



Complete Drug List (Formulary) 2023

UnitedHealthcare® Nursing Home Plan (HMO I-SNP)

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



Toll-free **1-866-314-8188**, TTY **711**

24 hours a day, 7 days a week



myUHC Medicare.com

United
Healthcare

Table of contents

What is a Drug List?	3
Note to existing members:.....	3
How can I find a drug on the Drug List?	4
What are generic drugs?	4
What is a compounded drug?	4
Drug payment stage and drug tiers	5
Getting Extra Help	5
Are there any rules or limits on my drug coverage?	6
What if my drug is not on this list?	8
How can I get an exception?	8
Can I get my drug while I wait for an exception?	9
Can the Drug List change?	10
Drugs with dosages other than a 1-month supply	11
Covered drugs by name (Drug index).....	12
Covered drugs by category	31
Covered drugs with a quantity limit (QL)	99

Questions?

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



Toll-free **1-866-314-8188**, TTY **711**

24 hours a day, 7 days a week

What is a Drug List?

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

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

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

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

Note to existing members:

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

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

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

When this Drug List refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare Nursing Home Plan.

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

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

How can I find a drug on the Drug List?

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

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 12-30 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 31-98. The drugs in this drug list are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



Can't find your drug?

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

What are generic drugs?

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

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

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

What is a compounded drug?

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

Drug payment stage and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you’re in.
- **Your drug’s tier.** Your plan has 1 tier named “Covered drugs.” All covered drugs are in this tier. The chart below shows your cost sharing amount.

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

Drug tier	Your cost sharing amount
Tier 1 “Covered drugs”	25% coinsurance

Getting Extra Help

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

Are there any rules or limits on my drug coverage?

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

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

Coverage rules and limits

PA - Prior authorization

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

QL - Quantity limits

The plan will cover only a certain amount of this drug for 1 copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

ST - Step therapy

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

You and your doctor may ask the plan for an exception to the coverage rules and/or limits for your drug. See the section “How can I get an exception?” on page 8 or see your Evidence of Coverage to learn more.

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

Other special coverage rules

B/D - Medicare Part B or Part D

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

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

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

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

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

If we add new generic drugs or make other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section “How can I get an exception?” on page 8.

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

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A			
Abacavir Sulfate	57	Aimovig45	
Abacavir Sulfate -Lamivudine	57	Ala -Cort71	
Abelcet	44	Albendazole51	
Abilify Maintena	53	Albuterol Sulfate96	
Abiraterone Acetate	46	Albuterol Sulfate HFA96	
Acamprosate Calcium	33	Alclometasone Dipropionate	71
Acarbose	59	Alcohol Prep Pads.....	92
Accutane	71	Alecensa	48
Acebutolol HCl	64	Alendronate Sodium	91
Acetaminophen -Caffeine -Dihydrocodeine	32	Alfuzosin HCl ER	79
Acetaminophen -Codeine	32	Aliskiren Fumarate	66
Acetazolamide	66	Allopurinol	45
Acetazolamide ER	66	Alocril	92
Acetic Acid	95	Alomide	92
Acetylcysteine	97	Alosetron HCl	77
Acitretin	71	Alphagan P	94
ActHIB	89	Alprazolam	58
Actemra	87	Altavera	81
Actemra ACTPen	87	Alunbrig	48
Actimmune	88	Alyacen 1/35	81
Acyclovir	56	Alyq	97
Acyclovir Sodium	56	AmBisome	44
Adacel	89	Amantadine HCl	52
Adapalene	71	Ambrisentan	97
Adefovir Dipivoxil	55	Amethia	81
Adempas	97	Amikacin Sulfate	34
Advair Diskus	97	Amiloride HCl	67
Advair HFA	97	Amiloride -Hydrochlorothiazide	66
		Amiodarone HCl	64
		Amitriptyline HCl	43
		Amlodipine Besylate	65
		Amlodipine -Atorvastatin	66
		Amlodipine -Benazepril	66
		Amlodipine -Olmesartan	66
		Amlodipine -Valsartan	66
		Ammonium Lactate	71
		Amnesteem	71
		Amoxapine	43
		Amoxicillin	36
		Amoxicillin -Potassium Clavulanate	36
		Amoxicillin -Potassium Clavulanate ER	36
		Amphetamine -Dextroamphetamine	69
		Amphetamine -Dextroamphetamine ER	69
		Amphotericin B	44
		Ampicillin	36
		Ampicillin Sodium	37
		Ampicillin -Sulbactam Sodium	37
		Anagrelide HCl	62
		Anastrozole	48
		Androderm	81
		Anoro Ellipta	97
		Anzemet	44
		Apomorphine HCl	52
		Apraclonidine HCl	94
		Aprepitant	44
		Apri	81
		Apriso	91

Aptiom	40	Avonex Pen	70	Bepreve	93
Aptivus	57	Avonex Prefilled	70	Berinert	86
Aralast NP	78	Ayvakit	48	Besivance	93
Aranelle	81	Azathioprine	88	Besremi	88
Aranesp	62	Azelaic Acid	71	Betaine	78
Arcalyst	87	Azelastine HCl	95	Betamethasone Dipropionate	72
Aripiprazole	53	Azelastine -Fluticasone	95	Betamethasone Dipropionate Aug	72
Aripiprazole ODT	53	Azithromycin	37	Betamethasone Valerate	72
Aristada	53	Aztreonam	34	Betaseron	70
Aristada Initio	53	B		Betaxolol HCl	94
Armodafinil	98	BCG Vaccine	89	Bethanechol Chloride	80
Arnuity Ellipta	95	BIVIGAM	86	Betimol	94
Asenapine Maleate	53	BRIVIACT	39	Bevespi Aerosphere	97
Ashlyna	81	Bacitracin	93	Bexarotene	51
Aspirin -Dipyridamole ER	63	Bacitracin -Polymyxin B	93	Bexsero	89
Atazanavir Sulfate	57	Baclofen	55	Bicalutamide	46
Atenolol	64	Balsalazide Disodium	91	Bicillin C -R	37
Atenolol -Chlorthalidone	66	Balversa	48	Bicillin C -R 900/300	37
Atomoxetine HCl	69	Balziva	81	Bicillin L -A	37
Atorvastatin Calcium	68	Baqsimi One Pack	60	Biktarvy	56
Atovaquone	51	Baraclude	55	Bisoprolol Fumarate	64
Atovaquone -Proguanil HCl	51	Belsomra	98	Bisoprolol -Hydrochlorothiazide	66
Atropine Sulfate	92	Benazepril HCl	64	Blisovi 24 Fe	81
Atrovent HFA	96	Benazepril -Hydrochlorothiazide	66	Blisovi Fe 1.5/30	81
Aubagio	70	Benlysta	87	Boostrix	89
Aubra EQ	81	Benznidazole	51	Bosentan	97
Auryxia	76	Benzoyl Peroxide -Erythromycin	71	Bosulif	48
Austedo	69	Benztropine Mesylate	51	Braftovi	48
Aviane	81	Bepotastine Besilate	93	Breo Ellipta	97

Breztri Aerosphere	97	Calcitonin Salmon	91	Cefotetan Disodium	35
Briellyn	81	Calcitriol	91	Cefoxitin Sodium	35
Brilinta	63	Calcium Acetate	76	Cefpodoxime Proxetil	36
Brimonidine Tartrate	94	Calquence	48	Cefprozil	36
Brimonidine Tartrate -Timolol	92	Camila	85	Ceftazidime	36
Brinzolamide	94	Camrese Lo	81	Ceftriaxone Sodium	36
Bromocriptine Mesylate	52	Candesartan Cilexetil	63	Cefuroxime Axetil	36
Brukinsa	48	Candesartan Cilexetil -HCTZ	66	Cefuroxime Sodium	36
Budesonide	95	Caplyta	53	Celecoxib	31
Budesonide ER	91	Caprelsa	48	Celontin	40
Bumetanide	67	Captopril	64	Cephalexin	36
Buprenorphine	32	Carbamazepine	41	Cetirizine HCl	95
Buprenorphine HCl	33	Carbamazepine ER	40	Chemet	76
Buprenorphine HCl -Naloxone HCl	34	Carbidopa	52	Chenodal	77
Bupropion HCl	42	Carbidopa -Levodopa	52	Chlordiazepoxide HCl	58
Bupropion HCl SR	42	Carbidopa -Levodopa ER	52	Chlorhexidine Gluconate	71
Bupropion HCl XL	42	Carbidopa -Levodopa ODT	52	Chloroquine Phosphate	51
Buspirone HCl	58	Carbidopa -Levodopa -Entacapone	52	Chlorpromazine HCl	52
Butalbital -Acetaminophen -Caffeine	32	Carglumic Acid	74	Chlorthalidone	67
Butalbital -Aspirin -Caffeine	32	Carteolol HCl	94	Chlorzoxazone	98
Butorphanol Tartrate	32	Cartia XT	65	Cholbam	78
Bydureon BCise	59	Carvedilol	64	Cholestyramine	68
Byetta 10MCG Pen	59	Cayston	96	Cholestyramine Light	68
Byetta 5MCG Pen	59	Cefaclor	35	Ciclopirox	73
C		Cefadroxil	35	Ciclopirox Olamine	74
Cabergoline	86	Cefazolin Sodium	35	Cilostazol	63
Cablivi	63	Cefdinir	35	Ciloxan	93
Cabometyx	48	Cefepime HCl	35	Cimduo	57
Calcipotriene	73	Cefixime	35	Cimetidine	78

Cimetidine HCl	78	Clonidine	63	Cromolyn Sodium	96
Cimzia	88	Clonidine HCl	63	Crotan	73
Cimzia Prefilled	88	Clonidine HCl ER	69	Cryselle -28	81
Cinacalcet HCl	91	Clopidogrel Bisulfate	63	Cyclobenzaprine HCl	98
Cinryze	86	Clorazepate Dipotassium	58	Cyclophosphamide	46
Cipro HC	95	Clotrimazole	74	Cycloset	59
Ciprofloxacin HCl	93	Clotrimazole -Betamethasone	73	Cyclosporine	88
Ciprofloxacin in D5W	38	Clozapine	55	Cyclosporine Modified	88
Ciprofloxacin -Dexamethasone	95	Clozapine ODT	55	Cyproheptadine HCl	95
Citalopram Hydrobromide	42	Coartem	51	Cyred EQ	81
Claravis	71	Codeine Sulfate	32	Cystadane	78
Clarithromycin	37	Colchicine	45	Cystagon	78
Clarithromycin ER	37	Colesevelam HCl	68	Cystaran	92
Clenpiq	77	Colestipol HCl	68	D	
Climara Pro	81	Colistimethate Sodium	34	Dalfampridine ER	70
Clindacin ETZ	74	Combigan	92	Daliresp	96
Clindamycin HCl	34	Combivent Respimat	97	Dalvance	34
Clindamycin Palmitate HCl .	34	Cometriq	48	Danazol	81
Clindamycin Phosphate	74	Complera	56	Dantrolene Sodium	55
Clindamycin Phosphate in D5W	34	Compro	43	Dapsone	46
Clindamycin Phosphate -Benzoyl Peroxide	71	Constulose	76	Daptacel	89
Clobazam	40	Copiktra	48	Daptomycin	35
Clobetasol Propionate	72	Cordran	72	Daurismo	48
Clobetasol Propionate Emollient Base	72	Corlanor	66	Deblitane	85
Clodan	72	Cosentyx	87	Deferasirox	76
Clomipramine HCl	43	Cosentyx Sensoready	87	Deferasirox Granules	76
Clonazepam	58	Cotellic	48	Deferiprone	76
Clonazepam ODT	58	Creon	78	Delstrigo	56
		Crinone	85	Demeclocycline HCl	38

Demser	66	Diclofenac Sodium ER	31	Dorzolamide HCl	94
Depo -Estradiol	81	Dicloxacillin Sodium	37	Dorzolamide HCl -Timolol Maleate	92
Descovy	57	Dicyclomine HCl	77	Dorzolamide HCl -Timolol Maleate Preservative Free	92
Desipramine HCl	43	Difacid	38	Dovato	56
Desloratadine	95	Diflunisal	31	Doxazosin Mesylate	63
Desmopressin Acetate	80	Digitek	66	Doxepin HCl	72
Desmopressin Acetate Spray	80	Digoxin	66	Doxercalciferol	91
Desogestrel -Ethinyl Estradiol	81	Dihydroergotamine Mesylate	45	Doxy 100	38
Desonide	72	Dilantin	41	Doxycycline Hyclate	38
Desoximetasone	72	Dilantin INFATABS	41	Doxycycline Monohydrate	39
Desvenlafaxine Succinate ER	42	Dilt -XR	65	Drizalma Sprinkle	70
Dexamethasone	80	Diltiazem HCl	65	Dronabinol	44
Dexamethasone Sodium Phosphate	93	Diltiazem HCl ER	65	Drospirenone -Ethinyl Estradiol	81
Dexilant	78	Diltiazem HCl ER Beads	65	Droxia	47
Dexlansoprazole	78	Diltiazem HCl ER Coated Beads	65	Droxidopa	63
Dexmethylphenidate HCl	69	Dimethyl Fumarate	70	Duavee	81
Dexmethylphenidate HCl ER	69	Dimethyl Fumarate Starter Pack	70	Dulera	97
Dextroamphetamine Sulfate	69	Dipentum	91	Duloxetine HCl	70
Dextroamphetamine Sulfate ER	69	Diphenoxylate -Atropine	77	Dupixent	87
Dextrose	74	Diphtheria -Tetanus Toxoids DT	89	Dutasteride	79
Dextrose -NaCl	75	Disulfiram	33	Dymista	95
Diacomit	40	Diuril	67		
Diazepam	59	Divalproex Sodium	59	E	
Diazepam Intensol	58	Divalproex Sodium ER	59	Econazole Nitrate	74
Diazoxide	60	Dofetilide	64	Edarbi	63
Diclofenac Epolamine	31	Dolishale	81	Edarbyclor	66
Diclofenac Potassium	31	Donepezil HCl	41	Edurant	56
Diclofenac Sodium	93	Donepezil HCl ODT	41	Efavirenz	56
				Efavirenz -Emtricitabine -Tenofovir	56

Efavirenz -Lamivudine -Tenofovir	56	Epclusa	55	Ethosuximide	40
Egrifta SV	80	Epidiolex	39	Ethynodiol Diacetate -Ethinyl Estradiol	82
Elestrin	81	Epinephrine HCl	93	Etodolac	31
Eliquis	62	Epinephrine	96	Etodolac ER	31
Eliquis Starter Pack	62	Epitol	41	Etonogestrel -Ethinyl Estradiol	82
Elmiron	80	Epivir HBV	55	Etravirine	56
EluRyng	81	Eplerenone	67	Euthyrox	85
Emcyt	47	Eprontia	39	Everolimus	88
Emgality	45	Ergotamine -Caffeine	45	Evotaz	57
Emoquette	81	Erivedge	48	Exemestane	48
Emsam	42	Erleada	46	Exkivity	49
Emtricitabine	57	Erlotinib HCl	48	Ezetimibe	68
Emtricitabine -Tenofovir Disoproxil Fumarate	57	Errin	85	Ezetimibe -Simvastatin	68
Emtriva	57	Ertapenem Sodium	37		
Enalapril Maleate	64	Ery	74	F	
Enalapril -Hydrochlorothiazide	66	Erythrocin Lactobionate	38	FML Forte	93
Enbrel	88	Erythromycin	93	Falmina	82
Enbrel Mini	88	Erythromycin Base	38	Famciclovir	56
Enbrel SureClick	88	Erythromycin Ethylsuccinate	38	Famotidine	78
Endocet	32	Esbriet	97	Fanapt	53
Engerix -B	89	Escitalopram Oxalate	42	Fanapt Titration Pack	53
Enoxaparin Sodium	62	Esomeprazole Magnesium	78	Farxiga	59
Enpresse -28	82	Estarylla	82	Fasenra	97
Enskyce	82	Estradiol	82	Fasenra Pen	97
Entacapone	52	Estradiol Valerate	82	Febuxostat	45
Entecavir	55	Estring	82	Felbamate	39
Entresto	66	Eszopiclone	98	Felodipine ER	65
Enulose	77	Ethacrynic Acid	67	Femring	82
Envarsus XR	88	Ethambutol HCl	46	Femynor	82
				Fenofibrate	67

