lo (Oral Tablet)	G	3	
Tri-VyLibra (Oral Tablet)	G	3	
Turqoz (Oral Tablet)	G	3	
Valtya 1/50 (Oral Tablet)	G	3	
Velivet (Oral Tablet)	G	3	
Vestura (Oral Tablet)	G	3	
Vienva (Oral Tablet)	G	3	
Vyfemla (Oral Tablet)	G	3	
VyLibra (Oral Tablet)	G	3	
Wymzya Fe (Oral Tablet Chewable)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xarah Fe (Oral Tablet)	G	3	
Xelria Fe (Oral Tablet Chewable)	G	3	
Xulane (Transdermal Patch Weekly)	G	3	
Yuvafem (Vaginal Tablet)	G	3	QL
Zafemy (Transdermal Patch Weekly)	G	3	
Zovia 1/35 (28) (Oral Tablet)	G	3	
Progestins			
Camila (Oral Tablet)	G	3	
Crinone (8% Vaginal Gel)	B	4	PA; DL
Deblitane (Oral Tablet)	G	3	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	3	
Errin (Oral Tablet)	G	3	
Gallifrey (Oral Tablet)	G	2	
Heather (Oral Tablet)	G	3	
Incassia (Oral Tablet)	G	3	
Liletta (52MG) (Intrauterine Device)	B	3	
Lyleq (Oral Tablet)	G	3	
Lyza (Oral Tablet)	G	3	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	3	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	3	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension)	G	3	
Megestrol Acetate (625MG/5ML Oral Suspension)	G	4	DL
Megestrol Acetate (Oral Tablet)	G	3	
Meleya (Oral Tablet)	G	3	
Nexplanon (Subcutaneous Implant)	B	3	
Nora-BE (Oral Tablet)	G	3	
Norethindrone Acetate (5MG Oral Tablet)	G	2	
Norethindrone (0.35MG Oral Tablet)	G	3	
Progesterone (Oral Capsule)	G	2	
Sharobel (Oral Tablet)	G	3	
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)			

