



Complete drug list (Formulary) 2022

Plan Name (Plan_Type)
Group Name (Plan Sponsor)

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-XXX-XXX-XXXX**, TTY **711**

Hours of Operation



www.PlanURL.com

**United
Healthcare**

Formulary ID Number 00022025, Version 8
Y0066_062821_061900_C

Last updated September 1, 2021

Table of contents

What is a drug list?	3
Note to existing members:.....	3
How can I find a drug on the drug list?.....	4
What are generic drugs?.....	4
What is a compounded drug?	4
Drug payment stage and drug tiers	5
Getting Extra Help	5
Are there any rules or limits on my drug coverage?.....	6
What if my drug is not on this list?	8
How can I get an exception?	8
Can I get my drug while I wait for an exception?	9
Can the drug list change?.....	10
Drugs with dosages other than a 1-month supply	11
Covered drugs by name (Drug index).....	12
Covered drugs by category	44
Covered drugs with a quantity limit (QL)	155

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 September 1, 2021.

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

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

When this drug list refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare MedicareRx for Groups (PDP).

How can I find a drug on the drug list?

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

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 12-43 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 44-154. The drugs in this drug list are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

Talk with your doctor to see if any of the brand name drugs you take have generic versions. Then review the drug list to make sure you are getting the drug you need for the least amount of money.

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

What is a compounded drug?

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

Drug payment stage and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** Each covered drug is in 1 of 4 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

Drug tier	Includes
Tier 1: Preferred generic	Most generic drugs.
Tier 2: Preferred brand	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
Tier 3: Non-preferred drug	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.
Tier 4: Specialty tier	Unique and/or very high-cost brand and generic drugs.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also call Customer Service. Our contact information is on the cover.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 44. The codes and what they mean are shown below and on the next page.

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

Coverage rules and limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

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

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

Other special coverage rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

This drug is known as a high-risk medication (HRM) for patients 65 years and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.

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.

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the drug list change?

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

Changes that can affect you this year

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

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

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

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

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

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

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A	
Abacavir Sulfate	84
Abacavir Sulfate -Lamivudine	84
Abacavir -Lamivudine -Zidovudine	84
Abelcet	68
Abilify	80
Abilify Maintena	79
Abilify MyCite	79
Abiraterone Acetate	72
Absorica	108
Absorica LD	108
Acamprosate Calcium	51
Acanya	108
Acarbose	88
Accolate	149
Accupril	95
Accuretic	99
Accutane	108
Acebutolol HCl	97
Acetaminophen -Caffeine -Dihydrocodeine	48
Acetaminophen -Codeine	48
Acetazolamide	99
Acetazolamide ER	99
Acetic Acid	147
Acetylcysteine	151
Aciphex	122
Acitretin	108
ActHIB	139
Actemra	136
Actemra ACTPen	136
Acthar	125
Acticlate	58
Actimmune	137
Actiq	48
Activella	128
Actonel	142
Actoplus Met	88
Actos	88
Acular	145
Acular LS	145
Acuvail	145
Acyclovir	83
Acyclovir Sodium	83
Aczone	115
Adacel	139
Adapalene	108
Adapalene -Benzoyl Peroxide	108
Adcirca	151
Adderall	104
Adderall XR	104
Adefovir Dipivoxil	82
Adempas	151
Adlyxin	88
Adlyxin Starter Pack	88
Admelog	90
Admelog SoloStar	90
Advair Diskus	151
Advair HFA	151
Adzenys ER	104
Adzenys XR -ODT	104
Aemcolo	52
Afinitor	73
Afinitor Disperz	73
Afrezza	90
Agrylin	93
Aimovig	71
AirDuo Digihaler	151
AirDuo RespiClick 113/14	151
AirDuo RespiClick 232/14	151
AirDuo RespiClick 55/14 ..	152
Ajovy	71
Aklief	108
Ala Scalp	110
Ala -Cort	110
Albendazole	76
Albenza	76
Albuterol Sulfate	149
Albuterol Sulfate HFA	149
Alclometasone Dipropionate	110
Alcohol Prep Pads.....	142
Aldactazide	99
Aldactone	101
Aldara	113
Alecensa	74
Alendronate Sodium	142
Alfuzosin HCl ER	125
Aliskiren Fumarate	99

Alkindi Sprinkle	125	Amaryl	88	Amphetamine ER	104
Allopurinol	69	Ambien	153	Amphetamine Sulfate	104
Allzital	48	Ambien CR	153	Amphetamine -Dextroamphetamine	104
Almotriptan Malate	69	Ambrisentan	151	Amphetamine -Dextroamphetamine ER ...	104
Alocril	144	Amcinonide	110	Amphotericin B	68
Alogliptin Benzoate	88	Amerge	69	Ampicillin	55
Alogliptin -Metformin HCl	88	Amethia	128	Ampicillin Sodium	55
Alogliptin -Pioglitazone	88	Amikacin Sulfate	51	Ampicillin -Sulbactam Sodium	56
Alomide	144	Amiloride HCl	101	Ampyra	107
Alora	128	Amiloride -Hydrochlorothiazide	99	Amrix	152
Alosetron HCl	120	Aminosyn II	117	Amzeeq	115
Alphagan P	146	Aminosyn -PF	117	Anafranil	66
Alprazolam	86	Amiodarone HCl	96	Anagrelide HCl	93
Alprazolam ER	86	Amitiza	120	Anastrozole	73
Alprazolam Intensol	86	Amitriptyline HCl	66	Ancobon	68
Alprazolam ODT	86	Amlodipine Besylate	97	AndroGel	127
Alrex	145	Amlodipine -Atorvastatin	99	AndroGel Pump	127
Altanax	115	Amlodipine -Benazepril	99	Androderm	127
Altace	95	Amlodipine -Olmesartan	99	Angeliq	128
Altavera	128	Amlodipine -Valsartan	99	Annovera	128
Altoprev	102	Amlodipine -Valsartan -HCTZ	99	Anoro Ellipta	152
Altreno	108	Ammonium Lactate	110	Antara	102
Alunbrig	74	Amnesteem	109	Anusol -HC	141
Alvesco	148	Amoxapine	66	ApexiCon E	110
Alyacen 1/35	128	Amoxicillin	55	Apidra	90
Alyq	151	Amoxicillin -Clarithromycin -Lansoprazole	120	Apidra SoloStar	90
AmBisome	68	Amoxicillin -Potassium Clavulanate	55	Aplenzin	64
Amabelz	128	Amoxicillin -Potassium Clavulanate ER	55	Apokyn	78
Amantadine HCl	78			Apraclonidine HCl	146

Bafiertam	107	Betamethasone Dipropionate Aug	110	Boniva	142
Balcoltra	128	Betamethasone Valerate ..	110	Bonjesta	67
Balsalazide Disodium	141	Betapace AF	96	Boostrix	140
Balversa	74	Betaseron	107	Bosentan	151
Balziva	128	Betaxolol HCl	146	Bosulif	74
Banzel	62	Bethanechol Chloride	125	Braftovi	74
Baqsimi One Pack	90	Bethkis	150	Breo Ellipta	152
Baraclude	82	Betimol	146	Breztri Aerosphere	152
Basaglar KwikPen	90	Betoptic -S	146	Briellyn	129
Baxdela	57	Bevespi Aerosphere	152	Brilinta	94
Beconase AQ	148	Bexarotene	76	Brimonidine Tartrate	146
Belbuca	46	Bexsero	139	Brinzolamide	146
Belsomra	153	Beyaz	128	Brisdelle	65
Benazepril HCl	95	BiDil	99	BromSite	145
Benazepril -Hydrochlorothiazide	99	Bicalutamide	72	Bromfenac Sodium	145
Benicar	95	Bicillin C -R	56	Bromocriptine Mesylate	78
Benicar HCT	99	Bicillin C -R 900/300	56	Bronchitol	152
Benlysta	136	Bicillin L -A	56	Brovana	149
BenzaClin with Pump	109	Bijuva	128	Brukinsa	74
Benzamycin	109	Biktarvy	83	Bryhali	110
Benznidazole	77	Biltricide	76	Budesonide	148
Benzoyl Peroxide -Erythromycin	109	Bimatoprost	146	Budesonide ER	141
Benztropine Mesylate	77	Bisoprolol Fumarate	97	Budesonide -Formoterol Fumarate	152
Bepotastine Besilate	144	Bisoprolol -Hydrochlorothiazide	99	Bumetanide	101
Bepreve	144	Bleph -10	144	Bupap	48
Berinert	136	Blephamide	143	Buphenyl	123
Beser	110	Blephamide S.O.P.	143	Buprenorphine	46
Besivance	144	Blisovi 24 Fe	128	Buprenorphine HCl	51
Betamethasone Dipropionate	110	Blisovi Fe 1.5/30	128	Buprenorphine HCl -Naloxone HCl	51

Bupropion HCl	64	Cambia	44	Carisoprodol -Aspirin -Codeine	152
Bupropion HCl ER	64	Camila	133	Carnitor	123
Bupropion HCl SR	64	Camrese Lo	129	CaroSpir	101
Bupropion HCl XL	64	Canasa	141	Carteolol HCl	146
Buspirone HCl	86	Cancidas	68	Cartia XT	98
Butalbital -Acetaminophen ...	48	Candesartan Cilexetil	95	Carvedilol	97
Butalbital -Acetaminophen -Caffeine	48	Candesartan Cilexetil -HCTZ	99	Carvedilol Phosphate ER	97
Butalbital -Acetaminophen -Caffeine -Codeine	48	Capex	110	Casodex	72
Butalbital -Aspirin -Caffeine .	48	Caplyta	80	Caspofungin Acetate	68
Butalbital -Aspirin -Caffeine -Codeine	48	Caprelsa	74	Catapres -TTS -1	94
Butorphanol Tartrate	48	Captopril	95	Catapres -TTS -2	94
Butrans	46	Carac	114	Catapres -TTS -3	95
Bydureon BCise	88	Carafate	122	Cayston	150
Byetta 10MCG Pen	88	Carbaglu	117	Caziant	129
Byetta 5MCG Pen	88	Carbamazepine .	62	Cefaclor .	54
Bystolic	97	Carbamazepine ER	62	Cefaclor ER	54
C					
Cabergoline .	135	Carbatrol	62	Cefadroxil	54
Cablivi	94	Carbidopa .	78	Cefazolin Sodium .	54
Cabometyx	74	Carbidopa -Levodopa	78	Cefdinir .	54
Caduet .	99	Carbidopa -Levodopa ER	78	Cefepime HCl	54
Cafergot	70	Carbidopa -Levodopa ODT ..	79	Cefixime	54
Calan SR	98	Carbidopa -Levodopa -Entacapone	78	Cefotetan Disodium	54
Calcipotriene .	114	Carbinoxamine Maleate	147	Cefoxitin Sodium .	54
Calcipotriene -Betamethasone	114	Cardizem	98	Cefpodoxime Proxetil	54
Calcitonin Salmon	142	Cardizem CD	98	Cefprozil	54
Calcitriol	142	Cardizem LA	98	Ceftazidime	54
Calcium Acetate .	119	Cardura	95	Ceftriaxone Sodium	54
Calquence	74	Cardura XL	125	Cefuroxime Axetil .	54
		Carisoprodol	152	Cefuroxime Sodium	55

Celebrex	44	Cilostazol	94	Clindacin -P	115
Celecoxib	44	Ciloxan	144	Clindagel	115
Celexa	65	Cimduo	84	Clindamycin HCl	52
Cellcept	138	Cimetidine	121	Clindamycin Palmitate HCl	52
Celontin	61	Cimetidine HCl	121	Clindamycin Phosphate	115
Cephalexin	55	Cimzia	138	Clindamycin Phosphate in D5W	52
Cequa	143	Cimzia Prefilled	138	Clindamycin Phosphate -Benzoyl Peroxide	109
Cerdelga	123	Cinacalcet HCl	142	Clindamycin -Tretinoin	109
Cetirizine HCl	147	Cinryze	136	Clindesse	52
Cetraxal	147	Cipro	58	Clinimix E/Dextrose	117
Cevimeline HCl	108	Cipro HC	147	Clinimix/Dextrose	117
Chantix	51	Ciprodex	147	Clinisol SF	117
Chantix Continuing Month Pak	51	Ciprofloxacin HCl	147	Clobazam	61
Chantix Starting Month Pak	51	Ciprofloxacin in D5W	58	Clobetasol Propionate	111
Chemet	118	Ciprofloxacin -Dexamethasone	147	Clobetasol Propionate Emollient Base	110
Chenodal	120	Ciprofloxacin -Fluocinolone PF	147	Clobetasol Propionate Emulsion	110
Chlordiazepoxide HCl	87	Citalopram Hydrobromide	65	Clobex	111
Chlordiazepoxide -Amitriptyline	64	Claravis	109	Clobex Spray	111
Chlorhexidine Gluconate	108	Clarinet	147	Clocortolone Pivalate	111
Chloroquine Phosphate	77	Clarinet -D 12 Hour	152	Clodan	111
Chlorpromazine HCl	79	Clarithromycin	57	Cloderm	111
Chlorthalidone	101	Clarithromycin ER	57	Clomipramine HCl	66
Chlorzoxazone	152	Clemastine Fumarate	147	Clonazepam	87
Cholbam	123	Clenpiq	120	Clonazepam ODT	87
Cholestyramine	102	Cleocin	52	Clonidine	95
Cholestyramine Light	102	Cleocin Phosphate	52	Clonidine HCl	95
Cialis	125	Cleocin -T	115	Clonidine HCl ER	105
Ciclopirox	115	Climara	129	Clopidogrel Bisulfate	94
Ciclopirox Olamine	115	Climara Pro	129		

Clorazepate Dipotassium	87	Copiktra	74	Cycloset	88
Clotrimazole	115	Cordran	111	Cyclosporine	138
Clotrimazole -Betamethasone	114	Coreg	97	Cyclosporine Modified	138
Clovique	118	Coreg CR	97	Cymbalta	106
Clozapine	82	Corgard	97	Cyproheptadine HCl	147
Clozapine ODT	82	Corlanor	99	Cyred EQ	129
Clozaril	82	Cortef	126	Cystadane	123
Coartem	77	Cosentyx	136	Cystadrops	143
Codeine Sulfate	49	Cosentyx Sensoready	136	Cystagon	123
Colazal	141	Cosopt	143	Cystaran	143
Colchicine	69	Cosopt PF	143	Cytomel	134
Colcrys	69	Cotellic	74	Cytotec	122
Colesevelam HCl	103	Cotempla XR -ODT	105		
Colestid	103	Cozaar	95	D	
Colestipol HCl	103	Creon	123	DARAPRIM	77
Colistimethate Sodium	52	Cresemba	68	DDAVP	126
CombiPatch	129	Crestor	102	DUTOPROL	100
Combigan	143	Crinone	133	Dalfampridine ER	107
Combivent Respimat	152	Cromolyn Sodium	150	Daliresp	150
Combivir	84	Cryselle -28	129	Dalvance	52
Cometriq	74	Cubicin	52	Danazol	128
Complera	84	Cuprimine	125	Dantrium	82
Compro	67	Cutivate	111	Dantrolene Sodium	82
Comtan	78	Cuvposa	120	Dapsone	115
ConZip	46	Cyclafem 1/35	129	Daptacel	140
Concerta	105	Cyclafem 7/7/7	129	Daptomycin	52
Condylox	114	Cyclobenzaprine HCl	153	Darifenacin Hydrobromide ER	124
Constulose	120	Cyclobenzaprine HCl ER	152	Daurismo	74
Copaxone	107	Cyclophosphamide	72	DayVigo	153
				Daypro	44

Daytrana	105	Desogestrel -Ethinyl Estradiol	129	Diclegis	67
Deblitane	133	Desonate	111	Diclofenac Epolamine	44
Deferasirox	119	Desonide	111	Diclofenac Potassium	44
Deferasirox Granules	118	Desoximetasone	111	Diclofenac Sodium	145
Deferiprone	119	Desoxyn	104	Diclofenac Sodium ER	44
Delestrogen	129	Desvenlafaxine ER	65	Diclofenac -Misoprostol	44
Delstrigo	84	Desvenlafaxine Succinate ER	65	Dicloxacillin Sodium	56
Delzicol	141	Detrol	124	Dicyclomine HCl	120
Demeclocycline HCl	58	Detrol LA	124	Differin	109
Demerol	49	Dexabliss	126	Dificid	57
Demser	99	Dexamethasone	126	Diflorasone Diacetate	111
Denavir	83	Dexamethasone Sodium Phosphate	145	Diflucan	68
Depakote	87	Dexchlorpheniramine Maleate	148	Diflunisal	44
Depakote ER	87	Dexedrine	104	Digitek	100
Depakote Sprinkles	87	Dexilant	122	Digox	100
Depen Titratabs	125	Dexmethylphenidate HCl	105	Digoxin	100
Depo -Estradiol	129	Dexmethylphenidate HCl ER	105	Dihydroergotamine Mesylate	70
Depo -Provera	133	Dextroamphetamine Sulfate	105	Dilantin	63
Depo -SubQ Provera 104	133	Dextroamphetamine Sulfate ER	104	Dilantin INFATABS	63
Depo -Testosterone	128	Dextrose	117	Dilaudid	49
DermOtic	147	Dextrose -NaCl	117	Dilt -XR	98
Derma -Smothe/FS Scalp	111	Diacomit	61	Diltiazem HCl	98
DesOwen	111	Diastat AcuDial	61	Diltiazem HCl ER	98
Descovy	84	Diastat Pediatric	61	Diltiazem HCl ER Beads	98
Desipramine HCl	66	Diazepam	87	Diltiazem HCl ER Coated Beads	98
Desloratadine	147	Diazepam Intensol	87	Dimethyl Fumarate	107
Desloratadine ODT	147	Diazoxide	90	Dimethyl Fumarate Starter Pack	107
Desmopressin Acetate	126	Dibenzylamine	95	Diovan	95
Desmopressin Acetate Spray	126			Diovan HCT	100

Dipentum	141	Doxy 100	58	Edarbyclor	100
Diphenoxylate -Atropine	120	Doxycycline Hyclate	58	Edecrin	101
Diphtheria -Tetanus Toxoids DT	140	Doxycycline Monohydrate	59	Edluar	153
Diprolene	111	Doxylamine -Pyridoxine	67	Edurant	84
Dipyridamole	94	Drizalma Sprinkle	106	Efavirenz	84
Disopyramide Phosphate	96	Dronabinol	67	Efavirenz -Emtricitabine -Tenofovir	84
Disulfiram	51	Drospirenone -Ethinyl Estradiol	129	Efavirenz -Lamivudine -Tenofovir	84
Ditropan XL	124	Drospirenone -Ethinyl Estradiol -Levomefolate	129	Effexor XR	65
Diuril	101	Droxia	72	Efudex	114
Divalproex Sodium	87	Droxidopa	95	Egrifta SV	126
Divalproex Sodium ER	87	Duaklir Pressair	152	Elestrin	129
Divigel	129	Duavee	129	Eletriptan Hydrobromide	69
Dofetilide	96	Duetact	88	Elidel	111
Dojolvi	143	Duexis	44	Eligard	135
Dolishale	129	Dulera	152	Eliquis	92
Donepezil HCl	63	Duloxetine HCl	107	Eliquis Starter Pack	92
Donepezil HCl ODT	63	Duobrii	114	Elmiron	125
Doptelet	94	Duopa	79	EluRyng	129
Doryx	58	Dupixent	136	Emcyt	72
Doryx MPC	58	Durezol	145	Emend	67
Dorzolamide HCl	146	Dutasteride	125	Emend Tri -Pack	67
Dorzolamide HCl -Timolol Maleate	143	Dutasteride -Tamsulosin HCl	125	Emflaza	126
Dorzolamide HCl -Timolol Maleate Preservative Free .	143	Dyanavel XR	105	Engality	71
Dotti	129	Dymista	148	Emoquette	129
Dovato	83	Dyrenium	101	Emsam	65
Dovonex	114	E		Emtricitabine	84
Doxazosin Mesylate	95	E.E.S. Granules	57	Emtricitabine -Tenofovir Disoproxil Fumarate	84
Doxepin HCl	153	Econazole Nitrate	115	Emtriva	84
Doxercalciferol	142	Edarbi	95	Emverm	77

Enalapril Maleate	96	Epivir HBV	82	Estazolam	153
Enalapril -Hydrochlorothiazide	100	Eplerenone	101	Estrace	129
Enbrel	138	Epogen	93	Estradiol	129
Enbrel Mini	138	Epzicom	85	Estradiol Valerate	129
Enbrel SureClick	138	Equetro	87	Estradiol -Norethindrone Acetate	129
Endari	117	Eraxis	68	Estring	129
Endocet	49	Ergoloid Mesylates	63	Estrogel	129
Engerix -B	140	Ergotamine -Caffeine	70	Eszopiclone	153
Enoxaparin Sodium	92	Erivedge	74	Ethacrynic Acid	101
Enpresse -28	129	Erleada	72	Ethambutol HCl	71
Enskyce	129	Erlotinib HCl	74	Ethosuximide	61
Enspryng	138	Errin	133	Ethinodiol Diacetate -Ethinyl Estradiol	129
Enstilar	114	Ertaczo	115	Etodolac	44
Entacapone	78	Ertapenem Sodium	56	Etodolac ER	44
Entecavir	82	Ery	115	Etonogestrel -Ethinyl Estradiol	130
Entocort EC	141	Ery -Tab	57	Eucrisa	111
Entresto	100	EryPed 200	57	Euthyrox	134
Enulose	120	EryPed 400	57	Evamist	130
Envarsus XR	138	Erygel	115	Evekeo	105
Epclusa	82	Erythrocin Lactobionate	57	Evekeo ODT	105
EpiPen 2 -Pak	149	Erythrocin Stearate	57	Evenity	142
EpiPen Jr 2 -Pak	149	Erythromycin	144	Everolimus	138
Epidiolex	59	Erythromycin Base	57	Evista	134
Epiduo	109	Erythromycin Ethylsuccinate	57	Evoclin	116
Epiduo Forte	109	Esbriet	151	Evotaz	85
Epinastine HCl	144	Escitalopram Oxalate	65	Evoxac	108
Epinephrine	149	Esgic	49	Evrysdi	123
Epitol	63	Esomeprazole Magnesium	122	Exelon	63
Epivir	84	Estarylla	129	Exemestane	73

Exforge	100	Felodipine ER	97	Flac	147
Exforge HCT	100	Femara	73	Flagyl	52
Exjade	119	Femhrt	130	Flarex	145
Extavia	107	Femring	130	Flavoxate HCl	124
Extina	116	Femynor	130	Flebogamma DIF	136
Eysuvis	145	Fenofibrate	102	Flecainide Acetate	96
Ezallor Sprinkle	102	Fenofibrate Micronized	102	Flector	44
Ezetimibe	103	Fenofibric Acid	102	FloLipid	102
Ezetimibe -Simvastatin	103	Fenoglide	102	Flomax	125
F		Fenoprofen Calcium	44	Flovent Diskus	148
FML	145	Fentanyl	46	Flovent HFA	148
FML Forte	145	Fentanyl Citrate	49	Fluconazole	68
FML Liquifilm	145	Fentora	49	Fluconazole in Sodium Chloride	68
Fabior	109	Ferriprox	119	Flucytosine	68
Falmina	130	Fetzima	65	Fludrocortisone Acetate	126
Famciclovir	83	Fetzima Titration	65	Flunisolide	148
Famotidine	121	Fexmid	153	Fluocinolone Acetonide	147
Fanapt	80	Fiasp	90	Fluocinolone Acetonide Scalp	111
Fanapt Titration Pack	80	Fiasp FlexTouch	90	Fluocinonide	112
Fareston	72	Fiasp PenFill	90	Fluocinonide Emulsified Base	112
Farxiga	88	Finacea	109	Fluorometholone	145
Farydak	74	Finasteride	125	Fluoroplex	114
Fasenra	152	Fintepla	59	Fluorouracil	114
Fasenra Pen	152	Fioricet	49	Fluoxetine HCl	65
Fayosim	130	Fioricet/Codeine	49	Fluphenazine Decanoate	79
Febuxostat	69	Firazyr	136	Fluphenazine HCl	79
Felbamate	59	Firdapse	106	Flurandrenolide	112
Felbatol	59	Firmagon	135	Flurazepam HCl	153
Feldene	44	Firvanq	52	Flurbiprofen	44

Flurbiprofen Sodium	145	Fyavolv	130	Genotropin	127
Flutamide	72	Fycompa	59	Genotropin MiniQuick	127
Fluticasone Propionate	148	G		Gentak	144
Fluticasone -Salmeterol	152	Gabapentin	62	Gentamicin Sulfate	144
Fluvastatin Sodium	102	Gabitril	62	Gentamicin Sulfate -0.9% Sodium Chloride	52
Fluvastatin Sodium ER	102	Galafold	123	Genvoya	83
Fluvoxamine Maleate	65	Galantamine Hydrobromide	64	Geodon	80
Fluvoxamine Maleate ER	65	Galantamine Hydrobromide ER	64	Gilenya	107
Focalin	105	Gammagard	136	Gilotrif	74
Focalin XR	105	Gammagard S/D Less IgA	136	Gimoti	67
Fondaparinux Sodium	92	Gammaked	136	Glassia	123
Forfivo XL	64	Gammaplex	136	Glatiramer Acetate	107
Fortamet	88	Gamunex -C	136	Glatopa	107
Forteo	142	Gardasil 9	140	Gleevec	74
Fortesta	128	Gastrocrom	123	Glimepiride	88
Fosamax	142	Gatifloxacin	144	Glipizide	88
Fosamax Plus D	142	Gattex	121	Glipizide ER	88
Fosamprenavir Calcium	85	Gauze	143	Glipizide -Metformin HCl	88
Fosfomycin Tromethamine . .	52	GaviLyte -C	121	Gloperba	69
Fosinopril Sodium	96	GaviLyte -G	121	GlucaGen HypoKit	90
Fosinopril Sodium -HCTZ . .	100	GaviLyte -N with Flavor Pack	121	Glucagon	90
Fosrenol	119	Gavreto	74	Glucotrol XL	88
Fotivda	72	Gelnique	124	Glumetza	88
Fragmin	93	Gemfibrozil	102	Glyburide	88
Frova	69	Gemmily	130	Glyburide Micronized	88
Frovatriptan Succinate	69	Gemtesa	124	Glyburide -Metformin	88
Fulphila	93	Generess Fe	130	Glycopyrrolate	120
Furosemide	101	Generlac	120	Glynase	88
Fuzeon	85	Gengraf	138	Glyxambi	88

GoLYTELY	121	Hemady	126	Humulin R	91
GoNitro	104	Heparin Sodium	93	Humulin R U -500	91
Gocovri	78	HepatAmine	117	Humulin R U -500 KwikPen .	91
Gralise	106	Hepsera	82	Hydralazine HCl	103
Granisetron HCl	67	Hetlioz	153	Hydrea	72
Granix	93	Hetlioz LQ	153	Hydrochlorothiazide	101
Grastek	136	Hiberix	140	Hydrocodone Bitartrate ER ..	46
Griseofulvin Microsize	68	Hiprex	52	Hydrocodone -Acetaminophen	49
Griseofulvin Ultramicrosize ...	68	Horizant	106	Hydrocodone -Ibuprofen	49
Guanfacine HCl	95	Humalog	91	Hydrocortisone	141
Guanfacine HCl ER	105	Humalog Junior KwikPen	90	Hydrocortisone Acetate	
Gvoke HypoPen 2 -Pack	90	Humalog KwikPen	90	-Pramoxine	114
Gvoke PFS	90	Humalog Mix 50/50	90	Hydrocortisone Butyrate	112
Gynazole -1	68	Humalog Mix 50/50 KwikPen .	90	Hydrocortisone Valerate ...	112
H					
Haegarda	136	Humalog Mix 75/25	90	Hydrocortisone -Acetic Acid .	147
Hailey 24 Fe	130	Humalog Mix 75/25 KwikPen .	90	Hydromorphone HCl	49
Halcinonide	112	Humatin	52	Hydromorphone HCl ER	46
Halcion	153	Humatrope	127	Hydromorphone HCl	
Haldol	79	Humira	138	Preservative Free	49
Haldol Decanoate	79	Humira Pediatric Crohns Start .	138	Hydroxychloroquine Sulfate .	77
Halobetasol Propionate	112	Humira Pen	138	Hydroxyurea	73
Halog	112	Humira Pen Crohns Disease	138	Hydroxyzine HCl	86
Haloperidol	79	Starter	138	Hydroxyzine Pamoate	86
Haloperidol Decanoate	79	Humira Pen Psoriasis Starter .	138	Hysingla ER	47
Haloperidol Lactate	79	Humira Pen -Pediatric UC Start	138	Hyzaar	100
Harvoni	83	Humulin 70/30	91	I	
Havrix	140	Humulin 70/30 KwikPen	91	IDHIFA	73
Helidac Therapy	121	Humulin N	91	IPOL	140
		Humulin N KwikPen	91	Ibandronate Sodium	142
				Ibrance	74
				Ibu	44

Ibuprofen	44	Indomethacin	45	Invirase	85
Icatibant Acetate	136	Indomethacin ER	45	Invokamet	88
Iclevia	130	Infanrix	140	Invokamet XR	88
Iclusig	74	Ingrezza	106	Invokana	88
Icosapent Ethyl	103	Inlyta	74	lopidine	146
Ilevro	145	InnoPran XL	97	Ipratropium Bromide	149
Ilumya	137	Inqovi	74	Ipratropium -Albuterol	152
Imatinib Mesylate	74	Inrebic	74	Irbesartan	95
Imbruvica	74	Inspra	101	Irbesartan -Hydrochlorothiazide	100
Imipenem -Cilastatin	56	Insulin Aspart	91	Iressa	74
Imipramine HCl	66	Insulin Aspart FlexPen	91	Isentress	83
Imipramine Pamoate	66	Insulin Aspart PenFill	91	Isentress HD	83
Imiquimod	114	Insulin Aspart Prot & Aspart	91	Isibloom	130
Imitrex	70	Insulin Aspart Prot & Aspart FlexPen	91	Isolyte -P in D5W	117
Imitrex STATdose Refill	70	Insulin Lispro	91	Isolyte -S pH 7.4	117
Imitrex STATdose System	70	Insulin Lispro Junior KwikPen	91	Isoniazid	71
Imovax Rabies	140	Insulin Lispro Prot & Lispro	91	Isopto Carpine	146
Impavido	77	Insulin Syringes, Needles. ..	143	Isordil Titradosa	104
Impeklo	112	Intelence	84	Isosorbide Dinitrate	104
Imuran	138	Intralipid	117	Isosorbide Mononitrate	104
Invexxy Maintenance Pack	130	Intrarosa	133	Isosorbide Mononitrate ER	104
Invexxy Starter Pack	130	Intron A	137	Isotretinoin	109
Inbrija	79	Introvale	130	Isradipine	97
Incassia	133	Intuniv	105	Istalol	146
Increlex	127	Invanz	56	Isturisa	135
Incruse Ellipta	149	Invega	80	Itraconazole	68
Indapamide	101	Invega Sustenna	80	Ivermectin	115
Inderal LA	97	Invega Trinza	80	Ixiaro	140
Indocin	45	Inveltys	145		

J		KCl -Lactated Ringers -D5W 117	Klor -Con 10 117
Jadenu 119	Kaitlib Fe 130	Klor -Con 8 117	
Jadenu Sprinkle 119	Kaletra 85	Klor -Con M10 117	
Jakafi 74	Kalydeco 150	Klor -Con M15 117	
Jalyn 125	Kapvay 105	Klor -Con M20 117	
Jantoven 93	Kariva 130	Kombiglyze XR 89	
Janumet 88	Katerzia 98	Korlym 127	
Janumet XR 88	Kazano 89	Koselugo 75	
Januvia 88	Kelnor 1/35 130	Krintafel 77	
Jardiance 88	Kelnor 1/50 130	Kristalose 120	
Jasmiel 130	Kenalog 112	Kurvelo 130	
Jatenzo 128	Keppra 59	Kuvan 123	
Jentaduetto 88	Keppra XR 60	Kynmobi 78	
Jentaduetto XR 89	Kerydin 116	L	
Jinteli 130	Kesimpta 107	LARIN 1.5/30 130	
Jornay PM 105	Ketoconazole 116	LARIN 1/20 130	
Jublia 116	Ketodan 116	LARIN Fe 1.5/30 130	
Juleber 130	Ketoprofen 45	LARIN Fe 1/20 130	
Juluca 83	Ketoprofen ER 45	Labetalol HCl 97	
Junel 1.5/30 130	Ketorolac Tromethamine ... 145	Lacrisert 143	
Junel 1/20 130	Keveyis 123	Lactulose 120	
Junel Fe 1.5/30 130	Kevzara 137	Lamictal 60	
Junel Fe 1/20 130	Kineret 137	Lamictal ODT 60	
Junel Fe 24 130	Kinrix 140	Lamictal Starter 60	
Juxtapid 103	Kisqali 75	Lamictal XR 60	
Jynarque 119	Kisqali Femara 75	Lamivudine 85	
K		Lamivudine -Zidovudine 85	
K -Tab 117	Klaron 116	Lamotrigine 60	
KCl in Dextrose -NaCl 117	Klonopin 87	Lamotrigine ER 60	
	Klor -Con 117		