Fenofibrate Micronized67	Fluorouracil73	Gammaplex87
Fenofibric Acid67	Fluoxetine HCl42	Gamunex -C87
Fentanyl32	Fluphenazine Decanoate52	Gardasil 989
Fentanyl Citrate32	Fluphenazine HCl53	Gatifloxacin93
Feriprox76	Flurbiprofen31	Gattex77
Fetzima42	Flurbiprofen Sodium93	Gauze92
Fetzima Titration42	Fluticasone Propionate95	GaviLyte -C77
Finacea71	Fluticasone -Salmeterol98	GaviLyte -G77
Finasteride79	Fluvastatin Sodium68	Gavreto49
Fingolimod HCl70	Fluvastatin Sodium ER68	Gemfibrozil67
Fintepla39	Fluvoxamine Maleate42	Gemtesa79
Finzala82	Fondaparinux Sodium62	Generlac77
Firmagon86	Formoterol Fumarate96	Gengraf88
Flac95	Forteo91	Genotropin80
Flarex93	Fosamprenavir Calcium57	Genotropin MiniQuick80
Flebogamma DIF86	Fosinopril Sodium64	Gentak93
Flecainide Acetate64	Fosinopril Sodium -HCTZ66	Gentamicin Sulfate93
Flovent Diskus95	Fotivda47	Gentamicin Sulfate -0.9% Sodium Chloride34
Flovent HFA95	Furosemide67	Genvoya56
Fluconazole44	Fuzeon57	Gilenya70
Fluconazole in Sodium Chloride44	Fyavolv82	Gilotrif49
Flucytosine44	Fycompa39	Glassia78
Fludrocortisone Acetate80	G	Glatiramer Acetate70
Flunisolide95	Gabapentin40	Glatopa70
Fluocinolone Acetonide95	Galantamine Hydrobromide41	Glimepiride59
Fluocinolone Acetonide Scalp72	Galantamine Hydrobromide ER41	Glipizide59
Fluocinonide72	Gammagard86	Glipizide ER59
Fluocinonide Emulsified Base72	Gammagard S/D Less IgA ...87	Glipizide -Metformin HCl59
Fluorometholone93	Gammaked87	GlucaGen HypoKit60

Glucagon	60
Glycopyrrolate	77
Glyxambi	59
Granisetron HCl	44
Griseofulvin Microsize	44
Griseofulvin Ultramicrosize	44
Guanfacine HCl ER	69
Gvoke HypoPen 2 -Pack	60
Gvoke Kit	60
Gvoke PFS	60

H

Haegarda	86
Hailey 24 Fe	82
Halobetasol Propionate	72
Haloperidol	53
Haloperidol Decanoate	53
Haloperidol Lactate	53
Havrix	89
Heparin Sodium	62
Hetlioz	98
Hetlioz LQ	98
Hiberix	89
Humalog	61
Humalog Junior KwikPen	61
Humalog KwikPen	61
Humalog Mix 50/50	61
Humalog Mix 50/50 KwikPen	61
Humalog Mix 75/25	61
Humalog Mix 75/25 KwikPen	61

Humira	89
Humira Pediatric Crohns Start	88
Humira Pen	88
Humira Pen Crohns Disease Starter	88
Humira Pen Psoriasis Starter	89
Humira Pen -Pediatric UC Start	88
Humulin 70/30	61
Humulin 70/30 KwikPen	61
Humulin N	61
Humulin N KwikPen	61
Humulin R	61
Humulin R U -500	61
Humulin R U -500 KwikPen	61
Hydralazine HCl	68
Hydrochlorothiazide	67
Hydrocodone -Acetaminophen	33
Hydrocodone -Ibuprofen	33
Hydrocortisone	91
Hydrocortisone Butyrate	72
Hydrocortisone Valerate	72
Hydrocortisone -Acetic Acid	95
Hydromorphone HCl	33
Hydromorphone HCl ER	32
Hydromorphone HCl Preservative Free	33
Hydroxychloroquine Sulfate	51
Hydroxyurea	47
Hydroxyzine HCl	58
Hydroxyzine Pamoate	58

I

IDHIFA	47
IPOL	90
Ibandronate Sodium	91
Ibrance	49
Ibu	31
Ibuprofen	31
Icatibant Acetate	86
Iclevia	82
Iclusig	49
Icosapent Ethyl	68
Ilevro	93
Imatinib Mesylate	49
Imbruvica	49
Imipenem -Cilastatin	37
Imipramine HCl	43
Imipramine Pamoate	43
Imiquimod	73
Imiquimod Pump	73
Imovax Rabies	90
Impavido	51
Imvexxy Maintenance Pack	82
Imvexxy Starter Pack	82
Incassia	85
Increlex	80
Incruse Ellipta	96
Indapamide	67
Indomethacin	31
Infanrix	90

Ingrezza	69	Isosorbide Mononitrate ER	69	KCl -Lactated Ringers -D5W	75
Inlyta	49	Isotretinoin	71	Kaitlib Fe	82
Inqovi	49	Isturisa	86	Kalydeco	96
Inrebic	49	Itraconazole	44	Kariva	82
Insulin Lispro	61	Ivermectin	51	Kelnor 1/35	82
Insulin Lispro Junior KwikPen	61	Ixiaro	90	Kelnor 1/50	82
Insulin Lispro Prot & Lispro	61	J		Kerendia	66
Insulin Syringes, Needles.	92	Jakafi	49	Ketoconazole	74
Intelence	56	Jantoven	62	Ketoprofen	31
Intralipid	75	Janumet	59	Ketorolac Tromethamine	94
Intron A	88	Janumet XR	59	Kineret	87
Introvale	82	Januvia	59	Kinrix	90
Invega Hafyera	53	Jardiance	59	Kisqali	49
Invega Sustenna	53	Jasmiel	82	Kisqali Femara	49
Invega Trinza	53	Jentadueto	59	Klor -Con	75
Ipratropium Bromide	96	Jentadueto XR	59	Klor -Con 10	75
Ipratropium -Albuterol	98	Jinteli	82	Klor -Con 8	75
Irbesartan	63	Jublia	74	Klor -Con M10	75
Irbesartan -Hydrochlorothiazide	66	Juleber	82	Klor -Con M15	75
Iressa	49	Juluca	56	Klor -Con M20	75
Isentress	56	Junel 1.5/30	82	Korlym	80
Isentress HD	56	Junel 1/20	82	Koselugo	49
Isibloom	82	Junel Fe 1.5/30	82	Kurvelo	82
Isolyte -P in D5W	75	Junel Fe 1/20	82	Kynmobi	52
Isolyte -S pH 7.4	75	Junel Fe 24	82	L	
Isoniazid	46	Juxtapid	68	LARIN 1.5/30	82
Isosorbide Dinitrate	69	Jynneos	90	LARIN 1/20	82
Isosorbide Dinitrate -Hydralazine	66	K		LARIN Fe 1.5/30	83
Isosorbide Mononitrate	69	KCl in Dextrose -NaCl	75	LARIN Fe 1/20	83

Labetalol HCl	64	Leucovorin Calcium	51	Lidocaine -Prilocaine	33
Lacosamide	41	Leukeran	46	Linezolid	35
Lacrisert	92	Leukine	62	Linzess	77
Lactulose	77	Leuprolide Acetate	86	Liothyronine Sodium	85
Lamivudine	57	Levalbuterol HCl	96	Lisinopril	64
Lamivudine -Zidovudine	57	Levalbuterol Tartrate	96	Lisinopril -Hydrochlorothiazide	66
Lamotrigine	39	Levemir	61	Lithium Carbonate	59
Lanoxin	66	Levemir FlexTouch	61	Lithium Carbonate ER	59
Lansoprazole	78	Levetiracetam	39	Lithostat	80
Lanthanum Carbonate	76	Levetiracetam ER	39	Livalo	68
Lantus	61	Levo -T	85	Lokelma	76
Lantus SoloStar	61	Levobunolol HCl	94	Lonhala Magnair	96
Lapatinib Ditosylate	49	Levocarnitine	78	Lonsurf	47
Latanoprost	94	Levocetirizine Dihydrochloride	95	Loperamide HCl	77
Latuda	54	Levofloxacin	93	Lopinavir -Ritonavir	58
Layolis Fe	83	Levofloxacin in D5W	38	Lorazepam	59
Leena	83	Levonest	83	Lorazepam Intensol	59
Leflunomide	89	Levonorgestrel -Ethinyl Estradiol	83	Lorbrena	50
Lenalidomide	47	Levonorgestrel -Ethinyl Estradiol & Ethinyl Estradiol	83	Loryna	83
Lenvima 10MG Daily Dose	49	Levonorgestrel -Ethinyl Estradiol 91 -Day	83	Losartan Potassium	63
Lenvima 12MG Daily Dose	49	Levora 0.15/30	83	Losartan Potassium -HCTZ	66
Lenvima 14MG Daily Dose	49	Levorphanol Tartrate	32	Lotemax	94
Lenvima 18MG Daily Dose	49	Levothyroxine Sodium	85	Lotemax SM	94
Lenvima 20MG Daily Dose	49	Levoxyl	85	Loteprednol Etabonate	94
Lenvima 24MG Daily Dose	49	Lexiva	57	Lovastatin	68
Lenvima 4MG Daily Dose	50	Lidocaine	33	Low -Ogestrel	83
Lenvima 8MG Daily Dose	50	Lidocaine HCl	33	Loxapine Succinate	53
Lessina	83	Lidocaine Viscous	33	Lubiprostone	77
Letrozole	48			Lumakras	47

Lumigan	94	Memantine HCl	41	Metoprolol Tartrate	64
Lupron Depot	86	Memantine HCl ER	41	Metoprolol -Hydrochlorothiazide	66
Lutera	83	Memantine HCl Titration Pak	42	Metronidazole	35
Lybalvi	54	MenQuadfi	90	Metyrosine	66
Lyleq	85	Menactra	90	Mexiletine HCl	64
Lynparza	50	Menest	83	Micafungin Sodium	44
Lysodren	86	Mentax	74	Miconazole 3	44
Lyumjev	61	Menveo	90	Microgestin 1.5/30	83
Lyumjev KwikPen	61	Mercaptopurine	47	Microgestin 1/20	83
Lyza	85	Meropenem	37	Microgestin 24 Fe	83
M		Mesalamine	91	Microgestin Fe 1.5/30	83
M -M -R II	90	Mesalamine ER	91	Microgestin Fe 1/20	83
Magnesium Sulfate	75	Mesnex	51	Midodrine HCl	63
Malathion	73	Metformin HCl	60	Migergot	45
Maraviroc	57	Metformin HCl ER	59	Miglitol	60
Marlissa	83	Methadone HCl	32	Miglustat	78
Marplan	42	Methazolamide	94	Mili	83
Matulane	46	Methenamine Hippurate	35	Minocycline HCl	39
Matzim LA	65	Methimazole	86	Minoxidil	68
Mavyret	55	Methocarbamol	98	Mirtazapine	42
Mayzent	70	Methotrexate Sodium	89	Mirtazapine ODT	42
Mayzent Starter Pack	70	Methoxsalen Rapid	73	Mirvaso	71
Meclizine HCl	43	Methscopolamine Bromide ..	77	Misoprostol	78
Medroxyprogesterone Acetate	85	Methylphenidate HCl	69	Modafinil	98
Mefloquine HCl	51	Methylphenidate HCl ER	69	Moexipril HCl	64
Megestrol Acetate	85	Methylprednisolone	80	Molindone HCl	53
Mekinist	50	Metoclopramide HCl	43	Mometasone Furoate	95
Mektovi	50	Metolazone	67	Montelukast Sodium	95
Meloxicam	31	Metoprolol Succinate ER	64	Morphine Sulfate	33

Morphine Sulfate ER32	Natpara91	Ninlaro47
Motegrity77	Nayzilam40	Nitazoxanide51
Mounjaro60	Nebivolol HCl64	Nitisinone78
Movantik77	Necon 0.5/3583	Nitro -Bid69
Moxifloxacin HCl93	Nefazodone HCl42	Nitrofurantoin35
Moxifloxacin HCl in NaCl38	Neomycin Sulfate34	Nitrofurantoin Macrocrystal ..35
Multaq64	Neomycin -Bacitracin -Polymyxin93	Nitrofurantoin Monohydrate .35
Mupirocin74	Neomycin -Polymyxin -Bacitracin -Hydrocortisone ..92	Nitroglycerin69
Mupirocin Calcium74	Neomycin -Polymyxin -Dexamethasone92	Nitrostat69
Myalept77	Neomycin -Polymyxin -Gramicidin93	Nizatidine78
Mycophenolate Mofetil89	Neomycin -Polymyxin -HC95	Nora -BE85
Mycophenolate Sodium89	Nerlynx50	Norethindrone85
Myorisan71	Neuac71	Norethindrone Acetate85
Myrbetriq79	Neulasta62	Norethindrone Acetate -Ethinyl Estradiol83
N		
Nabumetone31	Neupro52	Norethindrone Acetate -Ethinyl Estradiol -Fe83
Nadolol64	Nevirapine56	Norethindrone -Ethinyl Estradiol -Fe83
Nafcillin Sodium37	Nevirapine ER56	Norgestimate -Ethinyl Estradiol83
Naftifine HCl74	Niacin68	Norgestimate -Ethinyl Estradiol Triphasic83
Naftin74	Niacin ER68	Nortrel 0.5/3583
Naloxone HCl34	Niacor68	Nortrel 1/3583
Naltrexone HCl33	Nicardipine HCl65	Nortrel 7/7/784
Namzaric41	Nicotrol34	Nortriptyline HCl43
Naproxen31	Nicotrol NS34	Norvir58
Naproxen DR31	Nifedipine ER65	Noxafil44
Naratriptan HCl45	Nifedipine ER Osmotic Release65	Nubeqa46
Narcan34	Nikki83	Nucala98
Natacyn93	Nilutamide46	Nuedexta70
Nateglinide60	Nimodipine65	Nuplazid54

Nurtec ODT	45	Opsumit	97	Paroxetine HCl	42
Nutrilipid	75	Orencia	87	Paser	46
Nyamyc	74	Orencia ClickJect	87	Pediarix	90
Nylia 1/35	84	Orenitram	97	Pedvax HIB	90
Nylia 7/7/7	84	Orfadin	79	Pegasys	88
Nymalize	65	Orgovyx	86	Pemazyre	47
Nymyo	84	Orkambi	96	Penicillamine	80
Nystatin	74	Oseltamivir Phosphate	58	Penicillin G Potassium	37
Nystop	74	Osphena	85	Penicillin G Procaine	37
O		Otezla	87	Penicillin G Sodium	37
Ocaliva	77	Oxacillin Sodium	37	Penicillin V Potassium	37
Ocella	84	Oxacillin Sodium in Dextrose	37	Pentacel	90
Octagam	87	Oxandrolone	81	Pentamidine Isethionate	51
Octreotide Acetate	86	Oxcarbazepine	41	Pentasa	91
Odefsey	57	Oxybutynin Chloride	79	Pentoxifylline ER	66
Odomzo	50	Oxybutynin Chloride ER	79	Perforomist	96
Ofev	97	Oxycodone HCl	33	Perindopril Erbumine	64
Ofloxacin	95	Oxycodone -Acetaminophen	33	Periogard	71
Olanzapine	54	Ozempic	60	Permethrin	73
Olanzapine ODT	54	P		Perphenazine	43
Olmesartan Medoxomil	63	PEG -3350 -Electrolytes	77	Perseris	54
Olmesartan Medoxomil -HCTZ	66	PEG -3350 -NaCl -Na Bicarbonate -KCl	77	Phenelzine Sulfate	42
Olmesartan -Amlodipine -HCTZ	66	Pacerone	64	Phenobarbital	40
Olopatadine HCl	93	Paliperidone ER	54	Phenoxybenzamine HCl	63
Omega -3 -Acid Ethyl Esters	68	Panretin	51	Phenytek	41
Omeprazole	78	Pantoprazole Sodium	78	Phenytoin	41
Ondansetron HCl	44	Panzyga	87	Phenytoin Sodium Extended	41
Ondansetron ODT	44	Paricalcitol	91	Phoslyra	76
Onureg	47	Paromomycin Sulfate	34	Pifeltro	56