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 (Thyroid)			
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	B	3	
Liothyronine Sodium (Oral Tablet)	G	2	
Synthroid (Oral Tablet)	B	3	
Unithroid (Oral Tablet)	B	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Bromocriptine Mesylate (Oral Capsule)	G	4	DL
Bromocriptine Mesylate (Oral Tablet)	G	4	DL
Cabergoline (Oral Tablet)	G	3	
Eligard (Subcutaneous Kit)	B	4	PA; DL; QL
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	4	PA; DL; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	4	PA; DL; QL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	4	PA; DL; 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
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
Mifepristone (300MG Oral Tablet)	G	5	PA; DL; QL
Octreotide Acetate (Injection Solution)	G	4	PA; DL
Signifor (Subcutaneous Solution)	B	5	PA; DL
Somavert (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	2	
Immunological Agents			
Angioedema Agents			
Haegarda (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	5	PA; DL; QL
Immunoglobulins			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gamunex-C (1GM/10ML Injection Solution)	B	5	PA; DL
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML 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 Auto-Injector)	B	5	PA; DL; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Ebglyss (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Ebglyss (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Otezla (Oral Tablet)	B	5	PA; DL; QL
Otezla (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Rinvoq LQ (Oral Solution)	B	5	PA; DL; QL
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
Sotyktu (Oral Tablet)	B	5	PA; DL; QL
Stelara (Subcutaneous Solution)	B	5	PA; DL; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Tremfya Crohns Induction (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Tremfya Pen (100MG/ML Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Tyenne (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Tyenne (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Ustekinumab (Subcutaneous Solution) (Brand Equivalent Stelara)	B	5	PA; DL; QL
Ustekinumab (Subcutaneous Solution Prefilled Syringe) (Brand Equivalent Stelara)	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
Yesintek (Subcutaneous Solution)	B	3	PA; QL
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
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			
Adalimumab-aaty (1 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Adalimumab-aaty (2 Pen) (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Adalimumab-aaty (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL
Adalimumab-aaty (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	5	PA; DL; QL
Adalimumab-adbm (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	B	5	PA; DL; QL
Adalimumab-adbm (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Adalimumab-adbm (Psoriasis/Uveitis Starter) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	5	PA; DL
Astagraf XL (Oral Capsule Extended Release 24 Hour)	B	4	B/D,PA; DL
Azathioprine (50MG Oral Tablet)	G	2	B/D,PA
Cyclosporine Modified (Oral Capsule)	G	4	B/D,PA; DL
Cyclosporine Modified (Oral Solution)	G	4	B/D,PA; DL
Cyclosporine (Oral Capsule)	G	4	B/D,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
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet)	G	4	B/D,PA; DL
Everolimus (0.75MG Oral Tablet, 1MG Oral Tablet)	G	5	B/D,PA; DL
Gengraf (Oral Capsule)	G	4	B/D,PA; DL
Leflunomide (Oral Tablet)	G	3	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	2	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	2	
Methotrexate Sodium (Oral Tablet)	G	2	
Mycophenolate Mofetil (Oral Capsule)	G	3	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	4	B/D,PA; DL
Mycophenolate Mofetil (Oral Tablet)	G	3	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	4	B/D,PA; DL
Prograf (Oral Packet)	B	4	B/D,PA; DL
Sirolimus (Oral Solution)	G	4	B/D,PA; DL
Sirolimus (Oral Tablet)	G	4	B/D,PA; DL
Tacrolimus (Oral Capsule)	G	3	B/D,PA
Xatmep (Oral Solution)	B	4	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	PA; QL
Boostrix (5-2.5-18.5LF-MCG/0.5 Intramuscular Suspension)	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Daptacel (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
Havrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Heplisav-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
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
MenQuadfi (Intramuscular Solution)	B	3	PA; QL
Menveo (Intramuscular Solution Reconstituted)	B	3	PA; QL
M-M-R II (Injection Solution Reconstituted)	B	3	QL
MResvia (Intramuscular Suspension Prefilled Syringe)	B	3	PA; QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Pedvax HIB (Intramuscular Suspension)	B	3	QL
Penbraya (Intramuscular Suspension Reconstituted)	B	3	PA; QL
Pentacel (Intramuscular Suspension Reconstituted)	B	3	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
RotaTeq (Oral Solution)	B	3	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	3	PA; QL
Tenivac (Intramuscular Injectable)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	3	PA; 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 (Injection Suspension Reconstituted)	B	3	QL
Vaxchora (Oral Suspension Reconstituted)	B	3	PA; QL
Vimkunya (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Vivotif (Oral Capsule Delayed Release)	B	3	QL
YF-VAX (Subcutaneous Injectable)	B	3	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Balsalazide Disodium (Oral Capsule)	G	4	DL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	3	QL
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	4	DL; QL
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	3	QL
Mesalamine (Rectal Enema)	G	4	DL; QL
Mesalamine (Rectal Suppository)	G	4	DL; QL
Pentasa (Oral Capsule Extended Release)	B	4	DL; QL
Sulfasalazine (Oral Tablet Immediate Release)	G	2	
Sulfasalazine (Oral Tablet Delayed Release)	G	2	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	5	ST; DL
Budesonide (Oral Capsule Delayed Release Particles)	G	4	DL
Hydrocortisone (Perianal) (2.5% External Cream)	G	2	
Hydrocortisone (Rectal Enema)	G	3	
Procto-Med HC (External Cream)	G	2	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL
Bonsity (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Calcitonin Salmon (Nasal Solution)	G	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Calcitriol (Oral Capsule)	G	2	B/D,PA
Calcitriol (Oral Solution)	G	2	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	4	B/D,PA; DL; QL
Doxercalciferol (Oral Capsule)	G	4	B/D,PA; DL
Ibandronate Sodium (Oral Tablet)	G	3	QL
Jubbonti (Subcutaneous Solution Prefilled Syringe)	B	4	DL; QL
Paricalcitol (Oral Capsule)	G	4	B/D,PA; DL
Rayaldee (Oral Capsule Extended Release)	B	5	DL; QL
Teriparatide (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Wyost (Subcutaneous Solution)	B	5	DL
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	3	
Gauze (Non-medicated 2X2 Pad)	B	3	
Insulin Syringes, Needles	B	3	
Rezdiffra (Oral Tablet)	B	5	PA; DL; QL
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	3	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	3	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	3	
Combigan (Ophthalmic Solution)	B	3	
Cystaran (Ophthalmic Solution)	B	5	DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	2	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	4	DL
Miebo (Ophthalmic Solution)	B	4	DL; QL
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	DL
Restasis MultiDose (Ophthalmic Emulsion)	B	3	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	3	QL
Rocklatan (Ophthalmic Solution)	B	3	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	2	
TobraDex (Ophthalmic Ointment)	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tyrvaya (Nasal Solution)	B	4	DL; QL
Xiidra (Ophthalmic Solution)	B	4	DL; QL
Ophthalmic Anti-allergy Agents			
Azelastine HCl (Ophthalmic Solution)	G	3	
Bepotastine Besilate (Ophthalmic Solution)	G	4	DL
Bepreve (Ophthalmic Solution)	B	4	DL
Cromolyn Sodium (Ophthalmic Solution)	G	2	
Epinastine HCl (Ophthalmic Solution)	G	3	
Ophthalmic Anti-Infectives			
Bacitracin (Ophthalmic Ointment)	G	2	QL
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	2	
Besivance (Ophthalmic Suspension)	B	4	DL
Ciprofloxacin HCl (Ophthalmic Solution)	G	2	
Erythromycin (Ophthalmic Ointment)	G	2	
Gatifloxacin (Ophthalmic Solution)	G	3	
Gentamicin Sulfate (Ophthalmic Solution)	G	2	
Levofloxacin (0.5% Ophthalmic Solution)	G	3	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	4	DL
Natacyn (Ophthalmic Suspension)	B	4	DL
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	3	
Ofloxacin (Ophthalmic Solution)	G	2	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	2	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	2	
Sulfacetamide Sodium (Ophthalmic Solution)	G	2	
Tobramycin (Ophthalmic Solution)	G	2	
Trifluridine (Ophthalmic Solution)	G	3	
Xdemvy (Ophthalmic Solution)	B	4	DL; QL
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	2	
Diclofenac Sodium (Ophthalmic Solution)	G	2	
Flarex (Ophthalmic Suspension)	B	4	DL
Fluorometholone (Ophthalmic Suspension)	G	3	
Flurbiprofen Sodium (Ophthalmic Solution)	G	2	
Ilevro (Ophthalmic Suspension)	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ketorolac Tromethamine (Ophthalmic Solution)	G	2	
Lotemax (Ophthalmic Gel)	B	4	DL
Lotemax (Ophthalmic Ointment)	B	4	DL
Lotemax (Ophthalmic Suspension)	B	4	DL
Lotemax SM (Ophthalmic Gel)	B	4	DL
Loteprednol Etabonate (Ophthalmic Gel)	G	4	DL
Loteprednol Etabonate (0.5% Ophthalmic Suspension)	G	4	DL
Pred Mild (Ophthalmic Suspension)	B	4	DL
Prednisolone Acetate (Ophthalmic Suspension)	G	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	2	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	3	
Betimol (Ophthalmic Solution)	B	4	DL
Carteolol HCl (Ophthalmic Solution)	G	2	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	3	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (0.1% Ophthalmic Solution)	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	3	
Brimonidine Tartrate (0.1% Ophthalmic Solution)	G	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	DL
Pilocarpine HCl (Ophthalmic Solution)	G	3	
Rhopressa (Ophthalmic Solution)	B	3	ST
Simbrinza (Ophthalmic Suspension)	B	3	
Ophthalmic Prostaglandin and Prostamide Analogs			
Bimatoprost (Ophthalmic Solution)	G	3	
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	3	
Vyzulta (Ophthalmic Solution)	B	4	DL
Otic Agents			
Otic Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Acetic Acid (Otic Solution)	G	2	
Cipro HC (Otic Suspension)	B	4	DL
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	4	DL
Flac (0.01% Otic Oil)	G	4	DL
Fluocinolone Acetonide (Otic Oil)	G	4	DL
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	
Desloratadine (Oral Tablet)	G	3	
Levocetirizine Dihydrochloride (Oral Tablet)	G	2	QL
Ryaltris (Nasal Suspension)	B	3	
Anti-inflammatories, Inhaled Corticosteroids			
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Budesonide (Inhalation Suspension)	G	4	B/D,PA; DL
Flunisolide (Nasal Solution)	G	3	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	4	DL
Qvar RediHaler (Inhalation Aerosol Breath Activated)	B	3	QL
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	2	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Zafirlukast (Oral Tablet)	G	3	QL
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	4	DL
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	
Spiriva HandiHaler (Inhalation Capsule)	B	3	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	3	QL
Bronchodilators, Sympathomimetic			