Lamotrigine ODT	60	Lenvima 8MG Daily Dose	75	Levoxyl	134
Lamotrigine Starter Kit -Blue	60	Lescol XL	102	Lexapro	65
Lamotrigine Starter Kit -Green	60	Lessina	130	Lexette	112
Lamotrigine Starter Kit -Orange	60	Letairis	151	Lexiva	85
Lampit	77	Letrozole	73	Lialda	141
Lanoxin	100	Leucovorin Calcium	76	Licart	45
Lansoprazole	122	Leukeran	72	Lidocaine	51
Lansoprazole ODT	122	Leukine	93	Lidocaine HCl	51
Lanthanum Carbonate	119	Leuprolide Acetate	135	Lidocaine Viscous	51
Lantus	91	Levalbuterol HCl	149	Lidocaine -Prilocaine	51
Lantus SoloStar	91	Levalbuterol Tartrate	149	Lidoderm	51
Lapatinib Ditosylate	75	Levemir	91	Lindane	115
Larissia	130	Levemir FlexTouch	91	Linezolid	53
Lasix	101	Levetiracetam	60	Linzess	120
Lastacaft	144	Levetiracetam ER	60	Liothyronine Sodium	134
Latanoprost	146	Levo -T	134	Lipitor	102
Latuda	80	Levobunolol HCl	146	Lipofen	102
Layolis Fe	130	Levocarnitine	123	Lisinopril	96
Lazanda	49	Levocetirizine Dihydrochloride	148	Lisinopril -Hydrochlorothiazide	100
Ledipasvir -Sofosbuvir	83	Levofloxacin	144	Lithium	87
Leena	130	Levofloxacin in D5W	58	Lithium Carbonate	87
Leflunomide	138	Levonest	130	Lithium Carbonate ER	87
Lenvima 10MG Daily Dose . .	75	Levonorgestrel -Ethinyl Estradiol	131	Lithobid	87
Lenvima 12MG Daily Dose . .	75	Levonorgestrel -Ethinyl Estradiol & Ethinyl Estradiol	131	Lithostat	125
Lenvima 14MG Daily Dose . .	75	Levonorgestrel -Ethinyl Estradiol 91 -Day	131	Livalo	102
Lenvima 18MG Daily Dose . .	75	Levora 0.15/30	131	Lo Loestrin Fe	131
Lenvima 20MG Daily Dose . .	75	Levorphanol Tartrate	47	LoSeasonique	131
Lenvima 24MG Daily Dose . .	75	Levothyroxine Sodium	134	Locoid	112
Lenvima 4MG Daily Dose	75			Locoid Lipocream	112

Lodine	45	Lovaza	103	Macrochantin	53	
Lodosyn	79	Lovenox	93	Mafenide Acetate	116	
Loestrin 1.5/30	131	Low -Ogestrel	131	Magnesium Sulfate	117	
Loestrin 1/20	131	Loxapine Succinate	79	Malarone	77	
Loestrin Fe 1.5/30	131	Lubiprostone	120	Malathion	115	
Loestrin Fe 1/20	131	Lucemyra	51	Marinol	67	
Lokelma	119	Luliconazole	116	Marlissa	131	
Lomotil	120	Lumigan	146	Marplan	65	
Lonhala Magnair	149	Lunesta	153	Matulane	72	
Lonsurf	73	Lupaneta Pack	135	Matzim LA	98	
Loperamide HCl	120	Lupkynis	138	Mavenclad	107	
Lopid	102	Lupron Depot	135	Mavyret	83	
Lopinavir -Ritonavir	86	Lutera	131	Maxalt	70	
Lopressor	97	Luxiq	112	Maxalt -MLT	70	
Loprox	116	Luzu	116	Maxidex	145	
Lorazepam	87	Lyleq	133	Maxitrol	143	
Lorazepam Intensol	87	Lyllana	131	Maxzide	100	
Lorbrena	75	Lynparza	75	Maxzide -25	100	
Loryna	131	Lyrica	107	Mayzent	107	
Lorzone	153	Lyrica CR	107	Mayzent Starter Pack	107	
Losartan Potassium	95	Lysodren	135	Meclizine HCl	67	
Losartan Potassium -HCTZ	100	Lysteda	94	Meclofenamate Sodium	45	
Lotemax	145	Lyumjev	91	Medrol	126	
Lotemax SM	145	Lyumjev KwikPen	91	Medroxyprogesterone Acetate	134	
Lotensin	96	Lyza	133	Mefenamic Acid	45	
Loteprednol Etabonate	145	M			Mefloquine HCl	77
Lotrel	100	M-M -R II	140	Megestrol Acetate	134	
Lotronex	120	MS Contin	47	Mekinist	75	
Lovastatin	102	Macrobid	53	Mektovi	75	

Meloxicam	45	Methocarbamol	153	Micafungin Sodium	68
Memantine HCl	64	Methotrexate	139	Micardis	95
Memantine HCl ER	64	Methotrexate Sodium	139	Micardis HCT	100
Memantine HCl Titration Pak	64	Methoxsalen Rapid	114	Miconazole 3	68
MenQuadfi	140	Methscopolamine Bromide	120	Microgestin 1.5/30	131
Menactra	140	Methyldopa	95	Microgestin 1/20	131
Menest	131	Methylin	105	Microgestin Fe 1.5/30	131
Menostar	131	Methylphenidate HCl	106	Microgestin Fe 1/20	131
Mentax	116	Methylphenidate HCl CD ..	105	Midodrine HCl	95
Menveo	140	Methylphenidate HCl ER ..	106	Migergot	70
Meperidine HCl	50	Methylphenidate HCl ER Osmotic Release	106	Miglitol	89
Meprobamate	86	Methylphenidate HCl LA ...	105	Miglustat	123
Meproprion	77	Methylprednisolone	126	Migranal	70
Mercaptopurine	73	Methyltestosterone	128	Mili	131
Meropenem	56	Metoclopramide HCl .	67	Millipred	126
Merrem	57	Metoclopramide HCl ODT ...	67	Mimvey	131
Mesalamine	141	Metolazone	101	Minastrin 24 Fe	131
Mesalamine ER	141	Metoprolol Succinate ER	97	Minipress	95
Mesnex	76	Metoprolol Tartrate	97	Minitran	104
Mestinon	71	Metoprolol -Hydrochlorothiazide	100	Minivelle	131
Metaxalone	153	MetroCream	53	Minocycline HCl	59
Metformin HCl	89	MetroLotion	53	Minocycline HCl ER	59
Metformin HCl ER	89	Metrogel	53	Minolira	59
Methadone HCl	47	Metronidazole	53	Minoxidil	103
Methamphetamine HCl	105	Metronidazole in NaCl 0.79%	53	Mirapex	78
Methazolamide	146	Metyrosine	100	Mirapex ER	78
Methenamine Hippurate	53	Mexiletine HCl	96	Mirtazapine	64
Methimazole	135	Mibelas 24 Fe	131	Mirtazapine ODT	64
Methitest	128			Mirvaso	109

Misoprostol	122	Mycophenolate Sodium	139	Natacyn	144
Mitigare	69	Mydayis	105	Natazia	131
Mobic	45	Myfortic	139	Nateglinide	89
Modafinil	154	Myorisan	109	Natesto	128
Moexipril HCl	96	Myrbetriq	124	Natpara	142
Molindone HCl	79	Mysoline	62	Natroba	115
Mometasone Furoate	148	Mytesi	120	Nayzilam	62
Mondoxyne NL	59	N		Nebupent	77
Montelukast Sodium	149	Nabumetone	45	Necon 0.5/35	131
Monurol	53	Nadolol	97	Nefazodone HCl	65
Morphine Sulfate	50	Nafcillin Sodium	56	Neo -Synalar	114
Morphine Sulfate ER	47	Naftifine HCl	116	Neomycin Sulfate	52
Morphine Sulfate ER Beads	47	Naftin	116	Neomycin -Bacitracin -Polymyxin	144
Motegrity	120	Nalfon	45	Neomycin -Polymyxin -Bacitracin -Hydrocortisone	143
Movantik	120	Naloxone HCl	51	Neomycin -Polymyxin -Dexamethasone	143
MoviPrep	121	Naltrexone HCl	51	Neomycin -Polymyxin -Gramicidin	144
Moxeza	144	Namenda	64	Neomycin -Polymyxin -HC	147
Moxifloxacin HCl	144	Namenda Titration Pak	64	Neoral	139
Moxifloxacin HCl in NaCl	58	Namenda XR	64	Nerlynx	75
Mulpleta	94	Namzaric	63	Nesina	89
Multaq	96	Naprelan	45	Neuac	109
Mupirocin	116	Naproxen	45	Neulasta	94
Mupirocin Calcium	116	Naproxen Sodium	45	Neupogen	94
Myalept	121	Naproxen Sodium ER	45	Neupro	78
Myambutol	71	Naproxen -Esomeprazole	45	Neurontin	62
Mycamine	68	Naratriptan HCl	70	Nevanac	145
Mycopssa	135	Narcan	51	Nevirapine	84
Mycobutin	71	Nardil	65	Nevirapine ER	84
Mycophenolate Mofetil	139	Nasonex	148		

Nexavar	75	Nitrostat	104	NovoLog FlexPen	92
Nexium	122	Nityr	123	NovoLog Mix 70/30	92
Nexletol	103	Nivestym	94	NovoLog Mix 70/30 FlexPen	92
Nexlizet	103	Nizatidine	121	NovoLog PenFill	92
Nextstellis	131	Nocdurna	127	Novolin 70/30	91
Niacin ER	103	Nolix	113	Novolin 70/30 FlexPen	91
Niacor	103	Nora -BE	134	Novolin N	92
Niaspan	103	Norditropin FlexPro	127	Novolin N FlexPen	92
Nicardipine HCl	98	Norethindrone	134	Novolin R	92
Nicotrol	51	Norethindrone Acetate	134	Novolin R FlexPen	92
Nicotrol NS	51	Norethindrone Acetate -Ethinyl Estradiol	131	Noxafil	68
Nifedipine	98	Norethindrone Acetate -Ethinyl Estradiol -Fe	132	NuLYTELY Lemon -Lime ...	121
Nifedipine ER	98	Norgesic Forte	153	Nubeqa	72
Nifedipine ER Osmotic Release	98	Norgestimate -Ethinyl Estradiol	132	Nucala	152
Nikki	131	Norgestimate -Ethinyl Estradiol Triphasic	132	Nucynta	50
Nilandron	72	Noritate	53	Nucynta ER	47
Nilutamide	72	Norpace	96	Nuedexta	106
Nimodipine	98	Norpace CR	96	Nuplazid	80
Ninlaro	73	Norpramin	66	Nurtec ODT	70
Nisoldipine ER	98	Northera	95	Nutrilipid	117
Nitazoxanide	77	Nortrel 0.5/35	132	Nutropin AQ NuSpin 10	127
Nitisinone	123	Nortrel 1/35	132	Nutropin AQ NuSpin 20	127
Nitro -Bid	104	Nortrel 7/7/7	132	Nutropin AQ NuSpin 5	127
Nitro -Dur	104	Nortriptyline HCl	66	NuvaRing	132
Nitrofurantoin	53	Norvasc	98	Nuvigil	154
Nitrofurantoin Macrocrystal ..	53	Norvir	86	Nuzyra	59
Nitrofurantoin Monohydrate .	53	Nourianz	78	Nyamyc	116
Nitroglycerin	104	NovoLog	92	Nylia 7/7/7	132
Nitrolingual	104			Nymalize	98

Nymyo	132	Omeprazole -Sodium Bicarbonate	122	Oseni	89
Nystatin	116	Omnaris	148	OsmoPrep	121
Nystatin -Triamcinolone	114	Omnitrope	127	Osmolex ER	78
Nystop	116	Ondansetron HCl	67	Osphena	134
Nyvepria	94	Ondansetron ODT	67	Otezla	137
O					
Ocaliva	121	Onexton	109	Otovel	147
Ocella	132	Onfi	62	Otrexup	139
Octagam	136	Ongentys	78	Ovide	115
Octreotide Acetate	135	Onglyza	89	Oxacillin Sodium	56
Ocuflox	144	Onureg	73	Oxacillin Sodium in Dextrose	56
Odactra	137	Onzetra Xsail	70	Oxandrolone	127
Odefsey	85	Opsumit	151	Oxaprozin	45
Odomzo	75	Oracea	59	Oxazepam	87
Ofev	151	Oralair 300IR	137	Oxbryta	94
Ofloxacin	147	Orapred ODT	126	Oxcarbazepine	63
Olanzapine	80	Oravig	69	Oxervate	143
Olanzapine ODT	80	Orencia	137	Oxiconazole Nitrate	116
Olanzapine -Fluoxetine HCl	64	Orencia ClickJect	137	Oxistat	116
Olmesartan Medoxomil	95	Orenitram	151	Oxtellar XR	63
Olmesartan Medoxomil -HCTZ	100	Orfadin	123	OxyContin	48
Olmesartan -Amlodipine -HCTZ	100	Orgovyx	135	Oxybutynin Chloride	124
Olopatadine HCl	148	Oriahnn	135	Oxybutynin Chloride ER ...	124
Olumiant	137	Orilissa	135	Oxycodone HCl	50
Olux	113	Orkambi	150	Oxycodone HCl ER	47
Olux -E	113	Orladeyo	136	Oxycodone -Acetaminophen	50
Omeclamox -Pak	121	Orphenadrine Citrate ER ...	153	Oxymorphone HCl	50
Omega -3 -Acid Ethyl Esters	103	Orsythia	132	Oxymorphone HCl ER	48
Omeprazole	122	Ortikos	141	Oxytrol	124
		Oseltamivir Phosphate	86	Ozempic	89

P			
PEG -3350 -Electrolytes	121	Pemazyre	73
PEG -3350 -NaCl -Na Bicarbonate -KCl	121	Penicillamine	125
PEG -3350/Electrolytes/Ascorbat	121	Penicillin G Potassium .	56
PENTAM 300	77	Penicillin G Potassium in Dextrose	56
PRUDOXIN	113	Penicillin G Procaine .	56
Pacerone	96	Penicillin G Sodium	56
Paliperidone ER	80	Penicillin V Potassium .	56
Palynziq .	123	Pennsaid	45
Pamelor	66	Pentamidine Isethionate	77
Pancreaze .	123	Pentasa	141
Pandel	113	Pentazocine -Naloxone HCl .	50
Pantoprazole Sodium	122	Pentoxifylline ER	100
Panzyga	136	Pepcid	121
Paricalcitol	142	Percocet .	50
Parlodel	78	Perforomist	150
Parnate	65	Perindopril Erbumine .	96
Paromomycin Sulfate .	52	Periogard	108
Paroxetine HCl	66	Permethrin .	115
Paroxetine HCl ER .	65	Perphenazine .	67
Paroxetine Mesylate	66	Perphenazine -Amitriptyline .	64
Paser .	71	Perseris	80
Patanase	148	Pertzye .	123
Paxil .	66	Pexeva	66
Paxil CR	66	Phenelzine Sulfate	65
Pediarix	140	Phenobarbital	62
Pedvax HIB	140	Phenoxybenzamine HCl	95
Pegasys .	137	Phenytek	63
		Phenytoin .	63
		Phenytoin Sodium Extended	63
		Phoslyra	119
		Picato .	114
		Pifeltro	84
		Pilocarpine HCl	146
		Pimecrolimus	113
		Pimozide	79
		Pimtreea	132
		Pindolol	97
		Pioglitazone HCl .	89
		Pioglitazone HCl -Glimepiride	89
		Pioglitazone HCl -Metformin HCl	89
		Piperacillin -Tazobactam .	56
		Piqray .	75
		Pirmella 1/35	132
		Piroxicam	45
		Plaquenil	77
		Plasma -Lyte 148	118
		Plasma -Lyte A .	118
		Plavix .	94
		Plegridy	108
		Plenammine .	118
		Plenvu .	121
		Pliaglis	51
		Podofilox	114
		Polymyxin B Sulfate	53
		Polymyxin B -Trimethoprim	144
		Polytrim	144
		Pomalyst	72
		Portia -28	132

Posaconazole	69	Pregabalin ER	107	Procardia	98
Potassium Chloride	118	Premarin	132	Procardia XL	98
Potassium Chloride CR	118	Premasol	118	Prochlorperazine	67
Potassium Chloride ER	118	Premphase	132	Prochlorperazine Maleate	67
Potassium Chloride in Dextrose	118	Prempro	132	Procrit	94
Potassium Chloride in NaCl	118	Prenatal	120	Procto -Med HC	141
Potassium Citrate ER	118	Pretomanid	71	Procto -Pak	141
Pradaxa	93	Prevacid	122	Proctosol HC	141
Praluent	103	Prevacid SoluTab	122	Proctozone -HC	141
Pramipexole Dihydrochloride	78	Prevalite	103	Procysbi	123
Pramipexole Dihydrochloride ER	78	Previfem	132	Progesterone	134
Prasugrel HCl	94	Prevymis	82	Proglycem	90
Pravastatin Sodium	102	Prezcobix	86	Prograf	139
Praziquantel	77	Prezista	86	Prolastin -C	123
Prazosin HCl	95	Priftin	71	Prolate	50
Pred Forte	145	Prilosec	122	Prolensa	146
Pred Mild	145	Primaquine Phosphate	77	Prolia	142
Pred -G	143	Primaxin IV	57	Promacta	94
Pred -G S.O.P.	143	Primidone	62	Promethazine HCl	67
Prednicarbate	113	Prinivil	96	Promethazine -Phenylephrine	152
Prednisolone	126	Pristiq	66	Promethegan	67
Prednisolone Acetate	145	Privigen	136	Prometrium	134
Prednisolone Sodium Phosphate	146	ProAir HFA	150	Propafenone HCl	96
Prednisolone Sodium Phosphate ODT	126	ProAir RespiClick	150	Propafenone HCl ER	96
Prednisone	126	ProCentra	105	Proparacaine HCl	143
Prednisone Intensol	126	ProQuad	140	Propranolol HCl	97
Prefest	132	Probenecid	69	Propranolol HCl ER	97
Pregabalin	107	Probenecid -Colchicine	69	Propylthiouracil	135
		Procalamine	118	Proscar	125

Prosol	118	Qudexy XR	60	Rebif Rebidose	108	
Protonix	122	Questran	103	Rebif Rebidose Titration Pack	108	
Protopic	113	Questran Light	103	Rebif Titration Pack	108	
Protriptyline HCl	66	Quetiapine Fumarate	80	Reclipsen	132	
Proventil HFA	150	Quetiapine Fumarate ER	80	Recombivax HB	140	
Provera	134	QuilliChew ER	106	Rectiv	104	
Provigil	154	Quillivant XR	106	RediTrex	139	
Prozac	66	Quinapril HCl	96	Reglan	67	
Psorcon	113	Quinapril -Hydrochlorothiazide	100	Regranex	114	
Pulmicort	148	Quinidine Gluconate ER	96	Relafen DS	46	
Pulmicort Flexhaler	148	Quinidine Sulfate	96	Relenza Diskhaler	86	
Pulmozyme	150	Quinine Sulfate	77	Rellexii	106	
Purixan	73	R			Relistor	120
Pylera	121	RAVICTI	124	Relpax	70	
Pyrazinamide	71	RabAvert	140	Reltone	121	
Pyridostigmine Bromide	71	Rabeprazole Sodium	122	Remeron	64	
Pyridostigmine Bromide ER	71	Raloxifene HCl	134	Remeron SolTab	64	
Pyrimethamine	77	Ramelteon	153	Renagel	119	
Q		Ramipril	96	Renvela	119	
QVAR RediHaler	148	Ranexa	100	Repaglinide	89	
Qbrexys	96	Ranolazine ER	100	Repatha	103	
Qbrexza	114	Rapaflo	125	Repatha Pushtronex System	103	
Qinlock	72	Rapamune	139	Repatha SureClick	103	
Qnasl	148	Rasagiline Mesylate	79	Restasis Single -Use Vials ..	143	
Qnasl Childrens	148	Rasuvo	139	Restoril	153	
Qtern	89	Rayaldee	142	Retacrit	94	
Quadracel	140	Rayos	126	Retevmo	73	
Qualaquin	77	Razadyne ER	64	Retin -A	109	
Quartette	132	Rebif	108	Retin -A Micro	109	

Setlakin	132	Sodium Phenylbutyrate	124	Stalevo 100	78
Sevelamer Carbonate	119	Sodium Polystyrene Sulfonate	119	Stalevo 125	78
Sevelamer HCl	119	Sofosbuvir -Velpatasvir	83	Stalevo 150	78
Seysara	59	Solifenacin Succinate	124	Stalevo 200	78
Sharobel	134	Soliqua	89	Stalevo 50	78
Shingrix	140	Solodyn	59	Stalevo 75	78
Signifor	135	Solosec	53	Steglatro	89
Siklos	94	Soltamox	72	Steglujan	89
Sildenafil Citrate	151	Soma	153	Stelara	137
Silenor	153	Somavert	135	Stiolto Respimat	152
Siliq	137	Soolantra	115	Stivarga	75
Silodosin	125	Soriatane	109	Strattera	106
Silvadene	114	Sorilux	114	Streptomycin Sulfate	52
Silver Sulfadiazine	114	Sorine	96	Stribild	84
Simbrinza	146	Sotalol HCl	97	Striverdi Respimat	150
Simponi	139	Sotalol HCl AF	97	Stromectol	77
Simvastatin	102	Sotylize	97	Suboxone	51
Sinemet	79	Sovaldi	83	Subsys	50
Singulair	149	Spinosad	115	Sucraid	124
Sirolimus	139	Spiriva HandiHaler	149	Sucralfate	122
Sirturo	71	Spiriva Respimat	149	Sular	98
Sitavig	83	Spirolactone	101	Sulfacetamide Sodium	144
Sivextro	53	Spirolactone -HCTZ	100	Sulfacetamide -Prednisolone	143
Skelaxin	153	Sporanox	69	Sulfadiazine	58
Skyrizi	137	Sprintec 28	132	Sulfamethoxazole -Trimethoprim	58
Skyrizi Pen	137	Spritam ODT	60	Sulfamylon	116
Slynd	134	Sprix	46	Sulfasalazine	141
Sodium Chloride	118	Sprycel	75	Sulindac	46
Sodium Fluoride	118	Sronyx	132	Sumatriptan	70

Sumatriptan Succinate	70	T	Tasmar	78	
Sumatriptan Succinate Refill	70	TARGADOX	59	Tavaborole	116
Sumatriptan -Naproxen Sodium	70	TDVAX	140	Tavalisse	94
Sunosi	154	TOBI	150	Tazarotene	109
Suprax	55	TOBI Podhaler .	150	Tazicef	55
Suprep Bowel Prep Kit	121	TPN Electrolytes .	118	Tazorac	110
Sustiva	84	Tabloid	73	Taztia XT	98
Sutab	121	Tabrecta	72	Tazverik	73
Sutent	75	Taclonex	114	Tecfidera	108
Syeda	132	Tacrolimus .	139	Tecfidera Starter Pack	108
Symbicort	152	Tadalafil .	151	Teflaro	55
Symbyax	64	Tafinlar .	75	Tegretol	63
Symdeko	150	Tagrisso	76	Tegretol XR	63
Symfi	84	Takhzyro	136	Tegsedi	124
Symfi Lo	84	Talicia	121	Tekturna .	100
Symjepi	150	Taltz .	137	Tekturna HCT	100
SymlinPen 120	89	Talzenna	76	Telmisartan .	95
SymlinPen 60	89	Tamiflu .	86	Telmisartan -Amlodipine	100
Sympazan	62	Tamoxifen Citrate .	72	Telmisartan -HCTZ	100
Symproic .	120	Tamsulosin HCl	125	Temazepam	153
Symtuza	86	Tapazole	135	Temixys	85
Synalar .	113	TaperDex 12 -Day .	126	Temovate	113
Synarel .	135	TaperDex 6 -Day	126	Tencon	50
Syndros	68	TaperDex 7 -Day	126	Tenivac	140
Synjardy	89	Tarceva	76	Tenofovir Disoproxil Fumarate	85
Synjardy XR .	89	Targretin .	76	Tenoretic 100	100
Synribo	73	Tarina 24 Fe .	132	Tenoretic 50	100
Synthroid .	134	Tarina Fe 1/20 EQ	132	Tenormin	97
Syprine	119	Tasigna .	76	Tepmetko	76

Terazosin HCl	125	Tilia Fe	132	Topiramate ER	61
Terbinafine HCl	69	Timolol Maleate .	146	Toprol XL	97
Terbutaline Sulfate	150	Timolol Maleate Ophthalmic Gel Forming	146	Toremifene Citrate .	72
Terconazole	69	Timolol Maleate PF .	146	Torsemide	101
Teriparatide	142	Timoptic Ocudose	146	Tosymra	70
Testim	128	Timoptic -XE .	146	Toujeo Max SoloStar .	92
Testosterone	128	Tinidazole	53	Toujeo SoloStar .	92
Testosterone Cypionate	128	Tiopronin .	125	Tovet	113
Testosterone Enanthate	128	Tirosint .	134	Toviaz	124
Testosterone Pump .	128	Tirosint -SOL	134	Tracleer	151
Tetrabenazine	106	Tivicay .	84	Tradjenta	90
Tetracycline HCl .	59	Tivicay PD	84	Tramadol HCl .	50
Texacort	113	Tizanidine HCl	82	Tramadol HCl ER .	48
Thalomid	72	TobraDex	143	Tramadol -Acetaminophen .	50
Theo -24	150	TobraDex ST .	143	Trandolapril	96
Theophylline	151	Tobramycin	150	Trandolapril -Verapamil HCl ER	101
Theophylline ER .	150	Tobramycin Sulfate	52	Tranexamic Acid	94
Thiola	125	Tobramycin -Dexamethasone	143	Transderm -Scop	67
Thiola EC	125	Tobrex	145	Tranxene -T	87
Thioridazine HCl .	79	Tolcapone	78	Tranylcypromine Sulfate	65
Thiothixene .	79	Tolsura .	69	Travasol .	118
Thyquidity	134	Tolterodine Tartrate .	124	Travatan Z .	147
Tiadyt ER	98	Tolterodine Tartrate ER	124	Travoprost	147
Tiagabine HCl .	62	Tolvaptan	119	Trazodone HCl	66
Tiazac	98	Topamax	60	Trecator .	72
Tibsovo	76	Topamax Sprinkle	60	Trelegy Ellipta	152
Tigecycline	53	Topicort	113	Trelstar Mixject	135
Tiglutik	106	Topicort Spray	113	Tremfya	137
Tikosyn	97	Topiramate	61	Tresiba .	92

Tresiba FlexTouch	92	Trijardy XR	90	Tymlos	142
Tretinoin	110	Trikafta	150	Typhim Vi	140
Tretinoin Microsphere	110	Trileptal	63	U	
Trexall	139	Trilipix	102	Ubrelvy	70
Treximet	70	Trimethobenzamide HCl	67	Uceris	141
Trezix	50	Trimethoprim	53	Udenyca	94
Tri -Estarylla	132	Trimipramine Maleate	67	Ukoniq	76
Tri -Legest Fe	132	Trintellix	66	Uloric	69
Tri -Lo -Estarylla	132	Triumeq	85	Ultracet	50
Tri -Lo -Sprintec	133	Trivora	133	Ultram	50
Tri -Mili	133	Trizivir	85	Ultravate	113
Tri -Nymyo	133	Trokendi XR	61	Unasyn	56
Tri -Previfem	133	TrophAmine	118	Unithroid	134
Tri -Sprintec	133	Trospium Chloride	124	Uptravi	151
Tri -VyLibra	133	Trospium Chloride ER	124	Urocit -K 10	118
Tri -VyLibra Lo	133	Trulance	120	Urocit -K 15	118
TriLyte	121	Trulicity	90	Urocit -K 5	118
Triamcinolone Acetonide ..	113	Trumenba	140	Uroxatral	125
Triamterene	101	Trusopt	146	Urso 250	121
Triamterene -HCTZ	101	Truvada	85	Urso Forte	121
Trianex	113	Tudorza Pressair	149	Ursodiol	121
Triazolam	153	Tukysa	73	V	
Tribenzor	101	Turalio	76	VAQTA	140
Tricor	102	Twinrix	140	Vabomere	57
Triderm	113	Twynsta	101	Vagifem	133
Trientine HCl	119	Tybost	85	Valacyclovir HCl	83
Trifluoperazine HCl	79	Tydemy	133	Valchlor	72
Trifluridine	145	Tygacil	53	Valcyte	82
Trihexyphenidyl HCl	77	Tykerb	76	Valganciclovir HCl	82

Valium	87	Venlafaxine HCl	66	Vimpat	63
Valproic Acid	61	Venlafaxine HCl ER	66	Viokace	124
Valsartan	95	Ventavis	151	Viracept	86
Valsartan -Hydrochlorothiazide	101	Ventolin HFA	150	Viramune	84
Valtoco 10MG Dose	62	Verapamil HCl	99	Viramune XR	84
Valtoco 15MG Dose	62	Verapamil HCl ER	99	Viread	85
Valtoco 20MG Dose	62	Verdeso	113	Vistaril	86
Valtoco 5MG Dose	62	Veregen	114	Vitrakvi	76
Valtrex	83	Verelan	99	Vivelle -Dot	133
Vancocin	53	Verelan PM	99	Vivitrol	51
Vancocin HCl	53	Verquvo	104	Vivlodex	46
Vancomycin HCl	54	Versacloz	82	Vizimpro	76
Vandazole	54	Verzenio	76	Vogelxo	128
Vanos	113	Vesicare	125	Vogelxo Pump	128
Varivax	140	Vesicare LS	124	Voriconazole	69
Varizig	136	Vestura	133	Vosevi	83
Varubi	68	Vfend	69	Votrient	76
Vascepa	103	Vfend IV	69	Vraylar	81
Vaseretic	101	Viberzi	120	Vtol LQ	50
Vasotec	96	Vibramycin	59	Vumerity	108
Vecamyl	101	Victoza	90	VyLibra	133
Vectical	114	Viekira Pak	83	Vyfemla	133
Velivet	133	Vienna	133	Vyndamax	124
Velphoro	119	Vigabatrin	62	Vyndaqel	124
Veltassa	119	Vigadrone	62	Vytorin	103
Veltin	110	Vigamox	145	Vyvanse	105
Vemlidy	82	Viibryd	66	Vyzulta	147
Venclexta	76	Viibryd Starter Pack	66		
Venclexta Starting Pack	76	Vimovo	46		

W

WYMZYA Fe 133

Wakix	154	Xolair	137	Zarontin	61
Warfarin Sodium	93	Xolegel	116	Zarxio	94
Welchol	103	Xopenex	150	Zavesca	124
Wellbutrin SR	64	Xopenex Concentrate	150	Zebutal	50
Wellbutrin XL	64	Xopenex HFA	150	Zegerid	122
Wixela Inhub	152	Xospata	76	Zejula	76
X					
Xalatan	147	Xpovio	73	Zelapar ODT	79
Xalkori	76	Xtampza ER	48	Zelboraf	76
Xanax	87	Xtandi	72	Zemaira	124
Xanax XR	87	Xulane	133	Zembrace SymTouch	70
Xarelto	93	Xultophy	90	Zemdri	52
Xarelto Starter Pack	93	Xuriden	124	Zemplar	142
Xatmep	139	Xyosted	128	Zenatane	110
Xcopri	61	Xyrem	154	Zenpep	124
Xeljanz	137	Xywav	154	Zenzedi	105
Xeljanz XR	137	Y			
Xelpros	147	YAZ	133	Zepatier	83
Xenazine	106	YF -Vax	140	Zeposia	108
Xenleta	54	Yasmin 28	133	Zeposia 7 -Day Starter Pack	108
Xepi	116	Yonsa	72	Zeposia Starter Kit	108
Xerese	114	Yupelri	149	Zerbaxa	55
Xermelo	120	Yuvaferm	133	Zerviate	144
Xgeva	142	Z			
Xhance	148	ZTlido	51	Zestril	96
Xifaxan	54	Zafemy	133	Zetia	103
Xigduo XR	90	Zafirlukast	149	Zetonna	148
Xiidra	143	Zaleplon	153	Ziac	101
Xofluza	86	Zanaflex	82	Ziagen	85
		Zarah	133	Ziana	110
				Zidovudine	85