Pilocarpine HCl	94	Pramipexole Dihydrochloride	52	ProAir RespiClick	96
Pimecrolimus	73	Prasugrel HCl	63	ProQuad	90
Pimozide	53	Pravastatin Sodium	68	Probenecid	45
Pimtrea	84	Praziquantel	51	Probenecid -Colchicine	45
Pindolol	65	Prazosin HCl	63	Prochlorperazine	43
Pioglitazone HCl	60	PreHevbrio	90	Prochlorperazine Maleate	43
Pioglitazone HCl -Glimepiride	60	Pred Mild	94	Procrit	63
Pioglitazone HCl -Metformin HCl	60	Pred -G S.O.P.	92	Procto -Med HC	91
Piperacillin -Tazobactam	37	Prednicarbate	73	Procto -Pak	91
Piqray	50	Prednisolone	80	Proctosol HC	91
Pirfenidone	97	Prednisolone Acetate	94	Proctozone -HC	91
Pirmella 1/35	84	Prednisolone Sodium Phosphate	94	Procysbi	79
Piroxicam	31	Prednisone	80	Progesterone	85
Plasma -Lyte 148	75	Prednisone Intensol	80	Prograf	89
Plasma -Lyte A	75	Pregabalin	70	Prolastin -C	79
Plenamine	75	Premarin	84	Prolensa	94
Podofilox	73	Premasol	75	Prolia	91
Polymyxin B Sulfate	35	Premphase	84	Promacta	63
Polymyxin B -Trimethoprim ..	93	Prempro	84	Promethazine HCl	43
Pomalyst	47	Prenatal	76	Promethegan	44
Portia -28	84	Prevalite	68	Propafenone HCl	64
Posaconazole	44	Prevymis	55	Propafenone HCl ER	64
Potassium Chloride	75	Prezcobix	58	Propranolol HCl	65
Potassium Chloride CR	75	Prezista	58	Propranolol HCl ER	65
Potassium Chloride ER	75	Priftin	46	Propylthiouracil	86
Potassium Chloride in Dextrose 5%	75	Primaquine Phosphate	51	Prosol	75
Potassium Chloride in NaCl .	75	Primidone	40	Protriptyline HCl	43
Potassium Citrate ER	75	Priorix	90	Pulmozyme	96
Praluent	68	Privigen	87	Purixan	47

Pyrazinamide	46
Pyridostigmine Bromide	46
Pyridostigmine Bromide ER	46
Pyrimethamine	51
Pyrukynd	63
Pyrukynd Taper Pack	63

Q

Qinlock	47
Quadracel	90
Quetiapine Fumarate	54
Quetiapine Fumarate ER	54
Quinapril HCl	64
Quinapril -Hydrochlorothiazide	67
Quinidine Gluconate ER	64
Quinidine Sulfate	64
Quinine Sulfate	51

R

RAVICTI	79
RabAvert	90
Rabeprazole Sodium	78
Raloxifene HCl	85
Ramelteon	98
Ramipril	64
Ranolazine ER	67
Rasagiline Mesylate	52
Rasuvo	89
Royaldee	91
Rebif	70
Rebif Rebidose	70

Rebif Rebidose Titration Pack	70
Rebif Titration Pack	70
Reclipsen	84
Recombivax HB	90
Rectiv	69
Regranex	73
Relenza Diskhaler	58
Relistor	77
Repaglinide	60
Repatha	68
Repatha Pushtronex System	68
Repatha SureClick	68
Restasis MultiDose	92
Restasis Single -Use Vials	92
Retacrit	63
Retevmo	47
Revcovi	79
Revlimid	47
Rexulti	54
Reyataz	58
Rhopressa	94
Ribavirin	55
Ridaura	87
Rifabutin	46
Rifampin	46
Riluzole	70
Rimantadine HCl	58
Rinvoq	87
Risedronate Sodium	92

Risperdal Consta	54
Risperidone	54
Risperidone ODT	54
Ritonavir	58
Rivastigmine	41
Rivastigmine Tartrate	41
Rivelsa	84
Rizatriptan Benzoate	45
Rizatriptan Benzoate ODT	45
Rocklatan	92
Roflumilast	96
Ropinirole HCl	52
Rosuvastatin Calcium	68
RotaTeq	90
Rotarix	90
Roweepra	39
Rozlytrek	50
Rubraca	50
Ruconest	86
Rufinamide	41
Rukobia	57
Rybelsus	60
Rydapt	50
Rytary	52

S

SPS	76
SSD	73
Sajazir	86
Sancuso	44

Sandimmune	89	Sodium Chloride	76	Sucraid	79
Santyl	73	Sodium Fluoride	76	Sucralfate	78
Sapropterin Dihydrochloride	79	Sodium Phenylbutyrate	79	Sulfacetamide Sodium	93
Savella	70	Sodium Polystyrene Sulfonate	76	Sulfacetamide -Prednisolone	92
Savella Titration Pack	70	Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate .	77	Sulfadiazine	38
Scemblix	50	Sofosbuvir -Velpatasvir	55	Sulfamethoxazole -Trimethoprim	38
Scopolamine	44	Solifenacin Succinate	79	Sulfamylon .	74
Secuado	54	Soliqua	60	Sulfasalazine	91
Selegiline HCl	52	Soltamox	47	Sulindac	31
Selenium Sulfide	73	Somavert .	86	Sumatriptan .	45
Selzentry	57	Sorafenib Tosylate	50	Sumatriptan Succinate	45
Serevent Diskus	96	Sorine	64	Sunitinib Malate .	50
Serostim	80	Sotalol HCl	64	Suprax	36
Sertraline HCl .	43	Sotalol HCl AF	64	Suprep Bowel Prep Kit	77
Setlakin .	84	Sovaldi	55	Sutab	77
Sevelamer Carbonate	76	Spiriva HandiHaler .	96	Syeda .	84
Sharobel .	85	Spiriva Respimat	96	Symbicort	98
Shingrix	90	Spirolactone	67	SymlinPen 120	60
Signifor	86	Spirolactone -HCTZ .	67	SymlinPen 60	60
Sildenafil Citrate	97	Sprintec 28 .	84	Sympazan	40
Silodosin	79	Spritam ODT	39	Symtuza	58
Silver Sulfadiazine .	73	Sprycel .	50	Synarel .	86
Simbrinza .	94	Sronyx .	84	Synjardy	60
Simponi	89	Stelara	87	Synjardy XR .	60
Simvastatin	68	Stiolto Respimat	98	Synribo	47
Sirolimus	89	Stivarga .	50	Synthroid .	85
Sirturo	46	Streptomycin Sulfate .	34		
Skyrizi	87	Stribild	56	T	
Skyrizi Pen	87	Suboxone	34	TDVAX	90
				TOBI Podhaler .	96

TPN Electrolytes	76	Teriparatide	92	Tolcapone	52
Tabloid	47	Testosterone	81	Tolterodine Tartrate	79
Tabrecta	47	Testosterone Cypionate	81	Tolterodine Tartrate ER	79
Tacrolimus	89	Testosterone Enanthate	81	Topiramate	39
Tadalafil	97	Tetrabenazine	70	Toremifene Citrate	47
Tafinlar	50	Tetracycline HCl	39	Torsemide	67
Tagrisso	50	Thalomid	47	Toujeo Max SoloStar	61
Talzenna	50	Theophylline	97	Toujeo SoloStar	61
Tamoxifen Citrate	47	Theophylline ER	97	Tracleer	97
Tamsulosin HCl	79	Thioridazine HCl	53	Tradjenta	60
Tarina 24 Fe	84	Thiothixene	53	Tramadol HCl	33
Tarina Fe 1/20 EQ	84	Tiadyt ER	65	Tramadol HCl ER	32
Tasigna	50	Tiagabine HCl	40	Tramadol -Acetaminophen	33
Tazarotene	71	Tibsovo	50	Trandolapril	64
Tazicef	36	Ticovac	90	Trandolapril -Verapamil HCl ER	67
Taztia XT	65	Tigecycline	35	Tranexamic Acid	63
Tazverik	47	Tilia Fe	84	Tranylcypromine Sulfate	42
Teflaro	36	Timolol Maleate	94	Travasol	76
Tegsedi	79	Timolol Maleate Ophthalmic Gel Forming	94	Travoprost	94
Telmisartan	63	Tinidazole	35	Trazodone HCl	43
Telmisartan -Amlodipine	67	Tivicay	56	Trecator	46
Telmisartan -HCTZ	67	Tivicay PD	56	Trelegy Ellipta	98
Temazepam	98	Tizanidine HCl	55	Trelstar Mixject	86
Tenivac	90	TobraDex	92	Tresiba	62
Tenofovir Disoproxil Fumarate	57	TobraDex ST	92	Tresiba FlexTouch	61
Tepmetko	50	Tobramycin	96	Tretinoin	71
Terazosin HCl	79	Tobramycin Sulfate	34	Tretinoin Microsphere	71
Terbinafine HCl	44	Tobramycin -Dexamethasone	92	Trexall	89
Terconazole	44	Tobrex	93	Tri -Estarylla	84

Tri -Legest Fe84	Truseltiq47	Velivet84
Tri -Lo -Estarylla84	Tukysa47	Velphoro76
Tri -Lo -Sprintec84	Turalio50	Veltassa76
Tri -Mili84	Twinrix90	Vemlidy55
Tri -Nymyo84	Tybost57	Venclexta50
Tri -Sprintec84	Tymlos92	Venclexta Starting Pack50
Tri -VyLibra84	Typhim Vi90	Venlafaxine Besylate ER43
Tri -VyLibra Lo84	Tyvaso DPI Maintenance Kit97	Venlafaxine HCl43
Triamcinolone Acetonide73	Tyvaso DPI Titration Kit97	Venlafaxine HCl ER43
Triamterene67	U	Ventavis97
Triamterene -HCTZ67	Unithroid85	Verapamil HCl66
Triderm73	Ursodiol78	Verapamil HCl ER66
Trientine HCl76	V	Versacloz55
Trifluoperazine HCl53	VAQTA90	Verzenio50
Trifluridine93	Valacyclovir HCl56	Vestura84
Trihexyphenidyl HCl52	Valchlor46	Vibramycin39
Trijardy XR60	Valganciclovir HCl55	Victoza60
Trimethoprim35	Valproic Acid39	Vienna84
Trimipramine Maleate43	Valsartan63	Vigabatrin40
Trintellix43	Valsartan -Hydrochlorothiazide67	Vigadrone40
Triumeq57	Valtoco 10MG Dose40	Viibryd43
Triumeq PD57	Valtoco 15MG Dose40	Viibryd Starter Pack43
Trivora84	Valtoco 20MG Dose40	Vilazodone HCl43
Trizivir57	Valtoco 5MG Dose40	Vimpat41
TrophAmine76	Vancomycin HCl35	Viracept58
Trospium Chloride79	Vandazole35	Viread57
Trulance77	Varenicline Tartrate34	Vitrakvi50
Trulicity60	Varivax90	Vivitrol33
Trumenba90	Vascepa68	Vizimpro50

Vonjo	47	Xiidra	92	Zirgan	55
Voriconazole	45	Xofluza	58	Zolinza	48
Vosevi	55	Xolair	88	Zolpidem Tartrate	98
Votrient	50	Xospata	50	Zonisade	41
Vraylar	54	Xpovio	48	Zonisamide	41
Vumerity	71	Xtampza ER	32	Zorbtive	80
VyLibra	84	Xtandi	46	Zovia 1/35	85
Vyfemla	84	Xulane	85	Zydelig	51
Vyndamax	79	Xyrem	98	Zyflo	95
Vyndaqel	79	Y		Zykadia	51
Vyvanse	69	YF -Vax	90	Zyprexa Relprew	55
Vyzulta	94	Yuvaferm	85		
W		Z			
WYMZYA Fe	84	Zafemy	85		
Warfarin Sodium	62	Zafirlukast	95		
Welireg	50	Zaleplon	98		
Wixela Inhub	98	Zarxio	63		
X		Zejula	51		
Xalkori	50	Zelapar ODT	52		
Xarelto	62	Zelboraf	51		
Xarelto Starter Pack	62	Zemaira	79		
Xatmep	89	Zenatane	71		
Xcopri	40	Zenpep	79		
Xeljanz	88	Zerbaxa	36		
Xeljanz XR	88	Zidovudine	57		
Xermelo	77	Ziextenzo	63		
Xgeva	92	Zileuton ER	95		
Xifaxan	35	Ziprasidone HCl	54		
Xigduo XR	60	Ziprasidone Mesylate	54		

Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-30.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or (G) identifier is listed in the “Brand or Generic” column. Your plan has 1 tier named “Covered drugs.” All covered drugs are in this tier. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 99-132.

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Buprenorphine (Transdermal Patch Weekly)	G	1	7D; DL; QL
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	1	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	1	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	1	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	1	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	1	QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	1	QL
Butorphanol Tartrate (Nasal Solution)	G	1	7D; MME; DL; QL
Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)	B	1	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet)	G	1	7D; MME; DL; QL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	1	PA; DL; QL
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)	G	1	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	1	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
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	1	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	1	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (10MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (20MG/5ML Oral Solution)	B	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	1	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	1	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	1	QL
Lidocaine (5% External Patch)	G	1	PA; QL
Lidocaine HCl (4% External Solution)	G	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	1	
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	1	
Disulfiram (Oral Tablet)	G	1	
Naltrexone HCl (Oral Tablet)	G	1	
Vivitrol (Intramuscular Suspension Reconstituted)	B	1	DL
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	QL
Suboxone (Sublingual Film)	B	1	QL
Opioid Reversal Agents			
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
Naloxone HCl (Nasal Liquid)	G	1	
Narcan (Nasal Liquid)	B	1	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Nicotrol (Inhalation Inhaler)	B	1	
Nicotrol NS (Nasal Solution)	B	1	
Varenicline Tartrate (Oral Tablet)	G	1	
Varenicline Tartrate (Oral Tablet Therapy Pack)	G	1	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	1	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Neomycin Sulfate (Oral Tablet)	G	1	
Paromomycin Sulfate (Oral Capsule)	G	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	DL
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
Antibacterials, Other			
Aztreonam (Injection Solution Reconstituted)	G	1	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	1	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	1	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	1	
Clindamycin Phosphate (Vaginal Cream)	G	1	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	1	DL
Dalvance (Intravenous Solution Reconstituted)	B	1	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
Daptomycin (Intravenous Solution Reconstituted)	G	1	DL
Linezolid (Intravenous Solution)	G	1	
Linezolid (Oral Suspension Reconstituted)	G	1	DL; QL
Linezolid (Oral Tablet)	G	1	QL
Methenamine Hippurate (Oral Tablet)	G	1	
Metronidazole (0.75% External Cream)	G	1	
Metronidazole (0.75% External Gel, 1% External Gel)	G	1	
Metronidazole (0.75% External Lotion)	G	1	
Metronidazole (500MG/100ML Intravenous Solution)	G	1	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	1	
Metronidazole (0.75% Vaginal Gel)	G	1	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	1	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	
Nitrofurantoin (Oral Suspension)	G	1	DL
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	1	
Tigecycline (Intravenous Solution Reconstituted)	G	1	DL
Tinidazole (Oral Tablet)	G	1	
Trimethoprim (Oral Tablet)	G	1	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	1	
Vancomycin HCl (Oral Capsule)	G	1	QL
Vandazole (Vaginal Gel)	B	1	
Xifaxan (Oral Tablet)	B	1	PA; DL
Beta-lactam, Cephalosporins			
Cefaclor (Oral Capsule)	G	1	
Cefadroxil (Oral Capsule)	G	1	
Cefadroxil (Oral Suspension Reconstituted)	G	1	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Cefdinir (Oral Capsule)	G	1	
Cefdinir (Oral Suspension Reconstituted)	G	1	
Cefepime HCl (Injection Solution Reconstituted)	G	1	
Cefixime (Oral Capsule)	G	1	
Cefixime (Oral Suspension Reconstituted)	G	1	
Cefotetan Disodium (Injection Solution Reconstituted)	G	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Tablet)	G	1	
Cefprozil (Oral Suspension Reconstituted)	G	1	
Cefprozil (Oral Tablet)	G	1	
Ceftazidime (Injection Solution Reconstituted)	G	1	
Ceftazidime (Intravenous Solution Reconstituted)	G	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	1	
Cephalexin (750MG Oral Capsule)	G	1	
Cephalexin (Oral Suspension Reconstituted)	G	1	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	1	
Suprax (Oral Tablet Chewable)	G	1	
Tazicef (Injection Solution Reconstituted)	G	1	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	1	
Teflaro (Intravenous Solution Reconstituted)	B	1	DL
Zerbaxa (Intravenous Solution Reconstituted)	B	1	PA; DL
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	1	
Ampicillin (Oral Capsule)	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
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	1	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	1	
Bicillin C-R (Intramuscular Suspension)	B	1	
Bicillin L-A (Intramuscular Suspension)	B	1	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	1	
Dicloxacillin Sodium (Oral Capsule)	G	1	
Nafcillin Sodium (Injection Solution Reconstituted)	G	1	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Oxacillin Sodium in Dextrose (Intravenous Solution)	B	1	
Oxacillin Sodium (Injection Solution Reconstituted)	G	1	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	1	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	1	
Penicillin G Procaine (Intramuscular Suspension)	G	1	
Penicillin G Sodium (Injection Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Tablet)	G	1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	G	1	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	1	
Meropenem (Intravenous Solution Reconstituted)	G	1	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	1	
Clarithromycin (Oral Suspension Reconstituted)	G	1	
Clarithromycin (Oral Tablet Immediate Release)	G	1	
Difcid (Oral Suspension Reconstituted)	B	1	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Difcid (Oral Tablet)	B	1	DL
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	1	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	1	
Erythromycin Base (Oral Tablet Immediate Release)	G	1	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	1	
Erythromycin Ethylsuccinate (Oral Tablet)	G	1	
Erythromycin (Oral Tablet Delayed Release)	G	1	
Quinolones			
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	G	1	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	1	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	1	
Levofloxacin (25MG/ML Intravenous Solution)	G	1	
Levofloxacin (25MG/ML Oral Solution)	G	1	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	1	
Moxifloxacin HCl (Oral Tablet)	G	1	
Ofloxacin (Oral Tablet)	G	1	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	1	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Oral Capsule)	G	1	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	1	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	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
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	1	
Minocycline HCl (Oral Capsule)	G	1	
Minocycline HCl (Oral Tablet Immediate Release)	G	1	
Tetracycline HCl (Oral Capsule)	G	1	
Vibramycin (50MG/5ML Oral Syrup)	B	1	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	1	PA; DL; QL
BRIVIACT (Oral Tablet)	B	1	PA; DL; QL
Epidiolex (Oral Solution)	B	1	PA; DL
Eprontia (Oral Solution)	B	1	
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	
Fintepla (Oral Solution)	B	1	PA; DL; QL
Fycompa (Oral Suspension)	B	1	DL; QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	1	DL; QL
Fycompa (2MG Oral Tablet)	B	1	QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	1	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	1	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	1	
Levetiracetam (Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate Release)	G	1	
Roweepra (Oral Tablet Immediate Release)	G	1	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	1	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	
Topiramate (Oral Tablet)	G	1	
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (Oral Solution)	G	1	
Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	1	PA; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	1	
Ethosuximide (Oral Capsule)	G	1	
Ethosuximide (Oral Solution)	G	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL
Diacomit (Oral Capsule)	B	1	DL; QL
Diacomit (Oral Packet)	B	1	DL; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	1	QL
Gabapentin (Oral Capsule)	G	1	
Gabapentin (250MG/5ML Oral Solution)	G	1	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Nayzilam (Nasal Solution)	B	1	PA; QL
Phenobarbital (Oral Elixir)	G	1	
Phenobarbital (Oral Tablet)	G	1	
Primidone (Oral Tablet)	G	1	
Sympazan (Oral Film)	B	1	PA; DL; QL
Tiagabine HCl (Oral Tablet)	G	1	
Valtoco 10MG Dose (Nasal Liquid)	B	1	PA; DL; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	1	PA; DL; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	1	PA; DL; QL
Valtoco 5MG Dose (Nasal Liquid)	B	1	PA; DL; QL
Vigabatrin (Oral Packet)	G	1	PA; DL; QL
Vigabatrin (Oral Tablet)	G	1	PA; DL; QL
Vigadrone (Oral Packet)	G	1	PA; DL; QL
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	1	DL; QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Carbamazepine (Oral Suspension)	G	1	