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
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	B	2	
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 (2MG/5ML Oral Syrup)	G	4	DL
Albuterol Sulfate (Oral Tablet Immediate Release)	G	4	DL
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	4	B/D,PA; DL; QL
Epinephrine (Injection Solution Auto-Injector)	G	3	QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	4	B/D,PA; DL
Levalbuterol Tartrate (Inhalation Aerosol)	B	3	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Ventolin HFA (Inhalation Aerosol Solution)	B	3	
Cystic Fibrosis Agents			
Cayston (Inhalation Solution Reconstituted)	B	5	PA; DL
Kalydeco (Oral Packet)	B	5	PA; DL; QL
Kalydeco (Oral Tablet)	B	5	PA; DL; QL
Orkambi (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	3	B/D,PA; QL
Trikafta (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Trikafta (Oral Granule Therapy Pack)	B	5	PA; DL; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	3	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Roflumilast (Oral Tablet)	G	4	PA; DL; QL
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	2	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	2	
Theophylline (Oral Solution)	G	2	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	5	PA; DL
Alyq (Oral Tablet)	G	4	PA; DL; QL
Ambrisentan (Oral Tablet)	G	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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; DL
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; DL; QL
Winrevair (Subcutaneous Kit)	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 (267MG Oral Tablet, 801MG Oral Tablet)	G	5	PA; DL; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	2	B/D,PA
Airsupra (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
Breztri Aerosphere (Inhalation Aerosol)	B	3	QL
Combivent Respimat (Inhalation Aerosol Solution)	B	3	QL
Dulera (Inhalation Aerosol)	B	4	DL; QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	3	QL
Ipratropium-Albuterol (Inhalation Solution)	G	2	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Nucala (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Symbicort (Inhalation Aerosol)	B	3	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	3	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	3	
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	
Sleep Disorder Agents			
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	3	QL
Eszopiclone (Oral Tablet)	G	3	QL
Quviviq (Oral Tablet)	B	4	DL; QL
Ramelteon (Oral Tablet)	G	4	DL; QL
Tasimelteon (Oral Capsule)	G	5	PA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	3	QL
Zaleplon (Oral Capsule)	G	3	QL
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	3	QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	2	QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	4	PA; DL; QL
Lumryz (Oral Packet)	B	5	PA; DL; QL
Lumryz Starter Pack (Oral Therapy Pack)	B	5	PA; DL; QL
Modafinil (Oral Tablet)	G	3	PA; 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, prescriber 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-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
Acyclovir (External Ointment)	G	Maximum of 30 grams per 30 days
Adacel (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	**B**	Maximum of 4 pens per 28 days
Adalimumab-adbm (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	**B**	Maximum of 2 syringes per 28 days
Adalimumab-adbm (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	**B**	Maximum of 4 syringes per 28 days
Aimovig (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (1 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Airsupra (Inhalation Aerosol)	**B**	Maximum of 3 inhalers (32.1 grams) per 30 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
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
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (60 tablets) per year
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
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 Therapy Pack)	G	Maximum of 6 capsules (2 packs) per 28 days
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
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (30 blisters) per 30 days
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Augtyro (160MG Oral Capsule)	**B**	Maximum of 2 capsules per day
Augtyro (40MG Oral Capsule)	**B**	Maximum of 8 capsules per day
Austedo (Oral Tablet Immediate Release)	**B**	Maximum of 4 tablets per day
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	**B**	Maximum of 66 capsules per 28 days
Ayvakit (Oral Tablet)	**B**	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Bacitracin (Ophthalmic Ointment)	G	Maximum of 2 tubes (7 grams) per 28 days
Bafiertam (Oral Capsule Delayed Release)	**B**	Maximum of 4 capsules per day
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
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

