

Complete Drug List (Formulary) 2021

UnitedHealthcare Dual Complete® (HMO D-SNP)
UnitedHealthcare Dual Complete® Plan 2 (HMO D-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 **1-866-480-2064**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.myuhcadvantage.com



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Questions?

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



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What is a drug list?

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

Your plan will generally cover the drugs listed in our drug list as long as:

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of March 1, 2021.

For an up-to-date list of 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 Dual Complete plans.

How do I use the drug list?

There are 2 ways to find your prescription drugs in this drug list:

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 11–27 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 section “Covered drugs by medical condition” on pages 28–99 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



Can't find your drug?

Check the complete drug list by visiting our plan website at www.myuhcadvantage.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** drugs in **bold** type (for example, **Humalog**) and generic 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.

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 medical condition” chart starting on page 28. 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 correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.

QL - Quantity limits

The plan will cover only a certain amount of this drug 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.

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-Day limit

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

DL - Dispensing limit

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

You and your doctor may ask the plan for an exception to the coverage rules and/or limits for your drug. See section "How can I get an exception?" on page 7 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.

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 1 of these things:

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. 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. (Please note that 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.

The drug list may change during the year if your plan:

- Adds new drugs, including generic drugs, as they become available.
- Removes a drug that has been found to be ineffective or unsafe.
- Changes the coverage rules or limits for a drug.

If we add 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.

If we make other changes

We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the Drug List; or add new restrictions to the brand name drug. Or 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 at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive at least a 30 day supply of the drug.

If we add new generic drugs or make other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section “How can I get an exception?” on page 7.

If we remove a drug from the list

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.

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		
	Albendazole.....	49
Abacavir Sulfate.....	55	Albuterol Sulfate..... 96
Abacavir Sulfate-Lamivudine	55	Albuterol Sulfate HFA..... 96
Abacavir-Lamivudine- Zidovudine.....	55	Alclometasone Dipropionate
Abelcet.....	42	71
Abilify Maintena.....	51	Alcohol Prep Pads..... 92
Abiraterone Acetate.....	44	Alecensa..... 46
Acamprosate Calcium.....	31	Alendronate Sodium..... 91
Acarbose.....	58	Alfuzosin HCl ER..... 79
Acebutolol HCl.....	63	Alinia..... 49
Acetaminophen-Codeine.....	29	Aliskiren Fumarate..... 65
Acetazolamide.....	65	Allopurinol..... 42
Acetazolamide ER.....	65	Alocril..... 93
Acetic Acid.....	95	Alomide..... 93
Acetylcysteine.....	98	Alosetron HCl..... 77
Acitretin.....	70	Alphagan P..... 94
Actemra.....	87	Alprazolam..... 57
Actemra ACTPen.....	87	Altavera..... 81
ActHIB.....	89	Alunbrig..... 46
Actimmune.....	88	Alyacen 1/35..... 81
Acyclovir.....	54	Alyq..... 97
Acyclovir Sodium.....	54	Amantadine HCl..... 50
Adacel.....	89	AmBisome..... 42
Adapalene.....	70	Ambrisentan..... 97
Adefovir Dipivoxil.....	53	Amethia..... 81
Adempas.....	97	Amikacin Sulfate..... 31
Advair Diskus.....	98	Amiloride HCl..... 66
Advair HFA.....	98	Amiloride-Hydrochlorothiazide
Afinitor.....	46	65
Afinitor Disperz.....	46	Aminosyn II..... 74
Aimovig.....	43	Aminosyn-PF..... 74
Ala-Cort.....	71	Amiodarone HCl..... 63
		Amitiza..... 77
		Amitriptyline HCl..... 41
		Amlodipine Besylate..... 64
		Amlodipine-Atorvastatin..... 65
		Amlodipine-Benazepril..... 65
		Amlodipine-Olmesartan..... 65
		Amlodipine-Valsartan..... 65
		Amlodipine-Valsartan-HCTZ
		65
		Ammonium Lactate..... 71
		Amnesteem..... 70
		Amoxapine..... 41
		Amoxicillin..... 34
		Amoxicillin-Potassium Clavulanate..... 34
		Amoxicillin-Potassium Clavulanate ER..... 34
		Amphetamine- Dextroamphetamine..... 68
		Amphetamine- Dextroamphetamine ER..... 68
		Amphotericin B..... 42
		Ampicillin..... 34
		Ampicillin Sodium..... 34
		Ampicillin-Sulbactam Sodium
		34
		Anadrol-50..... 81
		Anagrelide HCl..... 61
		Anastrozole..... 46
		Androderm..... 81
		Anoro Ellipta..... 98
		Apokyn..... 50
		Apraclonidine HCl..... 94
		Aprepitant..... 41
		Apri..... 81
		Apriso..... 91
		Aptiom..... 38

Aptivus.....	56	Azelastine HCl.....	93, 95	Bethanechol Chloride.....	79	
Aralast NP.....	78	Azelastine-Fluticasone.....	95	Bethkis.....	97	
Aranelle.....	81	Azithromycin.....	35	Betimol.....	94	
Aranesp.....	61	Azopt.....	95	Bevespi Aerosphere.....	98	
Arcalyst.....	87	Aztreonam.....	32	Bexarotene.....	49	
Aripiprazole.....	51	B			Bexsero.....	89
Aripiprazole ODT.....	51	Bacitracin.....	93	Bicalutamide.....	44	
Aristada.....	51	Bacitracin-Polymyxin B.....	93	Bicillin C-R.....	34	
Aristada Initio.....	51	Baclofen.....	53	Bicillin C-R 900/300.....	34	
Armodafinil.....	99	Balsalazide Disodium.....	91	Bicillin L-A.....	34	
Arnuity Ellipta.....	96	Balversa.....	46	BiDil.....	65	
Asenapine Maleate.....	51	Balziva.....	81	Biktarvy.....	54	
Ashlyna.....	81	Banzel.....	38	Bisoprolol Fumarate.....	63	
Aspirin-Dipyridamole ER.....	62	Baqsimi Two Pack.....	59	Bisoprolol-Hydrochlorothiazide	65	
Atazanavir Sulfate.....	56	Baraclude.....	53	BIVIGAM.....	87	
Atenolol.....	63	BCG Vaccine.....	89	Blephamide.....	92	
Atenolol-Chlorthalidone.....	65	Belsomra.....	99	Blephamide S.O.P.....	92	
Atomoxetine HCl.....	69	Benazepril HCl.....	63	Blisovi 24 Fe.....	81	
Atorvastatin Calcium.....	67	Benazepril-Hydrochlorothiazide	65	Blisovi Fe 1.5/30.....	81	
Atovaquone.....	49	Benlysta.....	87	Boostrix.....	90	
Atovaquone-Proguanil HCl....	49	Benznidazole.....	49	Bosentan.....	97	
Atripila.....	54	Benzoyl Peroxide-Erythromycin	70	Bosulif.....	46	
Atropine Sulfate.....	92	Benzotropine Mesylate.....	49	Braftovi.....	46	
Atrovent HFA.....	96	Bepreve.....	93	Breo Ellipta.....	98	
Aubagio.....	69	Berinert.....	87	Breztri Aerosphere.....	98	
Aubra EQ.....	81	Besivance.....	93	Briellyn.....	81	
Auryxia.....	76	Betamethasone Dipropionate	71	Brilinta.....	62	
Austedo.....	69	Betamethasone Dipropionate Aug.....	71	Brimonidine Tartrate.....	95	
Aviane.....	81	Betamethasone Valerate.....	71	BRIVIACT.....	36	
Avonex Pen.....	70	Betaseron.....	70	Bromocriptine Mesylate.....	50	
Avonex Prefilled.....	70	Betaxolol HCl.....	63, 94	Brukinsa.....	46	
Ayvakit.....	46			Budesonide.....	91, 96	
Azathioprine.....	88			Budesonide ER.....	91	
Azelaic Acid.....	70					