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
Carbamazepine (Oral Tablet Immediate Release)	G	1	
Carbamazepine (Oral Tablet Chewable)	G	1	
Dilantin INFATABS (Oral Tablet Chewable)	G	1	
Dilantin (Oral Capsule)	G	1	
Epitol (Oral Tablet)	G	1	
Lacosamide (Oral Solution)	G	1	QL
Lacosamide (Oral Tablet)	G	1	QL
Oxcarbazepine (300MG/5ML Oral Suspension)	G	1	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	G	1	
Phenytek (Oral Capsule)	G	1	
Phenytoin (125MG/5ML Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (Oral Capsule)	G	1	
Rufinamide (Oral Suspension)	G	1	DL
Rufinamide (200MG Oral Tablet)	G	1	
Rufinamide (400MG Oral Tablet)	G	1	DL
Vimpat (Oral Solution)	B	1	QL
Vimpat (Oral Tablet)	B	1	QL
Zonisade (Oral Suspension)	B	1	ST
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Antidementia Agents, Other			
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	1	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	1	PA; QL
Cholinesterase Inhibitors			
Donepezil HCl (Oral Tablet)	G	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Galantamine Hydrobromide (Oral Solution)	G	1	QL
Galantamine Hydrobromide (Oral Tablet)	G	1	QL
Rivastigmine Tartrate (Oral Capsule)	G	1	QL
Rivastigmine (Transdermal Patch 24 Hour)	G	1	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (Oral Solution)	G	1	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Memantine HCl Titration Pak (Oral Tablet)	B	1	PA; QL
Antidepressants			
Antidepressants, Other			
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	1	
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	1	DL; QL
Marplan (Oral Tablet)	B	1	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranylcypromine Sulfate (Oral Tablet)	G	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (Oral Capsule)	B	1	
Citalopram Hydrobromide (Oral Solution)	G	1	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	QL
Escitalopram Oxalate (Oral Solution)	G	1	
Escitalopram Oxalate (Oral Tablet)	G	1	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	1	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	1	ST; QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	1	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	1	
Fluvoxamine Maleate (Oral Tablet)	G	1	
Nefazodone HCl (Oral Tablet)	G	1	
Paroxetine HCl (10MG/5ML Oral Suspension)	G	1	
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)	G	1	

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
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	1	
Trazodone HCl (300MG Oral Tablet)	G	1	
Trintellix (Oral Tablet)	B	1	QL
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	1	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	
Viibryd (Oral Tablet)	B	1	QL
Viibryd Starter Pack (Oral Kit)	B	1	QL
Vilazodone HCl (Oral Tablet)	G	1	QL
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	1	
Amoxapine (Oral Tablet)	G	1	
Clomipramine HCl (Oral Capsule)	G	1	
Desipramine HCl (Oral Tablet)	G	1	
Doxepin HCl (Oral Capsule)	G	1	
Doxepin HCl (Oral Concentrate)	G	1	
Imipramine HCl (Oral Tablet)	G	1	
Imipramine Pamoate (Oral Capsule)	G	1	
Nortriptyline HCl (Oral Capsule)	G	1	
Nortriptyline HCl (Oral Solution)	G	1	
Protriptyline HCl (Oral Tablet)	G	1	
Trimipramine Maleate (Oral Capsule)	G	1	
Antiemetics			
Antiemetics, Other			
Compro (Rectal Suppository)	G	1	
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	1	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Perphenazine (Oral Tablet)	G	1	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	1	
Promethazine HCl (Oral Syrup)	G	1	
Promethazine HCl (Oral Tablet)	G	1	
Promethazine HCl (Rectal Suppository)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Promethegan (25MG Rectal Suppository)	G	1	QL
Scopolamine (Transdermal Patch 72 Hour)	G	1	
Emetogenic Therapy Adjuncts			
Anzemet (Oral Tablet)	B	1	B/D,PA
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	PA; QL
Dronabinol (Oral Capsule)	G	1	PA
Granisetron HCl (Oral Tablet)	G	1	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	1	B/D,PA
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	1	B/D,PA
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D,PA
Sancuso (Transdermal Patch)	B	1	DL; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	1	B/D,PA
AmBisome (Intravenous Suspension Reconstituted)	B	1	B/D,PA; DL
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D,PA
Clotrimazole (Mouth/Throat Troche)	G	1	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	1	
Fluconazole (Oral Suspension Reconstituted)	G	1	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	1	DL
Griseofulvin Microsize (Oral Suspension)	G	1	
Griseofulvin Microsize (Oral Tablet)	G	1	
Griseofulvin Ultramicrosize (Oral Tablet)	G	1	
Itraconazole (Oral Capsule)	G	1	PA; QL
Itraconazole (Oral Solution)	G	1	PA; DL
Ketoconazole (Oral Tablet)	G	1	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	1	
Miconazole 3 (Vaginal Suppository)	G	1	
Noxafil (Oral Suspension)	B	1	DL; QL
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Posaconazole (Oral Tablet Delayed Release)	G	1	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	1	
Terconazole (Vaginal Cream)	G	1	
Terconazole (Vaginal Suppository)	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
Voriconazole (Intravenous Solution Reconstituted)	G	1	PA; DL
Voriconazole (Oral Suspension Reconstituted)	G	1	DL; QL
Voriconazole (Oral Tablet)	G	1	QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	1	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	QL
Febuxostat (Oral Tablet)	G	1	ST
Probenecid (Oral Tablet)	G	1	
Probenecid-Colchicine (Oral Tablet)	G	1	
Antimigraine Agents			
Acute			
Naratriptan HCl (Oral Tablet)	G	1	QL
Nurtec ODT (Oral Tablet Dispersible)	B	1	PA; DL; QL
Rizatriptan Benzoate (Oral Tablet)	G	1	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	1	QL
Sumatriptan (Nasal Solution)	G	1	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	1	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	1	QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	1	PA; DL; QL
Ergotamine-Caffeine (Oral Tablet)	G	1	
Migergot (Rectal Suppository)	G	1	DL
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	1	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	1	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	1	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	1	PA; QL
Timolol Maleate (Oral Tablet)	G	1	
Antimyasthenic Agents			
Parasympathomimetics			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	DL
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	1	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	1	
Rifabutin (Oral Capsule)	G	1	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
Paser (4GM Oral Packet)	G	1	
Priftin (Oral Tablet)	B	1	
Pyrazinamide (Oral Tablet)	G	1	
Rifampin (600MG Intravenous Solution Reconstituted)	G	1	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	G	1	
Sirturo (Oral Tablet)	B	1	PA; DL
Trecator (Oral Tablet)	B	1	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	1	B/D,PA
Cyclophosphamide (25MG Oral Tablet)	G	1	B/D,PA
Cyclophosphamide (50MG Oral Tablet)	B	1	B/D,PA
Leukeran (Oral Tablet)	B	1	DL
Matulane (Oral Capsule)	B	1	DL
Valchlor (External Gel)	B	1	PA; DL; QL
Antiandrogens			
Abiraterone Acetate (250MG Oral Tablet)	G	1	PA; QL
Abiraterone Acetate (500MG Oral Tablet)	G	1	PA; DL; QL
Bicalutamide (Oral Tablet)	G	1	
Erleada (Oral Tablet)	B	1	PA; DL; QL
Nilutamide (Oral Tablet)	G	1	DL
Nubeqa (Oral Tablet)	B	1	PA; DL; QL
Xtandi (Oral Capsule)	B	1	PA; DL; QL
Xtandi (Oral Tablet)	B	1	PA; DL; QL
Antiangiogenic Agents			

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
Fotivda (Oral Capsule)	B	1	PA; DL; QL
Lenalidomide (Oral Capsule)	G	1	PA; DL; QL
Pomalyst (Oral Capsule)	B	1	PA; DL; QL
Qinlock (Oral Tablet)	B	1	PA; DL; QL
Revlimid (Oral Capsule)	B	1	PA; DL; QL
Tabrecta (Oral Tablet)	B	1	PA; DL; QL
Thalomid (Oral Capsule)	B	1	PA; DL; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	1	
Soltamox (Oral Solution)	B	1	DL
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	1	DL
Antimetabolites			
Droxia (Oral Capsule)	B	1	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	1	
Onureg (Oral Tablet)	B	1	PA; DL; QL
Purixan (Oral Suspension)	B	1	PA; DL
Tabloid (Oral Tablet)	B	1	PA
Antineoplastics, Other			
IDHIFA (Oral Tablet)	B	1	PA; DL; QL
Lonsurf (Oral Tablet)	B	1	PA; DL; QL
Lumakras (Oral Tablet)	B	1	PA; DL; QL
Ninlaro (Oral Capsule)	B	1	PA; DL; QL
Pemazyre (Oral Tablet)	B	1	PA; DL; QL
Retevmo (Oral Capsule)	B	1	PA; DL; QL
Synribo (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Tazverik (Oral Tablet)	B	1	PA; DL; QL
Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack)	B	1	PA; DL; QL
Truseltiq (125MG Daily Dose) (Oral Capsule Therapy Pack)	B	1	PA; DL; QL
Truseltiq (50MG Daily Dose) (Oral Capsule Therapy Pack)	B	1	PA; DL; QL
Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack)	B	1	PA; DL; QL
Tukysa (Oral Tablet)	B	1	PA; DL; QL
Vonjo (Oral Capsule)	B	1	PA; DL; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Zolinza (Oral Capsule)	B	1	PA; DL
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Exemestane (Oral Tablet)	G	1	
Letrozole (Oral Tablet)	G	1	
Molecular Target Inhibitors			
Alecensa (Oral Capsule)	B	1	PA; DL; QL
Alunbrig (Oral Tablet)	B	1	PA; DL; QL
Alunbrig (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Ayvakit (Oral Tablet)	B	1	PA; DL; QL
Balversa (Oral Tablet)	B	1	PA; DL; QL
Bosulif (Oral Tablet)	B	1	PA; DL; QL
Braftovi (Oral Capsule)	B	1	PA; DL
Brukina (Oral Capsule)	B	1	PA; DL; QL
Cabometyx (Oral Tablet)	B	1	PA; DL; QL
Calquence (Oral Capsule)	B	1	PA; DL; QL
Calquence (Oral Tablet)	B	1	PA; DL; QL
Caprelsa (Oral Tablet)	B	1	PA; DL
Cometriq (100MG Daily Dose) (Oral Kit)	B	1	PA; DL; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	1	PA; DL; QL
Cometriq (60MG Daily Dose) (Oral Kit)	B	1	PA; DL; QL
Copiktra (Oral Capsule)	B	1	PA; DL; QL
Cotellic (Oral Tablet)	B	1	PA; DL; QL
Daurismo (Oral Tablet)	B	1	PA; DL; QL
Erivedge (Oral Capsule)	B	1	PA; DL
Erlotinib HCl (Oral Tablet)	G	1	PA; DL; QL

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
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA; DL
Everolimus (Oral Tablet Soluble)	G	1	PA; DL
Exkivity (Oral Capsule)	B	1	PA; DL; QL
Gavreto (Oral Capsule)	B	1	PA; DL; QL
Gilotrif (Oral Tablet)	B	1	PA; DL
Ibrance (Oral Capsule)	B	1	PA; DL; QL
Ibrance (Oral Tablet)	B	1	PA; DL; QL
Iclusig (Oral Tablet)	B	1	PA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	1	PA; DL; QL
Imbruvica (Oral Capsule)	B	1	PA; DL; QL
Imbruvica (Oral Suspension)	B	1	PA; DL; QL
Imbruvica (Oral Tablet)	B	1	PA; DL; QL
Inlyta (Oral Tablet)	B	1	PA; DL; QL
Inqovi (Oral Tablet)	B	1	PA; DL; QL
Inrebic (Oral Capsule)	B	1	PA; DL; QL
Iressa (Oral Tablet)	B	1	PA; DL; QL
Jakafi (Oral Tablet)	B	1	PA; DL; QL
Kisqali (200MG Dose) (Oral Tablet)	B	1	PA; DL; QL
Kisqali (400MG Dose) (Oral Tablet)	B	1	PA; DL; QL
Kisqali (600MG Dose) (Oral Tablet)	B	1	PA; DL; QL
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Koselugo (Oral Capsule)	B	1	PA; DL; QL
Lapatinib Ditosylate (Oral Tablet)	G	1	PA; DL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; DL
Lorbrena (Oral Tablet)	B	1	PA; DL; QL
Lynparza (Oral Tablet)	B	1	PA; DL; QL
Mekinist (Oral Tablet)	B	1	PA; DL
Mektovi (Oral Tablet)	B	1	PA; DL
Nerlynx (Oral Tablet)	B	1	PA; DL; QL
Odomzo (Oral Capsule)	B	1	PA; DL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Rozlytrek (Oral Capsule)	B	1	PA; DL; QL
Rubraca (Oral Tablet)	B	1	PA; DL; QL
Rydapt (Oral Capsule)	B	1	PA; DL; QL
Scemblix (Oral Tablet)	B	1	PA; DL; QL
Sorafenib Tosylate (Oral Tablet)	G	1	PA; DL
Sprycel (Oral Tablet)	B	1	PA; DL; QL
Stivarga (Oral Tablet)	B	1	PA; DL; QL
Sunitinib Malate (Oral Capsule)	G	1	PA; DL; QL
Tafinlar (Oral Capsule)	B	1	PA; DL
Tagrisso (Oral Tablet)	B	1	PA; DL; QL
Talzenna (Oral Capsule)	B	1	PA; DL; QL
Tasigna (Oral Capsule)	B	1	PA; DL; QL
Tepmetko (Oral Tablet)	B	1	PA; DL; QL
Tibsovo (Oral Tablet)	B	1	PA; DL; QL
Turalio (Oral Capsule)	B	1	PA; DL; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	1	PA; DL; QL
Venclexta (10MG Oral Tablet)	B	1	PA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Verzenio (Oral Tablet)	B	1	PA; DL; QL
Vitrakvi (Oral Capsule)	B	1	PA; DL; QL
Vitrakvi (Oral Solution)	B	1	PA; DL; QL
Vizimpro (Oral Tablet)	B	1	PA; DL; QL
Votrient (Oral Tablet)	B	1	PA; DL; QL
Welireg (Oral Tablet)	B	1	PA; DL; QL
Xalkori (Oral Capsule)	B	1	PA; DL
Xospata (Oral Tablet)	B	1	PA; DL; QL