Drug name	Brand or Generic	Quantity limit
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Bonsity (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (2.24 ml) per 28 days
Boostrix (5-2.5-18.5LF-MCG/0.5 Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosulif (100MG Oral 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
Breztri Aerosphere (120 Inhalation Aerosol)	**B**	Maximum of 1 inhaler (10.7 grams) per 30 days
BRIVIACT (10MG/ML Oral Solution)	**B**	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Brukinsa (Oral Capsule)	**B**	Maximum of 4 capsules per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
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 (3.7 ml) per 28 days
Calquence (Oral Tablet)	**B**	Maximum of 2 tablets per day
Caplyta (Oral Capsule)	**B**	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	**B**	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindamycin Phosphate (Once-Daily) (External Gel)	G	Maximum of 75 ml per 30 days
Clindamycin Phosphate (Twice-Daily) (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
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
Cobenfy (Oral Capsule)	**B**	Maximum of 2 capsules per day
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	**B**	Maximum of 2 packs (112 capsules) per year
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
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
Dabigatran Etexilate Mesylate (Oral Capsule)	G	Maximum of 2 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Danziten (Oral Tablet)	**B**	Maximum of 4 tablets per day
Dapagliflozin Propanediol (Oral Tablet)	**B**	Maximum of 1 tablet per day
Daptacel (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
Dasatinib (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	G	Maximum of 1 tablet per day
Dasatinib (20MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 3 tablets per day
Dasatinib (80MG Oral Tablet)	G	Maximum of 2 tablets 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 (0.25% 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
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
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
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
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	**B**	Maximum of 2 capsules per day
Drizalma Sprinkle (30MG Oral Capsule Delayed Release Sprinkle)	**B**	Maximum of 3 capsules per day
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day