Bumetanide.....	66	Captopril-Hydrochlorothiazide	65	Chantix Continuing Month Pak	31
Buprenorphine.....	29	65	31
Buprenorphine HCl.....	31	Carbaglu.....	74	Chantix Starting Month Pak...	31
Buprenorphine HCl-Naloxone		Carbamazepine.....	38	Chemet.....	76
HCl.....	31	Carbamazepine ER.....	38	Chenodal.....	77
Bupropion HCl.....	39	Carbidopa.....	50	Chlordiazepoxide HCl.....	57
Bupropion HCl SR.....	31, 39	Carbidopa-Levodopa.....	50	Chlorhexidine Gluconate.....	70
Bupropion HCl XL.....	39	Carbidopa-Levodopa ER.....	50	Chloroquine Phosphate.....	49
Buspiron HCl.....	57	Carbidopa-Levodopa ODT....	50	Chlorpromazine HCl.....	50
Butalbital-Acetaminophen-		Carbidopa-Levodopa-		Chlorthalidone.....	67
Caffeine.....	29	Entacapone.....	50	Chlorzoxazone.....	98
Butalbital-Aspirin-Caffeine....	29	Carteolol HCl.....	94	Cholbam.....	78
Butorphanol Tartrate.....	29	Cartia XT.....	64	Cholestyramine.....	67
Bydureon.....	58	Carvedilol.....	63	Cholestyramine Light.....	67
Bydureon BCise.....	58	Cayston.....	97	Ciclopirox.....	73
Byetta 10MCG Pen.....	58	Caziant.....	81	Ciclopirox Olamine.....	73
Byetta 5MCG Pen.....	58	Cefaclor.....	33	Cilostazol.....	62
Bystolic.....	63	Cefadroxil.....	33	Ciloxan.....	93
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Cabergoline.....	86	Cefazolin Sodium.....	33	Cimduo.....	55
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Cabometyx.....	46	Cefepime HCl.....	33	Cimetidine HCl.....	78
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Calcitonin Salmon.....	91	Cefotetan Disodium.....	33	Cimzia Prefilled.....	88
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Calcium Acetate.....	76	Cefpodoxime Proxetil.....	33	Cinryze.....	87
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.....	65	Celecoxib.....	28	Citalopram Hydrobromide....	40
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Captopril.....	63	Cetirizine HCl.....	95	Clarithromycin ER.....	35
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Clonidine HCl ER.....	69	Cyclafem 1/35.....	81	Desmopressin Acetate.....	80
Clopidogrel Bisulfate.....	62	Cyclafem 7/7/7.....	81	Desmopressin Acetate Spray	
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Sulfacetamide Sodium.....	93	Tagrisso.....	48	Theophylline ER.....	97
Sulfacetamide-Prednisolone	93	Talzenna.....	48	Thioridazine HCl.....	51
Sulfadiazine.....	36	Tamoxifen Citrate.....	45	Thiothixene.....	51
Sulfamethoxazole- Trimethoprim.....	36	Tamsulosin HCl.....	79	Tiadyt ER.....	65
Sulfamylon.....	74	Targretin.....	49	Tiagabine HCl.....	38
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Sutent.....	48	TDVAX.....	90	Tizanidine HCl.....	53
Syeda.....	84	Tecfidera.....	70	TIZANIDINE HCL.....	53
Symbicort.....	98	Tecfidera Starter Pack.....	70	TOBI Podhaler.....	97
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Symfi Lo.....	55	Telmisartan.....	63	TobraDex ST.....	93
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SymlynPen 60.....	59	Telmisartan-HCTZ.....	66	Tobramycin Sulfate.....	31
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Synjardy.....	59	Terazosin HCl.....	79	Tolterodine Tartrate ER.....	79
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		Testosterone Enanthate.....	81	TPN Electrolytes.....	76
		Tetrabenazine.....	69	Tracleer.....	97
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Trandolapril.....	63	TriLyte.....	77	VAQTA.....	91	
Tranexamic Acid.....	62	Trimethoprim.....	32	Varivax.....	91	
Transderm-Scop.....	41	Trimipramine Maleate.....	41	Varizig.....	87	
Tranylcypromine Sulfate.....	40	Trintellix.....	40	Vascepa.....	68	
Travasol.....	76	Triumeq.....	55	Velivet.....	85	
Travoprost.....	95	Trivora.....	85	Velphoro.....	76	
Trazodone HCl.....	40	TrophAmine.....	76	Veltassa.....	76	
Trecator.....	44	Trulicity.....	59	Vemlidy.....	54	
Trelegy Ellipta.....	98	Trumenba.....	90	Venclexta.....	48	
Trelstar Mixject.....	87	Truvada.....	55	Venclexta Starting Pack.....	48	
Tresiba.....	60	Tukysa.....	45	Venlafaxine HCl.....	40	
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Tretinoin Microsphere.....	71	Tybost.....	56	Verapamil HCl.....	65	
Trexall.....	89	Tykerb.....	48	Verapamil HCl ER.....	65	
Tri-Estarylla.....	84	Tymlos.....	92	Versacloz.....	53	
Tri-Legest Fe.....	84	Typhim Vi.....	90	Verzenio.....	48	
Tri-Lo-Estarylla.....	84	U			Vibramycin.....	36
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Tri-Previfem.....	84	Ursodiol.....	77	Vigabatrin.....	38	
Tri-Sprintec.....	85	V			Vigadrone.....	38
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Tri-VyLibra Lo.....	85	Valchlor.....	44	Viibryd Starter Pack.....	41	
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Triderm.....	72	Valsartan-Hydrochlorothiazide.....	66	Vitrakvi.....	48	
Trientine HCl.....	76	Valtoco 10 MG Dose.....	38	Vivitrol.....	31	
Trifluoperazine HCl.....	51	Valtoco 15 MG Dose.....	38	Vizimpro.....	48	
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Vosevi.....	54	Xgeva.....	92	Zelboraf.....	48
Votrient.....	48	Xifaxan.....	33	Zemaira.....	79
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Vraylar.....	53	Xiidra.....	93	Zenpep.....	79
Vyfemla.....	85	Xofluza.....	57	Zerbaxa.....	34
VyLibra.....	85	Xolair.....	88	Zidovudine.....	56
Vyndamax.....	79	Xospata.....	48	Zileuton ER.....	96
Vyndaqel.....	79	Xpovio.....	45	Ziprasidone HCl.....	53
Vyvanse.....	69	Xtampza ER.....	29	Ziprasidone Mesylate.....	53
Vyzulta.....	95	Xtandi.....	44	Zirgan.....	53
W		Xulane.....	85	Zolinza.....	45
Warfarin Sodium.....	61	Xyrem.....	99	Zolpidem Tartrate.....	99
Wixela Inhub.....	98	Y		Zonisamide.....	39
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X		Yuvaferm.....	85	Zortress.....	89
Xalkori.....	48	Z		Zovia 1/35E.....	85
Xarelto.....	61	Zafirlukast.....	96	Zyclara Pump.....	73
Xarelto Starter Pack.....	61	Zaleplon.....	99	Zydelig.....	48
Xatmep.....	89	Zarah.....	85	Zyflo.....	96
Xcopri.....	37	Zarxio.....	62	Zykadia.....	48
Xeljanz.....	88	Zejula.....	48	Zyprexa Relprev.....	53
Xeljanz XR.....	88	Zelapar ODT.....	50		

Covered drugs by medical condition

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 11-27.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). 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 100-131.