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
Zejula (Oral Capsule)	B	1	PA; DL; QL
Zelboraf (Oral Tablet)	B	1	PA; DL
Zydelig (Oral Tablet)	B	1	PA; DL; QL
Zykadia (Oral Tablet)	B	1	PA; DL; QL
Retinoids			
Bexarotene (External Gel)	G	1	PA; DL; QL
Bexarotene (Oral Capsule)	G	1	PA; DL
Panretin (External Gel)	B	1	PA; DL
Tretinoin (Oral Capsule)	G	1	DL
Treatment Adjuncts			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	G	1	
Leucovorin Calcium (25MG Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	1	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	1	QL
Ivermectin (Oral Tablet)	G	1	PA
Praziquantel (Oral Tablet)	G	1	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	1	DL; QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	
Benznidazole (Oral Tablet)	B	1	
Chloroquine Phosphate (Oral Tablet)	G	1	QL
Coartem (Oral Tablet)	B	1	
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	1	QL
Impavido (Oral Capsule)	B	1	DL
Mefloquine HCl (Oral Tablet)	G	1	
Nitazoxanide (Oral Tablet)	G	1	DL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	1	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	1	
Primaquine Phosphate (Oral Tablet)	G	1	
Pyrimethamine (Oral Tablet)	G	1	DL
Quinine Sulfate (Oral Capsule)	G	1	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Trihexyphenidyl HCl (Oral Solution)	G	1	
Trihexyphenidyl HCl (Oral Tablet)	G	1	
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (Oral Solution)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
Entacapone (Oral Tablet)	G	1	
Tolcapone (Oral Tablet)	G	1	DL; QL
Dopamine Agonists			
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	1	PA; DL; QL
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	1	PA; DL; QL
Neupro (Transdermal Patch 24 Hour)	B	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	1	
Rytary (Oral Capsule Extended Release)	B	1	ST
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	1	
Selegiline HCl (Oral Capsule)	G	1	
Selegiline HCl (Oral Tablet)	G	1	
Zelapar ODT (Oral Tablet Dispersible)	B	1	DL
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	1	
Chlorpromazine HCl (Oral Tablet)	G	1	
Fluphenazine Decanoate (Injection Solution)	G	1	
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	1	
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	1	

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
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	1	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	
Haloperidol Decanoate (Intramuscular Solution)	G	1	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	1	
Molindone HCl (Oral Tablet)	G	1	
Pimozide (Oral Tablet)	G	1	
Thioridazine HCl (Oral Tablet)	G	1	
Thiothixene (Oral Capsule)	G	1	
Trifluoperazine HCl (Oral Tablet)	G	1	
2nd Generation/Atypical			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	1	DL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	1	DL
Aripiprazole (1MG/ML Oral Solution)	G	1	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	1	DL; QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	1	DL
Aristada (Intramuscular Prefilled Syringe)	B	1	DL
Asenapine Maleate (Tablet Sublingual)	G	1	QL
Caplyta (Oral Capsule)	B	1	PA; DL; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	1	ST; DL; QL
Fanapt Titration Pack (Oral Tablet)	B	1	ST; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	1	DL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1	DL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	1	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Latuda (Oral Tablet)	B	1	DL; QL
Lybalvi (Oral Tablet)	B	1	ST; DL; QL
Nuplazid (Oral Capsule)	B	1	PA; DL; QL
Nuplazid (Oral Tablet)	B	1	PA; DL; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	1	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	1	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Perseris (Subcutaneous Prefilled Syringe)	B	1	DL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	1	QL
Rexulti (Oral Tablet)	B	1	DL; QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	1	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	1	DL
Risperidone (1MG/ML Oral Solution)	G	1	
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	G	1	
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	G	1	
Secuado (Transdermal Patch 24 Hour)	B	1	ST; DL; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	1	ST; DL; QL
Vraylar (Oral Capsule Therapy Pack)	B	1	ST; QL
Ziprasidone HCl (Oral Capsule)	G	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	1	

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
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	1	DL
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	1	QL
Versacloz (Oral Suspension)	B	1	DL
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Tablet)	G	1	
Dantrolene Sodium (Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	1	PA; DL; QL
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	1	DL; QL
Valganciclovir HCl (450MG Oral Tablet)	G	1	QL
Zirgan (Ophthalmic Gel)	B	1	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	1	
Baraclude (Oral Solution)	B	1	DL
Entecavir (Oral Tablet)	G	1	
Epivir HBV (Oral Solution)	B	1	
Lamivudine (100MG Oral Tablet)	G	1	
Vemlidy (Oral Tablet)	B	1	DL; QL
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	1	PA; DL; QL
Epclusa (Oral Tablet)	B	1	PA; DL; QL
Mavyret (Oral Packet)	B	1	PA; DL; QL
Mavyret (Oral Tablet)	B	1	PA; DL; QL
Ribavirin (Oral Tablet)	G	1	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	1	PA; DL; QL
Sovaldi (Oral Packet)	B	1	PA; DL; QL
Sovaldi (400MG Oral Tablet)	B	1	PA; DL; QL
Vosevi (Oral Tablet)	B	1	PA; DL; QL
Antitherpetic Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Acyclovir (External Ointment)	G	1	QL
Acyclovir (Oral Capsule)	G	1	
Acyclovir (Oral Suspension)	G	1	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	1	B/D,PA
Famciclovir (Oral Tablet)	G	1	QL
Valacyclovir HCl (Oral Tablet)	G	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	1	DL; QL
Dovato (Oral Tablet)	B	1	DL; QL
Genvoya (Oral Tablet)	B	1	DL; QL
Isentress HD (Oral Tablet)	B	1	DL; QL
Isentress (Oral Packet)	B	1	QL
Isentress (Oral Tablet)	B	1	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	1	QL
Isentress (25MG Oral Tablet Chewable)	B	1	QL
Juluca (Oral Tablet)	B	1	DL; QL
Stribild (Oral Tablet)	B	1	DL; QL
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	1	QL
Tivicay (50MG Oral Tablet)	B	1	DL; QL
Tivicay PD (Oral Tablet Soluble)	B	1	DL; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Complera (Oral Tablet)	B	1	DL; QL
Delstrigo (Oral Tablet)	B	1	DL; QL
Edurant (Oral Tablet)	B	1	DL; QL
Efavirenz (Oral Capsule)	G	1	QL
Efavirenz (Oral Tablet)	G	1	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	1	DL; QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	1	DL; QL
Etravirine (Oral Tablet)	G	1	DL; QL
Intelence (25MG Oral Tablet)	B	1	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nevirapine (Oral Suspension)	G	1	QL
Nevirapine (Oral Tablet Immediate Release)	G	1	QL
Pifeltro (Oral Tablet)	B	1	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	1	QL

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
Abacavir Sulfate (Oral Tablet)	G	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	1	QL
Cimduo (Oral Tablet)	B	1	DL; QL
Descovy (Oral Tablet)	B	1	DL; QL
Emtricitabine (Oral Capsule)	G	1	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (100-150MG Oral Tablet, 133-200MG Oral Tablet, 167-250MG Oral Tablet)	G	1	DL; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet)	G	1	QL
Emtriva (Oral Solution)	B	1	QL
Lamivudine (10MG/ML Oral Solution)	G	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	1	QL
Lamivudine-Zidovudine (Oral Tablet)	G	1	QL
Odefsey (Oral Tablet)	B	1	DL; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Triumeq (Oral Tablet)	B	1	DL; QL
Triumeq PD (Oral Tablet Soluble)	B	1	DL; QL
Trizivir (Oral Tablet)	B	1	DL; QL
Viread (Oral Powder)	B	1	DL; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	1	DL; QL
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	1	DL; QL
Maraviroc (Oral Tablet)	G	1	DL; QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	1	DL; QL
Selzentry (Oral Solution)	B	1	DL; QL
Selzentry (25MG Oral Tablet)	B	1	QL
Selzentry (75MG Oral Tablet)	B	1	DL; QL
Tybost (Oral Tablet)	B	1	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	1	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Evotaz (Oral Tablet)	B	1	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	1	DL; QL
Lexiva (Oral Suspension)	B	1	QL
Lopinavir-Ritonavir (Oral Solution)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL
Norvir (Oral Packet)	B	1	QL
Norvir (Oral Solution)	B	1	QL
Prezcobix (Oral Tablet)	B	1	DL; QL
Prezista (Oral Suspension)	B	1	DL; QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	1	DL; QL
Prezista (75MG Oral Tablet)	B	1	QL
Reyataz (Oral Packet)	B	1	DL; QL
Ritonavir (Oral Tablet)	G	1	QL
Symtuza (Oral Tablet)	B	1	DL; QL
Viracept (Oral Tablet)	B	1	DL; QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	1	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Rimantadine HCl (Oral Tablet)	G	1	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	1	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	1	QL
Anxiolytics			
Anxiolytics, Other			
Buspirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	1	
Hydroxyzine HCl (Oral Tablet)	G	1	
Hydroxyzine Pamoate (Oral Capsule)	G	1	
Benzodiazepines			
Alprazolam (Oral Tablet Immediate Release)	G	1	QL
Chlordiazepoxide HCl (Oral Capsule)	G	1	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	1	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	G	1	QL
Clorazepate Dipotassium (Oral Tablet)	G	1	QL
Diazepam Intensol (Oral Concentrate)	G	1	QL
Diazepam (5MG/5ML Oral Solution)	G	1	

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
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
Bipolar Agents			
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	1	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	1	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	1	QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	1	QL
Cycloset (Oral Tablet)	B	1	PA; QL
Farxiga (Oral Tablet)	B	1	QL
Glimepiride (Oral Tablet)	G	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Glipizide (Oral Tablet Immediate Release)	G	1	QL
Glipizide-Metformin HCl (Oral Tablet)	G	1	QL
Glyxambi (Oral Tablet)	B	1	QL
Janumet (Oral Tablet Immediate Release)	B	1	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	1	QL
Januvia (Oral Tablet)	B	1	QL
Jardiance (Oral Tablet)	B	1	QL
Jentadueto (Oral Tablet Immediate Release)	B	1	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	1	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Solution)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	QL
Mounjaro (Subcutaneous Solution Pen-Injector)	B	1	QL
Nateglinide (Oral Tablet)	G	1	QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector)	B	1	QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	1	QL
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	1	QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL
Repaglinide (Oral Tablet)	G	1	QL
Rybelsus (Oral Tablet)	B	1	QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	1	QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	B	1	PA; DL
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	B	1	PA; DL
Synjardy (Oral Tablet Immediate Release)	B	1	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	1	QL
Tradjenta (Oral Tablet)	B	1	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	1	QL
Trulicity (Subcutaneous Solution Pen-Injector)	B	1	QL
Victoza (Subcutaneous Solution Pen-Injector)	B	1	QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	1	QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	1	
Diazoxide (Oral Suspension)	G	1	
GlucaGen HypoKit (Injection Solution Reconstituted)	B	1	
Glucagon (Injection Kit) (Lilly)	G	1	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	1	
Gvoke Kit (Subcutaneous Solution)	B	1	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	1	
Insulins			
Humalog (Injection Solution)	B	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humalog Mix 50/50 (Subcutaneous Suspension)	B	1	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	1	
Humalog (Subcutaneous Solution Cartridge)	B	1	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humulin 70/30 (Subcutaneous Suspension)	B	1	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humulin N (Subcutaneous Suspension)	B	1	
Humulin R (Injection Solution)	B	1	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	1	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	1	
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	1	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	1	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	1	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	1	
Lantus (Subcutaneous Solution)	B	1	
Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	B	1	
Levemir (Subcutaneous Solution)	B	1	
Lyumjev (Injection Solution)	B	1	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	1	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	1	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tresiba (Subcutaneous Solution)	B	1	
Blood Products and Modifiers			
Anticoagulants			
Eliquis (Oral Tablet)	B	1	QL
Eliquis Starter Pack (Oral Tablet)	B	1	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	1	QL
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	1	DL
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	1	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	1	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	1	B/D,PA
Jantoven (Oral Tablet)	G	1	
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Tablet)	B	1	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	1	QL
Blood Products and Modifiers, Other			
Anagrelide HCl (Oral Capsule)	G	1	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	1	PA; DL
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	1	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	1	PA; DL
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	B	1	PA
Leukine (Injection Solution Reconstituted)	B	1	PA; DL
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	1	PA

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
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	1	PA; DL
Promacta (Oral Packet)	B	1	PA; DL; QL
Promacta (Oral Tablet)	B	1	PA; DL; QL
Pyrukynd (Oral Tablet)	B	1	PA; DL; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Retacrit (Injection Solution)	B	1	PA
Zarxio (Injection Solution Prefilled Syringe)	B	1	DL
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	1	
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	1	QL
Brilinta (Oral Tablet)	B	1	QL
Cablivi (Injection Kit)	B	1	PA; DL; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	QL
Prasugrel HCl (Oral Tablet)	G	1	QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (Transdermal Patch Weekly)	G	1	
Droxidopa (100MG Oral Capsule, 200MG Oral Capsule)	G	1	PA; QL
Droxidopa (300MG Oral Capsule)	G	1	PA; DL; QL
Midodrine HCl (Oral Tablet)	G	1	
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	1	
Phenoxybenzamine HCl (Oral Capsule)	G	1	DL
Prazosin HCl (Oral Capsule)	G	1	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	1	QL
Edarbi (Oral Tablet)	B	1	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Solution)	G	1	
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	1	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
Antiarrhythmics			
Amiodarone HCl (200MG Oral Tablet)	G	1	
Dofetilide (Oral Capsule)	G	1	QL
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	1	
Multaq (Oral Tablet)	B	1	QL
Pacerone (200MG Oral Tablet)	G	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Propafenone HCl (Oral Tablet)	G	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	1	
Quinidine Sulfate (Oral Tablet)	G	1	
Sorine (Oral Tablet)	G	1	
Sotalol HCl AF (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	1	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	1	
Bisoprolol Fumarate (Oral Tablet)	G	1	
Carvedilol (Oral Tablet)	G	1	
Labetalol HCl (Oral Tablet)	G	1	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	1	
Nebivolol HCl (Oral Tablet)	G	1	QL

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
Pindolol (Oral Tablet)	G	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Propranolol HCl (Oral Solution)	G	1	
Propranolol HCl (Oral Tablet)	G	1	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nimodipine (Oral Capsule)	G	1	
Nymalize (Oral Solution)	B	1	DL
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	1	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour)	B	1	
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
Aliskiren Fumarate (Oral Tablet)	G	1	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	1	QL
Amlodipine-Benazepril (Oral Capsule)	G	1	QL
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan (Oral Tablet)	G	1	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL
Corlanor (Oral Solution)	B	1	PA; QL
Corlanor (Oral Tablet)	B	1	PA; QL
Demser (Oral Capsule)	B	1	DL
Digitek (250MCG Oral Tablet)	G	1	
Digoxin (Oral Solution)	G	1	
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	1	
Digoxin (62.5MCG Oral Tablet)	G	1	
Edarbyclor (Oral Tablet)	B	1	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Tablet)	B	1	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	1	QL
Kerendia (Oral Tablet)	B	1	PA; QL
Lanoxin (Oral Tablet)	B	1	
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Metyrosine (Oral Capsule)	G	1	DL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	