Ziextenzo	94	Zosyn	56
Zileuton ER	149	Zovia 1/35	133
Zilxi	116	Zovirax	83
Zioptan	147	Zubsolv	51
Ziprasidone HCl	81	Zuplenz	68
Ziprasidone Mesylate	81	Zyclara	115
Zipsor	46	Zyclara Pump	115
Zirgan	82	Zydelig	76
Zithromax	57	Zyflo	149
Zithromax Tri -Pak	57	Zykadia	76
Zithromax Z -Pak	57	Zylet	144
Zocor	102	Zyloprim	69
Zolinza	73	Zymaxid	145
Zolmitriptan	70	Zypitamag	102
Zolmitriptan ODT	70	Zyprexa	81
Zoloft	66	Zyprexa Relprev	81
Zolpidem Tartrate	153	Zyprexa Zydis	82
Zolpidem Tartrate ER	153	Zytiga	72
Zolpimist	154	Zyvox	54
Zomacton	127		
Zomig	70		
Zomig ZMT	70		
Zonalon	113		
Zonegran	63		
Zonisamide	63		
Zontivity	93		
Zorbtive	127		
Zortress	139		
Zorvolex	46		

Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-43.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 155-200.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Arthrotec (Oral Tablet Delayed Release)	B	3	
Cambia (Oral Packet)	B	4	
Celebrex (Oral Capsule)	B	3	QL
Celecoxib (Oral Capsule)	G	2	QL
Daypro (Oral Tablet)	B	3	
Diclofenac Epolamine (External Patch)	G	3	PA; QL
Diclofenac Potassium (Oral Tablet)	G	2	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	2	
Diclofenac Sodium (1% External Gel)	G	2	
Diclofenac Sodium (External Solution)	G	2	PA
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	G	3	
Diflunisal (Oral Tablet)	G	2	
Duexis (Oral Tablet)	B	4	ST
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	3	
Etodolac (Oral Capsule)	G	2	
Etodolac (Oral Tablet Immediate Release)	G	2	
Feldene (Oral Capsule)	B	3	
Fenoprofen Calcium (400MG Oral Capsule)	G	3	
Fenoprofen Calcium (Oral Tablet)	G	3	
Flector (External Patch)	B	3	PA; QL
Flurbiprofen (100MG Oral Tablet)	G	2	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen (Oral Suspension)	G	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Indocin (Oral Suspension)	B	4	PA; HRM

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Indocin (Rectal Suppository)	G	4	
Indomethacin ER (Oral Capsule Extended Release)	G	3	PA; HRM
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	3	PA; HRM
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	3	
Ketoprofen (25MG Oral Capsule Immediate Release)	G	4	
Ketoprofen (50MG Oral Capsule Immediate Release, 75MG Oral Capsule Immediate Release)	G	2	
Ketorolac Tromethamine (Nasal Solution)	G	4	
Ketorolac Tromethamine (Oral Tablet)	G	3	PA; HRM
Licart (External Patch 24 Hour)	B	3	PA; QL
Lodine (Oral Tablet)	G	4	
Meclofenamate Sodium (Oral Capsule)	G	3	
Mefenamic Acid (Oral Capsule)	G	3	
Meloxicam (Oral Capsule)	G	3	QL
Meloxicam (Oral Tablet)	G	1	
Mobic (Oral Tablet)	B	3	
Nabumetone (Oral Tablet)	G	2	
Nalfon (Oral Capsule)	B	3	
Nalfon (Oral Tablet)	G	3	
Naprelan (375MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour)	B	4	
Naprelan (750MG Oral Tablet Extended Release 24 Hour)	B	3	
Naproxen (Oral Suspension)	G	4	
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen (500MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	
Naproxen Sodium ER (375MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	G	4	
Naproxen Sodium ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	G	3	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	G	2	
Naproxen-Esomeprazole (Oral Tablet Delayed Release)	G	4	ST
Oxaprozin (Oral Tablet)	G	2	
Pennsaid (External Solution)	B	4	PA
Piroxicam (Oral Capsule)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Relafen DS (Oral Tablet)	G	4	ST
Sprix (Nasal Solution)	B	4	
Sulindac (Oral Tablet)	G	1	
Vimovo (Oral Tablet Delayed Release)	B	4	ST
Vivlodex (Oral Capsule)	B	4	QL
Zipsor (Oral Capsule)	B	4	ST
Zorvolex (Oral Capsule)	B	3	ST
Opioid Analgesics, Long-acting			
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	B	3	PA; 7D; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	B	4	PA; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	G	2	7D; DL; QL
Butrans (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly, 7.5MCG/HR Transdermal Patch Weekly)	B	3	7D; DL; QL
Butrans (20MCG/HR Transdermal Patch Weekly)	B	4	7D; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	B	3	7D; MME; DL; QL
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 37.5MCG/HR Transdermal Patch 72 Hour, 62.5MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	3	7D; MME; DL; QL
Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour)	G	2	7D; MME; DL; QL
Fentanyl (87.5MCG/HR Transdermal Patch 72 Hour)	G	4	7D; MME; DL; QL
Hydrocodone Bitartrate ER (10MG Oral Capsule Extended Release 12 Hour, 15MG Oral Capsule Extended Release 12 Hour, 20MG Oral Capsule Extended Release 12 Hour, 30MG Oral Capsule Extended Release 12 Hour, 40MG Oral Capsule Extended Release 12 Hour, 50MG Oral Capsule Extended Release 12 Hour)	G	3	7D; MME; DL; QL
Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent)	G	4	PA; 7D; MME; DL; QL
Hydrocodone Bitartrate ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	G	3	PA; 7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	4	PA; 7D; MME; DL; QL
Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	G	4	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 Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release) (Generic MS Contin)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	2	7D; MME; DL; QL
MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	B	4	7D; MME; DL; QL
MS Contin (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release)	B	3	7D; MME; DL; QL
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	2	7D; MME; DL; QL
Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent)	G	3	PA; 7D; MME; DL; QL
Oxycodone HCl ER (80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	G	4	PA; 7D; MME; DL; QL
OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
OxyContin (40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	4	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	2	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (300MG Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	2	7D; MME; DL; QL
Tramadol HCl ER (300MG Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	2	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (320.5-30-16MG Oral Capsule)	G	3	7D; MME; DL; QL
Acetaminophen-Caffeine-Dihydrocodeine (325-30-16MG Oral Tablet)	G	4	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	1	7D; MME; DL; QL
Actiq (Buccal Lozenge On A Handle)	B	4	PA; DL; QL
Allzital (Oral Tablet)	G	4	PA; HRM; QL
Ascomp-Codeine (Oral Capsule)	G	3	PA; HRM; 7D; MME; DL; QL
Bupap (Oral Tablet)	G	4	PA; HRM; QL
Butalbital-Acetaminophen (Oral Capsule)	G	4	PA; HRM; QL
Butalbital-Acetaminophen (Oral Tablet)	G	3	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Capsule)	G	3	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	3	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	G	3	PA; HRM; 7D; MME; DL; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	3	PA; HRM; QL
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	G	3	PA; HRM; 7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	G	2	7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Codeine Sulfate (15MG Oral Tablet)	B	2	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet)	G	2	7D; MME; DL; QL
Codeine Sulfate (60MG Oral Tablet)	B	3	7D; MME; DL; QL
Demerol (25MG/ML Injection Solution, 50MG/ML Injection Solution)	B	3	PA; HRM; 7D; DL
Dilaudid (Oral Liquid)	B	3	7D; MME; DL; QL
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	B	3	7D; MME; DL; QL
Dilaudid (8MG Oral Tablet)	B	4	7D; MME; DL; QL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	2	7D; MME; DL; QL
Esgic (Oral Tablet)	G	3	PA; HRM; QL
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	4	PA; DL; QL
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)	G	3	PA; DL; QL
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	G	4	PA; DL; QL
Fentora (Buccal Tablet)	B	4	PA; DL; QL
Fioricet (Oral Capsule)	G	3	PA; HRM; QL
Fioricet/Codeine (Oral Capsule)	G	3	PA; HRM; 7D; MME; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	2	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	2	7D; MME; DL; QL
Hydrocodone-Ibuprofen (10-200MG Oral Tablet, 5-200MG Oral Tablet)	G	3	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	2	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	2	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	3	7D; DL
Lazanda (Nasal Solution)	B	4	PA; DL; QL
Meperidine HCl (Injection Solution)	G	3	PA; HRM; 7D; DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Meperidine HCl (Oral Solution)	G	3	PA; HRM; 7D; MME; DL; QL
Meperidine HCl (Oral Tablet)	G	3	PA; HRM; 7D; MME; DL; QL
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	2	7D; MME; DL; QL
Nucynta (100MG Oral Tablet Immediate Release)	B	4	7D; MME; DL; QL
Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	B	3	7D; MME; DL; QL
Oxycodone HCl (5MG Oral Capsule)	G	2	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	3	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	2	7D; MME; DL; QL
Oxycodone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet)	G	4	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	2	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Pentazocine-Naloxone HCl (Oral Tablet)	G	3	PA; HRM; 7D; MME; DL; QL
Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	4	7D; MME; DL; QL
Percocet (2.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Prolate (Oral Tablet)	G	4	7D; MME; DL; QL
Roxicodone (15MG Oral Tablet, 5MG Oral Tablet)	B	3	7D; MME; DL; QL
Roxicodone (30MG Oral Tablet)	B	4	7D; MME; DL; QL
Subsys (Sublingual Liquid)	B	4	PA; DL; QL
Tencon (Oral Tablet)	G	3	PA; HRM; QL
Tramadol HCl (100MG Oral Tablet Immediate Release)	G	2	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
Trezix (Oral Capsule)	G	3	7D; MME; DL; QL
Ultracet (Oral Tablet)	B	3	7D; MME; DL; QL
Ultram (Oral Tablet Immediate Release)	B	3	7D; MME; DL; QL
Vtol LQ (Oral Solution)	G	4	PA; HRM; QL
Zebutal (Oral Capsule)	G	3	PA; HRM; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lidocaine (5% External Patch)	G	3	PA; QL
Lidocaine HCl (4% External Solution)	G	3	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	2	
Lidoderm (External Patch)	B	4	PA; QL
Pliaglis (External Cream)	B	3	
ZTlido (External Patch)	B	3	PA; QL
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	3	
Disulfiram (Oral Tablet)	G	2	
Naltrexone HCl (Oral Tablet)	G	2	
Vivitrol (Intramuscular Suspension Reconstituted)	B	4	
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	3	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	QL
Lucemyra (Oral Tablet)	B	4	QL
Suboxone (Sublingual Film)	B	3	QL
Zubsolv (Tablet Sublingual)	B	3	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	2	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Chantix Continuing Month Pak (Oral Tablet)	B	2	
Chantix (Oral Tablet)	B	2	
Chantix Starting Month Pak (Oral Tablet)	B	2	
Nicotrol (Inhalation Inhaler)	B	3	
Nicotrol NS (Nasal Solution)	B	3	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	3	
Arikayce (Inhalation Suspension)	B	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Humatin (Oral Capsule)	G	4	
Neomycin Sulfate (Oral Tablet)	G	1	
Paromomycin Sulfate (Oral Capsule)	G	3	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	4	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	3	
Zemdri (Intravenous Solution)	B	4	
Antibacterials, Other			
Aemcolo (Oral Tablet Delayed Release)	B	3	PA
Azactam (Injection Solution Reconstituted)	B	3	
Aztreonam (1GM Injection Solution Reconstituted)	G	3	
Cleocin (Oral Capsule)	B	3	
Cleocin (Oral Solution Reconstituted)	G	3	
Cleocin Phosphate (900MG/6ML Injection Solution)	B	3	
Cleocin (Vaginal Cream)	B	3	
Cleocin (Vaginal Suppository)	B	3	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	3	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	2	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	2	
Clindamycin Phosphate (Vaginal Cream)	G	2	
Clindesse (Vaginal Cream)	B	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	4	
Cubicin (Intravenous Solution Reconstituted)	B	4	
Dalvance (Intravenous Solution Reconstituted)	B	4	PA
Daptomycin (Intravenous Solution Reconstituted)	G	4	
Firvanq (Oral Solution Reconstituted)	B	3	
Flagyl (Oral Capsule)	B	3	
Flagyl (Oral Tablet)	B	3	
Fosfomycin Tromethamine (Oral Packet)	G	3	
Hiprex (Oral Tablet)	B	3	
Linezolid (Intravenous Solution)	G	3	
Linezolid (Oral Suspension Reconstituted)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Linezolid (Oral Tablet)	G	3	
Macrobid (Oral Capsule)	B	3	HRM
Macrochantin (Oral Capsule)	B	3	HRM
Methenamine Hippurate (Oral Tablet)	G	2	
MetroCream (External Cream)	B	3	
Metrogel (External Gel)	B	3	
MetroLotion (External Lotion)	B	3	
Metronidazole (External Cream)	G	2	
Metronidazole (External Gel)	G	3	
Metronidazole (External Lotion)	G	3	
Metronidazole in NaCl 0.79% (Intravenous Solution)	G	1	
Metronidazole (Oral Capsule)	G	3	
Metronidazole (Oral Tablet)	G	1	
Metronidazole (Vaginal Gel)	G	2	
Monurol (Oral Packet)	B	3	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	2	HRM
Nitrofurantoin Macrocrystal (25MG Oral Capsule) (Generic Macrochantin)	G	3	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	2	HRM
Nitrofurantoin (Oral Suspension)	G	4	HRM
Noritrate (External Cream)	B	4	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	2	
Sivextro (Intravenous Solution Reconstituted)	B	4	PA
Sivextro (Oral Tablet)	B	4	PA
Solosec (Oral Packet)	B	3	
Tigecycline (Intravenous Solution Reconstituted)	G	4	
Tinidazole (Oral Tablet)	G	2	
Trimethoprim (Oral Tablet)	G	1	
Tygacil (Intravenous Solution Reconstituted)	B	4	
Vancocin HCl (125MG Oral Capsule)	B	4	QL
Vancocin (250MG Oral Capsule)	B	4	QL
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	3	
Vancomycin HCl (250MG Intravenous Solution Reconstituted)	B	3	
Vancomycin HCl (Oral Capsule)	G	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vancomycin HCl (Oral Solution Reconstituted)	G	3	
Vandazole (Vaginal Gel)	B	2	
Xenleta (Oral Tablet)	B	4	PA; QL
Xifaxan (Oral Tablet)	B	4	PA
Zyvox (600MG/300ML Intravenous Solution)	B	3	
Zyvox (Oral Suspension Reconstituted)	B	4	
Zyvox (Oral Tablet)	B	4	
Beta-lactam, Cephalosporins			
Avycaz (Intravenous Solution Reconstituted)	B	4	PA
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	G	3	
Cefaclor (Oral Capsule)	G	2	
Cefaclor (Oral Suspension Reconstituted)	G	3	
Cefadroxil (Oral Capsule)	G	1	
Cefadroxil (Oral Suspension Reconstituted)	G	2	
Cefadroxil (Oral Tablet)	G	3	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	2	
Cefdinir (Oral Capsule)	G	2	
Cefdinir (Oral Suspension Reconstituted)	G	2	
Cefepime HCl (Injection Solution Reconstituted)	G	3	
Cefixime (Oral Capsule)	G	2	
Cefixime (Oral Suspension Reconstituted)	G	3	
Cefotetan Disodium (Injection Solution Reconstituted)	G	3	
Cefoxitin Sodium (Injection Solution Reconstituted)	G	3	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	3	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	3	
Cefpodoxime Proxetil (Oral Tablet)	G	2	
Cefprozil (Oral Suspension Reconstituted)	G	2	
Cefprozil (Oral Tablet)	G	2	
Ceftazidime (Injection Solution Reconstituted)	G	2	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (2GM Injection Solution Reconstituted)	G	2	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	2	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	1	
Cephalexin (750MG Oral Capsule)	G	3	
Cephalexin (Oral Suspension Reconstituted)	G	1	
Cephalexin (Oral Tablet)	G	2	
Suprax (Oral Capsule)	B	3	
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	G	3	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	3	
Suprax (Oral Tablet Chewable)	G	2	
Tazicef (Injection Solution Reconstituted)	G	2	
Teflaro (Intravenous Solution Reconstituted)	B	4	
Zerbaxa (Intravenous Solution Reconstituted)	B	4	PA
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	3	
Amoxicillin-Potassium Clavulanate (200-28.5MG/5ML Oral Suspension Reconstituted, 400-57MG/5ML Oral Suspension Reconstituted, 600-42.9MG/5ML Oral Suspension Reconstituted)	G	1	
Amoxicillin-Potassium Clavulanate (250-62.5MG/5ML Oral Suspension Reconstituted)	G	2	
Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release)	G	2	
Amoxicillin-Potassium Clavulanate (500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release)	G	1	
Amoxicillin-Potassium Clavulanate (200-28.5MG Oral Tablet Chewable, 400-57MG Oral Tablet Chewable)	G	2	
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	2	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	3	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	2	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	3	
Bicillin C-R (Intramuscular Suspension)	B	3	
Bicillin L-A (Intramuscular Suspension)	B	3	
Dicloxacillin Sodium (250MG Oral Capsule)	G	1	
Dicloxacillin Sodium (500MG Oral Capsule)	G	2	
Nafcillin Sodium (Injection Solution Reconstituted)	G	3	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	3	
Oxacillin Sodium in Dextrose (1GM/50ML Intravenous Solution)	B	3	
Oxacillin Sodium in Dextrose (2GM/50ML Intravenous Solution)	B	4	
Oxacillin Sodium (Injection Solution Reconstituted)	G	3	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	3	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	B	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	3	
Penicillin G Procaine (Intramuscular Suspension)	G	3	
Penicillin G Sodium (Injection Solution Reconstituted)	G	4	
Penicillin V Potassium (Oral Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Tablet)	G	1	
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted)	G	2	
Piperacillin-Tazobactam (4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	3	
Unasyn (3 (2-1)GM Injection Solution Reconstituted)	B	3	
Unasyn (Intravenous Solution Reconstituted)	B	3	
Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution)	B	3	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	3	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	3	
Invanz (Injection Solution Reconstituted)	B	3	
Meropenem (1GM Intravenous Solution Reconstituted)	G	3	
Meropenem (500MG Intravenous Solution Reconstituted)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Merrem (500MG Intravenous Solution Reconstituted)	B	3	
Primaxin IV (Intravenous Solution Reconstituted)	B	3	
Vabomere (Intravenous Solution Reconstituted)	B	4	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Packet)	B	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	3	
Clarithromycin (Oral Suspension Reconstituted)	G	3	
Clarithromycin (Oral Tablet Immediate Release)	G	2	
Dificid (Oral Suspension Reconstituted)	B	4	
Dificid (Oral Tablet)	B	4	
E.E.S. Granules (Oral Suspension Reconstituted)	B	3	
EryPed 200 (Oral Suspension Reconstituted)	B	3	
EryPed 400 (Oral Suspension Reconstituted)	B	4	
Ery-Tab (Oral Tablet Delayed Release)	G	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	3	
Erythrocin Stearate (Oral Tablet)	G	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	3	
Erythromycin Base (Oral Tablet Immediate Release)	G	3	
Erythromycin Base (Oral Tablet Delayed Release)	G	3	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	3	
Erythromycin Ethylsuccinate (400MG/5ML Oral Suspension Reconstituted)	G	4	
Erythromycin Ethylsuccinate (Oral Tablet)	G	3	
Zithromax (Intravenous Solution Reconstituted)	B	3	
Zithromax (Oral Packet)	B	3	
Zithromax (Oral Suspension Reconstituted)	B	3	
Zithromax (Oral Tablet)	B	3	
Zithromax Tri-Pak (Oral Tablet)	B	3	
Zithromax Z-Pak (Oral Tablet)	B	3	
Quinolones			
Baxdela (Intravenous Solution Reconstituted)	B	4	
Baxdela (Oral Tablet)	B	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cipro (Oral Suspension Reconstituted)	B	3	
Cipro (Oral Tablet Immediate Release)	B	3	
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	G	3	
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	2	
Levofloxacin (Intravenous Solution)	G	3	
Levofloxacin (Oral Solution)	G	3	
Levofloxacin (Oral Tablet)	G	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	3	
Moxifloxacin HCl (Oral Tablet)	G	2	
Ofloxacin (Oral Tablet)	G	3	
Sulfonamides			
Bactrim DS (Oral Tablet)	B	3	
Bactrim (Oral Tablet)	B	3	
Sulfadiazine (Oral Tablet)	G	3	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	2	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			
Acticlate (Oral Tablet)	B	3	
Demeclocycline HCl (Oral Tablet)	G	3	
Doryx MPC (Oral Tablet Delayed Release)	B	3	
Doryx (200MG Oral Tablet Delayed Release)	B	4	
Doryx (50MG Oral Tablet Delayed Release)	B	3	
Doxy 100 (Intravenous Solution Reconstituted)	G	3	
Doxycycline Hyclate (Oral Capsule)	G	2	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	2	
Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	G	3	
Doxycycline Hyclate (Oral Tablet Delayed Release)	G	3	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	1	
Doxycycline Monohydrate (150MG Oral Capsule, 75MG Oral Capsule)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	3	
Doxycycline Monohydrate (Oral Tablet)	G	2	
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Minocycline HCl (Oral Capsule)	G	1	
Minocycline HCl (Oral Tablet Immediate Release)	G	3	
Minolira (Oral Tablet Extended Release 24 Hour)	B	3	QL
Mondoxyne NL (100MG Oral Capsule)	G	1	
Mondoxyne NL (75MG Oral Capsule)	G	3	
Nuzyra (Intravenous Solution Reconstituted)	B	4	PA
Nuzyra (Oral Tablet)	B	4	PA; QL
Oracea (Oral Capsule Delayed Release)	B	3	
Seysara (Oral Tablet)	B	4	
Solodyn (Oral Tablet Extended Release 24 Hour)	B	3	QL
TARGADOX (Oral Tablet)	G	3	
Tetracycline HCl (Oral Capsule)	G	3	
Vibramycin (Oral Capsule)	B	3	
Vibramycin (Oral Suspension Reconstituted)	B	3	
Vibramycin (50MG/5ML Oral Syrup)	B	3	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	4	PA
BRIVIACT (Oral Tablet)	B	4	PA
Epidiolex (Oral Solution)	B	4	PA
Felbamate (Oral Suspension)	G	4	
Felbamate (Oral Tablet)	G	3	
Felbatol (Oral Suspension)	B	4	
Felbatol (Oral Tablet)	B	4	
Fintepla (Oral Solution)	B	4	PA; QL
Fycompa (Oral Suspension)	B	4	QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	QL
Fycompa (2MG Oral Tablet)	B	3	QL
Keppra (Oral Solution)	B	4	
Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	B	4	
Keppra (250MG Oral Tablet Immediate Release)	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Keppra XR (Oral Tablet Extended Release 24 Hour)	B	4	
Lamictal ODT (Oral Tablet Dispersible)	B	4	
Lamictal (Oral Tablet Immediate Release)	B	4	
Lamictal (Oral Tablet Chewable)	B	4	
Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	B	3	
Lamictal Starter (98 Tablets Oral Kit)	B	4	
Lamictal XR (Oral Kit)	B	3	
Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	4	
Lamictal XR (25MG Oral Tablet Extended Release 24 Hour)	B	3	
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	G	3	
Lamotrigine ODT (25 & 50 & 100MG Oral Tablet Dispersible Kit)	G	3	
Lamotrigine (Oral Tablet Immediate Release)	G	1	
Lamotrigine (Oral Tablet Chewable)	G	2	
Lamotrigine ODT (Oral Tablet Dispersible)	G	3	
Lamotrigine Starter Kit-Blue (Oral Kit)	G	3	
Lamotrigine Starter Kit-Green (Oral Kit)	G	4	
Lamotrigine Starter Kit-Orange (Oral Kit)	G	3	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	3	
Levetiracetam (Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate Release)	G	1	
Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	B	3	PA
Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	B	4	PA
Roweepra (Oral Tablet Immediate Release)	G	1	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	3	
Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	4	
Topamax (25MG Oral Tablet)	B	3	
Topamax Sprinkle (15MG Oral Capsule Sprinkle)	B	3	
Topamax Sprinkle (25MG Oral Capsule Sprinkle)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Topiramate ER (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	G	3	PA
Topiramate ER (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	G	4	PA
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	3	
Topiramate (Oral Tablet)	G	1	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	B	4	PA
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	3	PA
Valproic Acid (Oral Capsule)	G	2	
Valproic Acid (Oral Solution)	G	1	
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	B	3	PA; QL
Xcopri (200MG Oral Tablet)	B	4	PA; QL
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack)	B	3	PA; QL
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack)	B	4	PA; QL
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	3	
Ethosuximide (Oral Capsule)	G	2	
Ethosuximide (Oral Solution)	G	2	
Zarontin (Oral Capsule)	B	3	
Zarontin (Oral Solution)	G	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (Oral Suspension)	G	3	PA; QL
Clobazam (Oral Tablet)	G	2	PA; QL
Diacomit (Oral Capsule)	B	4	QL
Diacomit (Oral Packet)	B	4	QL
Diastat AcuDial (Rectal Gel)	B	3	QL
Diastat Pediatric (Rectal Gel)	B	3	QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	3	QL
Gabapentin (Oral Capsule)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gabapentin (250MG/5ML Oral Solution)	G	2	
Gabapentin (Oral Tablet)	G	1	
Gabitril (Oral Tablet)	B	4	
Mysoline (Oral Tablet)	B	4	
Nayzilam (Nasal Solution)	B	3	PA; QL
Neurontin (100MG Oral Capsule, 300MG Oral Capsule)	B	3	
Neurontin (400MG Oral Capsule)	B	4	
Neurontin (Oral Solution)	B	3	
Neurontin (Oral Tablet)	B	4	
Onfi (Oral Suspension)	B	4	PA; QL
Onfi (Oral Tablet)	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	3	PA; HRM
Phenobarbital (Oral Tablet)	G	3	PA; HRM
Primidone (Oral Tablet)	G	1	
Sabril (Oral Packet)	B	4	PA; QL
Sabril (Oral Tablet)	B	4	PA; QL
Sympazan (10MG Oral Film, 20MG Oral Film)	B	4	PA; QL
Sympazan (5MG Oral Film)	B	3	PA; QL
Tiagabine HCl (Oral Tablet)	G	3	
Valtoco 10MG Dose (Nasal Liquid)	B	4	PA; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 5MG Dose (Nasal Liquid)	B	4	PA; QL
Vigabatrin (Oral Packet)	G	4	PA; QL
Vigabatrin (Oral Tablet)	G	4	PA; QL
Vigadrone (Oral Packet)	G	4	PA; QL
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	4	QL
Banzel (Oral Suspension)	B	4	
Banzel (Oral Tablet)	B	4	
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	2	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	3	
Carbamazepine (Oral Suspension)	G	2	
Carbamazepine (Oral Tablet Immediate Release)	G	2	
Carbamazepine (Oral Tablet Chewable)	G	2	
Carbatrol (Oral Capsule Extended Release 12 Hour)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dilantin INFATABS (Oral Tablet Chewable)	G	2	
Dilantin (Oral Capsule)	G	2	
Dilantin (Oral Suspension)	B	3	
Epitol (Oral Tablet)	G	2	
Oxcarbazepine (Oral Suspension)	G	3	
Oxcarbazepine (Oral Tablet)	G	2	
Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	B	3	
Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	B	4	
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	4	
Rufinamide (Oral Tablet)	G	4	
Tegretol (Oral Suspension)	B	3	
Tegretol (Oral Tablet Immediate Release)	B	3	
Tegretol XR (Oral Tablet Extended Release 12 Hour)	B	3	
Trileptal (Oral Suspension)	B	4	
Trileptal (150MG Oral Tablet)	B	3	
Trileptal (300MG Oral Tablet, 600MG Oral Tablet)	B	4	
Vimpat (Oral Solution)	B	3	QL
Vimpat (Oral Tablet)	B	3	QL
Zonegran (Oral Capsule)	B	4	
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Antidementia Agents, Other			
Ergoloid Mesylates (Oral Tablet)	G	3	PA; HRM
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	2	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	2	PA; QL
Cholinesterase Inhibitors			
Aricept (Oral Tablet)	B	3	QL
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Donepezil HCl (23MG Oral Tablet)	G	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Exelon (Transdermal Patch 24 Hour)	B	3	ST; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	3	
Galantamine Hydrobromide (Oral Solution)	G	3	
Galantamine Hydrobromide (Oral Tablet)	G	2	
Razadyne ER (Oral Capsule Extended Release 24 Hour)	B	3	
Rivastigmine Tartrate (Oral Capsule)	G	2	
Rivastigmine (Transdermal Patch 24 Hour)	G	3	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	PA; QL
Memantine HCl (2MG/ML Oral Solution)	G	3	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	B	1	PA; QL
Namenda (Oral Tablet)	B	3	PA; QL
Namenda Titration Pak (Oral Tablet)	B	3	PA; QL
Namenda XR (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Antidepressants			
Antidepressants, Other			
Aplenzin (Oral Tablet Extended Release 24 Hour)	B	4	
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 ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	G	3	
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Chlordiazepoxide-Amitriptyline (Oral Tablet)	G	3	PA; HRM
Forfivo XL (Oral Tablet Extended Release 24 Hour)	B	3	
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	2	
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	3	
Perphenazine-Amitriptyline (Oral Tablet)	G	3	PA; HRM
Remeron (Oral Tablet)	B	3	
Remeron SolTab (Oral Tablet Dispersible)	B	3	
Symbyax (Oral Capsule)	B	3	
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	B	3	
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	B	4	
Monoamine Oxidase Inhibitors			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Emsam (Transdermal Patch 24 Hour)	B	4	
Marplan (Oral Tablet)	B	3	
Nardil (Oral Tablet)	B	3	
Parnate (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	2	
Tranlycypromine Sulfate (Oral Tablet)	G	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Brisdelle (Oral Capsule)	B	3	PA; HRM
Celexa (Oral Tablet)	B	3	
Citalopram Hydrobromide (Oral Solution)	G	2	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	3	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	2	
Effexor XR (Oral Capsule Extended Release 24 Hour)	B	3	
Escitalopram Oxalate (Oral Solution)	G	3	
Escitalopram Oxalate (Oral Tablet)	G	1	
Fetzima (120MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	B	3	ST
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	3	ST
Fluoxetine HCl (PMDD) (Oral Tablet)	G	3	
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	3	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	2	
Fluoxetine HCl (10MG Oral Tablet)	G	1	
Fluoxetine HCl (20MG Oral Tablet, 60MG Oral Tablet)	G	3	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	3	
Fluvoxamine Maleate (Oral Tablet)	G	2	
Lexapro (Oral Tablet)	B	3	
Nefazodone HCl (Oral Tablet)	G	3	
Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	PA; HRM

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Paroxetine HCl (Oral Tablet Immediate Release)	G	1	PA; HRM
Paroxetine Mesylate (Oral Capsule)	G	3	PA; HRM
Paxil CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; HRM
Paxil (Oral Suspension)	B	3	PA; HRM
Paxil (Oral Tablet Immediate Release)	B	3	PA; HRM
Pexeva (Oral Tablet)	B	3	PA; HRM
Pristiq (Oral Tablet Extended Release 24 Hour)	B	3	
Prozac (10MG Oral Capsule)	B	3	
Prozac (20MG Oral Capsule, 40MG Oral Capsule)	B	4	
Sertraline HCl (Oral Concentrate)	G	2	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	1	
Trazodone HCl (300MG Oral Tablet)	G	2	
Trintellix (Oral Tablet)	B	3	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	
Viibryd (Oral Tablet)	B	3	
Viibryd Starter Pack (Oral Kit)	B	3	
Zoloft (Oral Concentrate)	B	3	
Zoloft (Oral Tablet)	B	3	
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	3	HRM
Amoxapine (Oral Tablet)	G	2	PA; HRM
Anafranil (Oral Capsule)	B	4	PA; HRM
Clomipramine HCl (Oral Capsule)	G	3	PA; HRM
Desipramine HCl (Oral Tablet)	G	3	PA; HRM
Doxepin HCl (Oral Capsule)	G	3	PA; HRM
Doxepin HCl (Oral Concentrate)	G	3	PA; HRM
Imipramine HCl (Oral Tablet)	G	3	PA; HRM
Imipramine Pamoate (Oral Capsule)	G	3	PA; HRM
Norpramin (Oral Tablet)	B	3	PA; HRM
Nortriptyline HCl (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Solution)	G	2	PA; HRM
Pamelor (Oral Capsule)	B	4	PA; HRM
Protriptyline HCl (Oral Tablet)	G	3	PA; HRM