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 (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 (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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Piroxicam (Oral Capsule)	G	1	
Sulindac (Oral Tablet)	G	1	
Opioid Analgesics, Long-acting			
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
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	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-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)	B	1	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet, 60MG 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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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
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	DL
Morphine Sulfate (10MG/5ML Oral Solution, 100MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	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
Oxycodone-Aspirin (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 HCl (External Gel)	G	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (250MG 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
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	
Narcan (Nasal Liquid)	B	1	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Chantix Continuing Month Pak (Oral Tablet)	B	1	
Chantix (Oral Tablet)	B	1	
Chantix Starting Month Pak (Oral Tablet)	B	1	
Nicotrol (Inhalation Inhaler)	B	1	
Nicotrol NS (Nasal Solution)	B	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	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Antibacterials, Other			
Aztreonam (1GM 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
Daptomycin (Intravenous Solution Reconstituted)	G	1	DL
Linezolid (Intravenous Solution)	G	1	
Linezolid (Oral Suspension Reconstituted)	G	1	DL
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 in NaCl 0.79% (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	
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 (250MG Intravenous Solution Reconstituted)	B	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (Injection Solution Reconstituted)	G	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	1	
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	
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 (Oral Capsule)	B	1	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Suprax (Oral Tablet Chewable)	G	1	
Tazicef (Injection Solution Reconstituted)	G	1	
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	
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	
Dicloxacillin Sodium (Oral Capsule)	G	1	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM 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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Penicillin G Procaine (Intramuscular Suspension)	G	1	
Penicillin G Sodium (Injection Solution Reconstituted)	G	1	DL
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	
Dificid (Oral Tablet)	B	1	DL
E.E.S. Granules (Oral Suspension Reconstituted)	B	1	
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 Base (Oral Tablet Delayed Release)	G	1	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	1	
Erythromycin Ethylsuccinate (Oral Tablet)	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	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
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
Felbamate (Oral Suspension)	G	1	DL
Felbamate (Oral Tablet)	G	1	
Fintepla (Oral Solution)	B	1	PA; DL; QL
Fycompa (Oral Suspension)	B	1	DL; QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
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) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	B	1	PA; QL
Xcopri (200MG Oral Tablet)	B	1	PA; DL; QL
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack)	B	1	PA; QL
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG 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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (Oral Tablet)	G	1	
Nayzilam (Nasal Solution)	B	1	QL
Phenobarbital (Oral Elixir)	G	1	
Phenobarbital (Oral Tablet)	G	1	
Primidone (Oral Tablet)	G	1	
Sympazan (10MG Oral Film, 20MG Oral Film)	B	1	PA; DL; QL
Sympazan (5MG Oral Film)	B	1	PA; QL
Tiagabine HCl (Oral Tablet)	G	1	
Valtoco 10 MG Dose (Nasal Liquid)	B	1	QL
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	B	1	QL
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	B	1	QL
Valtoco 5 MG Dose (Nasal Liquid)	B	1	QL
Vigabatrin (Oral Packet)	G	1	PA; LA; DL; QL
Vigabatrin (Oral Tablet)	G	1	PA; LA; DL; QL
Vigadrone (Oral Packet)	G	1	PA; LA; DL; QL
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	1	DL; QL
Banzel (Oral Suspension)	B	1	DL
Banzel (Oral Tablet)	B	1	DL
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	
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	
Oxcarbazepine (300MG/5ML Oral Suspension)	G	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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
Vimpat (Oral Solution)	B	1	QL
Vimpat (Oral Tablet)	B	1	QL
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 (2MG/ML Oral Solution)	G	1	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	B	1	PA
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	
Maprotiline HCl (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 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
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 (Oral Tablet Immediate Release)	G	1	
Paxil (Oral Suspension)	B	1	
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 HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	
Viibryd (Oral Tablet)	B	1	QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Viibryd Starter Pack (Oral Kit)	B	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	
Promethegan (25MG Rectal Suppository)	G	1	
Scopolamine (Transdermal Patch 72 Hour)	G	1	
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	B	1	
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	PA
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 (Oral Tablet)	G	1	B/D, PA
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D, PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (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	
Voriconazole (Intravenous Solution Reconstituted)	G	1	DL
Voriconazole (Oral Suspension Reconstituted)	G	1	DL
Voriconazole (Oral Tablet)	G	1	
Antigout Agents			
Antigout Agents			
Allopurinol (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