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
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Spirolactone-HCTZ (Oral Tablet)	G	1	
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	G	1	QL
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	1	
Ethacrynic Acid (Oral Tablet)	G	1	
Furosemide (Injection Solution)	G	1	B/D,PA
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Torsemide (Oral Tablet)	G	1	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	1	
Eplerenone (Oral Tablet)	G	1	
Spirolactone (Oral Tablet)	G	1	
Triamterene (Oral Capsule)	G	1	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	1	
Diuril (Oral Suspension)	B	1	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	1	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	1	
Fenofibrate (50MG Oral Capsule)	G	1	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	G	1	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	
Gemfibrozil (Oral Tablet)	G	1	
Dyslipidemics, HMG CoA Reductase Inhibitors			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Fluvastatin Sodium (Oral Capsule)	G	1	QL
Livalo (Oral Tablet)	B	1	QL
Lovastatin (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	QL
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	1	
Cholestyramine (Oral Packet)	G	1	
Colesevelam HCl (Oral Packet)	G	1	
Colesevelam HCl (Oral Tablet)	G	1	
Colestipol HCl (Oral Packet)	G	1	
Colestipol HCl (Oral Tablet)	G	1	
Ezetimibe (Oral Tablet)	G	1	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	1	QL
Icosapent Ethyl (Oral Capsule)	G	1	
Juxtapid (Oral Capsule)	B	1	PA; DL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	1	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	1	
Niacor (Oral Tablet)	G	1	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	1	QL
Praluent (Subcutaneous Solution Auto-Injector)	B	1	PA; QL
Prevalite (Oral Packet)	G	1	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	1	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	1	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	1	PA; QL
Vascepa (Oral Capsule)	B	1	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			

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
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	1	
Nitro-Bid (Transdermal Ointment)	G	1	
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	1	
Nitrostat (Tablet Sublingual)	B	1	
Rectiv (Rectal Ointment)	B	1	QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	1	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Dextroamphetamine Sulfate (Oral Tablet)	G	1	QL
Vyvanse (Oral Capsule)	B	1	
Vyvanse (Oral Tablet Chewable)	B	1	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Atomoxetine HCl (Oral Capsule)	G	1	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	PA
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Dexmethylphenidate HCl (Oral Tablet)	G	1	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl (Oral Solution)	G	1	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	1	QL
Central Nervous System, Other			
Austedo (Oral Tablet)	B	1	PA; DL; QL
Ingrezza (Oral Capsule)	B	1	PA; DL; QL
Ingrezza (Oral Capsule Therapy Pack)	B	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nuedexta (Oral Capsule)	B	1	PA; DL; QL
Riluzole (Oral Tablet)	G	1	
Tetrabenazine (12.5MG Oral Tablet)	G	1	PA; QL
Tetrabenazine (25MG Oral Tablet)	G	1	PA; DL; QL
Fibromyalgia Agents			
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	1	ST; QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	1	QL
Pregabalin (Oral Capsule)	G	1	QL
Pregabalin (Oral Solution)	G	1	QL
Savella (Oral Tablet)	B	1	
Savella Titration Pack (Oral Tablet)	B	1	
Multiple Sclerosis Agents			
Aubagio (Oral Tablet)	B	1	DL; QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	1	DL; QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	1	DL; QL
Betaseron (Subcutaneous Kit)	B	1	DL; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	1	DL; QL
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	1	DL; QL
Fingolimod HCl (Oral Capsule)	G	1	DL; QL
Gilenya (0.5MG Oral Capsule)	B	1	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	DL; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	DL; QL
Mayzent (Oral Tablet)	B	1	DL; QL
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	1	QL
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	1	DL; QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	1	ST; DL; QL
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	1	ST; DL; QL
Rebif (Subcutaneous Solution Prefilled Syringe)	B	1	ST; DL; QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	1	ST; DL; QL

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
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	1	ST; DL; QL
Dental and Oral Agents			
Dental and Oral Agents			
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Periogard (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	1	
Triamcinolone Acetonide (Dental Paste)	G	1	
Dermatological Agents			
Acne and Rosacea Agents			
Accutane (Oral Capsule)	G	1	PA
Acitretin (Oral Capsule)	G	1	
Adapalene (External Cream)	G	1	
Adapalene (0.3% External Gel)	G	1	
Amnesteem (Oral Capsule)	G	1	PA
Azelaic Acid (External Gel)	G	1	QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	
Claravis (Oral Capsule)	G	1	PA
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	1	
Finacea (External Foam)	B	1	QL
Isotretinoin (Oral Capsule)	G	1	PA
Mirvaso (External Gel)	B	1	
Myorisan (Oral Capsule)	G	1	PA
Neuac (External Gel)	G	1	
Tazarotene (External Cream)	G	1	PA
Tretinoin (External Cream)	G	1	PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	G	1	PA
Tretinoin Microsphere (External Gel)	G	1	PA
Zenatane (Oral Capsule)	G	1	PA
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	1	
Alclometasone Dipropionate (External Ointment)	G	1	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	1	
Betamethasone Dipropionate Aug (External Lotion)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Betamethasone Dipropionate Aug (External Ointment)	G	1	
Betamethasone Dipropionate (External Cream)	G	1	
Betamethasone Dipropionate (External Lotion)	G	1	
Betamethasone Dipropionate (External Ointment)	G	1	
Betamethasone Valerate (External Cream)	G	1	
Betamethasone Valerate (External Lotion)	G	1	
Betamethasone Valerate (External Ointment)	G	1	
Clobetasol Propionate Emollient Base (External Cream)	G	1	
Clobetasol Propionate (External Cream)	G	1	
Clobetasol Propionate (External Gel)	G	1	
Clobetasol Propionate (External Ointment)	G	1	
Clobetasol Propionate (External Shampoo)	G	1	
Clobetasol Propionate (External Solution)	G	1	
Clodan (External Shampoo)	G	1	
Cordran (External Tape)	B	1	
Desonide (External Ointment)	G	1	QL
Desoximetasone (External Cream)	G	1	QL
Doxepin HCl (External Cream)	G	1	PA; QL
Fluocinolone Acetonide (External Cream)	G	1	
Fluocinolone Acetonide (External Ointment)	G	1	
Fluocinolone Acetonide (External Solution)	G	1	
Fluocinolone Acetonide Scalp (External Oil)	G	1	
Fluocinonide Emulsified Base (External Cream)	G	1	QL
Fluocinonide (0.05% External Cream)	G	1	QL
Fluocinonide (External Gel)	G	1	QL
Fluocinonide (External Ointment)	G	1	QL
Fluocinonide (External Solution)	G	1	QL
Fluticasone Propionate (External Cream)	G	1	
Fluticasone Propionate (External Ointment)	G	1	
Halobetasol Propionate (External Cream)	G	1	
Halobetasol Propionate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Ointment)	G	1	
Hydrocortisone (1% External Cream)	G	1	
Hydrocortisone (2.5% External Lotion)	G	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	1	
Hydrocortisone Valerate (External Ointment)	G	1	

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 Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Pimecrolimus (External Cream)	G	1	ST; QL
Prednicarbate (External Ointment)	G	1	
Selenium Sulfide (External Lotion)	G	1	
Tacrolimus (External Ointment)	G	1	ST
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	1	
Triderm (External Cream)	G	1	
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	1	QL
Calcipotriene (External Ointment)	G	1	QL
Calcipotriene (External Solution)	G	1	
Calcitriol (External Ointment)	B	1	
Clotrimazole-Betamethasone (External Cream)	G	1	QL
Clotrimazole-Betamethasone (External Lotion)	G	1	
Diclofenac Sodium (3% External Gel)	G	1	PA; QL
Fluorouracil (5% External Cream)	G	1	QL
Fluorouracil (External Solution)	G	1	
Imiquimod (5% External Cream)	G	1	QL
Imiquimod Pump (3.75% External Cream)	G	1	PA; DL
Methoxsalen Rapid (Oral Capsule)	G	1	DL
Podofilox (External Solution)	G	1	
Regranex (External Gel)	B	1	PA; DL
Santyl (External Ointment)	B	1	
Silver Sulfadiazine (External Cream)	G	1	
SSD (External Cream)	B	1	
Pediculicides/Scabicides			
Crotan (External Lotion)	G	1	
Malathion (External Lotion)	G	1	
Permethrin (External Cream)	G	1	
Topical Anti-infectives			
Ciclopirox (External Gel)	G	1	
Ciclopirox (External Shampoo)	G	1	
Ciclopirox (External Solution)	G	1	
Ciclopirox Olamine (External Cream)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ciclopirox Olamine (External Suspension)	G	1	
Clindacin ETZ (External Swab)	G	1	QL
Clindamycin Phosphate (External Gel)	G	1	QL
Clindamycin Phosphate (External Lotion)	G	1	QL
Clindamycin Phosphate (External Solution)	G	1	QL
Clindamycin Phosphate (External Swab)	G	1	QL
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	1	
Econazole Nitrate (External Cream)	G	1	QL
Ery (External Pad)	G	1	
Erythromycin (External Gel)	G	1	
Erythromycin (External Solution)	G	1	
Gentamicin Sulfate (External Cream)	G	1	
Gentamicin Sulfate (External Ointment)	G	1	
Jublia (External Solution)	B	1	
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Shampoo)	G	1	
Mentax (External Cream)	B	1	
Mupirocin Calcium (External Cream)	G	1	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	1	
Naftin (2% External Gel)	B	1	
Nyamyc (External Powder)	G	1	QL
Nystatin (External Cream)	G	1	
Nystatin (External Ointment)	G	1	
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Sulfamylon (External Cream)	B	1	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carglumic Acid (Oral Tablet Soluble)	G	1	DL
Dextrose (10% Intravenous Solution)	G	1	
Dextrose (5% Intravenous Solution)	G	1	B/D,PA
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution)	B	1	
Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution)	G	1	

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
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	1	B/D,PA
Intralipid (Intravenous Emulsion)	B	1	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	1	
Isolyte-S pH 7.4 (Intravenous Solution)	B	1	
KCl in Dextrose-NaCl (Intravenous Solution)	B	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	B	1	
Klor-Con 10 (Oral Tablet Extended Release)	B	1	
Klor-Con M10 (Oral Tablet Extended Release)	G	1	
Klor-Con M15 (Oral Tablet Extended Release)	G	1	
Klor-Con M20 (Oral Tablet Extended Release)	G	1	
Klor-Con (Oral Packet)	G	1	
Klor-Con 8 (Oral Tablet Extended Release)	B	1	
Magnesium Sulfate (50% Injection Solution)	B	1	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	1	
Nutrilipid (Intravenous Emulsion)	B	1	B/D,PA
Plasma-Lyte 148 (Intravenous Solution)	B	1	
Plasma-Lyte A (Intravenous Solution)	B	1	
Plenamine (Intravenous Solution)	G	1	B/D,PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	1	
Potassium Chloride ER (Oral Capsule Extended Release)	G	1	
Potassium Chloride ER (Oral Tablet Extended Release)	G	1	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	G	1	B/D,PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	B	1	B/D,PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)	G	1	B/D,PA
Potassium Chloride (Oral Packet)	G	1	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	1	
Potassium Citrate ER (Oral Tablet Extended Release)	G	1	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	B	1	B/D,PA
Premasol (Intravenous Solution)	G	1	B/D,PA
Prosol (Intravenous Solution)	B	1	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)	G	1	B/D,PA
Sodium Chloride (5% Intravenous Solution)	B	1	B/D,PA
Sodium Chloride (Irrigation Solution)	B	1	
Sodium Fluoride (Oral Tablet)	G	1	
TPN Electrolytes (Intravenous Concentrate)	B	1	
Travasol (Intravenous Solution)	B	1	B/D,PA
TrophAmine (Intravenous Solution)	B	1	B/D,PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	1	DL
Deferasirox Granules (Oral Packet)	G	1	PA; DL
Deferasirox (Oral Tablet) (Generic Jadenu)	G	1	PA
Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade)	G	1	PA
Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade)	G	1	PA; DL
Deferiprone (Oral Tablet)	G	1	PA; DL
Ferriprox (Oral Solution)	B	1	PA; DL
Trientine HCl (Oral Capsule)	G	1	PA; DL; QL
Phosphate Binders			
Auryxia (Oral Tablet)	B	1	PA; DL
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	1	
Calcium Acetate (667MG Oral Tablet)	G	1	
Lanthanum Carbonate (Oral Tablet Chewable)	G	1	DL
Phoslyra (Oral Solution)	B	1	
Sevelamer Carbonate (Oral Packet)	G	1	DL
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	1	
Velphoro (Oral Tablet Chewable)	B	1	DL
Potassium Binders			
Lokelma (Oral Packet)	B	1	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	1	
SPS (Oral Suspension)	G	1	
Veltassa (Oral Packet)	B	1	DL; QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			
Constulose (Oral Solution)	G	1	

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
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Lactulose (10GM/15ML Oral Solution)	G	1	
Linzess (Oral Capsule)	B	1	QL
Lubiprostone (Oral Capsule)	G	1	QL
Motegrity (Oral Tablet)	B	1	QL
Movantik (Oral Tablet)	B	1	QL
Relistor (Oral Tablet)	B	1	PA; DL; QL
Relistor (Subcutaneous Solution)	B	1	PA; DL
Trulance (Oral Tablet)	B	1	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	1	PA; DL
Diphenoxylate-Atropine (Oral Liquid)	G	1	
Diphenoxylate-Atropine (Oral Tablet)	G	1	
Loperamide HCl (Oral Capsule)	G	1	
Xermelo (Oral Tablet)	B	1	PA; DL; QL
Antispasmodics, Gastrointestinal			
Dicyclomine HCl (Oral Capsule)	G	1	
Dicyclomine HCl (Oral Solution)	G	1	
Dicyclomine HCl (Oral Tablet)	G	1	
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	1	PA
Methscopolamine Bromide (Oral Tablet)	G	1	
Gastrointestinal Agents, Other			
Chenodal (Oral Tablet)	G	1	PA; DL
Clenpiq (Oral Solution)	B	1	
Gattex (Subcutaneous Kit)	B	1	PA; DL
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
Myalept (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	B	1	
Ocaliva (Oral Tablet)	B	1	PA; DL; QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
Suprep Bowel Prep Kit (Oral Solution)	B	1	
Sutab (Oral Tablet)	B	1	
Ursodiol (300MG Oral Capsule)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ursodiol (Oral Tablet)	G	1	
Histamine2 (H2) Receptor Antagonists			
Cimetidine HCl (Oral Solution)	G	1	
Cimetidine (Oral Tablet)	G	1	
Famotidine (Oral Suspension Reconstituted)	G	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	1	
Protectants			
Misoprostol (Oral Tablet)	G	1	
Sucralfate (Oral Suspension)	G	1	
Sucralfate (Oral Tablet)	G	1	
Proton Pump Inhibitors			
Dexilant (Oral Capsule Delayed Release)	B	1	QL
Dexlansoprazole (Oral Capsule Delayed Release)	G	1	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	1	QL
Esomeprazole Magnesium (Oral Packet)	G	1	
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	1	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	1	PA; DL
Betaine (Oral Powder)	G	1	DL
Cholbam (Oral Capsule)	B	1	PA; DL
Creon (Oral Capsule Delayed Release Particles)	B	1	
Cromolyn Sodium (Oral Concentrate)	G	1	
Cystadane (Oral Powder)	B	1	DL
Cystagon (Oral Capsule)	B	1	
Glassia (Intravenous Solution)	B	1	PA; DL
Levocarnitine (1GM/10ML Oral Solution)	G	1	
Levocarnitine (330MG Oral Tablet)	B	1	
Miglustat (Oral Capsule)	G	1	PA; DL
Nitisinone (Oral Capsule)	G	1	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
Orfadin (20MG Oral Capsule)	B	1	DL
Orfadin (Oral Suspension)	B	1	DL
Procysbi (Oral Packet)	B	1	DL
Prolastin-C (Intravenous Solution Reconstituted)	B	1	PA; DL
RAVICTI (Oral Liquid)	B	1	DL; QL
Revcovi (Intramuscular Solution)	B	1	PA; DL
Sapropterin Dihydrochloride (Oral Packet)	G	1	DL
Sapropterin Dihydrochloride (Oral Tablet)	G	1	DL
Sodium Phenylbutyrate (Oral Powder)	G	1	DL
Sodium Phenylbutyrate (Oral Tablet)	G	1	DL
Sucraid (Oral Solution)	B	1	DL
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Vyndamax (Oral Capsule)	B	1	PA; DL; QL
Vyndaqel (Oral Capsule)	B	1	PA; DL; QL
Zemaira (Intravenous Solution Reconstituted)	B	1	PA; DL
Zenpep (Oral Capsule Delayed Release Particles)	B	1	
Genitourinary Agents			
Antispasmodics, Urinary			
Gemtesa (Oral Tablet)	B	1	
Myrbetriq (Oral Suspension Reconstituted ER)	B	1	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	1	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Oxybutynin Chloride (Oral Syrup)	G	1	
Oxybutynin Chloride (Oral Tablet Immediate Release)	G	1	
Solifenacin Succinate (Oral Tablet)	G	1	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tolterodine Tartrate (Oral Tablet)	G	1	
Tropium Chloride (Oral Tablet)	G	1	
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Dutasteride (Oral Capsule)	G	1	QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Silodosin (Oral Capsule)	G	1	QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
Genitourinary Agents, Other			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bethanechol Chloride (Oral Tablet)	G	1	
Elmiron (Oral Capsule)	B	1	DL
Lithostat (Oral Tablet)	B	1	DL
Penicillamine (250MG Oral Capsule)	G	1	PA; DL
Penicillamine (250MG Oral Tablet)	G	1	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Dexamethasone (Oral Solution)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hydrocortisone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Prednisolone (Oral Solution)	G	1	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	1	
Prednisone Intensol (Oral Concentrate)	G	1	
Prednisone (5MG/5ML Oral Solution)	G	1	
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	G	1	
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	1	PA; DL
Genotropin MiniQuick (Subcutaneous Prefilled Syringe)	B	1	PA; DL
Genotropin (Subcutaneous Cartridge)	B	1	PA; DL
Increlex (Subcutaneous Solution)	B	1	PA; DL
Serostim (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Zorbtive (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	1	PA; DL; QL