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 Auto-Injector)	**B**	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (8 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (8 ml) per 28 days
Dutasteride (Oral Capsule)	G	Maximum of 1 capsule per day
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	**B**	Maximum of 1 tablet per day
Edurant (Oral Tablet)	**B**	Maximum of 1 tablet 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
Eltrombopag Olamine (Oral Packet)	G	Maximum of 6 packets per day
Eltrombopag Olamine (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 1 tablet per day
Eltrombopag Olamine (50MG Oral Tablet, 75MG Oral Tablet)	G	Maximum of 2 tablets per day
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes or pens (3 ml) per 28 days
Emgality (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 syringes or pens (2 ml) per 28 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes or pens (2 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
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
Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	**B**	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	**B**	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	**B**	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 8 syringes (8 ml) per 28 days
Enbrel 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 Capsule Sprinkle)	**B**	Maximum of 8 capsules per day
Entresto (Oral Tablet)	**B**	Maximum of 2 tablets per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days

Drug name	Brand or Generic	Quantity limit
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
Eslicarbazepine Acetate (200MG Oral Tablet, 400MG Oral Tablet)	G	Maximum of 1 tablet per day
Eslicarbazepine Acetate (600MG Oral Tablet, 800MG Oral Tablet)	G	Maximum of 2 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Estradiol (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Ethacrynic Acid (Oral Tablet)	G	Maximum of 16 tablets per day
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evotaz (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	G	Maximum of 3 tablets per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Fanapt Titration Pack A (Oral Tablet)	**B**	Maximum of 2 packs per year
Farxiga (Oral Tablet)	**B**	Maximum of 1 tablet 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
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	**B**	Maximum of 12 ml per day

Drug name	Brand or Generic	Quantity limit
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	**B**	Maximum of 2 kits (4 vials) per year
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
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
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
Fycompa (Oral Suspension)	**B**	Maximum of 24 ml per day
Fycompa (Oral Tablet)	**B**	Maximum of 1 tablet per day
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	G	Maximum of 2 bottles (200 ml) per 30 days
Galantamine Hydrobromide (Oral Tablet)	G	Maximum of 2 tablets per day
Gardasil 9 (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	**B**	Maximum of 4 capsules per day
Gefitinib (Oral Tablet)	G	Maximum of 2 tablets per day
Genvoya (Oral Tablet)	**B**	Maximum of 1 tablet per day
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day

Drug name	Brand or Generic	Quantity limit
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Gomekli (1MG Oral Capsule)	**B**	Maximum of 126 capsules per 28 days
Gomekli (2MG Oral Capsule)	**B**	Maximum of 84 capsules per 28 days
Gomekli (Oral Tablet Soluble)	**B**	Maximum of 168 tablets per 28 days
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Guanfacine HCl (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Havrix (Intramuscular Suspension)	**B**	Maximum of 2 vaccines per lifetime
Havrix (Intramuscular Suspension Prefilled Syringe)	**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
Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 10-325MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution)	G	Maximum of 90 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 6 tablets per day
Hydrocodone-Acetaminophen (2.5-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet)	G	Maximum of 8 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day