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Trimipramine Maleate (Oral Capsule)	G	3	PA; HRM
Antiemetics			
Antiemetics, Other			
Bonjesta (Oral Tablet Extended Release)	B	3	PA; HRM
Compro (Rectal Suppository)	G	3	
Diclegis (Oral Tablet Delayed Release)	B	3	PA; HRM
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	G	3	PA; HRM
Gimoti (Nasal Solution)	B	4	PA
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	G	3	
Perphenazine (Oral Tablet)	G	2	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	3	
Promethazine HCl (Oral Syrup)	G	3	PA; HRM
Promethazine HCl (Oral Tablet)	G	3	PA; HRM
Promethazine HCl (Rectal Suppository)	G	3	PA; HRM; QL
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	G	3	PA; HRM; QL
Reglan (Oral Tablet)	B	3	
Scopolamine (Transdermal Patch 72 Hour)	G	2	PA; HRM
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	B	3	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	G	2	B/D,PA
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	3	PA; QL
Dronabinol (Oral Capsule)	G	3	PA
Emend (80MG Oral Capsule)	B	3	PA; QL
Emend (Oral Suspension Reconstituted)	B	3	PA; QL
Emend Tri-Pack (Oral Capsule)	B	3	PA; QL
Granisetron HCl (Oral Tablet)	G	2	B/D,PA
Marinol (10MG Oral Capsule, 5MG Oral Capsule)	B	4	PA
Marinol (2.5MG Oral Capsule)	B	3	PA
Ondansetron HCl (Oral Solution)	G	2	B/D,PA
Ondansetron HCl (Oral Tablet)	G	1	B/D,PA
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D,PA
Sancuso (Transdermal Patch)	B	4	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Syndros (Oral Solution)	B	4	PA
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	3	B/D,PA; QL
Zuplenz (4MG Oral Film)	B	3	B/D,PA
Zuplenz (8MG Oral Film)	B	4	B/D,PA
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	3	B/D,PA
AmBisome (Intravenous Suspension Reconstituted)	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	3	B/D,PA
Ancobon (Oral Capsule)	B	4	
Cancidas (Intravenous Solution Reconstituted)	B	4	
Caspofungin Acetate (50MG Intravenous Solution Reconstituted)	G	4	
Caspofungin Acetate (70MG Intravenous Solution Reconstituted)	G	3	
Clotrimazole (Mouth/Throat Troche)	G	1	
Cresemba (Oral Capsule)	B	4	PA
Diflucan (Oral Suspension Reconstituted)	B	3	
Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	B	3	
Diflucan (200MG Oral Tablet)	B	4	
Eraxis (100MG Intravenous Solution Reconstituted)	B	4	
Eraxis (50MG Intravenous Solution Reconstituted)	B	3	
Fluconazole in Sodium Chloride (Intravenous Solution)	G	2	
Fluconazole (Oral Suspension Reconstituted)	G	2	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	4	
Griseofulvin Microsize (Oral Suspension)	G	3	
Griseofulvin Microsize (Oral Tablet)	G	3	
Griseofulvin Ultramicrosize (Oral Tablet)	G	3	
Gynazole-1 (Vaginal Cream)	G	3	
Itraconazole (Oral Capsule)	G	3	PA
Itraconazole (Oral Solution)	G	4	PA
Ketoconazole (Oral Tablet)	G	1	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	3	
Miconazole 3 (Vaginal Suppository)	G	2	
Mycamine (Intravenous Solution Reconstituted)	B	4	
Noxafil (Oral Suspension)	B	4	QL
Noxafil (Oral Tablet Delayed Release)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	2	
Oravig (Buccal Tablet)	B	4	
Posaconazole (Oral Tablet Delayed Release)	G	4	PA; QL
Sporanox (Oral Capsule)	B	4	PA
Sporanox (Oral Solution)	B	4	PA
Terbinafine HCl (Oral Tablet)	G	1	
Terconazole (Vaginal Cream)	G	2	
Terconazole (Vaginal Suppository)	G	2	
Tolsura (Oral Capsule)	B	4	PA
Vfend IV (Intravenous Solution Reconstituted)	B	4	PA
Vfend (Oral Suspension Reconstituted)	B	4	
Vfend (Oral Tablet)	B	3	
Voriconazole (Intravenous Solution Reconstituted)	G	4	PA
Voriconazole (Oral Suspension Reconstituted)	G	3	
Voriconazole (Oral Tablet)	G	3	
Antigout Agents			
Antigout Agents			
Allopurinol (Oral Tablet)	G	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	2	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	2	
Colcrys (Oral Tablet)	B	3	PA
Febuxostat (Oral Tablet)	G	3	ST
Gloperba (Oral Solution)	B	3	PA; QL
Mitigare (Oral Capsule)	B	2	
Probenecid (Oral Tablet)	G	2	
Probenecid-Colchicine (Oral Tablet)	G	2	
Uloric (Oral Tablet)	B	3	ST
Zyloprim (Oral Tablet)	B	3	
Antimigraine Agents			
Acute			
Almotriptan Malate (Oral Tablet)	G	3	ST; QL
Amerge (Oral Tablet)	B	3	QL
Eletriptan Hydrobromide (Oral Tablet)	G	3	ST; QL
Frova (Oral Tablet)	B	4	ST; QL
Frovatriptan Succinate (Oral Tablet)	G	3	ST; QL
Imitrex (Nasal Solution)	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Imitrex (Oral Tablet)	B	3	QL
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	4	QL
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	4	QL
Imitrex (Subcutaneous Solution)	B	4	QL
Maxalt (Oral Tablet)	B	3	QL
Maxalt-MLT (Oral Tablet Dispersible)	B	3	QL
Naratriptan HCl (Oral Tablet)	G	2	QL
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; QL
Onzetra Xsail (Nasal Exhale Powder)	B	4	QL
Relpax (Oral Tablet)	B	3	ST; QL
Reyvow (Oral Tablet)	B	3	PA; QL
Rizatriptan Benzoate (Oral Tablet)	G	2	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	2	QL
Sumatriptan (Nasal Solution)	G	3	QL
Sumatriptan Succinate (Oral Tablet)	G	1	QL
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	3	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	2	QL
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	3	QL
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	3	QL
Tosymra (Nasal Solution)	B	3	QL
Treximet (Oral Tablet)	B	4	QL
Ubrelvy (Oral Tablet)	B	4	PA; QL
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	4	QL
Zolmitriptan (Oral Tablet)	G	2	QL
Zolmitriptan ODT (2.5MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	3	QL
Zomig (Nasal Solution)	B	3	QL
Zomig (Oral Tablet)	B	4	QL
Zomig ZMT (Oral Tablet Dispersible)	B	4	QL
Ergot Alkaloids			
Cafergot (Oral Tablet)	G	3	
Dihydroergotamine Mesylate (Nasal Solution)	G	4	PA; QL
Ergotamine-Caffeine (Oral Tablet)	G	2	
Migergot (Rectal Suppository)	G	4	
Migranal (Nasal Solution)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Ajovy (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Timolol Maleate (Oral Tablet)	G	2	
Antimyasthenic Agents			
Parasympathomimetics			
Mestinon (Oral Solution)	B	4	
Mestinon (Oral Tablet Immediate Release)	B	4	
Mestinon (Oral Tablet Extended Release)	B	4	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	3	
Pyridostigmine Bromide (Oral Solution)	G	4	
Pyridostigmine Bromide (30MG Oral Tablet Immediate Release)	G	3	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	2	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	2	
Mycobutin (Oral Capsule)	B	4	
Rifabutin (Oral Capsule)	G	3	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	2	
Isoniazid (Oral Syrup)	G	3	
Isoniazid (Oral Tablet)	G	1	
Myambutol (Oral Tablet)	B	3	
Paser (Oral Packet)	G	3	
Pretomanid (Oral Tablet)	B	3	
Priftin (Oral Tablet)	B	3	
Pyrazinamide (Oral Tablet)	G	3	
Rifampin (Intravenous Solution Reconstituted)	G	3	
Rifampin (Oral Capsule)	G	2	
Sirturo (Oral Tablet)	B	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Trecator (Oral Tablet)	B	3	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	2	B/D,PA
Cyclophosphamide (25MG Oral Tablet)	G	2	B/D,PA
Cyclophosphamide (50MG Oral Tablet)	B	2	B/D,PA
Leukeran (Oral Tablet)	B	4	
Matulane (Oral Capsule)	B	4	
Valchlor (External Gel)	B	4	PA; QL
Antiandrogens			
Abiraterone Acetate (250MG Oral Tablet)	G	3	PA
Abiraterone Acetate (500MG Oral Tablet)	G	4	PA
Bicalutamide (Oral Tablet)	G	1	
Casodex (Oral Tablet)	B	4	
Erleada (Oral Tablet)	B	4	PA
Flutamide (Oral Capsule)	G	3	
Nilandron (Oral Tablet)	B	4	
Nilutamide (Oral Tablet)	G	4	
Nubeqa (Oral Tablet)	B	4	PA
Xtandi (Oral Capsule)	B	4	PA
Xtandi (Oral Tablet)	B	4	PA
Yonsa (Oral Tablet)	B	4	PA
Zytiga (Oral Tablet)	B	4	PA
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	4	PA; QL
Pomalyst (Oral Capsule)	B	4	PA
Qinlock (Oral Tablet)	B	4	PA; QL
Revlimid (Oral Capsule)	B	4	PA
Tabrecta (Oral Tablet)	B	4	PA; QL
Thalomid (Oral Capsule)	B	4	PA; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	4	
Fareston (Oral Tablet)	B	4	
Soltamox (Oral Solution)	B	4	
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	4	
Antimetabolites			
Droxia (Oral Capsule)	B	3	
Hydrea (Oral Capsule)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	2	
Onureg (Oral Tablet)	B	4	PA; QL
Purixan (Oral Suspension)	B	4	PA
Tabloid (Oral Tablet)	B	3	PA
Antineoplastics, Other			
IDHIFA (Oral Tablet)	B	4	PA
Lonsurf (Oral Tablet)	B	4	PA
Ninlaro (Oral Capsule)	B	4	PA
Pemazyre (Oral Tablet)	B	4	PA; QL
Retevmo (Oral Capsule)	B	4	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	B	4	PA
Tazverik (Oral Tablet)	B	4	PA; QL
Tukysa (Oral Tablet)	B	4	PA; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Zolinza (Oral Capsule)	B	4	PA
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Arimidex (Oral Tablet)	B	4	
Aromasin (Oral Tablet)	B	4	
Exemestane (Oral Tablet)	G	3	
Femara (Oral Tablet)	B	3	
Letrozole (Oral Tablet)	G	1	
Molecular Target Inhibitors			
Afinitor Disperz (Oral Tablet Soluble)	B	4	PA
Afinitor (Oral Tablet)	B	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Alecensa (Oral Capsule)	B	4	PA
Alunbrig (Oral Tablet)	B	4	PA; QL
Alunbrig (Oral Tablet Therapy Pack)	B	4	PA; QL
Ayvakit (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet)	B	4	PA; QL
Balversa (Oral Tablet)	B	4	PA; QL
Bosulif (Oral Tablet)	B	4	PA
Braftovi (Oral Capsule)	B	4	PA
Brukinsa (Oral Capsule)	B	4	PA; QL
Cabometyx (Oral Tablet)	B	4	PA
Calquence (Oral Capsule)	B	4	PA
Caprelsa (Oral Tablet)	B	4	PA
Cometriq (100MG Daily Dose) (Oral Kit)	B	4	PA
Cometriq (140MG Daily Dose) (Oral Kit)	B	4	PA
Cometriq (60MG Daily Dose) (Oral Kit)	B	4	PA
Copiktra (Oral Capsule)	B	4	PA; QL
Cotellic (Oral Tablet)	B	4	PA
Daurismo (Oral Tablet)	B	4	PA; QL
Erivedge (Oral Capsule)	B	4	PA
Erlotinib HCl (Oral Tablet)	G	4	PA
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	4	PA
Farydak (Oral Capsule)	B	4	PA
Gavreto (Oral Capsule)	B	4	PA; QL
Gilotrif (Oral Tablet)	B	4	PA
Gleevec (Oral Tablet)	B	4	PA; QL
Ibrance (Oral Capsule)	B	4	PA
Ibrance (Oral Tablet)	B	4	PA
Iclusig (Oral Tablet)	B	4	PA; QL
Imatinib Mesylate (Oral Tablet)	G	4	PA; QL
Imbruvica (Oral Capsule)	B	4	PA; QL
Imbruvica (Oral Tablet)	B	4	PA; QL
Inlyta (Oral Tablet)	B	4	PA; QL
Inqovi (Oral Tablet)	B	4	PA; QL
Inrebic (Oral Capsule)	B	4	PA; QL
Iressa (Oral Tablet)	B	4	PA
Jakafi (Oral Tablet)	B	4	PA
Kisqali (200MG Dose) (Oral Tablet)	B	4	PA
Kisqali (400MG Dose) (Oral Tablet)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Kisqali (600MG Dose) (Oral Tablet)	B	4	PA
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Koselugo (Oral Capsule)	B	4	PA; QL
Lapatinib Ditosylate (Oral Tablet)	G	4	PA
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lorbrena (Oral Tablet)	B	4	PA; QL
Lynparza (Oral Tablet)	B	4	PA
Mekinist (Oral Tablet)	B	4	PA
Mektovi (Oral Tablet)	B	4	PA
Nerlynx (Oral Tablet)	B	4	PA; QL
Nexavar (Oral Tablet)	B	4	PA
Odomzo (Oral Capsule)	B	4	PA
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Rozlytrek (Oral Capsule)	B	4	PA; QL
Rubraca (Oral Tablet)	B	4	PA
Rydapt (Oral Capsule)	B	4	PA; QL
Sprycel (Oral Tablet)	B	4	PA
Stivarga (Oral Tablet)	B	4	PA
Sutent (Oral Capsule)	B	4	PA
Tafinlar (Oral Capsule)	B	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tagrisso (Oral Tablet)	B	4	PA
Talzenna (Oral Capsule)	B	4	PA; QL
Tarceva (Oral Tablet)	B	4	PA
Tasigna (Oral Capsule)	B	4	PA
Tepmetko (Oral Tablet)	B	4	PA; QL
Tibsovo (Oral Tablet)	B	4	PA; QL
Turalio (Oral Capsule)	B	4	PA; QL
Tykerb (Oral Tablet)	B	4	PA
Ukoniq (Oral Tablet)	B	4	PA; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	4	PA
Venclexta (10MG Oral Tablet)	B	2	PA
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	4	PA
Verzenio (Oral Tablet)	B	4	PA
Vittrakvi (Oral Capsule)	B	4	PA; QL
Vittrakvi (Oral Solution)	B	4	PA; QL
Vizimpro (Oral Tablet)	B	4	PA
Votrient (Oral Tablet)	B	4	PA
Xalkori (Oral Capsule)	B	4	PA
Xospata (Oral Tablet)	B	4	PA; QL
Zejula (Oral Capsule)	B	4	PA
Zelboraf (Oral Tablet)	B	4	PA
Zydelig (Oral Tablet)	B	4	PA
Zykadia (Oral Tablet)	B	4	PA
Retinoids			
Bexarotene (Oral Capsule)	G	4	PA
Targretin (External Gel)	B	4	PA; QL
Targretin (Oral Capsule)	B	4	PA
Tretinoin (Oral Capsule)	G	4	
Treatment Adjuncts			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet)	G	2	
Leucovorin Calcium (25MG Oral Tablet)	G	3	
Leucovorin Calcium (5MG Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	3	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	3	QL
Albenza (Oral Tablet)	B	4	QL
Biltricide (Oral Tablet)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Emverm (Oral Tablet Chewable)	G	4	
Ivermectin (Oral Tablet)	G	1	
Praziquantel (Oral Tablet)	G	3	
Stromectol (Oral Tablet)	B	3	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	4	
Atovaquone-Proguanil HCl (Oral Tablet)	G	3	
Benznidazole (Oral Tablet)	B	3	
Chloroquine Phosphate (Oral Tablet)	G	3	QL
Coartem (Oral Tablet)	B	3	
DARAPRIM (Oral Tablet)	B	4	
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	QL
Impavido (Oral Capsule)	B	4	
Krintafel (Oral Tablet)	B	3	
Lampit (Oral Tablet)	B	3	PA
Malarone (Oral Tablet)	B	3	
Mefloquine HCl (Oral Tablet)	G	1	
Mepron (Oral Suspension)	B	4	
Nebupent (Inhalation Solution Reconstituted)	B	3	B/D,PA; QL
Nitazoxanide (Oral Tablet)	G	4	
PENTAM 300 (Injection Solution Reconstituted)	B	3	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	3	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	3	
Plaquenil (Oral Tablet)	B	3	QL
Primaquine Phosphate (Oral Tablet)	G	2	
Pyrimethamine (Oral Tablet)	G	4	
Qualaquin (Oral Capsule)	B	3	PA
Quinine Sulfate (Oral Capsule)	G	3	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	2	PA; HRM
Trihexyphenidyl HCl (Oral Solution)	G	3	PA; HRM
Trihexyphenidyl HCl (Oral Tablet)	G	3	PA; HRM
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	2	
Amantadine HCl (Oral Syrup)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amantadine HCl (Oral Tablet)	G	2	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	3	
Comtan (Oral Tablet)	B	4	
Entacapone (Oral Tablet)	G	3	
Gocovri (Oral Capsule Extended Release 24 Hour)	B	4	PA
Nourianz (Oral Tablet)	B	4	PA; QL
Ongentys (Oral Capsule)	B	3	ST; QL
Osmolex ER (Oral Tablet ER 24 Hour Therapy Pack)	B	3	PA
Osmolex ER (Oral Tablet Extended Release 24 Hour)	B	3	PA
Stalevo 100 (Oral Tablet)	B	4	
Stalevo 125 (Oral Tablet)	B	4	
Stalevo 150 (Oral Tablet)	B	4	
Stalevo 200 (Oral Tablet)	B	4	
Stalevo 50 (Oral Tablet)	B	3	
Stalevo 75 (Oral Tablet)	B	3	
Tasmar (Oral Tablet)	B	4	QL
Tolcapone (Oral Tablet)	G	4	QL
Dopamine Agonists			
Apokyn (Subcutaneous Solution Cartridge)	B	4	PA; QL
Bromocriptine Mesylate (Oral Capsule)	G	3	
Bromocriptine Mesylate (Oral Tablet)	G	3	
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	4	PA; QL
Mirapex ER (Oral Tablet Extended Release 24 Hour)	B	3	
Mirapex (Oral Tablet Immediate Release)	B	3	
Neupro (Transdermal Patch 24 Hour)	B	3	
Parlodel (Oral Capsule)	B	3	
Parlodel (Oral Tablet)	B	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	3	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	3	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	2	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	3	
Duopa (Enteral Suspension)	B	4	PA
Inbrija (Inhalation Capsule)	B	4	PA
Lodosyn (Oral Tablet)	B	4	
Rytary (Oral Capsule Extended Release)	B	3	ST
Sinemet (Oral Tablet Immediate Release)	B	3	
Monoamine Oxidase B (MAO-B) Inhibitors			
Azilect (Oral Tablet)	B	4	
Rasagiline Mesylate (Oral Tablet)	G	3	
Selegiline HCl (Oral Capsule)	G	2	
Selegiline HCl (Oral Tablet)	G	2	
Zelapar ODT (Oral Tablet Dispersible)	B	4	
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Tablet)	G	3	
Fluphenazine Decanoate (Injection Solution)	G	2	
Fluphenazine HCl (Injection Solution)	G	2	
Fluphenazine HCl (Oral Concentrate)	G	3	
Fluphenazine HCl (Oral Elixir)	G	2	
Fluphenazine HCl (Oral Tablet)	G	3	
Haldol Decanoate (Intramuscular Solution)	B	3	
Haldol (Injection Solution)	B	3	
Haloperidol Decanoate (Intramuscular Solution)	G	2	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	2	
Molindone HCl (Oral Tablet)	G	3	
Pimozide (Oral Tablet)	G	2	
Thioridazine HCl (Oral Tablet)	G	2	
Thiothixene (10MG Oral Capsule, 5MG Oral Capsule)	G	3	
Thiothixene (1MG Oral Capsule, 2MG Oral Capsule)	G	2	
Trifluoperazine HCl (Oral Tablet)	G	2	
2nd Generation/Atypical			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	4	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	4	
Abilify MyCite (Oral Tablet)	B	4	ST; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Abilify (Oral Tablet)	B	4	QL
Aripiprazole (Oral Solution)	G	3	QL
Aripiprazole (Oral Tablet)	G	1	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	4	QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	4	
Aristada (Intramuscular Prefilled Syringe)	B	4	
Asenapine Maleate (Tablet Sublingual)	G	3	
Caplyta (Oral Capsule)	B	4	ST; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	ST; QL
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	B	3	ST; QL
Fanapt Titration Pack (Oral Tablet)	B	3	ST; QL
Geodon (Intramuscular Solution Reconstituted)	B	3	
Geodon (Oral Capsule)	B	4	QL
Invega (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
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	4	
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	3	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	4	
Latuda (Oral Tablet)	B	4	QL
Nuplazid (Oral Capsule)	B	4	PA; QL
Nuplazid (Oral Tablet)	B	4	PA; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	3	
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	2	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Perseris (Subcutaneous Prefilled Syringe)	B	4	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
Rexulti (Oral Tablet)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	3	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	4	
Risperdal (1MG/ML Oral Solution)	B	4	
Risperdal (0.5MG Oral Tablet, 1MG Oral Tablet)	B	3	
Risperdal (2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	B	4	
Risperidone (Oral Solution)	G	2	
Risperidone (Oral Tablet)	G	1	
Risperidone ODT (Oral Tablet Dispersible)	G	3	
Saphris (10MG Tablet Sublingual)	B	4	
Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual)	B	3	
Secuado (Transdermal Patch 24 Hour)	B	4	PA; QL
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	B	3	QL
Seroquel (400MG Oral Tablet Immediate Release)	B	4	QL
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	3	QL
Seroquel XR (400MG Oral Tablet Extended Release 24 Hour)	B	4	QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	4	ST; QL
Vraylar (Oral Capsule Therapy Pack)	B	3	ST; QL
Ziprasidone HCl (Oral Capsule)	G	2	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	3	
Zyprexa (10MG Intramuscular Solution Reconstituted)	B	3	
Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	3	QL
Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	B	4	QL
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	3	
Zyprexa Zydis (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zyprexa Zydys (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	B	4	QL
Treatment-Resistant			
Clozapine (Oral Tablet)	G	2	
Clozapine ODT (Oral Tablet Dispersible)	G	3	
Clozaril (100MG Oral Tablet, 200MG Oral Tablet)	B	4	
Clozaril (25MG Oral Tablet, 50MG Oral Tablet)	B	3	
Versacloz (Oral Suspension)	B	4	
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Tablet)	G	1	
Dantrium (Oral Capsule)	B	3	
Dantrolene Sodium (100MG Oral Capsule, 50MG Oral Capsule)	G	3	
Dantrolene Sodium (25MG Oral Capsule)	G	2	
Tizanidine HCl (Oral Capsule)	G	2	
Tizanidine HCl (Oral Tablet)	G	1	
Zanaflex (Oral Capsule)	B	3	
Zanaflex (Oral Tablet)	B	3	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	4	PA; QL
Valcyte (Oral Solution Reconstituted)	B	4	QL
Valcyte (Oral Tablet)	B	4	QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	4	QL
Valganciclovir HCl (Oral Tablet)	G	2	QL
Zirgan (Ophthalmic Gel)	B	3	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	3	
Baraclude (Oral Solution)	B	4	
Baraclude (Oral Tablet)	B	4	
Entecavir (Oral Tablet)	G	3	
Epivir HBV (Oral Solution)	B	3	
Epivir HBV (Oral Tablet)	B	3	
Hepsera (Oral Tablet)	B	4	
Lamivudine (100MG Oral Tablet)	G	2	
Vemlidy (Oral Tablet)	B	4	
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Tablet)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Harvoni (Oral Packet)	B	4	PA; QL
Harvoni (90-400MG Oral Tablet)	B	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	G	4	PA; QL
Mavyret (Oral Tablet)	B	4	PA; QL
Ribavirin (Oral Capsule)	G	2	
Ribavirin (Oral Tablet)	G	3	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	4	PA; QL
Sovaldi (Oral Packet)	B	4	PA; QL
Sovaldi (400MG Oral Tablet)	B	4	PA; QL
Viekira Pak (Oral Tablet Therapy Pack)	B	4	PA; QL
Vosevi (Oral Tablet)	B	4	PA; QL
Zepatier (Oral Tablet)	B	4	PA; QL
Antiherpetic Agents			
Acyclovir (External Cream)	G	3	
Acyclovir (External Ointment)	G	3	
Acyclovir (Oral Capsule)	G	1	
Acyclovir (Oral Suspension)	G	3	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	3	B/D,PA
Denavir (External Cream)	B	4	
Famciclovir (Oral Tablet)	G	2	
Sitavig (Buccal Tablet)	B	4	ST
Valacyclovir HCl (Oral Tablet)	G	2	QL
Valtrex (Oral Tablet)	B	3	QL
Zovirax (External Cream)	B	4	
Zovirax (External Ointment)	B	4	
Zovirax (Oral Suspension)	B	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	4	QL
Dovato (Oral Tablet)	B	4	QL
Genvoya (Oral Tablet)	B	4	QL
Isentress HD (Oral Tablet)	B	4	QL
Isentress (Oral Packet)	B	3	QL
Isentress (Oral Tablet)	B	4	QL
Isentress (100MG Oral Tablet Chewable)	B	4	QL
Isentress (25MG Oral Tablet Chewable)	B	2	QL
Juluca (Oral Tablet)	B	4	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Stribild (Oral Tablet)	B	4	QL
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	3	QL
Tivicay (50MG Oral Tablet)	B	4	QL
Tivicay PD (Oral Tablet Soluble)	B	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Atripla (Oral Tablet)	B	4	QL
Complera (Oral Tablet)	B	4	QL
Delstrigo (Oral Tablet)	B	4	QL
Edurant (Oral Tablet)	B	4	QL
Efavirenz (Oral Capsule)	G	3	QL
Efavirenz (Oral Tablet)	G	3	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	4	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	4	QL
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	B	4	QL
Intelence (25MG Oral Tablet)	B	3	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Nevirapine (Oral Suspension)	G	3	QL
Nevirapine (Oral Tablet Immediate Release)	G	2	QL
Pifeltro (Oral Tablet)	B	4	QL
Sustiva (Oral Capsule)	B	3	QL
Sustiva (Oral Tablet)	B	4	QL
Symfi Lo (Oral Tablet)	B	4	QL
Symfi (Oral Tablet)	B	4	QL
Viramune (Oral Suspension)	B	3	QL
Viramune XR (Oral Tablet Extended Release 24 Hour)	B	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	3	QL
Abacavir Sulfate (Oral Tablet)	G	3	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	3	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	4	QL
Cimduo (Oral Tablet)	B	4	QL
Combivir (Oral Tablet)	B	4	QL
Descovy (Oral Tablet)	B	4	QL
Emtricitabine (Oral Capsule)	G	3	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	4	QL
Emtriva (Oral Capsule)	B	3	QL
Emtriva (Oral Solution)	B	3	QL
Epivir (Oral Solution)	B	3	QL
Epivir (Oral Tablet)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Epzicom (Oral Tablet)	B	4	QL
Lamivudine (10MG/ML Oral Solution)	G	2	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	2	QL
Lamivudine-Zidovudine (Oral Tablet)	G	3	QL
Odefsey (Oral Tablet)	B	4	QL
Retrovir (Oral Capsule)	B	3	QL
Retrovir (Oral Syrup)	B	3	QL
Temixys (Oral Tablet)	B	4	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	2	QL
Triumeq (Oral Tablet)	B	4	QL
Trizivir (Oral Tablet)	B	4	QL
Truvada (Oral Tablet)	B	4	QL
Viread (Oral Powder)	B	4	QL
Viread (Oral Tablet)	B	4	QL
Ziagen (Oral Solution)	B	3	QL
Ziagen (Oral Tablet)	B	3	QL
Zidovudine (Oral Capsule)	G	3	QL
Zidovudine (Oral Syrup)	G	2	QL
Zidovudine (Oral Tablet)	G	2	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	4	QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	4	QL
Selzentry (Oral Solution)	B	4	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	B	4	QL
Selzentry (25MG Oral Tablet)	B	2	QL
Tybost (Oral Tablet)	B	3	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	4	QL
Atazanavir Sulfate (Oral Capsule)	G	3	QL
Evotaz (Oral Tablet)	B	4	QL
Fosamprenavir Calcium (Oral Tablet)	G	4	QL
Invirase (Oral Tablet)	B	4	QL
Kaletra (Oral Solution)	B	3	QL
Kaletra (100-25MG Oral Tablet)	B	3	QL
Kaletra (200-50MG Oral Tablet)	B	4	QL
Lexiva (Oral Suspension)	B	3	QL
Lexiva (Oral Tablet)	B	4	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lopinavir-Ritonavir (Oral Solution)	G	3	QL
Norvir (Oral Packet)	B	3	QL
Norvir (Oral Solution)	B	3	QL
Norvir (Oral Tablet)	B	3	QL
Prezcobix (Oral Tablet)	B	4	QL
Prezista (Oral Suspension)	B	4	QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	4	QL
Prezista (75MG Oral Tablet)	B	3	QL
Reyataz (Oral Capsule)	B	4	QL
Reyataz (Oral Packet)	B	4	QL
Ritonavir (Oral Tablet)	G	2	QL
Symtuza (Oral Tablet)	B	4	QL
Viracept (Oral Tablet)	B	4	QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	2	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	2	
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	2	
Rimantadine HCl (Oral Tablet)	G	3	
Tamiflu (Oral Capsule)	B	3	
Tamiflu (Oral Suspension Reconstituted)	B	3	
Xofluza (40MG Dose) (2 x 20MG Oral Tablet Therapy Pack)	B	2	QL
Xofluza (80MG Dose) (2 x 40MG Oral Tablet Therapy Pack)	B	2	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	3	PA; HRM
Hydroxyzine HCl (Oral Tablet)	G	3	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	G	3	PA; HRM
Meprobamate (Oral Tablet)	G	3	PA; HRM
Vistaril (Oral Capsule)	B	3	PA; HRM
Benzodiazepines			
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	G	2	PA; QL
Alprazolam Intensol (Oral Concentrate)	G	3	QL
Alprazolam (Oral Tablet Immediate Release)	G	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	G	3	QL
Ativan (Oral Tablet)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Chlordiazepoxide HCl (Oral Capsule)	G	1	
Clonazepam (Oral Tablet)	G	1	QL
Clonazepam ODT (Oral Tablet Dispersible)	G	2	QL
Clorazepate Dipotassium (Oral Tablet)	G	3	QL
Diazepam Intensol (5MG/ML Oral Concentrate)	G	2	QL
Diazepam (5MG/5ML Oral Solution)	G	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Klonopin (Oral Tablet)	B	3	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
Oxazepam (Oral Capsule)	G	2	
Tranxene-T (Oral Tablet)	B	4	QL
Valium (Oral Tablet)	B	3	QL
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	3	QL
Xanax (2MG Oral Tablet Immediate Release)	B	4	QL
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour, 2MG Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Bipolar Agents			
Mood Stabilizers			
Depakote ER (Oral Tablet Extended Release 24 Hour)	B	3	
Depakote (Oral Tablet Delayed Release)	B	3	
Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	B	3	
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	2	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
Equetro (Oral Capsule Extended Release 12 Hour)	B	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
Lithium (8MEQ/5ML Oral Solution)	B	2	
Lithobid (Oral Tablet Extended Release)	B	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	
Actoplus Met (Oral Tablet Immediate Release)	B	3	QL
Actos (Oral Tablet)	B	3	QL
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	B	3	ST; QL
Adlyxin (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Alogliptin Benzoate (Oral Tablet)	G	3	ST; QL
Alogliptin-Metformin HCl (Oral Tablet)	B	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	G	3	ST; QL
Amaryl (Oral Tablet)	B	3	PA; HRM; QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	3	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Cycloset (Oral Tablet)	B	3	PA
Duetact (Oral Tablet)	B	3	PA; HRM; QL
Farxiga (Oral Tablet)	B	2	QL
Fortamet (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Glimepiride (Oral Tablet)	G	3	PA; HRM; 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	2	QL
Glucotrol XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Glumetza (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Glyburide Micronized (Oral Tablet)	G	3	PA; HRM; QL
Glyburide (Oral Tablet)	G	3	PA; HRM; QL
Glyburide-Metformin (Oral Tablet)	G	3	PA; HRM; QL
Glynase (Oral Tablet)	B	3	PA; HRM; QL
Glyxambi (Oral Tablet)	B	2	QL
Invokamet (Oral Tablet Immediate Release)	B	3	ST; QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Invokana (Oral Tablet)	B	3	ST; QL
Janumet (Oral Tablet Immediate Release)	B	2	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Januvia (Oral Tablet)	B	2	QL
Jardiance (Oral Tablet)	B	2	QL
Jentaduetto (Oral Tablet Immediate Release)	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Jentaduetto XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Kazano (Oral Tablet)	B	3	ST; QL
Kombiglyze XR (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	4	PA; QL
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	3	PA; QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	3	PA; QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Solution)	G	3	QL
Metformin HCl (Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	3	
Nateglinide (Oral Tablet)	G	2	QL
Nesina (Oral Tablet)	B	3	ST; QL
Onglyza (Oral Tablet)	B	3	ST; QL
Oseni (Oral Tablet)	B	3	ST; QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	2	QL
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	2	QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	3	PA; HRM; QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	2	QL
Qtern (Oral Tablet)	B	3	ST; QL
Repaglinide (Oral Tablet)	G	1	QL
Riomet (Oral Solution)	B	3	QL
Rybelsus (Oral Tablet)	B	2	QL
Segluromet (Oral Tablet)	B	3	ST; QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	2	QL
Steglatro (Oral Tablet)	B	3	ST; QL
Steglujan (Oral Tablet)	B	3	ST; QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	B	4	PA
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	B	4	PA
Synjardy (Oral Tablet Immediate Release)	B	2	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tradjenta (Oral Tablet)	B	2	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Trulicity (Subcutaneous Solution Pen-Injector)	B	2	QL
Victoza (Subcutaneous Solution Pen-Injector)	B	2	QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Xultophy (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	2	
Diazoxide (Oral Suspension)	G	3	
GlucaGen HypoKit (Injection Solution Reconstituted)	B	3	
Glucagon (Injection Kit) (Lilly)	G	2	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	2	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	2	
Proglycem (Oral Suspension)	B	3	
Insulins			
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	B	3	PA
Admelog (Subcutaneous Solution)	B	3	PA
Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder)	B	4	PA
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	B	3	PA
Apidra (Injection Solution)	B	3	PA
Apidra SoloStar (Subcutaneous Solution Pen-Injector)	B	3	PA
Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ST
Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	PA
Fiasp PenFill (Subcutaneous Solution Cartridge)	B	3	PA
Fiasp (Subcutaneous Solution)	B	3	PA
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 50/50 (Subcutaneous Suspension)	B	2	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Humalog (Subcutaneous Solution)	B	2	
Humalog (Subcutaneous Solution Cartridge)	B	2	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin 70/30 (Subcutaneous Suspension)	B	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin N (Subcutaneous Suspension)	B	2	
Humulin R (Injection Solution)	B	2	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	2	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Insulin Aspart Prot & Aspart FlexPen (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart FlexPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart PenFill (Subcutaneous Solution Cartridge) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart Prot & Aspart (Subcutaneous Suspension) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart (Subcutaneous Solution) (Brand Equivalent Novolog)	B	3	PA
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog)	B	2	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Lantus (Subcutaneous Solution)	B	2	
Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	B	2	
Levemir (Subcutaneous Solution)	B	2	
Lyumjev (Injection Solution)	B	2	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	PA
Novolin 70/30 (Subcutaneous Suspension)	B	3	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	PA
Novolin N (Subcutaneous Suspension)	B	3	PA
Novolin R FlexPen (Injection Solution Pen-Injector)	B	3	PA
Novolin R (Injection Solution)	B	3	PA
NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	B	3	PA
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	PA
NovoLog Mix 70/30 (Subcutaneous Suspension)	B	3	PA
NovoLog PenFill (Subcutaneous Solution Cartridge)	B	3	PA
NovoLog (Subcutaneous Solution)	B	3	PA
Semglee (Subcutaneous Solution)	B	3	ST
Semglee (Subcutaneous Solution Pen-Injector)	B	3	ST
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba (Subcutaneous Solution)	B	2	
Blood Products and Modifiers			
Anticoagulants			
Arixtra (Subcutaneous Solution)	B	4	
Eliquis (Oral Tablet)	B	2	QL
Eliquis Starter Pack (Oral Tablet)	B	2	QL
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	G	3	
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	G	2	
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	4	
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	3	
Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	B	3	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	2	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	2	B/D,PA
Jantoven (Oral Tablet)	G	1	
Lovenox (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	B	4	
Lovenox (150MG/ML Subcutaneous Solution, 30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	B	3	
Pradaxa (Oral Capsule)	B	3	ST; QL
Savaysa (Oral Tablet)	B	3	ST; QL
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Tablet)	B	2	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	2	QL
Zontivity (Oral Tablet)	B	3	PA
Blood Products and Modifiers, Other			
Agrylin (Oral Capsule)	B	3	
Anagrelide HCl (Oral Capsule)	G	2	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	3	PA
Aranesp (Albumin Free) (200MCG/ML Injection Solution, 300MCG/ML Injection Solution)	B	4	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe)	B	4	PA
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	3	PA
Epogen (Injection Solution)	B	3	PA
Fulphila (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Granix (Subcutaneous Solution)	B	4	ST
Granix (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Leukine (Injection Solution Reconstituted)	B	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mulpleta (Oral Tablet)	B	4	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Neupogen (Injection Solution)	B	4	ST
Neupogen (Injection Solution Prefilled Syringe)	B	4	ST
Nivestym (Injection Solution)	B	4	ST
Nivestym (Injection Solution Prefilled Syringe)	B	4	ST
Nyvepria (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Oxbryta (Oral Tablet)	B	4	PA; QL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	3	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	4	PA
Promacta (Oral Packet)	B	4	PA; QL
Promacta (Oral Tablet)	B	4	PA; QL
Retacrit (Injection Solution)	B	3	PA
Siklos (1000MG Oral Tablet)	B	4	PA
Siklos (100MG Oral Tablet)	B	3	PA
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Zarxio (Injection Solution Prefilled Syringe)	B	4	
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Hemostasis Agents			
Lysteda (Oral Tablet)	B	3	
Tranexamic Acid (Oral Tablet)	G	2	
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	3	QL
Brilinta (Oral Tablet)	B	2	QL
Cablivi (Injection Kit)	B	4	PA; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	
Dipyridamole (Oral Tablet)	G	3	PA; HRM
Doptelet (Oral Tablet)	B	4	PA
Plavix (Oral Tablet)	B	3	
Prasugrel HCl (Oral Tablet)	G	2	
Tavalisse (Oral Tablet)	B	4	PA; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Catapres-TTS-1 (Transdermal Patch Weekly)	B	3	
Catapres-TTS-2 (Transdermal Patch Weekly)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Catapres-TTS-3 (Transdermal Patch Weekly)	B	3	
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (0.1MG/24HR Transdermal Patch Weekly)	G	2	
Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly)	G	3	
Droxidopa (Oral Capsule)	G	4	PA; QL
Guanfacine HCl (Oral Tablet Immediate Release)	G	3	PA; HRM; QL
Methyldopa (Oral Tablet)	G	3	PA; HRM
Midodrine HCl (Oral Tablet)	G	2	
Northera (Oral Capsule)	B	4	PA; QL
Alpha-adrenergic Blocking Agents			
Cardura (Oral Tablet Immediate Release)	B	3	
Dibenzylidine (Oral Capsule)	B	4	
Doxazosin Mesylate (Oral Tablet)	G	1	
Minipress (Oral Capsule)	B	3	
Phenoxybenzamine HCl (Oral Capsule)	G	4	
Prazosin HCl (Oral Capsule)	G	1	
Angiotensin II Receptor Antagonists			
Atacand (Oral Tablet)	B	3	QL
Avapro (Oral Tablet)	B	3	QL
Benicar (Oral Tablet)	B	3	QL
Candesartan Cilexetil (Oral Tablet)	G	2	QL
Cozaar (Oral Tablet)	B	3	QL
Diovan (Oral Tablet)	B	3	QL
Edarbi (Oral Tablet)	B	3	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Micardis (Oral Tablet)	B	3	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			
Accupril (Oral Tablet)	B	3	QL
Altace (Oral Capsule)	B	3	QL
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (100MG Oral Tablet)	G	3	QL
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	2	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Lotensin (Oral Tablet)	B	3	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	2	QL
Prinivil (Oral Tablet)	B	3	QL
Qbrelis (Oral Solution)	B	4	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
Vasotec (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	QL
Vasotec (20MG Oral Tablet)	B	4	QL
Zestril (Oral Tablet)	B	3	QL
Antiarrhythmics			
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet)	G	3	
Amiodarone HCl (200MG Oral Tablet)	G	1	
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	B	4	
Betapace AF (80MG Oral Tablet)	B	3	
Disopyramide Phosphate (Oral Capsule)	G	3	PA; HRM
Dofetilide (Oral Capsule)	G	2	QL
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	2	
Multaq (Oral Tablet)	B	2	
Norpace CR (Oral Capsule Extended Release 12 Hour)	B	3	PA; HRM
Norpace (Oral Capsule Immediate Release)	B	3	PA; HRM
Pacerone (Oral Tablet)	G	3	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	3	
Propafenone HCl (Oral Tablet)	G	2	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	3	
Quinidine Sulfate (Oral Tablet)	G	1	
Rythmol SR (225MG Oral Capsule Extended Release 12 Hour)	B	3	
Rythmol SR (325MG Oral Capsule Extended Release 12 Hour, 425MG Oral Capsule Extended Release 12 Hour)	B	4	
Sorine (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sotalol HCl AF (Oral Tablet)	G	2	
Sotalol HCl (Oral Tablet)	G	1	
Sotylize (Oral Solution)	B	3	PA
Tikosyn (Oral Capsule)	B	3	QL
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	2	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	2	
Bisoprolol Fumarate (Oral Tablet)	G	1	
Bystolic (Oral Tablet)	B	2	QL
Carvedilol (Oral Tablet)	G	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	3	
Coreg CR (Oral Capsule Extended Release 24 Hour)	B	3	
Coreg (Oral Tablet)	B	3	
Corgard (Oral Tablet)	B	3	
Inderal LA (Oral Capsule Extended Release 24 Hour)	B	4	
InnoPran XL (Oral Capsule Extended Release 24 Hour)	B	4	
Labetalol HCl (Oral Tablet)	G	1	
Lopressor (Oral Tablet)	B	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Metoprolol Tartrate (37.5MG Oral Tablet, 75MG Oral Tablet)	G	2	
Nadolol (Oral Tablet)	G	2	
Pindolol (Oral Tablet)	G	2	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	2	
Propranolol HCl (Oral Solution)	G	1	
Propranolol HCl (Oral Tablet)	G	1	
Tenormin (Oral Tablet)	B	3	
Toprol XL (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Katerzia (Oral Suspension)	B	3	ST
Nicardipine HCl (Oral Capsule)	G	3	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine (Oral Capsule)	G	3	PA; HRM
Nimodipine (Oral Capsule)	G	3	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	3	
Norvasc (Oral Tablet)	B	3	
Nymalize (6MG/ML Oral Solution)	B	4	
Procardia (10MG Oral Capsule)	B	3	PA; HRM
Procardia XL (Oral Tablet Extended Release 24 Hour)	B	3	
Sular (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Nondihydropyridines			
Calan SR (Oral Tablet Extended Release)	B	3	
Cardizem CD (Oral Capsule Extended Release 24 Hour)	B	4	
Cardizem LA (Oral Tablet Extended Release 24 Hour)	B	3	
Cardizem (120MG Oral Tablet Immediate Release, 60MG Oral Tablet Immediate Release)	B	4	
Cardizem (30MG Oral Tablet Immediate Release)	B	3	
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	2	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	2	
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	2	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tiazac (Oral Capsule Extended Release 24 Hour)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	3	
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	2	
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Verelan (Oral Capsule Extended Release 24 Hour)	B	3	
Verelan PM (Oral Capsule Extended Release 24 Hour)	B	3	
Cardiovascular Agents, Other			
Accuretic (Oral Tablet)	B	3	QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	2	
Acetazolamide (Oral Tablet)	G	2	
Aldactazide (Oral Tablet)	B	3	
Aliskiren Fumarate (Oral Tablet)	G	3	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	3	QL
Amlodipine-Benazepril (Oral Capsule)	G	1	QL
Amlodipine-Olmesartan (Oral Tablet)	G	2	QL
Amlodipine-Valsartan (Oral Tablet)	G	2	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	2	
Atacand HCT (Oral Tablet)	B	3	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Avalide (Oral Tablet)	B	3	QL
Azor (Oral Tablet)	B	3	QL
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Benicar HCT (Oral Tablet)	B	3	QL
BiDil (Oral Tablet)	B	2	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Caduet (Oral Tablet)	B	3	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	2	QL
Corlanor (Oral Solution)	B	3	PA; QL
Corlanor (Oral Tablet)	B	3	PA; QL
Demser (Oral Capsule)	B	4	
Digitek (125MCG Oral Tablet)	G	3	HRM; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Digitex (250MCG Oral Tablet)	G	3	PA; HRM
Digox (125MCG Oral Tablet)	G	3	HRM; QL
Digox (250MCG Oral Tablet)	G	3	PA; HRM
Digoxin (Oral Solution)	G	3	PA; HRM; QL
Digoxin (125MCG Oral Tablet)	G	3	HRM; QL
Digoxin (250MCG Oral Tablet)	G	3	PA; HRM
Diovan HCT (Oral Tablet)	B	3	QL
DUTOPROL (Oral Tablet Extended Release 24 Hour)	B	3	
Edarbyclor (Oral Tablet)	B	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Tablet)	B	2	QL
Exforge HCT (Oral Tablet)	B	3	
Exforge (Oral Tablet)	B	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	2	QL
Hyzaar (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)	B	3	HRM; QL
Lanoxin (250MCG Oral Tablet)	B	3	PA; HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Lotrel (Oral Capsule)	B	3	QL
Maxzide (Oral Tablet)	B	3	
Maxzide-25 (Oral Tablet)	B	3	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	2	
Metyrosine (Oral Capsule)	G	4	
Micardis HCT (Oral Tablet)	B	3	QL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	3	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Ranexa (Oral Tablet Extended Release 12 Hour)	B	3	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	2	
Spironolactone-HCTZ (Oral Tablet)	G	1	
Tekturna HCT (Oral Tablet)	B	3	QL
Tekturna (Oral Tablet)	B	3	QL
Telmisartan-Amlodipine (Oral Tablet)	G	3	QL
Telmisartan-HCTZ (Oral Tablet)	G	2	QL
Tenoretic 100 (Oral Tablet)	B	3	
Tenoretic 50 (Oral Tablet)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	3	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Tribenzor (Oral Tablet)	B	3	QL
Twynsta (Oral Tablet)	B	3	QL
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Vaseretic (Oral Tablet)	B	3	QL
Vecamyl (Oral Tablet)	G	4	PA
Zestoretic (Oral Tablet)	B	3	QL
Ziac (Oral Tablet)	B	3	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	2	
Edecrin (Oral Tablet)	B	4	
Ethacrynic Acid (Oral Tablet)	G	3	
Furosemide (Injection Solution)	G	1	B/D,PA
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Lasix (Oral Tablet)	B	3	
Torsemide (Oral Tablet)	G	1	
Diuretics, Potassium-sparing			
Aldactone (Oral Tablet)	B	3	
Amiloride HCl (Oral Tablet)	G	1	
CaroSpir (Oral Suspension)	B	3	
Dyrenium (Oral Capsule)	B	3	
Eplerenone (25MG Oral Tablet)	G	2	
Eplerenone (50MG Oral Tablet)	G	3	
Inspra (Oral Tablet)	B	3	
Spironolactone (Oral Tablet)	G	1	
Triamterene (Oral Capsule)	G	3	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	1	
Diuril (Oral Suspension)	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dyslipidemics, Fibric Acid Derivatives			
Antara (Oral Capsule)	B	3	
Fenofibrate Micronized (130MG Oral Capsule)	G	3	
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	2	
Fenofibrate (150MG Oral Capsule)	G	3	
Fenofibrate (50MG Oral Capsule)	G	2	
Fenofibrate (120MG Oral Tablet, 40MG Oral Tablet)	G	3	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	G	2	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	2	
Fenoglide (120MG Oral Tablet)	B	4	
Fenoglide (40MG Oral Tablet)	B	3	
Gemfibrozil (Oral Tablet)	G	1	
Lipofen (Oral Capsule)	B	3	
Lopid (Oral Tablet)	B	3	
Tricor (Oral Tablet)	B	3	
Trilipix (Oral Capsule Delayed Release)	B	3	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Altoprev (Oral Tablet Extended Release 24 Hour)	B	4	QL
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Crestor (Oral Tablet)	B	3	QL
Ezallor Sprinkle (Oral Capsule Sprinkle)	B	3	QL
FloLipid (Oral Suspension)	B	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Fluvastatin Sodium (Oral Capsule)	G	3	QL
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Lipitor (Oral Tablet)	B	3	QL
Livalo (Oral Tablet)	B	2	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
Zocor (Oral Tablet)	B	3	QL
Zypitamag (Oral Tablet)	B	3	ST; QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	3	
Cholestyramine (Oral Packet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Colesevelam HCl (Oral Packet)	G	3	
Colesevelam HCl (Oral Tablet)	G	3	
Colestid (Oral Packet)	B	3	
Colestid (Oral Tablet)	B	3	
Colestipol HCl (Oral Packet)	G	3	
Colestipol HCl (Oral Tablet)	G	2	
Ezetimibe (Oral Tablet)	G	1	
Ezetimibe-Simvastatin (Oral Tablet)	G	2	QL
Icosapent Ethyl (Oral Capsule)	G	3	
Juxtapid (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule)	B	4	PA
Lovaza (Oral Capsule)	B	3	
Nexletol (Oral Tablet)	B	3	PA; QL
Nexlizet (Oral Tablet)	B	3	PA; QL
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	2	
Niacor (Oral Tablet)	G	3	
Niaspan (Oral Tablet Extended Release)	B	3	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	2	
Praluent (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Prevalite (Oral Packet)	G	3	
Questran Light (Oral Powder)	G	3	
Questran (Oral Powder)	G	3	
Repatha Pushtonex System (Subcutaneous Solution Cartridge)	B	2	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Roszet (Oral Tablet)	B	3	ST; QL
Vascepa (Oral Capsule)	B	3	
Vytorin (Oral Tablet)	B	3	QL
Welchol (Oral Packet)	B	3	
Welchol (Oral Tablet)	B	3	
Zetia (Oral Tablet)	B	3	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
GoNitro (Sublingual Packet)	B	3	
Isordil Titradoso (Oral Tablet)	B	4	
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 Dinitrate (40MG Oral Tablet Immediate Release)	G	4	
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	3	
Nitro-Dur (Transdermal Patch 24 Hour)	B	3	
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	3	
Nitrolingual (Translingual Solution)	B	3	
Nitrostat (Tablet Sublingual)	B	3	
Rectiv (Rectal Ointment)	B	3	QL
Verquvo (Oral Tablet)	B	3	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	3	QL
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	3	QL
Adzenys ER (Oral Suspension Extended Release)	B	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Amphetamine ER (Oral Suspension Extended Release)	G	3	QL
Amphetamine Sulfate (Oral Tablet)	G	3	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	2	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	2	QL
Desoxyn (Oral Tablet)	B	4	PA
Dexedrine (10MG Oral Capsule Extended Release 24 Hour, 15MG Oral Capsule Extended Release 24 Hour)	B	4	QL
Dexedrine (5MG Oral Capsule Extended Release 24 Hour)	B	3	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dextroamphetamine Sulfate (Oral Solution)	G	3	
Dextroamphetamine Sulfate (Oral Tablet)	G	2	QL
Dyanavel XR (Oral Suspension Extended Release)	B	3	QL
Evekeo ODT (Oral Tablet Dispersible)	B	3	
Evekeo (Oral Tablet)	G	3	
Methamphetamine HCl (Oral Tablet)	G	4	PA
Mydayis (Oral Capsule Extended Release 24 Hour)	B	3	QL
ProCentra (Oral Solution)	G	3	
Vyvanse (Oral Capsule)	B	3	
Vyvanse (Oral Tablet Chewable)	B	3	
Zenzedi (Oral Tablet)	G	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Aptensio XR (Oral Capsule Extended Release 24 Hour)	B	3	QL
Atomoxetine HCl (Oral Capsule)	G	3	
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	2	PA
Concerta (Oral Tablet Extended Release)	B	3	QL
Cotempla XR-ODT (17.3MG Oral Tablet Extended Release Dispersible, 8.6MG Oral Tablet Extended Release Dispersible)	B	3	QL
Cotempla XR-ODT (25.9MG Oral Tablet Extended Release Dispersible)	B	4	QL
Daytrana (Transdermal Patch)	B	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Dexmethylphenidate HCl (Oral Tablet)	G	2	QL
Focalin (Oral Tablet)	B	3	QL
Focalin XR (Oral Capsule Extended Release 24 Hour)	B	3	
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	PA; HRM
Intuniv (Oral Tablet Extended Release 24 Hour)	B	3	PA; HRM
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	3	QL
Kapvay (Oral Tablet Extended Release 12 Hour)	B	3	PA
Methylin (Oral Solution)	B	3	QL
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	3	QL
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	3	QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	2	QL
Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	G	3	QL
Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Methylphenidate HCl (Oral Solution)	G	3	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	2	QL
Methylphenidate HCl (Oral Tablet Chewable)	G	3	QL
QuilliChew ER (Oral Tablet Chewable Extended Release)	B	3	QL
Quillivant XR (Oral Suspension Reconstituted)	B	3	QL
Relexxii (Oral Tablet Extended Release)	G	3	QL
Ritalin LA (Oral Capsule Extended Release 24 Hour)	B	3	QL
Ritalin (Oral Tablet)	B	3	QL
Strattera (Oral Capsule)	B	3	
Central Nervous System, Other			
Austedo (Oral Tablet)	B	4	PA; QL
Firdapse (Oral Tablet)	B	4	PA; QL
Gralise (Oral Tablet)	B	3	PA
Horizant (Oral Tablet Extended Release)	B	3	PA
Ingrezza (40MG Oral Capsule, 80MG Oral Capsule)	B	4	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	B	4	PA; QL
Nuedexta (Oral Capsule)	B	4	PA; QL
Rilutek (Oral Tablet)	B	4	
Riluzole (Oral Tablet)	G	2	
Ruzurgi (Oral Tablet)	B	4	PA; QL
Tetrabenazine (Oral Tablet)	G	4	PA
Tiglutik (Oral Suspension)	B	4	PA
Xenazine (Oral Tablet)	B	4	PA
Fibromyalgia Agents			
Cymbalta (Oral Capsule Delayed Release Particles)	B	3	QL
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	3	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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	G	3	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Lyrica (Oral Capsule)	B	3	ST; QL
Lyrica (Oral Solution)	B	3	ST; QL
Pregabalin ER (Oral Tablet Extended Release 24 Hour)	G	3	PA; QL
Pregabalin (Oral Capsule)	G	2	QL
Pregabalin (Oral Solution)	G	2	QL
Savella (Oral Tablet)	B	2	
Savella Titration Pack (Oral Tablet)	B	2	
Multiple Sclerosis Agents			
Ampyra (Oral Tablet Extended Release 12 Hour)	B	4	ST; QL
Aubagio (Oral Tablet)	B	4	QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	4	
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	4	
Bafiertam (Oral Capsule Delayed Release)	B	4	ST; QL
Betaseron (Subcutaneous Kit)	B	4	
Copaxone (Subcutaneous Solution Prefilled Syringe)	B	4	
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	2	QL
Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release)	G	4	QL
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	4	QL
Extavia (Subcutaneous Kit)	B	4	
Gilenya (0.5MG Oral Capsule)	B	4	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	4	
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	4	
Kesimpta (Subcutaneous Solution Auto-Injector)	B	4	PA
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet)	B	4	QL
Mayzent Starter Pack (Oral Tablet Therapy Pack)	B	4	QL
Plegridy (Subcutaneous Solution Pen-Injector)	B	4	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	4	ST
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	4	ST
Rebif (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Tecfidera Starter Pack (Oral)	B	4	QL
Tecfidera (Oral Capsule Delayed Release)	B	4	QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	4	QL
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	4	QL
Zeposia (Oral Capsule)	B	4	QL
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	4	QL
Dental and Oral Agents			
Dental and Oral Agents			
Cevimeline HCl (Oral Capsule)	G	3	ST
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Evoxac (Oral Capsule)	B	3	ST
Periogard (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	3	
Salagen (Oral Tablet)	B	3	
Triamcinolone Acetonide (Dental Paste)	G	2	
Dermatological Agents			
Acne and Rosacea Agents			
Absorica LD (Oral Capsule)	B	4	PA
Absorica (Oral Capsule)	B	4	PA
Acanya (External Gel)	B	3	ST
Accutane (20MG Oral Capsule, 30MG Oral Capsule, 40MG Oral Capsule)	G	3	PA
Acitretin (Oral Capsule)	G	3	
Adapalene (External Cream)	G	3	
Adapalene (0.1% External Gel)	G	2	
Adapalene (0.3% External Gel)	G	3	
Adapalene (External Pad)	G	4	
Adapalene (External Solution)	G	4	
Adapalene-Benzoyl Peroxide (External Gel)	G	3	ST
Aklief (External Cream)	B	3	PA
Altreno (External Lotion)	B	3	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amnesteem (Oral Capsule)	G	3	PA
Arazlo (External Lotion)	B	3	PA
Atralin (External Gel)	B	3	PA
Avita (External Cream)	B	3	PA
Avita (External Gel)	B	3	PA
Azelaic Acid (External Gel)	G	3	QL
Azelex (External Cream)	B	3	QL
BenzaClin with Pump (External Gel)	B	3	ST
Benzamycin (External Gel)	B	3	
Benzoyl Peroxide-Erythromycin (External Gel)	G	3	
Claravis (Oral Capsule)	G	3	PA
Clindamycin Phosphate-Benzoyl Peroxide (1.2-2.5% External Gel)	G	3	ST
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	3	
Clindamycin-Tretinoin (External Gel)	G	3	PA
Differin (External Cream)	B	3	
Differin (0.3% External Gel)	B	3	
Differin (External Lotion)	B	3	
Epiduo (External Gel)	B	3	ST
Epiduo Forte (External Gel)	B	3	ST
Fabior (External Foam)	B	3	PA
Finacea (External Foam)	B	3	QL
Finacea (External Gel)	B	3	QL
Isotretinoin (Oral Capsule)	G	3	PA
Mirvaso (External Gel)	B	3	
Myorisan (Oral Capsule)	G	3	PA
Neuac (External Gel)	G	3	
Onexton (External Gel)	B	3	ST
Retin-A (External Cream)	B	3	PA
Retin-A (External Gel)	B	3	PA
Retin-A Micro (External Gel)	B	4	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	B	4	PA
Rhofade (External Cream)	B	3	PA
Soriatane (Oral Capsule)	B	4	