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Probenecid (Oral Tablet)	G	1	
Probenecid-Colchicine (Oral Tablet)	G	1	
Antimigraine Agents			
Acute			
Naratriptan HCl (Oral Tablet)	G	1	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 Refill (Subcutaneous Solution Cartridge)	G	1	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	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 Prefilled Syringe)	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			
Guanidine HCl (Oral Tablet)	B	1	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	DL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (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; LA; DL
Trecator (Oral Tablet)	B	1	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (25MG Oral Capsule)	G	1	B/D, PA
Cyclophosphamide (50MG Oral Capsule)	G	1	B/D, PA
Leukeran (Oral Tablet)	B	1	DL
Matulane (Oral Capsule)	B	1	LA; DL
Valchlor (External Gel)	B	1	PA; LA; DL; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	1	PA; DL; QL
Bicalutamide (Oral Tablet)	G	1	
Erleada (Oral Tablet)	B	1	PA; DL; QL
Flutamide (Oral Capsule)	G	1	
Nilutamide (Oral Tablet)	G	1	DL
Nubeqa (Oral Tablet)	B	1	PA; LA; DL; QL
Xtandi (Oral Capsule)	B	1	PA; LA; DL; QL
Antiangiogenic Agents			
Pomalyst (Oral Capsule)	B	1	PA; DL; QL
Qinlock (Oral Tablet)	B	1	PA; DL; QL
Revlimid (Oral Capsule)	B	1	PA; LA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tabrecta (Oral Tablet)	B	1	PA; DL; QL
Thalomid (Oral Capsule)	B	1	PA; DL; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	1	DL
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; LA; DL; QL
Lonsurf (Oral Tablet)	B	1	PA; LA; 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; LA; DL; QL
Tukysa (Oral Tablet)	B	1	PA; DL; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; LA; DL; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; LA; DL; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	1	PA; LA; DL; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; LA; DL; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	1	PA; LA; DL; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	1	PA; LA; DL; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	1	PA; LA; DL; QL
Zolinza (Oral Capsule)	B	1	PA; DL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Exemestane (Oral Tablet)	G	1	
Letrozole (Oral Tablet)	G	1	
Molecular Target Inhibitors			
Afinitor Disperz (Oral Tablet Soluble)	B	1	PA; DL
Afinitor (10MG Oral Tablet)	B	1	PA; DL
Alecensa (Oral Capsule)	B	1	PA; LA; DL; QL
Alunbrig (Oral Tablet)	B	1	PA; LA; DL; QL
Alunbrig (Oral Tablet Therapy Pack)	B	1	PA; LA; DL; QL
Ayvakit (Oral Tablet)	B	1	PA; LA; DL; QL
Balversa (Oral Tablet)	B	1	PA; LA; DL; QL
Bosulif (Oral Tablet)	B	1	PA; DL; QL
Braftovi (Oral Capsule)	B	1	PA; DL
Brukinsa (Oral Capsule)	B	1	PA; LA; DL; QL
Cabometyx (Oral Tablet)	B	1	PA; LA; DL; QL
Calquence (Oral Capsule)	B	1	PA; DL; QL
Caprelsa (Oral Tablet)	B	1	PA; LA; DL
Cometriq (100MG Daily Dose) (Oral Kit)	B	1	PA; LA; DL
Cometriq (140MG Daily Dose) (Oral Kit)	B	1	PA; LA; DL
Cometriq (60MG Daily Dose) (Oral Kit)	B	1	PA; LA; DL
Copiktra (Oral Capsule)	B	1	PA; DL; QL
Cotellic (Oral Tablet)	B	1	PA; LA; DL; QL
Daurismo (Oral Tablet)	B	1	PA; LA; DL; QL
Erivedge (Oral Capsule)	B	1	PA; LA; DL; QL
Erlotinib HCl (Oral Tablet)	G	1	PA; DL; QL
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA; DL
Farydak (Oral Capsule)	B	1	PA; DL
Gavreto (Oral Capsule)	B	1	PA; DL; QL
Gilotrif (Oral Tablet)	B	1	PA; LA; DL
Ibrance (Oral Capsule)	B	1	PA; LA; DL; QL
Ibrance (Oral Tablet)	B	1	PA; LA; DL; QL
Iclusig (15MG Oral Tablet, 45MG Oral Tablet)	B	1	PA; LA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	1	PA; DL; QL
Imbruvica (Oral Capsule)	B	1	PA; LA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Imbruvica (Oral Tablet)	B	1	PA; DL; QL
Inlyta (Oral Tablet)	B	1	PA; LA; DL; QL
Inqovi (Oral Tablet)	B	1	PA; DL; QL
Inrebic (Oral Capsule)	B	1	PA; DL; QL
Iressa (Oral Tablet)	B	1	PA; LA; DL; QL
Jakafi (Oral Tablet)	B	1	PA; LA; 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 (400MG Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	1	PA; DL; QL
Kisqali Femara (200MG 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; LA; DL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; LA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; LA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; LA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; LA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; LA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; LA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	1	PA; LA; DL
Lorbrena (Oral Tablet)	B	1	PA; LA; DL; QL
Lynparza (Oral Tablet)	B	1	PA; LA; DL; QL
Mekinist (Oral Tablet)	B	1	PA; LA; DL
Mektovi (Oral Tablet)	B	1	PA; DL
Nerlynx (Oral Tablet)	B	1	PA; LA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Nexavar (Oral Tablet)	B	1	PA; LA; DL
Odomzo (Oral Capsule)	B	1	PA; LA; DL; QL
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; LA; DL; QL
Rydapt (Oral Capsule)	B	1	PA; DL; QL
Sprycel (Oral Tablet)	B	1	PA; DL; QL
Stivarga (Oral Tablet)	B	1	PA; LA; DL; QL
Sutent (Oral Capsule)	B	1	PA; DL; QL
Tafinlar (Oral Capsule)	B	1	PA; LA; DL
Tagrisso (Oral Tablet)	B	1	PA; LA; DL; QL
Talzenna (Oral Capsule)	B	1	PA; LA; DL; QL
Tasigna (Oral Capsule)	B	1	PA; DL; QL
Tibsovo (Oral Tablet)	B	1	PA; DL; QL
Turalio (Oral Capsule)	B	1	PA; LA; DL; QL
Tykerb (Oral Tablet)	B	1	PA; LA; DL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	1	PA; LA; DL; QL
Venclexta (10MG Oral Tablet)	B	1	PA; LA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	1	PA; LA; DL
Verzenio (Oral Tablet)	B	1	PA; LA; DL; QL
Vitrakvi (Oral Capsule)	B	1	PA; LA; DL; QL
Vitrakvi (Oral Solution)	B	1	PA; LA; DL; QL
Vizimpro (Oral Tablet)	B	1	PA; LA; DL; QL
Votrient (Oral Tablet)	B	1	PA; LA; DL; QL
Xalkori (Oral Capsule)	B	1	PA; LA; DL
Xospata (Oral Tablet)	B	1	PA; DL; QL
Zejula (Oral Capsule)	B	1	PA; LA; DL; QL
Zelboraf (Oral Tablet)	B	1	PA; LA; DL; QL
Zydelig (Oral Tablet)	B	1	PA; LA; DL; QL
Zykadia (Oral Tablet)	B	1	PA; DL; QL
Retinoids			

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Bexarotene (Oral Capsule)	G	1	PA; DL
Targretin (External Gel)	B	1	PA; DL; QL
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	DL
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	1	DL; QL
Ivermectin (Oral Tablet)	G	1	
Praziquantel (Oral Tablet)	G	1	
Antiprotozoals			
Alinia (Oral Suspension Reconstituted)	B	1	DL
Alinia (Oral Tablet)	B	1	DL
Atovaquone (Oral Suspension)	G	1	DL
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	
Benznidazole (Oral Tablet)	B	1	
Chloroquine Phosphate (Oral Tablet)	G	1	QL
Coartem (Oral Tablet)	B	1	
DARAPRIM (Oral Tablet)	B	1	DL
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	QL
Mefloquine HCl (Oral Tablet)	G	1	
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	
Trihexyphenidyl HCl (Oral Solution)	G	1	
Trihexyphenidyl HCl (Oral Tablet)	G	1	
Antiparkinson Agents, Other			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (Oral Syrup)	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			
Apokyn (Subcutaneous Solution Cartridge)	B	1	PA; LA; 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 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	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (10MG Tablet Sublingual)	G	1	QL
Asenapine Maleate (2.5MG Tablet Sublingual, 5MG Tablet Sublingual)	G	1	DL; QL
Caplyta (Oral Capsule)	B	1	ST; DL; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	1	ST; DL; QL
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	B	1	ST; QL
Fanapt Titration Pack (Oral Tablet)	B	1	ST
Geodon (Intramuscular Solution Reconstituted)	B	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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
Latuda (Oral Tablet)	B	1	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 (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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
Saphris (Tablet Sublingual)	B	1	DL; QL
Secuado (Transdermal Patch 24 Hour)	B	1	PA; 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
Ziprasidone HCl (Oral Capsule)	G	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	1	
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	1	
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			
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	DL
Baraclude (Oral Solution)	B	1	DL
Entecavir (Oral Tablet)	G	1	
Epivir HBV (Oral Solution)	B	1	
Lamivudine (100MG Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Vemlidy (Oral Tablet)	B	1	DL; QL
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Tablet)	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			
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)	B	1	QL
Tivicay (25MG Oral Tablet, 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)			
Atripla (Oral Tablet)	B	1	DL; QL
Complera (Oral Tablet)	B	1	DL; QL
Delstrigo (Oral Tablet)	B	1	DL; QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	B	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
Symfi Lo (Oral Tablet)	B	1	DL; QL
Symfi (Oral Tablet)	B	1	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	1	QL
Abacavir Sulfate (Oral Tablet)	G	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	1	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	1	DL; QL
Cimduo (Oral Tablet)	B	1	DL; QL
Descovy (Oral Tablet)	B	1	DL; QL
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	G	1	QL
Emtricitabine (Oral Capsule)	G	1	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet)	G	1	DL; QL
Emtriva (Oral Capsule)	B	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
Stavudine (Oral Capsule)	G	1	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Triumeq (Oral Tablet)	B	1	DL; QL
Truvada (Oral Tablet)	B	1	DL; QL
Viread (Oral Powder)	B	1	DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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
Rukobia (Oral Tablet Extended Release 12 Hour)	B	1	DL; QL
Selzentry (Oral Solution)	B	1	DL; QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	B	1	DL; QL
Selzentry (25MG Oral Tablet)	B	1	QL
Tybost (Oral Tablet)	B	1	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	1	DL; QL
Aptivus (Oral Solution)	B	1	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Crixivan (200MG Oral Capsule)	B	1	QL
Evotaz (Oral Tablet)	B	1	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	1	DL; QL
Invirase (Oral Tablet)	B	1	DL; QL
Kaletra (100-25MG Oral Tablet)	B	1	QL
Kaletra (200-50MG Oral Tablet)	B	1	DL; QL
Lexiva (Oral Suspension)	B	1	QL
Lopinavir-Ritonavir (Oral Solution)	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