Drug name	Brand or Generic	Quantity limit
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 4 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	**B**	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	**B**	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 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 3 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 (Oral Tablet)	**B**	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imkeldi (Oral Solution)	**B**	Maximum of 10 ml per day
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
Ingrezza (Oral Capsule)	**B**	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Sprinkle)	**B**	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	**B**	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	**B**	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	**B**	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	**B**	Maximum of 4 capsules per day
Intelence (25MG Oral Tablet)	**B**	Maximum of 4 tablets per day
IPOL (Injection)	**B**	1 vaccination dose (0.5 ml) per day
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

Drug name	Brand or Generic	Quantity limit
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	Maximum of 6 tablets per day
Itovebi (3MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Itovebi (9MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ivabradine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Iwilfin (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
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
Jubbonti (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 180 days
Juluca (Oral Tablet)	**B**	Maximum of 1 tablet per day
Jynarque (Oral Tablet)	**B**	Maximum of 4 tablets per day
Jynneos (Subcutaneous Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Kaletra (Oral Solution)	**B**	Maximum of 3 bottles (480 ml) per 30 days
Kalydeco (Oral Packet)	**B**	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	**B**	Maximum of 2 tablets per day
Kerendia (10MG Oral Tablet, 20MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	G	Maximum of 100 grams per 28 days
Ketodan (External Foam)	G	Maximum of 100 grams per 28 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

Drug name	Brand or Generic	Quantity limit
Kisqali Femara (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (70 tablets) per 28 days
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (91 tablets) per 28 days
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 (10MG/ML Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Lazcluze (240MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Lazcluze (80MG Oral Tablet)	**B**	Maximum of 2 tablets 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
Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 2 tablets per day
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet 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
Livalo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Livtencity (Oral Tablet)	**B**	Maximum of 12 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 (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets 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
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lumakras (120MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Lumakras (240MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Lumakras (320MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Lumryz (Oral Packet)	**B**	Maximum of 1 packet per day
Lumryz Starter Pack (Oral Therapy Pack)	**B**	Maximum of 2 packs (56 tablets) per year
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
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 (2MG/ML Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year

Drug name	Brand or Generic	Quantity limit
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Memantine HCl-Donepezil HCl (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
MenQuadfi (Intramuscular Solution)	**B**	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (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 (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Miebo (Ophthalmic Solution)	**B**	Maximum of 12 ml (4 bottles) per 30 days
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

Drug name	Brand or Generic	Quantity limit
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	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
Mounjaro (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	**B**	Maximum of 1 tablet per day
MResvia (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Multaq (Oral Tablet)	**B**	Maximum of 2 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	**B**	Maximum of 10 blister packs (20 spray devices) per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nerlynx (Oral Tablet)	**B**	Maximum of 6 tablets per day
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Nexletol (Oral Tablet)	**B**	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	**B**	Maximum of 1 tablet 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
Nilotinib HCl (150MG Oral Capsule)	G	Maximum of 5 capsules per day
Nilotinib HCl (200MG Oral Capsule)	G	Maximum of 4 capsules per day
Nilotinib HCl (50MG Oral Capsule)	G	Maximum of 14 capsules per day
Ninlaro (Oral Capsule)	**B**	Maximum of 3 capsules per 28 days
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Nitroglycerin (Rectal Ointment)	G	Maximum of 30 grams per 30 days
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
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 (100MG Oral Tablet, 150MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Ogsiveo (50MG Oral Tablet)	**B**	Maximum of 6 tablets per day
Ojemda (Oral Suspension Reconstituted)	**B**	Maximum of 96 ml per 28 days
Ojemda (Oral Tablet)	**B**	Maximum of 24 tablets per 28 days
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

Drug name	Brand or Generic	Quantity limit
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
Opipza (10MG Oral Film, 5MG Oral Film)	**B**	Maximum of 3 films per day
Opipza (2MG Oral Film)	**B**	Maximum of 1 film per day
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
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Oxistat (External Lotion)	**B**	Maximum of 60 ml per 30 days
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (3 ml) per 28 days
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
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
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	**B**	Maximum of 11 tablets per 5 days and 11 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