Tazarotene (External Cream)	G	3	PA
Tazarotene (External Foam)	G	3	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tazorac (External Cream)	B	3	PA
Tazorac (External Gel)	B	3	PA
Tretinoin (External Cream)	G	3	PA
Tretinoin (External Gel)	G	3	PA
Tretinoin Microsphere (External Gel)	G	3	PA
Veltin (External Gel)	B	3	PA
Zenatane (Oral Capsule)	G	3	PA
Ziana (External Gel)	B	3	PA
Dermatitis and Pruritus Agents			
Ala Scalp (External Lotion)	G	3	
Ala-Cort (External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	2	
Alclometasone Dipropionate (External Ointment)	G	2	
Amcinonide (External Cream)	G	3	
Amcinonide (External Lotion)	G	3	
Amcinonide (External Ointment)	G	3	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
ApexiCon E (External Cream)	G	4	QL
Beser (External Lotion)	G	3	
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	2	
Betamethasone Dipropionate Aug (External Lotion)	G	2	
Betamethasone Dipropionate Aug (External Ointment)	G	2	
Betamethasone Dipropionate (External Cream)	G	2	
Betamethasone Dipropionate (External Lotion)	G	2	
Betamethasone Dipropionate (External Ointment)	G	2	
Betamethasone Valerate (External Cream)	G	2	
Betamethasone Valerate (External Foam)	G	3	
Betamethasone Valerate (External Lotion)	G	2	
Betamethasone Valerate (External Ointment)	G	2	
Bryhali (External Lotion)	B	3	
Capex (External Shampoo)	B	3	
Clobetasol Propionate Emollient Base (External Cream)	G	2	
Clobetasol Propionate Emulsion (External Foam)	G	3	QL
Clobetasol Propionate (External Cream)	G	2	
Clobetasol Propionate (External Foam)	G	3	QL
Clobetasol Propionate (External Gel)	G	2	
Clobetasol Propionate (External Liquid Spray)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clobetasol Propionate (External Lotion)	G	3	QL
Clobetasol Propionate (External Ointment)	G	2	
Clobetasol Propionate (External Shampoo)	G	3	
Clobetasol Propionate (External Solution)	G	2	
Clobex (External Lotion)	B	4	QL
Clobex (External Shampoo)	B	4	
Clobex Spray (External Liquid)	B	3	QL
Clocortolone Pivalate (External Cream)	G	3	
Clodan (External Shampoo)	G	3	
Cloderm (External Cream)	B	3	
Cordran (0.025% External Cream)	B	3	
Cordran (0.05% External Cream)	B	4	
Cordran (External Lotion)	B	4	QL
Cordran (External Ointment)	B	4	
Cordran (External Tape)	B	3	
Cutivate (External Lotion)	B	4	
Derma-Smoothe/FS Scalp (External Oil)	B	3	
Desonate (External Gel)	B	3	ST; QL
Desonide (External Cream)	G	2	QL
Desonide (External Gel)	G	3	ST; QL
Desonide (External Lotion)	G	3	QL
Desonide (External Ointment)	G	3	QL
DesOwen (External Cream)	B	3	QL
Desoximetasone (External Cream)	G	3	QL
Desoximetasone (External Gel)	G	3	
Desoximetasone (External Liquid)	G	3	
Desoximetasone (External Ointment)	G	3	
Diflorasone Diacetate (External Cream)	G	3	QL
Diflorasone Diacetate (External Ointment)	G	4	ST; QL
Diprolene (External Ointment)	B	3	
Doxepin HCl (External Cream)	G	3	PA; QL
Elidel (External Cream)	B	3	ST; QL
Eucrisa (External Ointment)	B	3	PA; QL
Fluocinolone Acetonide (External Cream)	G	2	
Fluocinolone Acetonide (External Ointment)	G	2	
Fluocinolone Acetonide (External Solution)	G	2	
Fluocinolone Acetonide Scalp (External Oil)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fluocinonide Emulsified Base (External Cream)	G	2	QL
Fluocinonide (0.05% External Cream)	G	2	QL
Fluocinonide (0.1% External Cream)	G	3	QL
Fluocinonide (External Gel)	G	2	QL
Fluocinonide (External Ointment)	G	2	QL
Fluocinonide (External Solution)	G	2	QL
Flurandrenolide (External Cream)	G	3	
Flurandrenolide (External Lotion)	G	3	QL
Flurandrenolide (External Ointment)	G	4	
Fluticasone Propionate (External Cream)	G	2	
Fluticasone Propionate (External Lotion)	G	3	
Fluticasone Propionate (External Ointment)	G	2	
Halcinonide (External Cream)	G	3	
Halobetasol Propionate (External Cream)	G	3	
Halobetasol Propionate (External Foam)	B	4	
Halobetasol Propionate (External Ointment)	G	3	
Halog (External Cream)	B	3	
Halog (External Ointment)	B	3	
Halog (External Solution)	B	3	
Hydrocortisone Butyrate (External Cream)	G	3	
Hydrocortisone Butyrate (External Lotion)	G	3	QL
Hydrocortisone Butyrate (External Ointment)	G	3	
Hydrocortisone Butyrate (External Solution)	G	3	
Hydrocortisone (1% External Cream)	G	1	
Hydrocortisone (2.5% External Lotion)	G	2	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	3	
Hydrocortisone Valerate (External Ointment)	G	3	
Impeklo (External Lotion)	B	3	QL
Kenalog (External Aerosol Solution)	B	4	
Lexette (External Foam)	B	4	
Locoid (External Lotion)	B	4	QL
Locoid Lipocream (External Cream)	B	3	
Luxiq (External Foam)	B	3	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Nolix (External Cream)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nolix (External Lotion)	G	3	QL
Olux (External Foam)	B	3	QL
Olux-E (External Foam)	B	4	QL
Pandel (External Cream)	B	4	
Pimecrolimus (External Cream)	G	3	ST; QL
Prednicarbate (External Ointment)	G	2	
Protopic (External Ointment)	B	3	ST
PRUDOXIN (External Cream)	B	4	PA; QL
Psorcon (External Cream)	G	3	QL
Selenium Sulfide (External Lotion)	G	1	
Synalar (External Cream)	B	3	
Tacrolimus (External Ointment)	G	3	ST
Temovate (External Cream)	G	3	
Texacort (External Solution)	G	3	
Topicort (External Cream)	G	3	QL
Topicort (External Gel)	G	3	
Topicort (0.05% External Ointment)	B	3	
Topicort (0.25% External Ointment)	G	3	
Topicort Spray (External Liquid)	B	3	
Tovet (External Foam)	G	3	QL
Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	G	3	
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	2	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	1	
Triamcinolone Acetonide (0.05% External Ointment)	G	3	
Trianex (External Ointment)	G	3	
Triderm (External Cream)	G	1	
Ultravate (External Lotion)	B	4	
Vanos (External Cream)	B	4	QL
Verdeso (External Foam)	B	4	ST; QL
Zonalon (External Cream)	B	4	PA; QL
Dermatological Agents, Other			
Aldara (External Cream)	B	3	QL
Calcipotriene (External Cream)	G	3	QL
Calcipotriene (External Foam)	B	4	
Calcipotriene (External Ointment)	G	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Calcipotriene (External Solution)	G	2	
Calcipotriene-Betamethasone (External Ointment)	G	3	
Calcipotriene-Betamethasone (External Suspension)	G	4	
Calcitriol (External Ointment)	B	3	
Carac (External Cream)	B	4	
Clotrimazole-Betamethasone (External Cream)	G	2	QL
Clotrimazole-Betamethasone (External Lotion)	G	3	
Condylox (External Gel)	B	3	
Diclofenac Sodium (3% External Gel)	G	3	PA; QL
Dovonex (External Cream)	B	4	QL
Duobrii (External Lotion)	B	4	PA
Efudex (External Cream)	B	3	QL
Enstilar (External Foam)	B	4	PA
Fluoroplex (External Cream)	B	4	PA
Fluorouracil (0.5% External Cream)	G	4	
Fluorouracil (5% External Cream)	G	2	QL
Fluorouracil (External Solution)	G	2	
Hydrocortisone Acetate-Pramoxine (1-1% External Cream)	G	3	
Imiquimod (3.75% External Cream)	G	4	PA
Imiquimod (5% External Cream)	G	2	QL
Methoxsalen Rapid (Oral Capsule)	G	4	
Neo-Synalar (External Cream)	G	4	
Nystatin-Triamcinolone (External Cream)	G	2	
Nystatin-Triamcinolone (External Ointment)	G	2	
Picato (0.015% External Gel, 0.05% External Gel)	B	2	QL
Podofilox (External Solution)	G	2	
Qbrexza (External Pad)	B	3	
Regranex (External Gel)	B	4	PA
Santyl (External Ointment)	B	3	
Silvadene (External Cream)	B	3	
Silver Sulfadiazine (External Cream)	G	1	
Sorilux (External Foam)	B	4	
SSD (External Cream)	B	1	
Taclonex (External Ointment)	B	4	
Taclonex (External Suspension)	B	4	
Vectical (External Ointment)	B	4	
Veregen (External Ointment)	B	4	
Xerese (External Cream)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zyclara (External Cream)	B	4	PA
Zyclara Pump (2.5% External Cream)	B	4	PA
Pediculicides/Scabicides			
Ivermectin (External Lotion)	G	3	
Lindane (External Shampoo)	G	3	
Malathion (External Lotion)	G	3	
Natroba (External Suspension)	B	3	
Ovide (External Lotion)	G	3	
Permethrin (External Cream)	G	2	
Soolantra (External Cream)	B	3	QL
Spinosad (External Suspension)	B	3	
Topical Anti-infectives			
Aczone (5% External Gel)	B	4	
Aczone (7.5% External Gel)	B	3	
Altabax (External Ointment)	B	3	
Amzeeq (External Foam)	B	3	
Ciclopirox (External Gel)	G	2	
Ciclopirox (External Shampoo)	G	2	
Ciclopirox (External Solution)	G	2	
Ciclopirox Olamine (External Cream)	G	2	
Ciclopirox Olamine (External Suspension)	G	2	
Cleocin-T (External Lotion)	B	3	QL
Clindacin-P (External Swab)	G	2	QL
Clindagel (External Gel)	B	4	QL
Clindamycin Phosphate (External Foam)	G	3	
Clindamycin Phosphate (External Gel)	G	2	QL
Clindamycin Phosphate (External Lotion)	G	2	QL
Clindamycin Phosphate (External Solution)	G	1	QL
Clindamycin Phosphate (External Swab)	G	2	QL
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	2	
Dapsone (External Gel)	G	3	
Econazole Nitrate (External Cream)	G	2	QL
Ertaczo (External Cream)	B	4	
Ery (External Pad)	G	2	
Erygel (External Gel)	B	3	
Erythromycin (External Gel)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Erythromycin (External Solution)	G	2	
Evoclin (External Foam)	B	4	
Extina (External Foam)	B	4	QL
Gentamicin Sulfate (External Cream)	G	3	
Gentamicin Sulfate (External Ointment)	G	1	
Jublia (External Solution)	B	3	
Kerydin (External Solution)	B	4	ST
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Foam)	G	3	QL
Ketoconazole (External Shampoo)	G	1	
Ketodan (External Foam)	G	3	QL
Klaron (External Lotion)	B	3	PA
Loprox (External Cream)	B	3	
Loprox (External Shampoo)	B	3	
Luliconazole (External Cream)	B	3	QL
Luzu (External Cream)	B	3	QL
Mafenide Acetate (External Packet)	G	4	
Mentax (External Cream)	B	3	
Mupirocin Calcium (External Cream)	G	3	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	3	
Naftin (External Gel)	B	3	
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
Oxiconazole Nitrate (External Cream)	G	3	QL
Oxistat (External Cream)	B	3	QL
Oxistat (External Lotion)	B	3	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	3	PA
Sulfamylon (External Cream)	B	3	
Sulfamylon (External Packet)	B	4	
Tavaborole (External Solution)	G	4	ST
Xepi (External Cream)	B	3	
Xolegel (External Gel)	B	3	PA; QL
Zilxi (External Foam)	B	3	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aminosyn II (15% Intravenous Solution)	B	3	B/D,PA
Aminosyn-PF (7% Intravenous Solution)	B	3	B/D,PA
Carbaglu (Oral Tablet)	B	4	
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinisol SF (Intravenous Solution)	G	3	B/D,PA
Dextrose (10% Intravenous Solution)	G	2	
Dextrose (5% Intravenous Solution)	G	2	B/D,PA
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution)	B	2	
Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution)	G	2	
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	2	B/D,PA
Endari (Oral Packet)	B	4	PA
HepatAmine (8% Intravenous Solution)	B	3	B/D,PA
Intralipid (Intravenous Emulsion)	B	3	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	3	
Isolyte-S pH 7.4 (Intravenous Solution)	B	3	
KCl in Dextrose-NaCl (Intravenous Solution)	B	2	
KCl-Lactated Ringers-D5W (Intravenous Solution)	B	2	
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	3	
Klor-Con 8 (Oral Tablet Extended Release)	B	1	
K-Tab (Oral Tablet Extended Release)	B	3	
Magnesium Sulfate (50% Injection Solution)	B	1	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	1	
Nutrilipid (Intravenous Emulsion)	B	3	B/D,PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Plasma-Lyte 148 (Intravenous Solution)	B	3	
Plasma-Lyte A (Intravenous Solution)	B	3	
Plenammine (Intravenous Solution)	G	3	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	2	B/D,PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	G	2	B/D,PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	B	2	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	3	
Potassium Chloride (20 MEQ/15ML(10%) Oral Solution)	G	2	
Potassium Chloride (40 MEQ/15ML(20%) Oral Solution)	G	3	
Potassium Citrate ER (Oral Tablet Extended Release)	G	3	
Premasol (Intravenous Solution)	G	3	B/D,PA
Procalamine (Intravenous Solution)	B	3	B/D,PA
Prosol (Intravenous Solution)	B	3	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	
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	3	
Travasol (Intravenous Solution)	B	3	B/D,PA
TrophAmine (10% Intravenous Solution)	B	3	B/D,PA
Urocit-K 10 (Oral Tablet Extended Release)	B	3	
Urocit-K 15 (Oral Tablet Extended Release)	B	3	
Urocit-K 5 (Oral Tablet Extended Release)	B	3	
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	4	
Clovique (Oral Capsule)	G	4	PA; QL
Deferasirox Granules (Oral Packet)	G	4	PA
Deferasirox (180MG Oral Tablet, 90MG Oral Tablet) (Generic Jadenu)	G	3	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Deferasirox (360MG Oral Tablet) (Generic Jadenu)	G	2	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	4	PA
Deferiprone (Oral Tablet)	G	4	PA
Exjade (Oral Tablet Soluble)	B	4	PA
Ferriprox (Oral Solution)	B	4	PA
Ferriprox (Oral Tablet)	B	4	PA
Jadenu (Oral Tablet)	B	4	PA
Jadenu Sprinkle (Oral Packet)	B	4	PA
Jynarque (Oral Tablet)	B	4	PA
Jynarque (Oral Tablet Therapy Pack)	B	4	PA; QL
Samsca (Oral Tablet)	B	4	PA
Syprine (Oral Capsule)	B	4	PA; QL
Tolvaptan (15MG Oral Tablet)	B	4	PA
Tolvaptan (30MG Oral Tablet)	G	4	PA
Trientine HCl (Oral Capsule)	G	4	PA; QL
Phosphate Binders			
Auryxia (Oral Tablet)	B	4	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	2	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	G	2	
Fosrenol (Oral Packet)	B	4	
Fosrenol (Oral Tablet Chewable)	B	4	
Lanthanum Carbonate (Oral Tablet Chewable)	G	4	
Phoslyra (Oral Solution)	B	2	
Renagel (Oral Tablet)	B	4	
Renvela (Oral Packet)	B	4	
Renvela (Oral Tablet)	B	4	
Sevelamer Carbonate (Oral Packet)	G	4	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	2	
Sevelamer HCl (Oral Tablet)	G	3	
Velphoro (Oral Tablet Chewable)	B	4	
Potassium Binders			
Lokelma (Oral Packet)	B	3	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	2	
SPS (Oral Suspension)	G	2	
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet)	B	4	QL
Veltassa (8.4GM Oral Packet)	B	3	QL
Vitamins			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prenatal (27-1MG Oral Tablet)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			
Amitiza (Oral Capsule)	B	3	QL
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Kristalose (Oral Packet)	G	3	
Lactulose (Oral Packet)	G	3	
Lactulose (10GM/15ML Oral Solution)	G	1	
Linzess (Oral Capsule)	B	2	QL
Lubiprostone (Oral Capsule)	G	2	QL
Motegrity (Oral Tablet)	B	3	QL
Movantik (Oral Tablet)	B	2	QL
Relistor (Oral Tablet)	B	4	PA
Relistor (Subcutaneous Solution)	B	4	PA
Symproic (Oral Tablet)	B	3	PA; QL
Trulance (Oral Tablet)	B	3	
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	4	PA
Diphenoxylate-Atropine (Oral Liquid)	G	3	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	G	3	PA; HRM
Lomotil (Oral Tablet)	B	3	PA; HRM
Loperamide HCl (Oral Capsule)	G	1	
Lotronex (Oral Tablet)	B	4	PA
Mytesi (Oral Tablet Delayed Release)	B	4	PA
Viberzi (Oral Tablet)	B	4	PA; QL
Xermelo (Oral Tablet)	B	4	PA; QL
Antispasmodics, Gastrointestinal			
Cuvposa (Oral Solution)	B	3	PA
Dicyclomine HCl (Oral Capsule)	G	1	HRM
Dicyclomine HCl (Oral Solution)	G	3	HRM
Dicyclomine HCl (Oral Tablet)	G	1	HRM
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	2	PA
Methscopolamine Bromide (Oral Tablet)	G	3	PA; HRM
Gastrointestinal Agents, Other			
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	G	3	
Chenodal (Oral Tablet)	G	4	PA
Clenpiq (Oral Solution)	B	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gattex (Subcutaneous Kit)	B	4	PA
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	1	
GoLYTELY (Oral Solution Reconstituted)	B	3	
Helidac Therapy (Oral)	G	4	
MoviPrep (Oral Solution Reconstituted)	B	3	
Myalept (Subcutaneous Solution Reconstituted)	B	4	PA
NuLYTELY Lemon-Lime (Oral Solution Reconstituted)	B	3	
Ocaliva (Oral Tablet)	B	4	PA; QL
Omeclamox-Pak (Oral)	B	3	
OsmoPrep (Oral Tablet)	B	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep)	G	3	
Plenvu (Oral Solution Reconstituted)	B	3	
Pylera (Oral Capsule)	B	4	
Reltone (Oral Capsule)	G	4	
Suprep Bowel Prep Kit (Oral Solution)	B	2	
Sutab (Oral Tablet)	B	3	
Talicia (Oral Capsule Delayed Release)	B	3	
TriLyte (420GM Oral Solution Reconstituted)	G	1	
Urso 250 (Oral Tablet)	B	3	
Urso Forte (Oral Tablet)	B	3	
Ursodiol (Oral Capsule)	G	2	
Ursodiol (Oral Tablet)	G	3	
Histamine2 (H2) Receptor Antagonists			
Cimetidine HCl (300MG/5ML Oral Solution)	G	2	
Cimetidine (Oral Tablet)	G	2	
Famotidine (Oral Suspension Reconstituted)	G	3	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	2	
Nizatidine (Oral Solution)	G	3	
Pepcid (20MG Oral Tablet)	G	3	
Pepcid (40MG Oral Tablet)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Protectants			
Carafate (Oral Suspension)	B	3	
Carafate (Oral Tablet)	B	3	
Cytotec (Oral Tablet)	B	3	
Misoprostol (Oral Tablet)	G	2	
Sucralfate (Oral Suspension)	G	3	
Sucralfate (Oral Tablet)	G	1	
Proton Pump Inhibitors			
Aciphex (Oral Tablet Delayed Release)	B	3	
Dexilant (Oral Capsule Delayed Release)	B	3	ST; QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	2	QL
Esomeprazole Magnesium (Oral Packet)	G	2	
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	G	3	
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	B	2	QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	B	2	
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	
Omeprazole-Sodium Bicarbonate (Oral Capsule)	G	3	PA
Omeprazole-Sodium Bicarbonate (Oral Packet)	G	4	PA
Pantoprazole Sodium (Oral Packet)	G	3	ST
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
Prevacid (Oral Capsule Delayed Release)	B	3	QL
Prevacid SoluTab (Oral Tablet Delayed Release Dispersible)	B	3	
Prilosec (Oral Packet)	B	3	PA
Protonix (Oral Packet)	B	3	ST
Protonix (Oral Tablet Delayed Release)	B	3	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	2	
Zegerid (Oral Capsule)	B	4	PA
Zegerid (Oral Packet)	B	4	PA
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	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Buphenyl (Oral Powder)	B	4	
Buphenyl (Oral Tablet)	B	4	
Carnitor (Oral Solution)	B	3	
Carnitor (Oral Tablet)	B	3	
Cerdelga (Oral Capsule)	B	4	PA
Cholbam (Oral Capsule)	B	4	PA
Creon (Oral Capsule Delayed Release Particles)	B	2	
Cromolyn Sodium (Oral Concentrate)	G	2	
Cystadane (Oral Powder)	B	4	
Cystagon (Oral Capsule)	B	3	
Evrysdi (Oral Solution Reconstituted)	B	4	PA; QL
Galafold (Oral Capsule)	B	4	
Gastrocrom (Oral Concentrate)	B	4	
Glassia (Intravenous Solution)	B	4	PA
Keveyis (Oral Tablet)	B	4	PA; QL
Kuvan (Oral Packet)	B	4	
Kuvan (Oral Tablet)	B	4	
Levocarnitine (1GM/10ML Oral Solution)	G	3	
Levocarnitine (330MG Oral Tablet)	B	2	
Miglustat (Oral Capsule)	G	4	PA
Nitisinone (Oral Capsule)	G	4	
Nityr (Oral Tablet)	B	4	
Orfadin (Oral Capsule)	B	4	
Orfadin (Oral Suspension)	B	4	
Palynziq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Pancreaze (10500-35500UNIT Oral Capsule Delayed Release Particles, 16800-56800UNIT Oral Capsule Delayed Release Particles, 2600-8800UNIT Oral Capsule Delayed Release Particles, 4200-14200UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Pancreaze (21000-54700UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (16000-57500UNIT Oral Capsule Delayed Release Particles, 24000-86250UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (4000-14375UNIT Oral Capsule Delayed Release Particles, 8000-28750UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Procysbi (Oral Packet)	B	4	
Prolastin-C (Intravenous Solution Reconstituted)	B	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
RAVICTI (Oral Liquid)	B	4	
Sapropterin Dihydrochloride (Oral Packet)	G	4	
Sapropterin Dihydrochloride (Oral Tablet)	G	4	
Sodium Phenylbutyrate (Oral Powder)	G	4	
Sodium Phenylbutyrate (Oral Tablet)	G	4	
Sucraid (Oral Solution)	B	4	
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Viokace (10440-39150UNIT Oral Tablet)	B	3	ST
Viokace (20880-78300UNIT Oral Tablet)	B	4	ST
Vyndamax (Oral Capsule)	B	4	PA; QL
Vyndaqel (Oral Capsule)	B	4	PA; QL
Xuriden (Oral Packet)	B	4	PA
Zavesca (Oral Capsule)	B	4	PA
Zemaira (Intravenous Solution Reconstituted)	B	4	PA
Zenpep (Oral Capsule Delayed Release Particles)	B	2	
Genitourinary Agents			
Antispasmodics, Urinary			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	3	ST; QL
Detrol LA (Oral Capsule Extended Release 24 Hour)	B	3	
Detrol (Oral Tablet)	B	3	
Ditropan XL (Oral Tablet Extended Release 24 Hour)	B	3	
Flavoxate HCl (Oral Tablet)	G	2	
Gelnique (Transdermal Gel)	B	3	
Gemtesa (Oral Tablet)	B	3	ST
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	2	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	2	
Oxybutynin Chloride (Oral Syrup)	G	1	
Oxybutynin Chloride (Oral Tablet Immediate Release)	G	1	
Oxytrol (Transdermal Patch Twice Weekly)	B	3	
Solifenacin Succinate (Oral Tablet)	G	2	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	3	
Tolterodine Tartrate (Oral Tablet)	G	2	
Toviaz (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	3	
Trospium Chloride (Oral Tablet)	G	2	
Vesicare LS (Oral Suspension)	B	3	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vesicare (Oral Tablet)	B	3	QL
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Avodart (Oral Capsule)	B	3	
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	PA; QL
Dutasteride (Oral Capsule)	G	2	
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	3	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Flomax (Oral Capsule)	B	3	
Jalyn (Oral Capsule)	B	3	
Proscar (Oral Tablet)	B	3	
Rapaflo (Oral Capsule)	B	3	QL
Silodosin (Oral Capsule)	G	2	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	PA; QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
Uroxatral (Oral Tablet Extended Release 24 Hour)	B	3	
Genitourinary Agents, Other			
Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet)	G	2	
Bethanechol Chloride (50MG Oral Tablet)	G	3	
Cuprimine (Oral Capsule)	B	4	PA
Depen Titratabs (Oral Tablet)	B	4	
Elmiron (Oral Capsule)	B	4	
Lithostat (Oral Tablet)	B	4	
Penicillamine (250MG Oral Capsule)	G	4	PA
Penicillamine (250MG Oral Tablet)	G	4	
Thiola EC (Oral Tablet Delayed Release)	B	4	
Thiola (Oral Tablet Immediate Release)	B	4	
Tiopronin (Oral Tablet)	G	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Acthar (Injection Gel)	B	4	PA
Alkindi Sprinkle (0.5MG Oral Capsule Sprinkle)	B	3	
Alkindi Sprinkle (1MG Oral Capsule Sprinkle, 2MG Oral Capsule Sprinkle, 5MG Oral Capsule Sprinkle)	B	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cortef (Oral Tablet)	B	3	
Dexabliss (Oral Tablet Therapy Pack)	G	3	
Dexamethasone (Oral Elixir)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Dexamethasone (Oral Tablet Therapy Pack)	G	3	
Emflaza (Oral Suspension)	B	4	PA
Emflaza (Oral Tablet)	B	4	PA
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hemady (Oral Tablet)	B	3	
Hydrocortisone (Oral Tablet)	G	1	
Medrol (Oral Tablet)	B	3	
Medrol (Oral Tablet Therapy Pack)	B	3	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Millipred (Oral Tablet)	G	3	
Orapred ODT (Oral Tablet Dispersible)	B	3	
Prednisolone (Oral Solution)	G	1	
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	3	
Prednisolone Sodium Phosphate ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 30MG Oral Tablet Dispersible)	G	3	
Prednisone Intensol (Oral Concentrate)	G	3	
Prednisone (5MG/5ML Oral Solution)	G	3	
Prednisone (Oral Tablet)	G	1	
Prednisone (Oral Tablet Therapy Pack)	G	1	
Rayos (Oral Tablet Delayed Release)	B	4	PA
TaperDex 12-Day (Oral Tablet Therapy Pack)	G	3	
TaperDex 6-Day (Oral Tablet Therapy Pack)	G	3	
TaperDex 7-Day (Oral Tablet Therapy Pack)	G	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
DDAVP (0.1MG Oral Tablet)	B	3	
DDAVP (0.2MG Oral Tablet)	B	4	
Desmopressin Acetate (Oral Tablet)	G	2	
Desmopressin Acetate Spray (Nasal Solution)	G	3	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	B	4	PA
Genotropin (12MG Subcutaneous Solution Reconstituted)	B	4	PA
Genotropin (5MG Subcutaneous Solution Reconstituted)	B	3	PA
Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)	B	4	PA
Increlex (Subcutaneous Solution)	B	4	PA
Nocdurna (Tablet Sublingual)	B	3	PA
Norditropin FlexPro (Subcutaneous Solution Pen-Injector)	B	4	PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector)	B	4	PA
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector)	B	4	PA
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector)	B	4	PA
Omnitrope (Subcutaneous Solution Cartridge)	B	4	PA
Omnitrope (Subcutaneous Solution Reconstituted)	B	4	PA
Saizen (Injection Solution Reconstituted)	B	4	PA
Saizenprep (Injection Solution Reconstituted)	B	4	PA
Serostim (Subcutaneous Solution Reconstituted)	B	4	PA
Zomacton (10MG Subcutaneous Solution Reconstituted)	B	4	PA
Zomacton (5MG Subcutaneous Solution Reconstituted)	B	3	PA
Zorbtive (Subcutaneous Solution Reconstituted)	B	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Anabolic Steroids			
Oxandrolone (10MG Oral Tablet)	G	3	PA
Oxandrolone (2.5MG Oral Tablet)	G	2	PA
Androgens			
Androderm (Transdermal Patch 24 Hour)	B	2	
AndroGel Pump (Transdermal Gel)	B	4	
AndroGel (Transdermal Gel)	B	4	
Aveed (Intramuscular Solution)	B	3	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Danazol (Oral Capsule)	G	3	
Depo-Testosterone (Intramuscular Solution)	G	3	
Fortesta (Transdermal Gel)	B	3	
Jatenzo (158MG Oral Capsule, 198MG Oral Capsule)	B	3	PA
Jatenzo (237MG Oral Capsule)	B	4	PA
Methitest (Oral Tablet)	G	4	PA
Methyltestosterone (Oral Capsule)	G	4	PA
Natesto (Nasal Gel)	B	3	
Testim (Transdermal Gel)	B	4	
Testosterone Cypionate (Intramuscular Solution)	G	1	
Testosterone Enanthate (Intramuscular Solution)	G	2	
Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel), Testosterone (20.25 MG/1.25GM 1.62% Transdermal Gel, 25 MG/2.5GM 1% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel)	G	3	
Testosterone (Transdermal Solution)	G	3	
Vogelxo Pump (Transdermal Gel)	B	3	
Vogelxo (Transdermal Gel)	B	3	
Xyosted (Subcutaneous Solution Auto-Injector)	B	3	PA
Estrogens			
Activella (Oral Tablet)	B	3	PA; HRM
Alora (Transdermal Patch Twice Weekly)	B	3	PA; HRM; QL
Altavera (Oral Tablet)	G	3	
Alyacen 1/35 (Oral Tablet)	G	3	
Amabelz (Oral Tablet)	G	3	PA; HRM
Amethia (Oral Tablet)	G	3	
Angeliq (Oral Tablet)	B	3	PA; HRM
Anovera (Vaginal Ring)	B	3	QL
Apri (Oral Tablet)	G	3	
Aranelle (Oral Tablet)	G	3	
Ashlyna (Oral Tablet)	G	3	
Aubra EQ (Oral Tablet)	G	3	
Aviane (Oral Tablet)	G	3	
Balcoltra (Oral Tablet)	B	3	
Balziva (Oral Tablet)	G	3	
Beyaz (Oral Tablet)	B	3	
Bijuva (Oral Capsule)	B	3	PA; HRM
Blisovi 24 Fe (Oral Tablet)	G	3	
Blisovi Fe 1.5/30 (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Briellyn (Oral Tablet)	G	3	
Camrese Lo (Oral Tablet)	G	3	
Caziant (Oral Tablet)	G	3	
Climara Pro (Transdermal Patch Weekly)	B	3	PA; HRM
Climara (Transdermal Patch Weekly)	B	3	PA; HRM; QL
CombiPatch (Transdermal Patch Twice Weekly)	B	3	PA; HRM
Cryselle-28 (Oral Tablet)	G	3	
Cyclafem 1/35 (Oral Tablet)	G	3	
Cyclafem 7/7/7 (Oral Tablet)	G	3	
Cyred EQ (Oral Tablet)	G	3	
Delestrogen (Intramuscular Oil)	B	3	
Depo-Estradiol (Intramuscular Oil)	G	3	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	3	
Divigel (0.5MG/0.5GM Transdermal Gel)	B	3	PA; HRM
Dolishale (Oral Tablet)	G	3	
Dotti (Transdermal Patch Twice Weekly)	G	3	PA; HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	3	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	G	3	
Duavee (Oral Tablet)	B	3	PA; HRM
Elestrin (Transdermal Gel)	B	3	PA; HRM
EluRyng (Vaginal Ring)	G	3	
Emoquette (Oral Tablet)	G	3	
Enpresse-28 (Oral Tablet)	G	3	
Enskyce (Oral Tablet)	G	3	
Estarylla (Oral Tablet)	G	3	
Estrace (Oral Tablet)	G	3	PA; HRM
Estrace (Vaginal Cream)	G	3	
Estradiol (Oral Tablet)	G	3	PA; HRM
Estradiol (Transdermal Patch Twice Weekly)	G	3	PA; HRM; QL
Estradiol (Transdermal Patch Weekly)	G	3	PA; HRM; QL
Estradiol (Vaginal Cream)	G	2	
Estradiol (Vaginal Tablet)	G	3	
Estradiol Valerate (Intramuscular Oil)	G	2	
Estradiol-Norethindrone Acetate (Oral Tablet)	G	3	PA; HRM
Estring (Vaginal Ring)	B	3	
Estrogel (Transdermal Gel)	B	3	PA; HRM
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	3	
Evamist (Transdermal Solution)	B	3	PA; HRM
Falmina (Oral Tablet)	G	3	
Fayosim (Oral Tablet)	G	3	
Femhrt (Oral Tablet)	B	3	PA; HRM
Femring (Vaginal Ring)	B	3	
Femynor (Oral Tablet)	G	3	
Fyavolv (Oral Tablet)	G	3	PA; HRM
Gemmily (Oral Capsule)	G	3	
Generess Fe (Oral Tablet Chewable)	B	3	
Hailey 24 Fe (Oral Tablet)	G	3	
Iclevia (Oral Tablet)	G	3	
Imvexxy Maintenance Pack (Vaginal Insert)	B	2	PA
Imvexxy Starter Pack (Vaginal Insert)	B	2	PA
Introvale (Oral Tablet)	G	3	
Isibloom (Oral Tablet)	G	3	
Jasmiel (Oral Tablet)	G	3	
Jinteli (Oral Tablet)	G	3	PA; HRM
Juleber (Oral Tablet)	G	3	
Junel 1.5/30 (Oral Tablet)	G	3	
Junel 1/20 (Oral Tablet)	G	3	
Junel Fe 1.5/30 (Oral Tablet)	G	3	
Junel Fe 1/20 (Oral Tablet)	G	3	
Junel Fe 24 (Oral Tablet)	G	3	
Kaitlib Fe (Oral Tablet Chewable)	G	3	
Kariva (Oral Tablet)	G	3	
Kelnor 1/35 (Oral Tablet)	G	3	
Kelnor 1/50 (Oral Tablet)	G	3	
Kurvelo (Oral Tablet)	G	3	
LARIN 1.5/30 (Oral Tablet)	G	3	
LARIN 1/20 (Oral Tablet)	G	3	
LARIN Fe 1.5/30 (Oral Tablet)	G	3	
LARIN Fe 1/20 (Oral Tablet)	G	3	
Larissia (Oral Tablet)	G	3	
Layolis Fe (Oral Tablet Chewable)	B	3	
Leena (Oral Tablet)	G	3	
Lessina (Oral Tablet)	G	3	
Levonest (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	3	
Levora 0.15/30 (28) (Oral Tablet)	G	3	
Lo Loestrin Fe (Oral Tablet)	B	3	
Loestrin 1.5/30 (21) (Oral Tablet)	G	3	
Loestrin 1/20 (21) (Oral Tablet)	G	3	
Loestrin Fe 1.5/30 (Oral Tablet)	G	3	
Loestrin Fe 1/20 (Oral Tablet)	G	3	
Loryna (Oral Tablet)	G	3	
LoSeasonique (Oral Tablet)	B	3	
Low-Ogestrel (Oral Tablet)	G	3	
Lutera (Oral Tablet)	G	3	
Lyllana (Transdermal Patch Twice Weekly)	G	3	PA; HRM; QL
Marlissa (Oral Tablet)	G	3	
Menest (Oral Tablet)	G	3	PA; HRM
Menostar (Transdermal Patch Weekly)	B	3	PA; HRM; QL
Mibelas 24 Fe (Oral Tablet Chewable)	G	3	
Microgestin 1.5/30 (Oral Tablet)	G	3	
Microgestin 1/20 (Oral Tablet)	G	3	
Microgestin Fe 1.5/30 (Oral Tablet)	G	3	
Microgestin Fe 1/20 (Oral Tablet)	G	3	
Mili (Oral Tablet)	G	3	
Mimvey (Oral Tablet)	G	3	PA; HRM
Minastrin 24 Fe (Oral Tablet Chewable)	B	3	
Minivelle (Transdermal Patch Twice Weekly)	B	3	PA; HRM; QL
Natazia (Oral Tablet)	B	3	
Necon 0.5/35 (28) (Oral Tablet)	G	3	
Nextstellis (Oral Tablet)	B	3	
Nikki (Oral Tablet)	G	3	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	3	PA; HRM
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	3	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Capsule)	G	3	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	3	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	3	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	3	
Nortrel 0.5/35 (28) (Oral Tablet)	G	3	
Nortrel 1/35 (21) (Oral Tablet)	G	3	
Nortrel 1/35 (28) (Oral Tablet)	G	3	
Nortrel 7/7/7 (Oral Tablet)	G	3	
NuvaRing (Vaginal Ring)	B	3	
Nylia 7/7/7 (Oral Tablet)	G	3	
Nymyo (Oral Tablet)	G	3	
Ocella (Oral Tablet)	G	3	
Orsythia (Oral Tablet)	G	3	
Pimtreea (Oral Tablet)	G	3	
Pirmella 1/35 (Oral Tablet)	G	3	
Portia-28 (Oral Tablet)	G	3	
Prefest (Oral Tablet)	G	3	PA; HRM
Premarin (Oral Tablet)	B	3	PA; HRM; QL
Premarin (Vaginal Cream)	B	2	
Premphase (Oral Tablet)	B	3	PA; HRM; QL
Prempro (Oral Tablet)	B	3	PA; HRM; QL
Previfem (Oral Tablet)	G	3	
Quartette (Oral Tablet)	B	3	
Reclipsen (Oral Tablet)	G	3	
Rivelsa (Oral Tablet)	G	3	
Safyral (Oral Tablet)	B	3	
Seasonique (Oral Tablet)	B	3	
Setlakin (Oral Tablet)	G	3	
Sprintec 28 (Oral Tablet)	G	3	
Sronyx (Oral Tablet)	G	3	
Syeda (Oral Tablet)	G	3	
Tarina 24 Fe (Oral Tablet)	G	3	
Tarina Fe 1/20 EQ (Oral Tablet)	G	3	
Tilia Fe (Oral Tablet)	G	3	
Tri-Estarylla (Oral Tablet)	G	3	
Tri-Legest Fe (Oral Tablet)	G	3	
Tri-Lo-Estarylla (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tri-Lo-Sprintec (Oral Tablet)	G	3	
Tri-Mili (Oral Tablet)	G	3	
Tri-Nymyo (Oral Tablet)	G	3	
Tri-Previfem (Oral Tablet)	G	3	
Tri-Sprintec (Oral Tablet)	G	3	
Trivora (28) (Oral Tablet)	G	3	
Tri-VyLibra Lo (Oral Tablet)	G	3	
Tri-VyLibra (Oral Tablet)	G	3	
Tydemy (Oral Tablet)	G	3	
Vagifem (Vaginal Tablet)	B	3	
Velivet (Oral Tablet)	G	3	
Vestura (Oral Tablet)	G	3	
Vienna (Oral Tablet)	G	3	
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	3	PA; HRM; QL
Vyfemla (Oral Tablet)	G	3	
VyLibra (Oral Tablet)	G	3	
WYMZYA Fe (Oral Tablet Chewable)	G	3	
Xulane (Transdermal Patch Weekly)	G	3	
Yasmin 28 (Oral Tablet)	B	3	
YAZ (Oral Tablet)	B	3	
Yuvaferm (Vaginal Tablet)	G	3	
Zafemy (Transdermal Patch Weekly)	G	3	
Zarah (Oral Tablet)	G	3	
Zovia 1/35 (28) (Oral Tablet)	G	3	
Progestins			
Aygestin (Oral Tablet)	G	3	
Camila (Oral Tablet)	G	2	
Crinone (Vaginal Gel)	B	3	PA
Deblitane (Oral Tablet)	G	2	
Depo-Provera (150MG/ML Intramuscular Suspension)	B	3	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	3	
Errin (Oral Tablet)	G	2	
Incassia (Oral Tablet)	G	2	
Intrarosa (Vaginal Insert)	B	3	PA; QL
Lyleq (Oral Tablet)	G	2	
Lyza (Oral Tablet)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	G	3	PA; HRM
Megestrol Acetate (Oral Tablet)	G	3	PA; HRM
Nora-BE (Oral Tablet)	G	2	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	2	
Progesterone (Oral Capsule)	G	2	
Prometrium (Oral Capsule)	B	3	
Provera (Oral Tablet)	B	3	
Sharobel (Oral Tablet)	G	2	
Slynd (Oral Tablet)	B	3	
Selective Estrogen Receptor Modifying Agents			
Evista (Oral Tablet)	B	3	
Osphena (Oral Tablet)	B	2	PA; QL
Raloxifene HCl (Oral Tablet)	G	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Cytomel (Oral Tablet)	B	3	
Euthyrox (Oral Tablet)	B	1	
Levo-T (Oral Tablet)	B	1	
Levothyroxine Sodium (Oral Capsule)	G	3	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	B	1	
Liothyronine Sodium (Oral Tablet)	G	1	
Synthroid (Oral Tablet)	B	2	
Thyquidity (Oral Solution)	B	3	
Tirosint (Oral Capsule)	B	3	
Tirosint-SOL (100MCG/ML Oral Solution, 112MCG/ML Oral Solution, 125MCG/ML Oral Solution, 137MCG/ML Oral Solution, 13MCG/ML Oral Solution, 150MCG/ML Oral Solution, 175MCG/ML Oral Solution, 200MCG/ML Oral Solution, 25MCG/ML Oral Solution, 50MCG/ML Oral Solution, 75MCG/ML Oral Solution, 88MCG/ML Oral Solution)	B	3	
Unithroid (Oral Tablet)	B	1	
Hormonal Agents, Suppressant (Adrenal)			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hormonal Agents, Suppressant (Adrenal)			
Isturisa (Oral Tablet)	B	4	PA
Lysodren (Oral Tablet)	B	4	
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			
Cabergoline (Oral Tablet)	G	2	
Eligard (Subcutaneous Kit)	B	3	PA
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	4	PA
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	3	PA
Leuprolide Acetate (Injection Kit)	G	3	PA
Lupaneta Pack (Combination Kit)	B	4	PA
Lupron Depot (1-Month) (Intramuscular Kit)	B	4	PA
Lupron Depot (3-Month) (Intramuscular Kit)	B	4	PA
Lupron Depot (4-Month) (Intramuscular Kit)	B	4	PA
Lupron Depot (6-Month) (Intramuscular Kit)	B	4	PA
Mycapssa (Oral Capsule Delayed Release)	B	4	PA; QL
Octreotide Acetate (1000MCG/ML Injection Solution)	G	4	PA
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 500MCG/ML Injection Solution, 50MCG/ML Injection Solution)	G	3	PA
Orgovyx (Oral Tablet)	B	4	PA; QL
Oriahnn (Oral Capsule Therapy Pack)	B	4	PA; QL
Orilissa (Oral Tablet)	B	4	PA; QL
Sandostatin (100MCG/ML Injection Solution, 500MCG/ML Injection Solution)	B	4	PA
Sandostatin (50MCG/ML Injection Solution)	B	3	PA
Signifor (Subcutaneous Solution)	B	4	PA
Somavert (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Synarel (Nasal Solution)	B	4	
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	4	PA
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Tapazole (Oral Tablet)	G	3	
Immunological Agents			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Angioedema Agents			
Berinert (Intravenous Kit)	B	4	PA
Cinryze (Intravenous Solution Reconstituted)	B	4	PA
Firazyr (Subcutaneous Solution)	B	4	PA; QL
Haegarda (Subcutaneous Solution Reconstituted)	B	4	PA
Icatibant Acetate (Subcutaneous Solution)	G	4	PA; QL
Orladeyo (Oral Capsule)	B	4	PA; QL
Ruconest (Intravenous Solution Reconstituted)	B	4	PA
Takhzyro (Subcutaneous Solution)	B	4	PA
Immunoglobulins			
BIVIGAM (Intravenous Solution)	B	4	PA
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	4	PA
Gammagard (2.5GM/25ML Injection Solution)	B	4	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	4	PA
Gammaked (1GM/10ML Injection Solution)	B	4	PA
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	4	PA
Gamunex-C (1GM/10ML Injection Solution)	B	4	PA
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	4	PA
Panzyga (Intravenous Solution)	B	4	PA
Privigen (20GM/200ML Intravenous Solution)	B	4	PA
Varizig (Intramuscular Solution)	B	4	
Immunological Agents, Other			
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Actemra (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Arcalyst (Subcutaneous Solution Reconstituted)	B	4	PA
Benlysta (Subcutaneous Solution Auto-Injector)	B	4	PA
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector)	B	4	PA
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Grastek (Tablet Sublingual)	B	2	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Kevzara (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Odactra (Tablet Sublingual)	B	3	PA
Olumiant (Oral Tablet)	B	4	PA; QL
Oralair 300IR (Tablet Sublingual)	B	3	PA
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Otezla (Oral Tablet)	B	4	PA; QL
Otezla (Oral Tablet Therapy Pack)	B	4	PA; QL
Ridaura (Oral Capsule)	B	4	
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Siliq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Stelara (Subcutaneous Solution)	B	4	PA; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Taltz (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Taltz (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Tremfya (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Xeljanz (Oral Solution)	B	4	PA; QL
Xeljanz (Oral Tablet Immediate Release)	B	4	PA; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Xolair (Subcutaneous Solution Reconstituted)	B	4	PA
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	4	
Intron A (Injection Solution)	B	4	PA
Intron A (Injection Solution Reconstituted)	B	4	PA
Pegasys (Subcutaneous Solution)	B	4	PA
Immunosuppressants			
Arava (Oral Tablet)	B	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	B	3	B/D,PA
Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	B	4	B/D,PA
Azasan (100MG Oral Tablet)	G	3	B/D,PA
Azasan (75MG Oral Tablet)	G	4	B/D,PA
Azathioprine (Oral Tablet)	G	1	B/D,PA
Cellcept (Oral Capsule)	B	4	B/D,PA
Cellcept (Oral Suspension Reconstituted)	B	4	B/D,PA
Cellcept (Oral Tablet)	B	4	B/D,PA
Cimzia Prefilled (Subcutaneous Kit)	B	4	PA; QL
Cimzia (Subcutaneous Kit)	B	4	PA; QL
Cyclosporine Modified (Oral Capsule)	G	2	B/D,PA
Cyclosporine Modified (Oral Solution)	G	2	B/D,PA
Cyclosporine (Oral Capsule)	G	3	B/D,PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	4	PA; QL
Enbrel (Subcutaneous Solution)	B	4	PA; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Enbrel (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Enspryng (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	3	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	G	4	B/D,PA
Gengraf (Oral Capsule)	G	2	B/D,PA
Gengraf (Oral Solution)	G	2	B/D,PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Humira Pen (Subcutaneous Pen-Injector Kit)	B	4	PA; QL
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	4	PA; QL
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	B	4	PA; QL
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	B	4	PA; QL
Humira (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Imuran (Oral Tablet)	B	3	B/D,PA
Leflunomide (Oral Tablet)	G	2	
Lupkynis (Oral Capsule)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	2	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	4	B/D,PA
Mycophenolate Mofetil (Oral Tablet)	G	2	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	3	B/D,PA
Myfortic (180MG Oral Tablet Delayed Release)	B	3	B/D,PA
Myfortic (360MG Oral Tablet Delayed Release)	B	4	B/D,PA
Neoral (Oral Capsule)	B	3	B/D,PA
Neoral (Oral Solution)	B	3	B/D,PA
Otrexup (Subcutaneous Solution Auto-Injector)	B	3	PA
Prograf (0.5MG Oral Capsule, 1MG Oral Capsule)	B	3	B/D,PA
Prograf (5MG Oral Capsule)	B	4	B/D,PA
Prograf (Oral Packet)	B	3	B/D,PA
Rapamune (Oral Solution)	B	4	B/D,PA
Rapamune (0.5MG Oral Tablet)	B	3	B/D,PA
Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	B	4	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	3	PA
RediTrex (Subcutaneous Solution Prefilled Syringe)	B	3	PA
Sandimmune (Oral Capsule)	B	3	B/D,PA
Sandimmune (Oral Solution)	B	3	B/D,PA
Simponi (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Simponi (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Sirolimus (Oral Solution)	G	4	B/D,PA
Sirolimus (Oral Tablet)	G	3	B/D,PA
Tacrolimus (0.5MG Oral Capsule, 1MG Oral Capsule)	G	2	B/D,PA
Tacrolimus (5MG Oral Capsule)	G	3	B/D,PA
Trexall (Oral Tablet)	G	3	
Xatmep (Oral Solution)	B	3	PA
Zortress (Oral Tablet)	B	4	B/D,PA
Vaccines			
ActHIB (Intramuscular Solution Reconstituted)	B	2	QL
Adacel (Intramuscular Suspension)	B	2	QL
BCG Vaccine (Injection)	B	2	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	2	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	B	2	QL
Daptacel (Intramuscular Suspension)	B	2	QL
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	2	QL
Engerix-B (Injection Suspension)	B	2	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	2	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Havrix (Intramuscular Suspension)	B	2	QL
Hiberix (Injection Solution Reconstituted)	B	2	QL
Imovax Rabies (Intramuscular Injectable)	B	2	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	2	QL
IPOL (Injection)	B	2	QL
Ixiaro (Intramuscular Suspension)	B	2	QL
Kinrix (Intramuscular Suspension)	B	2	QL
Menactra (Intramuscular Injectable)	B	2	QL
MenQuadfi (Intramuscular Injectable)	B	2	QL
Menveo (Intramuscular Solution Reconstituted)	B	2	QL
M-M-R II (Injection Solution Reconstituted)	B	2	QL
Pediarix (Intramuscular Suspension)	B	2	QL
Pedvax HIB (Intramuscular Suspension)	B	2	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	2	QL
Quadracel (Intramuscular Suspension)	B	2	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	2	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	2	B/D,PA; QL
Rotarix (Oral Suspension Reconstituted)	B	2	QL
RotaTeq (Oral Solution)	B	2	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	2	PA; QL
TDVAX (Intramuscular Suspension)	B	2	QL
Tenivac (Intramuscular Injectable)	B	2	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Typhim Vi (Intramuscular Solution)	B	2	QL
VAQTA (Intramuscular Suspension)	B	2	QL
Varivax (Subcutaneous Injectable)	B	2	QL
YF-Vax (Subcutaneous Injectable)	B	2	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Apriso (Oral Capsule Extended Release 24 Hour)	B	2	QL
Asacol HD (Oral Tablet Delayed Release)	B	4	ST; QL
Azulfidine EN-tabs (Oral Tablet Delayed Release)	B	3	
Azulfidine (Oral Tablet Immediate Release)	B	3	
Balsalazide Disodium (Oral Capsule)	G	3	
Canasa (Rectal Suppository)	B	4	QL
Colazal (Oral Capsule)	G	4	
Delzicol (Oral Capsule Delayed Release)	B	3	ST
Dipentum (Oral Capsule)	B	4	
Lialda (Oral Tablet Delayed Release)	B	4	ST; QL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	2	QL
Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	G	3	ST
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	3	QL
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	3	ST; QL
Mesalamine (Rectal Enema)	G	3	
Mesalamine (Rectal Suppository)	G	3	QL
Pentasa (Oral Capsule Extended Release)	B	3	QL
Rowasa (Rectal Kit)	B	4	
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
Glucocorticoids			
Anusol-HC (External Cream)	G	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	4	ST
Budesonide (Oral Capsule Delayed Release Particles)	G	3	
Entocort EC (Oral Capsule Delayed Release Particles)	B	4	
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	3	
Ortikos (Oral Capsule Extended Release 24 Hour)	B	4	ST
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	
Uceris (Oral Tablet Extended Release 24 Hour)	B	4	ST
Uceris (Rectal Foam)	B	3	
Metabolic Bone Disease Agents			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Metabolic Bone Disease Agents			
Actonel (Oral Tablet)	B	3	
Alendronate Sodium (Oral Solution)	G	3	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	
Atelvia (Oral Tablet Delayed Release)	B	3	
Boniva (Oral Tablet)	B	3	
Calcitonin Salmon (Nasal Solution)	G	2	
Calcitriol (Oral Capsule)	G	1	B/D,PA
Calcitriol (Oral Solution)	G	3	B/D,PA
Cinacalcet HCl (30MG Oral Tablet)	G	3	B/D,PA; QL
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	G	4	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	3	B/D,PA
Evenity (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Forteo (Subcutaneous Solution Pen-Injector)	B	4	PA
Fosamax (Oral Tablet)	B	3	
Fosamax Plus D (Oral Tablet)	B	3	
Ibandronate Sodium (Oral Tablet)	G	2	
Natpara (Subcutaneous Cartridge)	B	4	PA
Paricalcitol (Oral Capsule)	G	3	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	3	QL
Rayaldee (Oral Capsule Extended Release)	B	4	QL
Risedronate Sodium (150MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	3	
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	2	
Risedronate Sodium (Oral Tablet Delayed Release)	G	3	
Rocaltrol (Oral Capsule)	B	3	B/D,PA
Rocaltrol (Oral Solution)	B	3	B/D,PA
Sensipar (Oral Tablet)	B	4	B/D,PA; QL
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	4	PA
Tymlos (Subcutaneous Solution Pen-Injector)	B	4	PA
Xgeva (Subcutaneous Solution)	B	4	PA
Zemplar (Oral Capsule)	B	3	B/D,PA
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dojolvi (Oral Liquid)	B	4	PA
Gauze (Non-medicated 2X2 Pad)	G	2	
Insulin Syringes, Needles	G	2	
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	B	2	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	2	
Blephamide (Ophthalmic Suspension)	B	3	
Blephamide S.O.P. (Ophthalmic Ointment)	G	3	
Cequa (Ophthalmic Solution)	B	3	PA; QL
Combigan (Ophthalmic Solution)	B	2	
Cosopt (Ophthalmic Solution)	B	3	
Cosopt PF (Ophthalmic Solution)	B	3	
Cystadrops (Ophthalmic Solution)	B	4	
Cystaran (Ophthalmic Solution)	B	4	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	3	
Lacrisert (Ophthalmic Insert)	B	3	
Maxitrol (Ophthalmic Ointment)	B	3	
Maxitrol (Ophthalmic Suspension)	B	3	
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	3	
Oxervate (Ophthalmic Solution)	B	4	PA; QL
Pred-G (Ophthalmic Suspension)	B	3	
Pred-G S.O.P. (Ophthalmic Ointment)	B	3	
Proparacaine HCl (Ophthalmic Solution)	G	1	
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	2	QL
Rocklatan (Ophthalmic Solution)	B	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	2	
TobraDex (Ophthalmic Suspension)	B	3	
TobraDex ST (Ophthalmic Suspension)	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	2	
Xiidra (Ophthalmic Solution)	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zylet (Ophthalmic Suspension)	B	3	
Ophthalmic Anti-allergy Agents			
Alocril (Ophthalmic Solution)	B	3	
Alomide (Ophthalmic Solution)	B	3	
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepotastine Besilate (Ophthalmic Solution)	G	3	
Bepreve (Ophthalmic Solution)	B	3	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	2	
Lastacaft (Ophthalmic Solution)	B	2	
Olopatadine HCl (Ophthalmic Solution)	G	2	
Zerviate (Ophthalmic Solution)	B	3	
Ophthalmic Anti-Infectives			
Azasite (Ophthalmic Solution)	B	3	
Bacitracin (Ophthalmic Ointment)	G	2	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
Besivance (Ophthalmic Suspension)	B	3	
Bleph-10 (Ophthalmic Solution)	G	3	
Ciloxan (Ophthalmic Ointment)	B	3	
Ciloxan (Ophthalmic Solution)	B	3	
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	2	
Gentak (Ophthalmic Ointment)	G	1	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Levofloxacin (Ophthalmic Solution)	G	2	
Moxeza (Ophthalmic Solution)	B	3	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	2	
Natacyn (Ophthalmic Suspension)	B	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	2	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	2	
Ocuflox (Ophthalmic Solution)	B	3	
Ofloxacin (Ophthalmic Solution)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Polytrim (Ophthalmic Solution)	B	3	
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	3	
Tobrex (Ophthalmic Solution)	B	3	
Trifluridine (Ophthalmic Solution)	G	2	
Vigamox (Ophthalmic Solution)	B	3	
Zymaxid (Ophthalmic Solution)	B	3	
Ophthalmic Anti-inflammatories			
Acular LS (Ophthalmic Solution)	B	3	
Acular (Ophthalmic Solution)	B	3	
Acuvail (Ophthalmic Solution)	B	3	ST
Alrex (Ophthalmic Suspension)	B	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	3	
BromSite (Ophthalmic Solution)	B	3	ST
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	2	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
Durezol (Ophthalmic Emulsion)	B	3	
Eysuvis (Ophthalmic Suspension)	B	3	PA
Flarex (Ophthalmic Suspension)	B	3	
Fluorometholone (Ophthalmic Suspension)	G	2	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
FML Forte (Ophthalmic Suspension)	B	3	
FML Liquifilm (Ophthalmic Suspension)	B	3	
FML (Ophthalmic Ointment)	B	3	
Ilevro (Ophthalmic Suspension)	B	2	
Inveltys (Ophthalmic Suspension)	B	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	2	
Lotemax (Ophthalmic Gel)	B	3	
Lotemax (Ophthalmic Ointment)	B	3	
Lotemax (Ophthalmic Suspension)	B	3	
Lotemax SM (Ophthalmic Gel)	B	3	
Loteprednol Etabonate (Ophthalmic Gel)	G	3	
Loteprednol Etabonate (Ophthalmic Suspension)	G	3	
Maxidex (Ophthalmic Suspension)	B	3	
Nevanac (Ophthalmic Suspension)	B	3	
Pred Forte (Ophthalmic Suspension)	B	3	
Pred Mild (Ophthalmic Suspension)	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
Prolensa (Ophthalmic Solution)	B	3	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	2	
Betimol (Ophthalmic Solution)	B	3	
Betoptic-S (Ophthalmic Suspension)	B	3	
Carteolol HCl (Ophthalmic Solution)	G	1	
Istalol (Ophthalmic Solution)	B	3	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	G	1	
Timolol Maleate (0.5% (DAILY) Ophthalmic Solution) (Generic Istalol)	G	3	
Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic Ocudose)	G	3	
Timoptic Ocudose (Ophthalmic Solution)	B	3	
Timoptic-XE (Ophthalmic Gel Forming Solution)	B	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (0.1% Ophthalmic Solution)	B	2	
Alphagan P (0.15% Ophthalmic Solution)	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	2	
Azopt (Ophthalmic Suspension)	B	3	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	B	3	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	2	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Iopidine (Ophthalmic Solution)	B	3	
Isopto Carpine (Ophthalmic Solution)	B	3	
Methazolamide (Oral Tablet)	G	3	
Pilocarpine HCl (Ophthalmic Solution)	G	2	
Rhopressa (Ophthalmic Solution)	B	2	ST
Simbrinza (Ophthalmic Suspension)	B	2	
Trusopt (Ophthalmic Solution)	B	3	
Ophthalmic Prostaglandin and Prostanamide Analogs			
Bimatoprost (Ophthalmic Solution)	G	3	
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Travatan Z (Ophthalmic Solution)	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	3	
Vyzulta (Ophthalmic Solution)	B	3	
Xalatan (Ophthalmic Solution)	B	3	
Xelpros (Ophthalmic Emulsion)	B	3	ST
Zioptan (Ophthalmic Solution)	B	3	
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cetraxal (Otic Solution)	B	3	
Cipro HC (Otic Suspension)	B	3	
Ciprodex (Otic Suspension)	B	3	
Ciprofloxacin HCl (Otic Solution)	B	3	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	3	
Ciprofloxacin-Fluocinolone PF (Otic Solution)	B	3	
DermOtic (Otic Oil)	B	3	
Flac (Otic Oil)	G	2	
Fluocinolone Acetonide (Otic Oil)	G	2	
Hydrocortisone-Acetic Acid (Otic Solution)	G	3	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	2	
Neomycin-Polymyxin-HC (Otic Suspension)	G	2	
Ofloxacin (Otic Solution)	G	2	
Otovel (Otic Solution)	B	3	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	G	2	
Azelastine-Fluticasone (Nasal Suspension)	G	3	
Carbinoxamine Maleate (Oral Solution)	G	3	PA; HRM
Carbinoxamine Maleate (4MG Oral Tablet)	G	3	PA; HRM
Cetirizine HCl (1MG/ML Oral Solution)	G	1	
Clarinet (Oral Tablet)	B	3	
Clemastine Fumarate (Oral Syrup)	G	4	PA; HRM
Clemastine Fumarate (2.68MG Oral Tablet)	G	3	PA; HRM
Cyproheptadine HCl (Oral Syrup)	G	3	PA; HRM
Cyproheptadine HCl (Oral Tablet)	G	3	PA; HRM
Desloratadine (Oral Tablet)	G	2	
Desloratadine ODT (Oral Tablet Dispersible)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dexchlorpheniramine Maleate (Oral Solution)	G	3	PA; HRM
Dymista (Nasal Suspension)	B	3	
Levocetirizine Dihydrochloride (Oral Solution)	G	3	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	
Olopatadine HCl (Nasal Solution)	G	3	
Patanase (Nasal Solution)	B	3	
RyClora (Oral Solution)	G	3	PA; HRM
RyVent (Oral Tablet)	G	3	PA; HRM
Anti-inflammatories, Inhaled Corticosteroids			
Alvesco (Inhalation Aerosol Solution)	B	3	ST; QL
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex HFA (Inhalation Aerosol)	B	3	ST; QL
Beconase AQ (Nasal Suspension)	B	3	ST
Budesonide (Inhalation Suspension)	G	3	B/D,PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	
Flovent HFA (Inhalation Aerosol)	B	2	QL
Flunisolide (Nasal Solution)	G	2	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	3	
Nasonex (Nasal Suspension)	B	3	
Omnaris (Nasal Suspension)	B	3	ST
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Pulmicort (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension)	B	3	B/D,PA
Pulmicort (1MG/2ML Inhalation Suspension)	B	4	B/D,PA
Qnasl Childrens (Nasal Aerosol Solution)	B	3	ST
Qnasl (Nasal Aerosol Solution)	B	3	ST
QVAR RediHaler (Inhalation Aerosol Breath Activated)	B	3	ST; QL
Xhance (Nasal Exhaler Suspension)	B	3	
Zetonna (Nasal Aerosol Solution)	B	3	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antileukotrienes			
Accolate (Oral Tablet)	B	3	
Montelukast Sodium (Oral Packet)	G	2	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Singulair (Oral Packet)	B	3	QL
Singulair (Oral Tablet)	B	3	QL
Singulair (Oral Tablet Chewable)	B	3	QL
Zafirlukast (Oral Tablet)	G	2	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	4	ST
Zyflo (Oral Tablet Immediate Release)	B	4	ST
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	3	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	2	
Lonhala Magnair (Inhalation Solution)	B	4	QL
Spiriva HandiHaler (Inhalation Capsule)	B	2	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	2	QL
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Yupelri (Inhalation Solution)	B	4	B/D,PA; QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	G	3	ST
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	2	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	3	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	3	
Brovana (Inhalation Nebulization Solution)	B	4	PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	2	QL
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	3	QL
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	3	QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	3	B/D,PA
Levalbuterol Tartrate (Inhalation Aerosol)	G	3	ST