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (40 MG Dose) (Oral Tablet Therapy Pack)	B	1	QL
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	B	1	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone 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 (5MG/ML Oral Concentrate)	G	1	QL
Diazepam (5MG/5ML Oral Solution)	G	1	
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	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
Lithium (Oral Solution)	B	1	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	1	QL
Bydureon (Subcutaneous Pen-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 (500MG/5ML Oral Solution)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	QL
Nateglinide (Oral Tablet)	G	1	QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	1	QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ozempic (1MG/DOSE) (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 Two Pack (Nasal Powder)	B	1	
Diazoxide (Oral Suspension)	G	1	DL
GlucaGen HypoKit (Injection Solution Reconstituted)	B	1	
Glucagon (Injection Kit) (Lilly)	B	1	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	1	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	1	
Insulins			
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)	B	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	1	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	1	
Insulin Lispro (Subcutaneous Solution) (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	
Tresiba (Subcutaneous Solution)	B	1	
Blood Products and Modifiers			
Anticoagulants			
Eliquis (Oral Tablet)	B	1	QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Eliquis Starter Pack (Oral Tablet)	B	1	QL
Enoxaparin Sodium (Subcutaneous Solution)	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, 300MCG/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)	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, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	1	PA
Granix (Subcutaneous Solution)	B	1	ST; DL
Granix (Subcutaneous Solution Prefilled Syringe)	B	1	ST; DL
Leukine (Injection Solution Reconstituted)	B	1	PA; DL
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Neupogen (Injection Solution)	B	1	ST; DL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Neupogen (Injection Solution Prefilled Syringe)	B	1	ST; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	1	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	1	PA; DL
Promacta (Oral Packet)	B	1	PA; LA; DL; QL
Promacta (Oral Tablet)	B	1	PA; LA; DL; QL
Retacrit (Injection Solution)	B	1	PA
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Zarxio (Injection Solution Prefilled Syringe)	B	1	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; LA; 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	
Methyldopa (Oral Tablet)	G	1	
Midodrine HCl (Oral Tablet)	G	1	
Northera (Oral Capsule)	B	1	PA; LA; DL; QL
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

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Losartan Potassium (Oral Tablet)	G	1	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral 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	
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	
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	
Bystolic (Oral Tablet)	B	1	QL
Carvedilol (Oral Tablet)	G	1	
Labetalol HCl (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	1	
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 (6MG/ML 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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
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
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
BiDil (Oral Tablet)	B	1	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL
Captopril-Hydrochlorothiazide (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 (Oral Tablet)	G	1	
Digox (Oral Tablet)	G	1	
Digoxin (Oral Solution)	G	1	
Digoxin (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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
Lanoxin (Oral Tablet)	B	1	
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Methyldopa-Hydrochlorothiazide (Oral Tablet)	G	1	
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	
Propranolol-HCTZ (Oral Tablet)	G	1	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Spironolactone-HCTZ (Oral Tablet)	G	1	
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	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	
Spironolactone (Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (200MG Oral Capsule, 67MG Oral Capsule)	G	1	
Fenofibrate Micronized (134MG 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			
Atorvastatin Calcium (Oral Tablet)	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 Powder)	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 (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule)	B	1	PA; LA; DL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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; LA; QL
Prevalite (Oral Packet)	G	1	
Repatha Pushtrex 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			
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	
Minitran (Transdermal Patch 24 Hour)	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

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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; LA; DL; QL
Ingrezza (Oral Capsule)	B	1	PA; DL; QL
Ingrezza (Oral Capsule Therapy Pack)	B	1	PA; DL; QL
Nuedexta (Oral Capsule)	B	1	PA; QL
Riluzole (Oral Tablet)	G	1	
Tetrabenazine (Oral Tablet)	G	1	PA; LA; 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	LA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release)	G	1	DL; QL
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	1	DL
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	LA; DL; QL
Rebif Rebidos (Subcutaneous Solution Auto-Injector)	B	1	ST; DL; QL
Rebif Rebidos 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
Tecfidera Starter Pack (Oral)	B	1	LA; DL
Tecfidera (Oral Capsule Delayed Release)	B	1	LA; DL; QL
Dental and Oral Agents			
Dental and Oral Agents			
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	1	
Triamcinolone Acetonide (Dental Paste)	G	1	
Dermatological Agents			
Acne and Rosacea Agents			
Acitretin (Oral Capsule)	G	1	
Adapalene (External Cream)	G	1	
Adapalene (0.1% External Gel)	G	1	
Amnesteem (Oral Capsule)	G	1	PA
Azelaic Acid (External Gel)	G	1	
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	
Claravis (Oral Capsule)	G	1	PA