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 (Sex Hormones/Modifiers)			
Anabolic Steroids			
Oxandrolone (10MG Oral Tablet)	G	1	PA; QL
Oxandrolone (2.5MG Oral Tablet)	G	1	PA; QL
Androgens			
Androderm (Transdermal Patch 24 Hour)	B	1	QL
Danazol (Oral Capsule)	G	1	
Testosterone Cypionate (Intramuscular Solution)	G	1	
Testosterone Enanthate (Intramuscular Solution)	G	1	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	G	1	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	G	1	
Estrogens			
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	
Amethia (Oral Tablet)	G	1	
Apri (Oral Tablet)	G	1	
Aranelle (Oral Tablet)	G	1	
Ashlyna (Oral Tablet)	G	1	
Aubra EQ (Oral Tablet)	G	1	
Aviane (Oral Tablet)	G	1	
Balziva (Oral Tablet)	G	1	
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	
Camrese Lo (Oral Tablet)	G	1	
Climara Pro (Transdermal Patch Weekly)	B	1	
Cryselle-28 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
Depo-Estradiol (Intramuscular Oil)	G	1	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Dolishale (Oral Tablet)	G	1	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	1	
Duavee (Oral Tablet)	B	1	
Elestrin (Transdermal Gel)	B	1	
EluRyng (Vaginal Ring)	G	1	
Emoquette (0.15-30MG-MCG Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Enpresse-28 (Oral Tablet)	G	1	
Enskyce (Oral Tablet)	G	1	
Estarylla (Oral Tablet)	G	1	
Estradiol (Oral Tablet)	G	1	
Estradiol (Transdermal Patch Weekly)	G	1	QL
Estradiol (Vaginal Cream)	G	1	
Estradiol (Vaginal Tablet)	G	1	QL
Estradiol Valerate (Intramuscular Oil)	G	1	
Estring (Vaginal Ring)	B	1	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	1	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
Falmina (Oral Tablet)	G	1	
Femring (Vaginal Ring)	B	1	
Femynor (Oral Tablet)	G	1	
Finzala (Oral Tablet Chewable)	G	1	
Fyavolv (Oral Tablet)	G	1	
Hailey 24 Fe (Oral Tablet)	G	1	
Iclevia (Oral Tablet)	G	1	
Imvexxy Maintenance Pack (Vaginal Insert)	B	1	PA; QL
Imvexxy Starter Pack (Vaginal Insert)	B	1	PA; QL
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	
Juleber (Oral Tablet)	G	1	
Junel 1.5/30 (Oral Tablet)	G	1	
Junel 1/20 (Oral Tablet)	G	1	
Junel Fe 1.5/30 (Oral Tablet)	G	1	
Junel Fe 1/20 (Oral Tablet)	G	1	
Junel Fe 24 (Oral Tablet)	G	1	
Kaitlib Fe (Oral Tablet Chewable)	G	1	
Kariva (Oral Tablet)	G	1	
Kelnor 1/35 (Oral Tablet)	G	1	
Kelnor 1/50 (Oral Tablet)	G	1	
Kurvelo (Oral Tablet)	G	1	
LARIN 1.5/30 (Oral Tablet)	G	1	
LARIN 1/20 (Oral Tablet)	G	1	

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
LARIN Fe 1.5/30 (Oral Tablet)	G	1	
LARIN Fe 1/20 (Oral Tablet)	G	1	
Layolis Fe (Oral Tablet Chewable)	B	1	
Leena (Oral Tablet)	G	1	
Lessina (Oral Tablet)	G	1	
Levonest (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Levora 0.15/30 (28) (Oral Tablet)	G	1	
Loryna (Oral Tablet)	G	1	
Low-Ogestrel (Oral Tablet)	G	1	
Lutera (Oral Tablet)	G	1	
Marlissa (Oral Tablet)	G	1	
Menest (0.3MG Oral Tablet, 0.625MG Oral Tablet, 1.25MG Oral Tablet)	G	1	
Microgestin 1.5/30 (Oral Tablet)	G	1	
Microgestin 1/20 (Oral Tablet)	G	1	
Microgestin 24 Fe (Oral Tablet)	G	1	
Microgestin Fe 1.5/30 (Oral Tablet)	G	1	
Microgestin Fe 1/20 (Oral Tablet)	G	1	
Mili (Oral Tablet)	G	1	
Necon 0.5/35 (28) (Oral Tablet)	G	1	
Nikki (Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	G	1	
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	1	
Nortrel 0.5/35 (28) (Oral Tablet)	G	1	
Nortrel 1/35 (21) (Oral Tablet)	G	1	
Nortrel 1/35 (28) (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nortrel 7/7/7 (Oral Tablet)	G	1	
Nylia 1/35 (Oral Tablet)	G	1	
Nylia 7/7/7 (Oral Tablet)	G	1	
Nymyo (Oral Tablet)	G	1	
Ocella (Oral Tablet)	G	1	
Pimtreea (Oral Tablet)	G	1	
Pirmella 1/35 (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
Premarin (Oral Tablet)	B	1	QL
Premarin (Vaginal Cream)	B	1	
Premphase (Oral Tablet)	B	1	QL
Prempro (Oral Tablet)	B	1	QL
Reclipsen (Oral Tablet)	G	1	
Rivelsa (Oral Tablet)	G	1	
Setlakin (Oral Tablet)	G	1	
Sprintec 28 (Oral Tablet)	G	1	
Sronyx (Oral Tablet)	G	1	
Syeda (Oral Tablet)	G	1	
Tarina 24 Fe (Oral Tablet)	G	1	
Tarina Fe 1/20 EQ (Oral Tablet)	G	1	
Tilia Fe (Oral Tablet)	G	1	
Tri-Estarylla (Oral Tablet)	G	1	
Tri-Legest Fe (Oral Tablet)	G	1	
Tri-Lo-Estarylla (Oral Tablet)	G	1	
Tri-Lo-Sprintec (Oral Tablet)	G	1	
Tri-Mili (Oral Tablet)	G	1	
Tri-Nymyo (Oral Tablet)	G	1	
Tri-Sprintec (Oral Tablet)	G	1	
Trivora (28) (Oral Tablet)	G	1	
Tri-VyLibra Lo (Oral Tablet)	G	1	
Tri-VyLibra (Oral Tablet)	G	1	
Velivet (Oral Tablet)	G	1	
Vestura (Oral Tablet)	G	1	
Vienva (Oral Tablet)	G	1	
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
WYMZYA Fe (Oral Tablet Chewable)	G	1	

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
Xulane (Transdermal Patch Weekly)	G	1	
Yuvaferm (Vaginal Tablet)	G	1	QL
Zafemy (Transdermal Patch Weekly)	G	1	
Zovia 1/35 (28) (Oral Tablet)	G	1	
Progestins			
Camila (Oral Tablet)	G	1	
Crinone (Vaginal Gel)	B	1	PA
Deblitane (Oral Tablet)	G	1	
Errin (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
Lyleq (Oral Tablet)	G	1	
Lyza (Oral Tablet)	G	1	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	G	1	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension)	G	1	
Megestrol Acetate (625MG/5ML Oral Suspension)	G	1	
Megestrol Acetate (Oral Tablet)	G	1	
Nora-BE (Oral Tablet)	G	1	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	1	
Progesterone (Oral Capsule)	G	1	
Sharobel (Oral Tablet)	G	1	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	1	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Euthyrox (Oral Tablet)	B	1	
Levo-T (Oral Tablet)	B	1	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	B	1	
Liothyronine Sodium (Oral Tablet)	G	1	
Synthroid (Oral Tablet)	B	1	
Unithroid (Oral Tablet)	B	1	
Hormonal Agents, Suppressant (Adrenal)			

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

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
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	1	PA; DL
Gammaked (1GM/10ML Injection Solution)	B	1	PA; DL
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	1	PA; DL
Gamunex-C (1GM/10ML Injection Solution)	B	1	PA; DL
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	1	PA; DL
Panzyga (Intravenous Solution)	B	1	PA; DL
Privigen (20GM/200ML Intravenous Solution)	B	1	PA; DL
Immunological Agents, Other			
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Actemra (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Arcalyst (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Benlysta (Subcutaneous Solution Auto-Injector)	B	1	PA; DL
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Dupixent (Subcutaneous Solution Pen-Injector)	B	1	PA; DL; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Otezla (Oral Tablet)	B	1	PA; DL; QL
Otezla (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Ridaura (Oral Capsule)	B	1	DL
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	1	PA; DL; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	1	PA; DL; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Stelara (Subcutaneous Solution)	B	1	PA; DL; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xeljanz (Oral Solution)	B	1	PA; DL; QL
Xeljanz (Oral Tablet Immediate Release)	B	1	PA; DL; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	1	PA; DL; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Xolair (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	1	DL
Besremi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Intron A (10000000UNIT Injection Solution Reconstituted, 50000000UNIT Injection Solution Reconstituted)	B	1	PA; DL
Pegasys (Subcutaneous Solution)	B	1	PA; DL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Immunosuppressants			
Azathioprine (50MG Oral Tablet)	G	1	B/D,PA
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	B	1	PA; DL; QL
Cimzia (Subcutaneous Kit)	B	1	PA; DL; QL
Cyclosporine Modified (Oral Capsule)	G	1	B/D,PA
Cyclosporine Modified (Oral Solution)	G	1	B/D,PA
Cyclosporine (Oral Capsule)	G	1	B/D,PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	1	PA; DL; QL
Enbrel (Subcutaneous Solution)	B	1	PA; DL; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	1	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	1	B/D,PA; DL
Gengraf (Oral Capsule)	G	1	B/D,PA
Gengraf (Oral Solution)	G	1	B/D,PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	B	1	PA; DL; QL
Humira Pen (Subcutaneous Pen-Injector Kit)	B	1	PA; DL; QL
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	1	PA; DL
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	B	1	PA; DL
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)	B	1	PA; DL

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
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	1	PA; DL; QL
Humira (Subcutaneous Prefilled Syringe Kit)	B	1	PA; DL; QL
Leflunomide (Oral Tablet)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	1	
Methotrexate Sodium (Oral Tablet)	G	1	
Mycophenolate Mofetil (Oral Capsule)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	1	B/D,PA; DL
Mycophenolate Mofetil (Oral Tablet)	G	1	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	1	B/D,PA
Prograf (Oral Packet)	B	1	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	1	PA
Sandimmune (Oral Solution)	B	1	B/D,PA
Simponi (Subcutaneous Solution Auto-Injector)	B	1	PA; DL; QL
Simponi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL; QL
Sirolimus (Oral Solution)	G	1	B/D,PA; DL
Sirolimus (Oral Tablet)	G	1	B/D,PA
Tacrolimus (Oral Capsule)	G	1	B/D,PA
Trexall (Oral Tablet)	G	1	
Xatmep (Oral Solution)	B	1	PA
Vaccines			
ActHIB (Intramuscular Solution Reconstituted)	B	1	QL
Adacel (Intramuscular Suspension)	B	1	QL
BCG Vaccine (Injection Solution Reconstituted)	B	1	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Boostrix (Intramuscular Suspension)	B	1	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Daptacel (Intramuscular Suspension)	B	1	QL
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	1	QL
Engerix-B (Injection Suspension)	B	1	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	1	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	1	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Havrix (Intramuscular Suspension)	B	1	QL
Hiberix (Injection Solution Reconstituted)	B	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	1	QL
IPOL (Injection)	B	1	QL
Ixiaro (Intramuscular Suspension)	B	1	QL
Jynneos (Subcutaneous Suspension)	B	1	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Menactra (Intramuscular Solution)	B	1	QL
MenQuadfi (Intramuscular Solution)	B	1	QL
Menveo (Intramuscular Solution Reconstituted)	B	1	QL
M-M-R II (Injection Solution Reconstituted)	B	1	QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Pedvax HIB (Intramuscular Suspension)	B	1	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	1	QL
PreHevbrio (Intramuscular Suspension)	B	1	B/D,PA; QL
Priorix (Subcutaneous Suspension Reconstituted)	B	1	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	1	QL
Quadracel (Intramuscular Suspension)	B	1	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	1	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	1	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	1	B/D,PA; QL
Rotarix (Oral Suspension Reconstituted)	B	1	QL
RotaTeq (Oral Solution)	B	1	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	1	PA; QL
TDVAX (Intramuscular Suspension)	B	1	QL
Tenivac (Intramuscular Injectable)	B	1	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Typhim Vi (Intramuscular Solution)	B	1	QL
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	1	QL
VAQTA (Intramuscular Suspension)	B	1	QL
Varivax (Subcutaneous Injectable)	B	1	QL
YF-Vax (Subcutaneous Injectable)	B	1	QL
Inflammatory Bowel Disease Agents			