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Perforomist (Inhalation Nebulization Solution)	B	3	B/D,PA; QL
ProAir HFA (Inhalation Aerosol Solution)	B	2	
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	2	
Proventil HFA (Inhalation Aerosol Solution)	B	3	ST
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Striverdi Respimat (Inhalation Aerosol Solution)	B	3	ST
Symjepi (Injection Solution Prefilled Syringe)	B	3	QL
Terbutaline Sulfate (Oral Tablet)	G	3	
Ventolin HFA (Inhalation Aerosol Solution)	B	3	ST
Xopenex Concentrate (Inhalation Nebulization Solution)	B	3	B/D,PA
Xopenex HFA (Inhalation Aerosol)	B	3	ST
Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution)	B	3	B/D,PA
Xopenex (1.25MG/3ML Inhalation Nebulization Solution)	B	4	B/D,PA
Cystic Fibrosis Agents			
Bethkis (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Cayston (Inhalation Solution Reconstituted)	B	4	PA
Kalydeco (Oral Packet)	B	4	PA
Kalydeco (Oral Tablet)	B	4	PA
Orkambi (Oral Packet)	B	4	PA; QL
Orkambi (Oral Tablet)	B	4	PA; QL
Pulmozyme (Inhalation Solution)	B	4	B/D,PA; QL
Symdeko (Oral Tablet Therapy Pack)	B	4	PA; QL
TOBI (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
TOBI Podhaler (Inhalation Capsule)	B	4	PA; QL
Tobramycin (Inhalation Nebulization Solution)	G	4	B/D,PA; QL
Trikafta (100-50-75 & 150MG Oral Tablet Therapy Pack)	B	4	PA; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	4	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	3	PA
Theo-24 (Oral Capsule Extended Release 24 Hour)	G	3	
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour)	G	3	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Theophylline (Oral Solution)	G	3	
Pulmonary Antihypertensives			
Adcirca (Oral Tablet)	B	4	PA
Adempas (Oral Tablet)	B	4	PA
Alyq (Oral Tablet)	G	3	PA
Ambrisentan (Oral Tablet)	G	4	PA; QL
Bosentan (Oral Tablet)	G	4	PA; QL
Letairis (Oral Tablet)	B	4	PA; QL
Opsumit (Oral Tablet)	B	4	PA
Orenitram (0.125MG Oral Tablet Extended Release)	B	3	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	4	PA
Revatio (Oral Suspension Reconstituted)	B	4	PA
Revatio (Oral Tablet)	B	4	PA
Sildenafil Citrate (Oral Suspension Reconstituted)	G	4	PA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	2	PA
Tadalafil (PAH) (20MG Oral Tablet)	G	3	PA
Tracleer (Oral Tablet)	B	4	PA; QL
Tracleer (Oral Tablet Soluble)	B	4	PA; QL
Uptravi (Oral Tablet)	B	4	PA; QL
Uptravi (Oral Tablet Therapy Pack)	B	4	PA; QL
Ventavis (Inhalation Solution)	B	4	PA
Pulmonary Fibrosis Agents			
Esbriet (Oral Capsule)	B	4	PA; QL
Esbriet (Oral Tablet)	B	4	PA; QL
Ofev (Oral Capsule)	B	4	PA; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	1	B/D,PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Advair HFA (Inhalation Aerosol)	B	2	QL
AirDuo Digihaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	3	ST
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Breztri Aerosphere (Inhalation Aerosol)	B	2	QL
Bronchitol (Inhalation Capsule)	B	4	PA; QL
Budesonide-Formoterol Fumarate (Inhalation Aerosol)	G	3	ST; QL
Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour)	B	3	
Combivent Respimat (Inhalation Aerosol Solution)	B	2	QL
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	4	ST; QL
Dulera (Inhalation Aerosol)	B	3	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	4	PA
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	G	2	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Nucala (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Promethazine-Phenylephrine (Oral Syrup)	G	3	PA; HRM
Stiolto Respimat (Inhalation Aerosol Solution)	B	2	
Symbicort (Inhalation Aerosol)	B	2	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	2	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Amrix (Oral Capsule Extended Release 24 Hour)	B	4	PA; HRM
Carisoprodol (Oral Tablet)	G	3	PA; HRM; QL
Carisoprodol-Aspirin-Codeine (Oral Tablet)	G	3	PA; HRM; 7D; MME; DL; QL
Chlorzoxazone (375MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	3	PA; HRM
Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	PA; HRM