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel)	G	1	
Finacea (External Foam)	B	1	
Isotretinoin (Oral Capsule)	G	1	PA
Mirvaso (External Gel)	B	1	
Myorisan (Oral Capsule)	G	1	PA
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	
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	
Cordran (External Tape)	B	1	
Desonide (External Ointment)	G	1	
Desoximetasone (External Cream)	G	1	QL
Doxepin HCl (External Cream)	G	1	PA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
Fluocinonide (External Gel)	G	1	
Fluocinonide (External Ointment)	G	1	
Fluocinonide (External Solution)	G	1	
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, 2.5% 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	
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 Cream)	G	1	
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	
Calcipotriene (External Ointment)	G	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Calcipotriene (External Solution)	G	1	
Calcitriol (External Ointment)	B	1	
Clotrimazole-Betamethasone (External Cream)	G	1	
Clotrimazole-Betamethasone (External Lotion)	G	1	
Cortisporin (External Cream)	B	1	
Cortisporin (External Ointment)	B	1	
Diclofenac Sodium (3% External Gel)	G	1	PA
Fluorouracil (5% External Cream)	G	1	
Fluorouracil (External Solution)	G	1	
Imiquimod (5% External Cream)	G	1	QL
Imiquimod Pump (3.75% External Cream)	B	1	PA; DL
Methoxsalen Rapid (Oral Capsule)	G	1	DL
Picato (External Gel)	B	1	QL
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	
Zyclara Pump (External Cream)	B	1	PA; DL
Pediculicides/Scabicides			
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	
Ciclopirox Olamine (External Suspension)	G	1	
Clindacin-P (External Swab)	G	1	
Clindamycin Phosphate (External Gel)	G	1	QL
Clindamycin Phosphate (External Lotion)	G	1	
Clindamycin Phosphate (External Solution)	G	1	
Clindamycin Phosphate (External Swab)	G	1	
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	1	
Econazole Nitrate (External Cream)	G	1	QL
Ery (External Pad)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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			
Aminosyn II (15% Intravenous Solution)	B	1	B/D, PA
Aminosyn-PF (7% Intravenous Solution)	B	1	B/D, PA
Carbaglu (Oral Tablet)	B	1	LA; 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, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution)	B	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	B	1	B/D, PA
HepatAmine (Intravenous Solution)	B	1	B/D, PA
Intralipid (Intravenous Emulsion)	B	1	B/D, PA
Isolyte-P in D5W (Intravenous Solution)	B	1	
Isolyte-S (Intravenous Solution)	B	1	
KCl in Dextrose-NaCl (Intravenous Solution)	B	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	B	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
NephrAmine (Intravenous Solution)	B	1	B/D, PA
Normosol-M in D5W (Intravenous Solution)	B	1	
Nutrilipid (Intravenous Emulsion)	B	1	B/D, PA
Plasma-Lyte 148 (Intravenous Solution)	B	1	
Plasma-Lyte A (Intravenous Solution)	B	1	
Plenammine (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 in Dextrose (Intravenous Solution)	B	1	B/D, PA
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, 40MEQ/100ML Intravenous Solution)	B	1	B/D, PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	G	1	B/D, PA
Potassium Chloride (Oral Packet)	G	1	
Potassium Chloride (20 MEQ/15ML(10%) Oral Solution, 40 MEQ/15ML(20%) Oral Solution)	G	1	
Potassium Citrate ER (Oral Tablet Extended Release)	G	1	
Premasol (Intravenous Solution)	G	1	B/D, PA
Procalamine (Intravenous Solution)	B	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 (10% Intravenous Solution)	B	1	B/D, PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	1	DL
Clovique (Oral Capsule)	G	1	PA; DL; QL
Deferasirox Granules (Oral Packet)	G	1	PA; DL
Deferasirox (Oral Tablet) (Generic Jadenu)	G	1	PA; DL
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	1	PA; DL
Deferiprone (Oral Tablet)	G	1	PA; DL
Ferriprox (Oral Solution)	B	1	PA; DL
Ferriprox (Oral Tablet)	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 (Phosphate Binder) (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			
VP-PNV-DHA (Oral Capsule)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Amitiza (Oral Capsule)	B	1	QL
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Lactulose (10GM/15ML Oral Solution)	G	1	
Linzess (Oral Capsule)	B	1	QL
Relistor (Oral Tablet)	B	1	PA; DL; QL
Relistor (Subcutaneous Solution)	B	1	PA; DL
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	
Antispasmodics, Gastrointestinal			
Cuvposa (Oral Solution)	B	1	PA
Dicyclomine HCl (Oral Capsule)	G	1	
Dicyclomine HCl (Oral Solution)	G	1	
Dicyclomine HCl (Oral Tablet)	G	1	
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; LA; DL
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	1	
Myalept (Subcutaneous Solution Reconstituted)	B	1	PA; LA; DL
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	
TriLyte (Oral Solution Reconstituted)	G	1	
Ursodiol (Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	1	QL
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
Prilosec (Oral Packet)	B	1	PA
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; LA; 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	LA
Glassia (Intravenous Solution)	B	1	PA; LA; DL
Kuvan (Oral Packet)	B	1	LA; DL
Kuvan (Oral Tablet Soluble)	B	1	LA; DL
Levocarnitine (1GM/10ML Oral Solution)	G	1	
Levocarnitine (330MG Oral Tablet)	B	1	
Miglustat (Oral Capsule)	G	1	PA; LA; DL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Nitisinone (Oral Capsule)	G	1	DL
Orfadin (20MG Oral Capsule)	B	1	LA; DL
Orfadin (Oral Suspension)	B	1	LA; DL
Procysbi (Oral Packet)	B	1	LA; DL
Prolastin-C (Intravenous Solution Reconstituted)	B	1	PA; LA; DL
RAVICTI (Oral Liquid)	B	1	LA; DL; QL
Sapropterin Dihydrochloride (Oral Packet)	G	1	DL
Sapropterin Dihydrochloride (Oral Tablet Soluble)	G	1	DL
Sodium Phenylbutyrate (Oral Powder)	G	1	DL
Sodium Phenylbutyrate (Oral Tablet)	G	1	DL
Sucraid (Oral Solution)	B	1	LA; DL
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; LA; DL
Vyndamax (Oral Capsule)	B	1	PA; LA; DL; QL
Vyndaqel (Oral Capsule)	B	1	PA; LA; DL; QL
Zemaira (Intravenous Solution Reconstituted)	B	1	PA; LA; DL
Zenpep (Oral Capsule Delayed Release Particles)	B	1	
Genitourinary Agents			
Antispasmodics, Urinary			
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	
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			
Bethanechol Chloride (Oral Tablet)	G	1	
Depen Titratabs (Oral Tablet)	B	1	DL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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)			
Cortisone Acetate (25MG Oral Tablet)	G	1	
Dexamethasone (Oral Elixir)	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; LA; DL
Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Genotropin (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Increlex (Subcutaneous Solution)	B	1	PA; LA; DL
Serostim (Subcutaneous Solution Reconstituted)	B	1	PA; LA; DL
Zorbtive (Subcutaneous Solution Reconstituted)	B	1	PA; LA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	1	PA; LA; DL; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Anabolic Steroids			
Anadrol-50 (Oral Tablet)	B	1	PA; DL
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	
Caziant (Oral Tablet)	G	1	
Climara Pro (Transdermal Patch Weekly)	B	1	
Cryselle-28 (Oral Tablet)	G	1	
Cyclafem 1/35 (Oral Tablet)	G	1	
Cyclafem 7/7/7 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Depo-Estradiol (Intramuscular Oil)	G	1	
Desogestrel-Ethinyl Estradiol (0.15-0.02/0.01MG (21/5) 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 (Oral Tablet)	G	1	
Enpresse-28 (Oral Tablet)	G	1	
Enskyce (Oral Tablet)	G	1	
Estaylla (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	
Fayosim (Oral Tablet)	G	1	
Femring (Vaginal Ring)	B	1	
Femynor (Oral Tablet)	G	1	
Fyavolv (Oral Tablet)	G	1	
Gianvi (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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
LARIN Fe 1.5/30 (Oral Tablet)	G	1	
LARIN Fe 1/20 (Oral Tablet)	G	1	
Larissia (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	
Melodetta 24 Fe (Oral Tablet Chewable)	G	1	
Menest (Oral Tablet)	G	1	
Mibelas 24 Fe (Oral Tablet Chewable)	G	1	
Microgestin 1.5/30 (Oral Tablet)	G	1	
Microgestin 1/20 (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	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	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	
Nortrel 7/7/7 (Oral Tablet)	G	1	
Ocella (Oral Tablet)	G	1	
Orsythia (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
Previfem (Oral Tablet)	G	1	
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	
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-Previfem (Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
Vienna (Oral Tablet)	G	1	
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
WYMZYA Fe (Oral Tablet Chewable)	G	1	
Xulane (Transdermal Patch Weekly)	G	1	
Yuvaferm (Vaginal Tablet)	G	1	QL
Zarah (Oral Tablet)	G	1	
Zovia 1/35E (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	
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 Micronized (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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)	B	1	
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
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
Lupaneta Pack (Combination Kit)	B	1	PA; DL
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 (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	G	1	PA; DL
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	G	1	PA
Signifor (Subcutaneous Solution)	B	1	PA; LA; DL
Somatuline Depot (Subcutaneous Solution)	B	1	DL
Somavert (Subcutaneous Solution Reconstituted)	B	1	PA; LA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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; LA; DL
Cinryze (Intravenous Solution Reconstituted)	B	1	PA; LA; DL
Haegarda (Subcutaneous Solution Reconstituted)	B	1	PA; LA; DL
Icatibant Acetate (Subcutaneous Solution)	G	1	PA; DL; QL
Ruconest (Intravenous Solution Reconstituted)	B	1	PA; LA; DL
Immunoglobulins			
BIVIGAM (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
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
Varizig (Intramuscular Solution)	B	1	DL
Immunological Agents, Other			
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	1	PA; DL
Actemra (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Arcalyst (Subcutaneous Solution Reconstituted)	B	1	PA; LA; DL
Benlysta (Subcutaneous Solution Auto-Injector)	B	1	PA; DL
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	1	PA; LA; DL
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	B	1	PA; LA; DL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	1	PA; DL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Otezla (Oral Tablet)	B	1	PA; LA; DL
Otezla (Oral Tablet Therapy Pack)	B	1	PA; LA; DL
Ridaura (Oral Capsule)	B	1	DL
Stelara (Subcutaneous Solution)	B	1	PA; DL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
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; LA; DL
Xolair (Subcutaneous Solution Reconstituted)	B	1	PA; LA; DL
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	1	LA; DL
Intron A (Injection Solution)	B	1	PA; LA; DL
Intron A (Injection Solution Reconstituted)	B	1	PA; LA; DL
Immunosuppressants			
Azathioprine (Oral Tablet)	G	1	B/D, PA
Cimzia Prefilled (Subcutaneous Kit)	B	1	PA; DL
Cimzia (Subcutaneous Kit)	B	1	PA; DL
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
Enbrel (Subcutaneous Solution)	B	1	PA; DL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
Enbrel (Subcutaneous Solution Reconstituted)	B	1	PA; DL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	1	PA; DL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	1	B/D, PA