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
Aminosalicylates			
Apriso (Oral Capsule Extended Release 24 Hour)	B	1	QL
Balsalazide Disodium (Oral Capsule)	G	1	
Dipentum (Oral Capsule)	B	1	DL
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	1	QL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	1	QL
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	1	QL
Mesalamine (Rectal Enema)	G	1	QL
Mesalamine (Rectal Suppository)	G	1	QL
Pentasa (250MG Oral Capsule Extended Release)	B	1	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	1	ST; DL
Budesonide (Oral Capsule Delayed Release Particles)	G	1	
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	1	
Procto-Med HC (External Cream)	G	1	
Procto-Pak (External Cream)	G	1	
Proctosol HC (External Cream)	G	1	
Proctozone-HC (External Cream)	G	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (Oral Solution)	G	1	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL
Calcitonin Salmon (Nasal Solution)	G	1	QL
Calcitriol (Oral Capsule)	G	1	B/D,PA
Calcitriol (Oral Solution)	G	1	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	1	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	1	B/D,PA
Forteo (Subcutaneous Solution Pen-Injector)	B	1	PA; DL; QL
Ibandronate Sodium (Oral Tablet)	G	1	QL
Natpara (Subcutaneous Cartridge)	B	1	PA; DL
Paricalcitol (Oral Capsule)	G	1	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	1	QL
Rayaldee (Oral Capsule Extended Release)	B	1	DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risedronate Sodium (Oral Tablet Immediate Release)	G	1	QL
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	1	PA; DL; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	1	PA; DL; QL
Xgeva (Subcutaneous Solution)	B	1	PA; DL
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	G	1	
Gauze (Non-medicated 2X2 Pad)	G	1	
Insulin Syringes, Needles	G	1	
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	1	
Combigan (Ophthalmic Solution)	B	1	
Cystaran (Ophthalmic Solution)	B	1	DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	1	
Lacrisert (Ophthalmic Insert)	B	1	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Pred-G S.O.P. (Ophthalmic Ointment)	B	1	
Restasis MultiDose (Ophthalmic Emulsion)	B	1	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	1	QL
Rocklatan (Ophthalmic Solution)	B	1	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	1	
TobraDex ST (Ophthalmic Suspension)	B	1	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
Xiidra (Ophthalmic Solution)	B	1	QL
Ophthalmic Anti-allergy Agents			
Alocril (Ophthalmic Solution)	B	1	
Alomide (Ophthalmic Solution)	B	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
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepotastine Besilate (Ophthalmic Solution)	G	1	
Bepreve (Ophthalmic Solution)	B	1	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	1	
Olopatadine HCl (Ophthalmic Solution)	G	1	
Ophthalmic Anti-Infectives			
Bacitracin (Ophthalmic Ointment)	G	1	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
Besivance (Ophthalmic Suspension)	B	1	
Ciloxan (Ophthalmic Ointment)	B	1	
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	1	
Gentak (Ophthalmic Ointment)	G	1	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Levofloxacin (0.5% Ophthalmic Solution)	G	1	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	1	
Natacyn (Ophthalmic Suspension)	B	1	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Ofloxacin (Ophthalmic Solution)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	1	
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
Tobrex (Ophthalmic Ointment)	B	1	
Trifluridine (Ophthalmic Solution)	G	1	
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
Flarex (Ophthalmic Suspension)	B	1	
Fluorometholone (Ophthalmic Suspension)	G	1	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
FML Forte (Ophthalmic Suspension)	B	1	
Ilevro (Ophthalmic Suspension)	B	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ketorolac Tromethamine (Ophthalmic Solution)	G	1	
Lotemax (Ophthalmic Gel)	B	1	
Lotemax (Ophthalmic Ointment)	B	1	
Lotemax (Ophthalmic Suspension)	B	1	
Lotemax SM (Ophthalmic Gel)	B	1	
Loteprednol Etabonate (Ophthalmic Gel)	G	1	
Loteprednol Etabonate (Ophthalmic Suspension)	G	1	
Pred Mild (Ophthalmic Suspension)	B	1	
Prednisolone Acetate (Ophthalmic Suspension)	G	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
Prolensa (Ophthalmic Solution)	B	1	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	1	
Betimol (Ophthalmic Solution)	B	1	
Carteolol HCl (Ophthalmic Solution)	G	1	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	1	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (0.1% Ophthalmic Solution)	B	1	
Apraclonidine HCl (Ophthalmic Solution)	G	1	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	G	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Methazolamide (Oral Tablet)	G	1	
Pilocarpine HCl (Ophthalmic Solution)	G	1	
Rhopressa (Ophthalmic Solution)	B	1	ST
Simbrinza (Ophthalmic Suspension)	B	1	
Ophthalmic Prostaglandin and Prostamide Analogs			
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	1	
Travoprost (BAK Free) (Ophthalmic Solution)	G	1	
Vyzulta (Ophthalmic Solution)	B	1	
Otic Agents			

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
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cipro HC (Otic Suspension)	B	1	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	
Flac (Otic Oil)	G	1	
Fluocinolone Acetonide (Otic Oil)	G	1	
Hydrocortisone-Acetic Acid (Otic Solution)	G	1	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	1	
Neomycin-Polymyxin-HC (Otic Suspension)	G	1	
Ofloxacin (Otic Solution)	G	1	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	G	1	
Azelastine-Fluticasone (Nasal Suspension)	G	1	
Cetirizine HCl (1MG/ML Oral Solution)	G	1	
Cyproheptadine HCl (Oral Syrup)	G	1	
Cyproheptadine HCl (Oral Tablet)	G	1	
Desloratadine (Oral Tablet)	G	1	
Dymista (Nasal Suspension)	B	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	QL
Anti-inflammatories, Inhaled Corticosteroids			
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Budesonide (Inhalation Suspension)	G	1	B/D,PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Flovent HFA (Inhalation Aerosol)	B	1	QL
Flunisolide (Nasal Solution)	G	1	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	1	
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Zafirlukast (Oral Tablet)	G	1	QL
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	1	ST; DL
Zyflo (Oral Tablet Immediate Release)	B	1	ST; DL
Bronchodilators, Anticholinergic			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Atrovent HFA (Inhalation Aerosol Solution)	B	1	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	1	
Lonhala Magnair (Inhalation Solution)	B	1	DL; QL
Spiriva HandiHaler (Inhalation Capsule)	B	1	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	1	QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	1	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	1	
Epinephrine (Injection Solution Auto-Injector)	G	1	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D,PA
Levalbuterol Tartrate (Inhalation Aerosol)	G	1	
Perforomist (Inhalation Nebulization Solution)	B	1	B/D,PA; QL
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	1	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Cystic Fibrosis Agents			
Cayston (Inhalation Solution Reconstituted)	B	1	PA; DL
Kalydeco (Oral Packet)	B	1	PA; DL; QL
Kalydeco (Oral Tablet)	B	1	PA; DL; QL
Orkambi (Oral Packet)	B	1	PA; DL; QL
Orkambi (Oral Tablet)	B	1	PA; DL; QL
Pulmozyme (Inhalation Solution)	B	1	B/D,PA; DL; QL
TOBI Podhaler (Inhalation Capsule)	B	1	PA; DL; QL
Tobramycin (Inhalation Nebulization Solution)	G	1	B/D,PA; DL; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	1	PA; QL
Roflumilast (500MCG Oral Tablet)	G	1	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
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	
Theophylline (Oral Solution)	G	1	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	1	PA; DL
Alyq (Oral Tablet)	G	1	PA; QL
Ambrisentan (Oral Tablet)	G	1	PA; DL; QL
Bosentan (Oral Tablet)	G	1	PA; DL; QL
Opsumit (Oral Tablet)	B	1	PA; DL
Orenitram (0.125MG Oral Tablet Extended Release)	B	1	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	1	PA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	1	PA; QL
Tracleer (Oral Tablet Soluble)	B	1	PA; DL; QL
Tyvaso DPI Maintenance Kit (Inhalation Powder)	B	1	PA; DL; QL
Tyvaso DPI Titration Kit (Inhalation Powder)	B	1	PA; DL; QL
Ventavis (Inhalation Solution)	B	1	PA; DL; QL
Pulmonary Fibrosis Agents			
Esbriet (Oral Capsule)	B	1	PA; DL; QL
Esbriet (Oral Tablet)	B	1	PA; DL; QL
Ofev (Oral Capsule)	B	1	PA; DL; QL
Pirfenidone (Oral Tablet)	G	1	PA; DL; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	1	B/D,PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Advair HFA (Inhalation Aerosol)	B	1	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	1	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Breztri Aerosphere (Inhalation Aerosol)	B	1	QL
Combivent Respimat (Inhalation Aerosol Solution)	B	1	QL
Dulera (Inhalation Aerosol)	B	1	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	1	PA; DL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL

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

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

Covered drugs with a quantity limit (QL)

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

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

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

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Actemra (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Acyclovir (External Ointment)	G	Maximum of 1 tube (30 grams) per 30 days
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day

Drug name	Brand or Generic	Quantity limit
Alecensa (Oral Capsule)	B	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet)	G	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Androderm (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 2 ml per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Aubagio (Oral Tablet)	B	Maximum of 1 tablet per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Avonex Pen (Intramuscular Auto-Injector Kit)	B	Maximum of 1 kit per 28 days
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	Maximum of 1 kit per 28 days
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Betaseron (Subcutaneous Kit)	B	Maximum of 1 kit (15 vials) per 30 days
Bevespi Aerosphere (Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosulif (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	B	Maximum of 1 tablet per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Breztri Aerosphere (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Brukina (Oral Capsule)	B	Maximum of 4 capsules per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle per 28 days
Calquence (Oral Capsule)	B	Maximum of 2 capsules per day
Calquence (Oral Tablet)	B	Maximum of 2 tablets per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per 28 days
Cimzia (Subcutaneous Kit)	B	Maximum of 2 kits per 28 days
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
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

Drug name	Brand or Generic	Quantity limit
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Clozapine ODT (100MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet)	G	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Cometriq (100MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (56 capsules) per 28 days
Cometriq (140MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (112 capsules) per 28 days
Cometriq (60MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (84 capsules) per 28 days
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cotellic (Oral Tablet)	B	Maximum of 3 tablets per day
Cycloset (Oral Tablet)	B	Maximum of 6 tablets per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daliresp (250MCG Oral Tablet)	B	Maximum of 1 tablet per day
Daliresp (500MCG Oral Tablet)	B	Maximum of 1 tablet per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 4 tablets per day
Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 1 tablet per day
Dexilant (Oral Capsule Delayed Release)	B	Maximum of 1 capsule per day
Dexlansoprazole (Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dextroamphetamine Sulfate (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Diclofenac Epolamine (External Patch)	G	Maximum of 2 patches per day
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	Maximum of 2 packs (120 capsules) per year
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day
Drizalma Sprinkle (30MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 3 capsules per day
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Dupixent (200MG/1.14ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Dupixent (100MG/0.67ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (1.34 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (8 ml) per 28 days
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

Drug name	Brand or Generic	Quantity limit
Edarbyclor (Oral Tablet)	B	Maximum of 1 tablet per day
Edurant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 30 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emsam (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (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

Drug name	Brand or Generic	Quantity limit
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Epclusa (Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
Erleada (Oral Tablet)	B	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	B	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	B	Maximum of 6 tablets per day
Esbriet (801MG Oral Tablet)	B	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Estradiol (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 90 tablets per year
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Exkivity (Oral Capsule)	B	Maximum of 4 capsules per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 2 packs (56 capsules) per year
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 pack (30 capsules) per 30 days
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	G	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Forteo (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	G	Maximum of 2 bottles (200 ml) per 30 days
Galantamine Hydrobromide (Oral Tablet)	G	Maximum of 2 tablets per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Gilenya (0.5MG Oral Capsule)	B	Maximum of 1 pack (30 capsules) per 30 days
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	B	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Havrix (1440EL U/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Hetlioz LQ (Oral Suspension)	B	Maximum of 158 ml per 30 days
Hetlioz (Oral Capsule)	B	Maximum of 1 capsule per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Humira Pediatric Crohns Start (80MG/0.8ML & 40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pediatric Crohns Start (80MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pen (40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits (4 pens) per 28 days
Humira Pen (40MG/0.8ML Subcutaneous Pen-Injector Kit, 80MG/0.8ML Subcutaneous Pen-Injector Kit)	B	Maximum of 1 kit (2 pens) per 28 days
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year
Humira (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 1 kit (2 syringes) per 28 days
Humira (40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits (4 syringes) per 28 days
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day

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 3 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	B	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	B	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution)	G	Maximum of 6 syringes (18 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	B	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 grams per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Imvexxy Maintenance Pack (Vaginal Insert)	B	Maximum of 8 vaginal inserts per 28 days
Imvexxy Starter Pack (Vaginal Insert)	B	Maximum of 2 packs per year
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Iressa (Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	Maximum of 6 tablets per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kalydeco (Oral Packet)	B	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	B	Maximum of 2 tablets per day
Kerendia (Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Kisqali (200MG Dose) (Oral Tablet)	B	Maximum of 1 tablet per day
Kisqali (400MG Dose) (Oral Tablet)	B	Maximum of 2 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	B	Maximum of 3 tablets per day
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (49 tablets) per 28 days
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (70 tablets) per 28 days
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Korlym (Oral Tablet)	B	Maximum of 4 tablets per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day

Drug name	Brand or Generic	Quantity limit
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	Maximum of 5 films per day
Lacosamide (Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Lenalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livalo (Oral Tablet)	B	Maximum of 1 tablet per day
Lokelma (Oral Packet)	B	Maximum of 90 packets per 30 days
Lonhala Magnair (Inhalation Solution)	B	Maximum of 2 vials (2 ml) per day
Lonsurf (15-6.14MG Oral Tablet)	B	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	B	Maximum of 8 tablets per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lumakras (Oral Tablet)	B	Maximum of 8 tablets per day
Lybalvi (Oral Tablet)	B	Maximum of 1 tablet per day
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Mayzent (0.25MG Oral Tablet)	B	Maximum of 4 tablets per day
Mayzent (1MG Oral Tablet, 2MG Oral Tablet)	B	Maximum of 1 tablet per day
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (14 tablets) per year
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (24 tablets) per year
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	B	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
MenQuadfi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day

Drug name	Brand or Generic	Quantity limit
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 capsules per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (500MG/5ML Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	Maximum of 540 tablets per year
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
Methylphenidate HCl (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Miglitol (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Miglitol (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Miglitol (50MG Oral Tablet)	G	Maximum of 6 tablets per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	B	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Mounjaro (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
Multaq (Oral Tablet)	B	Maximum of 2 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 devices per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Ninlaro (Oral Capsule)	B	Maximum of 3 capsules per 28 days
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Norvir (Oral Solution)	B	Maximum of 16 ml per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (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
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2.8 ml) per 28 days
Orgovyx (Oral Tablet)	B	Maximum of 30 tablets per 28 days
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxandrolone (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Oxandrolone (2.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.5 ml) per 28 days
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
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 14 tablets per 21 days
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	B	Maximum of 16 capsules per day
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
PreHevbrio (Intramuscular Suspension)	B	1 vaccination dose (1 ml) per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
Promethazine HCl (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day

Drug name	Brand or Generic	Quantity limit
Promethegan (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 pack (56 tablets) per 28 days
Pyrukynd (50MG Oral Tablet)	B	Maximum of 2 packs (112 tablets) per 28 days
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (7 tablets) per 7 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (14 tablets) per 14 days
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
RAVICTI (Oral Liquid)	B	Maximum of 17.5 ml per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Rebif Rebidoso (Subcutaneous Solution Auto-Injector)	B	Maximum of 12 pens (6 ml) per 28 days
Rebif Rebidoso Titration Pack (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 packs per year
Rebif (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 12 syringes (6 ml) per 28 days
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 packs per year
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (Oral Tablet)	B	Maximum of 3 tablets per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Revlimid (Oral Capsule)	B	Maximum of 1 capsule per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 30 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Roflumilast (500MCG Oral Tablet)	G	Maximum of 1 tablet per day
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rubraca (Oral Tablet)	B	Maximum of 4 tablets per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sajazir (Subcutaneous Solution)	G	Maximum of 6 syringes (18 ml) per 30 days
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Selzentry (75MG Oral Tablet)	B	Maximum of 2 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day

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

Drug name	Brand or Generic	Quantity limit
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	B	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	B	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sunitinib Malate (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	G	Maximum of 1 capsule per day
Sunitinib Malate (37.5MG Oral Capsule)	G	Maximum of 2 capsules per day
Symbicort (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, 25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	Maximum of 2 tablets per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Talzenna (0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Tasigna (150MG Oral Capsule)	B	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	B	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	B	Maximum of 14 capsules per day
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day

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

Drug name	Brand or Generic	Quantity limit
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trintine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trintellix (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trulance (Oral Tablet)	B	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 1 capsule per day
Truseltiq (125MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 2 capsules per day
Truseltiq (50MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 2 capsules per day
Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 3 capsules per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Tymlos (Subcutaneous Solution Pen-Injector)	B	Maximum of 1.56 ml per 30 days
Typhim Vi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tyvaso DPI Maintenance Kit (112 x 32MCG & 112 x 48MCG Inhalation Powder)	B	Maximum of 1 kit (224 cartridges) per 28 days

Drug name	Brand or Generic	Quantity limit
Tyvaso DPI Maintenance Kit (16MCG Inhalation Powder, 32MCG Inhalation Powder, 48MCG Inhalation Powder, 64MCG Inhalation Powder)	B	Maximum of 1 kit (112 cartridges) per 28 days
Tyvaso DPI Titration Kit (112 x 16MCG & 84 x 32MCG Inhalation Powder)	B	Maximum of 2 kits (392 cartridges) per year
Tyvaso DPI Titration Kit (112 x 16MCG & 112 x 32MCG & 28 x 48MCG Inhalation Powder)	B	Maximum of 2 kits (504 cartridges) per year
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Veltassa (Oral Packet)	B	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Venclexta (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Venclexta (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Ventavis (10MCG/ML Inhalation Solution)	B	Maximum of 7 ml per day
Ventavis (20MCG/ML Inhalation Solution)	B	Maximum of 3 ml per day

Drug name	Brand or Generic	Quantity limit
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Viibryd (Oral Tablet)	B	Maximum of 1 tablet per day
Viibryd Starter Pack (Oral Kit)	B	Maximum of 2 packs (60 tablets) per year
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Vimpat (Oral Solution)	B	Maximum of 40 ml per day
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vizimpro (Oral Tablet)	B	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Votrient (Oral Tablet)	B	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vraylar (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (14 capsules) per year
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	Maximum of 4 capsules per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	B	Maximum of 2 vials per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days

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

Required information

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

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

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

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

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



Toll-free **1-866-314-8188**, TTY **711**

24 hours a day, 7 days a week



myUHC Medicare.com