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cyclobenzaprine HCl (Oral Tablet)	G	3	PA; HRM
Fexmid (Oral Tablet)	G	3	PA; HRM
Lorzone (Oral Tablet)	G	3	PA; HRM
Metaxalone (Oral Tablet)	G	3	PA; HRM
Methocarbamol (Oral Tablet)	G	3	PA; HRM
Norgesic Forte (Oral Tablet)	G	4	PA; HRM
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	G	3	PA; HRM
Skelaxin (Oral Tablet)	B	3	PA; HRM
Soma (250MG Oral Tablet)	B	3	PA; HRM; QL
Soma (350MG Oral Tablet)	B	4	PA; HRM; QL
Sleep Disorder Agents			
Sleep Promoting Agents			
Ambien CR (Oral Tablet Extended Release)	B	3	PA; HRM; QL
Ambien (Oral Tablet Immediate Release)	B	3	PA; HRM; QL
Belsomra (Oral Tablet)	B	2	QL
DayVigo (Oral Tablet)	B	3	ST; QL
Doxepin HCl (Oral Tablet)	G	3	QL
Edluar (Tablet Sublingual)	B	3	PA; HRM; QL
Estazolam (Oral Tablet)	G	3	HRM; QL
Eszopiclone (Oral Tablet)	G	3	PA; HRM; QL
Flurazepam HCl (Oral Capsule)	G	3	HRM; QL
Halcion (Oral Tablet)	B	3	HRM; QL
Hetlioz LQ (Oral Suspension)	B	4	PA; QL
Hetlioz (Oral Capsule)	B	4	PA; QL
Lunesta (Oral Tablet)	B	3	PA; HRM; QL
Ramelteon (Oral Tablet)	G	3	
Restoril (Oral Capsule)	B	4	HRM; QL
Rozerem (Oral Tablet)	B	3	
Silenor (Oral Tablet)	B	3	QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	2	HRM; QL
Temazepam (22.5MG Oral Capsule, 7.5MG Oral Capsule)	G	3	HRM; QL
Triazolam (Oral Tablet)	G	3	HRM; QL
Zaleplon (Oral Capsule)	G	2	HRM; QL
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	3	PA; HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	3	PA; HRM; QL
Zolpidem Tartrate (Tablet Sublingual)	G	3	PA; HRM; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zolpimist (Oral Solution)	B	3	PA; HRM; QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	2	PA; QL
Modafinil (Oral Tablet)	G	2	PA; QL
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	4	PA; QL
Nuvigil (50MG Oral Tablet)	B	3	PA; QL
Provigil (Oral Tablet)	B	4	PA; QL
Sunosi (Oral Tablet)	B	3	PA; QL
Wakix (Oral Tablet)	B	4	PA; QL
Xyrem (Oral Solution)	B	4	PA; QL
Xywav (Oral Solution)	B	4	PA; QL