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG 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
Humira Pen (Subcutaneous Pen-Injector Kit)	B	1	PA; DL
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	1	PA; DL
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	B	1	PA; DL
Humira (Subcutaneous Prefilled Syringe Kit)	B	1	PA; DL
Leflunomide (Oral Tablet)	G	1	
Methotrexate (Oral Tablet)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	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; DL
Simponi (Subcutaneous Solution Auto-Injector)	B	1	PA; DL
Simponi (Subcutaneous Solution Prefilled Syringe)	B	1	PA; DL
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
Zortress (1MG Oral Tablet)	B	1	B/D, PA; DL
Vaccines			
ActHIB (Intramuscular Solution Reconstituted)	B	1	QL
Adacel (Intramuscular Suspension)	B	1	QL
BCG Vaccine (Injection)	B	1	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	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
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
Imovax Rabies (Intramuscular Injectable)	B	1	B/D, PA; QL
Infanrix (Intramuscular Suspension)	B	1	QL
IPOL (Injection)	B	1	QL
Ixiaro (Intramuscular Suspension)	B	1	QL
Kinrix (Intramuscular Suspension)	B	1	QL
Menactra (Intramuscular Injectable)	B	1	QL
MenQuadfi (Intramuscular Injectable)	B	1	QL
Menveo (Intramuscular Solution Reconstituted)	B	1	QL
M-M-R II (Injection Solution Reconstituted)	B	1	QL
Pediarix (Intramuscular Suspension)	B	1	QL
Pedvax HIB (Intramuscular Suspension)	B	1	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	1	QL
Quadracel (Intramuscular Suspension)	B	1	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	1	B/D, PA; QL
Recombivax HB (Injection Suspension)	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
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1	QL
Typhim Vi (Intramuscular Solution)	B	1	QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
VAQTA (Intramuscular Suspension)	B	1	QL
Varivax (Subcutaneous Injectable)	B	1	QL
YF-Vax (Subcutaneous Injectable)	B	1	QL
Inflammatory Bowel Disease Agents			
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 (0.375MG 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 (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 (Rectal Enema)	G	1	
Procto-Med HC (External Cream)	G	1	
Procto-Pak (External Cream)	G	1	
Proctosol HC (2.5% 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 (30MG Oral Tablet)	G	1	B/D, PA; QL
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	G	1	B/D, PA; DL; QL
Doxercalciferol (Oral Capsule)	G	1	B/D, PA
Forteo (Subcutaneous Solution Pen-Injector)	B	1	PA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ibandronate Sodium (Oral Tablet)	G	1	QL
Natpara (Subcutaneous Cartridge)	B	1	PA; LA; 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
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)	B	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Blephamide (Ophthalmic Suspension)	B	1	
Blephamide S.O.P. (Ophthalmic Ointment)	G	1	
Combigan (Ophthalmic Solution)	B	1	
Cystaran (Ophthalmic Solution)	B	1	LA; 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 (Ophthalmic Suspension)	B	1	
Pred-G S.O.P. (Ophthalmic Ointment)	B	1	
Proparacaine HCl (Ophthalmic Solution)	G	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepreve (Ophthalmic Solution)	B	1	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	1	
Lastacaft (Ophthalmic Solution)	B	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	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
FML (Ophthalmic Ointment)	B	1	
Ilevro (Ophthalmic Suspension)	B	1	
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 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 (0.25% Ophthalmic Solution, 0.5% 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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Azopt (Ophthalmic Suspension)	B	1	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	B	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Methazolamide (Oral Tablet)	G	1	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	B	1	
Pilocarpine HCl (Ophthalmic Solution)	G	1	
Rhopressa (Ophthalmic Solution)	B	1	ST
Simbrinza (Ophthalmic Suspension)	B	1	
Ophthalmic Prostaglandin and Prostanamide 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			
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	
Dymista (Nasal Suspension)	B	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	QL
Anti-inflammatories, Inhaled Corticosteroids			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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			
Atrovent HFA (Inhalation Aerosol Solution)	B	1	
Increase 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), 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
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D, PA
Metaproterenol Sulfate (10MG/5ML Oral Syrup)	G	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Perforomist (Inhalation Nebulization Solution)	B	1	B/D, PA; QL
ProAir HFA (Inhalation Aerosol Solution)	B	1	
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	1	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Cystic Fibrosis Agents			
Bethkis (Inhalation Nebulization Solution)	B	1	B/D, PA; DL; QL
Cayston (Inhalation Solution Reconstituted)	B	1	PA; LA; DL
Kalydeco (Oral Packet)	B	1	PA; LA; DL; QL
Kalydeco (Oral Tablet)	B	1	PA; LA; DL; QL
Orkambi (Oral Packet)	B	1	PA; LA; DL; QL
Orkambi (Oral Tablet)	B	1	PA; LA; 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; DL
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	1	PA; QL
Theophylline ER (300MG 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; LA; DL
Alyq (Oral Tablet)	G	1	PA; QL
Ambrisentan (Oral Tablet)	G	1	PA; LA; DL; QL
Bosentan (Oral Tablet)	G	1	PA; LA; DL; QL
Opsumit (Oral Tablet)	B	1	PA; LA; DL
Orenitram (0.125MG Oral Tablet Extended Release)	B	1	PA; LA
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; LA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet)	G	1	PA; QL
Tracleer (Oral Tablet Soluble)	B	1	PA; LA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ventavis (Inhalation Solution)	B	1	PA; LA; DL; QL
Pulmonary Fibrosis Agents			
Esbriet (Oral Capsule)	B	1	PA; LA; DL; QL
Esbriet (Oral Tablet)	B	1	PA; LA; DL; QL
Ofev (Oral Capsule)	B	1	PA; LA; 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; LA; DL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	1	PA; LA; DL
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	G	1	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D, PA
Nucala (Subcutaneous Solution Auto-Injector)	B	1	PA; LA; DL; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	1	PA; LA; DL; QL
Nucala (Subcutaneous Solution Reconstituted)	B	1	PA; LA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	1	QL
Symbicort (Inhalation Aerosol)	B	1	QL
Trelegy Ellipta (100-62.5-25MCG/INH Inhalation Aerosol Powder Breath Activated)	B	1	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	
Cyclobenzaprine HCl (7.5MG Oral Tablet)	G	1	
Sleep Disorder Agents			
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	1	QL
Hetlioz (Oral Capsule)	B	1	PA; LA; 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; LA; DL; QL

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below. **Brand name** drugs in **bold** type (for example, **Humalog**) and generic drugs in plain type (for example, Simvastatin).