Drug name	Brand or Generic	Quantity limit
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
Pentasa (250MG Oral Capsule Extended Release)	**B**	Maximum of 16 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	**B**	Maximum of 8 capsules per day
Pifeltro (Oral Tablet)	**B**	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 2 tablets per day
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (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
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
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 Packet)	**B**	Maximum of 4 packs per day
Prevymis (Oral Tablet)	**B**	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	**B**	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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
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
ProQuad (Subcutaneous Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Pulmozyme (Inhalation Solution)	**B**	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Pyrukynd (50MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	**B**	Maximum of 14 tablets per 14 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	**B**	Maximum of 14 tablets per 14 days
Qinlock (Oral Tablet)	**B**	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Qulipta (Oral Tablet)	**B**	Maximum of 1 tablet per day
Quviviq (Oral Tablet)	**B**	Maximum of 1 tablet per day
Qvar RediHaler (Inhalation Aerosol Breath Activated)	**B**	Maximum of 2 inhalers (21.2 grams) per 30 days

Drug name	Brand or Generic	Quantity limit
RabAvert (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Rayaldee (Oral Capsule Extended Release)	**B**	Maximum of 2 capsules 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
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 3 inhalers (60 blisters) per 30 days
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	**B**	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	**B**	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	**B**	Maximum of 2 vials per day
Retevmo (120MG Oral Tablet, 160MG Oral Tablet, 80MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Retevmo (40MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Revuforj (110MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Revuforj (160MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Revuforj (25MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Rexulti (Oral Tablet)	**B**	Maximum of 1 tablet per day
Reyataz (Oral Packet)	**B**	Maximum of 6 packets per day
Rezdiffra (Oral Tablet)	**B**	Maximum of 1 tablet per day
Rezlidhia (Oral Capsule)	**B**	Maximum of 2 capsules per day
Rinvoq LQ (Oral Solution)	**B**	Maximum of 12 ml 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

Drug name	Brand or Generic	Quantity limit
Rivaroxaban (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
Romvimza (Oral Capsule)	**B**	Maximum of 8 capsules per 28 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	**B**	1 vaccination dose (1.5 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
Rybelsus (Oral Tablet)	**B**	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	**B**	Maximum of 8 capsules per day
Sancuso (Transdermal Patch)	**B**	Maximum of 4 patches per 28 days
Santyl (External Ointment)	**B**	Maximum of 180 grams per 30 days
Scemblix (100MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Scemblix (20MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	**B**	Maximum of 8 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
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 inhalations) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Skyclarys (Oral Capsule)	**B**	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
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
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 5 pens (15 ml) per 24 days
Somavert (Subcutaneous Solution Reconstituted)	**B**	Maximum of 1 vial per day
Sotyktu (Oral Tablet)	**B**	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	**B**	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	**B**	Maximum of 1 inhaler (4 grams) per 30 days
Spritam ODT (1000MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 3 tablets per day
Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 2 tablets per day
Spritam ODT (750MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 4 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
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (3 ml) per 84 days
Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 84 days
Stiolto Respimat (Inhalation Aerosol Solution)	**B**	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	**B**	Maximum of 4 tablets per day
Stribild (Oral Tablet)	**B**	Maximum of 1 tablet per day
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 (Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
Sumatriptan Succinate (Subcutaneous Solution)	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 (Oral Tablet)	**B**	Maximum of 24 tablets per 168 days
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (10 tablets) per year
Symbicort (120 Inhalation Aerosol)	**B**	Maximum of 1 inhaler (10.2 grams) per 30 days
Sympazan (Oral Film)	**B**	Maximum of 2 films per day
Symtuza (Oral Tablet)	**B**	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day
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
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet 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
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tazarotene (0.1% External Cream)	G	Maximum of 60 grams per 30 days
Tazverik (Oral Tablet)	**B**	Maximum of 8 tablets 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
Tenivac (Intramuscular Injectable)	**B**	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Tepmetko (Oral Tablet)	**B**	Maximum of 2 tablets per day
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
Teriparatide (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)	**B**	Maximum of 4 capsules per day
Thalomid (50MG Oral Capsule)	**B**	Maximum of 3 capsules per day
Tibsovo (Oral Tablet)	**B**	Maximum of 2 tablets per day
Ticagrelor (Oral Tablet)	G	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 (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
Tolvaptan (30MG Oral Tablet) (Generic Samsca)	G	Maximum of 2 tablets per day
Tradjenta (Oral Tablet)	**B**	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
Tremfya Pen (100MG/ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 pens (2 ml) per 56 days
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (2 ml) per 28 days
Tremfya (100MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (2 ml) per 56 days
Tremfya (200MG/2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (2 ml) 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
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Trikafta (Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (84 tablets) per 28 days
Trikafta (Oral Granule Therapy Pack)	**B**	Maximum of 1 carton (56 packets) per 28 days
Trintellix (Oral Tablet)	**B**	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	**B**	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	**B**	Maximum of 6 tablets per day
Trulance (Oral Tablet)	**B**	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Auto-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 (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
Tyenne (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (3.6 ml) per 28 days
Tyenne (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (3.6 ml) per 28 days
Tymlos (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (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
Ustekinumab (Subcutaneous Solution) (Brand Equivalent Stelara)	**B**	Maximum of 6 vials (3 ml) per 84 days
Ustekinumab (45MG/0.5ML Subcutaneous Solution Prefilled Syringe) (Brand Equivalent Stelara)	**B**	Maximum of 6 syringes (3 ml) per 84 days
Ustekinumab (90MG/ML Subcutaneous Solution Prefilled Syringe) (Brand Equivalent Stelara)	**B**	Maximum of 3 syringes (3 ml) per 84 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