Covered drugs with a quantity limit (QL)

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

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

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

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Abilify MyCite (Oral Tablet)	B	Maximum of 1 tablet per day
Abilify (Oral Tablet)	B	Maximum of 1 tablet per day
Accupril (Oral Tablet)	B	Maximum of 2 tablets per day
Accuretic (10-12.5MG Oral Tablet)	B	Maximum of 1 tablet per day
Accuretic (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	B	Maximum of 2 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (320.5-30-16MG Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Caffeine-Dihydrocodeine (325-30-16MG Oral Tablet)	G	Maximum of 10 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
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Actemra (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Actiq (Buccal Lozenge On A Handle)	B	Maximum of 4 lozenges per day
Actoplus Met (Oral Tablet Immediate Release)	B	Maximum of 3 tablets per day
Actos (15MG Oral Tablet)	B	Maximum of 3 tablets per day
Actos (30MG Oral Tablet, 45MG Oral Tablet)	B	Maximum of 1 tablet per day
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Adderall (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits (12 ml) per year
Adlyxin (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (6 ml) per 28 days
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
Adzenys ER (Oral Suspension Extended Release)	B	Maximum of 15 ml per day
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 1 tablet per day
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
AirDuo Digihaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Ajovy (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1.5 ml) per 30 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1.5 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Albenza (Oral Tablet)	B	Maximum of 16 tablets per day
Aldara (External Cream)	B	Maximum of 24 grams per 30 days
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Allzital (Oral Tablet)	G	Maximum of 12 tablets per day
Almotriptan Malate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Alogliptin Benzoate (Oral Tablet)	G	Maximum of 1 tablet per day
Alogliptin-Metformin HCl (Oral Tablet)	B	Maximum of 2 tablets per day
Alogliptin-Pioglitazone (Oral Tablet)	G	Maximum of 1 tablet per day
Alora (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days

Drug name	Brand or Generic	Quantity limit
Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 5 tablets per day
Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Concentrate)	G	Maximum of 10 ml 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
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 5 tablets per day
Altace (Oral Capsule)	B	Maximum of 2 capsules per day
Altoprev (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (6.1 grams) per 30 days
Amaryl (1MG Oral Tablet)	B	Maximum of 8 tablets per day
Amaryl (2MG Oral Tablet)	B	Maximum of 4 tablets per day
Amaryl (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Ambien CR (Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
Ambien (Oral Tablet Immediate Release)	B	Maximum of 1 tablet per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amerge (Oral Tablet)	B	Maximum of 12 tablets per 30 days
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
Amphetamine ER (Oral Suspension Extended Release)	G	Maximum of 15 ml per day

Drug name	Brand or Generic	Quantity limit
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
Ampyra (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Annovera (Vaginal Ring)	B	Maximum of 1 ring per 365 days
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
ApexiCon E (External Cream)	G	Maximum of 240 grams per 30 days
Apokyn (Subcutaneous Solution Cartridge)	B	Maximum of 3 ml per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day
Aptensio XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Aricept (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Aricept (23MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	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
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Asacol HD (Oral Tablet Delayed Release)	B	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Ascomp-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/INH Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Asmanex (30 Metered Doses) (220MCG/INH Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atacand HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 1 tablet per day
Atacand (8MG Oral Tablet)	B	Maximum of 3 tablets 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
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	B	Maximum of 5 tablets 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
Avalide (Oral Tablet)	B	Maximum of 1 tablet per day
Avapro (150MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 1 tablet per day
Avapro (75MG Oral Tablet)	B	Maximum of 3 tablets per day
Ayvakit (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Azelex (External Cream)	B	Maximum of 50 grams per 30 days
Azor (Oral Tablet)	B	Maximum of 1 tablet per day
Bafiertam (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per day
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection)	B	1 vaccination dose (1 vial) per day
Belbuca (Buccal Film)	B	Maximum of 2 films per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Benicar HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Bethkis (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (8 ml) per day
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (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
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
Bronchitol (Inhalation Capsule)	B	Maximum of 20 capsules per day
Brovana (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Budesonide-Formoterol Fumarate (Inhalation Aerosol)	G	Maximum of 1 inhaler (10.2 grams) per 30 days
Bupap (Oral Tablet)	G	Maximum of 6 tablets per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Acetaminophen (25-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Butalbital-Acetaminophen (50-300MG Oral Tablet, 50-325MG Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine (50-300-40MG Oral Capsule, 50-325-40MG Oral Capsule)	G	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
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
Caduet (Oral Tablet)	B	Maximum of 1 tablet per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Canasa (Rectal Suppository)	B	Maximum of 1 suppository 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
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Carisoprodol (Oral Tablet)	G	Maximum of 4 tablets per day
Carisoprodol-Aspirin-Codeine (Oral Tablet)	G	Maximum of 4 tablets per day
Celebrex (Oral Capsule)	B	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Cequa (Ophthalmic Solution)	B	Maximum of 2 vials per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cimzia Prefilled (Subcutaneous Kit)	B	Maximum of 2 kits per 28 days
Cimzia (2 X 200MG Subcutaneous Kit)	B	Maximum of 2 kits per 28 days
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Cleocin-T (External Lotion)	B	Maximum of 60 ml per 30 days
Climara (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Clindacin-P (External Swab)	G	Maximum of 69 pads per 30 days
Clindagel (External Gel)	B	Maximum of 75 ml per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clobetasol Propionate Emulsion (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Liquid Spray)	G	Maximum of 125 ml per 30 days
Clobetasol Propionate (External Lotion)	G	Maximum of 118 ml per 30 days
Clobex (External Lotion)	B	Maximum of 118 ml per 30 days
Clobex Spray (External Liquid)	B	Maximum of 125 ml per 30 days
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
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Clovique (Oral Capsule)	G	Maximum of 8 capsules per day
Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Combivir (Oral Tablet)	B	Maximum of 2 tablets per day
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Concerta (18MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
ConZip (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Cordran (External Lotion)	B	Maximum of 240 ml per 30 days
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 2 tablets per day
Cozaar (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 2 tablets per day
Crestor (Oral Tablet)	B	Maximum of 1 tablet per day
Cymbalta (20MG Oral Capsule Delayed Release Particles)	B	Maximum of 4 capsules per day
Cymbalta (30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	B	Maximum of 2 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Daytrana (Transdermal Patch)	B	Maximum of 1 patch per day
DayVigo (Oral Tablet)	B	Maximum of 1 tablet per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desonate (External Gel)	B	Maximum of 60 grams per 30 days
Desonide (External Cream)	G	Maximum of 60 grams per 30 days
Desonide (External Gel)	G	Maximum of 60 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Desonide (External Lotion)	G	Maximum of 118 ml per 30 days
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
DesOwen (External Cream)	B	Maximum of 60 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 6 capsules per day
Dexedrine (15MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day
Dexedrine (5MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 3 capsules 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
Diastat AcuDial (Rectal Gel)	B	Maximum of 5 packages per 30 days
Diastat Pediatric (Rectal Gel)	B	Maximum of 5 packages per 30 days
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
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Diflorasone Diacetate (External Cream)	G	Maximum of 240 grams per 30 days
Diflorasone Diacetate (External Ointment)	G	Maximum of 240 grams per 30 days
Digitek (125MCG Oral Tablet)	G	Maximum of 1 tablet per day
Digox (125MCG Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Digoxin (Oral Solution)	G	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	G	Maximum of 1 tablet per day
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dilaudid (Oral Liquid)	B	Maximum of 50 ml per day
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 8 tablets per day
Dilaudid (8MG Oral Tablet)	B	Maximum of 6 tablets per day
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	Maximum of 2 packs (120 capsules) per year
Diovan HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	B	Maximum of 1 tablet per day
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Dovonex (External Cream)	B	Maximum of 120 grams per 30 days
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Doxepin HCl (Oral Tablet)	G	Maximum of 1 tablet per day
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
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Duetact (Oral Tablet)	B	Maximum of 1 tablet per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Dyanavel XR (Oral Suspension Extended Release)	B	Maximum of 8 ml per day
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	B	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	B	Maximum of 1 tablet per day
Edluar (Tablet Sublingual)	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
Efudex (External Cream)	B	Maximum of 40 grams per 30 days
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Elidel (External Cream)	B	Maximum of 100 grams per 30 days
Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Emend (80MG Oral Capsule)	B	Maximum of 4 capsules per 28 days
Emend (Oral Suspension Reconstituted)	B	Maximum of 2 kits per 28 days
Emend Tri-Pack (Oral Capsule)	B	Maximum of 6 capsules (2 packs) per 28 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
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Emtricitabine-Tenofovir Disoproxil Fumarate (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
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel (Subcutaneous Solution Reconstituted)	B	Maximum of 8 vials per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (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
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
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
Epivir (10MG/ML Oral Solution)	B	Maximum of 32 ml per day
Epivir (150MG Oral Tablet)	B	Maximum of 2 tablets per day
Epivir (300MG Oral Tablet)	B	Maximum of 1 tablet per day
Epzicom (Oral Tablet)	B	Maximum of 1 tablet 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
Esgic (Oral Tablet)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
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
Estazolam (Oral Tablet)	G	Maximum of 1 tablet per day
Estradiol (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Eucrisa (External Ointment)	B	Maximum of 100 grams per 30 days
Evenity (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2.34 ml) per 28 days
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Evrysdi (Oral Solution Reconstituted)	B	Maximum of 8 ml per day
Exelon (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Exforge (Oral Tablet)	B	Maximum of 1 tablet per day
Extina (External Foam)	B	Maximum of 100 grams per 28 days
Ezallor Sprinkle (Oral Capsule Sprinkle)	B	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	G	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fentora (Buccal Tablet)	B	Maximum of 4 tablets per day
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Finacea (External Gel)	B	Maximum of 50 grams per 30 days
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Fioricet (Oral Capsule)	G	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
Fioricet/Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Firazyr (Subcutaneous Solution)	B	Maximum of 3 syringes (9 ml) per day
Firdapse (Oral Tablet)	B	Maximum of 8 tablets per day
Flector (External Patch)	B	Maximum of 2 patches per day
FloLipid (20MG/5ML Oral Suspension)	B	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	B	Maximum of 10 ml per day
Flovent HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.1% External Cream)	G	Maximum of 120 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Flurandrenolide (External Lotion)	G	Maximum of 240 ml per 30 days
Flurazepam HCl (Oral Capsule)	G	Maximum of 1 capsule per day
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 ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Focalin (Oral Tablet)	B	Maximum of 2 tablets per day
Fortamet (1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Fortamet (500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 5 tablets per day
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 1 capsule per day
Frova (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Geodon (Oral Capsule)	B	Maximum of 2 capsules per day
Gilenya (0.5MG Oral Capsule)	B	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Oral Tablet)	B	Maximum of 3 tablets per day
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
Gloperba (Oral Solution)	B	Maximum of 20 ml per day
Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 8 tablets per day
Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Glumetza (1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Glumetza (500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 4 tablets per day
Glyburide Micronized (1.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide Micronized (3MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide Micronized (6MG Oral Tablet)	G	Maximum of 2 tablets per day
Glyburide (1.25MG Oral Tablet)	G	Maximum of 16 tablets per day
Glyburide (2.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide (5MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide-Metformin (1.25-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glynase (1.5MG Oral Tablet)	B	Maximum of 8 tablets per day
Glynase (3MG Oral Tablet)	B	Maximum of 4 tablets per day
Glynase (6MG Oral Tablet)	B	Maximum of 2 tablets per day
Glyxambi (Oral Tablet)	B	Maximum of 1 tablet per day
Guanfacine HCl (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Halcion (Oral Tablet)	B	Maximum of 2 tablets per day
Harvoni (33.75-150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Harvoni (45-200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Harvoni (90-400MG Oral Tablet)	B	Maximum of 1 tablet per day
Havrix (1440EL U/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Hetlioz LQ (Oral Suspension)	B	Maximum of 158 ml per 30 days
Hetlioz (Oral Capsule)	B	Maximum of 1 capsule per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Humira Pediatric Crohns Start (80MG/0.8ML &40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pediatric Crohns Start (80MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pen (40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits (4 pens) per 28 days
Humira Pen (40MG/0.8ML Subcutaneous Pen-Injector Kit, 80MG/0.8ML Subcutaneous Pen-Injector Kit)	B	Maximum of 1 kit (2 pens) per 28 days

Drug name	Brand or Generic	Quantity limit
Humira Pen Crohns Disease Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year
Humira Pen Crohns Disease Starter (80MG/0.8ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year
Humira (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 1 kit (2 syringes) per 28 days
Humira (40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits (4 syringes) per 28 days
Hydrocodone Bitartrate ER (10MG Oral Capsule Extended Release 12 Hour, 15MG Oral Capsule Extended Release 12 Hour, 20MG Oral Capsule Extended Release 12 Hour, 30MG Oral Capsule Extended Release 12 Hour, 40MG Oral Capsule Extended Release 12 Hour, 50MG Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	G	Maximum of 1 tablet per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	G	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	G	Maximum of 5 tablets per day
Hydrocortisone Butyrate (External Lotion)	G	Maximum of 118 ml per 30 days
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

Drug name	Brand or Generic	Quantity limit
Hydroxychloroquine Sulfate (Oral Tablet)	G	Maximum of 3 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	B	Maximum of 1 tablet per day
Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Hyzaar (50-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Icatibant Acetate (Subcutaneous Solution)	G	Maximum of 3 syringes (9 ml) per day
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 ml) per 84 days
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
Imitrex (Nasal Solution)	B	Maximum of 12 devices per 30 days
Imitrex (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	Maximum of 12 injections (6 ml) per 30 days
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 12 injections (6 ml) per 30 days
Imitrex (Subcutaneous Solution)	B	Maximum of 12 injections (6 ml) per 30 days
Imovax Rabies (Intramuscular Injectable)	B	1 vaccination dose (1 injection) per day
Impeklo (External Lotion)	B	Maximum of 272 grams per 30 days
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 (40MG Oral Capsule, 80MG Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
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
Intrarosa (Vaginal Insert)	B	Maximum of 1 vaginal insert per day
Invega (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Invega (6MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invirase (Oral Tablet)	B	Maximum of 4 tablets per day
Invokamet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invokana (Oral Tablet)	B	Maximum of 1 tablet per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) 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
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Jynarque (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Kaletra (Oral Solution)	B	Maximum of 3 bottles (480 ml) per 30 days
Kaletra (100-25MG Oral Tablet)	B	Maximum of 8 tablets per day
Kaletra (200-50MG Oral Tablet)	B	Maximum of 4 tablets per day
Kazano (Oral Tablet)	B	Maximum of 2 tablets per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	G	Maximum of 100 grams per 28 days
Ketodan (External Foam)	G	Maximum of 100 grams per 28 days
Keveyis (Oral Tablet)	B	Maximum of 4 tablets per day
Kevzara (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2.28 ml) per 28 days
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2.28 ml) per 28 days
Kinrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Klonopin (2MG Oral Tablet)	B	Maximum of 10 tablets per day
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
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
Lanoxin (125MCG Oral Tablet)	B	Maximum of 1 tablet per day
Lanoxin (62.5MCG Oral Tablet)	B	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
Lazanda (Nasal Solution)	B	Maximum of 30 bottles per 30 days

Drug name	Brand or Generic	Quantity limit
Ledipasvir-Sofosbuvir (Oral Tablet)	G	Maximum of 1 tablet per day
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Letairis (Oral Tablet)	B	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
Lexiva (Oral Tablet)	B	Maximum of 4 tablets per day
Lialda (Oral Tablet Delayed Release)	B	Maximum of 4 tablets per day
Licart (External Patch 24 Hour)	B	Maximum of 1 patch 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
Lidoderm (External Patch)	B	Maximum of 3 patches per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	B	Maximum of 1 tablet per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livalo (Oral Tablet)	B	Maximum of 1 tablet per day
Locoid (External Lotion)	B	Maximum of 118 ml per 30 days
Lokelma (Oral Packet)	B	Maximum of 90 packets per 30 days
Lonhala Magnair (Inhalation Solution)	B	Maximum of 2 vials (2 ml) per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 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
Lotensin (Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Lotrel (Oral Capsule)	B	Maximum of 1 capsule per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lucemyra (Oral Tablet)	B	Maximum of 16 tablets per day
Luliconazole (External Cream)	B	Maximum of 60 grams per 28 days
Lunesta (Oral Tablet)	B	Maximum of 1 tablet per day
Lupkynis (Oral Capsule)	B	Maximum of 6 capsules per day
Luzu (External Cream)	B	Maximum of 60 grams per 28 days
Lyllana (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	B	Maximum of 4 capsules per day
Lyrica (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 2 capsules per day
Lyrica (Oral Solution)	B	Maximum of 30 ml per day
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	B	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	B	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	B	Maximum of 1 tablet per day
Mayzent Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (24 tablets) per year
Meloxicam (Oral Capsule)	G	Maximum of 1 capsule per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (2MG/ML Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	B	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Menostar (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
MenQuadfi (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Meperidine HCl (Oral Solution)	G	Maximum of 90 ml per day
Meperidine HCl (100MG Oral Tablet)	G	Maximum of 9 tablets per day
Meperidine HCl (50MG Oral Tablet)	G	Maximum of 18 tablets per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	Maximum of 6 tablets per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 5 tablets 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
Methylin (10MG/5ML Oral Solution)	B	Maximum of 30 ml per day
Methylin (5MG/5ML Oral Solution)	B	Maximum of 60 ml per day
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta), Methylphenidate HCl ER (20MG Oral Tablet Extended Release) (Generic Metadate ER)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 1 tablet 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
Methylphenidate HCl (10MG Oral Tablet Chewable)	G	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	Maximum of 3 tablets per day
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Micardis (Oral Tablet)	B	Maximum of 1 tablet per day
Migranal (Nasal Solution)	B	Maximum of 16 vials (16 ml) per 28 days
Minivelle (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Minolira (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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 Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 4 capsules per day
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 3 capsules per day
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 2 capsules 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
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
MS Contin (200MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	B	Maximum of 4 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Mycapssa (Oral Capsule Delayed Release)	B	Maximum of 112 capsules per 28 days
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Namenda (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Namenda (5MG Oral Tablet)	B	Maximum of 3 tablets per day
Namenda Titration Pak (Oral Tablet)	B	Maximum of 2 packs per year
Namenda XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
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
Nebupent (Inhalation Solution Reconstituted)	B	Maximum of 1 vial (300 mg) per 28 days
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nesina (Oral Tablet)	B	Maximum of 1 tablet per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Nexium (20MG Oral Capsule Delayed Release)	B	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Nexletol (Oral Tablet)	B	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	B	Maximum of 1 tablet per day
Nolix (External Lotion)	G	Maximum of 240 ml per 30 days
Northera (100MG Oral Capsule)	B	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
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
Norvir (Oral Tablet)	B	Maximum of 12 tablets per day
Nourianz (Oral Tablet)	B	Maximum of 1 tablet per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	B	Maximum of 6 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
Nucynta (Oral Tablet Immediate Release)	B	Maximum of 6 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
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 15 tablets per 30 days
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Nuvigil (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Nuzyra (Oral Tablet)	B	Maximum of 34 tablets per 16 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 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
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

Drug name	Brand or Generic	Quantity limit
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olumiant (Oral Tablet)	B	Maximum of 1 tablet per day
Olux (External Foam)	B	Maximum of 100 grams per 30 days
Olux-E (External Foam)	B	Maximum of 100 grams per 30 days
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Onfi (Oral Suspension)	B	Maximum of 16 ml per day
Onfi (Oral Tablet)	B	Maximum of 2 tablets per day
Ongentys (Oral Capsule)	B	Maximum of 1 capsule per day
Onglyza (Oral Tablet)	B	Maximum of 1 tablet per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Onzetra Xsail (Nasal Exhaler Powder)	B	Maximum of 1 kit (16 exhalers) per 30 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2.8 ml) per 28 days
Orgovyx (Oral Tablet)	B	Maximum of 1 tablet per day
Oriahnn (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (56 capsules) per 28 days
Orilissa (150MG Oral Tablet)	B	Maximum of 1 tablet per day
Orilissa (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 112 tablets per 28 days
Orladeyo (Oral Capsule)	B	Maximum of 1 capsule per day
Oseni (Oral Tablet)	B	Maximum of 1 tablet per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (30MG Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxbryta (Oral Tablet)	B	Maximum of 5 tablets per day
Oxervate (Ophthalmic Solution)	B	Maximum of 2 vials (2 ml) per day
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Oxistat (External Cream)	B	Maximum of 90 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Oxistat (External Lotion)	B	Maximum of 60 ml per 30 days
Oxycodone HCl ER (Oral Tablet ER 12 Hour Abuse-Deterrent)	G	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	G	Maximum of 12 capsules 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 (10-300MG Oral Tablet, 5-300MG Oral Tablet)	G	Maximum of 13 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
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
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) (2MG/1.5ML Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 28 syringes per 28 days

Drug name	Brand or Generic	Quantity limit
Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes per 28 days
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 56 syringes per 28 days
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
Pentazocine-Naloxone HCl (Oral Tablet)	G	Maximum of 12 tablets per day
Percocet (Oral Tablet)	G	Maximum of 12 tablets 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
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Plaquenil (Oral Tablet)	B	Maximum of 3 tablets per day
Plegridy (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (1 ml) per 28 days
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 pens (1 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Pradaxa (Oral Capsule)	B	Maximum of 2 capsules per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin ER (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Pregabalin ER (330MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pregabalin (100MG Oral Capsule, 150MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevacid (Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Prinivil (Oral Tablet)	B	Maximum of 2 tablets per day
Prolate (Oral Tablet)	G	Maximum of 13 tablets per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
Promethazine HCl (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day

Drug name	Brand or Generic	Quantity limit
Promethegan (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (50MG Rectal Suppository)	G	Maximum of 2 suppositories per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Protonix (20MG Oral Tablet Delayed Release)	B	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	B	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Provigil (200MG Oral Tablet)	B	Maximum of 2 tablets per day
PRUDOXIN (External Cream)	B	Maximum of 90 grams per 30 days
Psorcon (External Cream)	G	Maximum of 240 grams per 30 days
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Qbrelis (Oral Solution)	B	Maximum of 80 ml per day
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Qtern (Oral Tablet)	B	Maximum of 1 tablet 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
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
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	B	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	B	Maximum of 2 tablets per day
Quillivant XR (Oral Suspension Reconstituted)	B	Maximum of 12 ml 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

Drug name	Brand or Generic	Quantity limit
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	B	Maximum of 2 inhalers (21.2 grams) per 30 days
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Rapaflo (Oral Capsule)	B	Maximum of 1 capsule per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 10MCG/ML (1ML Syringe) Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days
Relexxii (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Relpax (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	Maximum of 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
Restoril (Oral Capsule)	B	Maximum of 1 capsule per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Retrovir (Oral Capsule)	B	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	B	Maximum of 64 ml per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (150MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 1 capsule per day
Reyataz (200MG Oral Capsule)	B	Maximum of 2 capsules per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Reyvow (100MG Oral Tablet)	B	Maximum of 8 tablets per 30 days
Reyvow (50MG Oral Tablet)	B	Maximum of 4 tablets per 30 days
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Riomet (Oral Solution)	B	Maximum of 25.5 ml per day

Drug name	Brand or Generic	Quantity limit
Ritalin LA (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Ritalin (Oral Tablet)	B	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets 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
Roszet (Oral Tablet)	B	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
Roxicodone (15MG Oral Tablet)	B	Maximum of 8 tablets per day
Roxicodone (30MG Oral Tablet)	B	Maximum of 6 tablets per day
Roxicodone (5MG Oral Tablet)	B	Maximum of 12 tablets per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Ruzurgi (Oral Tablet)	B	Maximum of 10 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sabril (Oral Packet)	B	Maximum of 6 packets per day
Sabril (Oral Tablet)	B	Maximum of 6 tablets per day
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Savaysa (Oral Tablet)	B	Maximum of 1 tablet per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	B	Maximum of 4 tablets 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
Sensipar (30MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 2 tablets per day
Sensipar (90MG 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

Drug name	Brand or Generic	Quantity limit
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	B	Maximum of 3 tablets per day
Seroquel (25MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Silenor (Oral Tablet)	B	Maximum of 1 tablet per day
Siliq (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 5 syringes (7.5 ml) per 28 days
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simponi (100MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Singulair (Oral Packet)	B	Maximum of 1 packet per day
Singulair (Oral Tablet)	B	Maximum of 1 tablet per day
Singulair (Oral Tablet Chewable)	B	Maximum of 1 tablet per day
Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per 84 days
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 mL) per 84 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 mL) per 84 days
Sofosbuvir-Velpatasvir (Oral Tablet)	G	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 6 pens (18 ml) per 30 days
Solodyn (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Soma (Oral Tablet)	B	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Soolantra (External Cream)	B	Maximum of 45 grams per 30 days
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
Steglatro (15MG Oral Tablet)	B	Maximum of 1 tablet per day
Steglatro (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	B	Maximum of 1 tablet per day
Stelara (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
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
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	B	Maximum of 4 sprays per day
Subsys (1200 (600 X 2)MCG Sublingual Liquid, 1600 (800 X 2)MCG Sublingual Liquid)	B	Maximum of 8 sprays 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-Naproxen Sodium (Oral Tablet)	G	Maximum of 9 tablets per 30 days
Sunosi (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Sustiva (Oral Capsule)	B	Maximum of 3 capsules per day
Sustiva (Oral Tablet)	B	Maximum of 1 tablet per day
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Symfi Lo (Oral Tablet)	B	Maximum of 1 tablet per day
Symfi (Oral Tablet)	B	Maximum of 1 tablet per day
Symjepi (Injection Solution Prefilled Syringe)	B	Maximum of 4 syringes per 30 days
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symproic (Oral Tablet)	B	Maximum of 1 tablet 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
Syprine (Oral Capsule)	B	Maximum of 8 capsules per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Taltz (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 syringes (4 ml) per 28 days
Taltz (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
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
Tasmar (Oral Tablet)	B	Maximum of 6 tablets per day
Tavalisse (Oral Tablet)	B	Maximum of 2 tablets 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 Starter Pack (Oral)	B	Maximum of 2 packs (120 capsules) per year
Tecfidera (120MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tecfidera (240MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tekturna HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Tekturna (Oral Tablet)	B	Maximum of 1 tablet per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	G	Maximum of 1 capsule per day
Temixys (Oral Tablet)	B	Maximum of 1 tablet per day
Tencon (Oral Tablet)	G	Maximum of 6 tablets per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
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
Tikosyn (125MCG Oral Capsule)	B	Maximum of 6 capsules per day
Tikosyn (250MCG Oral Capsule, 500MCG Oral Capsule)	B	Maximum of 2 capsules 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 (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (10 ml) per day
TOBI Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/4ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (8 ml) per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Topicort (External Cream)	G	Maximum of 100 grams per 30 days
Tosymra (Nasal Solution)	B	Maximum of 12 devices per 30 days
Tovet (External Foam)	G	Maximum of 100 grams per 30 days
Toviaz (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	B	Maximum of 2 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

Drug name	Brand or Generic	Quantity limit
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (100MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets 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
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Tranxene-T (Oral Tablet)	B	Maximum of 12 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Tremfya (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (2 ml) per 56 days
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 ml) per 56 days
Treximet (Oral Tablet)	B	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	G	Maximum of 10 capsules per day
Triazolam (0.125MG Oral Tablet)	G	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	G	Maximum of 2 tablets per day
Tribenzor (Oral Tablet)	B	Maximum of 1 tablet per day
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
Trikafta (100-50-75 & 150MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (84 tablets) per 28 days
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets 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

Drug name	Brand or Generic	Quantity limit
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
Twynsta (Oral Tablet)	B	Maximum of 1 tablet per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Typhim Vi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Ukoniq (Oral Tablet)	B	Maximum of 4 tablets per day
Ultracet (Oral Tablet)	B	Maximum of 8 tablets per day
Ultram (Oral Tablet Immediate Release)	B	Maximum of 8 tablets per day
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	B	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	B	Maximum of 5 tablets per day
Uptravi (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (400 tablets) per year
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valcyte (Oral Solution Reconstituted)	B	Maximum of 36 ml per day
Valcyte (Oral Tablet)	B	Maximum of 4 tablets per day
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
Valium (Oral Tablet)	B	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days

Drug name	Brand or Generic	Quantity limit
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtrex (1GM Oral Tablet)	B	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	B	Maximum of 2 tablets per day
Vancocin HCl (125MG Oral Capsule)	B	Maximum of 4 capsules per day
Vancocin (250MG Oral Capsule)	B	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanos (External Cream)	B	Maximum of 120 grams per 30 days
VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5 ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1 ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Vaseretic (Oral Tablet)	B	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	B	Maximum of 2 tablets per day
Veltassa (Oral Packet)	B	Maximum of 1 packet per day
Verdeso (External Foam)	B	Maximum of 100 grams per 30 days
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Vesicare LS (Oral Suspension)	B	Maximum of 10 ml per day
Vesicare (Oral Tablet)	B	Maximum of 1 tablet per day
Viberzi (Oral Tablet)	B	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Viekira Pak (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (112 tablets) per 28 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
Vimpat (Oral Solution)	B	Maximum of 40 ml per day
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viramune (Oral Suspension)	B	Maximum of 40 ml per day
Viramune XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (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
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Vivlodex (Oral Capsule)	B	Maximum of 1 capsule per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vraylar (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (14 capsules) per year
Vtol LQ (Oral Solution)	G	Maximum of 90 ml per day
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	Maximum of 4 capsules per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Vytorin (Oral Tablet)	B	Maximum of 1 tablet per day
Wakix (Oral Tablet)	B	Maximum of 2 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Xanax (2MG Oral Tablet Immediate Release)	B	Maximum of 5 tablets per day
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 5 tablets per day
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (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

Drug name	Brand or Generic	Quantity limit
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (Oral Tablet Titration Therapy Pack)	B	Maximum of 2 packs per year
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xenleta (Oral Tablet)	B	Maximum of 2 tablets per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	B	Maximum of 2 vials per day
Xofluza (40MG Dose) (2 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (2 x 40MG Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xolegel (External Gel)	B	Maximum of 90 grams per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (20MG Oral Tablet Therapy Pack)	B	Maximum of 20 tablets per 28 days
Xpovio (100MG Once Weekly) (50MG Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (20MG Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (20MG Oral Tablet Therapy Pack)	B	Maximum of 16 tablets per 28 days
Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (20MG Oral Tablet Therapy Pack)	B	Maximum of 12 tablets per 28 days
Xpovio (60MG Once Weekly) (60MG Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (20MG Oral Tablet Therapy Pack)	B	Maximum of 16 tablets per 28 days
Xpovio (80MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days

Drug name	Brand or Generic	Quantity limit
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
Xultophy (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	B	Maximum of 18 ml per day
Xywav (Oral Solution)	B	Maximum of 18 ml per day
YF-Vax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Yupelri (Inhalation Solution)	B	Maximum of 1 vial (3 ml) per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zebutal (Oral Capsule)	G	Maximum of 6 capsules per day
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	Maximum of 16 syringes (8 ml) per 30 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	B	Maximum of 1 tablet per day
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 2 packs per year
Zeposia (Oral Capsule)	B	Maximum of 1 capsule per day
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	Maximum of 2 kits per year
Zestoretic (10-12.5MG Oral Tablet)	B	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	B	Maximum of 4 tablets per day
Zestoretic (20-25MG Oral Tablet)	B	Maximum of 2 tablets per day
Zestril (Oral Tablet)	B	Maximum of 2 tablets per day
Ziac (Oral Tablet)	B	Maximum of 2 tablets per day
Ziagen (Oral Solution)	B	Maximum of 32 ml per day
Ziagen (Oral Tablet)	B	Maximum of 2 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
Zocor (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Zolmitriptan (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zolpidem Tartrate (Tablet Sublingual)	G	Maximum of 1 tablet per day
Zolpimist (Oral Solution)	B	Maximum of 7.7 ml per 30 days
Zomig (2.5MG Nasal Solution)	B	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	B	Maximum of 12 devices per 30 days
Zomig (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Zomig ZMT (Oral Tablet Dispersible)	B	Maximum of 12 tablets per 30 days
Zonalon (External Cream)	B	Maximum of 90 grams per 30 days
ZTIido (External Patch)	B	Maximum of 3 patches per day
Zubsolv (0.7-0.18MG Tablet Sublingual, 1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)	B	Maximum of 3 tablets per day
Zubsolv (11.4-2.9MG Tablet Sublingual)	B	Maximum of 1 tablet per day
Zubsolv (2.9-0.71MG Tablet Sublingual)	B	Maximum of 5 tablets per day
Zubsolv (8.6-2.1MG Tablet Sublingual)	B	Maximum of 2 tablets per day
Zypitamag (Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa Zydys (Oral Tablet Dispersible)	B	Maximum of 1 tablet per day

Required information

Benefits, drug list (formulary), pharmacy network and/or copayments/coinsurance may change from time to time during each plan year. You will receive notice when necessary.

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