Drug Name	Brand or Generic	Quantity Limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Acyclovir (External Ointment)	G	Maximum of 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 (140MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 30 days
Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Alecensa (Oral Capsule)	B	Maximum of 8 capsules per day

Drug Name	Brand or Generic	Quantity Limit
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 1 pack (30 tablets) per 30 days
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amitiza (Oral Capsule)	B	Maximum of 2 capsules 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
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Androderm (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	B	Maximum of 3 ml per day
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

Drug Name	Brand or Generic	Quantity Limit
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Aptivus (Oral Solution)	B	Maximum of 4 bottles (380 ml) per 30 days
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Aripiprazole ODT (15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atripla (Oral Tablet)	B	Maximum of 1 tablet per day
Aubagio (Oral Tablet)	B	Maximum of 1 tablet per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Avonex Pen (Intramuscular Auto-Injector Kit)	B	Maximum of 1 kit per 28 days
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	Maximum of 1 kit per 28 days
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection)	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
Bethkis (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (8 ml) per day
Bevespi Aerosphere (Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
BiDil (Oral Tablet)	B	Maximum of 6 tablets per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	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
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 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

Drug Name	Brand or Generic	Quantity Limit
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
Bydureon (Subcutaneous Pen-Injector)	B	Maximum of 4 pens 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
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	B	Maximum of 2 tablets per day
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle per 28 days
Calquence (Oral Capsule)	B	Maximum of 2 capsules per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams 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 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clovique (Oral Capsule)	G	Maximum of 8 capsules per day
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)	B	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet, 60MG 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

Drug Name	Brand or Generic	Quantity Limit
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 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
Cotellic (Oral Tablet)	B	Maximum of 3 tablets per day
Crixivan (200MG Oral Capsule)	B	Maximum of 9 capsules 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 (Oral Tablet)	B	Maximum of 1 tablet per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
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
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 (Oral Tablet)	G	Maximum of 6 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

Drug Name	Brand or Generic	Quantity Limit
Diazepam Intensol (5MG/ML 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
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 30MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day
Drizalma Sprinkle (40MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 3 capsules per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
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 1 pack (74 tablets) per 30 days
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 (200-300MG Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Capsule)	B	Maximum of 1 capsule per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (10MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	G	Maximum of 2 syringes (1.6 ml) per day

Drug Name	Brand or Generic	Quantity Limit
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution)	G	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	G	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (200-50MG Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (400-100MG Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
Erivedge (Oral Capsule)	B	Maximum of 1 capsule per day
Erleada (Oral Tablet)	B	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	B	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	B	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	B	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Estradiol (Vaginal Tablet)	G	Maximum of 1 tablet per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	G	Maximum of 3 tablets per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day

Drug Name	Brand or Generic	Quantity Limit
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
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
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)	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)	G	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules 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
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

Drug Name	Brand or Generic	Quantity Limit
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
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 (Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime

Drug Name	Brand or Generic	Quantity Limit
Hetlioz (Oral Capsule)	B	Maximum of 1 capsule per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (Oral Tablet)	G	Maximum of 3 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	B	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	B	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution)	G	Maximum of 3 syringes (9 ml) per day
Iclusig (15MG Oral Tablet)	B	Maximum of 2 tablets per day
Iclusig (45MG Oral Tablet)	B	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	B	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 grams per 30 days
Imovax Rabies (Intramuscular Injectable)	B	1 vaccination dose (1 injection) per day
Imvexxy Maintenance Pack (Vaginal Insert)	B	Maximum of 1 vaginal insert per day
Imvexxy Starter Pack (Vaginal Insert)	B	Maximum of 1 vaginal insert per day
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day

Drug Name	Brand or Generic	Quantity Limit
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
Intence (100MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Intence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Invirase (Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Iressa (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Kaletra (100-25MG Oral Tablet)	B	Maximum of 8 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Kaletra (200-50MG Oral Tablet)	B	Maximum of 4 tablets per day
Kalydeco (Oral Packet)	B	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	B	Maximum of 2 tablets per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Kinrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Kisqali (200MG Dose) (Oral Tablet)	B	Maximum of 3 tablets per day
Kisqali (400MG Dose) (Oral Tablet)	B	Maximum of 3 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	B	Maximum of 3 tablets per day
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Korlym (Oral Tablet)	B	Maximum of 4 tablets per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	Maximum of 5 films per day
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
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
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 2 bottles (320 ml) per 30 days
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
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Mayzent (0.25MG Oral Tablet)	B	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	B	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (2MG/ML Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day

Drug Name	Brand or Generic	Quantity Limit
MenQuadfi (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Mesalamine ER (0.375MG 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
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

Drug Name	Brand or Generic	Quantity Limit
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (100MG/5ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
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
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day

Drug Name	Brand or Generic	Quantity Limit
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
Northera (100MG Oral Capsule)	B	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 6 capsules per day
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Norvir (Oral Solution)	B	Maximum of 16 ml per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	B	Maximum of 1 capsule per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day

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
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Oxandrolone (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Oxandrolone (2.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	G	Maximum of 12 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (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)	B	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 1 tablet per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	B	Maximum of 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	B	Maximum of 8 capsules per day
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Picato (0.015% External Gel)	B	Maximum of 3 tubes per 30 days
Picato (0.05% External Gel)	B	Maximum of 2 tubes per 30 days
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (15MG Oral Tablet)	G	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
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, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
RAVICTI (Oral Liquid)	B	Maximum of 17.5 ml per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Rebif Rebidos (Subcutaneous Solution Auto-Injector)	B	Maximum of 12 pens (6 ml) per 28 days
Rebif Rebidos Titration Pack (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pack (4.2 ml) per 28 days
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 1 pack (4.2 ml) per 28 days
Recombivax HB (10MCG/ML Injection Suspension, 10MCG/ML (1ML Syringe) Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day

Drug Name	Brand or Generic	Quantity Limit
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (Oral Tablet)	B	Maximum of 3 tablets per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushttronex System (Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (3.5 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 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
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 30 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day

Drug Name	Brand or Generic	Quantity Limit
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
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Saphris (Tablet Sublingual)	B	Maximum of 2 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 4 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	G	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 6 pens (18 ml) per 30 days
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Sovaldi (150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Sovaldi (200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
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

Drug Name	Brand or Generic	Quantity Limit
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
Stavudine (Oral Capsule)	G	Maximum of 2 capsules per day
Stiolto Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	B	Maximum of 4 tablets per day
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	B	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	B	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 injections (6 ml) per 30 days
Sutent (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Sutent (37.5MG Oral Capsule)	B	Maximum of 2 capsules per day
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Symfi Lo (Oral Tablet)	B	Maximum of 1 tablet per day
Symfi (Oral Tablet)	B	Maximum of 1 tablet per day
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (PAH) (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Talzenna (1MG Oral Capsule)	B	Maximum of 1 capsule per day
Targretin (External Gel)	B	Maximum of 60 grams per 30 days
Tasigna (150MG Oral Capsule)	B	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	B	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	B	Maximum of 14 capsules per day
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Tecfidera (Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
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
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

Drug Name	Brand or Generic	Quantity Limit
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Tracleer (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trelegy Ellipta (100-62.5-25MCG/INH Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
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
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
Truvada (Oral Tablet)	B	Maximum of 1 tablet 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
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day

Drug Name	Brand or Generic	Quantity Limit
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 10 MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5 MG 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 (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
Ventavis (10MCG/ML Inhalation Solution)	B	Maximum of 7 ml per day
Ventavis (20MCG/ML Inhalation Solution)	B	Maximum of 3 ml per day
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Viibryd (Oral Tablet)	B	Maximum of 1 tablet per day
Viibryd Starter Pack (Oral Kit)	B	Maximum of 1 pack (30 tablets) per 30 days
Vimpat (Oral Solution)	B	Maximum of 40 ml per day

Drug Name	Brand or Generic	Quantity Limit
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vizimpro (Oral Tablet)	B	Maximum of 1 tablet per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Votrient (Oral Tablet)	B	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (51 tablets) per 30 days
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (Oral Tablet Titration Therapy Pack)	B	Maximum of 1 pack (28 tablets) per 28 days
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

Drug Name	Brand or Generic	Quantity Limit
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 (40 MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 20 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 16 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 12 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 16 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	B	Maximum of 4 capsules per day
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 1 tablet per day
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
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
Zelboraf (Oral Tablet)	B	Maximum of 8 tablets 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 copayments/coinsurance may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.

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. Comuníquese con nuestro número de Servicio al Cliente situado en la cobertura.

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