Drug name	Brand or Generic	Quantity limit
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
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)	**B**	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension)	**B**	Maximum of 2 vaccines per lifetime
Varivax (Injection Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Vaxchora (Oral Suspension Reconstituted)	**B**	1 vaccination dose (100 ml) per day
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet, 8.4GM Oral Packet)	**B**	Maximum of 1 packet per day
Veltassa (1GM Oral Packet)	**B**	Maximum of 4 packets 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
Veozah (Oral Tablet)	**B**	Maximum of 1 tablet 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
Vigpoder (500MG Oral Packet)	G	Maximum of 6 packets per day
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Vimkunya (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.8 ml) per day
Viracept (250MG Oral Tablet)	**B**	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Viread (Oral Powder)	**B**	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	**B**	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	**B**	Maximum of 20 ml per day
Vivotif (Oral Capsule Delayed Release)	**B**	Maximum of 4 capsules per 5 years
Vizimpro (Oral Tablet)	**B**	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	**B**	Maximum of 4 capsules per day
Voquezna (10MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Voquezna (20MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Voranigo (10MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Voranigo (40MG Oral Tablet)	**B**	Maximum of 1 tablet 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
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	**B**	Maximum of 1 capsule per day
Vyndamax (Oral Capsule)	**B**	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	**B**	Maximum of 4 capsules per day
Welireg (Oral Tablet)	**B**	Maximum of 3 tablets per day
Winrevair (2 x 45MG Subcutaneous Kit, 2 x 60MG Subcutaneous Kit)	**B**	Maximum of 1 kit (2 vials) per 21 days
Winrevair (1 x 45MG Subcutaneous Kit, 1 x 60MG Subcutaneous Kit)	**B**	Maximum of 1 kit (1 vial) per 21 days
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (Oral Suspension Reconstituted)	**B**	Maximum of 20 ml 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

Drug name	Brand or Generic	Quantity limit
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 25MG 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
Xdemvy (Ophthalmic Solution)	**B**	Maximum of 1 bottle (10 ml) per 42 days
Xeljanz (Oral Solution)	**B**	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	**B**	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	**B**	Maximum of 2 vials per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 1 tablet per 30 days
Xolremdi (Oral Capsule)	**B**	Maximum of 4 capsules per day
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) (10MG Oral Tablet Therapy Pack)	**B**	Maximum of 16 tablets per 28 days
Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)	**B**	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)	**B**	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 8 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 32 tablets per 28 days

Drug name	Brand or Generic	Quantity limit
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	**B**	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	**B**	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	**B**	Maximum of 4 capsules per day
Xtandi (40MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Xtandi (80MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Yesintek (Subcutaneous Solution)	**B**	Maximum of 6 vials (3 ml) per 84 days
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (3 ml) per 84 days
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 84 days
YF-VAX (Subcutaneous Injectable)	**B**	1 vaccination dose (1 injection) per day
Yuvafem (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zejula (Oral 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
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zurzuvae (20MG Oral Capsule, 25MG Oral Capsule)	**B**	Maximum of 28 capsules per 14 days
Zurzuvae (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 or help you qualify for catastrophic coverage. 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.

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

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.